

Pharmacy:

Pharmacy information available on anthem.com/ca 3

Administrative:

Member grievance process and forms must be made available upon request at provider offices 3

Anthem Blue Cross contracted ambulance providers 4

Anthem Blue Cross Commercial Risk Adjustment reporting update: Health Assessment requests for 2019: Alternative reporting engagement 6

Electronic Member ID Cards – Easy online access on the Availity Portal 8

Service type expansion – what’s new 9

Attention! Availity launches changes to our Medical Attachment submission tool 10

Let’s Vaccinate 12

Workers’ Compensation Physicians Acknowledgments required by California Code of Regulations 13

Expedited grievances 13

Contracted provider claim escalation process 14

Provider Education seminars, webinars, workshops and more! 14

Anthem Blue Cross provider directory and provider data updates 15

Easily update provider demographics with the online Provider Maintenance Form 15

Sign-up now for our Network eUPDATE today – it’s free! 16

Network leasing arrangements 17

Policy Updates:

Clinical practice and preventive health guidelines available online 17

Reimbursement Policies:

Update: Drug Screen Testing (professional) 18

Medicare:

Fall prevention tips 18

Medical records request for risk adjustment 19

Medicare Advantage reimbursement policy provider bulletin 19

Partial hospitalization services 19

New incentive program reimbursement for select CPT Category II codes 20

Prior authorization requirements for DME repair and portable oxygen concentrator 20

Update: Evaluation and management with Modifier 25 20

Keep up with Medicare news 21

Medi-Cal Managed Care:

Clinical criteria updates 21

Electronic claim payment reconsideration 22

Latest updates to Electronic Data Interchange Gateway migration 22

Cal MediConnect:

Medical records request for risk adjustment 22

Update: Evaluation and management with Modifier 25 26

MMP Prior authorization requirements for DME repair and portable oxygen concentrator 26

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association. Use of the Anthem Web sites constitutes your agreement with our Terms of Use.

Pharmacy information available on anthem.com/ca

Published: May 1, 2019 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit <https://www11.anthem.com/ca/pharmacyinformation/>. The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To view the “Marketplace Select Formulary” and pharmacy information, scroll down to the end of the page, then click on “Select Drug List”. This drug list is also reviewed and updated regularly as needed. *FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org.* > Pharmacy Benefits.

URL: <https://providernews.anthem.com/california/article/pharmacy-information-available-on-anthemcomca-7>

Member grievance process and forms must be made available upon request at provider offices

Published: May 1, 2019 - **Administrative**

The Department of Managed Health Care’s (DMHC) routine medical survey includes evaluation of a Health Plan’s compliance with California Health and Safety Code section 1368(a)(2); 28 CCR 1300.68(b)(6) and (7). These regulations require Health Plans to ensure that grievance forms, a description of grievance procedures, and assistance in filing grievances are readily available at each contracting provider’s office, contracting facility, or Plan facility.

We ask that you please review and distribute the Anthem Blue Cross (Anthem) [grievance form](#) to all your participating offices. It’s important to implement a process that will ensure that the attached grievance form is provided to Anthem members upon request.

Information can be accessed on the process of submitting member grievances and appeals, grievance forms, definitions and appeal rights, on Anthem’s website at

www.anthem.com/ca/forms. Go to **View by Topic** and click on the drop down menu and select Grievance & Appeals, then select the desired resource link.

Also, grievance forms, grievance procedures and additional information about Anthem's expedited grievance and appeals review process, can be found in your Provider Operations Manual. An annual survey will be distributed via Availity to confirm if provider offices have implemented processes to provide grievance forms and assistance to enrollees.

We appreciate your cooperation and support.

URL: <https://providernews.anthem.com/california/article/member-grievance-process-and-forms-must-be-made-available-upon-request-at-provider-offices>

Anthem Blue Cross contracted ambulance providers

Published: May 1, 2019 - **Administrative**

As a contracted provider with Anthem Blue Cross (Anthem) in California, please remember that you are obligated when medically appropriate to refer Anthem members to in-network providers. This includes physicians and all provider types including, but not limited to, ambulance transport (ground and air), ambulatory surgical centers, behavioral health services, physical medicine providers and ancillary providers. Referring to in-network providers allows members to receive the highest level of benefits under their Health Benefit Plan. As a reminder, call Anthem first for prior authorization if required by the member's policy.

Ground Ambulance Providers

You can search for participating ground providers using our online tool, Provider Finder, located at www.anthem.com. Search parameters include distance from your location (zip code, address or county). To use the tool, go to www.anthem.com and follow these steps in our "Find a Doctor" tool:

Select "all plans/networks"

Select type of coverage

I am looking for a : "other medical services"

Who specializes in: "ambulance companies"

Located near: add your address, zip or county

Air Ambulance Providers

The providers listed in the attachment are participating air ambulance providers with Anthem in California. This means that these providers have contractually agreed to accept the Anthem Rate as payment in full for covered services, and they will bill members only for allowable benefit cost-share obligations when transporting members who are picked up in California.

Some air ambulance providers choose not to participate with payers like Anthem.

- These air ambulance providers may charge members rates that are much higher than the Anthem contracted provider rates.
- Depending on their benefits, members who utilize non-participating air ambulance providers can be left with significant out-of-pocket expenses, which the ambulance providers and their billing agents may seek to collect.

To avoid these situations, we ask that, whenever possible, you use a participating air ambulance provider for your patients who are our members. **Utilizing participating providers:**

- **Protects** the member from balance billing for what may be excessive amounts,
- **Assures** the most economical use of the member's benefits, and
- **Is consistent** with your contractual obligations to refer to in-network providers where available.

To schedule fixed wing or rotary wing air ambulance services, please contact Anthem for prior authorization if required by the member's policy, then call one of the phone numbers listed below. Please have the following information ready when you call:

- Basic medical information about the patient, including the patient's name and date of birth or age. If the service was not precertified with Anthem, the air ambulance provider will also need to receive a full medical report from the attending facility.
- Current location of the patient, the name of the hospital or facility caring for the patient and its address (city and state).
- Location where patient is to be transported, including the name of the destination hospital/facility and address.

- Approximate transport date or time frame.
- Special equipment or care needs.

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of California, please contact your Provider Solutions Contract Manager. To arrange air transport originating outside the U.S., U.S. Virgin Islands and Puerto Rico, call **1-800-810-BLUE** for BCBS Global Core formerly Bluecard Worldwide.

The providers listed in the attachment are participating air ambulance providers with Anthem in California.

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-contracted-ambulance-providers>

Anthem Blue Cross Commercial Risk Adjustment reporting update: Health Assessment requests for 2019: Alternative reporting engagement

Published: May 1, 2019 - Administrative

In a continuation of our [CRA reporting update articles](#) throughout 2019, Anthem Blue Cross (Anthem) requests your assistance with respect to our Commercial Risk Adjustment (CRA) reporting processes.

As a reminder, there are **two approaches that we take (Retrospective and Prospective) to improve risk adjustment reporting accuracy**. We are focusing on performing appropriate interventions and chart reviews for patients with undocumented Hierarchical Condition Categories (HCC), to close the documentation and coding gaps that we are seeing with our members enrolled in our Affordable Care Act (ACA) compliant plans.

This month we'd like to focus on the Prospective approach, and the request to our Providers:

Anthem network providers -- **usually primary care physicians** -- may receive letters from our vendor, Inovalon, requesting that physicians:

schedule a comprehensive visit with patients identified to confirm or deny if previously coded or suspected diagnoses exists, and
submit a Health Assessment documenting the previously coded or suspected diagnoses (also called a SOAP Note -- *Subjective, Objective, Assessment and Plan*).

Incentives for properly submitted Health Assessments (in addition to the office visit reimbursement):

- \$100 submitted electronically
- \$50 submitted via fax

Health Assessment requests through Inovalon

We have engaged Inovalon -- an independent company that provides secure, clinical documentation services -- to help us comply with provisions of the ACA that require us to assess members' relative health risk level. In the coming weeks and months, Inovalon will be sending letters to providers as part of our risk adjustment cycle, asking for their help with completing health assessments for some of our members.

This year will bring a new round of assessments. As a reminder, chronic conditions must be coded every year, and we encourage you to code to the greatest level of specificity on all Anthem claim submissions. If you have questions about the requests you receive, you can reach Inovalon directly at **1-866-682-6680**.

Maximize your Incentive opportunity: submit electronically via Inovalon's ePASS® tool

Join an ePASS webinar to learn how to submit a Health Assessment electronically and maximize your incentive opportunities. They are offered every Wednesday from 3:00 - 4:00pm EST. Register by sending an email to ePASSProviderRelations@inovalon.com with your name, organization, contact information and the date of the webinar you wish to attend.

- Teleconference: Dial **1-415-655-0002** (US Toll) and enter access code: 736 436 872
- WebEx: Visit <https://inovalonmeet.webex.com> and enter meeting number: 736 436 872
- Once you join the call, live support is available at any time by dialing *0

Alternative reporting engagement

ePASS is our preferred method for submission for the Prospective approach. However to improve engagement and collaborate with our Providers who are not submitting via ePASS, we have identified other alternatives which may be helpful and provide more flexibility with your current processes.

If you are interested in any of these alternative options, please contact our CRA Network Education Representative: Socorro.Carrasco@anthem.com. Select the attachment to view some of the Alternative Reporting Options.

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-commercial-risk-adjustment-reporting-update-health-assessment-requests-for-2019-alternative-reporting-engagement>

Electronic Member ID Cards – Easy online access on the Availity Portal

Published: May 1, 2019 - **Administrative**

Have you had more patients present with their ID card on their smartphone? We want to remind you of the ways you can access your own copy of their ID card.

In the [October 2017 issue of Network Update](#), Anthem Blue Cross (Anthem) informed you about our mobile app called Anthem BC Anywhere that allows members to manage their benefits on their smart phones, including the option of an electronic only version of their ID cards. We want to ensure a member's electronic only ID card meets your needs.

Based on member requests and growing trends, we anticipate that by the year 2020, nearly 50% of our Local Plan members may choose the electronic ID card option, so we urge you to start using the available retrieval tools today.

Provider options for obtaining a copy of an electronic Member ID card

Online -- through the Availity Portal: Providers also have the option to view Anthem Member ID Cards online (and print if needed) from the Availity Portal at availity.com. When conducting an Eligibility and Benefits (E&B) Inquiry -- from the E&B Results page, select the blue button titled **View Member ID Card**. (Currently excludes BlueCard®, Federal Employee Program® (FEP) and some health plans' Medicare

Advantage and Medicaid members.)

Note: *as with all E&B Inquiries on Availity, providers must have the member ID number (including the three-character prefix) and one or more search options of date of birth, first name and last name.*

Email or Fax: Members can email/fax the card from his/her phone. When members are viewing their ID Card on their phone, they will select the **email** or **fax** icon to forward their ID card.

These options are available for your patients who are members covered by our affiliated health plans in CO, CT, GA, IN, KY, ME, MO, NH, NV, OH, WI, VA, and NY.

Members are still required to have a copy of their card in one format or another, whether hard copy or electronic, in order for services to be rendered. *See our Quick Reference Guide for further details.*

Quick Reference Guide

See our [Electronic Member ID Cards – Quick Reference Guide](#) for more details and information on:

- Frequently Asked Questions
- Details on provider options for obtaining a copy of an electronic Member ID card
- Sample electronic Member ID cards

URL: <https://providernews.anthem.com/california/article/electronic-member-id-cards-easy-online-access-on-the-availity-portal-9>

Service type expansion – what's new

Published: May 1, 2019 - **Administrative**

Additional enhancements are now available for Benefit/Service Types in the Availity Portal to better serve you. Now you will be able to access more service types when utilizing the Eligibility and Benefits Inquiry via Availity for many Anthem Blue Cross (Anthem) members. You may have noticed fairly new additions to Service Types that include:

- *Medically Related Transportation*
- *Long Term Care*
- *Acupuncture*
- *Respite Care*
- *Dermatology*
- *Sleep Study Therapy (found under Diagnostic Medical)*
- *Allergy Testing*

Although there is an extensive list of available benefit types when submitting an eligibility and benefits request, they vary by payer. Some important points to know about when selecting service type:

- The benefit/service type field is populated with the last benefit type you selected. If you don't see a specific benefit in the results, submit a new request and select the specific benefit type/service code.
- You have the ability to inquire on 50 patients at one time using the "add multiple patients" feature.

In response to your feedback, we have added additional service types to share even more valuable information with you electronically. So if your practice works with the new service types, now you will be able to view more detailed information on those services electronically. Check them out today.

URL: <https://providernews.anthem.com/california/article/service-type-expansion-whats-new>

Attention! Availity launches changes to our Medical Attachment submission tool

Published: May 1, 2019 - **Administrative**

In the March 2019 edition of our newsletter, we announced the exciting updates we've made to the Medical Attachment submission tool. As you start using the updated medical attachment tool on the Availity Portal, you will notice the following changes from the

information we shared in March:

- File size – each attachment can be up to 10 MB with a maximum of 30 MB as the file size limit
- The addition of logos in your dashboard make it easy to quickly identify each payer
- The Medical Attachment tool will be retired from the Availity Portal soon, so we encourage you to start utilizing the 'Attachment – New' option now. Once a date has been determined for the Medical Attachment Tool retirement we will begin communication.

Other features of the updated medical attachment include:

- The ability to submit an itemized bill
- A different link titled "Attachment – New" where you will now submit medical records when Anthem has requested additional information to process a claim
- A new link on the attachment page called "Send Attachment" will allow you to start the process
- A record history of each entry provides you increased visibility of your submission

The **Medical Attachment tool** makes the process of submitting an electronic documentation in support of a claim, simple and streamlined. You can use your tax identification number (TIN) or your NPI to register and submit *solicited* (requested by Anthem) medical record attachments through the Availity Portal.

NOTE: We will continue to keep you informed of upcoming changes to the 'Attachment – New' platform as we progress toward streamlining our electronic documentation functionality.

How to Access *solicited* Medical Attachments for Your Office

Availity Administrator, complete these steps:

From *My Account Dashboard*, select Enrollments Center > Medical Attachments Setup, follow the prompts and complete the following sections:

From **My Account Dashboard**, select **Enrollments Center > Medical Attachments Setup**, follow the prompts and complete the following sections:

Select Application>choose **Medical Attachments Registration**

Provider Management>Select **Organization** from the drop-down. Add NPIs and/or Tax IDs (Multiples can be added separated by spaces or semi-colons)
Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name

Using Medical Attachments

Availity User, complete these steps:

Log in to www.availity.com

Select **Claims and Payments > Attachments-New >Send Attachment Tab**

Complete all required fields of the form

Attach supporting documentation

Submit

Need Training?

To access additional training for this Availity feature: Log in and select **Help & Training | Get Trained** to open the Availity Learning Center (ALC) Catalog in a new browser tab. It is your dedicated ALC account. Search the Catalog by keyword (**attachments**) to find training demo and on-demand courses. Select **Enroll** to enroll for a course and then go to your Dashboard to access it any time.

URL: <https://providernews.anthem.com/california/article/attention-availity-launches-changes-to-our-medical-attachment-submission-tool>

Let's Vaccinate

Published: May 1, 2019 - **Administrative**

The [Let's Vaccinate](#) website electronically delivers free turnkey solutions for providers to help increase vaccination rates for children, adults, and pregnant women. Because disparities in vaccinations can lead to disease outbreaks, this website also provides tools to address vaccination disparities across race/ethnicity, age, socioeconomic status, and geography (urban vs. rural). This site also provides a vehicle for connecting providers to their state immunization programs and local immunization coalitions. Let's Vaccinate is an initiative created by Anthem, Inc., Vaccinate Your Family: The Next Generation of Every Child by Two, and Pfizer, Inc.

URL: <https://providernews.anthem.com/california/article/lets-vaccinate>

Workers' Compensation Physicians Acknowledgments required by California Code of Regulations

Published: May 1, 2019 - Administrative

As a reminder, the Workers' Compensation Physicians Acknowledgments is required by California Code of Regulations §9767.5.1, "Medical Provider Networks" (MPN). The "MPN applicant shall obtain from each physician participating in the MPN a written acknowledgment in which the physician affirmatively elects to be a member of the MPN."

To maintain and affirm your participation in all MPNs that you have been selected for and have subscribed to Anthem's Provider Affirmation Portal, go to [Availity](#) and login. Once in, click on the Payer Spaces drop down menu in the top right hand corner, and select Anthem Blue Cross from the options available to you. On the next page click on "Resources" in the middle of the page and look for "MPN Provider Affirmation Portal."

Availity>Payer Spaces>Anthem Blue Cross>Resources>MPN Provider Affirmation Portal

If you cannot go online, call Anthem Workers' Compensation at **1-866-700-2168** and we can take action on your behalf in the Provider Affirmation Portal. Please also keep an eye out for email notifications from "Anthem MPN Admin."

Please also be advised the Provider Affirmation Portal will also notify participating medical providers when an MPN is terminating its relationship with Anthem and/or the Division of Workers Compensation.

URL: <https://providernews.anthem.com/california/article/workers-compensation-physicians-acknowledgments-required-by-california-code-of-regulations-3>

Expedited grievances

Published: May 1, 2019 - Administrative

We want to remind providers that they can utilize fax number **1-855-211-3699** to submit requests for Urgent (Expedited) grievances.

Urgent (Expedited) grievances are pre-service or concurrent requests for which a delay may cause:

- An imminent and serious threat to the health of the member
- Severe pain, potential loss of life, limb, or major bodily function
- Delay of end-of-life care and treatment

Thank you for assisting us in serving our members in a timely manner.

URL: <https://providernews.anthem.com/california/article/expedited-grievances>

Contracted provider claim escalation process

Published: May 1, 2019 - Administrative

In an effort to better service our contracted providers right the first time, Anthem Blue Cross has improved our provider claim escalation process. Just click, [Provider Claim Escalation Process](#) to read, print, download and share the improved process with your office staff.

Our Network Relations Team is available by email at CAContractSupport@anthem.com to answer questions you have about the process.

URL: <https://providernews.anthem.com/california/article/contracted-provider-claim-escalation-process-7>

Provider Education seminars, webinars, workshops and more!

Published: May 1, 2019 - Administrative

Our Provider Network Education team offers quality complimentary educational programs and materials specially designed for our providers. For a complete listing of our workshops, seminars, webinars and job aids, log on to the Anthem Blue Cross website: www.anthem.com/ca. Scroll down the page to **Partners in Health** > Tools for Providers. In the middle of the page select the box

Find Resources for California. From the **Answers@Anthem** page, select the link titled [Provider Education Seminars and Webinars](#) link.

Anthem Blue Cross provider directory and provider data updates

Published: May 1, 2019 - **Administrative**

It is extremely important that we have accurate and up-to-date information about your practice in our directories. Senate Bill 137 (SB 137), which went into effect on July 1, 2016, requires that Anthem Blue Cross (Anthem) provide our members accurate and up-to-date provider directory data. As a result, Anthem will be conducting ongoing outreaches to all practices to confirm the information we have on file is accurate. Without verification from you that our Provider Directory information is accurate, we will be required to remove your practice from the directories we make available to our members. We appreciate your attention to this matter.

URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-provider-directory-and-provider-data-updates-7>

Easily update provider demographics with the online Provider Maintenance Form

Published: May 1, 2019 - **Administrative**

Anthem Blue Cross (Anthem) providers should now submit changes to their practice profile using our online [Provider Maintenance Form](#).

Online update options include: add an address location, name change, tax ID changes, provider leaving a group or a single location, phone/fax numbers, closing a practice location, etc. Visit the Anthem.com/ca form page to review more.

The new online form can be found on www.anthem.com/ca/provider/ > **Find Resources for California** > *Answers@Anthem tab>Provider Forms bullet>Provider Change Forms>Provider Maintenance Form*. In addition, the **Provider Maintenance Form** can be found on the **Availity Web Portal** by selecting *California>Payer Spaces-Anthem Blue Cross>Resources tab >Provider Maintenance Form*.

[Important information about updating your practice profile:](#)

- **Change request should be submitted using the online Provider Maintenance Form**
- Submit the change request online. No need to print, complete and mail, fax or email demographic updates
- You will receive an auto-reply e-mail acknowledging receipt of your request and another email when your submission has been processed
- For change(s) that require submission of an updated IRS Form w-9 or other documentation, attach them to the form online prior to submitting
- Change request should be submitted with advance notice
- Contractual agreement guidelines may supersede effective date of request

You can check your directory listing on the *Anthem Blue Cross: "Find a Doctor tool"*. The Find a Doctor tool at Anthem is used by consumers, members, brokers, and providers to identify in-network physicians and other health care providers supporting member health plans. To ensure Anthem has the most current and accurate information, please take a moment to access the Find A Doctor tool (www.anthem.com/ca) and review how you and your practice are being displayed.

To report discrepancies please make correction by completing this [Provider Maintenance Form](#) online.

URL: <https://providernews.anthem.com/california/article/easily-update-provider-demographics-with-the-online-provider-maintenance-form-7>

Sign-up now for our Network eUPDATE today – it's free!

Published: May 1, 2019 - **Administrative**

Connecting with Anthem Blue Cross and staying informed will be even easier, faster and more convenient than ever before with our *Network eUPDATES*.

Network eUPDATE is our web tool for sharing vital information with you. It features short topic summaries and links that let you dig deeper into timely critical business information:

- Important website updates
- System changes
- Fee Schedules
- Medical policy updates
- Claims and billing updates

.....and much more

Registration is fast and easy. There is no limit to the number of subscribers who can register for *Network eUPDATES*, so you can submit as many e-mail addresses as you like.

URL: <https://providernews.anthem.com/california/article/sign-up-now-for-our-network-eupdate-today-its-free-7>

Network leasing arrangements

Published: May 1, 2019 - **Administrative**

Anthem Blue Cross (Anthem) has network leasing arrangements with a variety of organizations, which we call *Other Payors*. Other payors and affiliates use the Anthem network.

Under the terms of your provider agreement, members of other payors and affiliates are treated like Anthem members. As such, they're entitled to the same Anthem billing considerations, including discounts and freedom from balance billing. You can obtain the *Other Payors* list on the Availity web portal, at www.Availity.com. From the Availity site, select Home > Anthem California > Education and Reference Center, or email us at CAContractSupport@Anthem.com.

URL: <https://providernews.anthem.com/california/article/network-leasing-arrangements-7>

Clinical practice and preventive health guidelines available online

Published: May 1, 2019 - **Policy Updates**

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health, and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research. All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website. To access the guidelines, go to <https://www.anthem.com/ca/provider/>. From there, scroll down and click on **Read Policies**. This will take you to **Medical Policy, Clinical UM Guidelines (for Local Plan M, and Pre-Certification Requirements)**. Then click on the Practice Guidelines on the Health & Wellness tab.

URL: <https://providernews.anthem.com/california/article/clinical-practice-and-preventive-health-guidelines-available-online-13>

Update: Drug Screen Testing (professional)

Published: May 1, 2019 - **Guideline Updates** / Reimbursement Policies

Beginning with dates of service on or after April 28, 2019, Anthem Blue Cross (Anthem) policy language will be updated to allow the lower level definitive code drug testing of 1-7 drug class(es) (G0480) on the same day as presumptive services. Additionally, the definitive drug testing related coding section was expanded for clarification. For more information about this new policy, visit Anthem's provider website at www.anthem.com/ca. Go to Provider scroll down, select Find Resources for California, go to the Answers@Anthem tab and under Tools and Resources select [Reimbursement Policies](#).

URL: <https://providernews.anthem.com/california/article/update-drug-screen-testing-professional-1>

Fall prevention tips

Published: May 1, 2019 - **State & Federal** / Medicare

Each year, falls result in more than 2.8 million ER visits; 800,000 hospitalizations; and 27,000 deaths. Additional information about helping patients enrolled in Medicare Advantage prevent falls is available [here](#).

76195MUPENMUB

URL: <https://providernews.anthem.com/california/article/fall-prevention-tips-4>

Medical records request for risk adjustment

Published: May 1, 2019 - **State & Federal** / Medicare

In 2019, Anthem will work with Optum, using their copy partner CiOX, to request medical records with dates of service for the target year 2018, through present day, then review and code the record. [Read the full article online.](#)

Additional information, including frequently asked questions and answers, will be available at www.anthem.com/ca/medicareprover > **Important Medicare Advantage Updates.**

76239MUPENMUB

URL: <https://providernews.anthem.com/california/article/medical-records-request-for-risk-adjustment-5>

Medicare Advantage reimbursement policy provider bulletin

Published: May 1, 2019 - **State & Federal** / Medicare

Modifier 63: Procedure Performed on Infants Less Than 4 kg – Policy 06-015

76050MUPENMUB

URL: <https://providernews.anthem.com/california/article/medicare-advantage-reimbursement-policy-provider-bulletin>

Partial hospitalization services

Published: May 1, 2019 - **State & Federal** / Medicare

Medicare Advantage plans under Anthem Blue Cross follow original Medicare guidelines and billing requirements for partial hospitalization services. CMS regulations (*42 CFR 410.43(c)(1)*) state that partial hospitalization programs (PHPs) are intended for members who require a minimum of 20 hours per week of therapeutic services as evidenced in their plan of care. All partial hospitalization services require prior authorization. [Read the full article online.](#)

76175MUPENMUB

URL: <https://providernews.anthem.com/california/article/partial-hospitalization-services-4>

New incentive program reimbursement for select CPT Category II codes

Published: May 1, 2019 - **State & Federal** / Medicare

Check out additional information about the [new incentive program for reimbursement for select CPT Category II codes](#).

URL: <https://providernews.anthem.com/california/article/new-incentive-program-reimbursement-for-select-cpt-category-ii-codes>

Prior authorization requirements for DME repair and portable oxygen concentrator

Published: May 1, 2019 - **State & Federal** / Medicare

View more information online about the [prior authorization requirements for DME repair and portable oxygen concentrator](#).

URL: <https://providernews.anthem.com/california/article/prior-authorization-requirements-for-dme-repair-and-portable-oxygen-concentrator>

Update: Evaluation and management with Modifier 25

Published: May 1, 2019 - **State & Federal** / Medicare

Check out additional information online about the [evaluation and management with Modifier 25 update](#).

URL: <https://providernews.anthem.com/california/article/update-evaluation-and-management-with-modifier-25-5>

Keep up with Medicare news

Published: May 1, 2019 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at anthem.com/ca/medicareprovider for the latest Medicare Advantage information, including:

- [Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ](#)
- [Group Retiree members and National Access Plus](#)
- [Special Need Plans training required](#)

75975MUPENMUB

URL: <https://providernews.anthem.com/california/article/keep-up-with-medicare-news-60>

Clinical criteria updates

Published: May 1, 2019 - **State & Federal** / Medi-Cal Managed Care

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross (Anthem). These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the Anthem provider website, and the effective dates are reflected in the [Clinical Criteria updates notification](#). Visit the [Clinical Criteria](#) website to search for specific policies.

[Email](#) for questions or additional information.

URL: <https://providernews.anthem.com/california/article/clinical-criteria-updates-8>

Electronic claim payment reconsideration

Published: May 1, 2019 - **State & Federal** / Medi-Cal Managed Care

View more information online about [electronic claim payment reconsideration](#).

URL: <https://providernews.anthem.com/california/article/electronic-claim-payment-reconsideration-5>

Latest updates to Electronic Data Interchange Gateway migration

Published: May 1, 2019 - **State & Federal** / Medi-Cal Managed Care

Check out additional information about the [latest updates to Electronic Data Interchange Gateway migration](#).

URL: <https://providernews.anthem.com/california/article/latest-updates-to-electronic-data-interchange-gateway-migration-1>

Medical records request for risk adjustment

Published: May 1, 2019 - **State & Federal** / Cal MediConnect

Anthem Blue Cross (Anthem) is working with Optum CiOX Health (CiOX) to request medical records for risk adjustment. Risk adjustment is the process by which CMS reimburses Medicare Advantage plans, such as Anthem, based on the health status of their members. Risk adjustment was implemented to pay Medicare-Medicaid Plans (MMPs) more accurately for the predicted health cost expenditures of members by adjusting payments based on demographics (age and gender), as well as health status.

In 2019, Anthem will work with Optum, using their copy partner CiOX, to request medical records with dates of service for the target year 2018, through present day, then review and code the record.

Jaime Marcotte, Retrospective Risk Program Lead, is managing this initiative. Should you have any questions regarding this program, please contact Jaime at Jaime.Marcotte@anthem.com or **1-843-666-1970**.

History of risk adjustment

As a part of risk adjustment implementation, CMS initially collected hospital inpatient diagnoses for determining payment to MMPs. In 2000, Congress mandated a change to include ambulatory data. This change took place gradually, with full implementation in 2007. CMS selected a payment model that included diagnosis data reported from physician office, hospital inpatient and hospital outpatient settings — the CMS-Hierarchical Condition Category (CMS-HCC) payment model.

Physician's role

Physician data is critical for accurate risk adjustment as physicians are the largest source of ambulatory data for the risk adjustment model. The CMS-HCC model relies on ICD-10-CM coding specificity.

What is the provider notification process?

Optum using the copy partner CiOX, will initiate the record retrieval process. The process begins with telephonic or fax outreach to the provider, which is followed by a written request, to include:

- Role of the vendor.
- Purpose of the medical record retrieval request.
- Action being requested (for example, submission of the entire medical record).
- Name of the member.
- Date range of service being requested.

The provider should supply the medical records within two weeks following receipt of the request. If the provider did not see the member during the requested dates of service, the provider should return the request to the vendor with an explanation that no information relative to the request appears on the patient's medical record

How does risk adjustment impact physicians and members?

It's important to keep in mind that the risk adjustment process also benefits you and your patients. Increased coding accuracy helps Anthem identify patients who may benefit from disease and medical management programs. More accurate health status information can be used to match healthcare needs with the appropriate level of care.

Risk adjustment also helps you meet your CMS provider responsibilities regarding reporting ICD-10-CM codes, including:

- Secondary diagnoses, to the highest level of specificity.
- Maintaining accurate and complete medical records (ICD-10-CM codes must be submitted with proper documentation).
- Reporting claims and encounter data in a timely manner.

With your help in providing accurate and timely coding for risk adjustment, we can avoid unnecessary and costly administrative revisions, and provide your patients and our members with superior customer service.

Why is medical record documentation important for risk adjustment?

- Accurate risk adjusted payment relies on complete medical record documentation and diagnosis coding.
- CMS conducts risk adjustment data validation by medical record review.
- Specificity of the ICD-10 diagnosis coding is substantiated by the medical record.

Importance of ICD-10-CM diagnosis coding

- ICD-10-CM is the official diagnosis code set for Medicare and is used for risk adjusted payment.
- Medical record documentation dictates what code is assigned.
- Appropriate coding requires use of the most specific code available.

Medical record documentation

- Documentation should be clear, concise, consistent, complete and legible.
- Document coexisting conditions at least annually.
- Use standard abbreviations.
- Utilize problem lists. (Ensuring they are comprehensive, show evaluation and treatment for each condition relating to an ICD-10 code on the date of service, and are signed and dated by the physician or physician extender.)

- Identify patient and date on each page of the record.
- Authenticate the record with signature and credentials.

Major points

Federal regulations require Medicare and its agents to review and validate medical records to avoid underpayments or overpayments.

It is important for the physician's office to fully code each encounter; the claim should report the ICD-10-CM code of every diagnosis that was addressed and should only report codes of diagnoses that were actively addressed.

Contributory (comorbid) conditions should be reported if they impact the care and are therefore addressed at the visit, but not if the condition is inactive or immaterial. It should be obvious from the medical record entry associated with the claim that all reported diagnoses were addressed and that all diagnoses that were addressed were reported.

Requests for medical records

Anthem continually conducts medical record reviews to identify additional conditions not captured through claims or encounter data and to verify the accuracy of coding.

In addition, if CMS conducts an annual Data Validation Audit on the MMP health plan, the provider will be required to assist Anthem by providing medical record documentation for members included in the audit.

Concerned about *HIPAA* privacy?

The collection of risk adjustment data and request for medical records to validate payment made to MMP organizations is considered a health care operation and, as such, does not violate the privacy provisions of *HIPAA* (45 CFR 164.502).

CMS data validation

Data validation ensures the integrity and accuracy of risk-adjusted payment. It is the process of verifying that the diagnosis codes submitted by the MMP organization are supported by the medical record documentation for a member.

MMPs are selected for data validation audits annually.

It is important for physicians and their office staff to be aware of risk adjustment data validation activities because medical record documentation may be requested by the MMP

organization. Accurate risk-adjusted payment relies on the diagnosis coding derived from the member's medical record.

Additional risk adjustment information is available at <http://cssoperations.com>.

Additional information, including frequently asked questions and answers, will be available at <https://mediproviders.anthem.com/ca> > **Important Medicare-Medicaid Plan (MMP) Updates**.

76239MUPENMUB

URL: <https://providernews.anthem.com/california/article/medical-records-request-for-risk-adjustment-6>

Update: Evaluation and management with Modifier 25

Published: May 1, 2019 - **State & Federal** / Cal MediConnect

Anthem Blue Cross (Anthem) has identified that providers often bill a duplicate evaluation and management (E&M) service on the same day as a procedure, even when the same provider (or a provider with the same specialty within the same group TIN) recently billed a service or procedure which included an E&M service for the same or similar diagnosis. The use of Modifier 25 to support separate payment of this duplicate service is not consistent with correct coding or Anthem policy on use of Modifier 25. [Read the full article](#).

76075MUPENMUB

URL: <https://providernews.anthem.com/california/article/update-evaluation-and-management-with-modifier-25-6>

MMP Prior authorization requirements for DME repair and portable oxygen concentrator

Published: May 1, 2019 - **State & Federal** / Cal MediConnect

For updated information, see the [MMP Prior authorization requirements for DME repair and portable oxygen concentrator](#).

-

URL: <https://providernews.anthem.com/california/article/mmp-prior-authorization-requirements-for-dme-repair-and-portable-oxygen-concentrator>
