



In this issue of STAT, the Anthem Blue Cross Medicaid Provider e-News, you will find important policy updates and new programs or services to help you take care of our members in these plans:

- Medi-Cal Managed Care
- Healthy Families Program
- Access for Infants and Mothers
- Major Risk Medical Insurance Program

DHCS Announces ACA-Driven PCP Rate Increase

In accordance with Section 1202 of the Affordable Care Act (ACA), the California Department of Health Care Services (DHCS) has initiated a temporary increase in Medi-Cal payments for qualifying **Medi-Cal** providers for services rendered to members in the Anthem Blue Cross (Anthem) Medi-Cal Managed Care network.

This reimbursement increase was effective **January 1, 2013** and applies to covered services for the calendar years **2013** and **2014**. **Only qualifying Medi-Cal providers and services are eligible for the increased reimbursement.**

Self Attestation Required to Qualify

The Centers for Medicare and Medicaid Services (CMS) requires physicians to **self-attest** that they meet the eligibility requirements in order to receive the enhanced payment. Physicians must attest to **one** of the following qualifying conditions:

- They are **board-certified** in an eligible specialty or subspecialty. (Providers must identify their specialty, which board has granted certification, the effective date and end date of their certification.)
- They have furnished E/M services and vaccine administration services under specific Healthcare Common Procedural Coding System (HCPCS) codes that equal at least **60 percent of the Medi-Cal codes** the physician has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

DHCS has developed an online tool for physicians to self-attest. The form and most up-to-date information are available at Medi-Cal.ca.gov.

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Customer Care Center		Community Resource Coordinators		Additional Numbers	
Medi-Cal outside L.A. County	1-800-407-4627	Fresno	1-559-488-1380	24/7 NurseLine	1-800-224-0336
Medi-Cal inside L.A. County	1-888-285-7801	Los Angeles/San Diego	1-818-655-1255	Pharmacy Authorization	1-800-700-2533
Healthy Families Program	1-800-845-3604	Sacramento/Bay Area	1-916-325-4200	Medi-Cal Utilization Management/ Authorization	1-800-754-4708 (Fax)
Access for Infants and Mothers (AIM) Program	1-877-687-0549	Stanislaus/San Joaquin	1-209-558-2762		1-888-831-2246 (Voice)
Major Risk Medical Insurance Program (MRMIP)	1-877-687-0549	Tulare	1-559-733-6578	AIM, MRMIP and CMSP Utilization Management/ Authorization	1-800-754-4708 (Fax)
County Medical Services Program (CMSP)	1-800-670-6133				1-877-273-4193 (Voice)

DHCS-Defined Details

General information released by DHCS includes the following:

- **Qualifying providers** include those with specialty designations of family medicine, general internal medicine, pediatric medicine, allergists and their sub-specialties. Services provided by advanced practice clinicians, including nurse practitioners, physician assistants, and nurse midwives, may be covered as well as long as qualification criteria are met.
- **Qualifying primary care services** include specific evaluation and management (E/M) services and vaccination administration.
- **The enhanced reimbursement** will be temporary and cover only those claims submitted with dates of service ranging from **January 1, 2013 through December 31, 2014**. Only qualifying providers who have attested are eligible for the increased rate.
- **Payments for the increased reimbursement** will be retroactive to qualifying services rendered on or after **January 1, 2013**. DHCS will notify Anthem and providers about the reimbursement methodology at a later date.

To review the most current information, please visit Medi-Cal.ca.gov.

For More Information

DHCS will communicate more specific information to health plans and providers as more information becomes available.

If you have any questions about qualification criteria, or self-attestation, please call the DHCS Telephone Service Center directly at **1-800-541-5555**.



Medi-Cal Expanding Into 19 Rural Counties

Earlier this year, the California Department of Health Care Services (DHCS) chose Anthem to participate in the expansion of Medi-Cal Managed Care (Medi-Cal) into the following 19 rural counties:

- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- El Dorado
- Glenn
- Inyo
- Mariposa
- Mono
- Nevada
- Placer
- Plumas
- San Benito
- Sierra
- Sutter
- Tehama
- Tuolumne
- Yuba

These counties previously provided care to eligible beneficiaries on a fee-for-service (FFS) basis, and this expansion is part of an initiative that aims to provide care through an organized delivery system. Upon enrolling in Anthem's Medi-Cal Managed Care program, Anthem members will receive a wide range of benefits, including medical visits, prescription drugs, dental and vision care, mental health services, alcohol and drug treatment, and other behavioral health services.

More importantly, this managed care expansion--which begins implementation in November--will give eligible Anthem members in these counties access to a 'medical home' consisting of an assigned primary care physician (PCP). The member's PCP will provide routine medical care as well as coordinate all of their other health care needs. This allows the member to enjoy timely access to specialists and other providers, which results in better management of their health conditions and improved health outcomes.

Anthem is excited by this opportunity to work with both members and providers in these 19 rural counties. We look forward to assisting our contracted providers as they render cost-effective health care that promotes quality care and achieves improved health outcomes as well as high levels of member satisfaction.

If you are a provider in one of the 19 rural counties above and are interested in joining our network, please call us at **1-888-285-7801**.

During Member Visits

Member Incentives for Wellness and Screening Visits

Anthem Blue Cross (Anthem) has initiated a member incentive program which provides members with \$25 or \$50 gift cards from major retail stores for fulfilling recommended wellness visits and preventative screenings with our network providers.

Who Will Receive the Gift Cards

Anthem has identified certain members who are at risk of not acquiring these services for their children or themselves. The goal of the program is to emphasize the value of maintaining these important care milestones—especially when it relates to prenatal and adolescent care. Diabetes and Cervical Cancer screenings have also been targeted based upon the effectiveness of early identification and preventative care.

The incentive program seeks to offset any financial barriers to completing these services, such as transportation costs, missed work or the need for childcare, as well as provide a reward for healthy behaviors.

Rewards Matrix

The following grid identifies the wellness visits targeted in the rewards program and their implementation dates:

Services	Anthem Gift Card Value	Anthem/ L.A.Care Gift Card Value	Healthy Families Gift Card Value	Launch Date
Prenatal Care Visit in 1 st Trimester or within 42 days of health plan enrollment	\$25	\$25	Not offered	August 2012, ongoing monthly
Postpartum Visit within 21 to 56 days of delivery	\$50	\$50	Not offered	September 2012, ongoing monthly
Well Infant Visits: obtaining 6-8 visits in the first 15 months of life	\$50	\$50	\$50	June 2012, ongoing monthly
Well Child Visits: an annual visit for children ages 3-6	\$50	\$50	Not offered	September 2013
Adolescent Well Care Visits: an annual visit for adolescents ages 12-21	\$50	Not Offered	Not offered	September 2013
Diabetes Screenings for LDL, A1c, and nephropathy	\$25	\$25	Not offered	September 2013
Diabetes Dilated Retinal Eye Exam	\$25	\$25	Not offered	September 2013
Cervical Cancer: Screening this year	Not offered	\$50	Not offered	September 2013

How it Works

Identified members have received or will receive a mailing with the following information and instructions on how to obtain their gift cards:

- Members must take the mail-in form to their doctor's office and have the doctor sign the tear-off portion to attest that the service or series of visits was completed by the deadline date. Physicians are asked to

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complete other requested fields on the half-page tear-off form.

- The member must then mail the completed, pre-addressed/postage-paid form back to Anthem.
- Members will receive their gift card six-to-eight weeks after mailing in the attestation.

We thank you in advance for your effort in completing these attestation forms. Please contact the Customer Care Center at one of the phone numbers listed at the



bottom of the first page of this newsletter if you have questions or require further assistance:

New Requirements for the Staying Healthy Assessment

Compared to the general California population as a whole, individuals enrolled in Medi-Cal Managed Care (Medi-Cal) tend to suffer from a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities. Examples of these include cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes. Furthermore, many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for these illnesses and conditions. According to the Centers for Disease Control and Prevention (CDC), a small number of chronic diseases account for a disproportionately large share of the annual federal health care budget. Overall,

the CDC estimates that 75 percent of all health care dollars are used for the treatment of diseases that could otherwise be prevented.

With the goal of identifying, prioritizing and coordinating members' health care needs, the original Staying Healthy Assessment (SHA) was developed in 1999 to establish a standardized Individual Health Education Behavioral Assessment (IHEBA) for all managed care plan members. The SHA is a required component of Anthem's Initial Comprehensive Health Assessment (IHA) and consists of a history and physical examination and an IHEBA. An IHEBA enables a member's primary care provider (PCP) to assess the member's current acute, chronic and preventive health needs on a comprehensive basis. The IHEBA also allows the PCP to identify members whose health needs require coordination with appropriate community resources and other agencies for services not covered by Anthem. Finally, the SHA itself reduces unnecessary paperwork and duplication of effort.

The goals of the SHA are to assist providers with:

- Identifying and tracking high-risk member behaviors.
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored health education counseling, interventions, referral, and follow-up.

Primary care providers (PCPs) are responsible for reviewing each member's SHA in combination with the following relevant information:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

Providers Must Provide Counseling, Assistance and Follow-Up

The PCP must review the completed SHA with the member and initiate a discussion regarding behavioral

risks the member identified in the assessment. Clinic staff members, as appropriate, may assist a PCP in providing counseling and follow-up if the PCP supervises the clinical staff members and directly addresses medical issues.

- The PCP must prioritize each member's health education needs and initiate discussion and counseling regarding high-risk behaviors.
- Based on the member's behavioral risks and willingness to make lifestyle changes, the PCP should provide tailored health education counseling, intervention, referral, and follow-up. Whenever possible, the PCP and the member should develop a mutually agreed-upon risk reduction plan.
- The PCP must make an attempt to review the SHA with the member during the years between SHA administrations. The review should include discussion, appropriate patient counseling, and regular follow-up regarding risk reduction plans.

Provider Training

In the coming months, Anthem's Community Resource Coordinators (CRCs) will be conducting SHA training for all contracted providers. This training will include:

- SHA requirements
- Usage instructions on how to use the SHA
- Documentation requirements
- Timelines for administration and review
- Specific information and resources for providing culturally and linguistically appropriate patient health education services/interventions
- Anthem-specific information regarding SHA resources and referrals

For More Information

Providers who have questions about the SHA or wish to request training should call their local CRC at the appropriate number listed at the bottom of the first page of this newsletter. Valuable information on the SHA, including questionnaires and forms in English and all threshold languages, can also be found on the DHCS website at: <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>.

Updated Preventive Health Care Guidelines for Members

As part of our commitment to provide the latest information and medical guidelines available, Anthem recently updated the Preventive Health Care Guidelines that we provide to our members. Major changes include the following:

- **Well Person Exams:** Each Well Person Exam introduction has been updated to educate members about the age-appropriate advice they may receive from you, their Primary Care Provider. This advice includes information about sexual behavior, sexually-transmitted diseases and skin cancer. In addition, we have updated information in the Well Person Exams concerning the determination and use of Body Mass Index (BMI).
- **Screenings:** Changes and additions were made to the screening guidelines for children and adults. For example, cervical cancer and dental screening guidelines have been changed, and a hepatitis C screening guideline has been added.
- **Vaccine Schedule:** Changes were made for the measles, mumps, rubella (MMR), Tdap and pneumococcal polysaccharide (PPSV23) vaccines based on the Advisory Committee on Immunization Practices (ACIP) recommendations. Pregnant adolescents and adults should be vaccinated with the Tdap vaccine with each pregnancy. We added a link to the Centers for Disease Control website for those members who would like to access additional information regarding vaccines.

A copy of the new Preventive Health Care Guidelines that we provide to members is posted on our provider website at www.anthem.com/ca:

1. Select **OTHER ANTHEM WEBSITES: Providers** at the top of the screen.
2. Under **Learn More**, click **State Sponsored Plans**.
3. Scroll to the **Quality Improvement Program** section. Click the **Preventive Health Care Guidelines** link.
4. In the **Member Preventive Health Care Guidelines** section, click **Preventive Health Care Guidelines**

Good Communication Results in Healthier and Safer Members

The importance of effective communication is immeasurable in a provider-patient relationship. If handled well, it can help build that relationship and is a positive exchange of information. Good communication can also improve patient safety, which is a vitally important and ongoing national health care priority. After all, the health care industry, state and federal regulators and patient safety groups all hold health plans, providers and patients accountable for the safety of patients. Likewise, poor communication can have a serious impact on both the provider-patient relationship and a patient's health outcomes.

Successful communication between you and your patient can:

- Help a patient's level of understanding.
- Encourage the patient to express their own needs and concerns.
- Contribute to better decision making.
- Increase patient safety.
- Increase a patient's sense of control.
- Decrease a patient's stress level.
- Increase satisfaction with treatment for both you and your patient.

Without good communication, patients may not give you adequate information on their health or related concerns; they may not comply with your instructions – and in some cases, they may not even understand what they have been told.

Communication is a Two-Way Street

Although there is such a thing as one-way communication, good communication is a two-way street. Between providers and their patients, it is an absolute must as it commonly accounts for the difference between success and failure.

Even though you explain a diagnosis, test result, or treatment option to a patient, if the person walks away and does not understand the explanation, it has not been an effective communication. And, while the communication skills of the provider certainly plays a large role in shaping the patient's experience, your patient's ability to clearly express themselves, process and interpret the information received, and act upon it also contributes to the experience of care.

Tips for communicating with patients

- Spend time with your patients to develop a stronger relationship.
- Explain medical information in layman's terms and at eye level.
- Encourage your patients to prepare questions before their visits and allow time during the appointment to discuss them.
- Be aware of how cultural differences may affect a patient's perception of doctor visits, health behaviors and overall attitudes toward the health care system.

In addition to the good communication tips above, you and your staff improve patient safety by understanding member rights and responsibilities. This is the best way to understand what is expected of you in taking care of your patients and the steps patients must take as well. Patients have the right to clear instructions, legible prescriptions and concise explanations.



Additionally, they need to be completely honest with you about their symptoms, medical background and drug history.

To read Anthem's **Member Rights and Responsibilities**, please go to the current Provider Manual located on our website via the following websteps:

1. Go to www.anthem.com/ca
2. Select **OTHER ANTHEM WEBSITES: Providers**
3. Under **Learn More**, select **State Sponsored Plans**
4. On the **Provider Resources** page, scroll down to **Provider Communications** and select **Provider Manual and Important Updates**
5. Open the Provider Manual for **Medi-Cal, Healthy Families, AIM and MRMIP** and go to **Chapter 21: Member Rights and Responsibilities**

Communicate Clearly with Patients

For reasons of patient safety and good communication, it is important to put treatment plans in writing. When doing so, outline how and when you will let patients know about test results, as well as how and when they should take any medications. Alert them to any steps you will be taking on their behalf, as well as any steps or actions they made need to do on their own. Remember that literacy is often a problem for our members. Ask patients if they have questions or find it hard to understand or read your instructions. Refer patients to our Customer Care Center for interpreter services if needed.

Clear Prescription Information

Give patients verbal and written information on how to use the drug and include possible side effects and interaction warnings. You should ask your patient to recount what he or she was told about treatment instructions or medication orders and, of course, always ask if they have any questions about their medications, treatment or anything else relating to their plan of care.

These tips may take a little extra time to implement, but they can make a big difference in your patient's safety and in their relationship with you, their health care provider.

Free Language Assistance Programs are Available

Our members count on you for medical care and treatment, but may experience language barriers that prevent them from asking questions or communicating their concerns. Anthem is committed to communicating with our members about their health plan and our services, regardless of their language. We make it easy for our members and your patients to obtain language assistance.

Interpreter Services

Free over the phone interpreter services are available 24 hours a day, 7 days a week. During regular business hours, members can call the Customer Service number on the back of their ID card, and a representative will assist them. For after hours over-the-phone interpreter services, members can contact the 24-hour nurse line and a nurse will assist them with their request. We also provide free face to face interpreters for medical appointments. These can be scheduled by a member or provider by contacting the Customer Service number on the back of the member's ID card. The contact number is also available when you verify a member's eligibility on the Anthem ProviderAccess secure website. A notice of at least 3 days is required for face to face interpreters to allow time to schedule an interpreter in the language requested. Members with hearing impairments can utilize the Customer Service TTY number during regular business hours. After hours, the hearing-impaired can use the 24-hour NurseLine TTY number as well as the state Relay Service line (711). Customer Care Associates can also assist non-TTY users in contacting those who only utilize TTY equipment, such as provider offices needing to contact members with TTY assistive devices.

Translation of Materials

Members can request materials in alternative formats such as Braille, large font, audio CD, verbal interpretations, and non-English languages at no cost by contacting the Customer Service number on the back of their ID card.

Coordination of Care is Vital for Pregnant Members

Coordination of care among physicians, health plans, and community resources is a vital component of timely and adequate prenatal care for our pregnant members. As you know, these members are at an increased risk of pregnancy-related complications due to inadequate nutrition, chronic disease, and behavioral risk factors like recreational drug use.

The earlier prenatal care is initiated, the more likely women are to receive needed education, testing, and referrals. However, recent focus groups conducted with African-American/black and Latina Medi-Cal beneficiaries revealed a number of challenges in accessing prenatal and postpartum care. These challenges include member uncertainty about whether or not they are able or willing to keep and raise the baby, as well as uncertainty about their relationship with the baby's father. The strong pull of cultural traditions, as well as a lack of knowledge about the importance of prenatal/postpartum care, can be challenging in these cases, as is a lack of transportation and fear or distrust of the health care system.

Perinatal care also supports improved HEDIS[®] outcomes. Adequate prenatal care has been shown to result in increased rates for well-child visits. Timeliness and frequency of prenatal care, postpartum visits, and well-child visits are all important HEDIS measures and serve to show that you are providing preventive, quality care to your patients.

How Can You Help?

Because pregnancy and the perinatal period are critical to the health of new moms and infants, maternity and newborn health education programs, services, and materials are available at no cost to Medi-Cal members. To access these resources, please let us know about the member's pregnancy as soon as possible. We will work with you and your patient to ensure access to linguistically-sensitive and culturally-appropriate health education services.

To notify us of a member's pregnancy, please use the **Online Pregnancy Notification Form** or submit a completed **Pregnancy Notification Report** form. Both forms are located under the **Clinical and Preventive Care Tools** heading in the **Forms Library** on the **Provider Resources** webpage of our website: www.anthem.com/ca. To access the forms, please use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Learn More**, select **State Sponsored Plans**
3. On the **Provider Resources** webpage, scroll down to **Forms and Tools** and select **Forms Library**
4. Scroll down to **Clinical and Preventive Care Tools**
5. Select either the **Pregnancy Notification Report** or the **Online Pregnancy Notification Form**



Immunizations are Important, Safe and Effective Tools Against Disease

During 2010, there were 9,477 cases of pertussis (more commonly known as *whooping cough*) reported in California, with ten of those cases resulting in the death of infants who had contracted this bacterial disease. The high number of cases—the most since 1945—led authorities to declare the outbreak an epidemic. Despite the decreases in cases since that time, pertussis continues to be a threat to the health of Californians and others throughout the world.¹

The 2010 epidemic was due in part to the highly contagious nature of diseases like pertussis. Another contributing factor is the increasing numbers of parents who elect to forgo having their children vaccinated due to concern over safety and the fear of autism.² You, as the primary source of health information for your patients, can allay those fears and urge adults and children alike to stay up-to-date with their vaccines.

How to Educate Members on Immunization Importance and Safety

Use these tips when talking to patients about vaccines for themselves and their children:

1. Reassure them that the vaccines are safe. They do not cause autism, nor can you contract the very diseases vaccines are trying to prevent.
2. Vaccines are most effective if everyone who needs them gets them. Let your patients know that they and their children are not protected simply because others are getting vaccinated.
3. Remind your patients how germs quickly spread through the air when an infected individual coughs or sneezes. Also remind them that some germs can live on surfaces—like door handles—for extended periods of time. They can get infected simply by touching a germ surface and then touching their own face.
4. Inform your traveling patients that, while some diseases are rare in the United States, if they travel outside the country without getting necessary immunizations beforehand, they risk getting sick themselves or bringing disease back to their friends and family.

1 California Dept. of Public Health: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx>

2 County of Los Angeles Public Health Dept, Measles Alert - A Message to Emergency Room Departments in Los Angeles County.

Breastfeeding: An Important Tool in the Fight against Childhood Obesity

Breastfeeding has long been recognized as a proven disease-prevention strategy. Only recently has it been found to play a key role in preventing childhood obesity as well. Administrative data analysis completed by the USDA-funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC) revealed that breastfeeding initiation is associated with a 23% reduction in childhood obesity. WIC, which provides food, nutrition and breastfeeding education to low-income pregnant and postpartum women, and children up to age five, also learned in their analysis that increasing the breastfeeding duration to six months results in significant additional obesity rate reductions for some sub groups.

These results strongly support the impact of breastfeeding on reducing rates of childhood obesity among the low-income population served by the WIC Program. As more hospitals in Los Angeles County move towards becoming baby-friendly and more WIC participants initiate exclusive breastfeeding, the WIC program, health care providers, and employers must work collaboratively to improve the duration of exclusive breastfeeding among WIC participants.

As per **Medi-Cal Managed Care Division (MMCD) Policy Letter 98-10**, formula samples, coupons, and materials from infant formula companies should not be routinely distributed to pregnant and postpartum Medi-Cal members as this may inadvertently be perceived by the member as an endorsement of these products by their health care provider, hospital or health plan.

Serving the Needs of a Growing Seniors and People with Disabilities (SPD) Population

As of July 2013, there are 169,775 SPD members within the L.A. Care network alone and this number is expected to grow. Of this 169,775, 76% have a disability, 22% are aged, and slightly more than 1% is blind. The top languages are English (51%), Spanish (24%), and Armenian (7%).

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Not surprisingly, chronic conditions such as heart disease, stroke, kidney disease, diabetes, asthma, COPD, multiple sclerosis, depression and anxiety are the top health concerns. But the SPD population has other needs which might not be readily apparent at first glance.

For instance, as based on a 2011 member survey, the number one health topic SPD members reported wanting to learn more about was violence prevention. The survey also revealed a few other interesting characteristics of this population:

- They prefer to learn about health by reading a brochure
- They are less likely to attend a health education class
- They are more likely to call the 24/7 NurseLine

Additionally, almost all SPD members say they have difficulty getting information and support to stay healthy. This is largely due to a lack of transportation to and from appointments, as well as information not being available in their preferred language. (Only 51% of this population uses English as their predominant language, while 24% prefer to use Spanish and 7% converse best in Armenian.)

What can you and your office do to help meet the needs of the SPD population? Here are some suggestions:

- **Offer and know how to access free interpreting services.** You may find an increased need for American Sign Language (ASL) interpreting services with your SPD members.
- **Be aware of the many Health Education resources available online** through the Provider Resources page of our website. To access these resources, please use the websteps listed below.
- **Remind your SPD patients that health education materials are available to them in alternative formats**, such as large print, audio or Braille upon request. They are available on a variety of SPD health topics free of charge.



For information on how to access Health Education resources or interpreting services, please call our Customer Care Center or go to the Health Education webpage of our website at www.anthem.com/ca. To locate this webpage, please use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Learn More**, select **State Sponsored Plans**
3. On the **Provider Resources** webpage, scroll down to **Health Education**
4. For interpreting services, please select **Free Interpreting Services**
5. For Health Education brochures on a variety of topics, including brochures in Spanish, please select **Health Education Resources**

Note: Health Education materials are posted on the Anthem Blue Cross website in English and Spanish. Translations in other threshold languages are available upon request and are free of charge. For a list of these threshold languages, please see the table located below in the **Health Education Resources** article below.

Living With Asthma? Get an Action Plan!

Clinical practice guidelines from the National Heart, Lung and Blood Institute³ stress the importance of teaching patients and their families' self-management skills. For such members who are living with asthma, the Asthma Action Plan is an excellent vehicle for accomplishing this goal.

A review of 36 clinical trials clearly showed that patients given a written plan as part of their overall asthma education had a substantial reduction in the relative risk of hospitalizations, emergency room and acute care visits, missed work/school days and nocturnal symptoms.⁴

If Asthma Action Plans provide so many benefits, why aren't more physicians using them? Some possible reasons include lack of confidence in patients self-managing their own condition and a perceived lack of time.⁵

The asthma action plan is valuable because it:

- Reinforces what was said verbally
- Instructs parents what to do if their child gets sick
- Increases patient understanding of the difference between maintenance and rescue medications
- Improves compliance

The asthma action plan should be reviewed and updated annually⁶ as frequency and severity of symptoms often change over time.

For more information on asthma action plans and how to obtain them, please see **Create an Asthma Management Plan** at the American Lung Association website, www.lung.org. An additional resource for information on asthma, including a printable asthma action plan, can be found on the **Asthma Action Plans: Help Patients Take Control** page of the National Heart, Lung and Blood Institute website at www.nhlbi.nih.gov.

3. Guidelines for the Diagnosis and Treatment of Asthma (EPR-3) retrieved from www.nhlbi.nih.gov/guidelines/asthma on 7-2-12.

4. Lee, R. S. M.D., Asthma action plans: do they really work? The Navy Bureau of Medicine and Surgery Asthma Team, retrieved from <http://www.nmcpchc.med.navy.mil/Bumed/Asthma/HTM1.html> on 7-11-12.

5. Partridge, M.R. Written Asthma Action Plans. *Thorax An International Journal of Respiratory Medicine*, Volume 59, Issue 2 (2004): 87-8.

6. Public Health Seattle & King County. Guidelines for using an asthma action plan. Retrieved from <http://www.kingcounty.gov/healthservices/health/chronic/asthma/resources/hcp.aspx> on 7-11-12.

Health Education Resources Provide Valuable Information on Many Topics

Anthem offers several health education services and programs to meet the specific health needs of your patients. These services and programs are available to your patients through group classes, individual counseling, and member handouts. It is important that providers refer members to these resources, not only to promote healthy lifestyles and improve the health of those living with chronic diseases, but also because both providers and members can benefit from such referrals. Finally, it is important that providers refer members to these resources because doing so fulfills a California Department of Health Care Services contractual requirement.

Benefits of health education to patients include:

- Increased understanding of health
- Increased ability or self-efficacy to cope with and manage health conditions
- Better health outcomes for self-managed and/or lifestyle related conditions such as diabetes, coronary heart disease, heart failure and rheumatoid arthritis
- Increased perceptions of social support
- Improved psychological well-being

Benefits of health education to providers include:

- Improved physician-patient relationship
- Better informed patients
- Improved patient compliance with prescribed treatment plans
- Improved efficiency through cost-effective care.

Health Education Classes Available

Health education classes take place at hospitals and/or community-based organizations. Classes are available at no charge to Anthem members and are accessible upon self-referral or referral by Anthem network Providers.

Classes vary from county to county, and include the following:

- Asthma Management
- Childbirth/Lamaze
- Diabetes Management
- Injury Prevention

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- Nutrition
- Parenting/Well Child
- Prenatal Education
- Sexually Transmitted Infections (STIs)
- Smoking Cessation/Tobacco Prevention
- Substance Abuse

For more information on health education classes, Members or providers can call the appropriate Customer Care Center.

Finally, we have an extensive selection of health education materials, in both English and Spanish, available on the Provider Resources webpage of our website at www.anthem.com/ca.

These materials range from information on protecting your family from carbon monoxide poisoning to several educational resources on the perils of secondhand smoke and how to quit smoking. The materials may also be translated into other languages upon request.

To find these materials, please follow these websteps:

1. Go to www.anthem.com/ca
2. Select **OTHER ANTHEM WEBSITES: Providers**
3. Under **Learn More**, select **State Sponsored Plans**
4. On the **Provider Resources** webpage, scroll down to **Health Education**
5. Select **Health Education Resources**

These materials may be translated into additional languages as listed below upon request. They are also available in alternative formats, including Braille, large print, and audio. Translations and alternative formats are free of charge.

Language	Medi-Cal	L A Care
Arabic	✓	
Armenian		✓
Chinese	✓	✓
Farsi		✓
Hmong	✓	
Khmer	✓	✓
Korean		✓
Russian	✓	✓
Tagalog		✓
Vietnamese	✓	✓



Business Operations

Availity: Why Wait?

Say ‘goodbye’ to ProviderAccess® inquiries and say ‘hello’ to the Availity Web Portal. All ProviderAccess users must begin using the Availity Web Portal as soon as possible to avoid any business disruption later this year.

Don’t procrastinate - WHY?

Get registered with the Availity web portal and use it! Don’t wait until the last minute to get registered and begin using the Availity Web Portal, which will be your primary resource for eligibility & benefits and claim status inquiries, as well as many other exclusive services offered through Availity. Since Availity’s Web Portal is a multi-payer solution, you will also be able to access other payer’s information.

Don’t hesitate - WHY?

Registering now will put you and your office staff in the best position to manage patient care without interruption. Avoid phone HOLD-TIME and delayed e-mail responses for help with the Availity Web Portal.

Availity’s Web Portal offers Anthem Blue Cross providers access to the following functionality at no cost:

Business Operations

- Eligibility and benefits
- Clinical Messaging
- Claim status
- Patient care summary - exclusive

Availity's Web Portal also offers direct 'link-outs' to Anthem Blue Cross':

- Secure Messaging
- AIM Specialty HealthSM (AIM)
- On-line Remits
- Provider Home page at www.anthem.com/ca through the Payer Resources tab

How To Register for Availity's Web Portal

1. Go to www.availity.com. Click **Register Now**.
2. Complete the on-line registration wizard.
3. You will receive an e-mail from Availity with a temporary password and next steps.
4. If you need further assistance with Availity, please contact Client Services at **1-800-282-4548**. *Please note that it may take up to **five days** to complete registration.*

Reminder: To access Anthem Blue Cross-specific services, such as Secure Messaging, the Primary Access Administrator [PAA], must take your Availity Registration process one step further. Please see the instructions below:

1. Primary Access Administrator [PAA] must log onto Availity.
2. Click **My Account | Anthem Services Registration**.
3. Choose an organization if the **Select an Organization** page displays.
4. On the **Anthem Services Registration** page click **Non-Registered Users**.
5. A list of users will display, locate the user you want to register and enter their ProviderAccess User ID (see below) in the Health Plan User ID field.
6. Click **Register**, registration is now complete and the user has immediate access to Secure Messaging.

Please note: The ProviderAccess User ID name must be identical to the Availity User ID. For example: Mary Jane Johnson registered in ProviderAccess cannot be registered as Mary Johnson or Mary Jane Johnson-Williams in Availity. The first, middle and last names must be registered exactly the same in order to use 'link-out' services.

Case Management Programs

Managing illness can sometimes be a difficult thing to do. Knowing who to contact, what test results mean or how to get needed resources can be a bigger piece of a healthcare puzzle that for some, are frightening and complex issues to handle.

Anthem Blue Cross (Anthem) is available to offer assistance in these difficult moments with our Case Management Program. Our Case Managers are part of an interdisciplinary team of clinicians and other resource professionals that are there to support members, families, primary care physicians and caregivers. The case management process utilizes experience and expertise of the care coordination team whose goal is to educate and empower our members to increase self management skills, understand their illness, and learn about care choices in order to access quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the number located in the grid below. They will be transferred to a team member based on the immediate need. Physicians can also refer by contacting us. No issue is too big or too small. We can help with transitions across level of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

How do you contact us?

Case Management Contact Information	
Telephone	1-888-334-0870
Referral Fax	1-866-333-4827
Email	CMReferralSpecialistNE@WellPoint.com
Business Hours	Monday-Friday: 8 am -5 pm (PT)

24/7 NurseLine Means Peace of Mind

Recommend Our Free 24-Hour Nurse Help Line

It is 10 p.m. and one of your patients is running a fever. Nothing seems to help and he is miserable. His wife doesn't know what to do. She knows your office is closed right now and she doesn't know if her husband's conditions is serious enough to call you, go to urgent care or head to the emergency room. Instead, she calls 24/7 NurseLine, the 24-hour nurse

help line. The nurse who answers her call serves as a resource to help her make an informed decision and to get relief for her spouse. She's planning to call you first thing tomorrow to figure out her next steps.

Overutilization of emergency rooms for non-emergencies is a big problem across the country. However, health issues don't just happen 9-to-5 Monday through Friday during office hours. Of course, we want our members to take care of health concerns as soon as possible. However, we also want them to know they have a resource to call 24 hours a day and 7 days a week that will provide information that helps them make informed choices about what their options are, based on their symptoms. When you schedule appointments with members, remind them about this free and valuable resource. To reach the 24/7 NurseLine, Anthem members should call: **1-800-224-0336 (TTY 1-800-368-4424).**

When members call the 24/7 NurseLine, they also have access to audio topics on over 200 health conditions such as:

- High blood pressure
- Diabetes
- HIV/AIDs
- Alcohol and drug problems
- Pregnancy
- Sexually transmitted diseases

The 24/7 NurseLine is just one more health education tool available to our members to help them make smart health care decisions and take a little pressure off providers. Please be sure to remind members about 24/7 NurseLine.



Access the Anthem Resource Library for Office Improvements

At Anthem, we understand how difficult it can be to manage the concerns of your patients/our members enrolled in Medi-Cal Managed Care (Medi-Cal), Healthy Families Program, Access for Infants and Mothers (AIM) Program, and Major Risk Medical Insurance Program (MRMIP). To assist you in these efforts, Anthem has developed the Resource Library for Office Improvements. In this Resource Library, we have posted links to documents and websites offering potential solutions and resources for improving communication and service concerns. Check out our Resource Library today and you will find the following information:

Communication: Includes courses on clinician-patient communication, caring for diverse populations, and providing better care through better communication.

Behavioral Skill Building: Offers information about learning to say “no” to a customer, as well as resources for reducing and managing stress.

Environment Improvement: Provides articles and websites about improving the work environment and managing disruptive behaviors in the workplace.

To access the Anthem Resource Library for Office Improvements, go to www.anthem.com/ca and follow these websteps:

1. Under **OTHER ANTHEM WEBSITES**, click on **Providers**.
2. Under **Learn More**, click on **State Sponsored Plans**.
3. On the **State Sponsored Plans Provider Resources** webpage, scroll down to **Provider Training**. Click on the link for **Resource Library for Office Improvements**.

And as always, thank you for the excellent care you provide your patients who are our members.

ICD-10 Implementation: Tips to Help You Prepare

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. This transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

Anthem wants to remind providers now is the time to talk to your payer partners, practice management systems vendors and clinical information systems vendors about this implementation. Doing so will help to ensure a smooth transition to ICD-10 and minimize business interruption to your practice.

The implementation plan for your practice's transition to ICD-10 is a long term effort where periodic check-ups can help to keep you on target for the October 1, 2014 implementation. Below are some questions you should ask yourself as you and your staff prepare for this important update:

- **How will the update affect processes/workflows?**

Once you answer that question, you can devise a plan to address the changes that need to occur to incorporate ICD-10.

- **What systems changes need to take place?**

You should have a comprehensive list of all necessary system changes, upgrades and/or other adjustments, the cost of these changes, the amount of time it will take to complete these changes and the timeline for implementation.

- **How do your external partners plan to handle the implementation?**

How will their plans affect your practice?

- **What are the new documentation requirements?**

With the new level of specificity of each code, having the right documentation available for your medical coders will lessen the potential for decreased productivity associated with using the new code set.

- **Who needs training and what type of training do they need?**

You should have a comprehensive list of the education and training needs, including type and timeline, for your staff members.

As you move into the active phases of your ICD-10 implementation plan, having this knowledge as your foundation will be the key to a smooth transition.

In preparation for the ICD-10 implementation, Anthem conducted a project with a small group of institutional providers. Together, we each coded ICD-9 claims in ICD-10 without translating or cross-walking. We then looked at the reimbursement impacts and DRG assignments. This testing revealed two key issues:

1. **It is important that providers do the analysis.**

There are reimbursement impacts to be aware of that are unique to your practice because of the change from ICD-9 to ICD-10.

2. **Beware of coding mistakes such as including erroneous leading 0s in front of an ICD-10 code.**

These errors could cause a delay in processing the claim and are easily avoided.

We will be rolling out more insights from our analytical projects, so stay tuned!

For More Information

To help our providers stay informed about the ICD-10 implementation, Anthem has created an ICD-10 Update page on our website at www.anthem.com/ca. To access this page, please use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Welcome to Anthem Blue Cross**, click on the orange **Enter** button
3. On the **Providers** page, scroll down to **Communications and Updates** and select **ICD-10 Updates**

Fact sheets and training materials regarding the ICD-10 implementation are also available on the following websites:

- CMS (Centers for Medicare & Medicaid Services): <http://www.cms.gov/ICD10/>
- AHIMA (American Health Information Management Association): <http://www.ahima.org/icd10/>
- HIMSS (Healthcare Information and Management Systems): <http://www.himss.org/ASP/index.asp>
- AAPC (American Academy of Professional Coders): <http://www.aapc.com/ICD-10/>

If you have specific questions about the ICD-10 implementation, please email us at ICD10-Inquiry@Anthem.com.

Clinical Practice and Preventive Health Guidelines Available on the Web

As part of our commitment to provide you with the latest clinical information and educational materials, Anthem Blue Cross (Anthem) has 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 at www.anthem.com/ca. To access them, please use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Learn More**, select **State Sponsored Plans**
3. Select the **Health & Wellness** tab
4. Select **Practice Guidelines**
5. Select either **Clinical Practice Guidelines** or **Preventive Health Guidelines**

Pharmacy Information Available on Anthem.com/ca

Anthem wants to make sure you have timely access to pharmacy policy changes and new developments. The following information is available under the Pharmacy Benefits Menu on the State Sponsored Business Pharmacy Information for Providers page of our website at www.anthem.com/ca:

- Prescription Drug Benefits
- Pharmacy and Therapeutics Process
- Where to Get Prescriptions Filled
- Preferred Drug List/Formulary
- Prior Authorization Process
- Multi-Source Brands
- Dose Optimization
- Quantity Limits

- Benefit Exclusions
- Office-Based Injectables
- Cost to Member
- Important Toll-Free Contact Numbers

To access this information:

1. Go to www.anthem.com/ca
2. Select **OTHER ANTHEM WEBSITES: Providers**
3. Under **Learn More**, select **State Sponsored Plans**
4. On the **Provider Resources** webpage, scroll down to **Additional Programs and Services**
5. Select **Pharmacy – MediCal**

If you would like more information, please call the Prescription Drug Plan at **1-800-700-2533**, or Express Scripts, Inc.® Prior Authorization at **1-800-338-6180**.



Looking For Answers? Check Your Provider Manual

Your Provider Manual is a one-stop guide containing vital information to help you better serve our members. The following is a brief summary of the information, instructions, guidelines and resources included in each manual:

- Member benefits
- Claims and billing
- Grievances and appeals

- Member enrollment
- Credentialing and recredentialing
- Care management
- Prior authorization
- Utilization management
- Important state, county and Anthem Blue Cross telephone and fax numbers, postal addresses, websites and e-mail address
- Provider forms
- Cultural and linguistic services
- Site review survey
- Medical record standards

The most up-to-date Provider Manual is always posted on our website at www.anthem.com/ca. To locate it, please follow these websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Learn More**, select **State Sponsored Plans**
3. On the **Provider Resources** page, scroll down to **Provider Communications** and select **Provider Manuals and Important Updates**
4. Select **Provider Manual for Medi-Cal, Healthy Families, AIM and MRMIP**

Misrouted Protected Health Information Awareness

Providers and facilities are required to review all member information received from Anthem Blue Cross and Blue Shield to ensure no misrouted Protected Health Information (PHI) is included. Misrouted PHI includes information about members that a provider or facility is not treating. PHI can be misrouted to providers and facilities by mail, fax, e-mail, or electronic Remittance Advice. Providers and facilities are required to destroy immediately any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, please contact the Customer Care Center at **1-866-408-6132**.



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