Our Case Management programs support our members

Managing illness can sometimes be difficult for certain patients. Knowing who to contact, what test results mean, or how to get needed resources is a big piece of the healthcare puzzle that, for some, is frightening and complex.

Anthem Blue Cross (Anthem) offers 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 who are there to support members, families, primary care providers 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. We will connect them with a team member based on their immediate need. Physicians can also refer by contacting us via the phone number or email listed below. No issue is too big or too small. We can help with transitions across levels of care so patients and caregivers are better prepared and informed about health care decisions and goals.

Call or email us!

Case Management contact information

Telephone: 1-866-595-0145
Referral Fax: 1-866-333-4827
Email: CMReferralSpecialistNE@Anthem.com
Business Hours: Monday through Friday, 8:30 a.m. to 5 p.m. (Pacific time)
**What To Do for HEDIS®!**

**What is HEDIS?**

You have probably heard of HEDIS (Healthcare Effectiveness and Data Information Set) measures. These are quality measures that the National Committee on Quality Assurance (NCQA) has developed to evaluate quality care delivered by health plans. These measures include Children’s Health, Women’s/Maternal Health and General/Diabetes health. Every year, all health plans across the nation collect data about care rendered the previous year for study as well as comparison with other health plans.

Anthem depends on you, our providers, to help us get the highest scores possible for HEDIS. The care you provide and document is key to demonstrating the quality care you provide our members.

**What Do I Need to do?**

Every primary care provider (PCP) has members who fall in one or more of the areas covered by the HEDIS measures. Some of the HEDIS measures involve getting recommended testing done to show that a disease is under control. Other measures involve annual checkups or testing. Still others involve medication monitoring.

- Determine which of your patients have not had the required testing or checkup (table with measures below).
- Contact the patient to schedule an appointment by the end of the year.
- Provide the service and order the labs or tests.

Below is a grid indicating the measure, the type of patient (child, pregnant woman, patient with diabetes, etc.) and the service required before the end of the year.

After the service has been provided, please be sure to submit the claims form to document the care you have rendered. Don’t forget to also complete a PM-160 for your pediatric patients.

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)*

<table>
<thead>
<tr>
<th>Name of Service/Test</th>
<th>Type of Patient</th>
<th>What Needs to Be Done</th>
<th>Billing Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunizations</td>
<td>Pediatric—child is turning 2 before the end of 2015</td>
<td>Before age 2 child needs to have: Four DTaP; three polio (IPV); one MMR; two H influenza type B (Hib); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines</td>
<td>IPV CPT®: 90698, 90713, 90723; DTaP CPT®: 90698, 90700, 90721, 90723; Hib CPT®: 90645-90648, 90698, 90721, 90748; Hep B CPT®: 90723, 90740, 90744, 90747, 90748; HCPSC: G0010; Prevnar CPT®: 90669, 90670; HCPSC: G0009; VZV CPT®: 90710, 90716; ICD-9-CM: 052, 053; MMR CPT®: 90707, 90710; Measles CPT®: 90705 ICD-9-CM: 055; Measles and Rubella CPT®: 90708; Mumps CPT®: 90704 ICD-9-CM: 072; Rubella CPT®: 90706 ICD-9-CM: 056; Hep A CPT®: 90633; ICD-9-CM: 070.0, 070.1; Flu CPT®: 90655, 90657, 90661, 90662; HCPCS: G0008; RV 90681 (2 dose) and RV 90680 (3 dose)</td>
</tr>
<tr>
<td>Name of Service/Test</td>
<td>Type of Patient</td>
<td>What Needs to Be Done</td>
<td>Billing Codes</td>
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| Well Child Visits   | Pediatric—child is age 3 thru 6 in 2015 | An annual comprehensive well visit | Codes to Identify Well-Child Visits:  
CPT®: 99381-99385, 99391-99395, and 99461  
ICD-9-CM: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8 and V70.9  
HCPCS: G0438, G0439 |
| Adolescent Immunizations | Pediatric—child is turning 13 in 2015 | Before age 13, a child needs:  
One dose of meningococcal vaccine (between 11th and 13th birthday) and one dose of Tdap or Td (between 10th and 13th birthday) | Meningococcal CPT®: 90733 and 90734  
Tdap CPT®: 90715  
Td CPT®: 90714 and 90718  
Tetanus CPT®: 90703  
Diphtheria CPT®: 90719 |
| Cervical Cancer Screening | Women’s Health—Women ages 21-64  
or  
Women ages 30-64 | Documentation of results for 21-64 year olds of a cervical cytology performed every 3 years (if no proof, schedule appointment for PAP) or  
Documentation of results for 30-64 year old of a cervical cytology/HPV co-testing performed every 5 years (if no proof, contact the member and schedule appointment for PAP)  
Or documentation of Complete Hysterectomy | CPT®: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  
HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091  
UB Revenue: 0923  
Same codes as above and  
CPT®: 87620-8762 |
| Prenatal Care | Maternity: Pregnant woman  
(or first trimester and subsequent visits per ACOG standard of care. | CPT®: 59400, 59510, 59610, 59618, 59425, 59426, 99201-99205, 99211-99215, 99241-99245 and 99500  
CPT® Cat II: 0500F, 0501F, 0502F  
HCPCS: H1000-H1004, H1005 |
| Postpartum Care | Maternity: Pregnant woman (delivered) | A postpartum visit within 21 to 56 days after delivery | CPT®: 57170, 58300, 59400, 59410, 59420, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 99501  
CPT® Cat II: 0503F  
UB Revenue: 0923  
ICD-9-CM Procedure: 89.26, 91.46  
HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 |
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

<table>
<thead>
<tr>
<th>Name of Service/Test</th>
<th>Type of Patient</th>
<th>What Needs to Be Done</th>
<th>Billing Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Assessment and Counseling for Nutrition and</td>
<td>3-17 year old members</td>
<td>Evidence of the following during the measurement year:</td>
<td></td>
</tr>
<tr>
<td>Physical Activity for Children/Adolescents (WCC)</td>
<td></td>
<td>• BMI percentile if under 17 years (may be a BMI value for adolescents 16-17)</td>
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<tr>
<td></td>
<td></td>
<td>• BMI date and value</td>
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<tr>
<td></td>
<td></td>
<td>• Weight date and value</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Height date and value</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Counseling for Nutrition (diet)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Counseling for Physical Activity (sports participation/ exercise)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[CPT ® for Nutrition: 97802-97804</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ICD-9-CM: BMI V85.5-V85.54, Nutrition V65.3, and Physical Activity V65.41</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[HCPCS for Nutrition: G0447, G0270, G0271, S9449, S9452, S9470</td>
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<td></td>
<td></td>
<td>[HCPCS for Activity: G0447, S9451</td>
<td></td>
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<td></td>
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<td><strong>Codes to Identify Outpatient Visits:</strong> CPT ®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</td>
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<tr>
<td></td>
<td></td>
<td>[HCPCS: G0402, G0438, G0439</td>
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<td></td>
<td></td>
<td><strong>UB Revenue:</strong> 051x, 0520-0523, 0526-0529, 0982, 0983</td>
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</tbody>
</table>

### Diabetic Care

<table>
<thead>
<tr>
<th>Name of Service/Test</th>
<th>Type of Patient</th>
<th>What Needs to Be Done</th>
<th>Billing Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c testing</td>
<td>Pediatric and Adult patients with Diabetes during 2014</td>
<td>At least one blood test in 2014</td>
<td>[Diabetes Diagnosis: ICD-9-CM: 250, 250.0-250.9, 357.2, 362.0, 362.01-362.07, 366.41, 648.0</td>
</tr>
<tr>
<td>HbA1c &gt;9</td>
<td></td>
<td>If result is greater than 9%, do what is necessary (such as adjusting meds) to improve A1c to below 9%</td>
<td></td>
</tr>
<tr>
<td>HbA1c &lt;8</td>
<td></td>
<td>If result is not less than 8%, do what is necessary (such as adjusting meds) to improve A1c to below 8%</td>
<td></td>
</tr>
<tr>
<td>Nephropathy</td>
<td></td>
<td>Check urine for protein</td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td>Refer the member for a retinal eye exam with a network ophthalmologist. The member can also access a VSP provider without a referral.</td>
<td></td>
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<tr>
<td>LDL C Screen CPT®</td>
<td></td>
<td>[CPT ®: 80061, 83700, 83701, 83704, 83721</td>
<td></td>
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<td></td>
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<td>[CPT ®Cat II: 3048F, 3049F, 3050F</td>
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<tr>
<td></td>
<td></td>
<td>[Nephropathy Screen CPT®: 82042, 82043, 82044, 84156</td>
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<tr>
<td>Name of Service/Test</td>
<td>Type of Patient</td>
<td>What Needs to Be Done</td>
<td>Billing Codes</td>
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<tr>
<td>Blood Pressure</td>
<td></td>
<td>Latest BP measurement was &lt;140/90; if no BP measurement or if latest not under 140/90, bring pt in to determine necessary treatment to get it below 140/90</td>
<td><strong>CPT ® Cat II</strong>: 3060F, 3061F</td>
</tr>
</tbody>
</table>
| General Medication monitoring | Pediatric and Adult patients taking the specified medications during 2015 | 1. Ensure patients with asthma are taking their meds.  
2. Ensure patients with persistent asthma on short acting beta-agonist meds (e.g. albuterol) are ALSO taking controller meds (e.g. inhaled corticosteroids) this is verified by checking pharmacy records. You can check with patient’s pharmacy to be sure they are picking up their controller and beta agonist meds. | **Asthma ICD-9-CM**: 493.0, 493.00-493.02, 493.1, 493.10-493.12, 493.8, 493.81-493.82, 493.9, 493.90-493.92  
**Codes To Identify Outpatient Visits:**  
**CPT®**: 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456  
**HCPCS**: G0402, G0438, G0439  
**UB Revenue**: 051x, 0520-0523, 0526-0529, 0982, 098 |
| ACE inhibitors/ ARBs |                 | Get a chem panel or at least a K+ and creatinine | |
| Digoxin             |                 | Get a chem panel or at least a K+ and creatinine AND serum digoxin | |
| Diuretics           |                 | Get a chem panel or at least a K+ and creatinine | |

If you need help contacting your patients, or if you have any questions about HEDIS, please call your regional office at the number listed on the bottom of the front of this newsletter.

We are happy to be partners with you on our quality of care efforts!  
Thank you for your ongoing commitment and caring for our members!
Member Incentives for wellness and screening visits

Anthem has initiated a member incentive program which provides members with gift cards from major retail stores for fulfilling recommended wellness visits and preventive screenings with our network providers.

Who will receive the gift cards?

Anthem has identified certain members who are at risk of not obtaining 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 they relate to prenatal and pediatric care. Diabetes and cervical cancer screenings have also been targeted based upon the effectiveness of early identification and preventive 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 reinforcement for healthy behaviors.

Rewards matrix

The following grid identifies the wellness visits targeted in the rewards program:

<table>
<thead>
<tr>
<th>Health Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care Visit in first trimester or within 42 days of health plan enrollment</td>
</tr>
<tr>
<td>Postpartum Visit within 21 to 56 days of delivery</td>
</tr>
<tr>
<td>Well Infant Visits: obtaining 6-8 visits in the first 15 months of life</td>
</tr>
<tr>
<td>Well Child Visits: an annual visit for children ages 3-6</td>
</tr>
<tr>
<td>Diabetes Screenings for A1c and nephropathy</td>
</tr>
<tr>
<td>Diabetes Dilated Retinal eye exam</td>
</tr>
<tr>
<td>Cervical Cancer: Screening the current year</td>
</tr>
<tr>
<td>Having all the recommended immunizations (including two influenza vaccines) by age two</td>
</tr>
<tr>
<td>Lead Screening in Children</td>
</tr>
</tbody>
</table>

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 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.

We’ve got a new Medi-Cal Maternal Care initiative

We have an exciting new program to assist with Postpartum Appointment Compliance!

To ensure our postpartum members receive the highest quality of health care, we are partnering with you, our women’s health providers, in our Maternal Postpartum Outreach program. This initiative targets members who are due for a three to six-week postpartum appointment. Our goals are to increase patient compliance and improve health outcomes for our members.

How are the physician and physician’s office involved?

Anthem associates will contact you to schedule and/or confirm postpartum appointments for our members. We will also contact these members to educate them about the importance of postpartum appointments and teach them how to schedule their own appointments in the future.

We look forward to working together to improve the health outcomes and the quality of life for our postpartum members.
Initial Health Assessment Documentation

Anthem has identified the Initial Health Assessments (IHAs) completed by providers according to state requirements as an area needing improvement. PCPs are required to provide an IHA within 60 to 120 days from enrollment. The IHA consists of a complete age and gender-appropriate history as well as a physical exam and preventive services based on America Associate of Pediatrics (AAP) or U.S. Preventive Services Task Force (USPSTF) guidelines.

The PCP must document a complete IHA for members who are over 18 months of age within 120 days of their enrollment into the provider’s practice. If the member is under 18 months, the IHA must be documented completely within 60 days.

What is required in an IHA?

The IHA documentation must include a complete medical history, a head-to-toe physical examination, and an assessment of health behaviors, including alcohol and tobacco screening. Autism screening must be documented at the appropriate ages per AAP recommendations. Documentation should also include the anticipatory guidance and the updated Staying Health Assessment (SHA) form in the appropriate age. If the patient is a pediatric member, a completed PM160 must be included with the completed IHA also. If a well visit was completed recently at another provider’s office, that documentation should be requested and added to the chart.

The following should also be included in the documentation:

**Tuberculosis Screening:** All members must be screened for TB. Children under 21 years must be have this screening documented yearly during their well visits.

**Dental Screening/Oral Assessment:** Screening and assessments must be documented on all children age three and under, and you should provide them with a dental referral if needed. All children over the age of three should be seeing a dentist or be referred.

**Immunizations:** All age-appropriate immunizations should be given to the member during the IHA. Copies of the old immunization record should be kept with the medical record. All PCPs are encouraged to use the California Immunization Registry (CAIR). Adult immunization history can also be entered into CAIR. Information on CAIR can be obtained from Anthem staff or at CAIRweb.org.

**Well-woman care:** If care was provided at an OB/GYN office, the medical records with the results of the cervical cancer screen, STD testing and mammogram should be obtained and added to the PCP’s medical records.

**Body Mass Index:** All members from 2 years to 18 years must have a body mass index (BMI) percentile documented in their yearly well exam. After the age of 18 years, the BMI should be documented at least every two years.

What you can do to help

All PCPs are strongly encouraged to review their monthly eligibility list provided by Anthem and proactively contact their assigned members to make an appointment for an IHA within age-appropriate timeframes.

If you are unable to contact your new members, please notify your local Outreach staff for assistance. The PCP’s office is responsible for making and documenting all attempts to contact assigned members. Members’ medical records must reflect the reason for any delays in performing the IHA, including any refusals by the member to have the exam.

To assist providers with documentation, next quarter Anthem staff will begin requesting medical records of members requiring an IHA to confirm documentation has been thoroughly completed within these state-mandated timeframe. The medical record requests will be sent quarterly to a random sample of PCPs.

By working together, we can provide our members the appropriate level of care. We appreciate all your efforts to address these areas of service.

If you have any questions, please call the local Anthem office at the number listed at the bottom of the cover page of this newsletter.
Flu prevention and treatment saves lives

Flu season is upon us, and patients with certain chronic conditions, including asthma, diabetes and chronic heart disease, are at increased risk for illnesses and hospitalizations caused by seasonal flu. The Centers for Disease Control and Prevention (CDC) estimates more than 200,000 people are hospitalized from flu complications annually, and between 3,000 and 49,000 die each year from flu-related causes.

An ounce of prevention

While the CDC recommends everyone 6 months of age and older receive the vaccine, flu shots are especially important for your high-risk patients. The 2014-15 seasonal flu shot is now available. Encourage patients to be vaccinated as soon as possible — a flu shot is still the best prevention method against the flu.

Those at highest risk include:

- Children younger than 5, but especially younger than 2 years old
- Children between the ages of 6 months and 8 years of age who are receiving a flu vaccine for the first time will need to have two doses with at least 4 weeks between doses
- Adults 65 and older
- Women who are pregnant or expect to become pregnant
- Patients with certain chronic diseases, including asthma and diabetes
- Native Americans and Alaska Natives

Encourage your patients to get a flu vaccine. Please educate your patients about the risks of the flu and provide flu vaccines as appropriate. Remember, adult members with Anthem pharmacy benefits can get a free flu shot at local pharmacies. They just need to show their member ID cards at participating pharmacies during flu shot clinic hours. In California, all Anthem Medi-Cal pediatric members are covered by the Vaccines for Children (VFC) program; Anthem will pay you the administration fee to give the vaccine. Both the live attenuated vaccine (LAIV) nasal spray and the trivalent injected vaccine are covered by VFC.

Antiviral drugs

If patients do get sick, antiviral drugs not only lessen flu duration and symptoms but decrease the risk for flu-related complications. Antiviral drugs, as well as many cough and cold products, are on our formulary posted at www.anthem.com/ca. Restrictions apply.

Stay informed

Find the latest flu updates, health care recommendations and printable patient education materials at www.cdc.gov/flu. Health care providers are another high-risk group according to the CDC. Remember to protect yourself and your patients by getting your vaccine, too!


http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm?s_cid=mm6332a3_w (accessed September 25, 2014)
Policies, Updates and Reminders

Clinical Practice Guidelines Available Online

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 at www.anthem.com/ca. To access the guidelines, 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

Pharmacy Information Available at www.anthem.com/ca

Anthem wants to make sure you have timely access to pharmacy policy changes and new developments. The following information is available on 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 Bbonds
- Dose optimization
- Quantity limits
- Benefit exclusions
- Office-base 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. Select Additional Services and Programs
5. Select Pharmacy – Medi-Cal

If you would like more information, please call the Anthem Blue Cross pharmacy services at 1-800-700-2533, or Express Scripts, Inc.® Prior Authorization at 1-800-338-6108.

Ensuring Access to Transgender Services

Treatment for Gender Identity Disorder (GID) is a covered Medi-Cal benefit when medical necessity has been demonstrated. Services may include medically necessary psychotherapy, hormone therapy, and gender reassignment surgery that is not cosmetic in nature.

Per the California Department of Health Care Services (DHCS) All Plan Letter 13-011 (instructions for Medi-Cal Managed Care Plans) and DHCS policy clarification (item 21) of the Medi-Cal Provider Updates for March 2013:
Transgender services have been available to Medi-Cal beneficiaries since the California Superior Court issued a
Writ of Mandate on this topic in 2001. Medi-Cal providers must determine the medical necessity of each claim
on a case-by-case basis, in order to determine if the requested service is covered under Medi-Cal. The term
“transgender services” refers to the treatment of “gender identity disorder”, which may include psychotherapy,
continuous hormonal therapy, laboratory testing to monitor hormone therapy and gender reassignment surgery
that is not cosmetic in nature.

This is a reminder of the existing benefits that have been in place since 2001, and not new Medi-Cal benefits.
Provider groups are expected under contract with Anthem to follow existing claims payment processes and
procedures per the contract Division of Financial Responsibility (DOFR).

If you have any questions, please contact: your regional office at one of the phone numbers listed at the bottom
of the first page of this newsletter:

**Access for Infants and Mothers (AIM) Program renamed Medi-Cal Access Program**

Effective July 1, 2014, Managed Risk Medical Insurance Board (MRMIB) closed its doors and the
Administration for the Access for Infants and Mothers (AIM) Program moved to the Department of Health Care
Services (DHCS). At the same time of this transition, the AIM Program was renamed as the Medi-Cal Access
Program. Eligibility, benefits and operations remain the same.