



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
- Access for Infants and Mothers
- Major Risk Medical Insurance Program

We Believe in Continuous Quality Improvement

Commitment to our members' health and satisfaction with the care and services they receive is the basis for the Anthem Blue Cross Quality Improvement program. On an annual basis, Anthem Blue Cross (Anthem) prepares a quality improvement program description that outlines the plan's clinical quality and service initiatives. We strive to support the patient-physician relationship, which ultimately drives all quality improvement. Our goal is to maintain a well-integrated system of care delivery that continuously identifies and acts upon opportunities for improved quality. We also develop an annual evaluation highlighting the outcomes of our quality initiatives. To see a summary of Anthem's quality improvement program and most current outcomes, please go to our website at www.anthem.com/ca and use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Learn More**, select **State Sponsored Plans**
3. Select **Quality Improvement Program**
4. Select **QIP Summary**

We always appreciate your feedback and input! If you have ideas about how to improve the health care quality we deliver to members, please contact us. We cannot achieve any quality goals without the hard work and collaboration of you, our providers.

To obtain further information or give feedback, please call our Regional Health Plans at the numbers listed in the grid below.

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Customer Care Center		Regional Health Plans		Additional Numbers	
Medi-Cal outside L.A. County	1-800-407-4627	Fresno/Madera	1-559-353-3500	24/7 NurseLine	1-800-224-0336
Medi-Cal inside L.A. County	1-888-285-7801	Los Angeles/	1-866-465-2272	Pharmacy Authorization	1-800-700-2533
Access for Infants and Mothers (AIM) Program	1-877-687-0549	Sacramento/Bay Area	1-916-589-3030	Medi-Cal Utilization Management/ Authorization	1-800-754-4708 (Fax)
Major Risk Medical Insurance Program (MRMIP)	1-877-687-0549	Tulare/Kings	1-559-623-0480		1-888-831-2246 (Voice)
County Medical Services Program (CMSP)	1-800-670-6133			AIM, MRMIP and CMSP Utilization Management/ Authorization	1-800-754-4708 (Fax)
					1-877-273-4193 (Voice)



Coordination of Care is Vital

Coordination of care among providers is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment and referral. Anthem would like to take this opportunity to stress the importance of regularly communicating with your patients' other health care practitioners, particularly when this impacts their chronic health conditions. This includes primary care providers (PCPs) and medical specialists, as well as behavioral health practitioners.

Coordination of care is especially important for patients with high utilization of general medical services and those referred to a behavioral health specialist by another health care practitioner. Anthem urges all of its practitioners to obtain the appropriate permission from these patients to coordinate care between behavioral health and other health care practitioners at the time treatment begins. While the Health Care Portability and Accountability Act (HIPAA) does not require such permission when communication is necessary to appropriately treat patients, having written permission often facilitates obtaining records and free discussion of issues among providers.

In order to provide optimal health care for our members, we expect all of our health care practitioners to:

1. **Discuss** with the patient the importance of communicating with other treating practitioners.
2. **Explain** to the patient that a signed release is not required for discussion of medical issues, but is often necessary to facilitate the obtaining of medical records.
3. **Obtain** a signed release for medical records from the patient and file a copy in the medical record.
4. **Document** in the medical record if the patient refuses to sign a release.
5. **Document** in the medical record if you request a consultation.
6. **Transmit** necessary information when you make any referrals; and if you are the specialist performing a referral, report appropriate information back to the referring practitioner.
7. **Document** evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:
 - Diagnosis
 - Treatment plan
 - Referrals
 - Psychopharmacological medication (as applicable)

In an effort to facilitate coordination of care, Anthem has several tools available on the Provider Resources page of our website, including a coordination of care template and cover letters for both behavioral health and other health care practitioners. To access these, please use 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. Select **Forms and Tools**
5. Select **Coordination of Care Form and Letter Templates**

During Member Visits

In addition, there is a Provider Toolkit on the Provider website with information about Alcohol and Other Drugs which contains brochures, guidelines and patient information if you are addressing an Alcohol or Drug Use issue with a patient. To access this toolkit, please use 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. Select the **Health & Wellness tab**
5. Select **Provider Toolkits**



Business Operations

Code Editing Enhancements

Anthem currently uses a comprehensive and nationally recognized code auditing system to ensure consistent physician and facility reimbursement. Our system automatically evaluates provider claims in accordance with accepted industry coding standards. The purpose of this update is to notify you that we are enhancing our code-editing technology to better apply existing payment guidelines. Please note: no action is necessary at this time. We ask that you pass this information to your office staff to make them aware of the new enhancements.

What is the impact of this change?

Effective **August 16, 2014**, claims are being reviewed to:

- Reinforce compliance with standard code edits and rules
- Ensure correct coding and billing practices are being followed
- Determine the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes
- Ensure compliance with industry standards

What are the sources for these policies?

Correct coding guidelines are established by:

- The Centers for Medicare & Medicaid Services
- The American Medical Association CPT® Coding Guidelines
- National and local coverage determinations
- National specialty and academy guidelines

Policies, Updates and Reminders

Clinical Practice Guidelines Available Online

As part of our commitment to provide you with the latest clinical information and educational materials, Anthem has adopted nationally-recognized medical, behavioral health, and preventive health guidelines. These are available to providers on our website. The guidelines, which are used for our Quality programs, are based on nationally-accepted 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 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**

If you have questions about these guidelines, or see topics that you believe Anthem should address, please feel free to call the Regional Health Plan numbers below:

North:
Sacramento/Bay Area:1-916-589-3030

Central:
Fresno/Madera:1-559-353-3500
Tulare/Kings:1-559-623-0480

South:
Los Angeles:1-866-465-2272

In addition, you can also e-mail the Regional Medical Directors with your thoughts/comments:

North:
Dr. Wendy Tong
wendy.tong@wellpoint.com

Central: (vacant)
temporarily email either Dr. Tong or Dr. Giammona

South:
Dr. Mary Giammona
mary.giammona@wellpoint.com



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 Committee process
- Where to get prescriptions filled
- Preferred Drug List/Formulary (**The drug list is reviewed and updates are posted to the web site quarterly.**)
- Specialty drug list
- Prior authorization process
- Multi-source Bbands
- Dose optimization
- Quantity limits
- Benefit exclusions
- Office-base injectables
- 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 Prescription Drug Plan at **1-800-700-2533**. You may also call Express Scripts, Inc.® Prior Authorization at **1-800-338-6108**.

Anthem Upgrades to MCG™ 18th Edition

We utilize the upgraded - 18th Edition of MCG™ Guidelines as one of the key tools in our utilization management program. Formerly known as Milliman Care Guidelines, Anthem annually reviews changes to the guidelines in order to map MCG™ customizations to our existing medical policies. A summary document with customizations to MCG Care Guidelines is located online at www.anthem.com > **home-providers** > enter state > then click-through **Medical Policy and Clinical UM Guidelines**.

Summary of Changes to the MCG™ 18th Edition

Inpatient & Surgical Care (ISC) Module

1. New Optimal Recovery Guidelines (ORGs) have been added. The first four listed are adult versions of pediatric guidelines in previous editions:

- Infectious Disease – Osteomyelitis
- Infectious Disease – Septic arthritis
- Infectious Disease – Venom exposure from bite or sting
- Orthopedics – Burn, Major, Noncritical
- Pediatrics – Full-term newborn care, severe illness or abnormality

Note: The Pediatric guideline is listed for customization by removing the Clinical Indications for Admission to Inpatient Care and indicating to see CG-MED-26 Neonatal Levels of Care (an Anthem Medical Policy)

2. The names of two guidelines were changed

- Head and Neck Surgery has changed to: Neck dissection
- Behavioral Health has changed to: Substance-Related Disorders

3. No ORGs were deleted

4. New features were added and other changes in content were made for clarity:

- Enhanced pediatric content
- New and enhanced calculators
- New scoring tool
- New emergency room and observation statistics
- Expansion of readmission risk factor and risk reduction content
- Discharge planning section now contains a link to the Teach Back tool
- Goal length of stay (GLOS) changes

5. Goal Length of Stay (GLOS) changed for eight ORGs

6. There are 59 Observation Care Guidelines (OCGs) in the 18th edition

7. There are 27 Common Complication and Condition Guidelines (CCCs) in the 18th edition



8. CMS Inpatient-Only List
 - Search now includes Medicare Inpatient-Only codes identification
 - Benchmarks and Data
9. Quality Measures:
 - Embedded Quality Measures are not adopted or used by WellPoint
 - New and Enhanced Calculators

General Recovery Care (GRC) Module

1. No new GRC guidelines were added
 2. No GRC guidelines were deleted
 - The General Recovery Facility Admission Criteria was moved from the General Recovery Guideline Tools Section to the Recovery Facility Care General Recovery Guidelines section. This tool is now called General Recovery Facility Comparison Tool.
- Note:** WellPoint does not license the Recovery Facility Care General Recovery Guidelines and will not have access to the General Recovery Facility Comparison Tool.
3. The Behavioral Health Guidelines have been removed. The MCG™ Behavioral Health Guidelines in the GRC modules are not used by WellPoint.

Chronic Care (CC) Module

1. Content and Format Changes
 - a. Care Management Tools
 - The Intensity guidelines now contain links to various Care Management Tools
 - b. Patient Education: New Care Plans
 - A new patient-facing care plan called “Your Care Plan” has been added to the patient education section of the 18th edition
 - c. Patient Education: Website information has been incorporated into essential handouts
 - The patient handouts, “websites,” have been eliminated and the information in them has been moved to “what you need to know,” condition-specific patient

handouts

2. Five diagnoses were added to both the High Intensity and Low Intensity guidelines. Relevant patient handouts for each of the diagnoses were also added.
3. Nineteen illustrated patient handouts were added.
4. The Diabetes guidelines in the High Intensity and Low Intensity sections were split into adult and pediatric versions.
5. The condition-specific guidelines have been grouped into two categories: High Intensity Disease Management and Low Intensity Disease Management
6. The CC guidelines provide educational materials written in layperson language that can be given to the patient. Numerous handouts are enhanced with illustrations to facilitate comprehension.

Important Information about Utilization Management

Anthem utilization management (UM) decisions are based on medical necessity determinations, evaluating the appropriateness of care and services needed, as well as the member’s coverage according to their health plan. Anthem uses nationally-recognized evidence-based guidelines as the basis of our UM decision-making. We also have national medical policy committees that review new drugs, technologies and other services, obtain academic medical center input across the US, and review these with specialty societies before finalizing new or updated policies. We do not reward providers or any of our medical reviewers for issuing denials of coverage, service or care. Additionally, we do not make decisions about hiring, promoting, or terminating these individuals based on the idea or thought that they will deny benefits. Finally, we do not offer financial incentives for UM decision-makers to encourage decisions resulting in underutilization.

You can request a free copy of our UM criteria from our medical management department, and providers may discuss a UM denial decision with a physician reviewer by calling us toll-free at the numbers listed

Policies, Updates and Procedures

below. Anthem’s medical policies and UM criteria are available on our website. To access them, please use 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. To the left of the screen, select **Medical Policy, Clinical UM Guidelines, and Pre-cert Requirements**

We work with providers to answer questions about the utilization management process and the authorization of care.

Here’s how the process works:

- Call us toll free from 8 a.m. – 5 p.m. (PT), Monday through Friday (except on holidays).
- After business hours, you can leave a confidential voicemail message. Please leave your contact information so one of our associates can return your call the next business day.
- Our associates will contact you about your UM inquiries during business hours, unless otherwise agreed upon.

The following phone lines are for physicians and their staffs. Members should call the Customer Service phone number on the back of their health plan ID card.

To discuss UM process and authorization	1-888-831-2246
To Discuss Peer-to-Peer UM Denials w/Physicians	1-877-496-0071
To Request a Copy of UM Criteria	1-888-831-2246

Our utilization management associates identify themselves to all callers by first name, title and our company name when making or returning calls. They can inform you about specific utilization management requirements, operational review procedures, and discuss utilization management decisions with you.

TTY/TTD
1-888-757-6034 (during business hours) 1-800-735-2929 California Relay Service (after hours) (or) 711, (available 24/7) A special operator will contact Anthem Blue Cross to help with member needs.

For language assistance, members can simply call the Customer Service phone number on the back of their health plan ID card, and a representative will be able to assist them. Translation of written materials about benefits can also be requested by contacting our Customer Care Center at **1-800-407-4627** (outside L.A. County); **1-888-285-7801**(inside L.A. County).



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Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

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