



## We believe in continuous improvement

Commitment to our members' health and satisfaction with the care and services they receive is the basis for the Anthem Blue Cross and Blue Shield (Anthem) quality improvement program. On an annual basis, 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. The goal is to maintain a well-integrated system that continuously identifies and acts upon opportunities for improved quality. An annual evaluation is also developed highlighting the outcomes of these initiatives. To see a summary of our quality improvement program and most current outcomes, please go to our website at [www.anthem.com](http://www.anthem.com):

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Providers/Spotlight**, select **State Sponsored Plans – Indiana Hoosier Healthwise and Healthy Indiana Plan**
3. Select **Quality Improvement Program**
4. Select **QIP Summary**

You can also obtain further information or give feedback by calling our Customer Care Center at:

**1-866-408-6132** (Hoosier Healthwise)

**1-800-345-4344** (Healthy Indiana Plan).

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### Share It with Your Team

The provider newsletter contains important information for you, as a provider, as well as for members of your team. When you receive notice of the latest edition, please take a moment to share the information with your staff. Recent editions of the provider newsletter are available online on the Provider Resources page of our provider website.

Customer Service and 24/7 Nurseline		Authorizations	
Hoosier Healthwise	1-866-408-6132	Utilization Management/	1-866-408-7187 (phone)
Healthy Indiana Plan	1-800-345-4344	Prior Authorization	1-866-406-2803 (fax)
24/7 NurseLine	1-866-800-8780	Pharmacy Authorization	1-866-879-0106

## 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 medical providers (PMPs) 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.

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

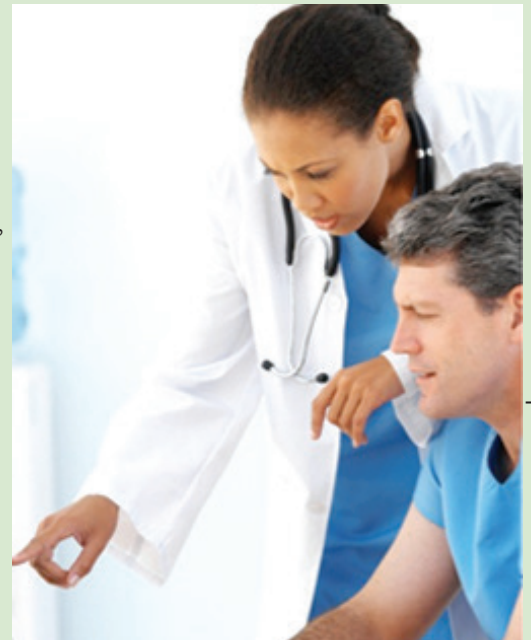
1. Discuss with the patient the importance of communicating with other treating practitioners. Obtain a signed release from the patient and file a copy in the medical record. Document in the medical record if the patient refuses to sign a release or if you request a consultation with another provider.
2. If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
3. Document evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:
  - o Diagnosis
  - o Treatment plan
  - o Referrals
  - o Psychopharmacological medication (as applicable)

In an effort to facilitate coordination of care, Anthem has several tools available on the Provider Resources page of its 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](http://www.anthem.com)
2. Select **OTHER ANTHEM WEBSITES: Providers**
3. Under **Providers | Spotlight**, select **State Sponsored Plans Indiana Hoosier Healthwise and Healthy Indiana Plan**
4. Select **Indiana Hoosier Healthwise and Healthy Indiana Plan (HIP)**
5. Select **Forms and Tools**
6. Select **Coordination of Care Form and Letter Templates**

In addition, there is a provider toolkit on the provider website which contains brochures, guidelines and patient information. To access this toolkit, please use the following websteps:

1. Go to [www.anthem.com](http://www.anthem.com)
2. Select **OTHER ANTHEM WEBSITES: Providers**
3. Under **Providers | Spotlight**, select **State Sponsored Plans – Indiana Hoosier Healthwise and Healthy Indiana Plan**
4. Select the **Health & Wellness** tab
5. Select **Provider Toolkits**



## Anthem Upgrades to MCG™

### 18th Edition

The Anthem Utilization Management and Case Management departments will utilize the upgraded - 18th Edition of MCGTM Guidelines. Formerly known as Milliman Care Guidelines, Anthem annually reviews changes to the guidelines in order to map MCGTM customizations to our existing medical policies. A summary document with customizations to MCG Care Guidelines is located online at [www.anthem.com](http://www.anthem.com) > OTHER ANTHEM WEBSITES: Providers > enter state > then click-through **Medical Policy and Clinical UM Guidelines**.

### Summary of Changes to MCGTM 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**.

2. **The names of two guidelines were changed**
  - Head and Neck Surgery has change 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.

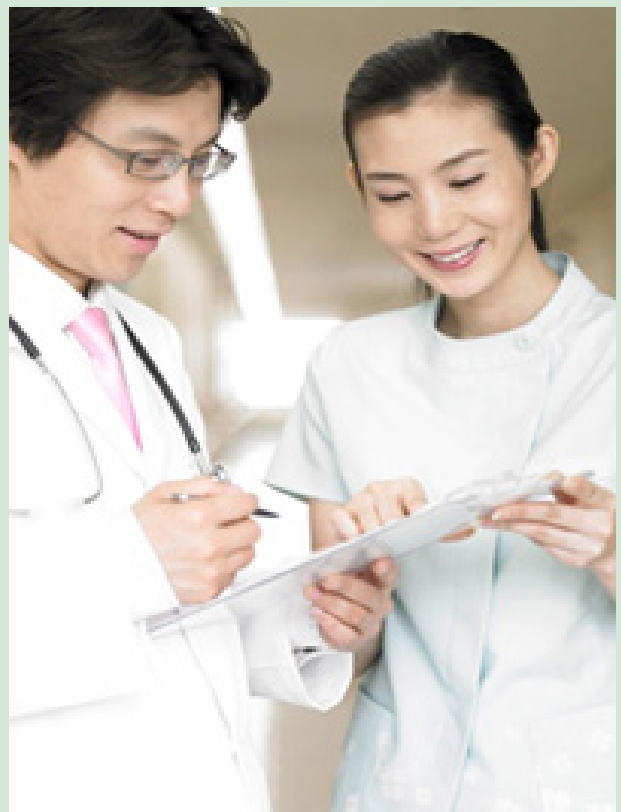
## Policies, Updates and Reminders

### 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 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](http://www.anthem.com). To access them, please use the following websteps:

1. Select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Providers/Spotlight**, select **State Sponsored Plans - Indiana Hoosier Healthwise and Healthy Indiana Plan**
3. Select the **Health & Wellness** tab
4. Select **Practice Guidelines**



**Important information about Utilization Mangement**

Anthem utilization management (UM) decisions are based on the appropriateness of care and services needed, as well as the member’s coverage according to their health plan. We do not reward providers or other individuals 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 below.

Anthem’s medical policies and UM criteria are available on our website. To access them:

1. Go to [www.anthem.com](http://www.anthem.com) and select **OTHER ANTHEM WEBSITES: Providers**
2. Under **Providers | Spotlight**, select **State Sponsored Plans – Indiana Hoosier Healthwise and Healthy Indiana Plan**
3. 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 UM process and the authorization of care.

Here’s how the process works:

- Call us toll free Monday through Friday (except on holidays) at:
- Hoosier Healthwise Plan: 8 a.m. – 5 p.m. (Central);
- Healthy Indiana Plan: 8:30 a.m. – 5: p.m. (Central),
- 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.

<b>To Discuss UM Process and Authorizations</b>	<b>To Discuss Peer-to-Peer UM Denials w/Physicians</b>	<b>To Request a Copy of UM Criteria</b>
<b>1-866-408-7187</b> (both Hoosier Healthwise and HIP) <b>1-866-398-1922</b> (HIP only)	<b>1-877-496-0071</b>	<b>1-866-408-7187</b>

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/TDD)**

**1-866-408-7187** (during business hours)    **1-800-743-3333** - Relay Indiana (after hours) or 711, (available 24/7)

A special operator will contact Anthem 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 out Customer Care Center at by contacting our Customer Care Center at **1-866-408-6132** (Hoosier Healthwise); **1-800-345-4344** (Healthy Indiana Plan).