

## **Autumn Newsletter**

### **Medicaid ID number**

Providers are reminded that in addition to the member Anthem Blue Cross and Blue Shield (Anthem) ID, the member Medicaid ID number may also be used to perform searches in the Availity system. However, Availity requires that the three-character, alpha-prefix “ZRA” be entered preceding the Medicaid ID number.

### **All Patient Refined Diagnosis Related Group classification system**

Per *ForwardHealth Update 2016-43*, the state announced implementation of the All Patient Refined Diagnosis Related Group (APR DRG) classification system for pricing inpatient hospital claims. This system is effective for dates of discharge or dates of service on and after January 1, 2017. APR DRG pricing will replace the Medicare Severity-Diagnosis Related Group classification system.

Anthem will implement APR DRG pricing consistent with requirements described in *ForwardHealth Update 2016-43*. Such requirements include the January 1, 2017, effective date, the exclusion from APR DRG pricing of specified entities and the policy adjusters for specified services. Anthem, consistent with state policy, will reimburse at the lesser of the APR DRG final payment calculation or the submitted charges. Anthem will not reimburse any inpatient claims more than the sum of the amount charged. This aligns with Enhanced Ambulatory Patient Groups classification system policy.

Complete information regarding APR DRG pricing can be accessed on the ForwardHealth website at the following link:

<https://www.forwardhealth.wi.gov/WIPortal/content/Provider/APRDRG/Home.htm.spage>.

### **Behavioral health covered benefits**

Questions regarding coverage of behavioral health services and prior authorization requirements can be readily determined by accessing the *Behavioral Health Covered Benefits* matrix posted on the Anthem provider website. The list can be accessed from the home page under *News & Announcements* at the following link: <https://mediproviders.anthem.com/wi/pages/home.aspx>.

### **Prior authorizing drugs used in the outpatient hospital setting**

Anthem will simplify the current process for authorization of drugs when administered in the outpatient hospital. Effective January 1, 2017, providers will be able to request prior authorization for outpatient drugs by contacting Anthem Provider Services at **1-800-558-1443** and selecting the prompt for “other” and then the prompt for “pharmacy.” Providers may continue to use the precertification tool on the Anthem provider portal to verify prior authorization requirements. Currently, Anthem manages drugs administered in the facility setting via a post-service clinical claims review process that requires the submission of medical records to support medical necessity.

Professional claims for drugs will continue to be submitted to ForwardHealth fee-for-service according to the current drug carve-out policy.

### **Disclosure of Ownership and control interest statement**

Anthem requires all providers to file a *Disclosure of Ownership* form. Upon audit review, it was discovered that Anthem does not have a completed form for some providers on file. Within the next few weeks, these providers will receive a letter requesting completion of the enclosed form and submission

<https://mediproviders.anthem.com/wi>

within 35 days of the request. Providers will be sent this notification per federal regulation. A telephone contact number is noted in the letter.

### **Quality Improvement Program**

Commitment to our members' health and their satisfaction with the care and services they receive is the basis for the Anthem Quality Improvement Program. Anthem prepares an annual quality 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 which outlines the outcomes of these initiatives. To see a summary of the Anthem Quality Improvement Program and most current outcomes, please follow the below instructions:

1. Go to <https://www.anthem.com>.
2. Select **Providers** at the bottom of the webpage.
3. Select your state.
4. Hover your cursor over the **Health & Wellness** tab at the top of the webpage and select **Quality Improvement and Standards**.
5. Select **Quality Improvement Program**.