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Anthem Blue Cross and Blue Shield announces changes to post-payment audits conducted on our behalf

Published: May 1, 2022 - Administrative

Change Healthcare will transition out of the post-payment hospital bill audit (HBA) program by the end of 2022. Effective immediately, Anthem Blue Cross and Blue Shield's (Anthem) complex and clinical audit (CCA) team will conduct the HBA program. For a short period of time, Change Healthcare may continue to contact you to finalize any work that is in process, or already scheduled.

Anthem continues to work with Cotiviti as a post-payment DRG validation audit partner. Effective immediately, the Anthem CCA team is assuming a larger role in conducting post-payment DRG validation audits and DRG readmission audits. In addition to receiving requests from Anthem's CCA team, network-participating providers may continue to receive letters from Cotiviti requesting access to medical records for the purpose of conducting these audits. We will do our best to avoid duplicate medical record requests from Anthem and Cotiviti.

Thank you for your continued efforts to expedite medical record requests.

This notification applies to all lines of business and all markets. If you have questions about this notification, please contact the Provider Services Call Center.

2120-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/anthem-blue-cross-and-blue-shield-announces-changes-to-post-payment-audits-conducted-on-our-behalf>

Coding tips for reporting administration of Spravato®

Published: May 1, 2022 - Administrative

These guidelines are developed to provide helpful information on how to report services to Anthem Blue Cross and Blue Shield (Anthem) for the administration and observation of the drug Spravato®.

Eskatamine is sold under the brand name Spravato® and is indicated for adults with treatment-resistant depression. Based on the prescribing information, patients who have the drug administered in the professional provider's office should be monitored for 2 hours to assess for complications.

A main component in understanding how to report the administration of this drug is to identify whether the professional provider has purchased the drug for administration or whether the drug has been supplied and reported by a pharmacy. There are specific codes to report for each scenario:

Professional provider purchased and administered:

For professional providers that supply, administer, and provide the required observation of Spravato®, one of the following packaged service codes should be billed and should not include separate billing of the drug or the billing of the post-administration observation:

HCPCS Code	Description
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified healthcare professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified healthcare professional and provision of greater than 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.

Note: When Spravato® is being supplied by the outpatient hospital and administered in an outpatient hospital, the facility should bill G2082 and G2083 in conjunction with revenue center code (RCC) 919 and the drug should not be billed separately. In addition, there should not be a separate professional claim submitted as procedure codes G2082 and G2083 describe both the drug and the professional services.

Pharmacy supplied and professional provider administered:

When a pharmacy supplies Spravato® and is reporting this service in a separate claim, the drug should be billed with the HCPCS code, S0013 – Esketamine, nasal spray, 1 mg.

If the provider administering Spravato® did not purchase the drug, then the provider should not report the supply of the drug on their claim, as this will be reported by the pharmacy.

Post-administration observation:

When the provider does not bill a packaged service code (listed above), the professional provider may report an Evaluation and Management (E/M) service including the appropriate prolonged services code.

CPT Codes	Description
99202 - 99205	Office or other outpatient visit for the evaluation and management of a new patient
99212 - 99215	Office or other outpatient visit for the evaluation and management of an established patient
99417	Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes

In accordance with the American Medical Association's (AMA's) CPT® Manual, CPT code 99417 should only be billed when reported with CPT codes 99205 and 99215. Medical records must support coding. Please refer to Anthem's Prolonged Services – Professional Reimbursement Policy for additional information.

2090-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/coding-tips-for-reporting-administration-of-spravato-2>

Timely updates help keep our provider directories current

Published: May 1, 2022 - **Administrative**

Submitting your updates in a timely manner helps to ensure we have the most current online provider directory information available to members. We ask that you review your

If updates are needed, you can use our online [Provider Maintenance Form](#). Online update options include:

- add/change an address location
- name change
- tax ID changes
- provider leaving a group or a single location
- phone/fax number changes
- closing a practice location

Once you submit the Provider Maintenance Form, you will receive an email acknowledging receipt of your request. Visit the [Provider Maintenance Form landing page](#) for complete instructions.

The Consolidated Appropriations Act (CAA), effective January 1, 2022, contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days. We appreciate your help in keeping our online provider directories current.

2129-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/timely-updates-help-keep-our-provider-directories-current>

Primary care appointment access and open panels

Published: May 1, 2022 - **Administrative**

The annual PCP access studies performed by our vendor, North American Testing Organization based in California, were resumed, and fielded in the third quarter of 2021. The purpose is to assess adequate appointment timeframes for our members with an urgent condition or for routine.

The main challenges the vendor encounters while attempting to collect this required, essential data are related to inaccurate provider information in Anthem Blue Cross and Blue Shield's (Anthem) demographic database, i.e., incorrect, or non-working phone numbers, practitioner moved, retired, or deceased; the practice has resigned their Anthem contract, accepts private pay only or is no longer in practice; as well as staff refusing to participate in the survey. We ask that you update your office information using the online [Provider Maintenance Form](#) and that you participate in quality programs such as this critical survey as a condition of Anthem's contract.

Another item captured in the survey is open panel status for new patients. At the office level, we are capturing more closed panel data than is reflected in the provider directory for members. Please keep Anthem abreast of the open/close panel status of your practice.

What does this mean for our members? If the directory indicates "open" and the practitioner is not available for new patients, the member is making multiple calls to select a primary care physician. Their experience is reflected in the annual *CAHPS®* member survey of Anthem enrollees, which indicated "not open to new patients" as the number one reason throughout Anthem plan's for not getting a personal doctor.

To be compliant, per the provider manual, participating providers agree to meet the following access standards, whether in person or a telehealth visit:

- **Urgent** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within twenty-four (24) hours.
- *Explanation* – These callers are experiencing a non-emergent condition or injury with acute symptoms that require immediate attention (without prior authorization).
- **Initial Routine** – A new patient must meet with a Practitioner or another participating Practitioner in the practice within 7 calendar days.
- *Explanation* – This is for the actual conversation with a professional after the intake assessment for non-urgent care; member needs or has been referred for a non-urgent condition. This is for a new patient.
- **Routine** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within 10 business days.
- *Explanation* – A regular routine appointment is a non-symptom related visit for existing patients, such as a check-up, including physicals and chronic monitoring.

- **Routine follow-up** – The patient must meet with their Practitioner, another Practitioner in the practice or a covering Practitioner within 30 calendar days.
- *Explanation* – This is for an evaluation of progress or services, including, but not limited to, medication management. This includes new or existing patients.

Note to staff: It is imperative that your office updates any changes to your practice using the online [Provider Maintenance Form](#) on [anthem.com](#).

2149-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/primary-care-appointment-access-and-open-panels-4>

Non-participating lab referrals

Published: May 1, 2022 - **Administrative**

This is a reminder to ensure that you are referring Anthem Blue Cross and Blue Shield (Anthem) members to participating labs. LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs. ***The relationship with LabCorp does not affect network hospital-based lab service providers, contracted pathologists, or contracted independent laboratories. Physicians may continue to refer to all par providers as they have in the past.***

Not only does your Anthem agreement obligate you to refer to participating labs where available, but members will only receive their full benefits from participating providers. As a result, referring your patient and our member to a non-participating lab may expose them to a greater financial responsibility. *As a reminder, Quest Diagnostics is a non-participating laboratory for all lines of business in Colorado.*

Unfortunately, there are certain non-participating labs that are offering to waive or cap co-payments, coinsurance, or deductibles to our members in order to increase their overall revenue. These practices undermine member benefits and may encourage over-utilization of services.

These billing practices are also questionable in their legality. Such a practice may present violations under state or federal anti-kickback laws and may constitute abuse of health insurance under the Colorado criminal code.

For a listing of Anthem participating laboratories, please check our online directory. Go to **anthem.com**. Choose Select **For Providers**, and **Providers Overview**. Select **Find Resources in Your State** and select Colorado. From the **Provider Home** tab, select the **enter** button from the blue box on the left side of page titled [Find a Doctor](#).

Note: When searching for laboratory, pathology, or radiology services, under the field “*I am looking for a:*” select **Lab/Pathology/Radiology**; and then under the field “*Who specializes in:*”, select **Laboratories**, **Pathology**, or **Radiology** as appropriate for your inquiry.

LabCorp is our preferred lab provider and offers a Single Source Solution to your testing needs:

LabCorp can provide services that range from routine testing, such as basic blood counts and cholesterol tests, to highly complex diagnosing of genetic conditions, cancers, and other rare diseases. LabCorp has specialized laboratories which cover the following areas of testing:

• Allergy Program • Cancer Testing • Cardiovascular Disease • Companion Diagnostics • Dermatology • Diabetes • DNA Testing • Endocrine Disorders • Esoteric Coagulation • Gastroenterology	• Genetic Testing • Genetic Counseling • Genomics • HLA Lab for National Marrow Donor Program • Hematopathology • Infectious Disease • Immunology • Liver Disease • Kidney Disease	• Medical Drug Monitoring • Molecular Diagnostics • Newborn Screening • Pain Management • Pathology Expertise w/range of Subspecialties • Pharmacogenomics • Preimplantation Genetic Diagnosis • Reproductive Health	• Obstetrics/Gynecology • Oncology • Toxicology • Whole Exome Sequencing • Virology • Women's Health • Urology
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Note: This relationship with LabCorp **does not affect** network hospital-based lab service providers, contracted pathologists, or contracted independent laboratories.

To find a LabCorp location near you, go to www.LabCorp.com or call one of the phone numbers below.

For information about specialized assays or about requirements for special collection kits and specimen handling, call LabCorp at 303-792-2600 or toll free at 888-LABCORP (888-522-2677).

1931-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/non-participating-lab-referrals-24>

Working with Anthem webinars May 2022 schedule: Colorado Public Option HB 21-1232 (the “Public Option Law”) for Anthem plans

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Our “Working with Anthem” webinars are focused on one topic each session and designed to help our providers and their staff learn how to use the tools currently available to improve operational efficiency when working with Anthem Blue Cross and Blue Shield (Anthem).

2022 Subject Specific Webinars – May schedule

Topic:	Colorado Public Option HB 21-1232 (the “Public Option Law”) for Anthem Plans
Date/Time:	Tuesday, May24, 2022 from 12:00-1:00pm MT
Description:	This webinar will include details of the following: • High-level summary of HB 21-1232 (the “Public Option Law”) • Review of Anthem’s standardized plans • Plans offered for public option • Plus, more
Registration link:	https://anthem.webex.com/anthem/onstage/g.php?PRID=b6a696587e498199466cad7231c908d

Webinars are offered using Cisco WebEx. There is no cost to attend. Access to the internet, an email address and telephone is all that's needed. **Attendance is limited, so please register today.**

Watch for additional topics and dates in future issues of our monthly provider newsletter throughout the year. We also will continue to offer our Fall Provider Seminars which will continue to cover a variety of topics in face-to-face and webinar options.

Recorded sessions:

Most sessions are recorded, and playback versions are available on our Registration Page. The top portion of the page will show **“Upcoming Events”** and the bottom portion will show **“Event Recordings”**.

Note: Event Recordings will require a password. Please register for the event, even if you are unable to attend, to ensure you will be notified of the Event Recording and password once it is available.

2110-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/working-with-anthem-webinars-may-2022-schedule-colorado-public-option-hb-21-1232-the-public-option-law-for-anthem-plans>

Resources to support diverse patients and communities

Published: May 1, 2022 - **Administrative**

We've heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well. The COVID-19 pandemic has reignited public attention about the serious public health risks and consequences of disparities, and the critical need for health equity.

Health equity means everyone has the opportunity to reach their highest level of health, and barriers to doing so must be removed. Health disparities are health differences that are closely linked with social, economic, and/or environmental disadvantage.¹ Achieving health equity requires focus on the elimination of barriers and disparities associated with factors such as race, ethnicity, gender, gender identity, religion, socioeconomic status, disability, and even where you live.² As a result, it is imperative to offer access to care that is tailored to the unique needs of patients, and Anthem Blue Cross and Blue Shield is committed to supporting our providers in this effort.

MyDiversePatients.com is where you can find resources, information, and techniques to help provide individualized care every patient deserves, regardless of their diverse backgrounds. There you can also find opportunities for free Continuing Medical Education (CME) credit for learning experiences on topics related to cultural competency and disparities. Mydiversepatients.com is free and accessible from any device (desktop computer, laptop, phone, or tablet) with no account or log in required. Scan the QR code below for direct access to mydiversepatients.com.



[Stronger Together](https://StrongerTogether.org) is a website where you can find free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created in collaboration with national organizations and are available for you to share with your patients and communities. Scan the QR code below for direct access to [Stronger Together](https://StrongerTogether.org).



While there is no single, easy answer to address health care disparities, the vision of MyDiversePatients.com and [Stronger Together](https://StrongerTogether.org) is a start to reversing health care inequity one person at a time.

1Office of Disease Prevention and Health Promotion. (2022, Feb 6). Healthy People - Disparities. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

2Think Anthem.com. (2022, Feb 7). Why We Need Health Equity. Retrieved from <https://www.thinkanthem.com/health-equity/what-are-health-disparities/>.

1805-0522-PN-CO

May is National High Blood Pressure Education Month: We've got this!

Published: May 1, 2022 - Administrative



Many resources are available for health professionals to support hypertension prevention and management and educate others. To support that effort, the Centers for Disease Control and Prevention (CDC)'s Division for Heart Disease and Stroke Prevention has put together these sets of educational materials for health professionals and patients:

- **Hypertension Communications Kit:** Health professionals can share these social media messages, graphics, and resources to educate their audiences about hypertension.
- **Hypertension Patient Education Handouts:** These fact sheets and handouts can help patients understand how hypertension affects their health and how to make healthy lifestyle changes.
- **Hypertension Tools and Training:** These materials can help health professionals develop and support programs for preventing and managing hypertension.

Visit the [Million Hearts®](#) website for more resources designed for health professionals. Million Hearts® is a national initiative co-led by CDC and the Centers for Medicare & Medicaid Services (CMS). Million Hearts® aims to prevent 1 million heart attacks and strokes within five years.

Measure Up: Controlling High Blood Pressure (CBP) HEDIS® measure

The HEDIS measure Controlling High Blood Pressure (CBP) assesses adults ages 18–85 with a diagnosis of hypertension and whose blood pressure was properly controlled based on the following criteria:

- Adults 18–59 years of age whose blood pressure was <140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg
- Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg

Patient claims should include one systolic reading and one diastolic reading:

CPT II Code	Most recent systolic blood pressure
3074F	<130 mm Hg
3075F	130-139 mm Hg
3077F	≥ 140 mm Hg
CPT II Code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80-89 mm Hg
3080F	≥ 90 mm Hg

When charting your patient's blood pressure readings, in addition to the systolic and diastolic readings, and dates, if the patient has an elevated blood pressure, but does not have hypertension, note the reason for follow-up.

Additional tips for talking to patients:

- Continue to educate patients about the risks of hypertension
- Encourage weight loss, regular exercise, and diet

- Advise patients who are smoking to quit
- Talk about chronic stress and ways to cope with it in a healthy way

Article Attachments

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

Resource: Centers for Disease Control and Prevention.
https://www.cdc.gov/bloodpressure/educational_materials.htm

2185-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/may-is-national-high-blood-pressure-education-month-weve-got-this-3>

Alcohol use disorder has a big cost

Published: May 1, 2022 - Administrative

The total economic cost of alcohol use disorder has been estimated to be \$249 billion according to the Centers for Disease Control and Prevention (CDC)¹, \$27 billion of which has been accounted for healthcare costs². The CDC projects the economic impact to society is about \$807 per person, per year.³

Alcohol use disorder also impacts the economy through work force disruptions caused by tardiness, absenteeism, employee turnover and conflict in the workplace. It causes a reduction in potential employees, customer, and taxpayer bases.⁴

According to the CDC, alcohol use was directly tied to 95,000 deaths annually between 2011 and 2015. This was more than all illicit substances combined. The CDC estimates that alcohol-attributed disease resulted in almost 685,000 years of potential life lost for the same period.

This chart shows the years of potential life lost (YPLL) related directly or indirectly to alcohol use disorder:

Cause	YPLL
Total YPLL	>2.7 million
100% alcohol attributed disease	684,750
Suicide	334,058
Motor vehicle crashes	323,610
Liver disease	202,391
Heart disease	118,021
Cancer	88,729

If you need assistance connecting your patients to opioid, substance use or alcohol use disorder treatment, contact your Anthem Blue Cross and Blue Shield health plan.

1Center for Disease Control and Prevention, 2019 <https://www.cdc.gov/alcohol/features/excessive-drinking.html>

2National Institute on Drug Use, 2018 <https://archives.drugabuse.gov/trends-statistics/costs-substance-abuse>

3Center for Disease Control and Prevention, 2019

4National Institute on Drug Use, 2018

2186-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/alcohol-use-disorder-has-a-big-cost-3>

Member benefit lookup by procedure code

Published: May 1, 2022 - **Administrative** / Digital Tools

Member benefit lookup by procedure code

Digital applications save time, reduce unnecessary delays, and contribute to positive health outcomes. We are introducing enhancements to the *Eligibility and Benefits Inquiry* application on [Availity.com](https://www.availity.com). These enhancements include:

- Enable member benefit lookup by CPT and HCPC procedure codes
- Enter up to eight procedure codes per transaction
- Provide additional cost share information by place of service
- Return “Is authorization required?” information
- Include additional plan-level benefit limitations

Learn more by attending a live webinar

Join us for a live webinar demonstration and learn how these enhancements will improve member information return.

Benefit lookup by procedure code webinar

Wednesday, May 11, 2022

Noon to 1:45 p.m. Pacific Time

[Register Here](#)

Become an Availity user today

If you aren't registered to use Availity, signing up is easy and 100% secure. There is no cost to register or to use any of the digital applications. Start by logging onto [Availity.com](#) and select the **Register** icon at the top of the home screen, or use this link to access the [registration page](#).

2177-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/member-benefit-lookup-by-procedure-code-3>

Prior authorization updates for specialty pharmacy are available (MAC)

Published: May 1, 2022 - **Products & Programs** / Pharmacy

Material Adverse Change (MAC)

Article Attachments

[Prior authorization updates for specialty pharmacy are available.](#)

2152-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/prior-authorization-updates-for-specialty-pharmacy-are-available-mac-1>

CORRECTION: Save time tomorrow by using CPT II codes today: Introducing the FEP Quality Reimbursement Program for PPO providers

Published: May 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

In the [April 2022 edition of *Provider News*](#), we published incorrect information in the heading of the First Prenatal Visit section of the article. We have corrected the information, and the updated article is included below. We apologize for any inconvenience.

The Federal Employee Program (FEP) is introducing a new Quality Reimbursement Program for PPO providers. Coding for CPT II Category Codes for A1c results, blood pressure readings and the first prenatal visit will now be reimbursed at \$10 per code.

CPT II codes are supplemental tracking codes that are used to measure quality performance. The use of these tracking codes decreases the need for record submissions and chart reviews, minimizing administrative burden on physicians and other healthcare professionals.

How to use CPT II codes

Use these CPT II codes when submitting a claim. In field 24F on the CMS-1500 claim form, enter the CPT II code along with the amount of \$10. In order to receive reimbursement, the exact dollar amount (\$10) and the date of service must be entered on the claim along with the appropriate code for the service performed:

Blood Pressure – Receive \$10 for the systolic and the diastolic readings:

3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Hemoglobin A1c:

- 3044F Most recent hemoglobin A1c (HbA1c) level less than 7.0%
- 3046F Most recent hemoglobin A1c (HbA1c) level greater than 9.0%
- 3051F Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and
- 3052F less than 8.0%
- Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

First Prenatal Visit – The first prenatal visit date of service must be on the claim (Field 24A CMS-1500) with the appropriate code:

- 0500F Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit, and in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
- 0501F Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]. If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F prenatal care visit) (Prenatal)

For additional information about the Quality Reimbursement Program, email us at FEPproviderGIC@anthem.com.

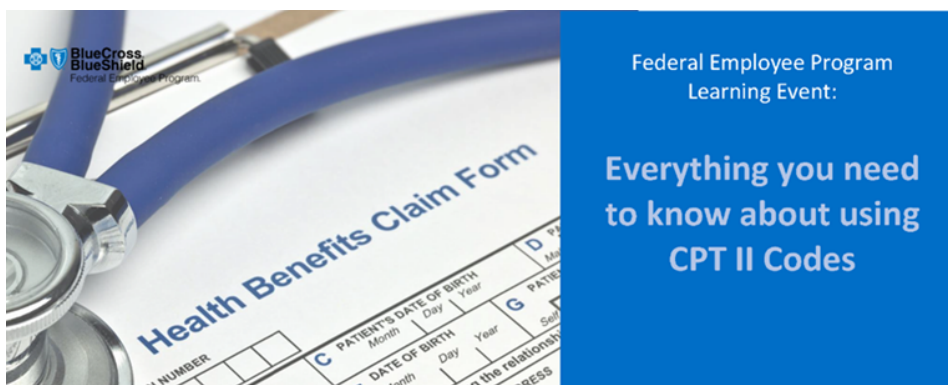
This incentive program is for preferred providers who see FEP members. The program can be altered or rescinded at any time.

2178-0522-PN-CO

URL: <https://providernews.anthem.com/colorado/article/correction-save-time-tomorrow-by-using-cpt-ii-codes-today-introducing-the-fep-quality-reimbursement-program-for-ppo-providers-4>

Join us for an FEP Quality Learning Program Live webinar

Published: May 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)



Preferred providers can receive incentives for using specific CPT II codes when filing claims.

CPT II codes are supplemental tracking codes that are used to measure quality performance.

Use these tracking codes to decrease the need for record submissions and chart reviews - minimizing administrative burden on you and your healthcare teams.

FEP preferred providers can receive incentives for using specific CPT II codes, including blood pressure readings. Join us for a CPT II code webinar to learn more about filing CPT II codes to receive incentives.

Join us for a Live Webinar

Everything you need to know about using CPT II Codes

Tuesday, May 10, 2022

12 noon to 1 p.m. Eastern (10 a.m. to 11 a.m. MT)

[Register here](#)

For additional information about the Quality Reimbursement Program, email us at FEPproviderGIC@anthem.com.

This incentive program is for preferred providers who see FEP members. The program can be altered or rescinded at any time.

2180-0522-PN-CO

Convenient, reliable at-home testing for colorectal cancer and diabetes care

Published: May 1, 2022 - **State & Federal** / Medicare

Anthem Blue Cross and Blue Shield has partnered with Everlywell* to provide at-home lab tests for a subset of our eligible patients. We mail at-home test kits directly to patients' homes with instructions on how to complete and return the kits. *Clinical Laboratory Improvement Amendments*-certified labs process the tests, and an independent physician reviews the results.

We provide PCPs a list of their patients who receive test kit(s) and send individual results to the patient and their doctor. You can help your patients navigate needed testing by encouraging them to complete kits mailed to them. A physician's recommendation is a significant factor in patient screenings.

A patient may receive up to two at-home test kits:

- Fecal immunochemical test for colorectal cancer screening
- Hemoglobin A1c test to measure average glucose levels over the past two to three months for those with diabetes

How the program works:

- Test kit(s) are automatically mailed to eligible patients, and patient lists are sent to physicians.
- Patients collect samples at home, using instructions provided.
- Patients mail samples to Everlywell in the provided, postage-paid envelope.
- Individual test results are sent to patients and their primary care physician, providing evidence of preventive screening completion.

If you have questions about the at-home testing program, contact your local representative. For additional information about Everlywell, visit [everlywell.com](https://www.everlywell.com).

* Everlywell is an independent company providing at-home lab testing services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0320-22

URL: <https://providernews.anthem.com/colorado/article/convenient-reliable-at-home-testing-for-colorectal-cancer-and-diabetes-care-3>

New Strategic Provider System implementation May 2022

Published: May 1, 2022 - **State & Federal** / Medicare

In May 2022, Anthem Blue Cross and Blue Shield (Anthem) will replace the current data management system with the new and significantly improved Strategic Provider System (SPS). The SPS data portal will increase website data accuracy, transparency, and timeliness, creating an enhanced provider experience.

SPS offers robust support features that will improve the ability of Anthem to match submitted claims, resulting in more accurate pricing and processing. The easy-to-use website will allow you to:

- Digitally submit demographic data to one location.
- Maintain, update, and verify demographic data using a single website.
- Receive clear on-screen alerts and guidance as you maintain your data.
- Obtain access to a simplified quick verification process that will allow you to complete required verifications online, eliminating the need to fax, email, or use separate online forms.
- Receive periodic reminders to help you keep your information current.

What you need to do to get ready for the change

If already enrolled in Availity, * no further action is needed. If you are not enrolled, go to **availity.com** and select the orange *Register* button. Availity is a secure provider website where you can enjoy the convenience of digital transactions, including prior authorization and claims submission, as well as benefit and eligibility look-up.

HEDIS 2022: Summary of changes from NCQA

Published: May 1, 2022 - **State & Federal** / Medicare

The National Committee for Quality Assurance (NCQA) has changed, revised, and retired HEDIS® measures for measurement year 2022. Below is a summary of the key changes to be aware of.

Diabetes measures

NCQA has separated the Comprehensive Diabetes indicators into stand-alone measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control < 8 and Poor Control HbA1c)
- Eye Exam Performed for Patients with Diabetes (EED)
- Blood Pressure for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

The process measure Comprehensive Diabetes HbA1c testing was retired as the goal is to move towards more outcome measures.

Race/ethnicity stratification

To address healthcare disparities, the first step is reporting and measuring performance. Given this, NCQA has added race and ethnicity stratifications to the following HEDIS measures:

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for patients with Diabetes (HBD)
- Prenatal and Post-Partum Care (PPC)
- Child and Adolescent Well Care Visits (WCV)

NCQA plans to expand the race and ethnicity stratifications to additional HEDIS measures over several years to help reduce disparities in care among patient populations. This effort builds on NCQA's existing work dedicated to the advancing health equity in data and quality measurement.

New measures

Antibiotic Utilization for Respiratory Conditions (AXR): The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

This measure was added given antibiotics prescribed for acute respiratory conditions are a large driver of antibiotic overuse. Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use. Given this new measure, the Antibiotic Utilization measure has been retired.

Deprescribing of Benzodiazepines in Older Adults (DBO): The percentage of Medicare members 65 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose during the measurement year.

Guidelines recommend that benzodiazepines be avoided in older adults, and deprescribing benzodiazepines slowly and safely, rather than stopping use immediately. There is an opportunity to promote harm reduction by assessing progress in appropriately reducing benzodiazepine use in the older adult population.

Advanced Care Planning (ACP): The percentage of adults 65 to 80 years of age, with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older, who had advance care planning during the measurement year

Advance care planning is associated with improved quality of life, this measure will allow an understanding if it is provided to those who are most likely to benefit from it. Given this new measure, the Care for Older Adults measure has been retired.

Measure changes

Use of Imaging Studies for Low Back Pain (LBP): This measure was expanded to the Medicare line-of-business and the upper age limit for this measure was expanded to age 75. Additional exclusions to the measure were also added.

A complete summary of 2022 HEDIS changes and more information, can be found [online](#).

Source: [NCQA.org](#)

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

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URL: <https://providernews.anthem.com/colorado/article/hedis-2022-summary-of-changes-from-ncqa-10>

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URL: <https://providernews.anthem.com/colorado/article/hedis-2022-summary-of-changes-from-ncqa-12>

New specialty pharmacy medical step therapy requirements

Published: May 1, 2022 - **State & Federal** / Medicare

Effective March 1, 2022, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical UM Guidelines are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
· ING-CC-0062	· Inflectra · Remicade, Infliximab unbranded)	· Avsola · Renflexis

URL: <https://providernews.anthem.com/colorado/article/new-specialty-pharmacy-medical-step-therapy-requirements-21>

Keep up with Medicare news – May 2022

Published: May 1, 2022 - **State & Federal** / Medicare

Please continue to check for important [Medicare Advantage](#) updates at https://www.anthem.com/provider/medicare-advantage/?cnslocale=en_US_co for the latest Medicare Advantage information, including:

- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list](#)
- [Anthem Blue Cross and Blue Shield expands specialty pharmacy precertification list](#)
- [New specialty pharmacy medical step therapy requirements](#)

URL: <https://providernews.anthem.com/colorado/article/keep-up-with-medicare-news-may-2022-3>
