

Provider News

Medicaid Managed Care | Child Health Plus

OCTOBER 2022

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this newsletter is specific to the MMC and CHPlus programs only.

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Provider Services: 866-231-0847
<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

Amerigroup Corporation, an independent company, administers utilization management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Corporation, una compañía independiente, administra los servicios de administración de utilización para el programa administrado de Medicaid de Highmark Blue Cross Blue Shield of Western New York.

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Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

<https://providerpublic.mybcbswny.com>

Provider Services:

866-231-0847

Administrative

Members' Rights and Responsibilities section

In line with our commitment to participating practitioners and members, Highmark Blue Cross Blue Shield of Western New York has a *Members' Rights and Responsibilities* section located within the provider manual. The delivery of quality healthcare requires cooperation between patients, their providers, and their healthcare benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Review this section in your provider manual [online](#).

NYWEST-CD-003852-22-CPN3784

New patient evaluation and management services when reported for the same patient within the last three years

According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) guidelines, a new patient is defined as “one who has not received any professional services (for example, face-to-face services from a physician/qualified healthcare professional, or another physician/qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice) within the past three years.”

By contrast, AMA CPT guidelines state that an established patient is one that has received professional services from the physician/qualified healthcare professional or another physician/qualified healthcare professional in the same group and of the same specialty and subspecialty within the prior three years.



Effective with claims processed on or after November 1, 2022, Highmark Blue Cross Blue Shield of Western New York will add rigor to its existing review of professional provider claims for new patient evaluation and management (E&M) services submitted for the same patient within the last three years to align with the AMA CPT guidelines. Claims that do not meet these criteria will be denied.

Providers that believe their medical record documentation supports a new patient E&M service for the same patient within the last three years should follow the Claims Payment Dispute process (including submission of such documentation with the dispute) as outlined in the provider manual or resubmit the claim with an established patient E&M.

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Monkeypox resources and recommendations for our care providers

We are carefully monitoring the recent outbreak of monkeypox infections in the U.S. and are working to support our members and our network care providers with information to help you respond appropriately in the context of your patient population.

The best source of up-to-date information is at the Centers for Disease Control and Prevention which has a dedicated [monkeypox page for healthcare professionals](#).

In addition to resources for care providers, the CDC has developed educational materials for the public, available for free download [online](#).

FAQs

How does monkeypox spread?

Monkeypox does not spread easily between people without close contact. Person-to-person transmission is possible by skin-to-skin contact with body fluids or monkeypox sores, or respiratory droplets during prolonged face-to-face contact, and less likely through contaminated items such as bedding, clothing, or towels. Patients are contagious until the scabs heal and are replaced by new skin.

How dangerous is the disease?

Monkeypox virus belongs to the poxvirus family and infection is rarely fatal. Patients whose immune system is compromised are most at risk for severe disease, along with children younger than 8 years old, pregnant and breastfeeding people, and people with a history of atopic dermatitis or other active skin conditions.

What are monkeypox symptoms?

Patients often have a characteristic rash (well-circumscribed, firm, or hard macules evolving to vesicles or pustules) on a single site on the body. Patients may also present with a fever and muscle aches. The rash may start in the genital and perianal areas. The lesions are painful when they initially emerge, but can become itchy as they heal, and then go away after two to four weeks. Symptoms can be similar or occur at the same time as sexually transmitted infections.

Is there a monkeypox vaccine?

Yes, although at the time of this writing, availability is limited. Smallpox and monkeypox vaccines are effective at protecting people against monkeypox when given before exposure to monkeypox, and vaccination after a monkeypox exposure may help prevent the disease or make it less severe. You can access the CDC's vaccination updates [online](#).

How can monkeypox be treated?

There are no treatments specifically for monkeypox virus infections. However, antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Do I need to report a case of suspected monkeypox?

Yes, contact your state health department if you have a patient with monkeypox. They can help with testing and exposure precautions. Find your state health plan department [online](#).

What are the behavioral health impacts of monkeypox?

Studies reporting psychiatric symptoms have indicated that the presence of anxiety, depression, or low mood is common among hospitalized patients with monkeypox infection. Care providers can help by listening with compassion, understanding underlying behavioral health concerns that may be heightened during isolation, and refer patients to the appropriate level of support following a monkeypox diagnosis.

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Administrative – Digital Tools

Remote EMR access service for HEDIS

HEDIS medical record submission made easier with our remote EMR access service

Instead of being responsible for submitting medical records for the HEDIS® hybrid project, use the remote electronic medical record (EMR) access service offered by Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY). We offer providers the ability to grant access to their EMR system directly to pull the required documentation to aid your office in reaching compliance. Granting our team remote access to your EMR helps reduce the time and costs associated with medical record retrieval while improving efficiency and allowing your office to focus on patient care.

We have a centralized EMR team experienced with multiple EMR systems and extensively trained annually on *HIPAA*, EMR systems, and HEDIS measure updates. We complete medical record retrieval based on minimum necessary guidelines:

- We only access medical records of members pulled into the HEDIS sample using specific demographic data.
- We only retrieve the medical records that have claims evidence related to the HEDIS measures.
- We only access the least amount of information needed for use, disclosure, or for a request.
- We only save to file and do not physically print any PHI.

Getting started with remote EMR access is just one click away

Download and complete the [registration form](#), then email it to us at: Centralized_EMR_Team@amerigroup.com.



FAQ

How does Highmark BCBSWNY retrieve your medical records?

We access your EMR using a secure portal and retrieve only the necessary documentation by printing to an electronic file we store internally on our secure network drives.

Is printing necessary?

Yes. The NCQA audit requires print-to-file access.

Is this process secure?

Yes. We only use secure internal resources to access your EMR systems. All retrieved records are stored on Highmark BCBSWNY secure network drives.



[Read more online.](#)

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
NYWEST-CD-004116-22-CPN2931

Policy Updates – Prior Authorization

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after November 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
ING-CC-0205	J9331	Fyarro (sirolimus albumin bound)
ING-CC-0206	J3490, J3590	BESREMi (ropeginterferon alfa-2b-njft)
ING-CC-0207	J9332	Vyvgart (efgartigimod alfa-fcab)
ING-CC-0208	J3490	Adbry (tralokinumab)
ING-CC-0209	J1306	Leqvio (inclisiran)

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Effective for dates of service on and after December 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
ING-CC-0202	J0491	Saphnelo (anifrolumab-fnia)
ING-CC-0203	J2998	Ryplazim (plasminogen, human-tvmh)
ING-CC-0204	J9273	Tivdak (tisotumab vedotin-tftv)

NYWPEC-3715-22

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

Please note, inclusion of a national drug code on your medical claim is required for claim processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.



Policy Updates – Reimbursement Policy

Reimbursement Policy Retraction

Sexually Transmitted Infections Testing — Professional

(Policy 21-001, effective 01/01/2022)

In the October 2021 edition of the provider newsletter, we announced that a new reimbursement policy titled Sexually Transmitted Infections Testing — Professional would be effective for dates of service on or after January 1, 2022. We have made a decision to retract this reimbursement policy.

NYWEST-CD-004019-22-CPN367

Products and Programs

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or know who to contact with questions and concerns.



Highmark Blue Cross Blue Shield of Western New York is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals working to support members, families, PCPs, and caregivers. The complex case management process uses the experience and expertise of the Health Care Management team to educate and empower our members by increasing self-management skills. The complex case management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.

Members or caregivers can refer themselves or family members by calling the Case Management referral number at **866-231-0847**. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us by phone at **866-231-0847**. Case Management business hours are Monday to Friday from 8 a.m. to 5:30 p.m. ET.

NYWEST-CD-003830-22-CPN3339

The Behavioral Health Areas of Expertise Profile improves the referral process

The Behavioral Health Areas of Expertise Profile (BHAEP) is designed to highlight your behavioral health network providers' services, cultural preferences, race, languages spoken, and other specialties to our members through the enhancement of our online provider directory. The goal is to help our members find the right behavioral health provider to fit their unique needs.

Contracted Medicaid providers are asked to answer a brief online survey on their clinical areas of expertise, demographics, modalities, and accessibility. The data collected provides insight into our behavioral health providers' capabilities, which assists in member referral, provider network strategy development, and proposal support. Completion of the BHAEP does not affect a provider's credentialing materials/status or contract.



By capturing this information, we are able to:

- Improve identification of specific services and/or specialties.
- Improve the referral process by better identifying provider capabilities.
- Align with competitors that provide this data in their online provider directories.

Currently, the BHAEP is being administered in your market. The local health plan completes provider outreach. While data gathered through this tool has proven to be helpful to members, providers, and the health plan, response rates remain low.

View your BlueCross BlueShield of Western New York BHAEP survey [online](#).

NYW-NL-0536-21



Products and Programs – Pharmacy

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after October 1, 2022, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

<i>Clinical Criteria</i>	Status	Drug(s)	HCPCS codes
ING-CC-0107	Preferred	Mvasi	Q5107
ING-CC-0107	Non-preferred	Avastin	J9035
ING-CC-0107	Non-preferred	Zirabev	Q5118

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The list of *Clinical Criteria* is publicly available on our provider website. Visit the [Clinical Criteria website](#) to search for specific *Clinical Criteria*.

IngenioRx will become CarelonRx on January 1, 2023

Our pharmacy benefit management partner, IngenioRx,* will join the Carelon family of companies and change its name to CarelonRx on January 1, 2023.



This change will not affect the ways in which CarelonRx will do business with care providers and there will be no impact or changes to the prior authorization process, how claims are processed, or level of support.

If your patients are having their medications filled at our home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy will become CarelonRx Mail.
- IngenioRx Specialty Pharmacy will become CarelonRx Specialty Pharmacy.

These are name changes only and will not impact patients' benefits, coverage, or how their medications are filled. Your patients will not need new prescriptions for medicine they currently take.

When e-prescribing orders to our mail and specialty pharmacies:

- Prescribers will need to choose CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx, if searching by name.
- If searching by NPI (National Provider Identifier), the NPI will not change.

In addition to our mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates prior to January and throughout 2023.

** IngenioRx, Inc is an independent company providing pharmacy benefit management services on behalf of Highmark Blue Cross Blue Shield of Western New York.*

NYWEST-CD-005503-22