

February 2021

BlueBlastSM

News Providers Can Use



 **Healthy BlueSM**
BlueChoice® HealthPlan of SC

Healthy Connections 

IN THIS ISSUE

Home Health

Value-Based Purchasing (HHVBP) Model Expansion Appropriateness Guidelines 2

ENTs, Surgeons

Provider Notification for Utilization Management Authorization Rule Operations Workgroup Item 1326 3

Oncology

New Specialty Pharmacy Medical Step Therapy Requirements 3

All Providers

Availity Portal Eligibility And Benefits Provides Both Additional Benefit Notes and Digital Member ID Cards 4

Centene/WellCare Acquisition 4

CCMS Issues New Roadmap For States to Address the Social Determinants of Health to Improve Outcomes, Lower Costs, Support State Value-Based Care Strategies 5

HEDIS® Measurement Year 2020: Medicaid Summary of Changes From NCQA 6

Medical Drug Benefit Clinical Criteria Updates 7

Provider Education Territory 7

Back Cover: Get More From Medicaid With Healthy Blue 8

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Value-Based Purchasing (HHVBP) Model Expansion Appropriateness Guidelines

The U.S. Department of Health and Human Services (HHS) announced that HHS Secretary, Alex M. Azar, II, has approved the expansion of the Home Health Value-Based Purchasing (HHVBP) Model. The HHVBP expansion would be implemented through rulemaking no earlier than Jan. 1, 2022.

Tested by the Centers for Medicare & Medicaid Services Innovation Center, the HHVBP Model began its first performance year in 2016. The CMS Office of the Actuary has certified, based on its independent assessment of the model's performance over the first three years of the Model, that an expansion would reduce, or not result in any increase in, net Medicare spending.

The Secretary has also determined that an expansion of the HHVBP Model would likely improve quality of care for Medicare beneficiaries, without denying or limiting coverage or provision of benefits to Medicare beneficiaries. These combined determinations, coupled with the actuarial certification, meet the criteria set by Section 1115A(c) of the Affordable Care Act to allow the Secretary to expand the model through rulemaking.

For more information, please visit <https://innovation.cms.gov/innovation-models/home-health-value-based-purchasing-model>. For questions please call the helpdesk at (844) 280-5628 or email HHVBPquestions@cms.hhs.gov



Provider notification for Utilization Management Authorization Rule Operations Workgroup Item 1326

Beginning **April 1, 2021**, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Healthy Blue for Healthy Connections members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

- 30117 — Excision/Destruction, Intranasal Lesion; Int Approach
- 30999 — Unlisted Proc, Nose
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- C1778 — Lead, neurostimulator (implantable)
- C1787 — Patient programmer, neurostimulator
- C2622 — Prosthesis, penile, noninflatable
- L8681 — Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
- L8699 — Prosthetic Implant Nose

To view the full article, visit www.HealthyBlueSC.com and select **Providers**.



New Specialty Pharmacy Medical Step Therapy Requirements

Beginning **March 1, 2021**, the following specialty pharmacy drugs and corresponding codes from current clinical criteria will be included in our medical step therapy precertification 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.

Below are the clinical criteria that have been updated to include the requirement of a preferred agent effective **March 1, 2021**.

The clinical criteria are made publicly available on the Healthy Blue provider website. To search for specific clinical criteria, select this [link](#).

Clinical Criteria	Status	Drug name	HCPCS code
ING-CC-0002	Preferred	Neulasta	J2505
ING-CC-0002	Preferred	Udenyca	Q5111
ING-CC-0002	Non-preferred	Fulphila	Q5108
ING-CC-0002	Non-preferred	Ziextenzo	Q5120
ING-CC-0002	Non-preferred	Nyvepria	J3590

Affordable health care options through Healthy Blue Medicaid plans.

Recently lost your insurance?

You may qualify for our **free or low-cost health plans** through South Carolina's Healthy Connections Medicaid program. With these plans, you get benefits like:

- Doctor Visits
- Labs and Tests
- Wellness Checkups and Screenings
- Prescriptions and Over-The-Counter Items

You may qualify if your monthly income is less than:			
Family size	Parents and caretakers	Pregnant women	Children under age 19
Just you	\$712	\$2,116	\$2,265
You + 1 (spouse or child)	\$963	\$2,859	\$3,060
You + 2	\$1,213	\$3,602	\$3,855
You + 3	\$1,463	\$4,345	\$4,651
You + 4	\$1,713	\$5,088	\$5,446



Healthy Blue and our family of health plans have connected people with the health care they need for almost three decades.

Find out more.

Visit www.HealthyBlueSC.com to learn how to apply.

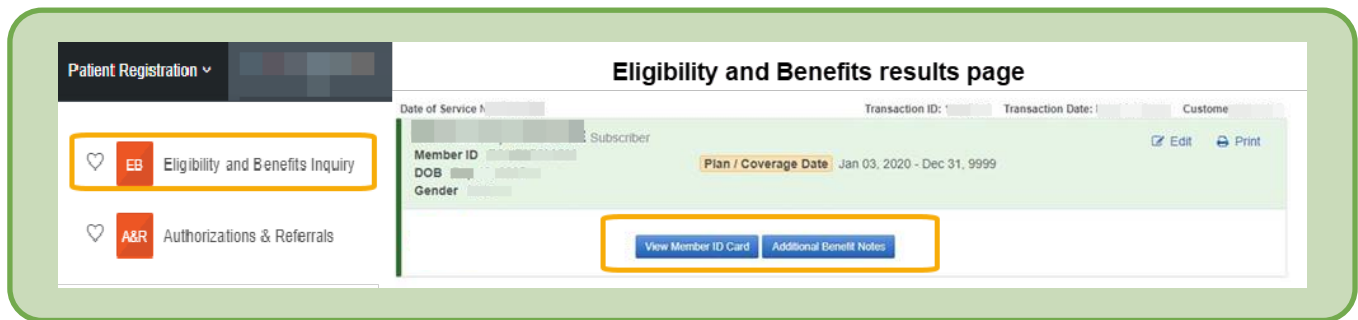


Availity Portal Eligibility And Benefits Provides **Both Additional Benefit Notes and Digital Member ID Cards**

NEW: Additional Benefit Detail

Now you can select **Additional Benefit Notes** on the Availity Portal Eligibility and Benefits results screen to find more descriptive benefit information.

Benefits are listed in alphabetical order, making it easier to search for specific benefits. Capabilities include full benefit descriptions, vendor information associated with the benefit and the option for the provider to print out the benefit information.



Digital Member ID Cards

The **digital member ID card** allows easy, low-touch access to view additional information or confirm basic membership details.

When conducting an eligibility and benefits inquiry for Healthy Connections members, simply select **View Member ID Card** on the **Eligibility and Benefits results page**. **Note:** The Availity Portal requires you to enter the member's ID number, as well as a date of birth or the member's first and last name into the search options in order to submit an eligibility and benefits inquiry. Try both valuable tools today!

Centene/WellCare Acquisition

On Jan. 23, 2020, Centene Corporation acquired WellCare Health Plans, Inc., which included WellCare of South Carolina, a managed care organization (MCO) contracted with the South Carolina Department of Health and Human Services (SCDHHS). As a result of this acquisition, WellCare will no longer participate in SCDHHS' Healthy Connections Medicaid managed care program. Effective April 1, 2021, existing WellCare Medicaid members will be served by Absolute Total Care. Absolute Total Care is a wholly owned subsidiary of Centene Corporation.

WellCare will remain responsible for claims, appeals and hearings, and other administrative processes that occur prior to April 1, 2021. To satisfy its contractual requirements with SCDHHS, WellCare will keep administrative processes in place for at least 12 months after exiting the Healthy Connections Medicaid managed care program. Providers rendering services to WellCare members will continue to work directly with WellCare for all dates of service prior to April 1, 2021. Additional administrative information may be found on WellCare's website.

All Healthy Connections members transferred to Absolute Total Care on April 1, 2021, will maintain a continuity of care period for up to 90 days during which time members will continue to receive all authorized services from their current providers. If providers have questions about how this acquisition may affect them, they should call WellCare Provider Services at (888) 588-9842 or Absolute Total Care Provider Services at (866) 433-6041.

4 | **Members will have an opportunity to transfer to another plan of their choice within 90 days. If asked, please help them choose a plan that will meet their specific needs.**

CMS Issues New Roadmap For States to Address the Social Determinants of Health to Improve Outcomes, Lower Costs, Support State Value-Based Care Strategies

On Jan. 7, 2021 the Centers for Medicare & Medicaid Services (CMS) issued guidance to state health officials designed to drive the adoption of strategies that address the social determinants of health (SDOH) in Medicaid and the Children's Health Insurance Program (CHIP) so states can further improve beneficiary health outcomes, reduce health disparities, and lower overall costs in Medicaid and CHIP. SDOH describe the range of social, environmental, and economic factors that can influence health status — conditions that can often have a greater impact on health outcomes than the actual delivery of health services. The new guidance describes how states can leverage existing flexibilities under federal law to tackle adverse health outcomes that can be impacted by SDOH. It also supports states with designing programs, benefits and services that can more effectively improve population health and reduce the cost of caring for our nation's most vulnerable and high-risk populations.

To address the contradiction between rising costs and low health outcomes, CMS has committed to accelerating the industry's shift away from traditional fee-for-service payment models to value-based models that hold clinicians accountable for cost and quality. As part of its continued efforts to advance value-based care, CMS recently [issued guidance](#) to state Medicaid directors to encourage the incorporation of value-based strategies across their health care systems allowing states to provide Medicaid beneficiaries with efficient, high quality care, while lowering cost and improving health outcomes. The guidance also noted that the adoption of value-based care arrangements could better provide opportunities for states to address SDOH as well as disparities across the health care system.

CMS acknowledges that an understanding of the social, economic, and environmental factors that affect the health outcomes of Medicaid and CHIP populations can be an integral component of states' efforts to realign

incentives, reduce costs and advance value-based care in their health systems.

The guidance recognizes that Medicaid and CHIP beneficiaries face challenges related to SDOH, including but not limited to: access to nutritious food, affordable and accessible housing, and quality education; and opportunities for meaningful employment.

Growing evidence indicates these challenges can lead to poorer health outcomes for beneficiaries and higher health care costs for Medicaid and CHIP programs. They can also exacerbate health disparities for a broad range of populations, including individuals with disabilities, older adults, pregnant women, children and youth, individuals with mental health and/or substance use disorders, and individuals living in rural communities.

To view the Opportunities in Medicaid and CHIP to Address Social Determinants of Health letter, please visit: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>

Get CMS news at [cms.gov/newsroom](https://www.cms.gov/newsroom), sign up for CMS news [via email](#) and follow CMS on Twitter CMS Administrator [@SeemaCMS](#) and [@CMSgov](#).



HEDIS® Measurement Year 2020: Medicaid summary of changes from NCQA

Revised measures:

- The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to Well Child Visits in the First 30 Months of Life (W30). It includes two indicators:
 - Well-child visits in the first 15 months — children who turned 15 months during the measurement year with six or more well-child visits
 - Well-child visits for ages 15 to 30 months — children who turn 30 months during the measurement year with two or more well child visits
- The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into Child and Adolescent Well-Care Visits (WCV):
 - The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

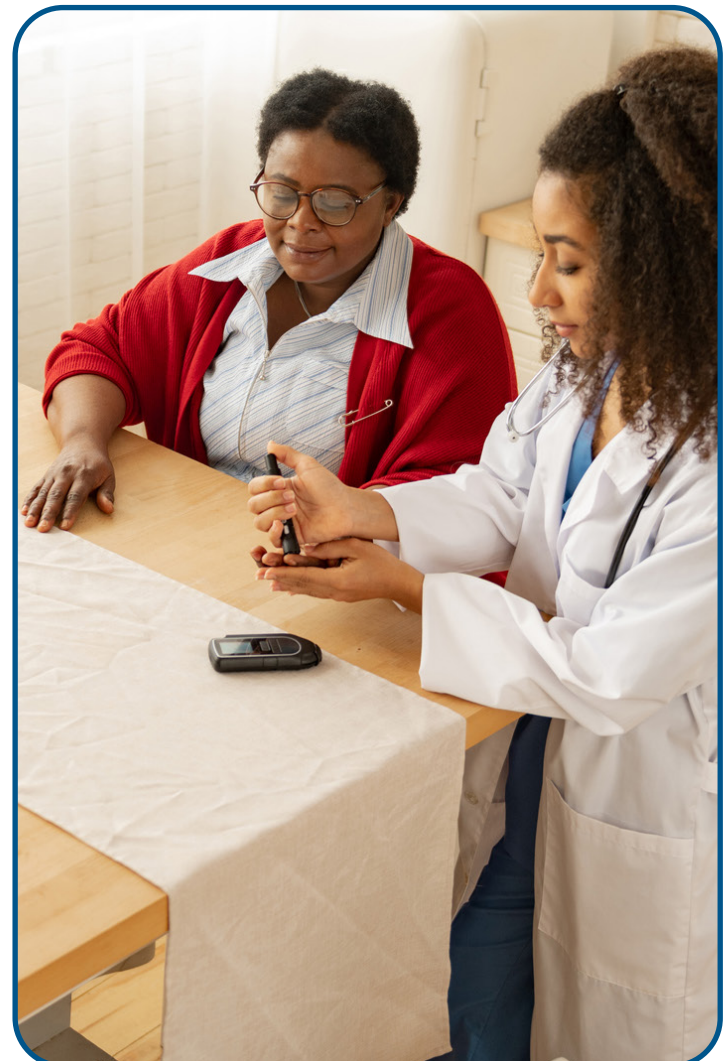
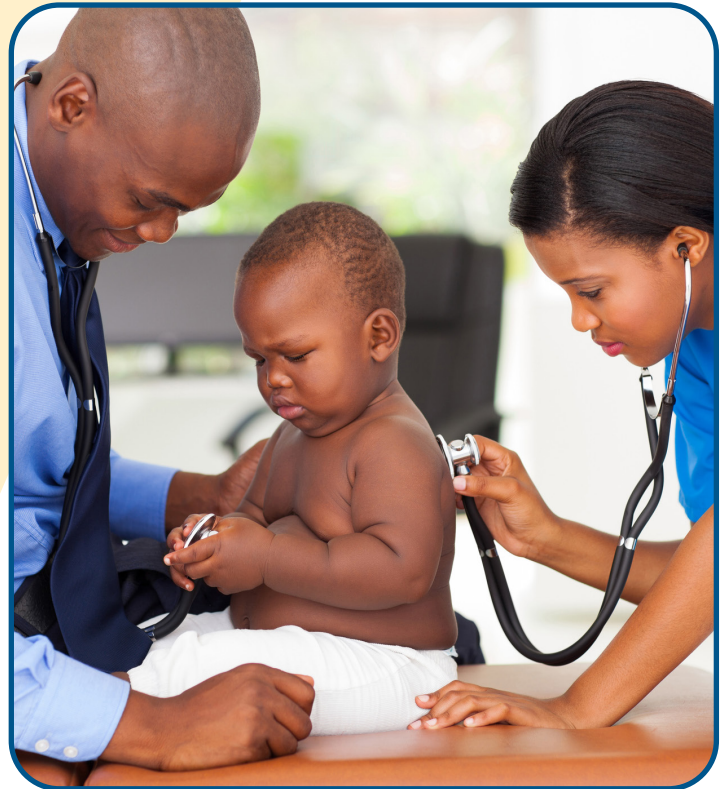
Retired Medicaid measures:

- Comprehensive Diabetes Care (CDC) retired sub-measures —
 - Medical Attention for Nephropathy (retired for Commercial and Medicaid)
 - HbA1c control (< 7.0%) for a selected population
- Adult BMI Assessment (ABA)
- Medication Management for People with Asthma (MMA)
- Children's and Adolescents' Access to Primary Care Practitioners (CAP)

Measure change summary:

For a complete change summary, go to <https://tinyurl.com/NCQA-measures>.*

To view the full article, visit www.HealthyBlueSC.com and select **Providers**.



Medical Drug Benefit **Clinical Criteria Updates**

On Nov. 15, 2019, Feb. 21, 2020, May 15, 2020, Aug. 21, 2020, Aug. 28, 2020, and Sept. 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the **medical drug benefit** for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

The Clinical Criteria is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting September and October 2020](#). Visit [Clinical Criteria](#) to search for specific policies.



Provider Education Territory

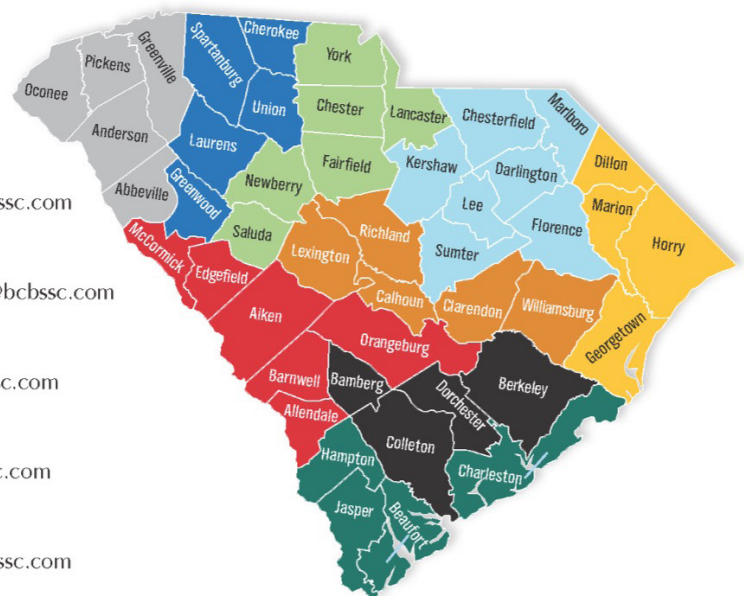
We are excited to announce that BlueCross BlueShield of South Carolina and Healthy Blue Provider Education representatives will now be servicing all lines of business. You will now have one point of contact for all of your BlueCross, BlueChoice HealthPlan and Healthy Blue education needs. Please refer to the updated territory map. Representatives will be communicating with providers in their assigned territories. Should you need assistance prior to them reaching out to you, please contact them using the phone numbers or email addresses provided here.



Provider education territory map

Parishes:

- Tiffany Ashford
803-264-8716
tiffany.ashford@bcssc.com
- Michaelia Johnson
803-264-8748
michaelia.johnson@bcssc.com
- Tammy Jones
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tammy.jones@bcssc.com
- Tracy Brown
803-264-3164
tracy.brown@bcssc.com
- Ke-Onna Davis
803-264-0879
ke-onna.davis@bcssc.com
- Bunny Temple
803-264-2361
bunny.temple@bluechoicesc.com
- Tom Ingram
803-382-5778
thomas.ingram@bluechoicesc.com
- Donese Pinckney
803-382-5125
donese.pinckney@bluechoicesc.com
- Antoinette Jenkins
803-264-9252
antoinette.jenkins@bcssc.com



Behavioral health (entire state)
Rikkia Kohn
803-264-2954
rikkia.g.kohn@bluechoicesc.com

CIMS/FQHCs (entire state)
Fancy Crayton
803-264-3196
fancy.crayton@bluechoicesc.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections. To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdlhs.gov.

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Free extras for Healthy Blue members

- Free eyeglasses for ages 21 and up
- Uber or Lyft gift cards or a free yearly oil change
- Fresh fruits and vegetables delivered to your home
- Free GED testing for ages 17 and up
- Two months of free WiFi (where available)
- Community Resource Link to search online for housing, food, jobs, and other resources in your area

For pregnant members and new parents

- Free diapers, car seat, and breast pump
- Earn money for going to checkups with Healthy Rewards
- Circumcision for newborns
- Sam's Club membership
- \$35 gift card to buy children's books for ages 2 and under

For kids

- Discounts on Boys & Girls Club fees
- Girl Scouts membership and Youth Explorer Program through Boy Scouts
- Sports physicals for ages 6–18
- Free headphones for students in kindergarten to 12th grade

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Wellness checkups
and screenings



Prescriptions and
over-the-counter items

Dental and vision care

