



November 2024 Provider Newsletter

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Time to prepare for HEDIS medical record review

MOHB-CDCR-070456-24

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[Administrative](#) | MO HealthNet Managed Care (Medicaid) | November 1, 2024

The critical role of effective STI counseling and screening

Summary:

- Healthcare providers play an essential role in STI diagnosis, treatment, counseling, and education.
- The CDC recommends STI prevention counseling for high-risk adolescents and adults.
- Healthy Blue advises annual STI screenings, emphasizing early detection and treatment to enhance patient health outcomes.

In the realm of sexual health, healthcare providers play an indispensable role not just in diagnosis and treatment of sexual transmitted infections (STIs), but also in counseling and education. Effective interviewing and counseling skills, characterized by respect, compassion, and a nonjudgmental attitude toward all patients, are vital to obtaining a thorough sexual history and delivering impactful prevention messages.

The CDC advocates prevention counseling for all sexually active adolescents and adults at increased risk for STIs and HIV. The process begins with acquiring a patient's sexual history, by asking open-ended questions, and using nonjudgmental language. Such discussions should normalize the subject, thereby stressing the importance of maintaining sexual health.

Prevention counseling for STIs and HIV should be offered to all sexually active adolescents as well as all adults who have received an STI diagnosis, have had an STI during the previous year, or have had multiple sex partners. Successful prevention counseling should be client-centered, culturally sensitive, and tailored to the patient's individual situation.

To help protect and improve members' health, Healthy Blue encourages care providers to screen and assess individuals annually or more often as indicated for STIs including — but not limited to — chlamydia, hepatitis B, human papillomavirus, syphilis, and human immunodeficiency virus. STI detection is particularly important in certain populations such as pregnant women, adolescents, men who have sex with men, and transgender and gender-diverse populations.

The efficacy of STI diagnosis, treatment, and prevention largely relies on the interviewing and counseling skills of healthcare providers. By executing strategies such as screening, early detection, rapid diagnosis, and timely treatment, the long-term health and reproductive effects of STIs can be lessened, leading to better health outcomes for both your patients and our members.

Our solutions don't just treat those who are sick but ensure care providers keep their patient, our members, healthy.

Healthy Blue is a Medicaid product offered by Missouri Care, Incorporated, a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Incorporated and administered in the Kansas City service region by Missouri Care, Incorporated in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Incorporated and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.

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Digital Solutions | MO HealthNet Managed Care (Medicaid) | November 1, 2024

Enhanced Personalized Match: making the care provider search more informed and personalized

Summary:

- The Personalized Match sorting option in the Find Care tool will be enhanced to provide more personalized care provider suggestions based on gaps in care and member history derived from clinical data, beginning December 2024.
- Members will be able to find details on the enhanced Personalized Match methodology in the online directory, and care providers will be able to submit inquiries or request reconsideration of care provider scores.

Find Care, the provider finder and transparency tool in the Healthy Blue online directory, allows members to search for in-network care providers using the secure member website at healthybluemo.com/missouri. This tool currently offers multiple sorting options, such as sorting providers based on Personalized Match, distance, alphabetic order, and care provider name.

Beginning December 2024 or later, the Personalized Match sorting option will be enhanced for members. This sorting option currently considers care provider efficiency and quality outcomes. Enhancements will include gaps in care, such as HEDIS[®] measures and other market-specific clinical care measures, knowledge about member history derived from claims and other available clinical data, and member search radius. Care provider pairings with the highest overall ranking within the member's search radius will be displayed first. Members will continue to be able to sort based on distance, alphabetic order, and care provider name:

- You may review a copy of the Personalized Match methodology that has been posted on Availity Essentials — our secure web-based care provider tool — using the

MOHB-CDCR-070456-24

following navigation: Go to [Availity.com](https://www.availity.com) > Payer Spaces > Health Plan > Education & Reference Center > Administrative Support > Personalized Match Methodology Phase 2 - Medicaid.pdf.

- If you have general questions regarding this new sorting option, please submit an inquiry to [Availity.com](https://www.availity.com).
- If you would like information about your quality or efficiency scoring used as part of this sorting option or if you would like to request reconsideration of those scores, you may do so by submitting an inquiry to [Availity.com](https://www.availity.com).

Going forward, we will continue to focus and expand our consumer tools and content to assist members in making more informed and personalized healthcare decisions.

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Visit <https://providernews.healthybluemo.com/articles/enhanced-personalized-match-making-the-care-provider-search-22632>

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[Education and Training](#) | Medicare Advantage | October 15, 2024

Model of Care training reminder

As a contracted provider for a special needs plan (SNP) from Healthy Blue, you are required to participate in an annual Model of Care training for providers, per CMS regulations. This training includes a detailed overview of Healthy Blue special needs plans and program information, highlighting cost sharing, data sharing, participation in the Interdisciplinary Care team (ICT), where to access the member's health risk assessment results, plan of care, and benefit coordination. Please remember this training is specific to our plans and delivery of care for members, ensuring their specific care needs are met. Your participation is critical for improved quality and health outcomes.

Training for the SNP product is self-paced and available at [Availity.com](https://www.availity.com). **The training must be completed by December 31, 2024.**

How to access the Custom Learning Center:

1. Log in to the Availity website at [Availity.com](https://www.availity.com).
2. At the top of the Availity website, select **Payer Spaces** and select the appropriate payer.
3. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from **Applications**.
4. In the Custom Learning Center, select **Required Training**.
5. Select **Special Needs Plan and Model of Care Overview**.
6. Select **Enroll**.
7. Select **Start**.
8. Once the course is completed, select **Begin Attestation** and complete.

Not registered for Availity Essentials?

Have your organization's designated administrator register your organization for the Availity website:

1. Visit [Availity.com](https://www.availity.com) to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.

Refer to these [PDF documents](#) for complete registration instructions.

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[Education and Training](#) | MO HealthNet Managed Care (Medicaid) | October 23, 2024

Reminder: take action to protect infants from respiratory syncytial virus this season

As respiratory syncytial virus (RSV) season approaches, we would like to remind providers about available RSV immunizations to help prevent severe RSV related disease in infants. According to a report from the CDC (March 2024), infant preventive antibodies showed 90% effectiveness against the need for hospitalization for RSV in babies. Two immunizations are available to prevent RSV lower respiratory tract infections in infants:

- Pfizer's Abrysvo, a maternal vaccine given during pregnancy
- Nirsevimab (Beyfortus), a monoclonal antibody administered to the baby

The maternal vaccine, Abrysvo, is recommended for those who are 32 to 36 weeks pregnant during RSV season, which generally falls between October and March. The vaccine can provide protection for infants up to six months if the mother receives it at least two weeks prior to delivery.

Nirsevimab (Beyfortus) provides up to five months of protection against RSV and is approved for infants under 8 months during their first RSV season, and certain children between 8 and 19 months at increased risk of severe RSV disease. In some cases where a mother received an RSV vaccine, Nirsevimab can still be considered for the child if there is a substantial risk for severe RSV disease or if the maternal immune response to the vaccination is inadequate.

Nirsevimab is covered under the Vaccines for Children Program. Additional information about RSV prevention and Nirsevimab (Beyfortus) can be found at [cdc.gov/rsv](https://www.cdc.gov/rsv).

We look forward to sharing resources and working with you to achieve improved outcomes for children in our communities.

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[Policy Updates](#) | Medicare Advantage | October 16, 2024

Clarification to Carelon Medical Benefits Management, Inc. updates effective September 1, 2024

In the July 2024 edition of *Provider News*, we announced the transition to the following Carelon Medical Benefits Management guidelines: Site of Care for Advanced Imaging, Rehabilitative Site of Care, and Surgical Site of Care, effective September 1, 2024. To clarify, existing prior authorization requirements have not changed, and this does not equate to the presence of a site of care review requirement. In the event a site of care review requirement for these services will be implemented, a separate notice will be distributed before the addition of any such requirements.

You may access and download a copy of the current and upcoming guidelines [here](#).

Site of Care Guidelines:

- Site of Care for Advanced Imaging
- Rehabilitative Site of Care
- Surgical Site of Care

Please share this notice with other members of your practice and office staff.

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[Policy Updates](#) | MO HealthNet Managed Care (Medicaid) | October 2, 2024

Clarification to Carelon Medical Benefits Management, Inc. updates effective September 1, 2024

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You may access and download a copy of the current and upcoming guidelines [here](#):

- Site of Care Guidelines:
 - Site of Care for Advanced Imaging
 - Rehabilitative Site of Care
 - Surgical Site of Care

Please share this notice with other members of your practice and office staff.

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[Policy Updates](#) | MO HealthNet Managed Care (Medicaid) | September 30, 2024

Carelon Medical Benefits Management, Inc. updates

Effective December 30, 2024

Effective on December 30, 2024, the following **Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines** updates will be adopted for Healthy Blue. This article is to communicate the plan adoption of these Clinical Appropriateness Guidelines. Existing prior authorization requirements have not changed. In the event a prior authorization requirement or site of care review requirement for these services will be implemented, a separate notice will be distributed before the addition of any such prior authorization or site of care review requirement.

You may access and download a copy of the current and upcoming guidelines [here](#).

- Musculoskeletal:
 - Small Joint Surgery
- Site of Care:
 - Site of Care for Advanced Imaging
 - Rehabilitative Site of Care
 - Surgical Site of Care

The above guideline updates have a publish date of November 17, 2024.

Please share this notice with other members of your practice and office staff.

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[Policy Updates](#) | Medicare Advantage | October 16, 2024

Carelon Medical Benefits Management, Inc. updates

Effective January 17, 2025

Effective on January 17, 2025, the following Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guideline updates will be adopted for Healthy Blue. This article is to communicate the plan adoption of these Carelon Medical Benefits Management, Inc. guidelines. Existing prior authorization requirements have not changed. In the event a prior authorization requirement or site of care review requirement for these services will be implemented, a separate notice will be distributed before the addition of any such prior authorization or site of care review requirement.

You may access and download a copy of the current and upcoming guidelines [here](#):

- Musculoskeletal:
 - Small Joint Surgery

- Site of Care:
 - Site of Care for Advanced Imaging
 - Rehabilitative Site of Care
 - Surgical Site of Care

The above guideline updates have a publish date of November 17, 2024.

Please share this notice with other members of your practice and office staff.

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[Medical Policy & Clinical Guidelines](#) | MO HealthNet Managed Care (Medicaid) | September 24, 2024

Medical Policies and Clinical Utilization Management Guidelines update

Effective November 26, 2024

The *Medical Policies, Clinical Utilization Management (UM) Guidelines, and Third-Party Criteria* below were developed and/or revised during Quarter Two, 2024. Note, several policies and guidelines were revised to provide clarification only and are not included. Some may have expanded rationales, medical necessity indications, or criteria, and some may involve changes to policy position statements that might result in services that previously were covered being found to be not medically necessary.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit

<https://provider.healthybluemo.com/missouri-provider/medical-policies-and-clinical-guidelines>.

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- MED.00055 — Wearable Cardioverter Defibrillators:
 - Reformatted language from the to a wearable cardioverter defibrillator and moved punctuation
 - Added Not Medically Necessary statement when individual has an automated external defibrillator
- MED.00148 — Gene Therapy for Metachromatic Leukodystrophy:

- Outlines the Medically Necessary and Not Medically Necessary criteria for gene therapy for metachromatic leukodystrophy
- RAD.00069 — Absolute Quantitation of Myocardial Blood Flow Measurement:
 - The use of absolute quantitation of myocardial blood flow testing is considered Investigational & Not Medically Necessary for all indications
- SURG.00011 — Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting:
 - Revised ocular indications, including the addition of SurSight to Medically Necessary and Not Medically Necessary section and added new Medically Necessary criterion addressing non-healing or persistent corneal epithelial defects
 - Removed VersaWrap from Investigational & Not Medically Necessary statement
 - Removed Phasix Mesh from Investigational & Not Medically Necessary statement
 - Added Phasix Mesh and Phasix ST Mesh to Medically Necessary and Not Medically Necessary statements
- CG-DME-54 — Mechanical Insufflation-Exsufflation Devices:
 - Outlines the Medically Necessary and Not Medically Necessary criteria for use of mechanical insufflation-exsufflation devices

Medical Policies

On May 9, 2024, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These medical policies take November 26, 2024.

Publish Date	<i>Medical Policy</i> Number	<i>Medical Policy</i> Title	New or Revised
6/28/2024	ANC.00009	Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities	Revised
6/28/2024	*MED.00055	Wearable Cardioverter Defibrillators	Revised
5/16/2024	*MED.00148	Gene Therapy for Metachromatic Leukodystrophy	Revised
6/28/2024	*RAD.00069	Absolute Quantitation of Myocardial Blood Flow Measurement	New
6/28/2024	*SURG.00011	Allogeneic, Xenographic, Synthetic, Bioengineered, and Composite Products for Wound Healing and Soft Tissue Grafting	Revised
6/28/2024	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical UM Guidelines

On May 9, 2024, the MPTAC approved the following *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the medical operations committee for Medicaid members on June 27, 2024. These guidelines take effect November 26, 2024.

Publish Date	<i>Clinical UM Guideline Number</i>	<i>Clinical UM Guideline Title</i>	New or Revised
6/28/2024	*CG-DME-54	Mechanical Insufflation-Exsufflation Devices	New
6/28/2024	CG-DME-55	Automated External Defibrillators for Home Use	New
6/28/2024	CG-MED-68	Therapeutic Apheresis	Revised
6/28/2024	CG-MED-97	Biofeedback and Neurofeedback	New

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[Prior Authorization](#) | Medicare Advantage | September 24, 2024

Prior authorization requirement changes

Effective February 1, 2025

Effective **February 1, 2025**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Healthy Blue for Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Code description
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy PrismRA [®] , Scipher Medicine [®] , Scipher Medicine [®]
0459U	β -amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology Elecsys [®] Total Tau CSF (tTau) and β -Amyloid (1-42) CSF II (Abeta 42) Ratio, Roche Diagnostics Operations, Inc (US owner/operator)

0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis NASHnext™ (NIS4™), Labcorp, Labcorp
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg

Not all PA requirements are listed here. Detailed PA requirements are available to providers on <https://medicareprovider.healthybluemo.com> on the *Resources* tab or for

contracted providers by accessing [Availity.com](https://www.availity.com). Providers may also call Provider Services at **844-421-5662** for assistance with PA requirements.

UM AROW #: A2024M2186

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Pharmacy | Medicare Advantage | November 1, 2024

Improving patient outcomes: back to the basics

Enhanced adherence mitigates healthcare costs and improves patient outcomes and quality of life. Promoting medication adherence and advocating for statin use among diabetes patients is critical.

Statin use in diabetes:

- Diabetics are two to four times more likely to die from heart disease (American Heart Association).
- Statins lower LDL cholesterol, reducing cardiovascular events by 25 to 60%.
- Statin use is low, particularly in younger, female, and black individuals.
- Delayed statin use increases cardiovascular disease risk in diabetic patients.
- National guidelines recommend statin therapy for diabetics ages 40 to 75, regardless of LDL levels.
- CMS has adopted the Statin Use in Persons with Diabetes (SUPD) measure to combat cardiovascular death in diabetic patients.

Medication adherence:

- Poor adherence increases morbidity and mortality, causing more than 125,000 deaths and 10% of hospitalizations annually in the United States.
- Forty-five percent of U.S. adults have hypertension and only 24% manage it effectively, largely due to non-adherence.
- High adherence in diabetic patients reduces hospitalization risks by 30%.
- Improved adherence can save \$1,200 to \$8,000 per patient annually.

Supporting patients:

- **Simplify the regimen:** Prescribe medications with fewer daily doses.
 - **Regular follow-ups:** Ensure correct medication use and adjust doses as needed.
 - **Clear communication:** Explain medication benefits, risks of non-compliance, and side effects.
 - **Extended prescriptions:** Provide 90 to 100 days' supply and sufficient refills.
 - **Home delivery:** Eliminate transportation barriers.
 - **Address statin hesitancy:** Discuss pros and cons and involve family in decisions.
 - **Use technology:** Set up reminders through mobile apps, SMS, email, or pill containers.
 - **Address cost issues:** Prescribe affordable options and explore assistance programs.
 - **Personalized care:** Tailor medication plans to the patient's lifestyle and needs.
-

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MOHB-CR-069864-24-CPN69806

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[Quality Management](#) | MO HealthNet Managed Care (Medicaid) | October 24, 2024

Provider: CAHPS awareness

The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) is an annual standardized survey conducted anonymously by a third-party vendor (Center for the Study of Services) to assess a random sample of consumers' experiences with their health plan, their personal provider, and healthcare services.

Refer to attachment to view full details.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Healthy Blue is a Medicaid product offered by Missouri Care, Incorporated, a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Incorporated and administered in the Kansas City service region by Missouri Care, Incorporated in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Incorporated and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.

MOHB-CD-068372-24-CPN67980

ATTACHMENTS (available on web): **[Provider: CAHPS awareness \(pdf - 0.09mb\)](#)**

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[Quality Management](#) | Medicare Advantage / MO HealthNet Managed Care (Medicaid) | October 24, 2024

Time to prepare for HEDIS medical record review

At a glance:

- Care providers must prepare for HEDIS[®] medical record reviews starting January 2025.
- Care providers will submit records through Remote Electronic Medical Record (EMR) Access Service, website upload, fax, secure file transfer protocol (SFTP), mail, or on-site.

Background

Each year, we perform a review of a sample of our members' medical records as part of the HEDIS quality study. HEDIS is part of a nationally recognized quality improvement initiative and is used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to monitor the performance of managed care organizations.

We will begin requesting medical records in January 2025. No special authorization is needed for you to share member medical record information with us since quality assessment and improvement activities are routine parts of healthcare operations.

Ways to submit your records in our preferred order:

- **Remote EMR Access Service:** We offer the Remote EMR Access Service to care providers to submit member medical record information to us. If you are interested in more information, contact us at Centralized_EMR_Team@healthybluemo.com.

- **Upload:** Medical records can be uploaded to our secure website using the instructions in the request document.
- **Fax:** Medical records can be faxed to us using the instructions in the request document.
- **SFTP:** Medical records can be uploaded via a secure website.
- **U. S. Postal Service:** Medical records can be mailed to us using the instructions in the request document.
- **On-site:** Medical records can be pulled by a representative at your local office where medical records are located.

HEDIS review is time sensitive, so submit the requested medical records within the timeframe indicated in the initial HEDIS request document.

We appreciate the care you provide our members. Your assistance is crucial to ensuring our data is statistically valid, auditable, and accurately reflects quality performance.

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to <https://Availity.com> and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section of our provider website for the appropriate contact.

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

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