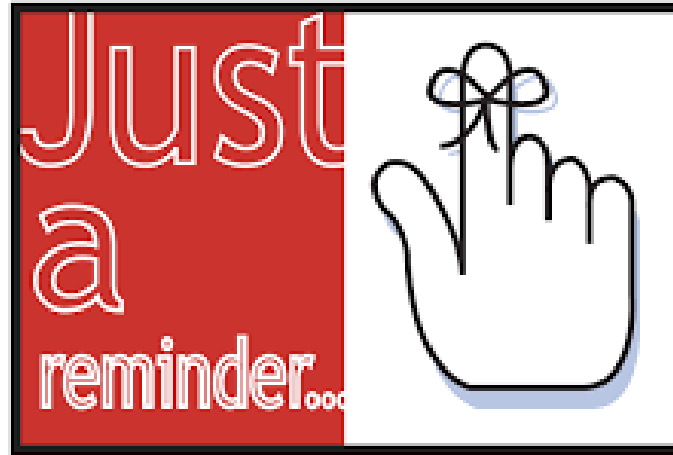


August 2019 Managed Care Updates





UPDATE: TriHealth has been EXEMPT from Site of Care. Drugs will need a prior authorization effective 1/1/20.

Anthem Federal Employee Health Benefit Program PPO Members now require prior approval for specific Specialty Drugs and Site of Care- Effective July 1, 2019

- ✓ *“Effective 7.1.19 through 12.31.19 FEP is implementing a Prior Authorization program for 21 Specialty drugs. Without prior authorization, the 21 drugs will continue to be reviewed retrospectively for medical necessity, as they have been today.*
- ✓ *Between 7.1.19 and 12.31.19 the FEP program is utilizing this timeframe to assist physicians in also identifying alternate sites of care to administer the drug if medically appropriate. This will not however impact claims payment.*
- ✓ *Effective 1.1.2020 the Site of Care, as well as the drug, will require Prior Authorization for Medical Necessity review in order for the claim to be paid “.*

To acquire Prior Approval please contact the Anthem Federal Employee Program Utilization Management Department at (800-860-2156).

Code	Procedure Description
J0129	Abatacept injection (Orencia)
J0490	Belimumab injection (Benlysta)
J1459	Injection, immune globulin (Privigen)
J1555	Injection, immune globulin (Cuvitru)
J1556	Injection, immune globulin (Bivigam)
J1557	Injection, immune globulin (Gammalex)
J1559	Injection, immune globulin (Hizentra)
J1561	Injection, immune globulin (Gamunex-c/Gammaked)
J1566	Injection, immune globulin (Carimune)
J1568	Injection, immune globulin (Octagam)
J1569	Injection, immune globulin (Gammagard liquid)
J1572	Injection, immune globulin (Flebogamma)
J1575	Injection, immune globulin/hyaluronidase (HyQvia)
J1599	Injection, immune globulin (Panzyga)
J1602	Golimumab IV (Simponi Aria)
J1745	Infliximab not biosimilar (Remicade)
J2323	Natalizumab injection (Tysabri)
J3380	Vedolizumab Injection (Entyvio)
Q5103	Infliximab dyyb biosimilar (Infectra)
Q5104	Infliximab abda biosimilar (Renflexis)
Q5109	infliximab-qbt, biosimilar (Ixifi)

Mutual of Omaha FAQ's

- **Referrals Required** even within TriHealth Group; all specialist, home healthcare, outpatient therapy, Cardiac and Pulmonary Rehab
- **Referral NOT needed:** Preventive women's care (all other requires referral), flu shots, pneumonia vaccine, emergency/urgent care, dialysis, dental, routine eye, audiology evaluations
- **Portal Issues** contact Lumeris CustomerSupport@lumeris.com or 1-866-397-2812.
- MoO Follows the Medicare IPO list
- The information has been loaded to the **Managed Care LinkNet** page under the Mutual of Omaha tab.

If you experience any issues with Mutual of Omaha or would like **additional training for your team** please notify the Managed Care Team- ManagedCare@TriHealth.com

❖ *Mutual of Omaha is working on Credentialing for Mid-Level Providers, ETA of Completion September 2019*



Plan Updates & Policy Changes



Anthem Prior Authorization (GreenPass) Program Update

Situation

Insurance verification team identified issue with Children's Hospital (prefix CWB) would require authorization. The CWB prefix is part of the Anthem Prior Authorization Pass and should not require authorization.

Next Steps/Update

- Anthem is aggressively working to diagnosis and update their system to allow clean claims processing.
- To continue to alleviate any claims denials, please continue to pursue authorizations for members with this prefix in the interim.