

## **Practice Management Update- January 2023**

### **Anthem KY Medicaid – Transition to MCG Care Guidelines**

Effective Jan. 1, 2023, Anthem Blue Cross and Blue Shield Medicaid (Anthem) will use MCG Care Guidelines criteria to determine medical necessity of both inpatient and outpatient precertification services, except in cases superseded by state Medicaid requirements. This action is based on the Commonwealth of Kentucky medical review criteria requirements, effective Jan. 1, 2023. The MCG Care Guidelines criteria will replace InterQual Guidelines review criteria. Please note: Existing precertification requirements have not changed. Health Care Management Services (HCMS) Behavioral Health department will continue to use the following criteria for reviews of behavioral health services if MCG Care Guidelines does not cover the service requested:

- Adults — Level of Care Utilization System (LOCUS)
- Substance use - American Society of Addiction Medicine (ASAM)
- Children and adolescents — Child and Adolescent Service Intensity Instrument (CASII)
- Young children — Early Childhood Service Intensity Instrument (ECSII)

Substance use disorder requests will continue to use American Society of Addiction Medicine (ASAM) criteria. All psychiatric and mental health services will continue to not require authorization due to the COVID-19 authorization waiver. Substance use disorder requests at the residential and inpatient levels of care will require prior authorization. If you have questions about this communication, please contact Provider Services at 855-661-2028.

### **KMA e-News – CMS Delays Enforcement of Good Faith Estimate Co-Provider Requirement**

On Friday, Dec. 2, 2022, the Centers for Medicare & Medicaid Services (CMS) issued an **FAQ** further delaying enforcement of a provision of the Federal No Surprises Act requiring Good Faith Estimates (GFEs) provided to uninsured or self-pay individuals to include cost estimates from co-providers and co-facilities beginning Jan. 1, 2023. Based on comments and feedback received by the health care industry, the Department of Health and Human Services (HHS) determined that compliance with this provision is not possible by January 1 “given the complexities involved with developing the technical infrastructure and business practices necessary for convening providers and facilities to exchange GFE data with co-providers and co-facilities.” As such, HHS has agreed to further delay the enforcement of this provision until these technological challenges are addressed. A new enforcement date will be determined by future rulemaking. It is important to note that the delayed enforcement applies only to the requirement that the GFE must include cost estimates from co-providers and co-facilities. Health care providers and facilities are still required to provide GFEs of expected costs to uninsured or self-pay individuals upon request or upon the scheduling of items or services. For additional information and resources on navigating the various provisions of the No Surprises Act, visit the **KMA website**.

### **Key trends for payers and providers in 2023 – Healthcare Dive**

Providers are likely to clash with payers over rate hikes after a year of intense cost pressures.

### **GLMS Member Reminder**

Please make sure your physicians have paid their 2023 GLMS dues. If you have any questions, please contact Onvia McDaniel, Membership Coordinator, at 502-736-6302 or [onvia.mcdaniel@glms.org](mailto:onvia.mcdaniel@glms.org).

### **GLMS Practice Management Discussion Next Tuesday January 17th at 8:00 a.m.**

This meeting is open to all GLMS members and their staff as an opportunity to network and discuss current news, updates, issues or changes affecting your practice. [Register here](#) in advance for this meeting. Send agenda items to [stephanie.woods@glms.org](mailto:stephanie.woods@glms.org).