Blue Advantage **DSIG ht Newsletter** Augur





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🚳 🗑 Louisiana 🛛 Blue Advantage (HMO) | Blue Advantage (PPO)

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO). Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Blue Advantage Services No Longer Handled By Lumeris

As of July 1, 2021, Lumeris Healthcare Outcomes (Lumeris) no longer performs any Blue Advantage services. Vantage Health Plan (Vantage) handles all 2020 and 2021 Blue Advantage services.

For claims filed on and after July 1, 2021 (for both 2020 and 2021 dates of service):

- Use payor ID 72107 regardless of date of service. Payor ID 84555 will no longer route to Lumeris.
- Continue to use the appropriate member ID number based on date of service.



2020



Blue Advantage Customer Service

There is no longer a call option on the Blue Advantage Customer Service line for contacting Lumeris. Vantage handles all customer service calls. Call Blue Advantage Customer Service (1-866-508-7145) with questions about 2020 claims.

Since 2016, Lumeris has served as the primary service administrator for Blue Advantage services. Their role as primary service administrator ended on December 31, 2020.

*Vantage is a Louisiana-based company that serves as the primary service administrator for all Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO provider services, including HEDIS and risk adjustment research for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO members.

We Are Making Organizational Changes

The Network Administration Division of Blue Cross has a new name! It is now the Health Services Division.

With the new name comes internal changes to streamline the many areas of provider support. Most notably, you will see the new division name on notifications sent from our Provider Communications Department (eBlasts, letters, billing guidelines, reimbursement updates and more).

For more information on the different areas that support our network providers, check out the *Blue Advantage Provider Quick Reference Guide*. It is available online at <u>www.BCBSLA.com/providers</u>, click on "Go to BA Resources" at the bottom of the page and look under the "Manuals and Guides" section.



Blue Advantage PCP Incentive Program Ending

In January 2020 we began offering wellness visit incentives to Blue Advantage primary care providers (PCPs). Claims submitted with HCPCS code G0438 or G0439, after the completion of an annual wellness visit, were eligible for additional reimbursement of \$100 or \$150 above the allowable charge. As part of that program, we sent out an amendment that included PCP incentive program language.

As of August 15, 2021, this program is no longer available. We recently mailed new amendments that exclude language about the old PCP incentive program.

If you have not received the new amendment, please contact your Provider Contracting Representative. To find the representative in your area, please go to www.BCBSLA.com/providers >Provider Networks >Provider Support or email provider.contracting@bcbsla.com.

Blue Advantage Wellness Coupon Update

We are enhancing our Annual Wellness Coupon program for 2021. This program was introduced in 2019 to encourage our members to receive their wellness exams.

For dates of service on or after January 1, 2021, Blue Advantage increased the incentive payment to \$100 for returned coupons. This is in addition to your regular fee for services. The incentive payment was previously \$20 per completed coupon. Providers can receive only one incentive payment per Blue Advantage member per year. Incentive payments, in the form of a paper check, are mailed along with a remittance indicating the member(s) for the payment.

Please fax completed coupons to 1-844-843-9770. If a member loses their coupon or forgets to bring it to the appointment, you must request a personalized copy by calling 1-844-753-1450.

Thank you for helping our Blue Advantage members—your patients—to complete their wellness exams!

2021 ANNUAL WELLNESS EXAM COUPON - DO NOT DISCARD	Patient Name: John Doc Patient Address: 111 Honed Lane Primary Care Provider (PCP): Baton Rouge, La 70447 NPUP: profession22123 TAX
If you have any questions, please call 1-855-545-9457 (TTY 211), Monday - Friday from 8 a.m. to 5 a.m.	Baten Rouge, La 70447 NPIrr. 100087540302123 TAX DOB: _5141950 Drite of Visit.
ATTENTION: Blue Advantage (HMO) Blue Advantage (PPO) Member	PROBLEM LIST - Prene when ALL that apply to this pariont and NEEP A COPY OF THIS IN THI additional 3000 to the provider when the from is completed and face to 1 - MARSU-3779, ALSO, REMI DIACNOSES ON YOLK WELLNESS VISIT CLAMK Yes may be repeated to send a correct distin- wellness chain, for ears quantions or concern, relaxes all Bing Advanzes at 1355-345-3457 (TT 711).
Please take this coupon to your in-network Blue Advantage Primary Care Provider for an Annual Weilness exam AT NO CHARGE to you!	1. Bill one of the following as primary: Wellness Exam without absorbed findings (200.02)
ATTENTION: HEALTHCARE PROVIDER & OFFICE MANAGER Blue Advantage members have no doductibles, copays or consustance for this Annual Welfness exam. The following services (CPT codes) should be billiow with the welfness ICD-10 200.00 or 200.01 as	OR Wellices Exam with absomal findings (20001) 2. Category 1 Superch - Plear mark all that apply to this patient.
The increases periodic (C-1 coore) should be bailed with the wetteres (C-14 2004 or 2004) as primary, together with all other appropriate (CD-10 diagnosis codes including any of the diagnoses on the back of this page.	Atheresedensis of aesta - 170.9 Chronic observice patholic desta - 170.9 Peripheral V, and and arteriodes, unapecified - 177.9 Peripheral V, and and Penetonenic de to inflatione of food and venit - 392.0 Stricture of all v17
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AND THE FOLLOWING SCREEMS 85023 CBC For Dabetics, add the following: 85053 CM 83054 HpJA1C 80615 Lipdy 83054 HpJA1C	Cycoid depudance, uncovering (1-171) Cover and the cover path - 1811-2 Cover and the cover path - 1811-2 Type 2 diabetes mellins who magnetice and the cover path - 1811-22 Type 2 diabetes mellins who magnetice and the cover path - 1811-22 Type 2 diabetes mellins who magnetice and the cover path - 1811-22 Type 2 diabetes mellins who magnetice and the cover path - 1811-22 Type 2 diabetes mellins Type 2 diabetes Type 2 d
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Patient specific services due: Pu Bod, Welnes Vet	Dispectification of a starting and star
Monitoring of chronic stable conditions, prescription relifs and vaccinations may also be included in the examination.	5. Phose list any additional diagnoses with the corresponding ICD-10 codes:
Bios Crose and Bios Sheld of Louisian HMO offen Bios Advertage (HMO) Bios Crose and Bios Sheld of Louisiana, an independent licensee of the Bios Crose and Bios Sheld Association, offen Bios Advantage (PPO).	
PROVIDER: PLEASE COMPLETE OTHER SIDE	

Front

Back

Improving Medication Adherence

Research shows explaining to your patients why it is important to take prescribed medication daily improves adherence. It is important to express that patients should take their medication even when they are feeling good.

Another way to improve medication adherence is through prescribing 90-day supplies. We have noticed, the majority of our members' adherent to these guidelines are filling more than 30-day supplies at a time.

If you expect patients to take a drug for at least three months, this is a good way to keep adequate supply on hand. This option also decreases trips to the pharmacy.

Here is how patients can fill 90 days of a drug at one time:

- 1. Prescribe a 90-day supply of the drug.
- 2. Advise your patients to fill the drug at an in-network pharmacy that dispenses long-term supplies.

How members can find a participating pharmacy:

- Check the 2021 Provider Directory at bcbsla.com/myblueadvantage. Pharmacies with ¥ dispense long-term supplies.
- Call the Customer Service number on their ID cards at 1-866-508-7145, TTY 711. Phone lines are open 8 a.m. – 8 p.m., seven days a week from October to March. Lines are open Monday through Friday, April through September.

ER Visits, Observation and Inpatient Stays

According to the Centers for Medicare & Medicaid Services (CMS), if you admit a member for an inpatient stay within 72 hours of an outpatient service, facilities should submit one inpatient stay claim. This includes emergency room (ER) visits, observation stays and/or outpatient procedures.

Inpatient status is based upon when the order is written. This is the date that should appear on the inpatient claim as the "Admit" date. ER or observation stays prior to the admit date are the "Start" date on these claims.

If you have questions on how to file these claims, please email our Provider Relations Department at <u>provider</u>. <u>relations@bcbsla.com</u>. Include "ER/IP claims" in the subject line.



MIPS on Blue Advantage Claims

Blue Advantage implemented Merit-based Incentive Payment System (MIPS) payments for claims with dates of service on and after January 1, 2021. MIPS incentive payments or penalties reflect on payment registers, each week, for eligible clinician types.

MIPS evaluates performance across four categories that lead to improved quality and value in our healthcare system:

- Quality
- Cost
- Improvement Activities
- Promoting Interoperability

CMS considers the following clinician types, performing Part B covered professional services, as eligible for the MIPS program:

 Physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, physical therapists, occupational therapists, clinical social workers, clinical psychologists, certified nurse midwives, registered dietitians or nutrition professionals, qualified speech language pathologists and qualified audiologists.

CMS determines MIPS calculations. For full details on the CMS MIPS program, go to https://qpp.cms.gov.

Be Aware and Avoid Fraud

Our Financial Investigations Department continues to see incidents where providers sign pre-populated or faxed prescriptions, and durable medical equipment (DME) orders without a thorough review. Before signing off on any order, please ensure that there is medical necessity for the prescription or device.

How You Can Help

- Alert your medical staff to this problem.
- Avoid signing off on orders that you did not initiate.
- Report receipt of these orders to the Blue Cross Fraud Hotline at 1-800-392-9249.





Upcoming Webinars

We are hosting our Blue Advantage workshops in webinar format this November. In addition, we are excited to announce our first Behavioral Health webinar for Blue Advantage providers. Providers will have the option to attend a morning or afternoon session on the following dates.

Blue Advantage Workshops

- Tuesday, November 9
- Tuesday, November 16
- Thursday, November 18

Blue Advantage Behavioral Health Webinar

• Thursday, November 11

Invitations will be emailed about one month in advance. Please make sure we have your current email address on file. To update your email address, use the Provider Update Request Form, located on the Provider page at www.BCBSLA.com/providers >Resources >Forms.

Who Do I Contact if I Have Questions?

For claims status, member eligibility, benefit verification and care management inquires that cannot be resolved through the Blue Advantage Provider Portal, Blue Advantage network providers may contact Blue Advantage Customer Service at 1-866-508-7145.

If you are a Quality Blue Primary Care (QBPC) or Quality Blue



Value Partnership (QBVP) partner, our Quality Blue teams are accountable for engaging with your practice/entity to share Blue Advantage quality performance updates. Quality Blue questions can be sent to <u>clinicalpartnerships@bcbsla.com</u>. For non-QBPC and QBVP questions specific to the Blue Advantage quality program, you may contact your Provider Relations representative or send an email to <u>provider.relations@bcbsla.com</u>. If you are unsure who your Provider Relations representative is, visit www.BCBSLA.com/providers >Provider Networks >Provider Support.

Provider Pay Disputes

If a provider disagrees with the amount paid on a Blue Advantage claim, they may send a written pay dispute to:

Blue Cross and Blue Shield of Louisiana/HMO Louisiana, Inc., Attn: Provider Disputes -Blue Advantage 130 DeSiard St, Ste 322 Monroe, LA 71201

Your request should outline the basis for the dispute and should include documents supporting your position.

If you are not receiving our communications,

you may need to update your contact

information...

Do We Have Your Current Contact Information?

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available online at www.BCBSLA.com/providers >Resources >Forms.



View this newsletter online at www.BCBSLA.com/ilinkblue, then click on "Blue Advantage" under Other Sites.

Blue Advantage Insight

Blue Advantage Insight is a publication to keep our network providers informed on the latest Blue Advantage news. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Advantage members are the responsibilities of healthcare professionals and facility providers.

What's on the Provider Portal

www.BCBSLA.com/ilinkblue >Blue Advantage

- Member Eligibility
- Claims Inquiry
- Authorization Inquiry
- Forms
- Help Documents
- Helpful Links
- Updated Manual
- Updated Quick Reference Guide

COVID-19 Communications

Visit the COVID-19 section of our Blue Advantage Resources page to view the latest Blue Advantage communications related to the novel coronavirus (COVID-19). Go to www.BCBSLA.com/providers, then click "Go To BA Resources" at the bottom of the page.

Important Contact Information

Authorizations (including Case and Medical Management) 1-866-508-7145, option 3, option 3

Behavioral Health 1-866-508-7145, option 3, option 3

Blue Advantage Customer Service 1-866-508-7145

customerservice@blueadvantage.bcbsla.com

Blue Advantage Provider Portal 1-866-508-7145, option 3, option 2

Provider Credentialing & Data Management 1-800-716-2299, option 2 (provider record information) pcdmstatus@bcbsla.com

Pharmacy 1-800-935-6103/TTY:711

For additional contact information on Blue Advantage services, please refer to our Provider Quick Reference Guide found on the Blue Advantage Provider Portal.

Please share this newsletter with your office staff. This and past newsletters are available on the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue >Blue Advantage).