

2022 4th quarter

Winter Months are Also Respiratory Illness Season for Your Patients

Winter months are also a time of the year known for a rise in respiratory ailments and other forms of sickness.

Louisiana is seeing a surge in flu cases, with hospitalizations increasing. Around the country, health officials are treating record numbers of patients with respiratory illnesses including flu, RSV and COVID-19.

Remind your patients—our members—that the best way to protect themselves and those around them from severe illness is for everyone who can to get their flu shots and COVID-19 vaccines or boosters.

Blue Cross and most other health plans cover flu shots at \$0 or very low out-of-pocket cost. Individual and employer health plans cover COVID-19 vaccines and boosters at \$0 out of pocket for eligible members. Eligible members of Medicare and Medicaid plans, or uninsured patients also can also get a COVID-19 booster vaccine at no cost. The Coronavirus Aid, Relief and Economic Security (CARES) Act requires this nocost coverage.

"Normally, we see the most flu cases in late winter months. But this year, the flu season started early and has been harsh," said Blue Cross Medical Director Dr. Emily Vincent. "While we are more familiar with the flu than COVID-19, we can't let our guard down about it being a health threat. Thousands of people each year die from the flu or have serious complications."

Patients should get the flu shot as soon as possible if they have not already. It is the best way to lower the risk of adverse outcomes, said Dr. Vincent.

"The flu shot takes about two weeks to activate in your body, so your patients need the shot now," she added.



"That way, you'll have protection as we go through the holiday season and the winter months that are the peak time for illnesses to spread."

Current Flu Shot, COVID-19 Vaccine/Booster Recommendations

Flu Shots:

- Recommended for everyone six months and older
- Adults 65 and older should ask for a higher-dose version of the flu shot for stronger protection

COVID-19 Vaccines and Boosters:

- COVID-19 vaccine is recommended for everyone six months and older
- U.S. Centers for Disease Control & Prevention (CDC) recommends everyone age six months and older get a bivalent COVID-19 booster shot once it has been two months since their last COVID-19 vaccine or booster.



www.bcbsla.com/providers www.bcbsla.com/ilinkblue

PROVIDER NETWORK

We Have New Product Enhancements for 2023

Our 2023 Product Enhancements Guide is here to help you through changes to our products in the coming year.

The guide includes updates to the lists of services that require authorization for our PPO and HMO networks, as well as the Louisiana Office of Group Benefits (OGB) and Federal Employee Program (FEP) networks.

Notable changes include expansions to how Blue Cross covers supplies for members with diabetes. We no longer require authorization for insulin pumps, subject to the member's benefits. Insulin product cost share for members are capped at \$75 per prescription for a 30-day supply, per Act 724 (HB 677) of the Louisiana Legislature. Louisiana Act 489 (HB 651) requires coverage of prescription donor breast milk for infants less than 1 year old at a rate of two months per child. The milk will have to come from an approved milk bank, as designated by our provider contracting team.

Our guide offers details on the benefit changes and the policies affected. We encourage you to fully review it to determine if any product enhancements affect your practice and/or Blue Cross patients.

For more information on other products Blue Cross has updated or developed for 2023, check out our 2023 Product Enhancements Guide, online at www.bcbsla.com/providers >News and Events.

Changes to Reimbursement During Credentialing

Providers eligible for reimbursement during the Blue Cross initial credentialing process are now automatically enrolled upon receipt of the initial credentialing application.

Criteria for reimbursement during credentialing are as follows:

- You must be applying for network participation to join a provider group that already has an executed group contract on file with Blue Cross. (This provision is not available for solo practitioners).
- You must have active admitting privileges to a network hospital, or an in-network admitting arrangement. You must list this information in the hospital affiliations section on the appropriate credentialing application.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Nurse practitioners and physician assistants are also eligible, but must submit the following with the initial application:

- Nurse practitioners must submit a collaborative physician agreement.
- Physician assistants must submit a supervising physician agreement.

Complete and submit the initial credentialing application via DocuSign®. We do not accept faxed or mailed forms. If using the Louisiana Standardized Credentialing Application (LSCA), it is available online at www.bcbsla.com/providers > Network Enrollment > Join Our Networks.

For questions on reimbursement during credentialing, contact the PCDM Department at 1-800-716-2299, option 2 or <u>PCDMstatus@bcbsla.com</u>.

2023 Holiday Schedule for AIM and New Directions

- Monday, January 16 Martin Luther King Jr. Day
- Friday, May 26 (AIM) & Monday, May 29 Memorial Day
- Monday, June 19 Juneteenth
- Tuesday, July 4 Independence Day
- Monday, September 4 Labor Day

- Thursday, November 23 Thanksgiving Day
- Friday, November 24 Day after Thanksgiving
- Monday, December 25 Christmas Day

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

BILLING & CODING

Updated Outpatient Code Ranges

Based on reviews of the 2022 CPT[®] and HCPCS codes, Blue Cross updated the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges. As a result of our most recent review, we are adding the following codes:

Diagnostic and Therapeutic Services Code Range

<u>Effective Date</u>	<u>Codes</u>
August 31, 2022	91312, 91313, 0124A, 0134A
October 1, 2022	0332U, 0333U, 0334U, 0335U, 0336U, 0337U, 0338U, 0339U, 0340U, 0341U, 0342U, 0343U, 0344U, 0345U, 0346U, 0347U, 0348U, 0349U, 0350U, 0351U, 0352U, 0353U, 0354U, A2014, A2015, A2016, A2017, A2018, A4596, A9602, A9607, A9800, C1834, C9101, C9142, E0183, J1302, J1932, J2777, J9274, J9298, Q2056, Q5125, T1032, T1033

New Drug Codes Added to Claims System

Blue Cross conducts a biannual review of its drug and drug administration code pricing. In addition to the biannual review, we also add new drug codes to our system as they come out and apply reimbursement, as applicable. As a result of our most recent review, we are adding the following codes.

<u>Effective Date</u>	<u>Codes</u>
February 24, 2022	Q0221
May 17, 2022	0074A
June 17, 2022	91308, 91311, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0111A, 0112A, 0113A
July 13, 2022	91304, 0041A, 0042A
July 26, 2022	87593, 90611, 90622
August 15, 2022	Q0222
August 31, 2022	0073A
October 1, 2022	Q0222, M0222, M0223

Billing Guideline for Specialty Strollers

Blue Cross offers the following guidance for proper billing of specialty pediatric strollers. Specialty strollers should not be billed with HCPCS code E1220. Please bill with the appropriate pediatric wheelchair code.

Claims for specialty strollers billed with E1220 may deny.

Blue Cross will update the Wheelchairs (customized) subsection of Section 5.14 Durable Medical Equipment and Supplies in the *Professional Provider Office Manual* to add these guidelines. Find that manual at www.bcbsla.com/providers, click on "Resources," then "Manuals."

If you have questions, contact Provider Relations at provider.relations@bcbsla.com. Please put "Specialty Strollers" in the subject line.



BILLING & CODING

Notes on Laboratory Coding

Please keep the following in mind when coding claims for laboratory services:

Proprietary Lab Analyses (PLA)

In alignment with CPT guidelines, when a proprietary lab service has a PLA code, the service should be reported with the applicable PLA code. Do not use CPT codes other than the applicable PLA code to report the service. The PLA code includes all services required for the analysis, such as cell lysis and all nucleic acid work. So the proprietary lab service should not bill with any additional CPT codes.

Genomic Sequencing Procedures (GSP) and Multianalyte Assays with Algorithmic Analyses (MAAA)

When a molecular test analyzes gene(s) that appear in multiple code descriptors, only the single code corresponding to the most specific test for the primary disorder (e.g., oncologic diagnosis, germline condition, syndrome) should be billed. Multiple codes should not be reported for the same gene(s).

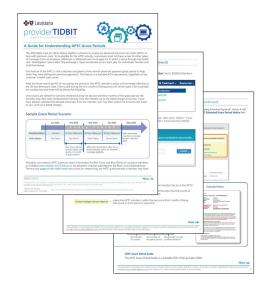


Questions About APTC Grace Periods?

The Affordable Care Act allows members to receive an advanced premium tax credit (APTC) to help with premium costs. This provision also provides those members a three-month premium grace period to help when they have deliquent premium payments.

After the three-month period of not paying the premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pending from months two and three will be denied for eligibility.

If you have any questions related to claims filed during one of these periods, we have a Guide for Understanding APTC Grace Periods online with more information. It is available at www.bcbsla.com/providers >Resources >Tidbits.



Share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement.

MEDICAL MANAGEMENT

Prepare for 2023 HEDIS® Medical Record Requests

Blue Cross would like to thank all our providers who participated in our Healthcare Effectiveness Data and Information Set (HEDIS) chart collection efforts last year measuring the performance of 2021. The measurement year was particularly challenging with COVID-19 still a factor. We appreciate the flexibility providers staff showed in handling this project. Our HEDIS Team is planning for HEDIS Measurement Year 2023, which will measure performance in 2022.

HEDIS is an annual performance measurement created by NCQA to help establish accountability and improve quality of health care.

Retrieving and reviewing medical record documentation is a key component of the HEDIS process. You may receive a medical record request from the HEDIS team to perform chart audits. We welcome feedback on your preferred method of chart collection via email at <u>HEDISteam@bcbsla.com</u>. Options include secure fax access; onsite visits for scanning or download of records; onsite pickup; temporary offsite access permission to your EMR system; and prepaid mailing of records. Returning requested medical records in a timely manner ensures results that accurately reflect the level of care you provide. We cannot include medical records received after the first week of May 2023 in the audit.



As a reminder, your provider contract allows for the release of medical information to Blue Cross at no cost. If your office uses a third-party copy system, please make sure they are aware of this. We request a 7-day turn around on all requests. We look forward to working with you and demonstrating your quality of care in the HEDIS rates. We appreciate your cooperation and the time and effort you and your staff provide in support of this project.

If you have any questions, please contact the HEDIS team at <u>HEDISteam@bcbsla.com</u>.



MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on iLinkBlue at www.bcbsla.com/provider, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective October 10, 2022

- 00012 Botulinum Toxins
 00177 Immune Prophylaxis for Respiratory Syncytial Virus
 00391 Tumor Treating Fields Therapy
 00435 Genetic Testing for Mitochondrial Disorders
 00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease
 00643 Gender Affirming Surgery
 Effective November 14, 2022
 00019 Continuous Glucose Monitoring
- 00141 Risk-Reducing Mastectomy
- 00353 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- 00387 Drug Testing in Pain Management and Substance Use Disorder Treatment
- 00501 mepolizumab (Nucala™)
- 00509 Treatment of Hepatitis C with elbasvir and grazoprevir (Zepatier®)
- 00574 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00720 Select Fenofibrate Products
- 00774 ruxolitinib (Opzelura™)

Effective December 12, 2022

- 00148 Laboratory Tests Post Transplant
- 00217 infliximab (Remicade®, Infliximab)
- 00242 ustekinumab (Stelara®)
- 00255 Metformin and Metformin Containing Products
- 00301 Nasal Allergy Medications
- 00456 lumacaftor/ivacaftor (Orkambi™)
- 00480 Prostatic Urethral Lift
- 00539 infliximab-dyyb (Inflectra®)
- 00607 infliximab-abda (Renflexis®)
- 00698 Select Novel Drug Formulations
- 00712 infliximab-axxq (Avsola®)
- 00745 Select Combination Products for the Treatment of H. pylori Infection

Effective January 1, 2023

- 00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA 1, BRCA 2, PALB2)
- 00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- 00206 Genetic Testing for Familial Cutaneous Malignant Melanoma
- 00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

Effective January 1, 2023 (continued)

- 00233 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer
- 00257 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer
- 00268 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer
- 00271 Gene Expression-Based Assays for Cancers of Unknown Primary
- 00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- 00320 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma
- 00332 Molecular Markers in Fine Needle Aspirates of the Thyroid
- 00334 Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreaticobiliary Lesions
- 00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
- 00403 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
- 00417 Genetic Testing for PTEN Hamartoma Tumor Syndrome
- 00420 JAK2 MPL and CALR Testing for Myeloproliferative Neoplasms
- 00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy
- 00424 Genetic Testing for Li-Fraumeni Syndrome
- 00428 BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia
- 00452 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
- 00459 Genetic Testing in Acute Myeloid Leukemia
- 00497 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
- 00504 Germline Genetic Testing for Gene Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM, and BARD1)
- 00548 Gene Expression Profiling for Uveal Melanoma
- 00562 Molecular Testing in the Management of Pulmonary Nodules
- 00622 Gene Expression Profiling for Cutaneous Melanoma
- 00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes
- 00731 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
- 00792 Tumor Informed Circulating Tumor DNA Testing for Cancer Management

MEDICAL POLICY UPDATE

Updated Medical Policies (continued)

Policy No. Policy Name

Effective January 9, 2023

00045	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
00215	Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension
00249	Plasma Exchange (PE)
00303	sapropterin dihydrochloride (Kuvan®, generics)
00388	Cialis® 5 mg, generics (tadalafil)
00467	Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease
00568	Topical Rosacea Products
00653	migalastat (Galafold™)
00670	Treatment of Hereditary Transthyretin-Mediated Amyloido in Adult Patients
00671	ravulizumab (Ultomiris™)
00692	upadacitinib (Rinvoq™)

00726 Select Erectile Dysfunction Medications

New Medical Policies

Policy No. Policy Name

Effective October 10, 2022

- 00805 Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products
- 00807 difelikefalin (Korsuva™)

Effective December 12, 2022

- 00811 deucravacitinib (Sotyktu™)
- 00812 mavacamten (Camzyos™)
- 00813 sirolimus topical gel (Hyftor™)
- 00814 Vivjoa™ (oteseconazole)
- 00815 Entadfi™ (finasteride and tadalafil)
- 00817 Bevacizumab Products
- 00818 Trastuzumab Products
- 00819 Granulocyte Colony Stimulating Factor (G-CSF) Products
- 00820 Lanreotide Products

Effective January 1, 2023

- 00809 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Prostate Cancer
- 00810 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Ovarian Cancer
- 00816 Applied Behavior Analysis for Autism Spectrum Disorder in Adults
- 00822 Select Hemophilia Products

Effective January 4, 2023

00808 Noncontact Ultrasound Treatment for Wounds

Effective January 9, 2023

- 00823 betibeglogene autotemcel (Zynteglo®)
- 00824 Adlarity® (donepezil patch)

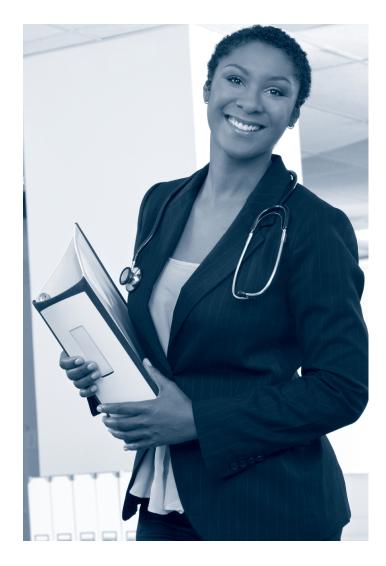
MEDICAL MANAGEMENT

Fraud Awareness & Prevention Resources

If you know of any members who were a victim of fraud or if your practice is approached by a scammer, you can report it online at https://Tips.FBI.Gov or www.IC3.Gov or by calling 1-800-CALL-FBI (225-5324). Blue Cross members can also make reports to the insurer's Fraud Hotline at 1-800-392-9249.

The Blue Cross and Blue Shield of Louisiana YouTube channel (www.youtube.com/BCBSLA) has a "Fraud Prevention Tips" playlist of short videos, including "Mr. Jimmy's Medicare Advantage Member Story." Blue Cross member Jimmy and his sister, Donna, talk about a time when his identity was stolen and how his Blue Cross agent, Hope, helped him stay covered. Subscribe to know when new videos are added.

Connect with Blue Cross on social media @BCBSLA to see ongoing messages about fraud awareness and prevention. Blue Cross posts often on Facebook, Twitter, LinkedIn, Instagram and TikTok.



QUALITY BLUE

Changes to Quality Blue (QB) Primary Care Measures and Cut Points for Performance Year (PY) 2023

The Quality Blue (QB) Program recently evaluated and updated the Commercial and Blue Advantage PCP Pay for Performance (P4P) module measures and cut points for performance year (PY) 2023. The updates were based on Plan performance and national measure stewards for providers participating in the QB Program. The QB Program manual was also updated for the upcoming PY.

On November 1, QB contract and program representatives were sent a letter communicating these changes. QB participants can reach out to their organization's QB representatives for more information if needed. QB participants with access to the Performance Insights (PI) Portal can obtain a copy of the notification (as well as the QB Program manual) under the "Documentation" tab.

In early 2023, QB will be updating its QB P4P Measures Guide. The current version is available under the "Documentation" tab of the PI Portal. It is a reference guide to understand the numerator or denominator of the QB Commercial P4P measures, inclusion or exclusion codes that could be used, along with additional tips to aid in your success.

October 2022 Virtual Collaborative

On October 19, Quality Blue held a virtual QB Statewide Collaborative for its QB participants. Topics discussed at this event included an overview of the QB redesign, operational and data exchange efforts, and PY 2023 program updates. Dr. Jeremy Wigginton, vice president of health quality and innovation, delivered a state of the union address. After the event, those who attended were sent a copy of the QB Collaborative presentation. QB providers who did not attend the event can reach out to their organization's QB program representatives for more information or a copy of the presentation.

Best Practices and Tips for PY 2022 Filings

Finish Strong

QB providers have time to still finish strong as PY 2022 ends. It is best practice to submit all applicable diagnoses codes and CPT II codes on the original claim filing. Providers can submit additional diagnosis codes (not included on the original claim) with 99080 or CPT II codes on a supplemental electronic claim form. The additional codes should be filed as a \$0.00 charge.

Quality Blue's Commitment

As we end the first PY of the new QB program, Blue Cross would like to personally thank you for your collaboration and feedback thus far. Our QB program is better aligned with other payers, have a more streamlined platform, offer more options and can expand participation. This positive engagement will allow us to strengthen the QB program to improve the provider and patient experience and focus on providing high quality care. QB providers have our commitment and dedication to maximize data capture to ensure the highest potential for success in QB. We look forward to a continued partnership in 2023.

If you are interested in becoming a part of our QB program, please email <u>provider.relations@bcbsla.com</u>.

If you have questions about our Quality Blue program, contact Provider Relations at <u>provider.relations@bcbsla.com</u>.

QUALITY BLUE

Statin Gaps in Care

Below are best practices to help QB participants close gaps in care for their patients who may need to be prescribed a statin.

Evaluate gaps in care information

• Utilize the PI Portal's Clinical Pharmacy dashboard to identify patients with diabetes or cardiovascular disease meeting measure criteria but no claims for a statin.

Prescribing Statins

• Prescribe 90-day supplies and remind patients to fill on time.

Educate members on benefits of taking a statin when prescribing

• Studies show educating patients on purpose, benefit and potential adverse events improves adherence to statins.

Statin Intolerance

- Studies show that almost half of patients can tolerate the same statin upon rechallenge.
- Rosuvastatin, pravastatin and fluvastatin are less likely to have drug interactions.
- Alternative dosing options to consider:
 - Atorvastatin: every other day
 - Rosuvastatin: every other day, twice weekly OR once weekly
- If considering use of an alternate dosing schedule, please be sure the prescription is written with these directions. This will allow adherence to be measured properly.



Recommendations to encourage appropriate statin therapy

• Build alerts into the electronic medical record to notify providers of patients in need of a statin based on diagnoses.



BEHAVIORAL HEALTH

New Directions Behavioral Health Policy Changes Coming for 2023

Blue Cross requires prior authorization for certain behavioral health services managed through New Directions Behaioral Health, an independent company that manages our behavior health authorizations.

Beginning January 1, 2023, New Directions will begin using the Level of Care Utilization System (LOCUS[©]), the Child and Adolescent Level of Care Utilization System (CALOCUS[©]), and the American Society of Addition Medicine (ASAM) criteria for its medical necessity reviews. These criteria sets will replace New Directions' current medical necessity criteria.

These systems will assist in performing medical necessity reviews for the following medical services:

- LOCUS for evaluating behavioral health treatment requests for adults ages 18 and up
- CALOCUS for evaluating behavioral health treatment requests for children and adolescents
- ASAM criteria for evaluating substance use disorder service and treatment requests

Watch for Signs of Seasonal Depression

The holiday season can mean extra stress, a breakdown in healthy habits or even depression. For some, it's more than just the holiday blues.

Seasonal Affective Disorder (SAD) is a type of depression that occurs during a particular season of the year. Most people with SAD experience depression during the fall and winter, when the days are shortest. Often, the depression disappears in the spring and summer. A person with SAD has difficulty coping during the winter season. Like other forms of depression, SAD interferes with daily life.

SAD can affect anyone, although women are approximately 1.5 times more likely to develop SAD. Sufferers typically have other family members with mental illness, such as depression or alcohol abuse.

Varying levels of the neurotransmitter serotonin are believed to play a role in SAD. The sleep hormone melatonin, which has been linked to depression, also may play a role. The body makes more melatonin in the dark, so the shorter, grayer days of winter boost levels of melatonin. People with a mild case of SAD can ease symptoms by increasing the time they are exposed to daylight during the day. For more severe cases, light therapy and antidepressants may be appropriate. LOCUS was developed by the American Association of Community Psychiatrists (AACP), while CALOCUS was developed by AACP in collaboration with the American Association of Child and Adolescent Psychiatry (AACAP). Both are maintained by Deerfield Solutions, LLC.

Access to more information on LOCUS/CALOCUS and ASAM criteria are available to providers on the New Directions website (www.ndbh.com).

For detailed information about New Directions' medical necessity criteria changes, please view the New Directions 2023 Medical Necessity Criteria document at www.ndbh.com/Providers/BCBSLA/PoliciesManuals.

Requests for behavioral health authorization should be submitted directly through iLinkBlue (www.bcbsla.com/ ilinkblue), under the "Authorizations" menu option, then click "Behavioral Health Authorizations." You may also contact New Directions at 1-800-991-5638.



Signs of SAD include:

- Low energy
- Agitation or anxiety
- Conflict with others
- Hypersensitivity

How You Can Help Your Patients?

Blue Cross and Blue Shield of Louisiana's behavioral health partner, New Directions Behavioral Health, offers a variety of clinical practice guidelines and community resources. These resources are available to support your patients with depression and other behavioral health concerns.

To speak with a behavioral health professional for a consultation or to refer a Blue Cross member for behavioral health services, call the New Directions Physician Help Line at 1-877-206-4865 or visit www.ndbh.com/holiday-toolkit to learn more.

- Craving sugar or starch
- Oversleeping
- Weight changes

COMPANY NEWS

Blue Cross Earns National Recognition for Health Care Fraud Prevention Outreach

The National Health Care Anti-fraud Association recognized Blue Cross as its 2022 "Excellence in Public Awareness" award winner.

This award is presented annually to an individual or organization for raising awareness of the risks from health care fraud. Blue Cross earned this recognition for its robust communication and public awareness strategy to let Louisianians know the signs of fraud, waste and abuse and how to avoid becoming victims.

This work involves dozens of Blue Cross team members, led through collaboration between our Financial Investigations and Strategic Communications Departments. The Blue Cross employees specifically recognized with this award are:

- Latisha Mire, financial investigations director
- Kandyce Cowart, special investigations manager
- Kara Still, Digital media manager
- Kristen Sunde, strategic communications manager

"Our mission is to improve the health and lives of Louisianians," Mire said. "Helping people recognize fraud and scams so they can protect themselves and their families is central to that mission."

There is a steep financial toll to health care fraud, with estimates as high as billions of dollars in losses every year. And there is also a huge cost in terms of the time spent resolving fraud, the mental health effects of having your identity or health information stolen, and the lack of access to health care services when needed if your benefits have been compromised, Mire added.

"Given Blue Cross' relationships with network health care providers, brokers and employer groups around the state, in addition to our 1.9 million members, we have a huge opportunity to get everyone engaged in the fight against fraud and notice when something isn't right so they report it faster," said Cowart. "The sooner we stop a scammer, the fewer people will be victims."

Blue Cross also works with state and federal agencies and local law enforcement organizations to share messages and information about fraud awareness and prevention, Cowart said.



The National Health Care Anti-fraud Association presented Mire, Cowart and Still with the award at a conference in Orlando, Florida in November. Blue Cross President and CEO Dr. Steve Udvarhelyi hosted an award presentation and unveiling at the company's corporate headquarters in Baton Rouge.

Some of the accomplishments Blue Cross was recognized for include:

- Ongoing press releases, media interviews and videos featuring Cowart and other Blue Cross leaders with expertise in fraud awareness and prevention.
- Social media posts, infographics, designs and other original content, particularly shared during peak times for fraud, such as health plan enrollment periods and tax season.
- Focus on drug safety, including promoting and participating in annual DEA Drug Take Back Day events. Or theplacement of secure drug drop boxes in parishes across the state through a partnership with the Louisiana Attorney General's Office, the National Association of Drug Diversion Investigators and Louisiana law enforcement agencies.
- Messages for adults 65 and older, who are most often targeted, so they are aware of common scams and know how to report suspected fraud.

"It's important to us that people understand the most powerful weapon they have in the fight against fraud is trusting their own instincts," Cowart said. "If something doesn't feel right to you, don't worry about seeming rude – just don't engage. Hang up, walk away, don't click and don't respond. If it's a legitimate outreach, they will not mind if you take the time to verify it. And taking a few minutes to check it out now could save you a lot of trouble later."

ONLINE RESOURCES

iLinkBlue Resources for BlueCard® Members

Providers can check coverage information and also claim status for out-of-area members through iLinkBlue (www.bcbsla.com/ilinkblue).

Claim Status

Providers can submit claims status inquiries for out-ofarea (OOA) BlueCard members in iLinkBlue through the submenu "BlueCard – Out of Area Claims Status," under the Claims menu option. Click on "Submit OOA Claims Status Request (276)" to submit an electronic claim status inquiry to the out-of-area member's Blue Plan. Then click on "View OOA Claims Status Response (277)" to access the electronic response from the member's Blue Plan. Blue Plans usually transmit out-of-area responses back in less than a minute.

Coverage Information

Use the BlueCard – Out of Area Members section of the Coverage tab to research coverage information for a BlueCard member. Click on "Submit Eligibility Request (270)" to submit an eligibility inquiry to the out of area member's Blue Plan. Click on "View Eligibility Response (271)" to access the electronic response from the member's Blue Plan. iLinkBlue retains eligibility responses for 21 days.

Timeout Feature Extended for iLinkBlue

A common complaint from iLinkBlue users in our Provider Engagement Survey is to extend the timeout feature in iLinkBlue. This feature has been extended to 60 minutes of idle time before logging off a user's session. We hope this new enhancement will improve the user experience in iLinkBlue.

Member Search in BCBSLA Authorizations Application

If you are entering a new request in the BCBSLA Authorizations application, input the mandatory criteria fields listed below when searching for a member for the best results:

- Member Last Name enter the first two characters
- Member DOB use the MM/DD/YYYY format
- Subscriber ID or Social Security number

UPCOMING EVENTS

2023 Blue Cross Webinars Schedule

Blue Cross will host multiple provider webinars throughout the upcoming year, on topics such as New to Blue Cross, Blue Advantage, the BlueCard[®] program, credentialing and more.

Preregistration is required to attend our webinars. You may register for webinars through our Upcoming Provider Training Events email, sent out twice a month. This email includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

Webinars currently scheduled for the first quarter of 2023 are as follows:

- Blue Advantage Wellness Coupon January 31
- Provider Credentialing and Data Management
 February 8
- New to Quality Blue February 21
- Quality Blue and Performance Insights Portal – February 23
- BlueCard March 8
- New to Blue Advantage March 14
- New to Blue Cross (professional) March 23
- New to Blue Cross (facility) March 23





networknews

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What's New on the Web www.bcbsla.com/providers

Now Online: updated materials including 2023 provider manuals, tidbits and provider network speed guides.

Important Contact Information

Authorizations See member's ID card

BlueCard® Eligibility 1-800-676-BLUE (1-800-676-2583)

FEP 1-800-272-3029

Fraud & Abuse 1-800-392-9249 fraud@bcbsla.com

Provider Relations provider.relations@bcbsla.com iLinkBlue & EDI EDIservices@bcbsla.com 1-800-716-2299, Opt. 3

PCDM 1-800-716-2299, Opt. 2

Customer Care Center 1-800-922-8866

Claims Filing Address P.O. Box 98029 Baton Rouge, LA 70809

Updating Your 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.

Our Health Services Division Phone Options Have Changed

When calling our Health Services Division at 1-800-716-2299, our phone options are:

Option 1: Provider Contracting

Option 2: Provider Credentialing & Data Management
Option 3: iLinkBlue and Electronic Data Interchange (EDI)
Option 4: Provider Relations
Option 5: Provider Identity Management (PIM) Team

Network News

Network News is a quarterly newsletter for Blue Cross and Blue Shield of Louisiana network providers. 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 Cross members are the responsibilities of health care professionals and facility providers.

The content of this newsletter may not be applicable for Blue Advantage (HMO) and Blue Advantage (PPO), our Medicare Advantage products and provider networks. For more on Blue Advantage, go to www.bcbsla.com/providers >Blue Advantage Resources.