A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana.

provider networknews

2023
2ND QUARTER

Providing health guidance and affordable access to quality care

Our Epic Payer Platform Helps Streamline Provider Partnerships

Blue Cross is excited to announce that it now has Epic Payer Platform. This enhancement supports increased partnership and transparency with our providers. The goal is to improve our provider experience and how care is delivered to our members—your patients.

Certain Epic functions are currently available to select provider organizations. We are coordinating with them as a beta effort to ensure enhanced clinical data exchange, ADT and scheduling notifications, and to support richer data sets for analytics. More functionalities will be implemented throughout this year.

In the coming months we will expand what Payer Platform will do, both internally and with our provider partners. This will help us connect with a larger number of providers to support reporting for value-based programs, identify and close gaps in care, increase the visibility and usability of claims data for providers, and streamline administrative processes.

The foundational capabilities of Payer Platform that exist today will also support the workflows for Blue Cross' internal clinical teams starting in November. The additional automation and integrated data streams that are part of this platform will support:

- Smoother prior authorization processes
- Increased collaboration with providers on case and disease management
- Overall administrative savings

More information about this system and educational materials, including provider webinars, are coming later this year as we launch more services on the Epic platform.

If you have any questions or would like to interface with our current Epic functionalities, please contact our Provider Relations Department at provider.relations@bcbsla.com.

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

Louisiana

23XX6753 R06/23

Submitting a Medical Appeal

Louisiana

Medical Appeal Request Form

APPEAL REQUEST FOR NOT MEDICALLY NECESSARY/INVESTIGATIONAL DENIAL

In order to start this process, this form must be completed and submitted for review within 180 days of initial denial notification. Please submit this form with **your reason for appeal AND supporting documentation** to:

Blue Cross and Blue Shield of Louisiana Attn: Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022 Fax: 225-298-1837	**Appeal Submitted By:** ☐ Member ☐ Provider ☐ Authorized Representative **

MEMBER/PROVIDER INFORMATION

Member Name:	Provider Name:
Member ID #:	Provider Phone #:
Date of Birth:	Provider Fax #:
Service Being Appealed:	Provider Contact Name:
Reference Number (if available):	Date of Service:

SELECT APPEAL REQUEST TYPE

☐ **Standard Appeal**
Member/Provider/Authorized Representative**
Signature: _____ Date: _____

SAMPLE

☐ **Expedited/Urgent Appeal** (Preservice and Concurrent services only, not available for Post-Service)

Explain why you believe the patient needs the requested service and why the response time for the standard appeal process (up to 30 days) will harm the patient: _____

_____

I certify, as the patient's treating physician, that delaying the patient's requested service for the time periods applicable to the standard appeal process is likely to seriously jeopardize the patient's life, health, or ability to regain maximum function or subject the patient to severe pain that cannot be adequately managed without the requested service.

MD Signature: _____ Date: _____

If an Urgent/Expedited appeal is submitted that does not meet the above criteria or does not have the physician attestation signature, the appeal will be processed as a standard appeal.

AUTHORIZED REPRESENTATIVE

If you want someone other than your provider to act on your behalf (authorized representative**), please sign below and have your authorized representative return it to us **with any other documentation about your case**. We cannot consider an appeal request if we do not have your signature giving us permission to work with someone else (other than you or your provider). **If we are unable to read the name/address below, or if any of the information is missing, we will NOT send any notices or communications to your authorized representative.**

**Name of Authorized Representative (Print Name): _____

Authorized Representative Address: _____

Member Signature: _____ Date: _____

04HQ1563 R10/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association

Blue Cross accepts medical appeals for cases in which services are denied as not medically necessary or investigational. If you need to appeal the denial of a claim for medical reasons, please use our Medical Appeal Request Form.

It is available online at www.bcbsla.com/forms-and-tools.

While we accept the Provider Disputes Form or Administrative Appeal Request Form for review of these cases, using the Medical Appeal Request Form may help expedite your case.

We also accept member appeal letters with the claim and denial clearly indicated. Using the correct forms can help avoid unnecessary delays in processing your claim.

Laboratory Reimbursement Disputes Policy

Blue Cross has a Laboratory Benefit Management program that is managed by Avalon Healthcare Solutions (Avalon).* Laboratory services reported on claims are reviewed for adherence and consistency with Blue Cross laboratory policies and guidelines, as well as industry standardized rules, such as but not limited to scientific evidence-based clinical practice standards and meeting patient specific clinical appropriateness.

Avalon routinely reviews, updates and implements Blue Cross' laboratory reimbursement policies, as needed. Established policies are available on our Provider page at www.bcbsla.com/providers >Medical Management >Lab Management. Newly developed or revised policies that are not yet effective can temporarily be found in our Provider Page under "Resources," then look under "New/ Revised Lab Reimbursement Policies."

For laboratory claims that you believe processed incorrectly, you may submit your case using our Provider Disputes Form. It available on the Provider Page under "Resources," then "Forms." When submitting your dispute, please include clinically-published documentation. Cases submitted without the published documentation will not be processed and you will be asked to resubmit with supporting documents.

**Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

PROVIDER NETWORK

Know Your Networks

With the many patients that you see, it can sometimes seem that they all have their own unique benefit options and provider networks. It is important to be in-network for those patients, and to know who else is in their network, when other services are needed. One way to tell is to use our online provider directory at www.bcbsla.com/find-a-doctor.

Provider records within the online directory show the networks of participation, including benefit tier levels, when applicable. Members in our select networks (Blue Connect, Community Blue, Precision Blue, Signature Blue) have tiered benefits.

You can also use iLinkBlue (www.bcbsla.com/ilinkblue) to research the Medical Benefits Summary page for the member's benefits. The provider must participate in the member's specific select network to be considered a Tier 1 provider for that member.

Please Note: Precision Blue will identify four benefit tiers for members and will only apply in-network benefits to Enhanced Tier 1 and Tier 1 providers. The other select networks will identify three benefit tiers and will only apply in-network benefits to a Tier 1 provider. Our benefit tiers are as follows:

Enhanced Tier 1 In Network Preferred	For Precision Blue only: Applies to select providers in the Precision Blue network.
Tier 1 In Network Preferred	Applies to providers participating in the member's specific network.
Tier 2 Out of Network Preferred	Applies to providers participating in-network with Blue Cross but NOT in the member's specific network.
Tier 3 Out of Network Non-Preferred	Applies to providers who do not participate in any Blue Cross network.

Our Provider Page (www.bcbsla.com/providers) has a variety of resources to help you understand tiered benefits or how to research member coverage information, such as the *Professional Provider Office Manual*, the *iLinkBlue User Guide* or our Identification Card Guide tidbit.

Documentation for Credentialing and Recredentialing Processes

As a part of our initial credentialing and recredentialing processes, Blue Cross contacts providers to verify information submitted on applications. Vantage Health Plan and symplrCVO are working with us in this process.

If you are undergoing the credentialing or recredentialing process, Blue Cross, Vantage or symplrCVO may contact you to verify application details and supporting documentation. They will direct you how to submit needed documentation required to process an application. Please respond by the deadline they provide you.

There will be a maximum of three attempts to contact providers during the credentialing or recredentialing process. After that we will close the application due to lack of response.

We appreciate your understanding as we work to expedite our credentialing processes.

Our Provider Engagement Survey Is Coming

Our annual Provider Engagement Survey will be coming to your inbox in early August.

Once again we will award gift cards with a top amount of $500 to 26 eligible participants who fully complete the survey.

The annual survey is an important tool to help us better understand your experience as a provider in our network. Your responses help us gauge satisfaction with our performance, and identify areas for improvement.

Your participation and feedback are valued and appreciated.

PROVIDER NETWORK

Availability Standards for Blue Cross Providers

Blue Cross is committed to providing access to high quality health care for all members, promoting healthier lifestyles and ensuring member satisfaction with the delivery of care. To support these commitments, network providers are responsible for meeting the following availability standards:

TYPE	DEFINITION	AVAILABILITY STANDARD	EXAMPLES
Emergency	Medical situations in which a member reasonably believes his/her life to be in danger or that permanent disability might result if the condition is not treated.	Immediate access, 24 hours a day, 7 days a week	• Loss of consciousness • Seizures • Chest pain • Severe bleeding • Trauma
Urgent Care	Medical conditions that could result in serious injury or disability if medical attention is not received.	30 hours or less	• Severe or acute pain • High fever in relation to age and condition
Routine Primary Care	Conditions that could be problematic if untreated but do not substantially restrict a member's normal activity.	5 to 14 days	• Backache • Suspicious mole
Preventive Care	Routine exams.	6 weeks or less	• Routine physical • Well baby exam • Annual Pap smear

Additional Availability Standards

- Physicians are responsible for ensuring access of services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to ensure patient awareness and access after hours to another participating physician.
- All providers must offer services during normal working hours, typically between 9 a.m. and 5 p.m.
- Average office waiting times should be no more than 30 minutes for patients who arrive on time for a scheduled appointment.
- The physician's office should return a patient's call within four to six hours for an urgent/acute medical question and within 24 hours for a non-urgent issue.

Acute Care Hospital Availability Standards

- All contracted hospitals must maintain emergency or urgent care services on a 24-hour basis and must offer outpatient services during regular business hours, if applicable.
- Acute care hospitals are responsible for ensuring access to services 24 hours a day, 365 days a year.

BILLING & CODING

Updated Outpatient Code Ranges

Each quarter, we review new CPT® and HCPCS codes to determine needed updates to the Diagnostic and Therapeutic Services code range. As a result of our most recent review, we are adding the following codes.

Effective Date: April 1, 2023:
0364U, 0365U, 0366U, 0367U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0375U, 0376U, 0377U, 0378U, 0379U, 0380U, 0381U, 0382U, 0383U, 0384U, 0385U, 0386U, A2019, A2020, A2021, A4341, A4342, A4560, A6590, A6591, A7049, C9145, C9146, C9147, C9148, C9149, E0677, E0711, E1905, J0208, J0218, J0612, J0613, J1411, J1449, J1747, J2403, J9196, J9294, J9296, J9297, K1035, L8678, M0010, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q5127, Q5128, Q5129, Q5130, S9563

Additionally, due to our review we are making changes to codes related to the insertion and removal of drug delivery implants.

We are adding CPT codes 11981, 11982 and 11983 to the Diagnostic and Therapeutic Services code range. At the same time, we are removing these codes from the Outpatient Procedure Services code range. These changes are effective for dates of services on or after September 1, 2023.

In September, we will revise the *Member Provider Policy & Procedure Manual* to include these changes. The manual is available on iLinkBlue (www.bcbsla.com/ilinkblue, click on "Resources," then "Manuals").

Implantable Continuous Glucose Monitoring

Beginning July 1, 2023, implantable continuous glucose monitors (e.g., Eversense) should be reported by treating providers using global CPT codes 0446T-0448T.

For medically necessary and approved services, use:

- 0446T for implantation
- 0447T for removal
- 0448T for removal with immediate replacement

CPT codes 0446T-0448T are all-inclusive and include cost of sensor and all other necessary supplies. Sensors are eligible for replacement every 180 days. Treating provider should not report additional codes for related services. No other providers (e.g., DME suppliers or pharmacies) will be reimbursed for the cost of sensor and related supplies.

To review current medical policy coverage guidelines for implantable continuous glucose monitors, access our medical policy index available on iLinkBlue (www.bcbsla.com/ilinkblue) under the "Authorizations" section.

MEDICAL MANAGEMENT

Standards for Prenatal and Postpartum Care

Prenatal and Postpartum Care is a HEDIS® measure that analyzes the percentage of live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. There are two components to the measure:

First, **timeliness of prenatal care**—the percentage of deliveries in which women had a prenatal care visit in the first trimester. Documentation must include one of the following:

- Indication that the woman is pregnant or reference to the pregnancy. Examples:
  - A positive pregnancy test
  - A standard prenatal flow sheet
  - Gestational age (either by last menstrual period or estimated due date)
  - Documentation of gravidity and parity
  - Complete OB history
  - Prenatal risk assessment and counseling/education
- A basic physical OB exam. Examples:
  - Auscultation for fetal heart tones
  - Pelvic exam with obstetric observations
  - Measurement of fundus height (prenatal flowsheet is acceptable)
- Evidence of performed prenatal care procedure. Examples:
  - Screening test in the form of an OB panel
  - Torch antibody panel
  - Rubella antibody test/titer with an RH incompatibility (ABO/Rh) blood typing
  - Ultrasound of pregnant uterus

Second, **postpartum care**—the percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery. Documentation must include one of the following:

- Pelvic exam (a Pap smear is acceptable)
- Evaluation of weight, blood pressure, breasts and abdomen. A notation of breastfeeding is acceptable for the breast component of the exam.
- Notation of postpartum care. Examples include postpartum care, postpartum check, six-week check or a preprinted postpartum care form.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following: resumption of intercourse, infant care, breastfeeding, birth spacing or family planning.

Telehealth/virtual visits are acceptable.

Why is this Important?

Receiving prenatal and postnatal care is important to maintain the health of both the mother and baby before and after delivery. Per the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, providers should examine women with uncomplicated pregnancies at least once in their first trimester for prenatal care and about three weeks after delivery for postpartum care. Therefore, receiving the proper perinatal care support and education are crucial components of a healthy birth as well as in the prevention of any post-delivery adverse effects.

Strategies for Improvement:

- Use NCQA coding tips to accurately reflect care rendered.
- Educate staff to schedule visits within the guided time frames.
- Educate members on the importance of timely and adequate prenatal care to healthy fetal development and maternal health.
- Include anticipatory guidance and teaching in every visit.
- Encourage members to schedule a postpartum visit between 21 and 84 days after delivery for follow-up care.

MEDICAL MANAGEMENT

Blue Cross Gold Card Program for Provider Authorizations

Blue Cross is implementing a Gold Card Program for certain services that require authorization. We designed this program to help lessen the administrative burdens for providers meeting the established criteria.

Beginning July 1, 2023, we will enroll providers who meet program criteria in the Gold Card Program. They will receive the following benefits.

Professional providers will always receive an approval on high-tech imaging services administered through Carelon Medical Benefits Management (Carelon) when they meet the following:

- Have a volume of at least 50 high-tech imaging service requests per year.
- Maintain an authorization approval rating of 95-99%.

Facilities will no longer need to perform continuation/concurrent reviews for acute inpatient stays if they are a diagnosis-related group acute care facility.

Blue Cross will notify providers that qualify for participation in this program. Send questions about the Gold Card Program to our Provider Relations Department at provider.relations@bcbsla.com. Please put "Gold Card" in the subject line.

STAY CONNECTED

Visit BCBSLA's Provider page:
www.bcbsla.com/providers

Connect with us on Facebook: @BCBSLA

Follow us on Twitter: @BCBSLA

Watch us on YouTube: @BCBSLA

Follow us on Instagram: @BCBSLA

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

MEDICAL MANAGEMENT

Prescribing Drugs for Off-label Use

Blue Cross covers GLP-1 agonists and GIP/GLP-1 agonists that are Food and Drug Administration (FDA) approved for the treatment of type 2 diabetes mellitus only for the treatment of that condition.

These include, but are not limited to: Byetta®, Bydureon® BCise, Victoza®, Trulicity™, Adlyxin®, Ozempic®, Rybelsus® and Mounjaro™.

All other uses of these medications are considered investigational per the FDA.

We will continue to review claims for compliant prescribing and billing. If future issues are noted, this could impact your network status and/or other legal implications.

Our medical policy governing the use of these drugs can be found in our Medical Policy Index, available on our Provider Page, www.bcbsla.com/providers, click "Medical Management," then "Medical Policies."

Affinity Health Group Partnering with Blue Cross to Close Gaps in Care

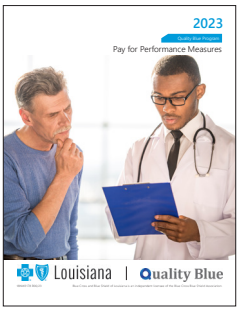
Blue Cross has a population health visit program to better identify and meet the health care needs of our members. We partnered with Affinity Health Group to help close care gaps for patients that have not met with their primary care physician this calendar year. Affinity, on our behalf, will be contacting eligible members to schedule and perform a population health visit.

These visits include an assessment of patient's health risk and preventive service needs, plus a thorough medical evaluation provided by an Affinity nurse practitioner or physician assistant. We developed these visits to supplement your current medical chart. They should not replace a patient's routine physical.

Once Affinity completes the population health visit, your office will receive all medical information to include in your patient's medical record. This information may be helpful in developing a plan of prevention and awareness for your patient.

QUALITY BLUE

Quality Blue News: Pay For Performance Guide is Updated, QB Collaborative



An updated Quality Blue Pay For Performance (P4P) Measures guide is available in the PI Portal. While there are no changes to our P4P measures, the guide has additional information to help you address these measures for your Blue Cross patients.

Additionally, our Quality Blue Statewide collaborative took place on June 14. If you were unable to attend, or have questions, please reach out to your practice's Quality Blue contact or program representative. All registrants should have received a copy of the presentation.

If you have questions about our Quality Blue Program, please reach out to provider.relations@bcbsla.com.

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 our Provider Page at www.bcbsla.com/provider, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective May 8, 2023

00070 Hyperbaric Oxygen Therapy (HBO)

00170 Immune Globulin Therapy

00218 rituximab Products

00267 Catheter Ablation as Treatment for Atrial Fibrillation

00290 pegloticase (Krystexxa®)

00345 Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions, Single-Gene Disorders, and Twin Zygosity Using Cell-Free Fetal DNA

00356 Proton Pump Inhibitors (PPIs)

00378 Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies

00518 Select Muscle Relaxants

00533 Select Naloxone Injectable Products

00704 Novel Treatments for Sickle Cell Disease (Adakveo®, Oxbryta™)

Effective June 1, 2023

00090 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions

Effective June 12, 2023

00014 Chelation Therapy

00188 Human Growth Hormone

00291 Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer

00431 tasimelteon (Hetlioz®, Hetlioz LQ™, generics)

00506 dichlorphenamide (Keveyis™, generics)

00788 tezepelumab-ekko (Tezspire™)

Effective July 1, 2023

00019 Continuous Glucose Monitoring

00406 Transcatheter Aortic-Valve Implantation for Aortic Stenosis

00550 Treatment for Spinal Muscular Atrophy

00558 Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)

Effective July 10, 2023

00262 Recombinant platelet-derived growth factor (Becaplermin)

00339 HMG-CoA Reductase Inhibitors and HMG-CoA Reductase Inhibitor Combination Drugs

00470 Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders

00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]

00476 Therapeutic use of Stem Cells, Blood and Bone Marrow Products

00524 Topical Immunomodulators (Elidel®, Protopic®, generics)

00531 penicillamine (Cuprimine®)/trientine (Syprine®, Cuvrior™), generics

Effective July 10, 2023 (continued)

00550 Treatment for Spinal Muscular Atrophy

00622 Gene Expression Profiling for Skin Cancer

00754 Monoclonal Antibodies for the Treatment of Alzheimer's Disease

00792 Tumor-Informed and Tumor-Agnostic (Plasma-Only) Circulating Tumor DNA Minimal Residual Disease (MRD) Detection for Cancer Management

00795 abrocitinib (Cibinqo™)

Effective July 29, 2023

00091 Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

Effective August 1, 2023

00036 Enhanced External Counterpulsation

00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

00570 Cardiac Rehabilitation in the Outpatient Setting

New Medical Policies

Policy No. Policy Name

Effective May 8, 2023

00835 adalimumab Biosimilars

Effective June 12, 2023

00837 elivaldogene autotemcel (Skysona®)

00838 ublituximab (Briumvi™)

Effective July 10, 2023

00839 Accrufer® (ferric maltol)

00840 trofinetide (Daybue™)

BEHAVIORAL HEALTH

Follow-up After Emergency Department Visit for Substance Use

Blue Cross collects data for HEDIS® to measure performance for certain areas of care and service. HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA®) to help establish accountability and improve quality of health care. Lucet®, our behavioral health manger, helps collect these measures from our network providers.

These measures discuss the importance of follow-up visits for members with a principal diagnosis of substance use disorder (SUD). They also apply to any diagnosis of drug overdose after visiting an emergency department (ED).

In 2016, studies classified 20.1 million Americans over 12 years of age—about 7.5% of the population—as having a substance use disorder. High ED use for individuals with SUD may signal a lack of access to care or issues with continuity of care. Timely follow-up care for individuals with SUD who sought care in the ED can associate with a reduction in the following:

- Substance use
- Future ED use
- Hospital admissions and bed days

Measurement Year 2023 HEDIS Guidelines

This guideline assesses ED visits for members age 13 and older. HEDIS suggests receiving a follow-up visit within seven days, but no later than 30 days of the ED visit. This applies to members with a principal diagnosis of SUD or any diagnosis of drug overdose, who had a follow-up visit or a pharmacotherapy dispensing event regarding the following:

- SUD
- Substance use
- Drug overdose with any health care practitioner

Follow-up visits and pharmacotherapy dispensing events may occur on the same date of the ED visit. Lucet reports two rates:

- ED visits for which member received follow-up within seven days of the ED visit (eight total days).
- ED visits for which member received follow-up within 30 days of the ED visit (31 total days).

The measure does not apply to members admitted to inpatient or residential treatment. It also does not apply to members in hospice or members with a principal diagnosis of mental illness disorder or intentional self-harm.

Per NCQA guidelines, same-day-of-discharge follow-up visits are not compliant after inpatient stays.

Any of the following qualify as a follow-up visit, with the diagnoses listed below:

- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Medication assisted treatment
- Community mental health center
- Telehealth
- Telephone
- Online assessment (e-visit or virtual check-in)

If you need to refer a member or receive guidance on appropriate services, please call Lucet at 1-800-624-5544, prompt 3.

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

BEHAVIORAL HEALTH

Lucet Has a Tool Kit for Post-Emergency Follow-up

We partner with Lucet to help manage the long-term success of patients discharged from emergency department (ED) visits. Post-discharge appointments are crucial to the well being of each patient.

Lucet has a free online ED toolkit to help health care providers and their patients.

This toolkit offers guidance and a better understanding of the HEDIS® behavioral health performance measures related to follow-up care for members after ED visits for mental illness, substance use or drug overdose.

You may find the toolkit online at https://lucethealth.com/providers/resources/pcp/emergency-department-toolkit/.

How You Can Help

Lucet offers these tips for behavioral health providers regarding patients in need of follow-up care:

Emergency Department

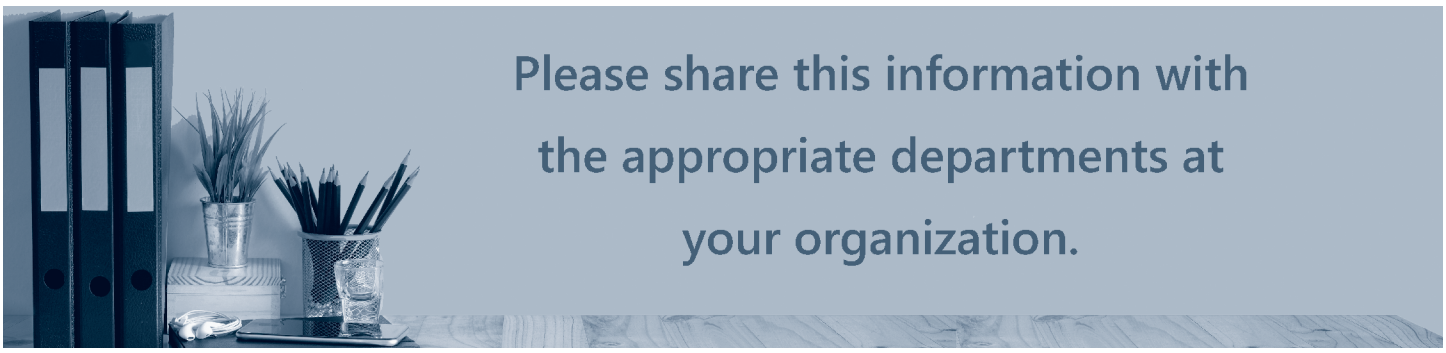
- Talk about the importance of follow-up to help the member engage in treatment.
- Assist with coordination of care to follow-up the member's visit with appropriate referrals and scheduling.
- Ensure the member has an appointment scheduled. Within seven days preferably, but no later than 30 days after ED visit.
  - Tip: Schedule follow-up visit within five days of ED visit to allow flexibility for rescheduling within seven days of ED visit.
- Before scheduling an appointment, verify details with the member. Consider things like transportation, location and time of the appointment.
- Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.

The Follow-up Provider

- Reach out proactively—within 24 hours—if the member does not keep the scheduled appointment to schedule another.
- Provide timely submission of claims with correct service coding and principal diagnosis.
- Follow-up providers maintain appointment availability for members with recent ED visits.
- Reinforce the treatment plan and evaluate the medication regimen considering the presence/absence of side effects.
- If the appointment does not occur within first seven days, schedule it within 30 days of ED visit.

Both ED and Follow-up Provider

- Identify and address any barriers to the member keeping the appointment.
- Provide reminder calls to confirm appointment.
- Encourage communication between the behavioral health specialist and primary care provider (PCP). Ensure that the member has a PCP and share the care transition plan with the PCP.



ONLINE RESOURCES

iLinkBlue (www.bcbsla.com/ilinkblue)

BlueCard® Member Coverage Information

Providers can check coverage information for out-of-area members through iLinkBlue.

Under the "Coverage" menu option, use the "BlueCard® – Out of Area Members" section 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.

We Have a User Guide

If you or your staff have questions about using our secure online resources, the iLinkBlue User Guide is available online at www.bcbsla.com/providers, click "Resources," then "Manuals."

The guide includes step-by-step instructions for using iLinkBlue, including how to navigate functions like:

- Researching claim status
- Requesting a fee schedule
- Adding new users or editing existing ones
- And more!

Researching Claims

If you research a claim in iLinkBlue and do not believe it processed correctly, there are ways to investigate the issue.

- Check the appropriate provider manual, located under the "Resources" tab, click "Manuals."
- Use our claims editing tool, located under "Claims," then click "Medical Code Editing," then "Claims Edit System."
- File an Action Request by clicking "Claims Research" under the Claims tab, then "Claims Status Search" and then "Complete an Action Request (AR)."

When submitting an AR, please be descriptive. Allow 10-15 business days before checking iLinkBlue to see if your claim has processed. If the claim still has not processed, you can submit another AR or call Customer Care at 1-800-922-8866. Make sure to get a reference number from the customer service representative.

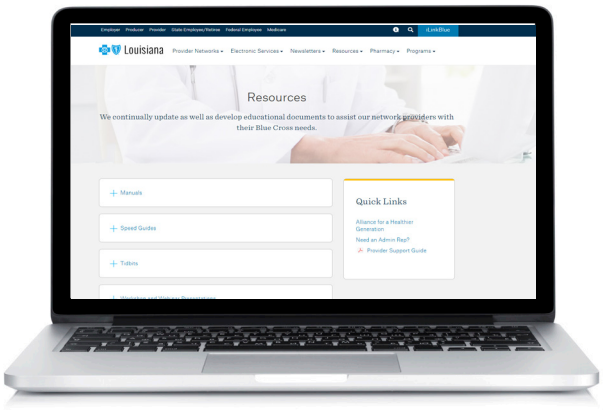
If the claim has still not processed after another 10-15 business days, email provider.relations@bcbsla.com to request a review of your case. Include the date of your action request(s) and reference number in your email.

The Provider Page (www.bcbsla.com/providers)

Updated Resources

Blue Cross consistently reviews and updates its provider resource materials. Our goal is to ensure you have access to current information. We added these new items to the "Resources" section of our Provider Page:

- Updated provider manuals
- Updated Provider Tidbits
- Our 2023 Professional Provider Workshop presentation
- Provider webinars such as New to Blue Cross (professional and facility), our BlueCard® program and Provider Credentialing & Data Management



COMPANY NEWS

Blue Cross Named No. 1 in Volunteerism Nationwide

Points of Light, the world's largest nonprofit dedicated to accelerating people-powered change, named Blue Cross and Blue Shield of Louisiana to The Civic 50 for the fifth consecutive year. The Civic 50 recognizes the 50 most community-minded large companies in the United States. To qualify, companies must have revenues of at least $1 billion.

Points of Lights also recognized Blue Cross and its employees as tops in the country for volunteer hours given to local communities. In 2022, Blue Cross employees gave more than 55,000 hours of volunteer service and made $2.3 million in charitable contributions, per the company's annual Community Partnerships Report.

"We are honored to be among those recognized on this list," said Dr. I. Steven Udvarhelyi, Blue Cross CEO. "It's a reflection of our employees' commitment to community service and our mission, plus the outstanding work of the hundreds of Blue Cross' community partner organizations who dedicate themselves to improving the health and lives of Louisianians."

"Altogether, the 200+ Louisiana nonprofits in which Blue Cross and its Foundation invested last year created 17 million service points," said Michael Tipton, president of the Blue Cross Foundation and head of Community Relations.

"That includes no-cost health screenings, meals distributed, mental health services and much more," Tipton added. "Those services reached more than 2 million people in 2022. We are deeply proud to represent their work and the progress they are making toward a healthier Louisiana for all."

"Companies play a critical role in creating thriving, participatory communities," said Diane Quest, interim president and CEO, Points of Light. "Companies like Blue Cross and Blue Shield of Louisiana set a model for others, showing how to best use employee talent, business assets and integration to create meaningful impact, and we're thrilled to uplift and celebrate their work as an honoree of The Civic 50 2023."

The Civic 50 survey is administered by True Impact, and the results are analyzed by VeraWorks. The survey instrument consists of quantitative and multiple-choice questions that inform the scoring process. The Civic 50 is the only survey and ranking system that exclusively measures corporate community engagement.

To learn more about The Civic 50, the 2020 honorees, and insights from this year's survey, please visit www.Civic50.org.

UPCOMING EVENTS

Facility Workshops Coming in Fall

If you missed our 2023 professional workshop, a copy of the presentation is available online at www.bcbsla.com/providers >Resources >Workshop and Webinar Presentations.

Workshop topics included 2023 product enhancements, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth and much more.

Workshops for facility providers and their staff will be coming in the Fall on September 26, 27 and 28 in Shreveport, Metairie and Baton Rouge, respectively. Workshops will run from 9 a.m. – noon. More details on locations will be announced in the coming months.

Preregistration is required to attend our workshops.

Invitations are included in our Weekly Digest Notice that is sent each Thursday. The digests are sent the correspondence email address on each provider record. If you are not a key contact but want an invitation, send an email to our Provider Relations Department at provider.relations@bcbsla.com. Put "Event Invite" in the subject line and include the date and event you would like to attend.

Upcoming Blue Cross Webinars

We host provider webinars throughout the year to keep you informed on information and processes relevant to how you serve your patients—our members. In the coming months we have sessions planned on topics such as the Quality Blue (QB) program and the QB PI Dashboard, Provider Credentialing & Data Management (PCDM) and risk adjustment.

Preregistration is required to attend our webinars.

Register for our webinars through the Weekly Digest email, sent out each Thursday. This notice includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

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

- July 25 – Let's Use iLinkBlue
- July 26 – Risk Adjustment 101
- July 27 – Let's Use iLinkBlue
- August 8 – New to Quality Blue
- August 10 – QB PI Dashboard
- September 6 – PCDM

Louisiana
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provider networknews

What's New on the Web

www.bcbsla.com/providers

Now Online: updates to our provider manuals, tidbits, new and revised medical policies, 2023 provider webinar presentations, including our Professional Provider Workshop.

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.