

provider networknews

2025

1ST QUARTER

Providing health guidance and affordable access to quality care

Why Prior Authorization is Important for Louisiana Blue Providers and Members

Healthcare Economist Michael Bertaut (BURR-toe) is a Certified Health Consultant and Professional of the Academy of Healthcare Management. He has more than 30 years of analytical experience in the healthcare, telecom and retail industry sectors.

I've been involved in church management for decades; I'm used to hearing "steward" or "good steward" thrown around a lot. I recently realized I never looked up any real definition of the word. I did, and I found five different definitions in the same dictionary. The one that resonated with me:

Steward: "A person employed to manage another person's valuables or property (or estate)"

This got me immediately thinking about us here at Louisiana Blue. And it also got me thinking about our members who trust us with so much. In a typical year, Louisiana Blue pays for over \$8 billion of medical services and medicines on their behalf. We do this through money we take in via premium payments entrusted to us. We are proud that Louisianians have trusted us with this responsibility for more than 90 years. Working every single day to continue being worthy of that trust for decades to come is a big concern of our entire organization.

One of the critical controls we have in place to make sure this money is spent properly is a system called prior authorization. I recently talked about the prior authorization process with our Senior Medical Director, Dr. Larry Simon. And I learned some striking facts about the way Louisiana Blue handles this.

Why Is Prior Authorization Needed?

One of the most common complaints I hear about the prior authorization process goes like this:

"But Mike, if my doctor says I should have this treatment/pill/procedure, why doesn't Louisiana Blue just pay for it? Why should my health insurance need to review this?"

As a member, I get it! I've been there myself. No one likes having to wait for care or spend time working through paperwork, making phone calls to the doctor's office or rescheduling appointments. But I can assure you that, while sometimes inconvenient for patients, prior authorization is in place for very specific reasons that revolve around keeping members safe, keeping health insurance affordable and maintaining educational partnerships with all the healthcare providers in the state. We want to make sure you, as providers, have the latest and most timely data on the healthcare we cover for our members.

Some medical procedures, treatments or drugs are so expensive, important or unusual (and occasionally overprescribed) that we want to take a second look and make sure this is really the best type of care for your situation before we pay out a bunch of our members' money to cover it.

I want to be clear that it is not our job to get between any patient and their doctor. But there are cases where we may need to consult with you to help determine if it's right for us to spend members' money on certain treatments, pills or tests. These consults with our network providers are hugely valuable to us. We learn as we go, just like everyone else.

Read more on why Louisiana Blue might say "no," or may ask for additional information on what you order in Mike's **Straight Talk** blog at www.straighttalkla.com/prior-authorization-is-important-for-us-to-be-good-stewards-of-your-money/.

PROVIDER NETWORK

Louisiana Blue Credentialing to Begin Accepting CAQH Applications Only

Louisiana Blue is changing the application process for professional providers to participate in our networks. Beginning July 1, 2025, we will only accept the Council for Affordable Quality Healthcare (CAQH) application. This change will apply for professional credentialing and recredentialing.

By requiring CAQH applications only, we can better serve our provider community by using a tool most already use. More than 2.5 million providers across the U.S. currently participate with CAQH to simplify credentialing. The CAQH application reduces and streamlines the administrative burden on providers. It also makes it easier to review practitioner credentials, which can improve the speed to join our networks.

This change will also make it easier for you to keep your information current in our online provider directories. It sets the foundation for Louisiana Blue to use CAQH for provider data updates and attestations in the future.

What happens now?

Currently, we accept both the CAQH application and the Louisiana Standardized Credentialing Application (LSCA). We will continue accepting the LSCA for participating providers until June 30. Afterwards, we will only accept the LSCA to obtain a provider record to file claims as a nonparticipating provider. Providers will need to use the CAQH application to participate in our networks.

If you already maintain your credentials with CAQH:

- Update and attest to your information in the CAQH application prior to submitting to us for credentialing or recredentialing. Providers must maintain their CAQH attestation every 90 days to keep it current.
- Upload any additional materials to your CAQH profile to ensure a smooth and timely process.

If you do not maintain your credentials with CAQH:

- Visit www.caqh.org to learn more and create a CAQH profile with your information.
- Providers may use CAQH to enter, maintain and share their information for credentialing free of charge.

Send questions about this change to our Provider Relations Department at provider.relations@lablue.com.

Survey



Our Member CAHPS Survey and You

Each Spring, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent to Louisiana Blue members to assess their healthcare experience and satisfaction. We use the results to identify opportunities for improvement.

The care you provide is critical and impacts CAHPS survey scores.

Below are some of the important things you can do to impact patient satisfaction:

- Making appointments available in a timely manner.
- Providing care that is evidence-based and focused on the individual needs and values specific of each patient.
- Asking patients about their top health concerns.
- Making conversations clear and simple.
- Educating patients on resources provided by Louisiana Blue.

Stay tuned for more information about the member CAHPS survey in future publications.

PROVIDER NETWORK

Availability Standards for Louisiana Blue Providers

We are committed to providing access to high quality healthcare 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. A copy of these standards can be found online in our *Availability Standards for Blue Cross Providers* tidbit, available online at www.lablue.com/providers >Resources >Tidbits.

Service Type	Standard
Primary Care	
Routine	15-days
Urgent	7-days
Mental Health/Substance Use Disorder (MHSUD)	
Non-life-threatening Emergency	6-hours
Urgent	48-hours
Initial Visit Routine	10-business days
Follow-up Routine	30-days
High-impact Specialty Providers	
Routine	30-days
Urgent	15-days
High-volume Specialty Providers	
Routine	30-days
Urgent	15-days
Facilities	
Hospital/Emergency Room	Immediately
Non-hospital Inpatient Facility	30-hours
Urgent Care Center	30-hours
Outpatient Facility	15-days

Additional Availability Standards

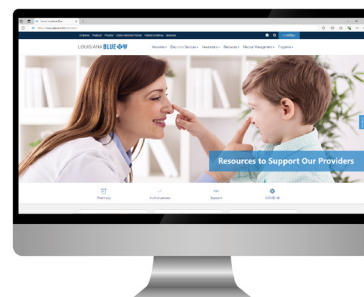
- Routine care includes problems that could develop if untreated but do not substantially restrict a member's normal activity.
- Network physicians are responsible for assuring access to services 24 hours a day, 365 days a year other than in an emergency room for non-emergent conditions. This includes arrangements to assure patient awareness and access after hours to another participating physician.
- All network 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 or portal message 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

- Acute care hospitals are responsible for ensuring access to services 24 hours a day, 365 days a year.
- 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.



Looking for resources?
Visit our Provider page at
www.lablue.com/providers



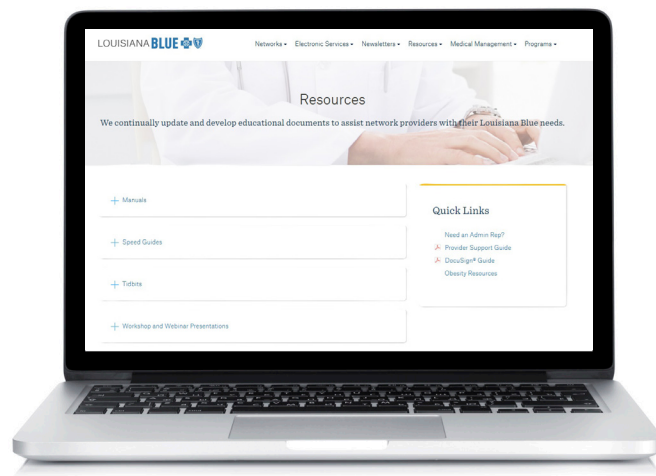
PROVIDER NETWORK

Updated Provider Resources for 2025

Louisiana Blue updated multiple provider resource documents, including our assorted provider manuals, network speed guides, provider tidbits and our *iLinkBlue User Guide*. Our updated provider manuals include policy changes and other reimbursement changes. Network speed guide changes include new information on the new Federal Employment Program benefit program for postal service employees.

You may find these updated materials on our Provider page (www.lablue.com/providers), click on “Resources,” then click on the type of document you looking for.

For facilities, the 2025 *Member Provider Policy & Procedure Manual* will soon be available through iLinkBlue (www.lablue.com/ilinkblue). Look under the “Resources” section.



Manual updates in the first quarter of this year include changes related to speech therapy, ambulatory surgical centers and HIV pre-exposure prophylaxis.

How to Verify a BlueCard Member's Eligibility

The BlueCard® program enables members of one Blue Cross plan to obtain in-network healthcare services while traveling or living in another BCBS Plan service area.

You can look up a BlueCard member's eligibility and benefits through iLinkBlue (www.lablue.com/ilinkblue). Look under the “Coverage” menu option, in the “BlueCard – Out of Area Members” section and choose “Submit Eligibility Request (270).” Enter the member's prefix (the first three characters of the member ID number), the contract number, and all other required fields, then click “Submit.” Though not immediate, out-of-area responses are usually transmitted back within less than a minute.

To access the electronic response from the member's Blue Plan, choose “View Eligibility Response (271).” Eligibility responses are retained for 21 days. You can also verify eligibility and benefits by calling BlueCard Eligibility at 1-800-676-2583, available between 6 a.m. and midnight, Central Time, Monday through Saturday.

For more information on the BlueCard program, see *The BlueCard Program Provider Manual* at www.lablue.com/providers > Resources > Manuals.

Use Our Medical Appeals Form

When a service is denied, members can typically appeal the decision. The reason for the decision will determine which appeal form must be used. If a prior authorization requests and/or claim is denied as either “not medically necessary,” “experimental” or “investigational” (please refer to the decision letter from Louisiana Blue for this explanation), members can appeal the decision using our Medical Appeal Request Form.

This form is different than the Provider Dispute Form and the Administrative Appeal Request Form (also called “Appeals and Grievances”). In the past, these forms were accepted for Medical Appeals. However, to ensure compliance with Louisiana law, these forms will no longer be accepted when the reason for a decision is either “not medically necessary,” “experimental,” or “investigational.” Appeals for these decisions will only be considered when submitted with the Medical Appeal Request Form. All appeals can be found under “Appeal and Claim Forms” at www.lablue.com/forms-and-tools.

Please note that while we also accept member appeal letters with the prior authorization and/or claim and denial clearly indicated, using the correct forms can help avoid unnecessary delays in processing your appeal.

BILLING & CODING

Updates to Code Ranges

Louisiana Blue reviews new CPT® and HCPCS codes each quarter to determine needed updates to the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges.

As a result of recent review, we are adding the following code ranges.

Diagnostic and Therapeutic Therapeutic Codes

Effective January 1, 2025:

15013, 15014, 38226, 38227, 76014, 76015, 76016, 76017, 76018, 76019, 81195, 81515, 81558, 82233, 82234, 83884, 84393, 84394, 86581, 87513, 87564, 87594, 87626, 90593, 92137, 93896, 93897, 93898, 96041, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 0521U, 0522U, 0523U, 0524U, 0525U, 0526U, 0527U, 0528U, 0529U, 0530U, 0902T, 0903T, 0904T, 0905T, 0911T, 0912T, 0926T, 0927T, 0928T, 0929T, 0930T, 0931T, 0932T, 0934T, 0937T, 0938T, 0939T, 0940T, 0944T, 0945T, 0946T, 0947T, A9615, C1735, C1736, C1737, C1738, C1739, C8001, C8002, C9173, C9610, C9804, C9806, C9807, C9808, C9809, G0532, G0533, G0534, G0535, G0536, G0537, G0538, G0539, G0540, G0541, G0542, G0543, G0544, G0545, G0546, G0547, G0548, G0549, G0550, G0551, G0552, G0553, G0554, G0555, G0556, G0557, G0558, G0559, G0560, G0562, J0139, J0601, J0602, J0603, J0605, J0607, J0608, J0609, J0615, J0666, J0870, J0901, J1307, J1414, J1552, J2290, J2472, J2802, J3392, J7514, J7601, J9026, J9028, J9076, J9292, Q0155, Q0521, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q5139, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5146, Q9996, Q9997, Q9998

Effective April 1, 2025:

0531U, 0532U, 0533U, 0534U, 0535U, 0536U, 0537U, 0538U, 0539U, 0540U, 0541U, 0542U, 0543U, 0544U, 0545U, 0546U, 0547U, 0548U, 0549U, 0550U, 0551U, A2030, A2031, A2032, A2033, A2034, A2035, A6515, A6516, A6517, A6518, A6519, A6611, A9154, A9611, C9300, C9301, C9302, C9303, C9304, G0183, G0566, G0567, J0281, J1072, J1271, J1299, J1308, J1808, J1938, J2351, J2428, J2804, J2865, J7521, J9024, J9038, J9054, J9161, Q2057, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q5147, Q5148, Q5149, Q5150, Q5151, Q5152, Q9999, S4024

Outpatient Procedure Services Code Ranges

Effective January 1, 2025:

15011, 15012, 15015, 15016, 15017, 15018, 25448, 38225, 38228, 49186, 49187, 49188, 49189, 49190, 51721, 53865, 53866, 55881, 55882, 60660, 60661, 61715, 64466, 64467, 64468, 64469, 64473, 64474, 66683, 0901T, 0908T, 0909T, 0910T, 0913T, 0914T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0933T, 0935T, 0936T, 0941T, 0942T, 0943T, C7562, C7563, C7564, C7565, C8003, G0561, G0563, G0564, G0565

Effective April 1, 2025:

C8004, C8005

Authorization Reminder When Billing for Infusion Therapy

When requesting prior authorization for infusion therapy, include all codes (drug and administration) that you intend to bill. Penalties will be applied to the claim if the authorization does not include all codes billed, including administration codes.

Authorization requirements for infusion therapy may differ based on the member's benefit plan. Prior to rendering services, always verify members' benefits and authorization requirements through iLinkBlue (www.lablue.com/ilinkblue) to determine applicable benefits and any maximum benefit limitations.

MEDICAL MANAGEMENT

HEDIS® Tips and Tricks for IMA



The HEDIS Immunizations for Adolescents (IMA) measure description is the percentage of adolescents 13 years of age who have had one dose of the meningococcal vaccine, one TDAP (tetanus, diphtheria, and pertussis) vaccine, and completed the HPV (human papillomavirus virus) vaccine by their 13th birthday.

Meningococcal vaccine: Protects against meningococcal disease types A, C, W and Y. It is recommended for all preteens and teens. The booster shot provides protection during the ages when teens are at the highest risk for meningococcal disease.

TDAP vaccine: The Tdap vaccine is a booster shot that protects teens against tetanus, diphtheria and pertussis (whooping cough).

HPV vaccine: HPV vaccination provides lasting protection against the HPV infections that most commonly cause cancer. The HPV vaccine series is most effective when given before exposure to the virus. People may benefit from receiving the vaccine after HPV exposure, as it protects against multiple strains of HPV.

Some proven tips to improve adolescent immunization rates include:

- Consider all encounters, including same-day appointments, as an opportunity to review vaccine status, administer vaccines, or schedule a follow-up appointment to administer needed vaccines. You may also provide adolescent vaccines at sports, pre-camp, and/or back-to-school physicals.
- Consider offering walk-in immunization clinics on school holidays.
- Use your EMR system to alert your staff of patients that are due immunizations and annual visits.
- Schedule appointments for additional doses before the patient leaves the office.
- Start the conversations early and meet parents where they are when encountering vaccine hesitancy.

If you have any questions or concerns, please contact us at HEDISteam@lablue.com.

MEDICAL POLICY UPDATE

We regularly develop and revise medical policies in response to 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.lablue.com/providers, under "Medical Management," click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective February 1, 2025

- 00583 Temporomandibular Joint Dysfunction
- 00684 Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy

Effective February 10, 2025

- 00156 natalizumab (Tysabri®)
- 00386 Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- 00567 dupilumab (Dupixent®)
- 00602 methotrexate oral solution (Xatmep™, Jylamvo®)
- 00669 Select Loteprednol Ophthalmic Products
- 00729 Select Octreotide Medications
- 00752 Verquvo™ (vericiguat)
- 00829 Non-Invasive Positive Airway Pressure (Including Non-Invasive Home Mechanical Ventilation)
- 00873 bimekizumab-bkzx (Bimzelx®)

Effective March 1, 2025

- 00463 Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Effective March 10, 2025

- 00123 Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- 00142 Electrical Nerve Stimulation Devices
- 00200 certolizumab (Cimzia®)
- 00248 Adoptive Immunotherapy
- 00256 Injectable Clostridial Collagenase for Fibroproliferative Disorders
- 00263 Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy
- 00306 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, DPP-4 Inhibitor/Metformin Combination Drugs
- 00335 Topical, Nasal, and Oral Testosterone Products
- 00340 Topical Acne Cleansers
- 00344 Topical Acne Kits
- 00501 mepolizumab (Nucala®)
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00614 emicizumab (Hemlibra®)
- 00641 Pharmacotherapy for Gaucher Disease
- 00736 satralizumab-mwge (Enspryng™), inebilizumab-cdon (Uplizna™)
- 00805 Select Vascular Endothelial Growth Factor (VEGF) Inhibitors and Combination Products
- 00832 Furoscix® (furosemide)

Effective March 23, 2025

- 00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- 00187 Proton Beam Therapy
- 00622 Hydrogel Spacer use During Radiotherapy for Prostate Cancer

Effective April 1, 2025

- 00019 Continuous Glucose Monitoring
- 00214 abatacept (Orencia®)
- 00215 Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension
- 00217 Select infliximab Products
- 00223 golimumab (Simponi Aria®, Simponi®)
- 00352 tofacitinib (Xeljanz®/Xeljanz® XR)
- 00513 ixekizumab (Taltz®)
- 00557 Select Drugs for Constipation
- 00603 Pharmacologic Treatment of Off Episodes in Parkinson Disease
- 00606 benralizumab (Fasenra™)
- 00613 Balloon Dilation of the Eustachian Tube
- 00619 desmopressin acetate (Nocurna®)
- 00681 esketamine (Spravato™)
- 00733 Sphingosine-1-Phosphate (S1P) Receptor Modulators (Gilenya®, Mayzent®, Zeposia®, Ponvory™, Tascenso ODT™, Velsipity™)
- 00834 Select External Insulin Infusion Pumps (Omnipod® Pods)
- 00846 Gene therapy for Hemophilia B

Effective May 1, 2025

- 00511 reslizumab (Cinqair)

Effective June 1, 2025

- 00003 Analysis of Human DNA or RNA in Stool Samples as Technique for Colorectal Cancer Screening
- 00009 Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
- 00090 Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions
- 00671 ravulizumab (Ultomiris™), eculizumab (Soliris®, biosimilars)
- 00701 Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia and Gastroparesis

Effective June 15, 2025

- 00260 Spinal Cord and Nerve Root Stimulators

MEDICAL POLICY UPDATE

New Medical Policies

Policy No. Policy Name

Effective February 1, 2025

00913 ensifentrine (Ohtuvayre™)

Effective March 1, 2025

00912 Irreversible Electroporation and Histotripsy

00914 nemolizumab-ilto (Nemluvio™)

00915 Chemical Peels

00916 Radiofrequency Coblation Tenotomy and Percutaneous Ultrasonic Tenotomy for Musculoskeletal Conditions

00917 imetelstat (Rytelo™)

Effective March 1, 2025 (continued)

00918 levacetylleucine (Aqneursa™)

00919 arimoclomol (Miplyffa™)

Effective April 1, 2025

00920 aprocitentan (Tryvio™)

00921 palopegteriparatide (Yorvipath®)

00922 lebrikizumab-lbkz (Ebglyss™)



QUALITY BLUE

Updated Diabetes and Hypertension Resources

Louisiana Blue partners with providers to ensure your patients, our members, receive high-quality, evidence-based care. With that in mind, we have updated online resources for type 2 diabetes and hypertension. We based these guides on published literature, recent clinical guidelines and expert opinion. Each resource also includes Louisiana Blue commercial drug formulary coverage information.

If you would like to receive these resources, contact Louisiana Blue Provider Relations at provider.relations@lablue.com.



For Quality Blue providers, these updates are available now through the Performance Insights Portal. Under the "QB Documentation" tab, click "Clinical Resources."

MEDICAL MANAGEMENT

Managing GLP-1 Therapy

Managing type 2 diabetes is complex, but reviewing a patient's medications and eliminating those with no added clinical benefit can improve clinical outcomes. Incretin mimetics, including GLP-1 and dual GIP/GLP-1 agonists, are effective medications for treating type 2 diabetes.

Avoid therapy duplication of incretin mimetics and/or exceeding FDA recommended doses to reduce the risk of enhanced adverse events and patients paying unnecessary out-of-pocket costs. Deprescribing can also improve adherence to diabetes medications.



When a pharmacy has more than one prescription on file for a patient, they run the risk of filling both prescriptions. This can lead to increased side effects, unnecessary copays and higher healthcare costs for organizations.

Patients may need to switch to another incretin mimetic or change medication strengths due to titration of dose for improved glycemic control, adverse reactions, or patient preference.

The American Diabetes Association and the American Association of Clinical Endocrinologists (AACE) guidelines do not recommend co-administering multiple incretin mimetics (GLP-1 and GIP/GLP-1 agonists) and there is no published research to support the concomitant use of multiple incretin mimetics.

When making a change to a patient's regimen there are ways providers can help minimize the risks of multiple prescriptions for different strengths, or filling different incretin mimetics together.

1. Educate the patient on the reason for switching to a new medication and make sure they understand they will not be using both medications together.
2. When calling, faxing or electronically sending in a new prescription, be sure to add a note for the pharmacy to deactivate the previous prescription.
3. If the patient is taking an oral incretin mimetic and a subcutaneous incretin mimetic, or multiple subcutaneous incretin mimetics, choose one incretin mimetic to continue.
4. If the patient is taking an incretin mimetic and an incretin mimetic/insulin combination, consider discontinuing the combination, choose one incretin mimetic and one insulin product to continue.

The Louisiana Blue Financial Investigations and Pharmacy Departments will continue to review claims for compliant prescribing and billing. Improper prescribing and/or falsifying prior authorizations could lead to refund requests, affect your network status and/or could have other legal implications.

PHARMACY

Heart Health and Medication Adherence: A Vital Connection

Medication adherence can play a huge role in maintaining cardiovascular health. Consistently taking prescribed medications as directed can be a game-changer for those battling heart disease when it comes to managing symptoms, preventing complications and improving overall quality of life.

Nonadherence to medications is common in patients with cardiovascular disease and associated with a higher risk of morbidity and mortality. Studies have shown that almost a quarter of patients don't fill their medications within seven days of discharge from the hospital following a heart attack. While another study showed that approximately 34% of patients stopped at least one of the medications prescribed within one month of discharge¹.

While there are many patient-related factors associated with nonadherence (e.g., forgetting doses, not understanding the need for the medication, fear of side effects), there are also many non-medical factors, or social determinants of health, that play a role in nonadherence. These factors in impacting medication adherence include:

- Economic instability (e.g., unable to afford necessary prescriptions, choosing between buying groceries and filling prescriptions);
- Education access and quality, resulting in reduced health literacy;
- Housing instability (inconsistent access to healthcare); and
- Access to transportation (e.g., missed appointments, unable to get to pharmacy).

Assessing and addressing social care needs is important to achieving health equity in heart health.

Providers can help address medication adherence by using the **SIMPLE** method².

Simplify the regimen

- Encourage patients to use adherence tools like pill planners, alarms, or mobile apps.
- Associate taking medication with a patient's daily routine (e.g., mealtime or bedtime, brushing teeth).

Impart knowledge

- Provide clear prescription instructions in print and reinforce verbally.
- Provide websites for additional reading and information.

Modify patients' beliefs and behavior

- Provide positive reinforcement when patients take their medication successfully and offer incentives if possible.
- Talk to patients to understand and address their concerns or fears.

Provide communication and trust

- Allow patients to speak freely.
- Use plain language when speaking with patients.
- Ask for patients' input when discussing recommendations and making decisions.
- Remind patients to contact your office with any questions.

Leave the bias

- Understand the predictors of nonadherence and address them as needed with patients.
 - Limited English language proficiency or low literacy
 - Mental health issues like depression, anxiety or addiction
 - Lack of belief of medication efficacy
 - Belief the medications are unnecessary or harmful
 - Concern about side effects
 - Expresses concern over the costs of medications
 - Patient says they are tired of taking the medication
- Ask patients specific questions about attitudes, beliefs, and cultural norms related to taking medications.

Evaluate adherence

- Ask patients simply and directly, with open-ended questions, whether they are sticking to their medication regimen. Use a medication adherence measure to evaluate medication adherence (e.g., Proportion of Days Covered).

1. Ho, P. M., Bryson, C. L., & Rumsfeld, J. S. (2009). Medication adherence: Its importance in cardiovascular outcomes. *Circulation*, 119(23) 3028-3035.

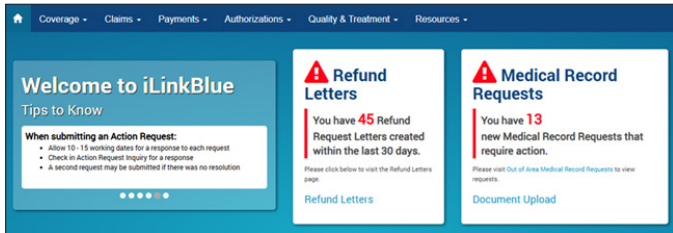
2. Improving hypertension medication adherence | Million Hearts®. <https://millionhearts.hhs.gov/data-reports/factsheets/adherence.html>. Accessed February 3, 2025.

ONLINE RESOURCES

iLinkBlue (www.lablue.com/ilinkblue)

Refund Request Letters

We have a new enhancement to how you access refund request letters in iLinkBlue (www.lablue.com/ilinkblue).



The iLinkBlue Welcome page now alerts providers with the number of refund request letters they have available. To view these requests, click the "Refund Letters" link in the Welcome page alert. You can also access the letters on the "Claims" menu, select "Claims Research," then "Refund Request Letters."

Refund request letters are available in iLinkBlue for 24 months from their issue date. You can download the letters as a PDF or print them. Letters created before August 21, 2024, will not be displayed.

Adding refund request letters to iLinkBlue makes them available 24 hours a day, seven days a week. Because these letters are now easily available online, Louisiana Blue has decided to discontinue mailing the hard copies. Beginning June 20, 2025, providers will no longer receive hard copy refund request letters with the exception of a claim for a Federal Employee Program (FEP) contract. You will continue to receive hard copy letters via mail for a FEP contract.

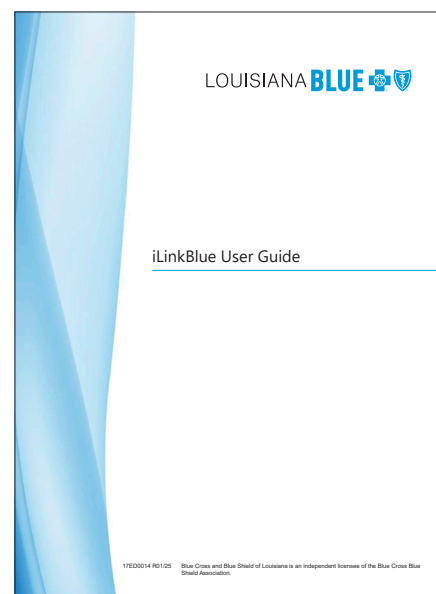
The Provider Page (www.lablue.com/providers)

Updated iLinkBlue User Guide Now Available

We recently updated the iLinkBlue User Guide to add tips and walkthroughs for using the following enhancements.

- Added instructions for using the new Refund Request Letter application.
- Added a service type code list to the instructions for the Eligibility Request 270 application.
- Updated the instructions for using the Document Upload application to submit documents to select Louisiana Blue departments.
- Updated the role assignments options in the assigning user applications instructions in Delegated Access.

The updated guide is available online at www.lablue.com/providers, under "Resources," then "Manuals."



UPCOMING EVENTS

Future Louisiana Blue Workshop and Webinar Dates

Louisiana Blue provider workshops and webinars keep you informed on information and processes relevant to how you serve your patients—our members. In the coming months, we will host our annual Professional Workshop, as well as webinars on our secure online tool iLinkBlue (www.lablue.com/ilinkblue), our Provider Credentialing and Data Management (PCDM) Department our BlueCard program and more.

Preregistration is required to attend our workshops and 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 coming months are as follows:

- April 15 – New to iLinkBlue
- May 21 – PCDM

Our Professional Provider Workshops will take place at multiple sites around the state in the coming months.

Preregistration for these events will typically go out 30 days ahead of the specific events. Please read the Weekly Digest email for the specific date and location that will apply to you as they are announced.

STAY CONNECTED

Visit Louisiana Blue's Provider page:
www.lablue.com/providers



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What's New on the Web

www.lablue.com/providers

Now Online: recent updates to our provider manuals, as well as medical policies, located under our "Resources" section.

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@lablue.com

Provider Relations

provider.relations@lablue.com

iLinkBlue & EDI

EDIservices@lablue.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

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 Louisiana Blue 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 Louisiana Blue members are the responsibilities of healthcare 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.lablue.com/providers >Blue Advantage Resources.

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.lablue.com/providers >Resources >Forms.