

Blue Advantage (HMO) Insight



June 2016

Blue Advantage (HMO) Insight Designed With You In Mind

Blue Advantage (HMO) Insight is a new publication designed to keep our Blue Advantage providers informed and engaged on the latest Blue Advantage news and Centers for Medicare and Medicaid Services (CMS) requirements for our Medicare eligible members.

As a provider selected to be a part of this network, based on the high-quality medical services you provide to our members, this email-only newsletter will help you navigate the unique processes of Blue Advantage and how they differ from our other provider network processes. Blue Advantage Insight is for office staff, physicians and other healthcare providers who serve our Blue Advantage members. Look for future editions of this newsletter to be delivered directly to your inbox. We encourage you to share the information in this newsletter with your staff.

What Is Blue Advantage?

Blue Advantage is the product and provider network developed to serve and support our Medicare Advantage population. Blue Advantage became effective on January 1, 2016, and is available in Louisiana to members residing in the parishes of Ascension, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, St. Charles, St. James, St. John the Baptist, St. Helena, St. Landry, St. Tammany, Washington and West Baton Rouge.

Blue Advantage offers an excellent alternative to the options currently available with traditional Medicare. Our members have coverage available for a wide array of services including outpatient prescription drug coverage, hospitalization, home care, preventative care services and ambulance transportation.

The Blue Advantage network offers a robust network of hospitals, primary care providers (PCPs), specialists, mental health providers, routine vision and dental care providers and pharmacies for the Medicare Advantage population. As you may have noticed by now, the processes for Blue Advantage differ from our other provider network processes. As you read this newsletter, you will find more helpful information on our Blue Advantage processes.

For more information on the Blue Advantage Provider Network or to access the Blue Advantage provider directory, visit the Blue Advantage Provider Portal, located within our iLinkBLUE *Provider Suite* (www.bcbsla.com/ilinkblue).

More information on accessing and using the Blue Advantage Provider Portal is on Page 3 of this newsletter.



Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures designed to facilitate the reliable comparison of managed healthcare plans. Throughout this newsletter, you may find check marks indicating HEDIS reminders, as well as strategies to help you, our Blue Advantage providers, improve the quality of care and services to our Blue Advantage members.



HMO Louisiana

BLUE Advantage

FAQs Available on the Blue Advantage Provider Portal

During the Blue Advantage (HMO) provider orientation workshops held last year, we listened to your questions and concerns and as a result, we created a list of frequently asked questions (FAQs) to help you better understand the Blue Advantage provider network.

It is important that you are aware of all Blue Advantage offers and requires of our network providers. You can view the FAQs and more on the Blue Advantage Provider Portal available within iLinkBLUE (www.bcbsla.com/ilinkblue).

United Concordia Dental Update

Did you know that Blue Advantage offers preventative dental coverage for members? We have partnered with United Concordia Dental® to administer dental services for our Blue Advantage members.

Dental providers wishing to join our Blue Advantage network administered by United Concordia Dental must be in the DenteMax network in order to see Blue Advantage members. If you are interested in becoming a network provider, call DenteMax at 1-800-753-1457 to request network participation and specify you want participation for Blue Advantage.

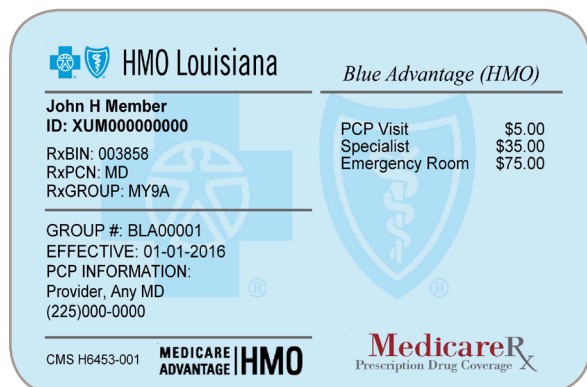
Blue Advantage Member ID Card

Blue Advantage provides each member with an identification card. This card contains demographic information about the covered member, as well as important coverage information such as the primary care provider's (PCP) name and phone number, copayment or coinsurance responsibilities and important phone numbers.

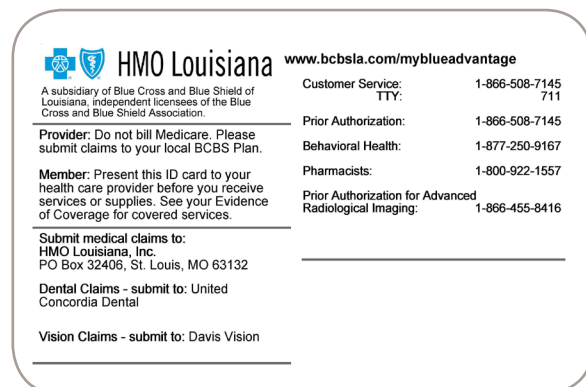
Blue Advantage encourages providers to make a copy of members' ID card. We also encourage you to confirm with members each time you see them, if their insurance coverage has changed and if you are their PCP. The date on the card represents the effective date with Blue Advantage, not necessarily the effective date with the PCP.

You may confirm member eligibility, current assigned PCP, maximum out-of-pocket and coordination of benefits information through the Blue Advantage Provider Portal, available through the iLinkBLUE *Provider Suite* (www.bcbsla.com/ilinkblue). The member ID card feature available on the Blue Advantage Provider Portal allows you to search, view and print copies of member ID cards. However, to access this feature, you must have secure access to the Blue Advantage Provider Portal.

XUM is the prefix for all Blue Advantage members. This alpha prefix is located on the front of the member ID card below the member name.



Front View



Back View

Access to the Blue Advantage Provider Portal

In order for Blue Advantage (HMO) network providers to access secure information on the Blue Advantage Provider Portal, they must have a designated administrative representative. The role of an administrative representative is to serve as the key person at your organization for delegating electronic access to appropriate users and ensuring that those users adhere to our guidelines. The administrative representative grants or approves access to registered employees who legitimately must have access for the purpose of their job responsibilities.

Designated administrative representatives must complete the Administrative Representative Acknowledgment Form and associated spreadsheet. Once all completed documents have been received, the designated administrative representative will then begin the delegation process of giving appropriate employees at your organization access to the Blue Advantage Provider Portal.

To designate an administrative representative for your organization, send an email to the Provider Identity Management Team at ProviderIdentMgmt@bcbsla.com.

Using the Blue Advantage Provider Portal

The Blue Advantage Provider Portal is your one stop electronic resource for Blue Advantage information and is available within iLinkBLUE (www.bcbsla.com/ilinkblue). The processes for Blue Advantage differ from our other provider network processes.

- While you log into iLinkBLUE to get to your Blue Advantage provider resources, you will not actually use iLinkBLUE to manage those resources. You will simply use iLinkBLUE to access the Blue Advantage Provider Portal.
- Access to the secure information on the Blue Advantage Provider Portal requires a separate sign-on and password from your iLinkBLUE sign-on and password.
- You cannot access Blue Advantage information from any other tool within iLinkBLUE.

Once on the Blue Advantage Provider Portal, you can access guides and resources without the need to sign onto the tool. However, you must have a sign-on and password to access key information such as member eligibility, claims inquiries, authorization inquiries, member ID cards and more.

Once your administrative representative has you ready for secure portal access, you must complete the following steps below:

- Log into iLinkBLUE (www.bcbsla.com/ilinkblue)
- Click on the "Blue Advantage" menu option to enter the Blue Advantage Portal
- Select "Registration" in the upper right-hand corner of the portal
- Complete the fields as requested
- Upon completing the fields as requested, you will receive an email with a link to select two secret questions and answers, and your password
- Once registration has been validated by your administrative representative, access will be granted



Tips to Know

For assistance with routine inquiries such as claim status, member eligibility, benefit verification or confirmation of prior authorization, use the Blue Advantage Provider Portal, located within iLinkBLUE (www.bcbsla.com/ilinkblue). For technical questions relating to the Blue Advantage Provider Portal, you may contact the Technical Support Help Desk at 1-866-397-2812.

Transition of Care Program

As a partner in managing the health needs of our members, Blue Advantage (HMO) offers additional post discharge follow-up for our seniors and a variety of case management services that are available and in coordination with the primary care provider (PCP).

The Transition of Care Program (TCP) is designed to help prevent avoidable hospital readmissions by providing intensive education on disease warning triggers, red-flag symptoms and provide medication reconciliation. While enrolled in the TCP, Blue Advantage members will be encouraged to make a post-discharge follow-up appointment with their PCP within 10 days of discharge. Members who choose to opt-in to the TCP are contacted by telephone at seven-day intervals over a 30-day period of time.

For case management assistance, contact the Blue Advantage Medical Management team at 1-866-508-7145, option 5, option 4.

Inpatient Admission and Discharge Notification Required

As a Blue Advantage network provider, you are required to provide notification for inpatient admissions and discharges. You must submit clinical documentation to Blue Advantage within one business day of admission to complete the notification process and receive an authorization.

Blue Advantage network providers can report inpatient admissions to Medical Management by phone at 1-866-508-7145, option 5, option 4 or by fax at 1-877-528-5818. The phones are forwarded to a voice mail system during non-business hours and the fax is available 24 hours a day, 7 days a week. Notifications submitted via phone or fax will be confirmed by the Medical Management staff, who will issue a reference number. This reference number does not guarantee payment.

Providers who are denied payment because notification was not received, may not bill the member.

Case Management Q&A

How do I know if my patient is being followed by a case manager?

If the member is enrolled, the case manager will send the care plan to the member and the PCP within five business days of the initial telephonic visit. The care plan is accompanied by a medication list and physician response form (a cover letter designated to request PCP input). The case manager contacts the PCP by phone if there is a complex need or gap in care that cannot effectively be communicated in a letter. Contact with the PCP is ongoing as appropriate to request or provide information critical to the care of the member.

Do members have to participate in case management?

Members do not have to participate in case management. The program is completely voluntary and members can opt-in if they choose. Members who decide not to participate in a case management program are sent a letter that offers a contact name and phone number should they change their mind or if a need should arise.

How do I make a referral to case management?

Please contact Blue Advantage Customer Service at 1-866-508-7145, select option 5, then select option 4. Tell the representative you have a case management referral. You will be asked a few brief questions (member name, ID number, and reason for referral). Your referred member will be contacted by a registered nurse or licensed social worker depending on the need.

Tips to Know

Did you know that for non-clinical programs, a health outreach specialist (HOS) will make two attempts to contact a member by phone within three days of discharge to encourage and assist in scheduling follow-up visits? The HOS will make another outreach call 1-2 days after the scheduled follow-up visit to verify the member was able to keep the appointment. If outreach is unsuccessful after two attempts, the HOS will send a client-specific get well postcard as a reminder to make necessary follow-up appointments.

What is the Lumeris Accountable Delivery System Platform (ADSP)?

Want to know your patients' complete health status? Would it be helpful for you to see all medications being filled for your patients? The Lumeris Accountable Delivery System Platform (ADSP)[®] is a web-based informatics application containing a set of tools designed to put information in the hands of contracted primary care providers (PCPs) for our Blue Advantage (HMO) members only. The information is provided in a series of reports and criteria-driven rules that allow a unique vantage point into the patient's health status across the entire continuum of care. This platform sends clinical and financial data to physicians and other stakeholders at the point of medical decision making to enable timely value-based healthcare decisions.

Access to the ADSP is located within the Blue Advantage Provider Portal and available to PCPs only. PCPs must have a sign-on and password to access the ADSP. Once registered to access the ADSP, you must:

- Go to: www.bcbsla.com/ilinkblue
- Select "Blue Advantage" on the main menu of iLinkBLUE
- Select the "Blue Advantage Provider Portal" option
- Once logged into the portal, there will be a link to the ADSP



Blue Advantage Offers Free CME Courses

Blue Advantage PCPs can access comprehensive online educational resources to assist in the delivery of healthcare services to Blue Advantage patients. Blue Advantage has partnered with Lumeris to offer free continuing medical education (CME) courses to network PCPs, through Lumeris' ADSP. CME credits are offered through Washington University School of Medicine in St. Louis.

Our CME library consists of more than 30 course offerings. As we continue to emphasize the importance of thorough, comprehensive patient documentation, we want to let you know about two courses that will assist you in this effort.

Course Descriptions:

- Basic Coding and Documentation Principles
The Centers for Medicare and Medicaid Services – Hierarchical Condition Categories (CMS-HCC) model is described while providing practical application of basic ICD-10-CM documentation principles.
- Applying Basic Coding and Documentation Principles
This module follows the Basic Coding and Documentation CME module expanding on the basic concepts and emphasizing the use of the Access, Chart, Code and Treat[™] reference sheets.

To take these free CME courses, log into iLinkBLUE (www.bcbsla.com/ilinkblue) and click on the "Blue Advantage" menu option to enter the Blue Advantage Provider Portal. From there, log into the ADSP, access the Content Library then click on the CME Online link.

To receive CME credits, Blue Advantage providers must also register for access to the Washington University CME Portal.

If you have questions about the CME courses or the Blue Advantage Provider Portal, email Provider.Relations@bcbsla.com.

Tips to Know

The Accountable Care Team (ACT) Coordinator is a specialized representative whose role is to assist PCPs with issues related to the Accountable Delivery Services Platform (ADSP), as well as help PCPs with improving their performance measures. ACT Coordinators will reach out to Blue Advantage network PCPs.

Enhanced Encounter Program

Blue Advantage (HMO) is pleased to announce the deployment of the Enhanced Encounter™ program in June 2016. This program is part of the Blue Advantage strategy to obtain information about the care necessary to treat our Blue Advantage members' complex medical conditions. In addition, the program is designed to ensure the right care is being provided by identifying gaps in appropriate and accurate coding of conditions. The goal of this program is to conduct a comprehensive review of our Blue Advantage members' conditions to ensure we accurately and fairly predict the health cost expenditures of these complex chronic conditions, which will be utilized in risk adjustment reporting to the Centers for Medicare & Medicaid Services (CMS).

Please look for more information about the Enhanced Encounter program coming soon from your Accountable Care Team (ACT) Coordinator and Provider Network Development Representative.

Outpatient Laboratory Services

Help your Blue Advantage patients by using Clinical Pathology Labs (CPL), the preferred laboratory for all specimens for the Blue Advantage network.

Clinical Pathology Labs (CPL)

1-800-595-1275

www.cpllabs.com

Blue Advantage network providers have the following options for lab work:

- Perform lab work in the office in accordance with the level of Clinical Laboratory Improvement Amendments (CLIA) certification
- Draw laboratory testing in the office and send specimens to CPL
- Send Blue Advantage members to a CPL draw site. To find the nearest draw site, visit www.cpllabs.com

Encourage Members to Visit PCPs

Need to get your Blue Advantage members in for a comprehensive visit? Currently, 60 percent of Blue Advantage members have not seen their primary care provider (PCPs) this year. To help you, we are reaching out to our Blue Advantage members to let them know how important it is that they visit with their PCP and receive a yearly checkup.

Blue Advantage members select a PCP at the time of enrollment. The member's PCP will be responsible for providing, coordinating and making arrangements for all medically necessary services for the member. PCPs should be available to members 24 hours a day, 7 days a week through regular scheduling or on-call coverage.

Members can change their PCPs to other Blue Advantage contracted PCPs at any time, for any reason. Members can do so by contacting Blue Advantage Customer Service at 1-866-508-7145. The change will be effective the first day of the month following receipt of the member's request.



Tips to Know

Please plan to attend our Blue Advantage Enhanced Encounter Program Webinar on Tuesday, June 28, 2016, noon to 1:30 p.m. You will learn how to obtain appropriate information about the care necessary to treat our Blue Advantage members' complex medical conditions. For more information on how to register, email provider.relations@bcbsla.com.

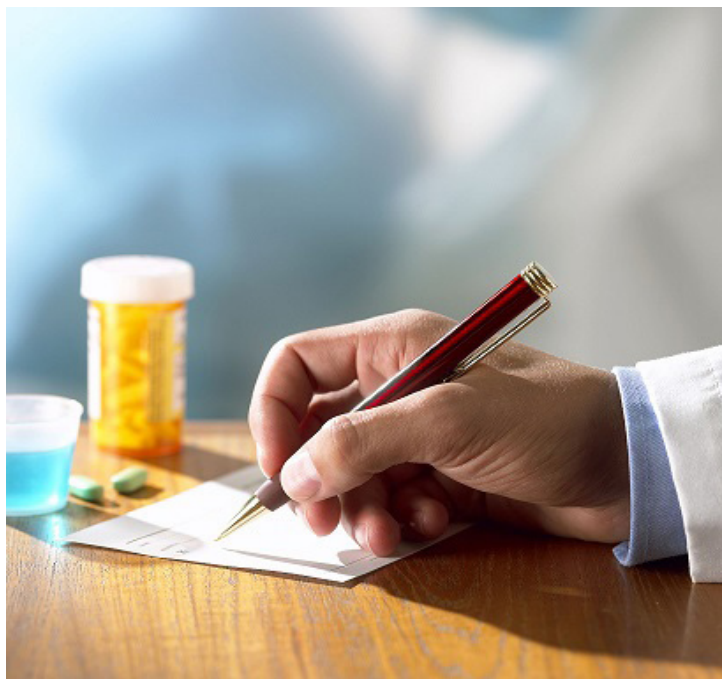
Part D Prescriber Enrollment Requirement

For Blue Advantage (HMO) network providers who write prescriptions for Part D drug coverage, the Centers for Medicare & Medicaid Services (CMS) now requires you to be enrolled in Medicare as an approved status. It is strongly recommended that prescribers of Part D drugs enroll now, to allow Medicare Administrative Contractors (MACs) that process the applications enough time to enroll all prescribers and ensure prescriptions are not denied.

Part D plans will deny a pharmacy claim at the point of sale for drugs prescribed by physicians or other eligible professionals who are not enrolled in Medicare. Enforcement of this provision is scheduled to begin on February 1, 2017, therefore all prescribers should enroll now to allow for the processing of applications and to ensure our Blue Advantage members receive their prescriptions. A delay on your part could result in our Blue Advantage members—your patients—not being able to obtain the drugs you prescribe for them.

Physicians and other eligible professionals, who are not approved Medicare providers with CMS, may “opt out” of being an approved Medicare provider.

For more information, please visit CMS’ webpage at www.cms.gov or send an email to PartDPolicy@cms.hhs.gov with any questions on Medicare Advantage or Part D prescriber enrollment requirements.



Fiscal Intermediary Letter Requirement

As a Medicare Advantage Plan, our Blue Advantage network follows CMS billing guidelines. To ensure accurate claim processing, Blue Advantage must have a copy of your fiscal intermediary letter on file for the following provider types:

- Critical Access Hospitals (CAH)
- Children’s Hospitals
- Cancer Centers
- Rural Health Clinics (RHC)

If the fiscal intermediary letter is not received, Blue Advantage cannot correctly calculate the payment owed to the provider. Blue Advantage providers, paid on a reasonable cost basis, should include the member’s ID number and date of service on the fiscal intermediary letter. Claims will remain pending until the fiscal intermediary letter is received or the provider will be paid the standard Blue Advantage physician schedule rate.

Please submit your fiscal intermediary letter via email to Network.Development@bcbsla.com or via fax at 225-297-2750.

Tips to Know

Blue Advantage provides coverage for prescription medications and members may have their prescriptions filled through a wide network of pharmacies, including mail order. Data shows that a 90-day prescription improves patient adherence, lowers the cost of care and helps patients to achieve better health outcomes. Please refer your Blue Advantage patients to their provider directory for a comprehensive list of participating pharmacies.



Reminders

Compliance Responsibilities

As a Medicare Advantage Organization (MAO) with an established contract with the Centers for Medicare and Medicaid Services (CMS), Blue Advantage (HMO) is required to communicate its compliance program requirements to providers and ensure compliance with these requirements. Providers contracted with Blue Advantage to provide medical or administrative services to our members are required to comply with all applicable Medicare laws, regulations, reporting requirements and CMS instructions, with all other applicable federal, state and local laws, rules and regulations; to cooperate with Blue Advantage in its efforts to comply with the laws, regulations and other requirements of applicable regulatory authorities; and to ensure that all healthcare professionals employed by or under contract to render health services to Blue Advantage members, including covering physicians, comply with these provisions.

Compliance Requirements

As a Blue Advantage network provider you are required to:

- Follow the provider guidelines in your *Blue Advantage (HMO) Provider Administrative Manual* when discussing Medicare Advantage
- Routinely check for exclusions by the OIG/GSA (General Services Administration)
- Verify that provider training has been completed in:
 - General compliance
 - Fraud, waste and abuse (FWA)
- Report any actual or suspected compliance concerns
- Notify us of any practice information changes immediately (see article below)

Current Provider Directories

It is important that you keep all of your provider information current with Blue Advantage. Your patients rely on the accuracy of information displayed in our provider directories and this information comes directly from our provider file based on information you gave us. As a Medicare advantage provider, CMS requires regular updates be provided as changes occur in your practice.

If you have changes to your practice, please let us know by completing the **Provider Update Request Form**, located on the Blue Advantage Provider Portal. This form is designed to help you update changes or corrections to your practice information. Updates may include tax identification number changes, address changes and hours of operation change. It may also be used to notify us that you are closing your practice.

Tips to Know

Is your contact information current? Has your email address changed? Please let us know by completing the Provider Update Request Form by visiting the Blue Advantage Provider Portal, available through iLinkBLUE (www.bcbsla.com/ilinkblue).



Reminders

Access and Availability Standards

It is important that Blue Advantage (HMO) network providers adhere to the following access and availability standards for appointment scheduling and waiting time:

Appointment Scheduling and Waiting Time Guidelines

PCP-New Patient	Within thirty (30) days of the Patient's effective date on the PCP's panel – to be initiated by the PCP's office
Routine Care without symptoms	Within thirty (30) days
Non-Routine Care with symptoms	Within five (5) business days or one (1) week
Urgent Care	Within 24 hours
Emergency	Must be available immediately 24 hours per day, 7 days per week via direct access or coverage arrangements
OB/GYN	1st and 2nd Trimester within one (1) week 3rd Trimester within three (3) days OB emergency care must be available 24 hours per day, 7 days per week
Phone calls to the provider office from the member	Same day; no later than next business day.

- Routine care without symptoms includes physical exams and well-woman exams.
- Non-Routine care with symptoms includes rashes, coughs and other non-life-threatening conditions.
- Urgent Care is defined as medical conditions that could result in serious injury or disability if medical attention is not received.
- Emergency is defined as medical situations in which a member would reasonably believe his/her life to be in danger, or that permanent disability might result if the condition is not treated.

Practitioners should make every effort to see the patient within an average of one hour from the patient's scheduled appointment time. This includes time spent both in the lobby and the examination room.

Members who are late for their scheduled appointment may not be able to be seen within the hour.

Tips to Know

For more information on Blue Advantage Provider Network, please review the *Blue Advantage (HMO) Provider Administrative Manual* located on the Blue Advantage Provider Portal. The Blue Advantage Provider Portal is available through iLinkBLUE (www.bcbsla.com/ilinkblue).