

Blue Advantage Insight Newsletter

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Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

Understanding Blue Advantage Passive PPO and MOOP

Insurance can be a tricky thing to understand sometimes. Learning the vocabulary and requirements of each plan can be a challenge.

Passive PPO plans and Maximum Out of Pocket (MOOP) benefits are two subjects that are sometimes misunderstood. Below is a breakdown of both.

Passive PPO

Blue Advantage has several employer-group plans that are Passive PPO. Passive PPO means that in-network services are paid at the same cost share as out-of-network benefits. Any provider who accepts Medicare can accept these plans. Members on these plans should pay their in-network cost share. These Passive PPO plans end with an "II" in the name.

MOOP (Maximum Out of Pocket)

The Maximum Out of Pocket is the limit of out-of-pocket costs a member will pay annually. MOOP is not a deductible. The MOOP does not have to be met prior to treatment like a deductible. Providers should only collect the copayment due at the time of service.

You can verify these benefits via the Blue Advantage Provider Portal or by calling Blue Advantage Customer Service at 1-866-508-7145. The provider portal is only available to in-network providers. Providers who are out-of-network must call Blue Advantage customer service to verify these benefits.



Quality Blue Primary Care (QBPC) Care Management Fee Payments

Vantage Health Plan handles Blue Advantage QBPC Care Management Fee (CMF) payments. QBPC practices no longer receive Blue Advantage CMF payments and reconciliation reports via Core Secure File Transfer Process (sFTP). These payments and reports are now sent via electronic fund transfer (EFT) and electronic remittance advice (ERA). Both are sent directly from our independent vendor, RedCard.

Providers can verify check information through the Blue Advantage Provider Portal, www.BCBSLA.com/ilinkblue. Then click "Blue Advantage" under the "Other Sites" section.

If you are not already enrolled to receive EFT and ERA transactions from RedCard, please refer to the "Electronic Payment and Remittance Notice" section of the Blue Advantage Provider Administrative Manual. A copy of the manual is available on the Blue Advantage Provider Portal.

Blue Cross will continue to send QBPC CMF payments and reports through Core sFTP for non-Blue Advantage members.

RedCard is an independent company that serves as the manager for Blue Advantage electronic funds transfer (EFT) and electronic remittance advice (ERA processes).



Submitting Authorizations Online

Earlier this year, the Blue Advantage Provider Portal was updated to accept authorization requests for specific outpatient services. As a reminder, these requests must be submitted through the Blue Advantage Provider Portal. Blue Advantage authorization requests cannot be submitted through the authorization tools in iLinkBlue.

The Blue Advantage Provider Portal accepts the following outpatient authorizations requests. Continue to submit commercial authorization requests through iLinkBlue.

- OPMD – a procedure performed in the office setting
- OPFAC – a procedure performed in an outpatient facility setting
- ASU – a procedure performed in an ambulatory surgical setting
- POC – authorization for post-operative care for surgeries with 90-day global periods

You may also submit these prior authorization requests using the appropriate Blue Advantage authorization request form via fax to 1-877-528-5816.

The Online Auth Portal feature is **not available** for the following authorization types. Please submit these request types via fax using the appropriate Blue Advantage authorization form.

Type of Service	Fax Number
• Inpatient	1-877-528-5818
• Wound Care • Therapy • Durable Medical Equipment (DME) • Transplants • Ambulance Transports	1-877-528-5816
• Home Health	(318)-812-6265
• Part B Drugs	1-877-528-5816
• Part D Drugs	1-877-328-9799 or 1-855-964-0556

You can access our Blue Advantage authorization forms on the Blue Advantage Provider Portal. **Please do not submit Blue Advantage prior authorization requests on a Vantage Health Plan authorization request form.**

If you need an expedited authorization, please refer to the instructions on the authorization form for guidance.

To access the Blue Advantage Provider Portal, go to www.BCBSLA.com/ilinkblue, choose "Blue Advantage" under the "Other Sites" section, then click "Resources."

Things to Remember When Using the Blue Advantage Provider Portal

- Cookies must be enabled for the portal site in order to log in and access all portal features.
- Google Chrome is the best browser to access the Blue Advantage Provider Portal.
- The portal does include a multi-factor authentication code to be entered when logging in.

Adding Group Moderators

Group Moderators are responsible for granting users within their group access to the Blue Advantage Provider Portal. We require provider organizations to designate at least one Group Moderator to self-manage user access to the portal. Some organizations may need to appoint more than one moderator for different reasons.

To designate additional moderators, the person(s) being added must first have user access. They can then request moderator access through the "My Profile" page of the portal.

For instructions on how to register for user and moderator access, see the Blue Advantage Provider Portal User Guide. It is available on the Blue Advantage Resources page, www.BCBSLA.com/providers, then click "Go to BA Resources" at the bottom of the page.

To access the Blue Advantage Provider Portal, go to www.BCBSLA.com/ilinkblue, then click "Blue Advantage" under the "Other Sites" section.



Tips and Best Practices to Improve Medication Adherence

Provider education is part our mission to improve the health and lives of Louisianians. Understanding medication adherence help to improve the life of your patients. Use the following seven tips to help give your patients the best quality care.

1. Regular medications reviews. Develop a process to assess medication adherence. At every visit, go over all the medications your patients take. Give patients an updated medication list at the end of each visit.
2. Check for understanding. Make sure patients understand why you are prescribing each medication. Also discuss the expected time it will take to see results. Explain what the medications are, what they do, how to take them, and how to manage any potential side effects. Avoid using medical jargon. Instead of saying "This medication will treat your hypertension." Say, "Let's try this medication for your high blood pressure."
3. Create a shame- and blame-free space. Patients may have good reasons for not taking their medications and should feel comfortable discussing them without judgment. Be careful of your language. Instead of saying "Why aren't you taking this medication," Say, "I'm curious to know what happens when you take this medication."
4. Consider underlying conditions. For example, patients with depression are less likely to take their medications as prescribed. Consider treating the depression first.
5. Involve the patient. Patients who make decisions about medications are more likely to adhere to their treatment plan. Offer options and choices to patients before starting a new medication.
6. Prescribe 90-day supplies. Evidence shows filling medications for a 90-day supply increases adherence rates. Your patients may save money. They pay \$0 for a 90-day supply of Tier 1 generic medication at preferred pharmacies.
7. Discuss barriers to adherence. Talk with your patients about obstacles to taking their medications and develop a personalized approach for each patient. Common barriers include the following:
 - Affordability: The cost of medicine can be a major barrier to adherence. If patients cannot afford a medication, they may ration to extend their supply. Some patients may not fill it in the first place. Prescribe generics when possible and offer information on prescription assistance programs.
 - Transportation: Many patients may have difficulty getting to the pharmacy. Consider prescribing 90-day supplies. Suggest patients use prescription delivery services, mail-order services or assistance from caregivers and family members.
 - Fear: Some patients may be afraid of potential side effects. This may be from a prior experience with medication or a story from a friend or family member. Discuss patients' concerns and explain what to expect with the medication and how to manage potential side effects.
 - Time Management: For patients that have trouble remembering to refill their prescription, suggest pharmacy refill reminders. Suggest reminders like pill boxes and cell phone alarms and consider simplifying the regimen if possible.

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

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

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

Blue Advantage Insight

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

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

What's on the Provider Portal

www.BCBSLA.com/ilinkblue > Blue Advantage

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

COVID-19 Communications

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

Important Contact Information

Authorizations (including Case and Medical Management)

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

Behavioral Health

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

Blue Advantage Customer Service

1-866-508-7145

customerservice@blueadvantage.bcbsla.com

Blue Advantage Provider Portal

1-866-508-7145, option 3, option 2

Provider Credentialing & Data Management

1-800-716-2299, option 2 (provider credentialing)

1-800-716-2299, option 3 (data management)

pcdmstatus@bcbsla.com

Pharmacy

1-800-935-6103/TTY:711

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

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