

Blue Advantage Insight Newsletter

May 2022

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Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO). Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Blue Advantage Encourages Louisianians to Prepare for Hurricane Season

Hurricane season will be here on June 1 and runs through November 30. Now is a good time to have a plan and consider what to do if a storm strikes.

Providers can play a role in encouraging patients to consider their health care needs in the event of dangerous weather. Remind patients to keep their health care coverage information handy, including their Blue Advantage member ID card. Providers can look up a member's eligibility through the Blue Advantage Provider Portal, which can be accessed through iLinkBlue (www.bcbsla.com/ilinkblue), look under "Other Sites," then click "Blue Advantage." Members who do not have their cards on hand can access their information through Blue Advantage Customer Service at 1-866-508-7145.

Some other suggestions you can make to patients during this season include:

- Make a list of their family's health information. Include any medications with dosages and the contact information for you and their other health care providers. They can store this on a phone or keep a written copy in a wallet or elsewhere so it will be with them in case of an evacuation. This will be helpful in the event that they need care or a prescription filled while away from home.
- Sign up for telehealth services for treatment online if they are away from home. Remind patients of any telehealth options that you offer and how to access them. You can also remind Blue Advantage customers that they can have 24/7 online doctor visits with BlueCare, our telehealth platform. BlueCare works on any device with internet and a camera, like a smartphone, laptop, tablet or computer, and is a \$0 copay for Blue Advantage members. Your patients can sign up at www.BlueCareLA.com or with the BlueCare (one word) app.
- Hurricane circumstances can also create barriers to medication adherence. Encourage patients to stay on top of prescription supplies in case of evacuation, or if their area may be without resources for a time. Blue Advantage members can get a 90-day supply of most medications, to help ensure they have their medications on hand. They can also sign up for auto refills through Express Scripts Pharmacy, so they do not forget to have their medications filled.

Express Scripts Pharmacy® is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



Stressing Medication Adherence

Medication-taking behavior is complex for individuals and influenced by many factors. Studies have shown that approximately 50% of patients do not take their medications as prescribed.

Non-adherence can lead to the following:

- Unnecessary hospitalization and emergency room visits
- Increased costs to patients and health care systems
- Poor health outcomes
- Unnecessary work on the part of the practice during the visit

Providers can play a role in improving medication adherence by understanding barriers to adherence and using patient-centered strategies to overcome those barriers.



Tips and Best Practices to Improve Medication Adherence:

1. Regularly review medications. Develop a routine 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 and the time it takes to see results. Explain, clearly, 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, "Try this medication for high blood pressure."
3. Create a shame- and blame-free space. Some patients may have good reasons for not taking their medications and should feel comfortable discussing their medication-taking behavior without judgement. Be careful of your language—instead of saying "Why are you not taking this medication," say, "I am curious to know what happens when you take this medication."
4. Consider underlying conditions. For example, patients with depression may struggle to take their medications as prescribed, so consider treating the depression first.
5. Involve the patient. When involved in medication decisions, patients are more likely to adhere to their treatment plan. Offer options and choices to patients before starting a new medication.

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Stressing Medication Adherence (continued from Page 3)

Tips and Best Practices to Improve Medication Adherence:

6. Encourage 90-day supplies and automatic refills. Evidence shows filling medications for a 90-day supply increases adherence rates. Adding automatic refills to 90-day supplies further increases adherence rates.
7. Discuss barriers to adherence. Talk obstacles to taking their medications and develop a personalized approach for each patient. Common barriers include the following:
 - **Affordability:** Cost can be a major barrier to medication adherence. If patients cannot afford a medication, they may ration to extend their supply or not fill it in the first place. Prescribe generics and lower-tier medications when possible.
 - **Transportation:** Patients may have difficulty getting to the pharmacy. Suggest using Express Scripts home delivery with automatic refills or ask if they have assistance from caregivers or family members.
 - **Fear:** Some patients may fear potential side effects based on a prior experience with the same medication, a different one, or a story from a friend or family member.
 - **Time Management:** For patients with issues remembering to refill a prescription, suggest automatic refills and pharmacy refill reminders. If they have problems remembering to take their medicine, suggest reminders like pill boxes and cell phone alarms, and consider simplifying the regimen if possible.

Register for the New to Blue Advantage Webinar

On Wednesday, August 3, we are conducting a New to Blue Advantage webinar. This webinar is for new Blue Advantage providers plus new clinical and business office staff members who work with Blue Advantage. It will feature information about medical documentation, claims filing options, the Blue Advantage Provider Portal and other Blue Advantage resources.

Registration for this webinar, as well as our other provider webinars, is available through our Upcoming Provider Training Events emails that go out every other week. Once you register, you will receive a confirmation email on how to join the webinar. If you are not receiving these emails, contact Provider Relations at provider.relations@bcbsla.com.

Missed any of our webinars?

You can find all past workshop and webinars online at www.bcbsla.com/providers, click on "Go to BA Resources" at the bottom of the page, then click "Webinars and Workshops."

2022 Statin Drug Coverage Guidelines for Blue Advantage Members

Patients with Atherosclerotic Cardiovascular Disease (ASCVD) or diabetes can benefit from the use of moderate- to high-intensity statins.

For patients with diabetes but no ASCVD, there is strong evidence that the use of moderate- to high-intensity statins can reduce cardiovascular disease.

For diabetic patients ages 40-75 without ASCVD, moderate intensity statin therapy is appropriate alongside lifestyle therapy.

For higher-risk patients, such as those with multiple ASCVD risk factors, or those age 50-70 years, high-intensity statin therapy may be more appropriate.*

Adherence to statins will aid in ASCVD risk reduction. Educate your patients on why statin therapy is necessary.

For patients having trouble tolerating a statin, consider alternative dosing schedules, like every other day dosing with atorvastatin or rosuvastatin. If considering an alternative dosing schedule, be sure the prescription includes those directions. This will allow adherence to be measured properly. Pravastatin and fluvastatin are the least likely to have drug interactions.**

If patients have other issues adhering to a medication regimen, remember the following:

- Prescribe 90-day supplies and remind patients to refill on schedule to encourage better adherence.
- Blue Advantage members can get a 90-day supply by mail and turn on automatic refills when using Express Scripts Pharmacy.

If you have clinical questions about this information, please contact pharmacybenefits@bcbsla.com.



*Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes—2022. Diabetes Care December 2021, Vol.45, S144-S174.

**If considering use of an alternate dosing schedule, please be sure the prescription includes these directions. This will help measure adherence properly.

Understanding Blue Advantage: Passive PPO and MOOP

Insurance can be a tricky thing to understand. Learning the vocabulary and requirements of each plan can be a challenge. Two subjects sometimes misunderstood are Passive PPO plans and the Maximum Out of Pocket (MOOP) cost share. Here is a breakdown of both.

Passive PPO

Blue Advantage has several employer-group plans that are Passive PPO. It means that members receiving services rendered out-of-network pay at the same cost share as in-network benefits. Any provider who accepts Medicare, regardless of participation in the Blue Advantage network, receives the same level of reimbursement for these members. Members on these plans should pay their in-network cost share. We label these Passive PPO plans with "II" in the plan name shown in the Blue Advantage Provider Portal.

Maximum Out of Pocket (MOOP)

The Maximum Out of Pocket is the limit of out-of-pocket costs a member will pay annually. MOOP is not a deductible and not owed by the member before copayments apply. Providers should 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. Only in-network providers may use the provider portal. Providers who are out-of-network must call Blue Advantage Customer Service to verify member benefits.

Guidelines for Chiropractic Authorizations

As of January 1, 2022, Blue Advantage requires prior authorization for spinal chiropractic manipulations. Use the guidelines below for requesting authorizations:

- The first four manipulations may be performed without obtaining prior authorization.
- If the patient requires more than four manipulations to complete treatment, then you must obtain prior authorization. Please include the number of treatments required with your request.



Requesting Prior Authorization

For outpatient services, download the Outpatient Authorization Request Form from the Blue Advantage Provider Portal, under Resources. Fax your completed request to the Blue Advantage Authorizations Department at 1-877-528-5816. Please include a treatment plan and all supporting clinical documentation.

If you have questions about your prior authorization request, contact the Blue Advantage Authorizations Department at 1-866-508-7145, option 3, option 3. For the complete list of the services that require prior authorization, see the *Blue Advantage Quick Reference Guide*, located at www.bcbsla.com/providers, then click the "BA Resources" link at the bottom of the page.

Population Health Letters Coming Soon

In keeping with parameters set by the Centers for Medicare & Medicaid Services (CMS), Blue Advantage partnered with Affinity Health Group to help ensure that Blue Advantage members receive a Population Health Visit. These patient visits should include routine preventative services, as well as a thorough medical evaluation including an assessment of the patient's health risk(s).

As part of this program, Affinity is sending letters to Blue Advantage providers along with a listing of individual patient information and recent services performed (based on claims analysis). Please supplement this information to the patient's current medical chart. It can also be used as a tool to develop a plan of prevention and awareness for your Blue Advantage patient.

Please contact Affinity Health with any questions or concerns at 1-833-949-2788, Monday through Friday, 8 a.m. to 5 p.m. Teletypewriter users should call 711.

Medicare Sequestration Payment Reduction

It has been more than two years since the COVID-19 pandemic impacted the world. On March 27, 2020, Congress passed the Coronavirus Aid, Relief and Economic Security (CARES) Act, which suspended the Medicare 2% sequestration that applied to all Medicare fee-for-service (FFS) claims. The suspension went into effect on May 1, 2020. That suspension extended several times, but the sequestration phased back in on April 1, 2022, at a rate of 1%.

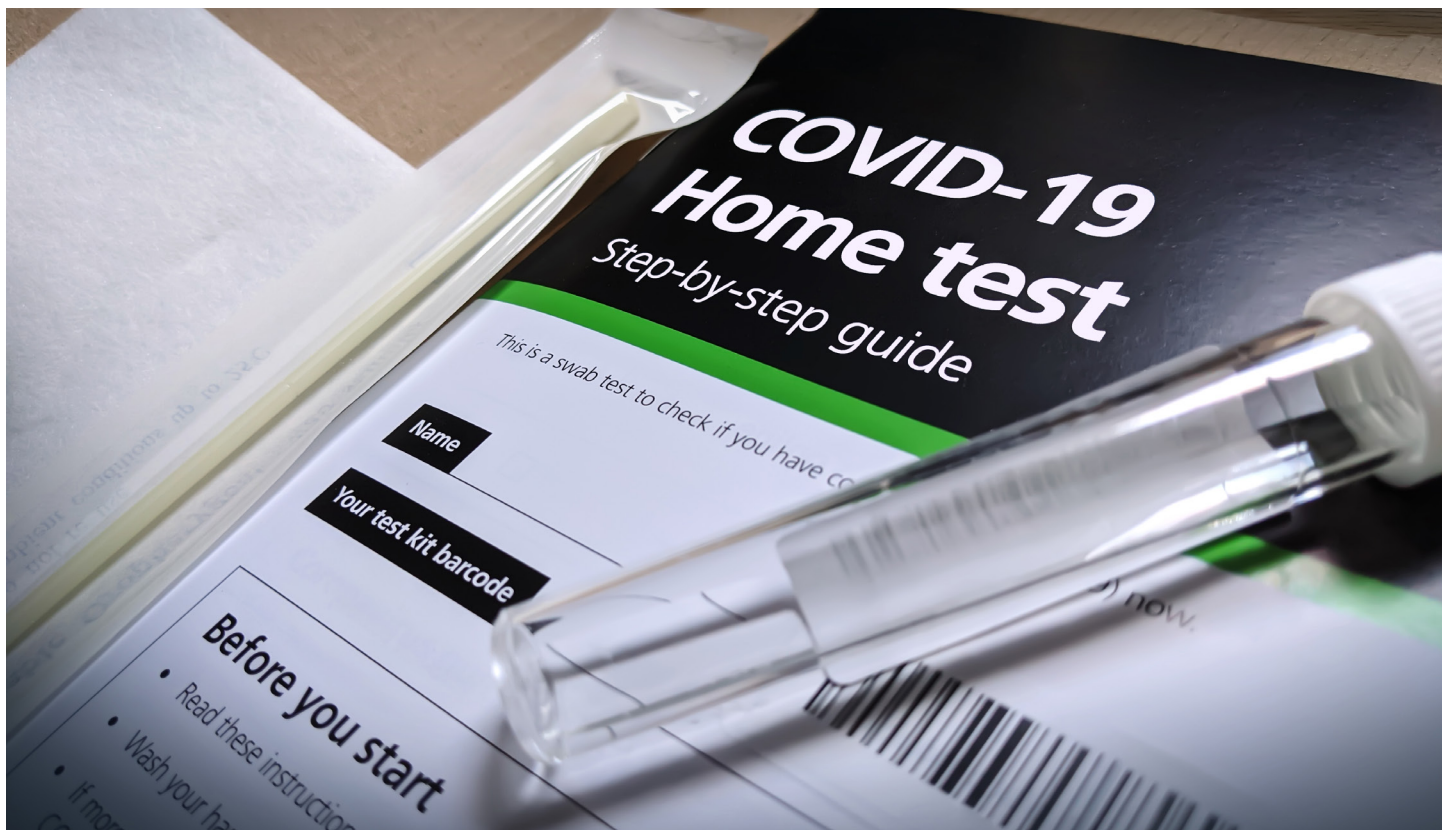
In March 2022, the Senate passed a \$1.5 trillion omnibus appropriations bill that contained provisions that directly impact health care providers, such as reinstating cuts to Medicare reimbursement. This brought back the Medicare sequestration payment reduction through June 30, 2022. On July 1, 2022, the sequestration payment reduction will increase to the pre-pandemic amount of 2%.

Place of Service Codes in Telehealth

Effective January 1, 2022, Blue Advantage is processing place of service 10 the same as place of service 02. For dates of service prior to January 1, telehealth services should be billed with place of service 02. During the COVID-19 public health emergency, Medicare does not require use of telehealth place of service codes.

If there is a change of policy regarding use of telehealth place of service codes, Blue Advantage will provide instructions on updated applicable rules.

Does Medicare Cover Over-the-counter COVID-19 Tests?



Medicare announced a new initiative that covers up to eight over-the-counter COVID-19 tests each calendar month, at no cost to the member. The initiative started on April 4, 2022, and continues until the COVID-19 public health emergency (PHE) ends.

These tests are covered under Medicare Part B, including members enrolled in a Medicare Advantage plan. This means that Blue Advantage members will have these tests covered by Medicare, not through their Blue Advantage plan's coverage.

Patients can get over-the-counter COVID-19 tests at any pharmacy or health care provider that participates in this initiative. A partial list of participating pharmacies can be found at www.medicare.gov/medicare-coronavirus.

Tell patients to use their red, white and blue Medicare card, not their Blue Advantage member ID card, to get free tests. If they do not bring their Medicare card, the pharmacy may be able to get the information it needs to bill Medicare without the card.

Members do not need to change pharmacies to get free over-the-counter COVID-19 tests. They can get them from any eligible pharmacy or health care provider participating in this initiative, even if they are not a current customer or patient. Getting tests will not affect any prescriptions they have in place.

Who Do I Contact if I Have Questions?

For claims status, member eligibility, benefit verification and care management inquiries that cannot be resolved through the Blue Advantage Provider Portal, contact Blue Advantage Customer Service at 1-866-508-7145.

For 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.



If you are not receiving our communications,
you may need to update your contact
information...

Do We Have Your Current 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.



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 health care 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

Blue Advantage Resources

Visit the Blue Advantage Resources page to view reference materials, forms, past webinar and workshop slides, plus copies of this newsletter. 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 record information) 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).**