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

provider networknews

4th Quarter 2017

providing health guidance and affordable access to quality care

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Provider Self-serve Initiative

In an ongoing effort to shorten hold times for providers when calling our Customer Care Center, on March 1, 2018, providers will be required to use our self-service tools for the following services:

- member eligibility
- claim status inquiries
- professional allowable charge searches
- medical policy searches

By using our self-service tools listed below, providers receive the information in a more time efficient manner.

You will also notice these tools offer more services than just those listed as part of our self-serve initiative.

If you have additional questions after using our self-service tools, then you can call our Customer Care Center. You will be asked for additional information to verify that you attempted to use the self-service tools first.

Our Self-service Tools

1. iLinkBlue (www.BCBSLA.com/ilinkblue)
2. Interactive Voice Recognition (IVR) (1-800-922-8866) The *Automated Benefits & Claim Status* (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available online at www.BCBSLA.com/providers >Resources
3. HIPAA 27x transactions Companion guides are available online at www.BCBSLA.com/providers >Electronic Services >Companion Guides

We encourage you to start using these tools now so you are familiar with their functions before March 1.

www.BCBSLA.com/providers
www.BCBSLA.com/ilinkblue

Louisiana

Provider Network

Select Networks Expand for 2018

Blue Connect and Community Blue are two select provider networks and member products that we offer in certain areas of the state.

For 2018, we are making changes to both of these networks as follows:

- Blue Connect (currently available in Acadia, Evangeline, Iberia, Jefferson, Lafayette, Orleans, St. Landry, St. Martin, St. Mary, St. Tammany and Vermilion parishes) is expanding to include Bossier, Caddo, Plaquemines, St. Bernard, St. Charles and St. John the Baptist parishes
- Community Blue will no longer be available in Bossier and Caddo parishes. It will still be available in Ascension, East Baton Rouge and West Baton Rouge parishes and is expanding to include Livingston parish

For 2018, we are also offering a new select network and member products called Signature Blue; available in Jefferson and Orleans parishes only.

Please always refer Blue Connect, Community Blue and Signature Blue members to providers in their network. To find network providers, view our online directory at www.BCBSLA.com >Find a Doctor.

These members receive the highest level of benefits when services are rendered by a network provider. Higher cost shares, authorizations or no available benefits may apply when members seek services from out-of-network providers.

Blue Connect, Community Blue and Signature Blue members are identifiable by their member ID card, which includes the HMO Louisiana, Inc. logo in the top left corner and the network name in the top right corner.

You can find detailed information about these networks in our speed guides; available online at www.BCBSLA.com/providers >Resources >Speed Guides.

Free CME Credits Offer Extended

For 2018, we are again offering our network providers FREE continuing medical education (CME) credits directly through the Washington University CME portal.

1. Go to cmeonline.wustl.edu/bcbsl
2. Click "New Account"
3. Enter registration information
4. Click "Sign Up"

Once registered, we recommend these three courses first:

- Practical Implementation of the Accountable Care Model: The 9 C's
- BCD: Basic Coding and Documentation Principles
- ABCD: Applying Basic Coding and Documentation Principles

Hospital-based Provider Reporting

As outlined in the Health Care Consumer Billing & Disclosure Act (Consumer's Right to Know Act), acute care facilities and ambulatory surgery centers are required to notify health plans within 30 days of a change of hospital-based providers. This includes radiologists, anesthesiologists, pathologists, neonatologists and emergency room physicians.

When a change occurs, please submit updated information on the Consumer's Right to Know Facility Reporting Form, available online at www.BCBSLA.com/providers >Resources >Forms.

Return completed forms to our Network Development department.

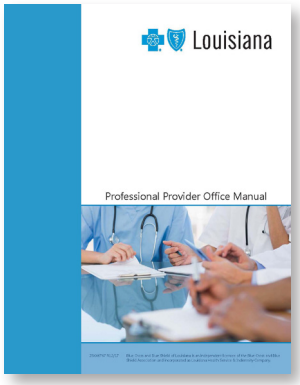
Email:	network.development@bcbsla.com
Fax:	(225) 298-7698 Attn. Network Development
Mail:	Network Development – BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029

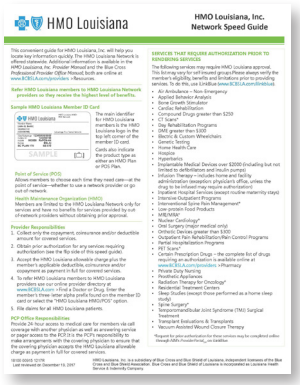
Our hospital-based physician reports are available online at www.BCBSLA.com >Find a Doctor >Hospital-based Physician.

Not getting our newsletters electronically? Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

Updated Manuals & Speed Guides

Look for newly revised provider manuals and network speed guides in January 2018. Manuals and speed guides are available online at www.BCBSLA.com/providers >Resources.





Has Your Contact Info Changed?

Help us keep your information current with the Provider Update Request Form. Use this form to submit updates or corrections to your practice information.

Updates may range from changes in address to updating your correspondence email address to changing your hours of operation. If you have recently had changes to your practice, let us know by completing and returning the form.

The form is available online at www.BCBSLA.com/providers >Resources >Forms.

2018 Holiday Schedule for AIM and New Directions

- Monday, January 1 – New Year's Day
- Monday, January 15 – Martin Luther King Jr. Day
- Monday, May 28 – Memorial Day
- Wednesday, July 4 – Independence Day
- Monday, September 3 – Labor Day
- Thursday, November 22 – Thanksgiving Day
- Friday, November 23 – Day after Thanksgiving
- Tuesday, December 25 – Christmas Day

AIM Specialty Health® (AIM) is an independent company that administers authorization services for select elective outpatient high-tech imaging studies for Blue Cross and HMO Louisiana.

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and HMO Louisiana.

Billing & Coding

Third-party Liability Cases

We are aware that some providers are unclear about what they should collect when treating a member who is involved in a third-party liability case.

To help clarify the terms of our Provider Agreements, providers should NOT:

- Require the member or the member's attorney to guarantee payment of the entire billed charge.
- Require the member to pay the entire billed charge up front if on a copayment product.
- Bill the member for amounts above the allowable charge.

The actions above violate "Article IV Compensation and Billing" section of our Physician Agreement. In this portion of the agreement, the provider agrees to:

- Provide medical services to Plan members in the same manner and in accordance with the same standards as those provided to all other patients.
- Charge Plan members no more than what is ordinarily charged other patients for the same or similar services.
- Accept the Plan's benefit payment plus the member's deductible, coinsurance and/or copayment, if applicable, for any covered services as payment in full.
- Not bill the member for any amount in excess of the allowable charge for covered services.

Providers may bill the member for applicable deductible, coinsurance, copayment and non-covered services. If you have collected any amount above the allowable charge, you should refund that amount to the member.

Processing Secondary Claims

It is important to include a copy of the primary carrier's explanation of benefits (EOB) when billing claims to Blue Cross as the secondary payor. With our claims processing system, all information on Medicare and other carrier EOBs must be entered to process secondary claims.

You help prevent delays in processing your claims when you file your secondary claims with all primary documentation.

When refunding money to Blue Cross on overpaid secondary claims, it is important to include a copy of the primary carrier's EOB. This allows us to appropriately apply the overpaid amount to the claim(s).

Billing & Coding

Cloned or Template-generated Documentation

Please be cautious when using templates to generate medical records to ensure that what is documented in the medical record for a specific patient actually occurred.

Medical record documentation must be specific to the patient's situation at the time of the service.

Each patient has a unique set of problems, symptoms and treatments, so it is expected that documentation will not look exactly the same across patients. It is expected that medical record entries for a patient will not be worded exactly alike or similar to previous entries.

Global Billing for Maternity Care

Effective December 1, 2017, we changed our global billing for maternity care.

Obstetricians bill globally for maternity care as per coding guidelines. This includes management of maternity care from the beginning of a member's pregnancy through post-partum care.

For post-partum visits on and after dates of service December 1, 2017, we now require obstetricians to submit a claim for the member's post-partum visit using the non-payable CPT® code 0503F with a charge of $0.00.

This visit should be performed no later than 60 days from the delivery date.

The data we receive from these claims will be used to better report on measures of quality performances and provide information for us to understand new areas for member engagement.

This information will also be used to ensure our claims payments match the services provided. If 0503F is not billed to indicate post-partum care services were performed, recoupments will be made to reflect the allowable applicable to the post-partum care service.

Updated Drug Allowables

We updated the reimbursement schedule for drug and drug administration codes, effective for claims with dates of service on and after March 1, 2018. These allowables are available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Payments" section.

Professional providers can use the Professional Provider Allowable Charges Search application to access the allowable charges by entering "2018-03-01" in the "Select a Date" field. Facility providers can access these drug allowable charges under the "Facility Allowables" link.

Limitations on Billing Members

As per your Blue Cross provider contract, generally a member cannot be billed for services determined to be not medically necessary, experimental or investigational.

The only instance when the member may be billed for services determined to be not medically necessary, experimental or investigational is when the member is provided with advance written notice that (a) identifies the proposed services, (b) informs the member that such services may be deemed to be not medically necessary or experimental or investigational, and (c) provides an estimate of the cost for the services to that member and the member agrees in writing in advance of receiving the services, assuming financial responsibility for identified services.

Generic or all-encompassing notifications to members will not meet the specific notification requirement mentioned above.

General agreements to pay, such as those signed by a member at the time of admission, are not evidence that the member knew specific services were excluded or that the member agreed to pay.

New Flu Vaccination Code

Effective January 1, 2018, CPT code 90756 will be added to our system.

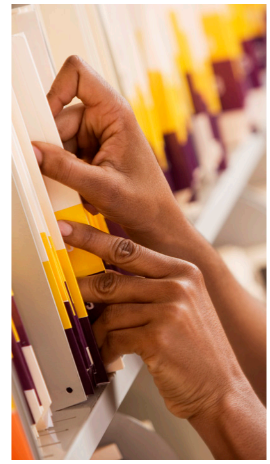
Updated Chiropractic and Therapy Billing Guidelines in Provider Manual

Updated Chiropractic and Therapy Billing Guidelines are included in the 2018 *Professional Provider Office Manual*. The updated billing guidelines include policy clarifications.

Provider manuals and other quick reference guides are available online at www.BCBSLA.com/providers >Resources. The revised manuals for 2018 will be available beginning January 2018.

Medical Management

HEDIS: 2018 Chart Reviews Coming Soon



We are preparing for our upcoming HEDIS (Healthcare Effectiveness Data and Information Set) medical review season in 2018.

HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA) used to help establish accountability and improve healthcare quality. Some of your charts may be required to abstract these measures for HEDIS review.

A key component of the HEDIS process is reviewing medical chart documentation. You may receive a medical record request from us or one of our vendors to perform chart audits on our behalf.

Blue Cross is counting on our network providers to assist in the process by submitting requested medical records in a timely manner (5-7 business days) and as scheduled with our vendor. We must receive all requested medical records to ensure that our results accurately reflect the quality of care you provide.

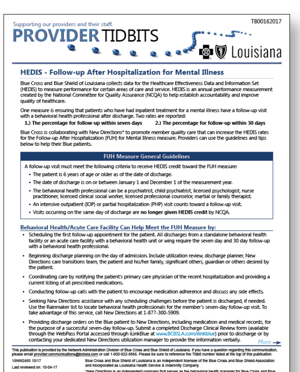
We are contracted with Health Data Vision, Inc., to conduct HEDIS medical record reviews in 2018. As a reminder, your provider contract allows for the release of medical information to Blue Cross or our designee at no cost for quality improvement efforts. This also applies if you use a medical record management company.

The following passage contains the terms of agreement found in your provider contract with Blue Cross:

> Notwithstanding any other provision of this Agreement, PHYSICIAN agrees to allow PLAN or its designee, to inspect, audit and duplicate any and all information, including, but not limited to, billing, payment, Medical Management, and medical records maintained by PHYSICIAN on Members pursuant to this Agreement. The medical records of Members also shall be made available to other Network Providers participating in a Member's medical care as well as to PLAN to make determinations regarding quality of care, Medical Management Programs, peer review, grievance review or for other purposes. Such inspection, audit and duplication shall be allowed upon reasonable notice to PHYSICIAN by PLAN during PHYSICIAN's normal business hours, and duplication of such data and records shall be provided, without cost, to PLAN, its designee or Members. Failure to timely provide medical records upon request to substantiate services provided and/or complete and accurate diagnosis coding may result in limitation of payment or no payment.

New Tidbit: Follow-up after Hospitalization for Mental Illness

We are collaborating with New Directions to promote member quality care to increase the HEDIS rates for the Follow-up After Hospitalization for Mental Illness measure.



Supporting our providers and their staff.

TB00162017

PROVIDER TIDBITS

Louisiana

HEDIS - Follow-up After Hospitalization for Mental Illness

Blue Cross and Blue Shield of Louisiana collects data for the Healthcare Effectiveness Data and Information Set (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 healthcare.

One measure is ensuring that patients who have had inpatient treatment for a mental illness have a follow-up visit with a behavioral health professional after discharge. Two rates are reported:

1.) The percentage for follow-up within seven days **2.) The percentage for follow-up within 30 days**

Blue Cross is collaborating with New Directions* to promote member quality care that can increase the HEDIS rates for the Follow-up After Hospitalization (FUH) for Mental Illness measure. Providers can use the guidelines and tips below to help their Blue patients.

FUH Measure General Guidelines

A follow-up visit must meet the following criteria to receive HEDIS credit toward the FUH measure:

- The patient is 6 years of age or older as of the date of discharge.
- The date of discharge is on or between January 1 and December 1 of the measurement year.
- The behavioral health professional can be a psychiatrist, child psychiatrist, licensed psychologist, nurse practitioner, licensed clinical social worker, licensed professional counselor, martial or family therapist.
- An intensive outpatient (IOP) or partial hospitalization (PHP) visit counts toward a follow-up visit.
- Visits occurring on the same day of discharge are **no longer given HEDIS credit** by NCQA.

Behavioral Health/Acute Care Facility Can Help Meet the FUH Measure by:

- Scheduling the first follow-up appointment for the patient. All discharges from a standalone behavioral health facility or an acute care facility with a behavioral health unit or wing require the seven day and 30 day follow-up with a behavioral health professional.
- Beginning discharge planning on the day of admission. Include utilization review, discharge planner, New Directions care transitions team, the patient and his/her family, significant others, guardian or others desired by the patient.
- Coordinating care by notifying the patient's primary care physician of the recent hospitalization and providing a current listing of all prescribed medications.
- Conducting follow-up calls with the patient to encourage medication adherence and discuss any side effects.
- Seeking New Directions assistance with any scheduling challenges before the patient is discharged, if needed. Use the Rainmaker list to locate behavioral health professionals for the member's seven-day follow-up visit. To take advantage of this service, call New Directions at 1-877-300-5909.
- Providing discharge orders on the Blue patient to New Directions, including medication and medical records, for the purpose of a successful seven-day follow-up. Submit a completed Discharge Clinical Review form (available through the WebPass Portal accessed through iLinkBlue at www.BCBSLA.com/ilinkblue) prior to discharge or by contacting your dedicated New Directions utilization manager to provide the information verbally.

More →

This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this communication, please email provider.communications@bcbsla.com or call 1-800-922-8866. Please be sure to reference the Tidbit number listed at the top of this publication.

18NW2465 10/17

Last reviewed on: 10-04-17

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

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

Our new HEDIS Follow-up After Hospitalization for Mental Illness provider tidbit is designed to help Blue patients meet post-discharge standards for quality care.

This new tidbit is available online at www.BCBSLA.com/providers >Resources >Tidbits.

New Utilization Management Programs

In 2017, we implemented two new utilization management programs for fully-insured members:

- The Spine Surgery and Spine Pain Management Program was effective for dates of service on and after November 1, 2017.
- The Radiation Oncology Program was effective for dates of service on and after December 1, 2017.

AIM Specialty Health® administers for Blue Cross medical necessity reviews for many spine surgeries, spine pain management services and radiation oncology services. These reviews are based on AIM appropriate-use criteria.

Obtain a preservice review for these non-urgent services through the AIM Provider*Portal*SM, available through iLinkBlue (www.BCBSLA.com/ilinkblue) under "Clinical Resources." Beginning January 1, 2018, and as policies renew, authorization penalties will apply for no preservice authorization.

Medical Policy Update

Blue Cross regularly develops and revises medical policies in response to rapidly changing medical technology. Our commitment is to update the provider community as medical policies are adopted and/or revised. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated medical policies, all of which can be found on iLinkBlue at www.BCBSLA.com/ilinkblue.

Recently Updated Medical Policies

Policy No. Policy Name

Changes Effective September 20, 2017

00024 C Deep Brain Stimulation

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

00305 C Serologic Diagnosis of Celiac Disease

00424 C Genetic Testing for Li-Fraumeni Syndrome

00435 C Genetic Testing for Mitochondrial Disorders

00529 C Zyflo®/Zyflo CR (zileuton)

Changes Effective October 1, 2017

00075 C Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee

Changes Effective October 18, 2017

00234 C Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus

00320 C BRAF Gene Mutation Testing to Select Melanoma or Glioma Patients for Targeted Therapy

00328 C Medical Management of Obstructive Sleep Apnea Syndrome

00365 C Topical Pain Patches

00387 C Drug Testing in Pain Management and Substance Abuse Treatment

00420 C JAK2, MPL, and CALR Testing for Myeloproliferative Neoplasms

00451 C Phosphate Binders

00537 C Coronary Computed Tomography Angiography With Selective Noninvasive Fractional Flow Reserve

Changes Effective November 1, 2017

00011 C Bone Growth Stimulation

00094 C Vertebroplasty/Kyphoplasty

00145 C Artificial Intervertebral Disc: Lumbar Spine

00199 C Facet Radiofrequency Denervation

00229 C Artificial Intervertebral Disc: Cervical Spine

00260 C Spinal Cord Stimulation

Changes Effective November 15, 2017

00049 C Hematopoietic Cell Transplantation for Acute Myeloid Leukemia

00182 C Radiofrequency Ablation of Primary or Metastatic Liver Tumors

00204 C Genetic Testing for Alzheimer's Disease

00249 C Plasma Exchange (PE)

00325 C Corneal Collagen Cross-linking

00397 C Treatment of Hepatitis C with a sofosbuvir (Sovaldi®) Based Regimen

00455 C Treatment of Hepatitis C with sofosbuvir/ledipasvir (Harvoni®)

00462 C Treatment of Hepatitis C with ombitasvir, paritaprevir, ritonavir, and dasabuvir (Viekira Pak™/Viekira XR™)

00478 C Treatment of Hepatitis C with ombitasvir, paritaprevir, and ritonavir (Technivie™)

00479 C Treatment of Hepatitis C with daclatasvir (Daklinza™) plus sofosbuvir (Sovaldi®)

00509 C Treatment of Hepatitis C with elbasvir and grazoprevir (Zepatier®)

00514 C Treatment of Hepatitis C with sofosbuvir/velpatasvir (Epclusa®)

00536 C Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, and Congenital Anomalies

Effective December 1, 2017

00019 C Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

00045 C Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

00187 C Proton Beam Radiation Therapy

00201 C Breast Brachytherapy

Provider inquiries for reconsideration of medical policy coverage, eligibility guidelines or investigational status determinations will be reviewed upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in an established medical policy should be reviewed. Supporting data will be reviewed in accordance with medical policy assessment criteria. If you have questions about our medical policies or if you would like to receive a copy of a specific policy, log on to iLinkBlue at www.BCBSLA.com/ilinkblue.

New Medical Policies

Policy No. Policy Name

Effective September 20, 2017

00570 C Cardiac Rehabilitation in the Outpatient Setting

Effective October 1, 2017

00569 I Microwave Tumor Ablation

Effective October 18, 2017

00574 I Ablation Procedures for Peripheral Neuromas

00576 C Transcatheter Pulmonary Valve Implantation

Effective November 1, 2017

00561 C Bone Graft Substitutes and Morphogenetic Proteins

00563 I Sphenopalatine Ganglion Block for Headache

Effective November 15, 2017

00591 C Autonomic Nervous System Testing

00593 C Treatment of Hepatitis C with glecaprevir/pibrentasvir (Mavyret™)

00594 C Treatment of Hepatitis C with sofosbuvir/velpatasvir/voxilaprevir (Vosevi™)

Effective December 1, 2017

00572 C Bioengineered Skin and Soft Tissue Substitutes

Medical Policy Coverage Legend

These symbols are referenced next to medical policies listed on this page and represent Blue Cross' coverage indications as follows:

- I Investigational
- C Eligible for coverage with medical criteria
- N Not medically necessary

Pharmacy Medical Policies Effective January 1, 2018

We developed six new medical policies and revised 10 existing medical policies for the following drugs. As benefits may vary by group and individual plans, the inclusion of a medication on a medical policy does not imply prescription drug coverage.

New Policies	Policy No.
Topical Actinic Keratosis Products	00579
Topical Anesthetics	00580
Topical Antipruritics	00581
Ergotamine/Dihydroergotamine Products	00582
anakinra (Kineret®)	00585
nitisinone (Orfadin®, Nityr™)	00586

Revised Policies	Policy No.
certolizumab pegol (Cimzia®)	00200
etanercept (Enbrel®)	00219
Parenteral Therapy for Osteoporosis	00239
Opioid Management/Long Acting Oral Opioid Step Therapy	00323
Topical and Nasal Testosterone Products	00335
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	00353
Proton Pump Inhibitors (PPIs)	00356
mifepristone (Korlym®)	00383
Cialis® (tadalafil)	00388
ixekizumab (Taltz®)	00513

These new and revised drug medical policies are available online at www.BCBSLA.com/providers >Resources. These policies will become available on the medical policy index located on iLinkBlue (www.BCBSLA.com/ilinkblue) in January 2018.

Under Louisiana law, some members may not be affected by these policy changes until their 2018 contract renewal.

Member Benefits

Product Enhancements Effective January 1, 2018

(and as policies renew)

BlueChoice 65 - Plan G and Plan G Select

- *Policies Affected:* Members who select these new benefit plans.
- *Enhancement:* Blue Cross is adding a new Medicare supplemental Plan G and Plan G Select.

Blue Connect Network Expansion

- Policies Affected: Members with Blue Connect.
- *Enhancement:* The Blue Connect network is being expanded to include Bossier, Caddo, Plaquemines, St. Bernard, St. Charles and St. John the Baptist parishes.

Blue Connect Saving Plus

- *Policies Affected:* Group members with Blue Connect who choose the new health savings account (HSA) option.
- *Enhancement:* Blue Connect will offer an HSA- qualified high deductible benefit plan similar to our Blue*Saver* product. The Blue Connect authorization list and network hospital language still applies (if patient is admitted to out-of-network hospital, once stabilized, must be moved to network hospital or a penalty applies).

Blue Connect Replaces Community Blue in Shreveport

- *Policies Affected:* Community Blue members in Shreveport area (Bossier and Caddo parishes).
- *Enhancement:* Community Blue will no longer be offered in the Shreveport area. Blue Connect will instead be offered in the Shreveport area.

Colorectal Cancer Screening

- *Policies Affected:* Grandfathered fully-insured group and individual policies. Optional for grandfathered self-insured group polices.
- *Enhancement:* Blue Cross will cover first dollar wellness benefits for colorectal cancer (CRC) screenings (stool based tests, colonoscopies, flexible sigmoidoscopies, Cologuard® and CT colonography) when services rendered in network. Age and frequency limitations apply.

Dental Network Expansion

- *Policies Affected:* Fully-insured group policies with Blue Dental Traditional or Innovative dental coverage. Optional for self-funded groups.
- *Enhancement:* In addition to our Advantage Plus dental network, the Advantage Plus 2.0 dental network will be available to members. Members will only be in one network, based on dental product package selected.

Pharmacy: Closed Formulary Changes

- *Policies Affected:* Non-grandfathered large group and grandfathered group and individual policies (does not include Blue*Value*). Optional for self-funded groups.
- *Enhancement:* Closed-formulary pharmacy program is being expanded for 2018.

Pharmacy: Brand Buy-up/Ancillary Fee

- *Policies Affected:* Individual and group members on closed-formulary benefit plans
- *Enhancement:* When a brand-name drug is dispensed and a generic equivalent exists, members must pay the applicable drug copayment or coinsurance amount, plus the different in cost between the brand-name drug dispensed and its generic equivalent. The copayment or coinsurance for the brand-name drug will not apply.

Pharmacy: Blue Connect Safe Harbor for Additional Generic Preventive Drugs

- *Policies Affected:* Fully-insured Blue Connect group members. Optional for self-funded groups.
- *Enhancement:* Additional Safe Harbor generic preventive drugs will now be covered at first dollar.

Physician Assistant Copayment

- *Policies Affected:* Grandfathered and non- grandfathered fully-insured group and individual policies. Optional for self-funded policies.
- *Enhancement:* Office copayment (as available) will apply for physician assistant services rendered in the office.

QBPC Member Cost Share Increase

- *Policies Affected:* Grandfathered and non-grandfathered fully-insured group and individual policies. Optional for self-funded policies.
- *Enhancement:* Grandfathered group members with a $0 cost share for QBPC office visits will increase to $5. Select network products with a $0 cost share for QBPC office visits will increase to no more than $20.

Signature Blue POS Network

- *Policies Affected:* Fully-insured group and individual members who select Signature Blue. Optional for self-insured groups.
- *Enhancement:* This is a new point-of-service select network offered only in Orleans and Jefferson parishes. Individual members must reside and groups must be domiciled (headquartered) in Orleans or Jefferson parish to purchase this product.

Telehealth Services

- *Policies Affected:* Grandfathered and non-grandfathered fully-insured group and individual policies. Optional for self-funded policies.
- *Enhancement:* Telehealth services are now available out-of-network and will accrue to the member's out-of-network cost share.

Temporomandibular Joint Dysfunction (TMJ) Coverage

- *Policies Affected:* Grandfathered group and non- grandfathered large group fully-insured policies. Optional for self-funded policies.
- *Enhancement:* Available coverage for diagnosis, therapeutic or surgical procedures for TMJ and associated musculature and neurological conditions. **Prior authorization is required for surgical treatment of TMJ**.

Additional Vision Plans for Members

- *Policies Affected:* Group members who add these new vision benefit plans.
- *Enhancement:* Additional standalone vision plan options are now available that include lower annual allowances and different copayments.

United States Preventive Services Task Force (USPSTF Mandates)

- *Policies Affected:* Non-grandfathered fully insured group and individual and self-funded group policies.
- *Enhancement:* The ACA requires preventive and wellness service coverage per U.S. Preventive Services Task Force (USPSTF) recommendation levels 'A' and 'B.' These preventive and wellness services will be covered at no cost to the member when rendered by a network provider. A complete list of preventive and wellness services can be found at www.bcbsla.com/preventive.

Utilization Management Prior Authorization

- *Policies Affected:* All fully-insured policies.
- *Enhancement:* As part of Blue Cross' Utilization Management Strategy, the following services now require prior authorization:
  - Spine Surgery
  - Interventional Spine Pain Management
  - Radiation Therapy for Oncology

New Enhancements for iLinkBlue

We recently updated iLinkBlue with system enhancements to offer improved research features on member coverage and provider claims.

iLinkBlue (www.BCBSLA.com/ilinkblue) is our secure online tool for facility and professional healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

Our recent enhancements added the following:

Under Coverage

- Coverage Information search results now display the primary care provider (PCP) name for each member on a contract (if applicable). If a member does not have an assigned PCP or the PCP is not a part of the member's benefits structure, no name will display.
- The member's Medical Benefits Summary now includes Family Accumulators for:
  1. Family Deductible Amount
  2. Family Deductible Remaining
  3. Family Out-of-Pocket Amount
  4. Family Out-of-Pocket Remaining
- For Blue*Choice* 65 contracts, the Medical Benefits Summary and Benefits Details screens now display the member's Medicare supplement plan letter in a new "Plan Type" field. For example, the Plan Type field displays "Plan F" for a Blue*Choice* 65 member who has the Plan F standard Medicare supplement coverage.

Under Claims

- The Claims Status Search now returns results that include national provider identifier (NPI) numbers. When accessing paid, rejected and pending claims status search results, iLinkBlue users can filter a list of claims by NPI to make it easier to find claims associated with a specific provider. This can be useful for clinics where there are multiple providers.

Do You Use iLinkBlue?

To gain access to iLinkBlue, your organization must complete and return the iLinkBlue agreement packet. This packet is available online at www.BCBSLA.com/providers >Electronic Services >iLinkBlue.

Pharmacy

Covered Drug List Applies to More Members in 2018

More Blue Cross and HMO Louisiana members will follow a Covered Drug List—or closed formulary—to further support safe, effective, lower-cost drugs in 2018.

The change for members moving to the closed formulary begins January 1, 2018, and goes into effect when applicable members renew their plans throughout the year.

As a reminder, if a drug you prescribe is not covered, please consider appropriate, covered alternatives to help your patients save on their out-of-pocket costs. If members fill a prescription drug that is not on the Covered Drug List, they could have to pay the full cost of the drug out of pocket.

You may ask for a clinical review if your patient has a medically necessary need for a non-formulary drug. The review process will be similar to the prior authorization process. Information about submitting a prior authorization is available at www.BCBSLA.com/providers >Pharmacy.

For up-to-date information about drug coverage, you and your patients can check www.BCBSLA.com/covereddrugs. Check back often as more information becomes available.

More Drugs with Over-the-Counter Options Excluded in 2018

Coverage will not be available for the following prescription drugs. These drugs have over-the-counter options if your patients wish to buy them.

Heartburn
ACIPHEX®, ACIPHEX® SPRINKLE™, DEXILANT™, ESOMEPRAZOLE STRONTIUM, NEXIUM® DR CAPSULES, PREVACID®, PRILOSEC® CAPSULES, PROTONIX®
Allergies
BECONASE AQ®, NASONEX®, OMNARIS®, QNASL®, RHINOCORT AQUA®, ZETONNA®
Arthritis or Pain
NAPRELAN®, naproxen sodium er/cr

Please note: BRAND medications are listed in UPPER CASE and generics in lower case.

Please view the "Select Prescription Drugs with Over-the-Counter Options Excluded from Coverage" list available online at www.BCBSLA.com/covereddrugs for over-the-counter options for these drugs and others.

2018 Opioid Policy

We are changing our opioid drug coverage policy starting January 1, 2018, and as member benefit plans renew. Blue Cross developed this policy after considering clinical guidelines, industry best practices, state regulatory requirements and our own member population in order to set appropriate coverage guidelines that we expect will reduce opioid risks among our members and, ultimately, the community.

Drug Class	Policy
Acetaminophen (Tylenol) Safety Edit	• Limits all Tylenol® containing medications to 3 grams or less of Tylenol per day. • No exceptions. • Applies to opioid and non-opioid drugs.
Ibuprofen Safety Edit	• Limits all ibuprofen/short-acting opioid combination medications to 5 tabs or less per day. • No exceptions.
Aspirin Safety Edit	• Limits all aspirin/short-acting opioid combination medications to 4 grams or less of aspirin per day. • No exceptions.
Short-Acting Opioids (examples: Percocet® and generics, Lortab® and generics, codeine, oxycodone)	• Prior authorization required for fills longer than 7-day supply. • Prior authorization required for fills longer than a cumulative 21-day supply within 60 days' time. • Existing users who filled short-acting opioid prescriptions in the previous 130 days will be grandfathered. • Certain exceptions will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information.
Long-Acting Opioids (examples: Butrans®, fentanyl patch, OxyContin®, MS Contin®, morphine ER, Oxycodone ER)	• Prior authorization required for new users. • Existing users who filled long-acting opioid prescriptions in the previous 130 days will be grandfathered. • Certain exceptions will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information.

We developed an Opioid Prescribing Toolkit to explain our coverage policy and aid providers when treating patients for pain. The toolkit is available online at www.BCBSLA.com/providers >Pharmacy.

New Fax Number for Rx Prior Authorizations

Express Scripts has changed its prior authorization fax number. Please begin faxing prior authorization and clinical review requests to **1-877-251-5896**.

This new number is live now. The existing number will no longer work as of January 1, 2018. Fax numbers for appeal requests remain unchanged.

Save time by submitting your prior authorizations electronically. Go to www.express-scripts.com/pa for details about how to submit your requests online.

For more about how to request an authorization, go to www.BCBSLA.com/providers >Pharmacy.

Please share the information in this newsletter with your billing office and those who work with Blue Cross reimbursement.

Company News

2017 Top Performers in Quality Blue Primary Care

Blue Cross and Blue Shield of Louisiana recognized more than 400 primary care physicians for achieving top results on the Quality Blue Primary Care (QBPC) clinical quality measures at the annual QBPC Statewide Collaborative on November 2, 2017.

This included 264 primary care physicians who have 70 percent or more of their patients at goal for high blood pressure and received joint recognition from Blue Cross and the World Hypertension League. This record-breaking result is the highest success rate for any measure since Quality Blue began four years ago.

Blue Cross also recognized the highest-scoring physicians for meeting the program's health goals tied to diabetes, vascular disease and chronic kidney disease.

QBPC top performers will have special indicators placed beside their names in Blue Cross' online network directory, and are listed on the QBPC website, www.BCBSLA.com/QBPC.

The Family Doctors – Shreveport won the 2017 Highest Overall Performance award, achieving the highest average score throughout the program year on the four healthcare quality measures and three efficiency measures that track how well a practice is reducing the use of unnecessary services. This is the first time in program history a clinic has won Highest Overall Performance in two consecutive years.

Blue Cross also named the four clinics with the highest scores on Quality Blue clinical quality measures for the four targeted chronic conditions:

- Highest Achievement in Diabetes Care 2017:
  East Jefferson Internal Medicine
- Highest Achievement in Hypertension Care 2017:
  East Jefferson Primary Care
- Highest Achievement in Vascular Care 2017:
  Bossier Family Medicine
- Highest Achievement in Kidney Care 2017:
  The Family Doctors – Shreveport

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What's New on the Web

providers.BCBSLA.com

- **UPDATED** provider manuals and network speed guides are available under the Resources (coming January 2018)

Important Contact Information

Authorization
See member's ID card

BlueCard® Eligibility
1-800-676-BLUE
(1-800-676-2583)

EDI Clearinghouse
(225) 291-4334
EDICH@bcbsla.com

FEP
1-800-272-3029

Fraud & Abuse
1-800-392-9249
fraud@bcbsla.com

iLinkBlue & EDI
1-800-216-BLUE (1-800-216-2583)*
iLinkBlue.ProviderInfo@bcbsla.com

Network Administration
1-800-716-2299 Fax: (225) 297-2750
network.administration@bcbsla.com

Provider Services Call Center
1-800-922-8866

Claims Filing Address
P.O. Box 98029
Baton Rouge, LA 70898

**Listen carefully to menu options, as they have been updated*

Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available at www.BCBSLA.com/providers >Resources >Forms.

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 healthcare professionals and facility providers.

View this newsletter online at providers.bcbsla.com, >Newsletters.

The content in this newsletter may not be applicable for Blue Advantage (HMO), our Medicare Advantage product and provider network. For Blue Advantage, we follow CMS guidelines, which are outlined in the *Blue Advantage (HMO) Provider Administration Manual*, available on the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/ilinkblue).

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Please share this newsletter with your insurance and billing staff!