

provider networknews

2022

1ST QUARTER

Providing health guidance and affordable access to quality care

Stay on Top of Colorectal Cancer Screenings

If any of your patients are age 45 or will turn 45 in 2022, it is time to discuss colorectal cancer screenings.

March is Colorectal Cancer Awareness Month, and Blue Cross and Blue Shield of Louisiana wants to raise awareness of the recent U.S. Preventive Services Task Force recommendation to begin screening for this form of cancer at 45 years old.

“Until 2021, the recommendation was to start colonoscopy and other colorectal cancer screening at age 50. Health officials have seen more diagnoses of this form of cancer in younger adults in recent years, and they’ve lowered the screening age recommendation to 45,” said Blue Cross Medical Director Dr. Jeremy Wigginton.

“Keep in mind this age recommendation is for individuals with average risks. If your patients have a personal or family history of cancer or have been diagnosed with health conditions like Crohn’s disease or ulcerative colitis, they may need a screening earlier.”

Encourage your patients to schedule an annual wellness visit early in the year to ask about colorectal cancer, risks and when to begin screening, said Dr. Wigginton.

“That’s especially important for people 45 or older, or had a colonoscopy scheduled during the past two years but had to put it off because of COVID-19 shutdowns,” he said.

“Talk with your patients about this now and start making plans to schedule a colonoscopy or any other screenings they may need this year. Screening saves lives—but, they need to get tested.”



A colonoscopy is one of the most effective types of cancer screening. Treatment has a better chance to succeed in the earliest stages of the disease, and colonoscopies help catch it.

“A colonoscopy is the gold standard for colorectal cancer screening, but there are other types of tests,” he said.

Talk with your patients about with type of colorectal cancer screening test is best for their personal situation.

Blue Cross covers colorectal cancer screenings for eligible members at very low or no out-of-pocket cost. If your patients are unsure about coverage of cancer screenings or cost, that information is available at Blue Cross Customer Service.

Blue Cross members diagnosed with cancer can get health coaching, information and support from the insurer’s clinical team. Health coaches include nurses, dietitians, social workers and pharmacists. Members do not pay anything to work with a health coach. Visit www.bcbsla.com/stronger for more information about Care Management services and programs.

PROVIDER NETWORK

Our Credentialing & Contracting Processes

Credentialing

Blue Cross network providers must go through our recredentialing process every three years. If you fail to submit your application in a timely fashion it will result in network termination. After that, providers will have to complete the full credentialing process. A provider's effective date cannot be backdated prior to approval by the credentialing committee. That means there will be a gap in network participation from the time of termination until the regaining of credentials. The initial credentialing process can take up to 90 days. Our credentialing committee meets twice a month.

Learn more on our credentialing requirements for both professional and facility providers on the Credentialing section of our Provider Page at www.bcbsla.com/providers, click "Provider Networks," then "Get Credentialed." There are links to provider type requirement listings under the facility and professional "Credentialing Process" tabs.

Contracting

The contracting process follows credentialing. Once the committee approves credentials, a Blue Cross Provider Contracting Representative will guide the provider through the process of signing an appropriate network agreement. The provider is still classified as non-participating until a network agreement is signed, executed and an effective date is assigned.

If you have questions about Provider Contracting, email provider.contracting@bcbsla.com.



Changes to Our Provider Networks & Contracting Department

We have made some changes to our Provider Networks & Contracting Department. Jason Heck is now Director of Provider Networks & Contracting, and also continues to serve as representative to the Shreveport and Monroe markets.

In addition to that change, our Senior Network Development Representatives serve the following areas:

- Cora LeBlanc, Baton Rouge and Houma/Thibodaux markets – cora.leblanc@bcbsla.com
- Dayna Roy, Alexandria, Lafayette and Lake Charles markets – dayna.roy@bcbsla.com
- Jill Taylor, New Orleans and Northshore markets – jill.taylor@bcbsla.com

Email your network representative if you have any questions.



PROVIDER NETWORK

Multi-factor Authentication Required for iLinkBlue Access

In May 2022, multi-factor authentication (MFA) verification will be required for iLinkBlue users to securely access iLinkBlue (www.bcbsla.com/ilinkblue). MFA is a security feature that authenticates your identity when you log on. This is done through the delivery of a unique identifier, based on your preference of delivery.

You should preregister now to indicate your preferred authentication methods. We recommend that you set up at least two methods of verification (email, text, voice call or smartphone app). Our step-by-step instruction guide for MFA registration is available at www.bcbsla.com/providers >Resources >Speed Guides.

New Delegated Access Application for User Security Setup Coming Soon

Blue Cross is introducing a new security setup application for administrative representatives called **Delegated Access**. It will be available through iLinkBlue only. This application replaces the existing Sigma Security Setup Tool. The new application gives administrative representatives a better user experience with simpler navigation while maximizing functionality.

In May 2022, Blue Cross will disable the existing Sigma Security Setup Tool. We will notify administrative representatives in advance. Once disabled, administrative representatives cannot make security setup changes until the new application is available. During that time, Blue Cross will migrate your provider organization's user data to the new application. Administrative representatives should make sure they have access to iLinkBlue prior to May 2022.

In April, our Provider Relations Team is hosting educational webinars for administration representatives. These sessions showcase the features of the new Delegated Access application.

Registration links for these webinars are included in our bi-monthly emails about upcoming provider training events.

See Page 12 for webinar dates and times.

Do We Have Your Updated Contact Information?

Due to requirements of the federal Consolidated Appropriation Acts (CAA) 2021, our Provider Credentialing & Data Management Department is sending a Provider Attestation Form every 90 days to all providers listed in our online provider directories. Providers are asked to review their information as it appears in our directories.

If any of your information is not correct, there will be an option within the Provider Attestation Form to complete and return our Provider Update Request Form. This allows Blue Cross to update the information we publish in our directories.

The form is emailed in a DocuSign® format, prepopulated with the information Blue Cross has on file. The provider (or an authorized representative on behalf of the provider) must verify and attest to the accuracy of the information. Automated reminders will be sent every seven days until the form is signed and returned. Providers who do not complete attestation of their information will be removed from our online provider directories.

Louisiana Provider Update Request Form

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: Individual Provider Provider Group/Clinic

CURRENT GENERAL INFORMATION

Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are an authorized representative completing this form on behalf of a provider, please indicate below:

AUTHORIZED REPRESENTATIVE

Name	Contact Email Address
Contact Phone Number	

Submission Information (form completed by)

Signature of Authorized Representative	Date
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Provider Attestation (where applicable)

Signature of Provider	Date
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TYPE OF CHANGE NEEDED
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

<input type="checkbox"/> Demographics Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change (does not apply for Blue Advantage (P17 updates))	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:
Phone: 1-800-716-2299, option 3 Email: PCDMStatus@bcbsla.com

23XK7231 R1/20 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.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

PROVIDER NETWORK

Please Use our Toll-free Retrospective Authorization Fax Number

Our Medical Management Department has a toll-free retrospective authorization fax number; 1-800-515-1150.

On May 1, 2022, the local fax number (225-298-2906) will no longer be in service. Please discontinue using the local number. Please use only the toll-free fax number:

1-800-515-1150

For more information about authorizations and the Medical Management Department, visit www.bcbsla.com/providers > Electronic Services > Authorizations.



Reminder: Medicaid Provider Enrollment



If you are a provider that files claims with Louisiana Medicaid, remember to enroll in the new Medicaid Provider Enrollment Portal. Providers that fail to do so will miss out on payments.

The Centers for Medicare & Medicaid Services (CMS) mandates this enrollment for any provider caring for Medicaid members. This includes current MCO-only providers, Dental Benefits Program Manager (DBPM) providers, Coordinated System of Care (CSoC) providers, existing fee-for-service providers, and any new providers enrolling for the first time.

In fall 2021, Louisiana Medicaid sent letters to providers about this enrollment requirement. We think it is important to remind applicable providers of this change. We do not want providers missing out on payment for services rendered.

If you have any questions or concerns, contact Louisiana Medicaid, online at www.ldh.la.gov/medicaidproviderenrollment, via email at LouisianaProvEnroll@gainwelltechnologies.com or 1-833-641-2140 (Monday through Friday, 8 a.m. to 5 p.m.).

Share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement.



BILLING & CODING

Outpatient Code Ranges Updated

Based on reviews of the 2022 CPT® and HCPCS codes, Blue Cross updated the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges.

The following codes were added to the Diagnostic and Therapeutic Services code range list, effective January 1, 2022:

01937	86036	98976	0294U	0694T
01938	86037	98977	0295U	0695T
01939	86051	98980	0296U	0696T
01940	86052	98981	0297U	0697T
01941	86053	99424	0298U	0698T
01942	86231	99425	0299U	0699T
77089	86258	99426	0300U	0700T
77090	86362	99427	0301U	0701T
77091	86363	99437	0302U	0702T
77092	86364	0017M	0303U	0703T
80220	86381	0034A	0304U	0704T
80503	86596	0071A	0305U	0705T
80504	87154	0072A	0683T	0706T
80505	90759	0285U	0684T	0708T
80506	91113	0286U	0685T	0709T
81349	91306	0287U	0687T	0710T
81523	91307	0288U	0688T	0711T
81560	93319	0289U	0689T	0712T
82653	93598	0290U	0690T	0713T
83521	94625	0291U	0691T	
83529	94626	0292U	0692T	
86015	98975	0293U	0693T	

Additionally, the following Outpatient Procedure Services code range list has been added:

33267	53451	64584	93593	0676T
33268	53452	64628	93594	0677T
33269	53453	64629	93595	0678T
33370	53454	66989	93596	0679T
33509	61736	66991	93597	0680T
33894	61737	68841	0671T	0681T
33895	63052	69716	0672T	0682T
33897	63053	69719	0673T	0686T
42975	64582	69726	0674T	0707T
43497	64583	69727	0675T	

These changes do not affect existing codes and allowables. They allow our system to accept these codes appropriately for claims adjudication.



New Drug Codes Added to Claims System

We conduct a biannual review of our drug and drug administration code pricing. In addition to the biannual review, we add newly issued drug codes to our system quarterly and apply reimbursement, as applicable.

As a result of that review the following HCPCS codes were added to our system, effective January 1, 2022:

A9595	C9087	J0172	J9021	Q4199
C9085	C9088	J1952	J9061	
C9086	C9089	J2506	J9272	

MEDICAL MANAGEMENT

Shedding Light on Maternal Health Challenges in Minority Communities

Blue Cross Has Resources for Your Patients



Recent research shows that racial disparities in death rates during pregnancy and childbirth may be larger than known before. With Black History and Women's History months passing, Blue Cross is working to raise awareness of maternal health challenges, particularly for African Americans.

To help create understanding and spark conversations about needed changes in the health care system, a member of our senior leadership team shared her personal story on the biases and challenges she faced as a young, Black, low-income woman while pregnant with her first child.

"Imagine this—being young, pregnant and on Medicaid with no income," said Paula Shepherd, Blue Cross Senior Vice President, Benefit Operations. "Only this frightened mother-to-be was married, in college and in distress, experiencing complications with her first baby. Instead of the empathy, reassurance and care she needed and deserved, she was just another name on a card, and dismissed by the doctor's offhand but overheard comment, 'They are all the same.'"

Shepherd's experience is a common one. According to the World Population Review, Louisiana has the nation's highest maternal death rate.

- 58 out of every 100,000 Louisianians who give birth will die.
- When looking at Black mothers in Louisiana, the maternal death rate is four times higher.
- The pre-term birth rate among Black women is 55% higher than the rate among other women, according to March of Dimes.
- Louisiana got an "F" in the 2021 March of Dimes Report Card, due in part to the state's high pre-term birth rate.

"We can address most of these things with proper prenatal and reproductive health care," Shepherd said. "But many Black women have a difficult time accessing care that meets their needs. This might be because of key social determinants of health: where they live, access to transportation or an inability to schedule appointments. Or, like my story, a lack of care and compassion from providers, or a lack of trust on the part of the patients."

MEDICAL MANAGEMENT

HEDIS: Prenatal and Postpartum Care

Prenatal and Postpartum Care is a HEDIS® measure that analyzes two different components of prenatal and postpartum care. The measure defines the prenatal and postpartum time line as the percentage of live birth deliveries on or between October 8 of the year prior to the measurement year, and October 7 of the measurement year.

The measure for timeliness of prenatal care is the percentage of deliveries with a prenatal care visit in the first trimester. For postpartum care the measure is the percentage of deliveries with a postpartum visit on or between seven and 84 days after delivery.



Why It Matters

Appropriate and adequate prenatal care can prevent poor birth outcomes. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend women with uncomplicated pregnancies get examinations at least once in the first trimester, and about three weeks after delivery. Appropriate perinatal services and education are crucial components of a healthy birth.

Strategies for HEDIS improvement:

- Accurate coding to reflect rendered care.
- Educate your staff to schedule visits within the guideline time frames.
- Educate members on the importance of maternal health screenings.
- Include anticipatory guidance and teaching in member visits.
- Encourage postpartum visits for follow-up care between 21 and 56 days after delivery.

For questions on these and other HEDIS measures, contact the Blue Cross HEDIS Team at HEDISTeam@bcbsla.com.

Shedding Light on Maternal Health

(Continued from Page 6)

Blue Cross is working to build bridges over these gaps in care and connect patients with health care through resources and partnerships. We have the following programs and services to help pregnant members and new parents with questions:

Healthy Blue Beginnings

In Blue Cross' Care Management program for high-risk pregnancies, health coaches help keep mom and baby healthy. This program offers pregnant women personalized information and confidential support from Blue Cross nurses with experience in maternal and prenatal care. Healthy Blue Beginnings is available at no extra cost to members who qualify. Visit www.bcbsla.com/Stronger to learn more or connect with a health coach.

Collective

Our Care Management program also offers services to connect expecting and new parents to a wide range of free or low-cost community services. Collective is a coalition of community resources to support women before, during and after pregnancy. Learn more at <https://supportservices.bcbsla.com>.

text4baby

Moms get free text messages with health and safety tips for their pregnancy and through the baby's first year, tailored by due date or the baby's birthdate. Members can text the word BABY (BEBE for Spanish) to 511411 on their cell phone. They can cancel the messages at any time. For more information, go to www.text4baby.org.

Community Programs

Blue Cross has a free, online search tool to connect members with a variety of social support services. Expecting parents and families can find assistance for needs such as meal delivery, transportation, low-cost medications, counseling services or health education.

Most of the services listed have low or no cost. Search for local services anywhere around the country. Refer your patients to www.bcbsla.com/programs.

MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on iLinkBlue at www.bcbsla.com/ilinkblue, under the "Authorizations" menu option.

Updated Medical Policies

Policy No. Policy Name

Effective January 10, 2022

00003 Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening

00050 Hematopoietic Cell Transplantation for Autoimmune Diseases

00077 Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation

00095 Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence

00180 Magnetic Resonance-Guided Focused Ultrasound

00204 Genetic Testing for Alzheimer's Disease

00232 External Insulin Pump

00252 tocilizumab (Actemra®)

00303 sapropterin dihydrochloride (Kuvan®, generics)

00314 DNA-Based Testing for Adolescent Idiopathic Scoliosis

00318 Topical Corticosteroids

00323 Opioid Management/Long Acting Oral Opioids Step Therapy

00328 Medical Management of Obstructive Sleep Apnea Syndrome

00339 HMG-CoA Reductase Inhibitors and HMG-CoA Reductase Inhibitor Combination Drugs

00343 Topical Acne Products

00382 Genetic Cancer Susceptibility Panels Using Next Generation Sequencing

00539 infliximab-dyyb (Inflectra®)

00567 dupilumab (Dupixent®)

00607 infliximab-abda (Renflexis®)

00620 tezacaftor/ivacaftor (Symdeko™)

00712 infliximab-axxq (Avsola®)

Effective February 14, 2022

00148 Laboratory Tests Post Transplant

00200 certolizumab pegol (Cimzia®)

00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

00214 abatacept (Orencia®)

00223 golimumab (Simponi Aria®, Simponi®)

00286 Systems Pathology in Prostate Cancer

00352 tofacitinib (Xeljanz®/Xeljanz® XR)

00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease

00472 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors [alirocumab (Praluent®), evolocumab (Repatha™)]

00501 mepolizumab (Nucala®)

00513 ixekizumab (Taltz®)

00534 Extended Release Topiramate Products

00571 Transanal Radiofrequency Treatment of Fecal Incontinence

00585 anakinra (Kineret®)

00589 arilumab (Kevzara®)

Effective February 14, 2022 (continued)

00637 baricitinib (Olumiant®)

00692 upadacitinib (Rinvoq™)

00697 elexacaftor/tezacaftor/ivacaftor (Trikafta™)

Effective March 13, 2022

00045 Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

00153 Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation

00199 Facet Radiofrequency Denervation

00260 Spinal Cord and Nerve Root Stimulators

Effective March 14, 2022

00088 Total Parenteral Nutrition and Enteral Nutrition in the Home

00123 Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease

00137 Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders

00142 Electrical Nerve Stimulation Devices

00188 Human Growth Hormone

00233 Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer

00263 Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy

00557 Select Drugs for Constipation

00572 Bioengineered Skin and Soft Tissue Substitutes

00582 Ergotamine/Dihydroergotamine Products

00640 Topical Treatments for Dry Eye Disease

00646 Calcitonin Gene-Related Peptide (CGRP) Antagonists

00707 Select Antipsychotic Drugs

00728 insulin glargine-yfqn (Semglee™, biosimilar)

Effective April 1, 2022

00626 Pheochromocytoma Medications (Demser®, Dibenzylin®, generics)

New Medical Policies

Policy No. Policy Name

Effective January 10, 2022

00769 Vertebral Body Stapling and Vertebral Body Tethering for the Treatment of Scoliosis

Effective February 14, 2022

00771 avalsuglucosidase alfa-ngpt (Nexviazyme™)

Effective March 1, 2022

00770 Experimental-Investigational Services

Effective March 14, 2022

00772 avacopan (Tavneos™)

00773 Loreev XR® (lorazepam extended release)

00774 ruxolitinib (Opzelura™)

00775 maralixibat oral solution (Livmarli™)

00776 Vuity™ (pilocarpine ophthalmic solution 1.25%)

00777 Thalitone® (chlorthalidone 15 mg tablets)

00778 Select Ursodiol Products

BEHAVIORAL HEALTH

Behavioral Health Disorders Commonly Seen in Primary Care



Seeking care for behavioral health issues often starts in a primary care setting. In many cases, primary care providers are the main contact for members, including those with mental illness.

New Directions Behavioral Health is available to help facilitate coordination of care for patients with depression and other forms of mental illness.

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem.

Two keys to preventing serious conditions are early intervention and effective medication treatment. These can improve a person's daily functioning and well-being. However, some patients struggle to keep up with their medications.

What are some barriers to medication compliance? Here are some of the challenges patients often face:

- The stigma of being on antidepressants and fear of dependence on the medications
- Unpleasant side effects
- Cost concerns for medications
- Denial of diagnosis
- Failure to understand the need to adhere to a medication regimen when feeling better

New Directions has resources to address these barriers and offer coordinated care. For more information and to review our clinical practice guidelines for major depression and other mental illness please visit the provider website www.ndbh.com.

BEHAVIORAL HEALTH

Antidepressant Medication Management

The following is information on HEDIS® measures regarding the importance of members with a diagnosis of major depression treated with antidepressant medication.

Two rates are reported:

- Effective Acute Phase Treatment: Adult members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: Adult members who remained on an antidepressant medication for at least 180 days (six months).

What is Effective Acute Phase Treatment?

At least 84 days (12 weeks) of treatment with antidepressant medication. Beginning on the date new antidepressant medication was prescribed through 114 days after the date new antidepressant medication was prescribed for 115 total days. This allows gaps in medication treatment up to a total of 31 days during the 115-day period.

What is Effective Continuation Phase Treatment?

At least 180 days of treatment with antidepressant medication (Antidepressant Medications List), beginning on the date new antidepressant medication was prescribed through 231 days after the date new antidepressant medication was prescribed 232 days. This allows gaps in medication treatment up to a total of 52 days during the 232-day period.

Patients included in these measures are adults 18 years and older with a diagnosis of major depression that were newly treated with antidepressant medication and remained on their antidepressant medications. Newly treated patients with antidepressant medication during a period of 105 days prior to the new antidepressant medication was prescribed with no pharmacy claims for either new or refill to members in hospice.

Tips for Helping Your Patients

- Before scheduling an appointment, verify the member is a good fit, with access to transportation to the location and time of their appointment.
- Make sure the member has regular appointments with a practitioner that has prescribing authority for at least 180 days after a new prescribed antidepressant medication.

- Engage parents/guardian or significant others in the treatment plan. Advise them of the importance of treatment and attending appointments.
- Aftercare appointment(s) should be with a health care provider. Preferably with a licensed behavioral therapist and/or a psychiatrist.
- Talk about the importance of follow-ups to keep the member engaged in treatment.
- Identify and address any barriers to member keeping appointments.
- Provide reminder calls to confirm appointments.
- Reach out proactively within 24 hours if the member does not keep a scheduled appointment to schedule another.
- Providers should maintain appointment availability for members with major depression diagnosis.
- Closely monitor medication prescriptions and do not allow total gap days to be more than 31 days during the Effective Acute Phase or 52 days during the Effective Continuation Phase.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Advise the member and significant others of side effects of medications. Including what to do if side effects are severe and can cause lack of adherence to the treatment plan and medication regimen.
- Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, etc.
- Coordinate care between providers, beginning when the major depression diagnosis is made. Encourage communication between behavioral health providers and patients' primary care provider (PCP).
- Coordinate transitions in care between providers. Ensure that the care transition plans are shared with the PCP.
- Instruct on crisis intervention options.
- Submit claims in a timely manner with correct service coding, medication name and diagnosis.

To refer a member or receive guidance on services, please call New Directions Behavioral Health at 1-877-206-4865.

PHARMACY

Remind Members of Blue Cross \$0 Drug Copay Program



Sometimes members struggle with medication adherence. This can be dangerous and cause lasting health damage. To make getting preventative and maintenance medications easier to get without cost concerns, many of our members can get them included in our \$0 Drug Copay or Generic Preventive Care/Safe Harbor Drug programs.

Among the drugs in the \$0 Drug Copay Program are medications recommended to treat conditions like: asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, heart failure and other common chronic conditions.

The \$0 Drug Copay Program is available for copay-based pharmacy benefits offered through Blue Cross or HMO Louisiana, Inc.

The program is not available for coinsurance-only pharmacy benefits.

The Generic Preventive Care/Safe Harbor Drug Program includes certain generic drugs in selected prescription drug categories. For applicable plans, the generic preventive care/safe harbor drugs are available at 100% coverage when purchased at a network pharmacy.

Members eligible for these programs do not have to meet their deductibles before getting included drugs at no out-of-pocket cost in either program. Drugs in both programs are still subject to applicable quantity and supply limits.

For a list of drugs in these programs, go to www.bcbsla.com/covereddrugs, under Specific Drug Coverage Requirements.

STAY CONNECTED



Visit BCBSLA's Provider Page:
www.bcbsla.com/providers



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Watch us on YouTube:
[bluecrossla](https://www.youtube.com/bluecrossla)

UPCOMING EVENTS

In-person Workshops Returning



Throughout the year, Blue Cross hosts provider workshops and webinars to keep you up to date with the latest information on our policies and processes. This year, our Professional Provider workshop will return to an in-person format.

Professional Workshop Dates and Locations

Our professional workshops are for providers and their staff who offer services in a practice or group (non-facility setting). Topics include appeals, authorizations, billing and coding, credentialing, disputing claims, medical documentation, quality programs, resources, telehealth, and much more.

Workshops will run from 9 a.m. – noon. Dates and locations are:

<u>Workshop Date</u>	<u>Location</u>
April 5	Baton Rouge
April 6	Lafayette
April 7	Lake Charles
April 12	Shreveport
April 13	Alexandria
April 14	New Orleans

Invitations are emailed a month before the events. If you did not receive an invite to our Professional Provider Workshops, contact Provider Relations at provider.relations@bcbsla.com. Please include the date and location you wish to attend in your email.

New Security Setup Application for Administrative Representatives Webinar

In May 2022, we are introducing a new Security Setup Application for administrative representatives that will be available through iLinkBlue only. This application will replace the existing CA Sigma Security Setup Tool used today. These webinars will showcase features of the new Security Setup Application and offer administrative representatives training. Plan to have your organization’s administrative representatives attend.

This webinar will take place on the following dates and times:

<u>Webinar Date</u>	<u>Times</u>
April 26	10-11 a.m., 2-3 p.m.
April 27	12-1 p.m.
April 28	10-11 a.m., 2-3 p.m.
May 3	10-11 a.m., 2-3 p.m.

Twice a month, we send out an Upcoming Provider Training Events email to providers. This email includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

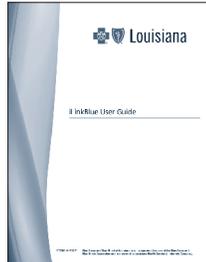
Preregistration is required to attend our workshops and webinars.

ONLINE RESOURCES

Questions About Our Online Resources?

If you or members of your staff have any questions about using our secure online resources, reach out to our Provider Relations Department to set up training. You can contact our Provider Relations Department at provider.relations@bcbsla.com.

For step-by-step instructions for using about iLinkBlue, check out our iLinkBlue User Guide, available online at www.bcbsla.com/providers >Resources >Manuals.



Updated Resources on the Provider Page

We have made some changes and additions to the resources section of our Provider Page, www.bcbsla.com/providers >Resources:



- Our *Professional Provider Office Manual* has updates concerning network participation, member engagement, medical management and more.
- New Webinar presentations for 2022 are available on topics like our new Laboratory Benefit Management Program and our BlueCard® program, plus the New to Blue presentations for professional and facility providers.

Additionally, this section includes our provider tidbits, provider forms in both PDF and DocuSign® formats and updated medical policies.

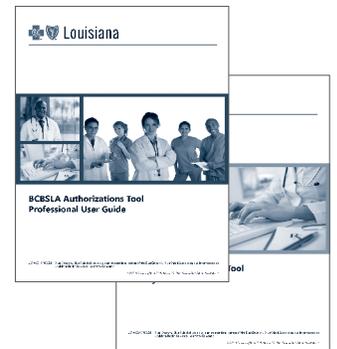
Our BCBSLA Authorizations Application is Here for You

Our BCBSLA Authorizations application is easy-to-use tool for providers to request prior authorizations for services.

Available 24-hours-a-day, seven days a week in iLinkBlue (www.bcbsla.com/ilinkblue), this tool allows you to submit authorization requests and provides clinical information on patients.

Internet Explorer is necessary to receive the best user experience when using the BCBSLA Authorizations application. Other web browsers like Google Chrome, Firefox, Microsoft Edge, etc., are not supported, and may not allow full access of tool features.

If you have any questions about requesting authorizations, refer to our authorization user guides for user guides for both professional and facility providers. These guides are available in iLinkBlue under the “Resources,” tab, then click “Manuals.”



Authorizations Tool Tips:

Always generate an activity when you put a portal note on a case. Blue Cross is not alerted to notes alone, there must be an activity included for the case. If a portal note is added to a case without generating an activity, your note will not be addressed. Additionally, when generating an activity, the activity must be assigned to “Provider Request.” If you assign the activity to yourself, or leave the “Assigned To” field blank, we will not receive an alert to the activity, or address your note.

For non-clinical concerns related to technical issues contact:

- For internal server error message, call 1-800-716-2299, option 3.
- For internet errors on provider landing page call 1-800-716-2299, option 3.
- For training on submitting an authorization or finding a submitted authorization, call 1-800-716-2299, option 4.
- For internet errors within the portal, email caremgtsys@bcbsla.com.



Louisiana

P. O. Box 98029
Baton Rouge, LA 70898-9029

provider networknews

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What's New on the Web

www.bcbsla.com/providers

Now Online: 2022 provider webinar presentations, updated provider tidbits, including our Identification Card Guide, and new and updated Medical Policies.

Important Contact Information

Authorizations

See member's ID card

BlueCard® Eligibility

1-800-676-BLUE
(1-800-676-2583)

FEP

1-800-272-3029

Fraud & Abuse

1-800-392-9249
fraud@bcbsla.com

Provider Relations

provider.relations@bcbsla.com

iLinkBlue & EDI

EDIServices@bcbsla.com
1-800-716-2299, Opt. 3

PCDM

1-800-716-2299, Opt. 2

Customer Care Center

1-800-922-8866

Claims Filing Address

P.O. Box 98029
Baton Rouge, LA 70809

Updating Your Contact Information

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

Our Health Services Division Phone Options Have Changed

When calling our Health Services Division at 1-800-716-2299, our phone options are:

Option 1: Network Development

Option 2: Provider Credentialing & Data Mangement

Option 3: iLinkBlue and Electronic Data Interchange (EDI)

Option 4: Provider Relations

Option 5: Provider Identity Management (PIM) Team

Network News

Network News is a quarterly newsletter for 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 health care professionals and facility providers.

The content of this newsletter may not be applicable for Blue Advantage (HMO) and Blue Advantage (PPO), our Medicare Advantage products and provider networks.

For more on Blue Advantage, go to

www.bcbsla.com/providers >Blue Advantage Resources.