

# Blue Advantage Insight Newsletter

September 2023

## In this edition:

page article

- 2 Your Blue Advantage Electronic Transactions Have Changed
- 3 Coding Accuracy in Wellness Coupon Submissions
- 3 Note on Subrogation
- 4 Be Aware of Scam Phone Numbers Spoofing Blue Advantage Customer Service Lines
- 5 Guidance on Prescribing Drugs for Off-label
- 5 Notes on Filing 837 Professional, Hospital and Dental Claims
- 6 Statin Therapy Recommendations and Star Ratings
- 7 Upcoming Blue Advantage Workshops



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

## Your Blue Advantage Electronic Transactions Have Changed

Blue Advantage HIPAA 837 and 27x electronic transactions submitted through Change Healthcare are no longer processed. Since July 15, 2023, electronic transactions are managed by Blue Cross and Blue Shield of Louisiana.

As a reminder, here is how to properly submit Blue Advantage transactions through Blue Cross and Blue Shield of Louisiana:

### Blue Advantage Electronic Exchanges

New Hostname	Use the Blue Cross SFTP application (MessageWay) server hostname <a href="https://mft.lhec.net">mft.lhec.net</a> .
New Batch File Naming Requirements	Submit all batch files with the first three positions of the file name as "BAM" for Blue Advantage. Not including these three-letters at the beginning of the file name will result in the claims routed incorrectly and rejected.
Payor ID	72107
Real time rules for 2100A Loop	Real Time requests must be submitted to the following URL: <a href="https://www.bcbsla.com/realtimesubmission/realtimesubmission.aspx">www.bcbsla.com/realtimesubmission/realtimesubmission.aspx</a> . Trading partners must submit the 27x real-time transactions using the following rules for the 2100A loop in the 270/276 request: <ul style="list-style-type: none"> <li>• NM101 = PR</li> <li>• NM103 = BAM</li> <li>• NM108 = PI</li> <li>• NM109 = 72107</li> </ul>
ISA06-Interchange Sender ID/Trading Partner ID	ISA06 is the Trading Partner number assigned by Blue Cross. ISA06 field is a fixed length requiring 15 positions and must be left justified. ISA06 must be identical to GS02.
ISA08-Interchange Receiver ID/BCBSLA	ISA08 must be BCBSLA001. The field is fixed length requiring 15 positions and must be left justified.
No Runout Period	Electronic transactions submitted to Change Healthcare are no longer processed.

More information can be found in the "Claims and Billing Guidelines" section of the *Blue Advantage Administrative Manual*. It is available online at [www.bcbsla.com/providers](https://www.bcbsla.com/providers), click "BA Resources" at the bottom of the page, then "Manuals."

If you have general questions about this change, contact your Provider Relations Representative or send an email to [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com). Technical questions can be emailed to [EDIservices@bcbsla.com](mailto:EDIservices@bcbsla.com).

## Coding Accuracy in Wellness Coupon Submissions

If you are a primary care provider (PCP) participating in the Blue Advantage Annual Wellness Coupon Program, please remember to match the ICD-10 codes on claims submitted to the ICD-10 codes on each patient's coupon.

Occasionally, ICD-10 codes indicated on the coupons do not match ICD-10 codes submitted on the claim. If there is a discrepancy, the provider will have to submit a corrected claim to include the missing codes.

As a reminder, our Annual Wellness Coupon Program encourages Blue Advantage members to receive their annual wellness checkups. We provide members a personalized coupon based on past and often overlooked diagnoses to present at their checkup. These coupons can be an easy reference tool for PCPs to see what diagnoses may be applicable to the member.



PCPs should review the diagnoses listed and mark any additional codes that are applicable. PCPs will have to submit a corrected claim if diagnoses marked on the coupon do not match the claim. PCPs receive a \$100 reimbursement for each completed coupon, in addition to their fee for services. Fax completed coupons to 1-844-843-9770.

If you have not attended one of our PCP Incentive Coupon webinars, another one is coming on Wednesday, September 20. Invitations for all of our webinars go out approximately one month before the events, in the Weekly Digest sent each Thursday. A copy of previous presentations is available the Blue Advantage Provider Portal under Resources or [www.bcbsla.com/provider](http://www.bcbsla.com/provider), then click "Blue Advantage Resources."

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## Note on Subrogation

Blue Advantage subrogates with other liability carriers to recoup Centers for Medicare and Medicaid Services (CMS) funds when necessary. This happens through Section 1862(b) of the Social Security Act. It grants Medicare a priority right of recovery in situations involving settlements to beneficiaries by third-party liability insurance.

Claims that contain potential third-party liability will be paid by Blue Advantage on a conditional basis. We will be permitted to recoup any payments if/when a settlement is reached. Blue Advantage allowable charges will still apply.

## Be Aware of Scam Phone Numbers Spoofing Blue Advantage Customer Service Lines

Blue Advantage has become aware of a scam. Our members are receiving phone calls from a number that is similar to our Blue Advantage customer service phone number usually one digit off.

When people dial the number thinking they are reaching Blue Advantage, they get a special offer they need to “act now!” to receive. Offers such as buying \$100 grocery or restaurant gift cards at a discount or signing up for programs and services at a reduced price.

The scammer asks people to enter their credit or debit card information for the offer while waiting on hold to speak with a customer service representative. The scammer now has access to their financial information.



### Make your patients aware of fraud and scams:

- Blue Advantage will not make special offers at additional cost when you call us. Covered benefits and any programs, services or plan extras for your patients, are clearly outlined in health plan coverage information.
- We do not pressure members or providers to act quickly. Offers for a very limited time that you have to pay for or lose are a red flag. Take time to look into it and see if the offer is legit. Don't let yourself feel rushed. Scammers try to trick you before you can think it through.
- Be suspicious whenever ANYONE asks you or your patients for money or for personal, financial or health information. Be especially suspicious if it's unexpected, like getting an automated message about special deals for one day only when you call your health plan.
- Dial carefully when trying to reach Blue Advantage to make sure the number is correct. If in doubt, or if something feels off, hang up and dial again.

Blue Advantage members who think they have been a victim of fraud or had an attempted scam can make reports to the insurer's Fraud Hotline at 1-800-392-9249.

You also report it at <https://tips.fbi.gov> or [www.ic3.gov](http://www.ic3.gov) or 1-800-CALL-FBI (225-5324).

## Guidance on Prescribing Drugs for Off-label Use



Blue Advantage only covers GLP-1 agonists and GIP/GLP-1 agonists that are Food and Drug Administration (FDA) approved for the treatment of Type II Diabetes. These drugs include, but are not limited to: Byetta<sup>®</sup>, Bydureon<sup>®</sup> BCise, Victoza<sup>®</sup>, Trulicity<sup>™</sup>, Adlyxin<sup>®</sup>, Ozempic<sup>®</sup>, Rybelsus<sup>®</sup> and Mounjaro<sup>™</sup>.

All other uses of these medications are considered investigational per the FDA. We will continue to review claims for compliant prescribing and billing. Improper prescribing and/or falsifying prior authorizations could impact your network status and/or have other legal implications. You may find the medical policy governing the use of these drugs in our Medical Policy Index, available on our Provider Page, [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Medical Management," then "Medical Policies."

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## Notes on Filing 837 Professional, Hospital and Dental Claims

- Claim charges of more than \$99,999,999.99 are not allowed.
- You may file a maximum of 5,000 claims per batch.
- A claim may have a maximum of 50 lines.

## Statin Therapy Recommendations and Star Ratings

The American College of Cardiology/ American Heart Association (ACC/AHA) and the American Diabetes Association guidelines recommend prescribing a statin for patients with atherosclerotic heart disease and/or diabetes. Statin Use in Patients with Cardiovascular Disease and Statin Use in Persons with Diabetes are measures used by the Centers for Medicare and Medicaid Services (CMS) that can affect a provider's star rating. Below is additional information about these measures.



### Statin use in patients with cardiovascular disease (SPC):

- The Part C measure includes males 21 to 75 years of age and females 40 to 75 years of age with atherosclerotic heart disease (ASCVD) who received at least one moderate- or high-intensity statin medication in the measurement year.
- Statins of moderate or high intensity are recommended for adults with established ASCVD..
- Excludes members who meet the following criteria: pregnancy, in-vitro fertilization, clomiphene use, end-stage renal disease (ESRD), liver cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis. For members 66 and older the exclusion criteria are: Institutional SNP (I-SNP) enrolled, living in a long-term care facility, has an advanced illness diagnosis or taking a medication for dementia.

### Statin use in patients with diabetes (SUPD):

- The Part D measure includes Medicare members between 40 to 75 years of age who received at least two diabetes medication prescription fills and at least one fill of a statin medication in the measurement year.
- Strong evidence supports the use of moderate-intensity statins to reduce cardiovascular disease.
- Substitute a low-intensity statin in the event of dose-limiting adverse events.
- Excludes members who meet the following criteria: hospice enrollment, ESRD diagnosis or dialysis coverage dates, rhabdomyolysis and myopathy, pregnancy, lactation and fertility, liver cirrhosis, pre-diabetes or polycystic ovarian syndrome.

### For patients with both diabetes and ASCVD:

- Treatment with a high-intensity statin therapy is recommended.

## Upcoming Blue Advantage Workshops

Blue Advantage will host provider workshops December 5-7 for professional and facility providers. These workshops will take place on multiple dates at different locations around Louisiana. Watch for the specifics of these events in our Weekly Digest emails in the coming months.

Additionally, there will be a webinar for Blue Advantage behavioral health providers on Wednesday, November 15, 2023 at 10 a.m. and 2 p.m. Facility or professional providers may attend either session.

Invitations to all workshops and webinars will go out approximately one month before the events, in the Weekly Digest sent each Thursday. The digests are sent to the correspondence email address on each provider record. If the correspondence information on your provider record needs updating, you may use our Provider Update Request Form to make updates. It is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Resources," then "Forms."

### Missed any of our webinars?

Find past workshop and webinars online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click on "Go to BA Resources" at the bottom of the page, then click "Webinars and Workshops." They are also available on the Blue Advantage Provider Portal, under "Resources."



## Statin Therapy Recommendations and Star Ratings

(continued from Page 8)

Best Practices to help close the gap in care:

1. Identify patients who meet measure criteria and do not have a prescription fill for a statin.
2. Develop a protocol to initiate statins in patients who meet the criteria.
3. Prescribe 3-month supplies and remind patients to refill on schedule to encourage better adherence.
4. Educate patients about the benefits of statin therapy and discuss concerns about side effects.
5. Address statin intolerance.



View this newsletter online at [www.bcbsla.com/ilinkblue](http://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](http://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](http://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, choose option 3, then option 3

### Behavioral Health

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

### Blue Advantage Customer Service

1-866-508-7145

[customerservice@blueadvantage.bcbsla.com](mailto:customerservice@blueadvantage.bcbsla.com)

### Blue Advantage Provider Portal

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

### Provider Credentialing & Data Management

1-800-716-2299, option 2 (provider record information) [PCDMstatus@bcbsla.com](mailto: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](http://www.bcbsla.com/ilinkblue) > Blue Advantage).**