

provider networknews

2023

3RD QUARTER

Providing health guidance and affordable access to quality care

Make Sure to Discuss Flu, RSV and COVID-19 Vaccines with Your Patients

Fall is here, and while that brings the holiday season closer, it is also the peak time for respiratory and seasonal illnesses.

"We usually see a spike in respiratory infections like RSV, flu and COVID-19, as well as other diseases like strep throat and stomach viruses, during this time," said Blue Cross Medical Director Dr. Lawrence Simon. "That's because cooler weather tends to make people spend more time indoors. They also participate in larger gatherings to celebrate holidays. These factors create an environment where contagious illnesses can spread."

Encourage your patients to think about protecting themselves and their families from getting sick or spreading illness. That includes being up to date on vaccines and wellness visits. Talk through the latest flu, COVID-19 and RSV vaccine recommendations with your patients. Find out who needs which vaccines, schedule future appointments to get them, and discuss risk factors.

The U.S. Centers for Disease Control and Prevention (CDC) updated COVID-19 vaccine clinical considerations. You can find these recommendations, plus information on potential side effects, at www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.

Currently, the CDC recommends the updated COVID-19 vaccine for everyone six months and older, including the updated 2023-2024 formula for those who have already received the vaccine. The vaccine is one dose for everyone age five years and older. Children younger than five will need multiple doses to be up to date.



Encourage flu shots for your older patients, as well as those with long-term conditions like heart disease, diabetes or asthma. There is also a preventative vaccine for RSV that the CDC now recommends for adults age 60 and older and for pregnant people.

Blue Cross covers flu shots and COVID-19 vaccinations/boosters at \$0 on most health plans. If you have questions about vaccine coverage for a patient, contact Customer Service at the number on the member ID card.

PROVIDER NETWORK

Does Blue Cross Have Your Current Information?

It is important that we always have your most current information. Our Provider Update Request Form accommodates all your change requests, which are handled directly by our Provider Data Management Team.

This form allows you to make any of the following changes:

TYPE OF CHANGE 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"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<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)		

- Changes in demographic information, including the correspondence information for our provider communications
- New elections for EFT
- New Tax ID Number
- A change in practice location under an existing Tax ID Number
- Provider Group information, if you are an existing provider joining a new group
- Terminating participation in Blue Cross networks

You will only need to fill out the section(s) of this form that needs updating. Completing the entire form is not required.

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

It is submitted electronically via DocuSign®.

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.

2024 Provider Manuals are Available Online

On October 1, Blue Cross released the updated versions of our provider manuals for use in 2024. Our updated provider manuals include policy changes, new authorization lists and other reimbursement changes. Please review them carefully to understand the changes that will apply for services on and after January 1, 2024.

You may find the updated manuals on our Provider page (www.bcbsla.com/providers), click on "Resources," and look under "Manuals" to access the new manuals under the "2024" titled versions of these manuals:

- Professional Provider Office Manual
- The BlueCard® Program Manual
- Dental Network Office Manual

Facilities can use iLinkBlue (www.bcbsla.com/ilinkblue) and look under the "Resources" section to access the 2024 Member Provider Policy & Procedure Manual.

We Want to Hear From You in Our Provider Survey

Our annual Provider Engagement Survey is in your inbox, and we are eager to receive your feedback. The survey will close on Sunday, October 8.

The annual survey is an important tool to help us better understand your experience as a provider in our network. Your responses help us gauge satisfaction with our performance, and identify areas for improvement.

Once again we will award gift cards with a top amount of \$500 to 26 eligible participants who fully complete the survey.

If you did not receive a survey link, please email provider_communications@bcbsla.com with "Provider Engagement Survey" in the subject line.

Your participation and feedback are valued and appreciated.



BILLING & CODING

Updated Outpatient Code Ranges

Each quarter, we review new CPT® and HCPCS codes to determine needed updates to the Diagnostic and Therapeutic Services and Outpatient Procedure Services code ranges. As a result of our most recent review, we are adding the following codes.

Diagnostic and Therapeutic Services Codes

Effective Date July 1, 2023:

0387U, 0388U, 0389U, 0390U, 0391U, 0392U, 0393U, 0394U, 0395U, 0396U, 0397U, 0398U, 0399U, 0400U, 0401U, 0791T, 0792T, 0794T, 0804T, 0807T, 0808T, C9150, C9151, C9786, C9787, J0137, J0206, J0216, J0457, J0665, J0736, J0737, J1440, J1576, J1805, J1806, J1811, J1812, J1813, J1814, J1836, J1920, J1921, J1941, J1961, J2249, J2305, J2329, J2371, J2372, J2427, J2561, J2598, J2599, J2806, J7213, J9029, J9056, J9058, J9059, J9063, J9259, J9322, J9323, J9347, J9350, J9380, J9381, Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284, Q5131

Outpatient Procedure Services Codes

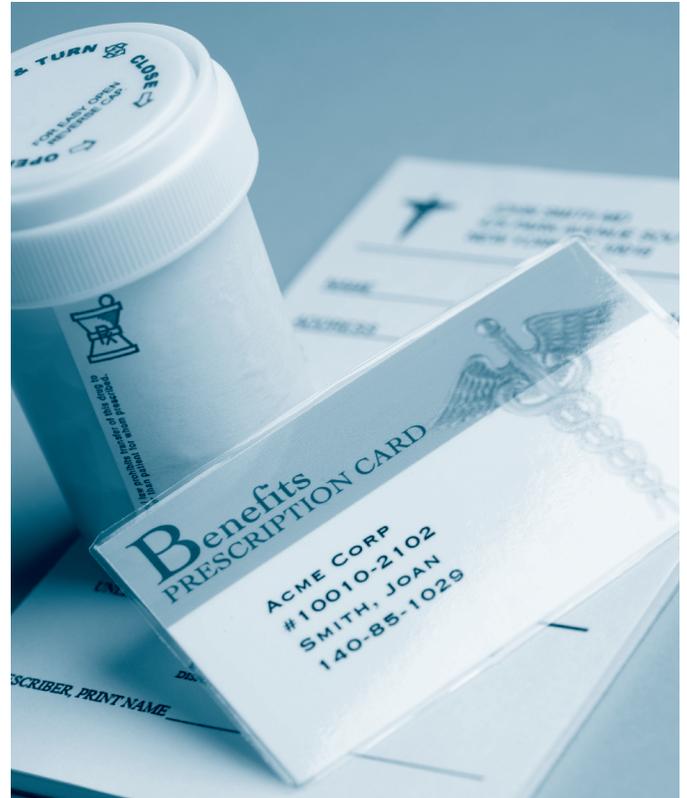
Effective Date July 1, 2023:

0793T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0805T, 0806T, 0809T, 0810T, C9784, C9785

These changes do not affect existing codes and allowable charges. It simply allows our system to accept these codes appropriately for claims adjudication.

Reminder on Drug Reimbursement

If you administer a drug to a member, do not submit a claim for the drug unless you also purchased the drug. If the member received the drug from a pharmacy and brought the drug to your office for administration, the member's pharmacy should submit the claim for the drug. Only submit claims for drugs you purchased.



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

MEDICAL MANAGEMENT

Standards for Prenatal and Postpartum Care

Prenatal and Postpartum Care is a HEDIS® measure that analyzes 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. There are two components to the measure:

First, **timeliness of prenatal care**—the percentage of deliveries in which women had a prenatal care visit in the first trimester. Documentation must include one of the following:

- Indication that the woman is pregnant or reference to the pregnancy. Examples:
 - A positive pregnancy test
 - A standard prenatal flow sheet
 - Gestational age (either by last menstrual period or estimated due date)
 - Documentation of gravidity and parity
 - Complete OB history
 - Prenatal risk assessment and counseling/education
- A basic physical OB exam. Examples:
 - Auscultation for fetal heart tones
 - Pelvic exam with obstetric observations
 - Measurement of fundus height (prenatal flowsheet is acceptable)
- Evidence of performed prenatal care procedure. Examples:
 - Screening test in the form of an OB panel
 - Torch antibody panel
 - Rubella antibody test/titer with an RH incompatibility (ABO/Rh) blood typing
 - Ultrasound of pregnant uterus

Second, **postpartum care**—the percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery. Documentation must include one of the following:

- Pelvic exam (a Pap smear is acceptable)
- Evaluation of weight, blood pressure, breasts and abdomen. A notation of breastfeeding is acceptable for the breast component of the exam.

- Notation of postpartum care. Examples include postpartum care, postpartum check, six-week check or a preprinted postpartum care form.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following: resumption of intercourse, infant care, breastfeeding, birth spacing or family planning.

Telehealth/virtual visits are acceptable.

Why is this Important?

Receiving prenatal and postnatal care is important to maintain the health of both the mother and baby before and after delivery. Per the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, providers should examine women with uncomplicated pregnancies at least once in their first trimester for prenatal care and about three weeks after delivery for postpartum care. Therefore, receiving the proper perinatal care support and education are crucial components of a healthy birth as well as in the prevention of any post-delivery adverse effects.

Strategies for Improvement:

- Use NCQA coding tips to accurately reflect care rendered.
- Educate staff to schedule visits within the guided time frames.
- Educate members on the importance of timely and adequate prenatal care to healthy fetal development and maternal health.
- Include anticipatory guidance and teaching in every visit.
- Encourage members to schedule a postpartum visit between 21 and 84 days after delivery for follow-up care.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

MEDICAL MANAGEMENT

HEDIS®: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The HEDIS measure Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) bases on the percentage of members 3-17 years of age with an outpatient visit with a primary care physician (PCP) or OB/GYN, and evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

There are exclusions for pregnancy and hospice.

Fall is back to school time, which means check-ups for children and adolescents. That provides an opportunity to meet the requirements for the WCC measure. Remember that services specific to the assessment and treatment of an acute or chronic conditions do not count towards compliance for this measure. Services rendered during a telephone visit, e-visit or virtual check-in can count toward compliance. You may perform well child documentation regardless of the primary intent of the visit.

BMI percentile compliance includes documentation as a value (e.g., 85th percentile), dated BMI percentile plotted on an age-growth chart and member-collected biometric data recorded by the clinician.

Nutritional compliance should include:

- A discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors), and a checklist indicating that discussion included nutrition
- Counseling or referral for nutrition education
- Handouts given with nutritional educational materials during a visit
- Anticipatory guidance for nutrition
- Weight or obesity counseling

Completion of any one of these items ensures compliance for the nutritional component of the WCC HEDIS measure.



Physical activity compliance should include:

- A discussion of current physical activity behaviors like exercise routine, sports participation or forms for a sports physical, and a checklist indicating discussion of physical activity
- Counseling or referral for physical activity
- Handouts given regarding physical activity during a visit
- Anticipatory guidance specific to the child's physical activity
- Weight or obesity counseling

Completion of any one of these items ensures compliance for the physical activity component of the WCC HEDIS measure.

If your discharge paperwork includes education regarding nutritional and physical activity recommendations and your staff documents giving it to the parent or caregiver, this will ensure compliance for the nutrition and activity component of the WCC measure.

If you have any questions or concerns, please contact us at HEDISteam@bcbsla.com.

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 our Provider Page at www.bcbsla.com/provider, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective August 1, 2023

- 00036 Enhanced External Counterpulsation (EECP)
- 00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
- 00570 Cardiac Rehabilitation in the Outpatient Setting

Effective August 14, 2023

- 00023 Cryoablation of Tumors Located in the Kidney, Lung, Breast, Pancreas or Bone
- 00106 Prolotherapy
- 00175 Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- 00233 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer
- 00252 tocilizumab (Actemra®)
- 00265 denosumab (Prolia®)
- 00304 Vesicular Monoamine Transporter Type 2 Inhibitors deutetrabenazine (Austedo®, Austedo® XR) tetrabenazine (Xenazine®) valbenazine (Ingrezza™)
- 00386 Post-Surgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- 00404 End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
- 00473 Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
- 00526 Select Inhaled Respiratory Agents
- 00531 penicillamine (Cuprimine®)/trientine (Syprine®, Cuvrior™), generics
- 00534 Extended Release Topiramate Products
- 00557 Select Drugs for Constipation
- 00572 Bioengineered Skin and Soft Tissue Substitutes
- 00627 eltrombopag (Promacta®)
- 00682 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- 00692 upadacitinib (Rinvoq™)
- 00693 Select Levothyroxine Products
- 00751 evinacumab-dgnb (Evkeeza™)
- 00756 Mobile Device-Based Health Management Applications
- 00800 sutimlimab-jome (Enjaymo™)

Effective September 1, 2023

- 00055 Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Aplastic Anemias
- 00426 Microprocessor-Controlled Prostheses for the Lower Limb

Effective September 10, 2023

- 00094 Vertebroplasty/Kyphoplasty
- 00145 Lumbar Disc Arthroplasty

Effective September 10, 2023 (continued)

- 00229 Cervical Disc Arthroplasty
- 00558 Sacroiliac Joint Fusion (Percutaneous Minimally Invasive Techniques)

Effective September 11, 2023

- 00035 Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection
- 00181 Endovascular Stent Grafts for Disorders of the Thoracic Aorta
- 00385 Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products
- 00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy
- 00432 secukinumab (Cosentyx™)
- 00526 Select Inhaled Respiratory Agents
- 00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)
- 00646 Calcitonin Gene-Related Peptide (CGRP) Antagonists
- 00676 amifampridine (Firdapse®)
- 00683 Surgical and Ablative Treatments for Chronic Headaches
- 00686 romosozumab-aqqg (Evenity®)
- 00695 Sunosi™ (solriamfetol)
- 00731 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer
- 00774 ruxolitinib (Opzelura™)

Effective October 9, 2023

- 00019 Continuous Glucose Monitoring
- 00245 Genotype-Guided Warfarin Dosing
- 00269 Genotype-Guided Tamoxifen Treatment
- 00284 KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy
- 00320 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma
- 00329 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
- 00332 Molecular Markers in Fine Needle Aspirates of the Thyroid
- 00353 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- 00355 Select buprenorphine/naloxone Combination Products
- 00377 Genetic Testing for Statin-Induced Myopathy
- 00435 Genetic Testing for Mitochondrial Disorders
- 00518 Select Muscle Relaxants
- 00527 Topical Antifungals
- 00532 Oxybate Products (Xyrem®, Xywav®, Lumryz™)
- 00708 teprotumumab-trbw (Tepezza™)

MEDICAL POLICY UPDATE

New Medical Policies

Policy No. Policy Name

Effective August 14, 2023

- 00842 Xaciat[™] (clindamycin)
- 00843 Teplizumab-mzww (Tziel[™])
- 00844 Lenacapavir (Sunlenca[®])
- 00845 Select Hydroxychloroquine Tablet Strengths
- 00846 etranacogene dezaparvovec (Hemgenix[®])

Effective September 11, 2023

- 00848 olipudase alfa-rpcp (Xenpozyme[®])

Effective September 11, 2023 (continued)

- 00849 velmanase alfa-tycv (Lamzede[®])
- 00850 pegcetacoplan (Syfovre[™])

Effective October 9, 2023

- 00847 sparsentan (Filspari[™])
- 00852 Fecal microbiota, live-jslm (Rebyota[™])
- 00853 Omaveloxolone (Skyclarys[™])



Quality Blue News: We Have Updated Drug Alerts for Chronic Conditions

Blue Cross is thankful for providers who partner with us to deliver quality care to our members—your patients. With that in mind, we developed online resources for several chronic conditions.

We based these documents on published literature, clinical guidelines and expert opinion. Each resource is also tailored to individual disease statuses with highlights for best practices and therapy recommendations, including Blue Cross drug formulary coverage information.

If you would like to receive these resources, contact Blue Cross Provider Relations at provider.relations@bcbsla.com. They will also soon be available through iLinkBlue (www.bcbsla.com/ilinkblue) under the “Resources” tab.

For Quality Blue providers, these updates are available now through the Performance Insights Portal, under “QB Documentation” tab, then “Clinical Resources.”



BEHAVIORAL HEALTH

Authorizations Required for Residential Treatment



The Federal Employee Program (FEP) Network requires prior authorization for admission to residential treatment centers (RTCs). FEP will not allow for a medical necessity review if a member does not have an authorization request prior to admission to an RTC.

Enrollment in care management through Lucet, Blue Cross' behavioral health services manager, is also a requirement before any authorization request.

FEP allows care management 72 hours to complete an assessment. That assessment must be complete before an authorization is approved.

Failure to obtain prior authorization and/or enroll an FEP member in care management will result in an administrative denial. Email Louisiana_CM@lucet.com or call 1-800-762-2382 to request a care management assessment on behalf of a member.

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

PLEASE SHARE
this information with others at
your organization.



BEHAVIORAL HEALTH

Following Up with Patients After Inpatient Behavioral Health Services

Blue Cross works with Lucet for long-term success of patients discharged from inpatient behavioral health settings. The post-discharge appointment is crucial to the well-being of each patient.

Lucet assists facilities in scheduling post-discharge follow-up appointments for our members. For assistance, please contact Lucet Clinical Support Coordinators at 1-877-300-5909.

Additionally, Lucet has providers called Rainmakers who agree to see patients within seven calendar days of discharge. If you are a facility and not currently receiving the Rainmaker list, please email LouisianaPR@lucethealth.com.

The follow-up appointment can be with a psychiatrist or other licensed/certified behavioral health provider. The objective is for the patient to see a provider within seven calendar days of discharge from an inpatient setting.

When telehealth visits meet appropriate criteria, they are also eligible as a follow-up visit.

Missing a follow-up appointment within seven calendar days of discharge may lead to:

- An increased likelihood that the patient will be unable to comply with their outpatient treatment plan.
- Increased readmission potential due to the patient being unable to remain stable after discharge.
- Decreased quality of life for the patient.



What You Can Do to Help

Work with Lucet when they reach out to help transition our members to post-discharge care. Share general patient information for the purpose of setting up follow-up appointments. Releasing member information to Lucet staff does not require a release of information form, per HIPAA Privacy Rule at 45 CFR 164.501.

Note: If you are an established provider for a discharging patient, please make every effort to schedule your patient for a follow-up visit within seven calendar days of discharge.

Patient compliance promotes the HEDIS standard for the Follow-up After Hospitalization for Mental Illness measure. This measure is the percentage of discharges for patients age six years and older admitted to an inpatient acute level of care for treatment of selected mental illness diagnoses. It includes those who had a follow-up visit with a behavioral health practitioner. Two rates are reported:

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



ONLINE RESOURCES

iLinkBlue (www.bcbsla.com/ilinkblue)

Submitting an Adjusted or Voided Claim

When refiling a claim, report all services on the claim. Corrected claims can fall into two categories:

- Adjustment Claim – for changes to a processed claim, including the addition, subtraction or other change of claims information or charges.
- Void Claim – for removing an entire claim and any payments or rejections from a member’s and provider’s records.

If submitting a corrected claim through the iLinkBlue Professional 1500 form, enter the following:

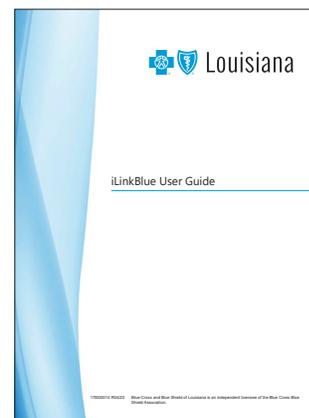
- In Field 19a, the applicable Professional Claim Adjustment/Void Indicator:
 - A - Adjustment Claim
 - V - Void Claim
- In Field 19b, the Internal Control Number (ICN), which is the original claim number.

We Have a User Guide

If you or your staff have questions about using our secure online resources, the iLinkBlue User Guide is available online at www.bcbsla.com/providers, click “Resources,” then “Manuals.”

The guide includes step-by-step instructions for using iLinkBlue, including how to navigate functions like:

- Researching claim status
- Requesting a fee schedule
- Adding new users or editing existing ones
- And more!



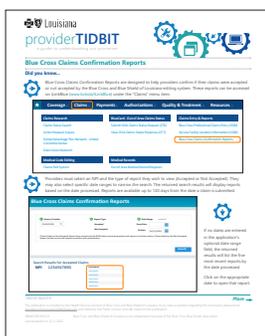
Claims Confirmation Reports

These daily reports provide detailed claim information on transactions accepted or not accepted by Blue Cross for processing. You may access these reports through iLinkBlue under the “Claims” tab by clicking “Blue Cross Claims Confirmation Reports.” Claims confirmation reports are for up to 120 days.

Reports include claims submitted through iLinkBlue or through a clearinghouse or billing agency.

More information on Claims Confirmation reports is available in our Provider Tidbits at

www.bcbsla.com/providers, click “Resources,” then “Tidbits” and then “Blue Cross Claims Confirmation Reports.”



Member Search in BCBSLA Authorizations Application

If you are entering a new request in the BCBSLA Authorizations application, the mandatory criteria fields listed below will provide for the best results on a member search:

- Member Last Name – enter the first two characters
- Member DOB – use the MM/DD/YYYY format
- Subscriber ID or Social Security number

More information on these topics and more are available in our Provider Tidbits, available online at www.bcbsla.com/providers > Resources > Tidbits.

COMPANY NEWS

Blue Cross Foundation Announces 2023 Angel Award Honorees

The Blue Cross and Blue Shield of Louisiana Foundation is proud to announce the 2023 recipients of The Angel Award®. This prestigious recognition program honors outstanding Louisianians who have demonstrated exceptional dedication and service to the state's children.

Now in its 29th year, The Angel Award recognizes people who have improved outcomes for young people. Each honoree takes an active approach to meeting the needs of children and has a history of persisting in the face of significant challenges – sometimes including loss of resources, operational challenges, or even personal tragedy.

"The 10 honorees selected for the 2023 Angel Award represent a diverse range of community-driven initiatives, including healthcare, education, social services, civic education, and more," said Michael Tipton, president of the Blue Cross Foundation. "We are proud to celebrate this incredible group of distinguished champions for children."

The Blue Cross Foundation extends congratulations to the following exceptional individuals recognized as Angels this year:

- Mary Barrios of Farmerville, where she is the town's Community Outreach Coordinator. Barrios has created festivals, learning outreach, and other projects celebrating cultural heritage, diversity and inclusion of Latin American children in Northeast Louisiana.
- Melanie Bronfin of New Orleans, the founder and former executive director of the Louisiana Policy Institute for Children. Bronfin's work has guided statewide policy in the comprehensive reform of Louisiana's early care and education system.
- Frederick Burgess of Alexandria, the founder of Stop the Violence, a mentorship program that interrupts cycles of fatal violence by giving young people the support needed to escape the adverse effects of generational poverty.
- Lisa Conly Cronin of Shreveport, an attorney by trade who is also the CEO of Common Ground, a volunteer-driven organization that provides healthy meals, clothes, tutoring, mentorship and childcare in support of families in Shreveport's Cedar Grove Community.

- Ellen Doskey of Houma, an assistant district attorney who handles cases for children in need of care. She is also one of the founding members of Girls on the Run of the Bayou Region, an after-school program for girls ages 8-13 years that uses running as a vehicle for mentorship and life lessons.
- Dr. Murelle Harrison of Baton Rouge, the executive director of The Gardere Initiative, which delivers services, after-school education, meals and spaces for safe play to the children of Gardere, many of whom have parents who are first-generation immigrants.
- Penny Smith and Melva Terrell Villard of Alexandria, who have distinguished themselves as tireless advocates for children with developmental and intellectual disabilities, including their own children, who are young women of college age. Their advocacy and fundraising helped create LSUA's Special Program for the Enhancement of Resources and Opportunities for Students with Developmental Disabilities (SPERO), which provides an integrated higher education experience for young people who would otherwise be ineligible for college admission.
- Chantelle Varnado of Denham Springs, the founder of Launch Therapy Center, a nonprofit that offers speech therapy, physical therapy, and occupational therapy in Livingston Parish, where there are few options for parents with children of physical and developmental disabilities.

Each of the honorees above will receive a \$25,000 grant made to the Louisiana-based nonprofit of their choice.

Each year, the Foundation also honors a "Blue Angel," a Blue Cross and Blue Shield of Louisiana employee who has shown an extraordinary commitment to children. This year, the Foundation selected Tamiko Garrison of Donaldsonville. Garrison is the founder and coordinator of the Mayor's Youth Advisory Council, which invites the voices of young people and encourages participation in civic processes at a state and local level. The Foundation will make a \$10,000 grant to the organization in Garrison's name.

The Foundation will recognize the 2023 Angel Award honorees at an invitation-only gala on October 16 in Baton Rouge. The ceremony will livestream on the Foundation's Facebook page.

More information about the Angel Award is available online at www.BCBSLAFoundation.org.

UPCOMING EVENTS

Upcoming Blue Cross Webinars

We host provider webinars throughout the year to keep you informed on information and processes relevant to how you serve your patients—our members. In the coming months we have sessions planned on topics such as the BlueCard® program, New to Blue Cross webinars for professional and facility providers and our Provider Credentialing & Data Management (PCDM) department.

Preregistration is required to attend our webinars.

Register for our webinars through the Weekly Digest email, sent out each Thursday. This notice includes registration links to upcoming webinars. Once registered, you will receive a confirmation email with attendance instructions.

Webinars currently scheduled for the coming months are as follows:

- October 11 – BlueCard Webinar
- October 19 – New To Blue Cross, Professional
- October 19 – New to Blue Cross, Facility
- October 31 – New to Quality Blue Webinar
- November 1 – PCDM Webinar
- November 2 – Quality Blue PI Dashboard Webinar



Preregistration is required to attend our workshops and webinars.

STAY CONNECTED



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www.bcbsla.com/providers



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What's New on the Web

www.bcbsla.com/providers

Now Online: updates to our provider manuals, tidbits, new and revised medical policies and 2023 provider webinar presentations.

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: Provider Contracting

Option 2: Provider Credentialing & Data Management

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.