

provider networknews

Providing health guidance and affordable access to quality care

2024

2ND QUARTER

Blue Cross Has Self-service Tools for You!

Blue Cross and Blue Shield of Louisiana has several self-service tools to help providers seeking information.

Our self-service tools include:

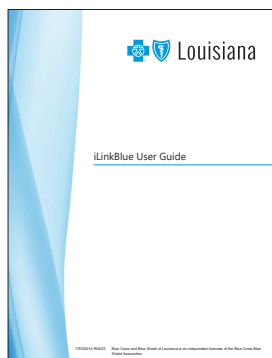
- iLinkBlue (www.bcbsla.com/ilinkblue)
- the Interactive Voice Recognition (IVR) System (1-800-922-8866)
- HIPAA Transactions

Our secure online tool, **iLinkBlue**, can keep you up-to-date with information such as allowable charges, member eligibility and benefits, and medical policies.

iLinkBlue has a document upload feature that allows you to submit documents that you would otherwise fax, email or mail to Blue Cross departments. You can even submit authorization requests, action requests for claims questions and check on the status of a claim through iLinkBlue.

Our iLinkBlue User Guide has step-by-step instructions for navigating the tool, as well as important information on how to sign up. It is available online at www.bcbsla.com/providers > Resources > Manuals.

Call our **IVR System** for automated benefits and claims status inquiries. IVR has both keypad and voice response options for navigation.

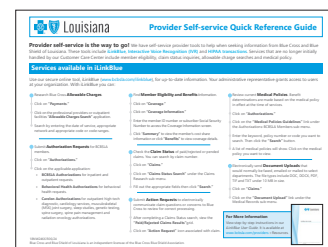
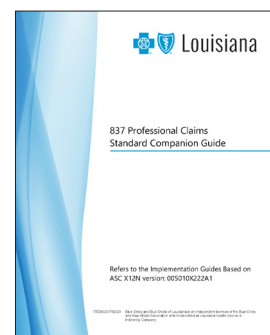
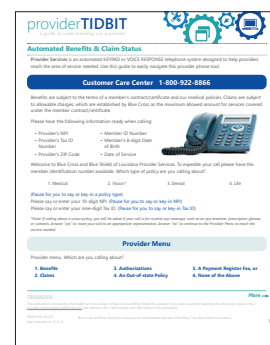


More information and tips for navigating the IVR System are in our Automated Benefits & Claim Status (IVR Navigation Guide) provider tidbit. It is available online at www.bcbsla.com/providers > Resources > Tidbits.

You may also submit electronic inquiries to Blue Cross via **HIPAA Transactions**. These electronic transactions can help you find member eligibility and benefits or check the claims status of a patient.

Detailed companion guides for these transactions are available online at www.bcbsla.com/providers > Electronic Services > Companion Guides.

Also, we have a Provider Self-service Quick Reference Guide, available at www.bcbsla.com/providers > Resources > Speed Guides.



PROVIDER NETWORK

Blue Cross Credentialing Now Accepting CAQH

Effective immediately, we now accept the Council for Affordable Quality Healthcare (CAQH) credentialing application. This is an alternative to the Louisiana Standardized Credentialing Application (LSCA), which we still also accept.

When submitting a CAQH application, providers should:

- Attest to CAQH application prior to submission.
- Upload any additional materials to CAQH profile to ensure a smooth and timely process.

After submission of a credentialing application, providers will receive a prescreening letter letting them know the application is received and routed for processing. It also advises of any information needed in addition to the credentialing application, with detailed instructions on how to submit it.

Both the CAQH and LSCA credentialing applications can be found on our Provider page (www.bcbsla.com/providers) in two locations—under “Resources,” then “Forms,” and under “Network Enrollment,” then “Join Our Networks.”

For questions regarding CAQH, please email PCDMstatus@bcbsla.com for initial credentialing, or recredentialing@bcbsla.com for recredentialing.

How to Request Expedited Credentialing

If you are not submitting a CAQH application and need to request expedited credentialing, include a letter with your application requesting the expedited process. This letter must:

- Include your agreement to hold members harmless for payments above the allowable charge.
- Identify the provider group name.
- Be on company letterhead and signed either by you or an authorized representative. An electronic signature is acceptable.

If applicable, include a signed admitting privileges agreement to a network hospital.

More information is available on our Network Enrollment page, www.bcbsla.com/providers > Network Enrollment. You may also email provider.relations@bcbsla.com.

Genetic Testing Management Program Coming in July 2024

Blue Cross is implementing a new genetic testing program. Carelon Medical Benefits Management (Carelon) will manage review of genetic testing for dates of service on and after July 1, 2024.

This change promotes quality care while reducing costs associated with testing that is not evidence-based, and ensures our members have access to appropriate testing.

All providers who request genetic testing must participate in the new program. Submit pre-service reviews to Carelon for all outpatient genetic testing for dates of services on or after July 1, 2024. This program is for all fully insured and self-funded members, including Office of Group Benefits (OGB) members.

At this time, Federal Employee Program (FEP) members are not in the program.

Requests and order number verifications must come from the ordering provider using one of the following methods:

- Online using iLinkBlue (www.bcbsla.com/ilinkblue) to access the Carelon MBM Provider Portal. The portal is available under the “Authorizations” menu option, through the “Carelon Authorizations” application.
- By calling Carelon at 1-866-455-8416, Monday through Friday from 8 a.m. – 5 p.m.

For more information on this program, visit <https://guidelines.carelonmedicalbenefitsmanagement.com/current-genetic-testing-guidelines/>.

PROVIDER NETWORK

With Epic, Blue Cross Drives Improved Health Outcomes Through Technology and Provider Partnerships

Blue Cross moved Care Management processes and several provider services to **Epic Systems Corporation (Epic)**. We can now securely exchange up to three times more data with network providers.

"With Epic, Blue Cross is investing in improving health outcomes for our members across the state," said Dr. Stephanie Mills, Blue Cross executive vice president and chief medical officer. "Epic helps us achieve a team approach to care between our providers and Blue Cross. It expands how we share information and keeps us all focused on our members' care."

Nearly 70% of Blue Cross members see a provider using Epic. When the Epic Tapestry and Compass Rose went live in late April, Blue Cross moved clinical functions onto the same platform. These include case and disease management, utilization review, medical appeals, medication therapy management and quality of care tracking.

"Many of our clinical team members, myself included, came to Blue Cross after working in hospitals, clinics and other patient care settings," said Dr. Mills.

"We saw the value in connecting our processes with those that providers use in treating their patients," she added. "This greatly simplifies how we share information and advances how we work together to deliver better care to the people we serve."

Epic's Payer Platform helps connect us with more than 500 provider locations statewide, including most of Louisiana's major health systems. This allows secure data exchange on more than half of Blue Cross members.

We will continue to expand Epic connections to more locations through the end of the year. That will give more providers and the members they treat the advantage of better digital capabilities.

Check out our comprehensive BCBSLA Authorizations Application User Guide and video tutorials, available under the "Resources" menu option of iLinkBlue (www.bcbsla.com/ilinkblue). Look under the "Manuals" section. An FAQs document may also be found online at www.bcbsla.com/providers >Electronic Services >Authorizations >Quick Links.

Epic is a trademark of Epic Systems Corporation.

Our Authorizations Application Now Includes In Basket Retention

Our new BCBSLA Authorizations application, powered by Epic, includes an **In Basket** feature for receiving determination letters and Blue Cross notifications.

The retention limit for In Basket items is **21 days**. If you need to view a letter or communication that is no longer in your In Basket, it can be found on the Referral Details screen for the associated referral (authorization request).



BILLING & CODING

COVID, RSV and Flu Testing

There are multiple types of COVID, RSV and Flu detection tests and/or kits providers use when patients present with symptoms. As such, we would like to remind providers of our policy for individual or combination tests.

When testing patients for any combination of COVID-19, RSV and Flu, providers may either submit separate codes (e.g., 87635, 87634 or 87502) or a combined assay code (e.g., 87636 or 87637). Combination codes are eligible for reimbursement even when performing individual assays. For separate individual codes, we will only reimburse for one code.

Our medical directors and medical coding committee consider many factors when developing our policies. This includes, but is not limited to, clinical guidelines from national organizations and medical specialty societies, CPT® coding guidelines, industry standards, and recommendations from community medical specialists.

Reminder on Incident-to Billing

Subsection 5.17 of our *Professional Provider Office Manual* addresses incident-to billing, or a provider billing for services rendered by personnel whom they are only supervising.

Services rendered by providers participating in Blue Cross' provider network must bill under their own provider number, not the number of a supervising practitioner.

Additionally, we do not offer network participation to providers considered "in-training" such as residents, post-doctoral and other students. They are now allowed to bill incident-to services.

Blue Cross does conduct periodic claim reviews with a focus on incident-to billing and wants to remind our providers to review subsection 5.17 of the *Professional Provider Office Manual*. The manual is available online at www.bcbsla.com/providers >Resources >Manuals.



A9293 for Natural Cycles Application

Effective April 1, 2024, please use CPT code A9293 instead of A9279 for the Natural Cycles application for contraception.

MEDICAL MANAGEMENT

HEDIS® Tips for More Efficient Wellness Visits

Here are some tips for maximizing your wellness visits for pediatric members:

- Make the most of your time with the patient. Sick visits may be an opportunity for your patient to get annual health checks in a timely manner. Encourage your staff to use tools within the office to promote teaching on immunizations, asthma care, healthy living habits, depression screening and importance of return visits.
- Discuss importance of nutrition and exercise with all patients.
- Document all discussions and/or handouts given in the medical record.
- Use the State immunization registry and transcribe into the registry all immunizations including the Hepatitis B given at birth in the hospital.
- If you use electronic medical records, consider creating a flag to track patients due or past due for preventive services. If you do not use electronic medical records, consider creating a manual tracking method for preventive services such as immunizations and annual well-child exams.
- Schedule the next visit at the end of the current appointment.
- Have your staff call patients to remind them of upcoming appointments and necessary screenings.
- Consider extending your office hours on certain days into the evening, early morning or weekends to accommodate working parents.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate patients to initiate discussions with you about health screenings.

For adult members, discuss importance of medication management, chronic disease management, ideal weight, smoking cessation, preventative services, adult immunizations and importance of return visits with all patients at each visit. Some additional tips:

- Document all discussions in the medical record.
- Consider including someone on your team qualified to discuss diabetes, or a referral to a diabetic nurse educator.
- Document follow-up on lab results, eye exam results or any specialist visit in the chart.
- Provide an annual eye doctor referral for diabetic patients.
- Provide a mammogram referral during the annual visit if indicated.
- If you use electronic medical records, consider creating a flag to track patients due or past due for preventive services.
- If you do not use electronic medical records, consider creating a manual tracking method for preventive services.
- Encourage your staff to use tools within the office to promote teaching on colorectal cancer screening, cervical cancer screening and breast cancer screening.
- Have your staff contact patients to remind them of upcoming appointments and necessary screenings.
- Schedule the next visit at the end of the current appointment.

Additionally, consider placing posters and educational messages in treatment rooms and waiting areas to motivate patients to initiate discussions with you about health screenings. The American Cancer Society recommends that colorectal cancer screenings start at 45 years of age for average risk.

If you have any questions, please email us at HEDISteam@bcbsla.com.



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

MEDICAL MANAGEMENT

Encourage Patients to Consider Medical Needs, Evacuation Plans and More as Hurricane Season Begins

It is time to get ready for hurricane season. Forecasters predict another busy storm season, and experts highly recommend making plans well in advance. It is important for people in all parts of the state to pay attention to tropical weather. Although coastal areas bear the brunt of hurricanes, there can be effects for hundreds of miles inland, as heavy rains and high winds can be slow to dissipate even after a storm makes landfall.

In a recent interview with the Shreveport-Bossier City Advocate, Blue Cross Medicare benefit specialists Tabitha Hendon and Kimberly Hudson shared suggestions for your patients to help them prepare.

Establish decision points and create plans for both evacuating and sheltering in place.

One of the biggest challenges when it comes to hurricanes is whether to evacuate or remain home. Hendon recommends people discuss both options with their families well in advance so they can make a quick decision if a storm heads toward Louisiana.

"There are pros and cons to both," Hendon said. "You may decide to evacuate only for stronger storms with a direct hit predicted, and maybe stay if it's not expected to be as intense. It's a good idea to have some parameters in place before you have to make that decision. If you do stay, you would need to stock up on supplies for your home and be prepared in case you lose power or water for a few days. If you know you would want to evacuate, decide where you would go and what supplies you would need to take with you."

Hendon said that since many older adults tend to have more medical needs, those should also be factored into an evacuation decision. Whether you leave or shelter in place, make sure you have a way to receive all necessary medications and equipment for the duration.

Keep medical and benefits paperwork readily available in multiple formats.

Individuals should know where their benefits cards are and take them with them if they do evacuate, since they can be used elsewhere if someone needs to see a doctor or have a prescription filled.

It is also a good idea to make copies of the cards and give those to immediate family members in the event they lose one.

Another suggestion is to make a list of all household members with their current health needs, medications and dosages, healthcare providers, and contact information for clinicians. Hudson recommends keeping such a list on a digital device that you would carry with you or handwritten on paper and placed in a bag or purse that you will easily have on hand.

"I personally like to have both a digital copy and a written copy," Hudson said. "I think it's good to keep that information stored both ways so you always have a backup. Also, make sure everyone in the family has the information. For example, my husband and I share each other's information and keep it with us so that if one of us can't access it, the other person can."

(story continues on Page 8)



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/providers, under the "Medical Management" tab, click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective May 13, 2024

00070 Hyperbaric Oxygen Therapy (HBO)
 00188 Human Growth Hormone
 00222 omalizumab (Xolair®)
 00244 Vigabatrin Products
 00267 Catheter Ablation as Treatment for Atrial Fibrillation
 00345 Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions, Single-Gene Disorders, and Twin Zygosity Using Cell-Free Fetal DNA
 00378 Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
 00385 Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products
 00406 Transcatheter Aortic-Valve Implantation for Aortic Stenosis
 00432 secukinumab (Cosentyx™)
 00465 Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
 00541 Select Anti-Epileptic Drugs
 00554 Corticosteroids for Duchenne Muscular Dystrophy (Emflaza™, generics, Agamree®)
 00640 Topical Treatments for Dry Eye Disease
 00738 Select Tramadol Products
 00746 Pharmacotherapy for primary hyperoxaluria type 1 (PH1)
 00771 Pharmacotherapy for Pompe Disease
 00783 Odevixibat (Bylvy™)
 00827 Zoryve™ (roflumilast)

Effective June 10, 2024

00015 Chronic Intermittent Intravenous Insulin Therapy (CIIT)
 00225 adalimumab Products
 00341 Tetracyclines (oral)
 00353 Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
 00458 Amniotic Membrane and Amniotic Fluid
 00501 mepolizumab (Nucala®)
 00506 dichlorphenamide (Keveyis™, generics)
 00511 reslizumab (Cinqair®)
 00515 Select Gabapentin Products
 00570 Cardiac Rehabilitation in the Outpatient Setting
 00572 Bioengineered Skin and Soft Tissue Substitutes
 00606 benralizumab (Fasenra™)
 00621 Outpatient Pulmonary Rehabilitation
 00708 Teprotumumab-trbw (Tepezza™)
 00757 Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia
 00768 pegcetacoplan (Empaveli™)
 00787 vosoritide (Voxzogo™)
 00788 Tezepelumab-ekko (Tezspire™)

Effective July 1, 2024

00218 rituximab Products
 00313 Manipulation under Anesthesia
 00389 Whole Genome Sequencing for Diagnosis of Genetic Disorders
 00577 Laboratory Testing Investigational Services
 00817 Bevacizumab Products
 00818 Trastuzumab Products

Effective July 8, 2024

00188 Human Growth Hormone
 00339 HMG-CoA Reductase Inhibitors and HMG-CoA Reductase Inhibitor Combination Drugs
 00415 Percutaneous and Subcutaneous Tibial Nerve Stimulation
 00454 tesamorelin (Egrifta SV®)
 00518 Select Muscle Relaxants
 00670 Treatment of Hereditary Transthyretin-Mediated Amyloidosis in Adult Patients
 00715 Select Nitrofurantoin Products
 00786 inclisiran (Leqvio®)
 00796 tralokinumab-ldrm (Adbry™)
 00845 Select Hydroxychloroquine Tablet Strengths

Effective August 1, 2024

00560 bezlotoxumab (Zinplava™)

Effective September 1, 2024

00077 Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablation
 00081 Lymphedema Pumps
 00583 Temporomandibular Joint Dysfunction

New Medical Policies

Policy No. Policy Name

Effective May 13, 2024

00874 zilucoplan (Zilbrysq®)
 00875 cantharidin (Ycanth™)

Effective June 10, 2024

00876 iptacopan (Fabhalta®)

Effective July 1, 2024

00881 lovotibeglogene autotemcel (Lyfgenia®)

Effective July 8, 2024

00878 Voquezna® (vonpazan)
 00879 Eohilia™ (budesonide oral suspension)
 00880 exagamglogene autotemcel (Casgevy™)
 00882 birch triterpenes topical gel (Filsuvez®)

MEDICAL MANAGEMENT

Encourage Patients to Consider Medical Needs, Evacuation Plans and More as Hurricane Season Begins

(continued from Page 6)

Prepare for long-term guests.

If patients live further inland and away from a storm's projected path, they may not experience many weather effects from a hurricane. But, if they have family members who live in areas that expect to have significant storm impacts, they may need to stay with you for several days or even longer. Hendon, who lives in the Monroe area, recalled that several loved ones stayed with her for a few weeks after Hurricane Laura in 2020.

"It's important to determine which supplies you would need in case you are an evacuation point for your family or friends," Hendon said. "You want to make sure you have enough food and water, as well as daily items like toiletries. You also want to know where people can go to resupply in your area if they do need items for a longer stay."

Discuss medical needs.

No matter where someone lives in Louisiana, a hurricane bearing down on the state is stressful and uncertain, especially if you have ongoing health concerns. Hudson noted that most pharmacies will fill a 90-day supply of daily medications, such as those taken for diabetes or high blood pressure.

If patients worry they will not be able to access their pharmacy as normal, consider prescribing a longer supply so they will avoid running out, she advised.

Hudson also noted that many older adults have more specific medical needs, such as medication that needs refrigeration or equipment like oxygen tanks and electric wheelchairs that require power. If someone does decide to evacuate, they should ensure it is to a location that will have reliable electricity and storage options. If they opt to shelter in place, Hudson recommends making sure it is somewhere with a generator that can keep medications and equipment ready for use.

Whether someone has evacuated or is still home, Hudson noted that telehealth services can be a great option if anyone has questions about their care before, during or after a storm.

"Most health plans and doctors can now provide telehealth as long as you have a device with a camera and an internet connection," she said. "This is a wonderful way to get care if you need to connect with your provider when travel is difficult or if you need to seek out someone in an unfamiliar area."



Quality Blue News: Pay For Performance Guide Updated

An updated Quality Blue Pay For Performance (P4P) Measures guide is available in the Performance Insights (Pi) Portal. This guide has additional information to help you address these measures for your Blue Cross patients.

If you have questions about our Quality Blue Program, please reach out to provider.relations@bcbsla.com.

MEDICAL MANAGEMENT

Discussing Medication Adherence with Patients

The behavior behind taking medication is complex for individual patients, influenced by many factors. Not filling a prescription, delaying one, skipping doses, splitting doses or stopping a medicine early are all forms of nonadherence. And medication nonadherence can lead to complications such as:

- Poor health outcomes
- Avoidable hospitalization and ED visits
- Added work for your practice during patient visits
- Increased costs to patients

We encourage providers to ask their patients about obstacles to taking their medications and offer ways to overcome those barriers. Common barriers include the following:

- Affordability
- Lack of transportation
- Lack of supply
- Time management
- Side effects
- Confusion about why or how to take medication

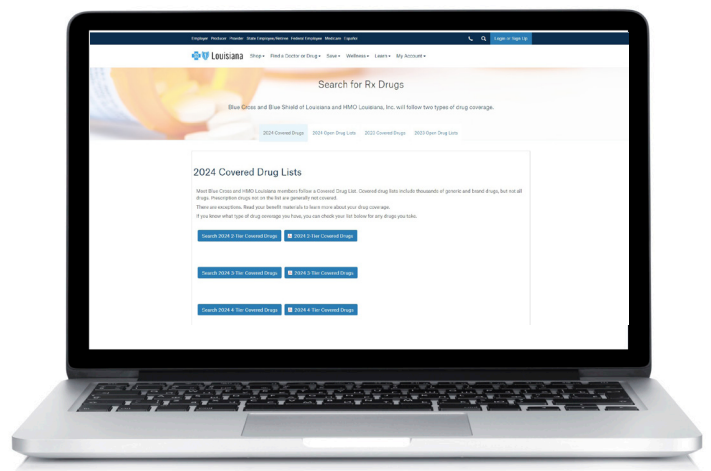


For chronic disease self-management:

Refer your Blue Cross and HMO Louisiana, Inc. patients to our medication management pharmacist at 1-800-317-2299, Monday through Friday, 8 a.m. – 5 p.m.

To save patients out-of-pocket costs:

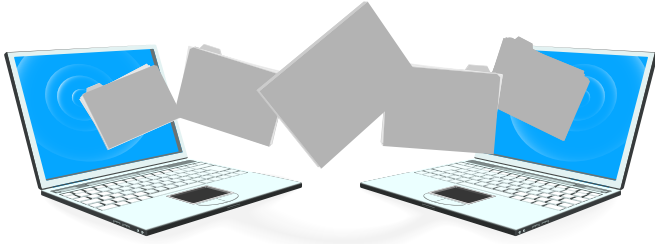
Consider lower cost tier drugs on our formulary that will treat the patient. Find Blue Cross and HMO Louisiana Covered Drug Lists at www.bcbsla.com/CoveredDrugs. We include drug lists for our \$0 Drug Copay Program and Preventive Care/Safe Harbor Program on that page as well.



ONLINE RESOURCES

iLinkBlue (www.bcbsla.com/ilinkblue)

Our Document Upload Feature Has Three New Departments



iLinkBlue (www.bcbsla.com/ilinkblue) offers the ability to upload documents instead of faxing, email or mailing them to select departments. The feature is quick, secure and available any time through the iLinkBlue provider portal.

The Document Upload feature is accessible on iLinkBlue under Claims > Medical Records > Document Upload. A list of frequently asked questions is also available next to the feature.

Select the department from the drop-down list you wish to send your document. The fax numbers are available as a reference to assist in selecting the correct department:

- Provider Disputes – Louisiana Members
- Provider Disputes – Non-Louisiana Members (new)
- Payment Integrity
- ACA Risk Optimization (new)
- ITS Host Medical Records
- Health and Quality Management (HEDIS) [new]
- Federal Employee Program (FEP) Appeals
- Medical Necessity & Investigational Appeals Only
- Medical Records for Retrospective or Post Claim Review

Once Blue Cross receives the uploaded document, a confirmation message displays indicating the file uploaded with a date/time stamp and unique identifier. Please keep the confirmation number for your records. Allow 14 days before inquiring that your transaction is in process.

Electronic Refund Letters Available Soon

We have an enhancement coming to iLinkBlue (www.bcbsla.com/ilinkblue) that will allow for online access to claims refund request letters. Currently, we send these provider letters through the mail. Later this summer, they can also be accessed electronically in iLinkBlue.

Once the enhancement is implemented, providers will receive notifications on the iLinkBlue Welcome Page as letters become available.

Letters can be viewed in the notification section or accessed on the Claims menu under “Refund Request Letters.” They will be available for 24 months from their issue date and can be downloaded as a PDF.

The Provider Page (www.bcbsla.com/providers)

Updated Resources

Blue Cross consistently reviews and updates its provider resource materials. Our goal is to ensure you have access to current information.

Check out these items in the “Resources” section of our Provider page:

- 2024 updates to our Provider Manuals
- 2024 Professional Workshop Presentation
- Blue Cross Webinar Presentations, such as on our new Genetic Testing management program
- Provider Forms
- Network Speed Guides
- Provider Tidbits

COMPANY NEWS

Bryan Camerlinck Selected President and CEO of Blue Cross

In May, Blue Cross announced Bryan Camerlinck as President and CEO, following Steve Udvarhelyi's decision to retire after serving in the role for more than eight years.

"We are fortunate to have someone of Bryan's experience and track record succeed Steve Udvarhelyi as President and CEO of Blue Cross and Blue Shield of Louisiana," said Jerry Greig, chairman of the BCBSLA Board of Directors. "Bryan has the strategic vision coupled with the tactical leadership experience to address the challenges and opportunities that Blue Cross and its employees face in serving our members, providers and brokers in today's evolving healthcare environment."

Camerlinck joined BCBSLA in 2016 as Chief Financial Officer (CFO) and was promoted to the role of Executive Vice President (EVP) and Chief Operating Officer in 2021, where he had financial and operational responsibility for all lines of business at Blue Cross. He also had strategic oversight of the Company's business operations, information technology, data and analytics, sales, marketing and communications, and customer experience divisions. In addition, Camerlinck has also served as Chairman of the Board and President and CEO of Vantage Health Plan, now operating as Primewell Health Services in Arkansas and Mississippi, wholly owned subsidiaries of BCBSLA.

Prior to joining BCBSLA, Camerlinck held progressively responsible roles at Blue Cross and Blue Shield of Kansas City for more than 20 years, including CFO and president and CEO of the company's subsidiaries. He began his career as an auditor with Ernst and Young, is a Certified Public Accountant (CPA) and holds a degree in Accounting and Pre-Law from Kansas State University.

"Since I joined Blue Cross and Blue Shield of Louisiana my family and I have thoroughly enjoyed the people and culture unique to Louisiana. In this new role, I will continue to work with our dedicated employees to provide top tier service and the security that our members expect from us," said Camerlinck. "I am honored to lead the Company as we continue to address the health issues that impact all Louisianians."

Udvarhelyi joined BCBSLA as President and CEO in 2016. Under his leadership, the company saw growth in commercial products, including the individual exchanges, and expanded into government business.



BCBSLA now offers Medicare products in each of Louisiana's 64 parishes. To further grow the company's government business division, BCBSLA completed its strategic acquisition of Vantage Holdings in 2019, adding deep Medicare Advantage experience and resources to the company. In addition, BCBSLA serves almost 300,000 Medicaid members through a joint venture with Elevance Health called Healthy Blue.

"Serving as President and CEO of Blue Cross and Blue Shield of Louisiana has been an honor and a privilege, and I am proud of the accomplishments we have made during these last eight years. These include expansions in Government Business, our continued commitment to the individual market and improving the way we work with our provider partners. Today, we are the only health insurer in the state that offers a product for every Louisianian in every parish, no matter their walk of life," said Udvarhelyi.

"This is a carefully planned succession," Greig said. "We know that the status quo will not work in the complex healthcare environment we are facing today. Bryan's leadership and experience make him the right leader to address the challenges in the healthcare environment and position BCBSLA for continued success for decades to come. The Board and I thank Steve for his unwavering commitment to our company and its mission over the last eight years and wish him well as he transitions to his much-deserved retirement."

UPCOMING EVENTS

Upcoming Blue Cross Webinars

Our provider webinars keep you informed on information and processes relevant to how you serve your patients—our members. The coming months will feature multiple webinars on topics such as our Quality Blue (QB) program, the QB program's Performance Insights (Pi) Portal, provider risk adjustment, our Provider Credentialing & Data Management (PCDM) Department and iLinkBlue (www.bcbsla.com/ilinkblue).

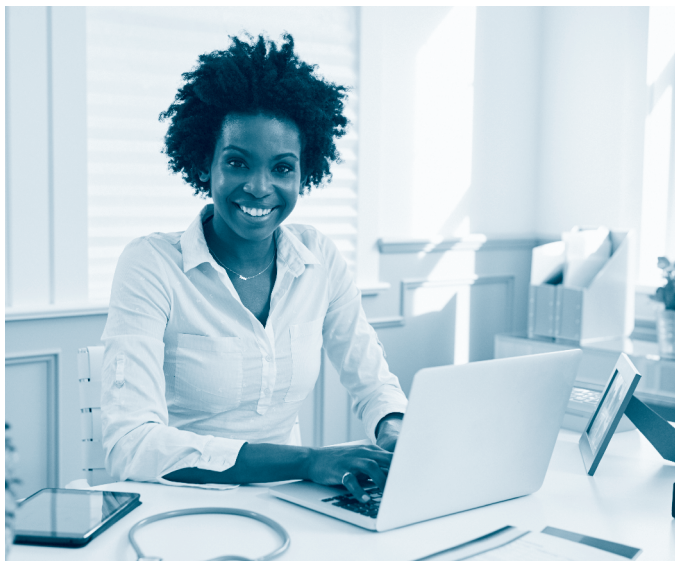
Preregistration is required to attend our workshops and webinars.

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:

- July 18 – QB Advanced Pi Portal
- August 6 – New to QB
- August 8 – QB Pi Dashboard
- August 20 – Risk Adjustment
- August 21 – New to iLinkBlue
- August 27, 28 and 29 – Behavioral Health
- September 11 – PCDM

Preregistration is required to attend our workshops and webinars.



STAY CONNECTED



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



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Watch us on
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What's New on the Web

www.bcbsla.com/providers

Now Online: view information on our new genetic testing management program presented in our 2024 Genetic Testing Program Webinar, located in our "Resources" section.

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

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 healthcare 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.

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.