

Blue Advantage (HMO)

Insight Newsletter

July 2017



In this edition:

page article

- 2 [Completing an Annual Comprehensive Visit for Blue Advantage Members](#)
- 2 [Medical Record Requests](#)
- 3 [Has Your Contact Info Changed?](#)
- 3 [Earn Free Continuing Medical Education Credits](#)
- 3 [HEDIS Measures](#)
- 4 [New iLinkBlue = New Way to Access Blue Advantage Provider Portal](#)
- 4 [Save the Date – Workshops & Webinars](#)
- 5 [Updated Manual & Forms](#)
- 5 [Pharmacy Management Q&A](#)
- 6 [Important Changes in Our Credentialing Process](#)
- 6 [Refer Your Blue Advantage Members to Blue Advantage Providers](#)



HMO Louisiana

BLUE Advantage

Completing an Annual Comprehensive Visit for Blue Advantage Members

As part of our initiative to provide the Centers for Medicare & Medicaid Services (CMS) with comprehensive data on the medical conditions, including supporting documentation, of our Blue Advantage (HMO) members, you should complete an annual comprehensive visit for your Blue Advantage members. Our Enhanced Encounter Tool is designed to help complete and document these visits.

All Blue Advantage members should have a documented comprehensive visit once per calendar year. In order to be eligible for the incentive payment that is part of the Comprehensive Visit Program, visits for Blue Advantage members must be conducted no later than August 31 annually.

How does the Comprehensive Visit Program affect your practice?

- Accepted Enhanced Encounter visits are reimbursed a bonus payment of \$250.
- Previous plan-approved comprehensive visit templates are reimbursed a bonus payment of \$100 per accepted form.
- Supports submission of unlimited diagnosis codes to CMS.



How to submit a comprehensive visit:

- Complete the comprehensive visit using the Enhanced Encounter Tool in the Accountable Delivery System Platform (ADSP) or utilizing a previously plan-approved template.
- You should bill the appropriate evaluation and management (E&M) CPT® codes that reflect the complexity and level of decision-making for the comprehensive visit.
- Must be received within 60 days of the date of service in order to be considered for the additional reimbursement.

If you have any questions or would like to receive training to participate in the Enhanced Encounter Tool, please contact the Blue Advantage Population Health Manager for your respective region:

New Orleans and Northshore

Erika Lockhart / Rachel Suiter
(504) 939-3224 / (228) 217-8435
accountablecareteam@blueadvantage.bcbsla.com

Baton Rouge and Lafayette

Lenora Howard
(225) 590-2513
accountablecareteam@blueadvantage.bcbsla.com

Medical Record Requests



In addition to direct requests from Blue Cross for Blue Advantage members' records, you may receive requests from Lumeris, a vendor, on our behalf.

Lumeris is acting as a Blue Cross-authorized audit agent; therefore, as agreed to in your contract, providers should not charge them access or copy fees.

Has Your Contact Info Changed?



We recently mailed a letter that included a copy of our Provider Update Request Form and asked you to complete the form if there have been any changes with your practice. This form is sent out biannually to ensure we have the most

accurate information available to members.

Updates may include changes in address or hours of operation. If you have recently had changes to your practice, let us know by completing the form and returning it to Blue Cross. The form is available on the Blue Advantage Provider Portal (www.bcbsla.com/iinkblue > Blue Advantage > "Provider Demographic Change Form" under Forms).

Earn Free Continuing Medical Education Credits

We are still offering our network physicians FREE continuing medical education (CME) credits directly through the Washington University CME portal.

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

Once you are registered, we recommend you try these three courses first:

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

HEDIS Measures

Healthcare Effectiveness Data and Information Set (HEDIS) measures are used in calculating the star ratings of Medicare Advantage plans.

Medicare Advantage plans and primary care providers (PCPs) are compared and rated in their performance in the HEDIS measures. These results are published to assist members during the annual election period in choosing a high quality Medicare Advantage plan and PCP.

Listed below are measures used in calculating ratings:

Part C Measures:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Diabetes Care
- Adult BMI Assessment
- Osteoporosis Management
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Plan All Cause Readmissions

Part D Measures:

- High-risk Medication
- Medication Adherence

Members seen in 2017 would have all of their claims and biometric data (including HEDIS) submitted to Centers for Medicare and Medicaid Services (CMS) in 2018, and the healthplan's and PCP's star rating would be awarded in the fall of 2018 for a 2019 effective date.

Blue Cross and Blue Shield of Louisiana offers PCPs in the Blue Advantage network value-based reimbursement opportunities designed to financially reward practices for meeting defined performance targets on HEDIS quality and utilization access measures.

To obtain additional information on our value-based reimbursement programs related to HEDIS performance, please contact Shelton Evans, MPA, network development director, value-based contracting at Blue Cross and Blue Shield of Louisiana, Shelton.Evans@bcbsla.com.



New iLinkBlue = New Way to Access Blue Advantage Provider Portal

As you may have noticed, we launched a redesigned iLinkBlue in March to better serve provider online needs. With this new design, the button to access the Blue Advantage Provider Portal has moved. Visit www.bcbsla.com/ilinkblue and click on "Blue Advantage" under Other Sites.

The screenshot displays the iLinkBlue provider portal interface. At the top, there is a header with the Louisiana logo, a 'Provider' login section with 'Tax ID' and 'NPI' fields and a 'Submit' button, and a 'Logged in as' section with a 'Location' dropdown. Below the header is a navigation menu with links for 'Coverage', 'Claims', 'Payments', 'Clinical Resources', 'Quality & Treatment', and 'Resources'. The main content area is titled 'Welcome to iLinkBlue' and includes a message from Blue Cross Blue Shield of Louisiana. Below this, there are four informational messages under the heading 'Important Blue Cross Messages'. To the right of these messages are four circular icons with corresponding text: 'View Member Coverage', 'Research Claims', 'View Payment', and 'View EFT Notices'. At the bottom right, there is an 'Other Sites' section with a list of links: 'Davis Vision Network', 'Dental Advantage Plus Network - United Concordia Dental', and 'Blue Advantage', which is highlighted with a red box.

Save the Date – Workshops & Webinars



Webinars:

- July 19 - HEDIS, STARS and Medicare Risk
Noon – 1:30 p.m.
- October 11 – New to Blue Advantage
Noon – 1:30 p.m.

Workshops:

- December 5 – December 13
Learn about the differences between our Blue Advantage network and other networks

Be on the lookout for more information regarding these helpful educational opportunities.

Updated Manual & Forms

Look for the revised *Blue Advantage (HMO) Provider Administrative Manual* on the Blue Advantage Provider Portal. In addition, many of the provider forms as well as the Provider Quick Reference Guide have also been updated. These tools and resources can be found on the Blue Advantage Provider Portal, available through iLinkBlue (www.bcbsla.com/ilinkblue > Blue Advantage). The manual is found under "2017 Guides & Resources" and various forms are found under "Forms."



Pharmacy Management Q&A

What is the Blue Advantage Pharmacy Network?

The Blue Advantage Pharmacy Network provides coverage for prescription medications. Your patients may have their prescriptions filled through a wide network of pharmacies, including mail order. Providers should refer Blue Advantage patients to their provider directory for a comprehensive list of participating pharmacies in the Blue Advantage Pharmacy Network.

What drugs are covered under the Blue Advantage Part D formulary?

Blue Advantage uses a list of covered drugs for Medicare Part D coverage. For a specific list of covered drugs, please refer to the Blue Advantage formulary, located on the Blue Advantage Provider Portal.

What pharmacy benefit manager does Blue Advantage use for Part D coverage determinations and appeals?

Blue Advantage uses Express Scripts, Inc., to perform certain Part D functions such as coverage determinations and appeals. For more information, refer to the Pharmacy Management section of the *Blue Advantage Provider Administrative Manual*.

Are there different levels of copayments or coinsurances for Blue Advantage Part D formulary?

Members pay a copayment for drugs in tiers 1 through 4 and a coinsurance for drugs in tier 5. Blue Advantage Part D formulary is organized into five drug tiers:

- Tier 1 - Preferred Generic
- Tier 2 - Generic
- Tier 3 - Preferred Brand
- Tier 4 - Non-preferred Drug
- Tier 5 - Specialty



Important Changes in Our Credentialing Process

Our credentialing process takes up to 90 days from receipt of a fully completed application to approval by our Credentialing Subcommittee, when all required information is received and we are at normal workloads. We are experiencing a large backlog in the Credentialing area and are working through requests. Currently, we are at approximately 120 days from receipt. In addition to this backlog, incomplete applications or missing documentation can delay the process. We began returning incomplete or incorrect credentialing applications to providers, effective February 1, 2017.

The application processing time will start over when the corrected application is returned to Blue Cross. Below are common reasons applications are returned:

- No original signature on application (stamped or typed signatures are not accepted)
- No application signature date (stamped or typed signature dates are not accepted)
- Professional provider does not submit the current version of the Louisiana Standardized Credentialing Application
- An alternative application is submitted in place of the credentialing application (**we do not accept a CAQH application**)
- Application signature is 180 days old or greater
- Facility does not submit the Health Delivery Organization (HDO) Information Form
- No effective date listed

In addition to the information above, we would like to remind you of processes we have in place to make the credentialing process more efficient and effective:

- Please do not submit duplicate copies of your credentialing form.
- If after 120 days your request is still not completed, contact our Network Operations department at 1-800-716-2299, option 2.
- Network providers are recredentialed every three years from their last credentialing acceptance date.
- Credentialing delegation is available to groups with 50 or more practitioners. For more information, contact Gloria Burns at (225) 295-2314 or by email at Gloria.Burns@bcbsla.com.

All credentialing applications are available on our Provider page at providers.bcbsla.com >Resources >Forms. Our Provider page also includes a dedicated credentialing section that is an overview of our credentialing and recredentialed processes (providers.bcbsla.com >In the Network >Credentialing).

If you have credentialing questions or need assistance with the process, contact our Network Operations department at or 1-800-716-2299, option 2.

Refer Your Blue Advantage Members to Blue Advantage Providers

Please refer your Blue Advantage patients to network providers as these members do not have out-of-network benefits except:

- when the service is authorized to be delivered by a non-participating provider
- during a state of emergency

Members may research providers in their network at www.bcbsla.com/blueadvantage.

View this newsletter online at www.bcbsla.com/ilinkblue, then click on "Blue Advantage" under Other Sites.

Blue Advantage (HMO) Insight

Blue Advantage (HMO) 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 healthcare professionals and facility providers.

What's on the Provider Portal

www.bcbsla.com/ilinkblue > Blue Advantage

- 2017 Guides & Resources
- Accountable Delivery System Platform (requires additional login), which includes:
 - Member Eligibility
 - Member ID Card
 - Claims Inquiry
 - Authorization Inquiry
- Forms
- Help Documents
- Claims
- Helpful Links

CME Credit Opportunity

We are still offering our network physicians FREE continuing medical education (CME) credits directly through the Washington University CME portal. See page 3 for more information.

Important Contact Information

Authorizations (including Case and Medical Management)

1-866-508-7145, option 4, option 4

Behavioral Health

1-877-250-9167 (for customer service and non-facility authorizations)

Blue Advantage Customer Service

1-866-508-7145
customerservice@blueadvantage.bcbsla.com

Blue Advantage Provider Portal

1-866-508-7145

Network Operations

1-800-716-2299, option 3
network.administration@bcbsla.com

Population Health Managers

accountablecareteam@blueadvantage.bcbsla.com

Pharmacy

1-800-935-6103/TTY:1-800-716-3231

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. An electronic copy of this newsletter can be found on the Blue Advantage Provider Portal. (www.bcbsla.com/ilinkblue > Blue Advantage).