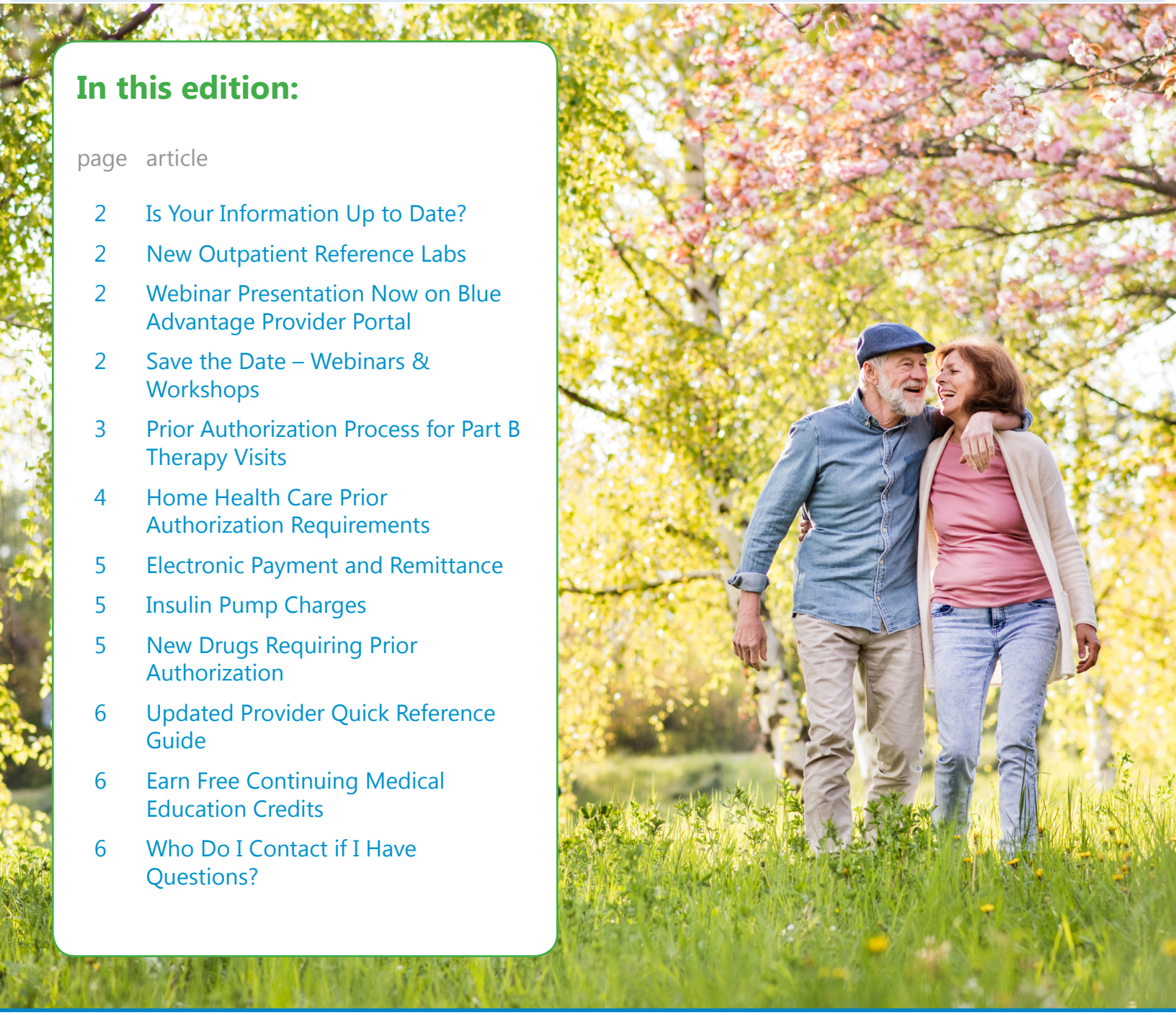
A publication to keep our network providers informed on the latest Blue Advantage (HMO) news

Blue Advantage (HMO)

Insight Newsletter

May 2018



In this edition:

HMO Louisiana

BLUE Advantage

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Is Your Information Up to Date?

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 your most accurate information available to members. Updates may include changes in address or hours of operation.

If you recently had changes to your practice, let us know by completing the form and returning it to Blue Cross. The form is available online at www.BCBSLA.com/providers >Resources >Forms.

New Outpatient Reference Labs

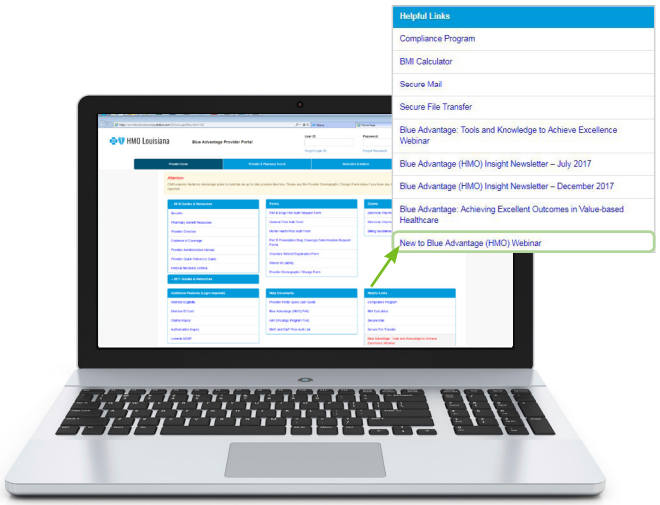
Effective January 1, 2018, Quest Diagnostic Labs and Laboratory Corporation of America (Lab Corp) joined the Blue Advantage network. Blue Advantage network providers can:

- perform lab work in the office if they are CLIA certified for test(s) being performed
- draw specimens and send to one of our preferred labs: Clinical Pathology Laboratories (CPL), Lab Corp or Quest Diagnostics

Webinar Presentation Now on Blue Advantage Provider Portal

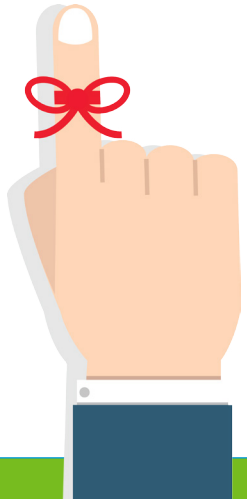
In March 2018, we conducted the "New to Blue Advantage" webinar for providers newly in our Blue Advantage network.

The webinar presentation is now on the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue >Blue Advantage). The webinar includes information about claims filing options, medical documentation, iLinkBlue, the Blue Advantage Provider Portal and other Blue Advantage resources. It also serves as a good refresher for providers and office staff who have been a part of the network.



Save the Date – Webinars & Workshops

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



Webinars:

- July 11 - Blue Advantage Primary Care Provider Overview
  Noon – 1:30 p.m.
- July 12 - Diagnostic Accuracy / STARS
  Noon – 1:30 p.m.
- September 12 - Diagnostic Accuracy / STARS
  Noon – 1:30 p.m.

Workshops:

- November 27 - December 3
  Learn about our Blue Advantage network and requirements.

Prior Authorization Process for Part B Therapy Visits

Effective January 1, 2018, outpatient Medicare Part B therapy (PT, OT and ST) providers may evaluate and treat Blue Advantage members without prior authorization for up to 12 visits, per discipline, in a 90-day period, providing the services are medically necessary. This policy covers all therapy services except Aquatic Therapy services, CPT® code 97113. Aquatic therapy services do require a prior authorization from the plan prior to beginning treatment. This policy addresses therapies given at a frequency of 1-3 times per week. The plan reserves the right to audit documentation at any time to assess compliance with Medicare regulations.

Per the Medicare Benefit Manual, Chapter 15, Section 220.1.1 – Care of a Physician/Non-physician Practitioner: Although there is no Medicare requirement for an order, when documented in the medical record, an order provides evidence that the patient both needs therapy services and is under the care of a physician or non-physician practitioner.

Use of an order is prudent to determine that a physician/non-physician practitioner is involved in the member's care and available to certify the plan.

Blue Advantage will accept:

- a documented note from a medical doctor (MD), physician assistant (PA) or nurse practitioner (NP) that therapy is advised and ordered when included within the progress note from a clinic/nursing home visit; or
- a signed order for therapy containing an original legible signature from the MD, PA or NP; or
- a treatment plan with an original legible signature or an acceptable signature/initials over a typed or printed name from the MD, PA or NP

To obtain a prior authorization for continued therapy, the following elements should be included:

- Initial evaluation of the member's condition, including diagnosis, description of the impairment or dysfunction, subjective observation, objective observation, assessment and rehabilitation potential
- A Plan of Care, including treatment details, the estimated treatment time frame and the anticipated results of treatment
- Plan of Care certification by treating physician or non-physician practitioner – must occur within 30 days of evaluation
- Daily treatment notes for all visits completed or progress report for all treatments to date, indicating continued medical necessity
- Any barriers to treatment goals
- Additionally, Blue Advantage requires a copy of the discharge summary note when services are ended

Home Health Care Prior Authorization Requirements

There are changes to home health care prior authorization requirements effective January 1, 2018.

Initial Evaluation

- The initial skilled nursing (SN) and/or physical therapy (PT) home care assessment/evaluation visit does not require prior authorization. However a physician's order and certification of homebound status is required.

Post-evaluation Visits

- Document the initial evaluation results, evidence of homebound status, individualized member goals and plan of care on our Request for Prior Authorization Form (www.BCBSLA.com/ilinkblue >Blue Advantage >Home Health Prior Auth Form under Forms). All documentation is expected to be legible or it will be returned and the authorization process cannot move forward. The Request for Prior Authorization Form, and any supporting clinical documentation must be faxed to the health plan for review within three business days of the evaluation.
- If the home health care (HHC) episode has been approved, a faxed approval will be sent to the agency that includes the dates of coverage for the approved certification period. Prior authorization of visits is not required; the provider may provide all medically necessary covered services to the member within the approved date range. Blue Advantage reserves the right to audit providers retrospectively to assess compliance with Medicare requirements.
- If the clinical documentation does not support the need for HHC services, the case will be sent to the health plan's medical director for review and determination. If the determination by the medical director is unfavorable, a denial letter will be faxed to the HHC agency. Denial will also be mailed to the member or the member's legal representative.

Request for Recertification

- To prevent a gap in coverage, all requests for ongoing visits must be submitted at least five business days prior to the coverage period end date.
- A documented face-to-face visit with attending physician (primary care provider or specialist treating the qualifying condition) must take place within 30 days of start of care or within the previous 60 days of any request for recertification of HHC visits. Also required is a summary of visits from the previous certification period, documentation of continued need for home health service(s), along with continued certification of homebound status.
- If the request to continue HHC is approved, a faxed approval will be sent to the agency that includes the dates of coverage for the approved certification period. An approval letter will also be mailed to the member or member's legal representative.
- If the clinical documentation does not support the continued need for HHC services, the case will be sent to the health plan's medical director for review and determination. If the determination is unfavorable, a NOMNC will be faxed to the HHC agency for hand delivery to the member. The provider is responsible to deliver the letter to the member in a timely manner.

Discharge Summary

- When members are discharged from services, the agency must submit a discharge summary or form two business days after the coverage period end date (or last visit, whichever is later, that includes the number of visits provided, date of last visit and the disposition for each discipline. Also include a copy of the signed Notice of Medicare Non-coverage that was delivered to the member.

Electronic Payment and Remittance

Blue Advantage is capable of sending an electronic fund transfer (EFT) for payment of services and an electronic remittance advice (ERA). If you currently have EFT set up for Blue Cross' commercial networks, then you are already set up with Blue Advantage to receive EFT. If not, you will need to register for EFT. Please go to the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue >Blue Advantage >Electronic Payment & Remit), complete the EFT Enrollment Form and follow the directions as outlined.

If you receive the ERA (835), you will not receive an additional paper copy. If not, paper remits are generated and mailed weekly to the correspondence address that is on file with Blue Cross. Paper copies are not available on the Provider Portal.

For enrollment in our ERA/835, please contact the Change Healthcare Customer Service department as they handle the 835 for Blue Advantage.

Change Healthcare Customer Service:

phone: 1-877-363-3666
website: www.emdeon.com

Please note:

See the Change Healthcare website for additional features such as the ability to pull down a hard copy remittance notice, which may be available for a fee. For more information about ERAs, please contact Blue Advantage Customer Service at:

phone: 1-866-508-7145
fax: 1-877-528-5820
mail: HMO Louisiana, Inc.
P.O. Box 32406
St. Louis, MO 63132
online: www.BCBSLA.com/blueadvantage
email: customerservice@blueadvantage.bcbsla.com

Insulin Pump Charges

This serves as a reminder that we follow traditional Medicare guidelines regarding how we pay for insulin pumps, which means we reimburse a monthly rental for 13 months. At that point, we consider the pump paid. Supplies and insulin are to be billed under the appropriate HCPCS/CPT code.

New Drugs Requiring Prior Authorization

Effective June 15, 2018, prior authorization is required for the following drugs when prescribed to Blue Advantage (HMO) members:

- Fasenra™
- Yescarta™

Please refer to the Blue Advantage Provider Quick Reference Guide, found on the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue >Blue Advantage), for the list of drugs that require prior authorization.

If you have questions, please contact Blue Advantage Customer Service at 1-866-508-7145 and choose the Medical Management option.

Updated Provider Quick Reference Guide

The Blue Advantage (HMO) Provider Quick Reference Guide has been updated for 2018. This document includes:

- key information about the Blue Advantage Network
- services requiring authorization
- information on our Blue Advantage electronic tools

The Guide can be found on the Blue Advantage Provider Portal (www.BCBSLA.com/ilinkblue >Blue Advantage >Provider Quick Reference Guide under 2018 Guides & Resources).

Earn Free Continuing Medical Education Credits

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

Accessing the Washington University CME Portal

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

Who Do I Contact if I Have Questions?

To better serve our Blue Advantage provider network, we have centralized your primary point of contact for questions about Blue Advantage. Please email all requests or questions concerning Accountable Delivery System Platform (ADSP) training, accessing panel reports, care gap and RAF scores, and financial incentive reports and checks to Provider.Relations@bcbsla.com.

Our operations partner, Lumeris, will continue to provide customer service, claims processing and care management services.

For our Quality Blue Primary Care and Quality Blue Value Partnership partners, the Quality Blue teams are accountable for engaging with your practice/ entity to share Blue Advantage quality performance updates.

For all other providers, Blue Cross' Provider Relations Representatives are your primary point of contact for any questions pertaining to the Blue Advantage quality program. If you are unsure of who your Provider Relations Representative is, please go to www.BCBSLA.com/providers > Provider Networks >Provider Support.

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

- Accountable Delivery System Platform (requires additional login), which includes:
  - Member Eligibility
  - Member ID Card
  - Claims Inquiry
  - Authorization Inquiry
- Forms
- Help Documents
- Claims
- Helpful Links
- Updated Manual
- Updated Quick Reference Guide

CME Credit Opportunity

The offer of FREE continuing medical education (CME) credits though the Washington University CME portal is extended through 2018. See page 6 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).