

PROVIDERS' NEWS

December 2019

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TABLE OF CONTENTS

ARKANSAS BLUE CROSS AND BLUE SHIELD

Updates to CDC HbA1c CPT II Coding Changes	2
Annual compliance training reminder	2
Colorectal cancer screening	3
Coverage policy manual updates	4
Hepatitis-C record review	6
Metallic formulary changes effective January 1, 2020	6
“New Patient” definition	10
Outpatient & ambulatory surgery fee schedules	11
Please use AHIN for Open Enrollment	11
Prepay review of high-dollar inpatient claims	12
Primary care provider alignment	12
Service facility location edit	13
Standard with step formulary drug changes as of January 1, 2020	14
Telemedicine credentialing fee update	31

FEDERAL EMPLOYEE PROGRAM

Benefit changes for 2020	32
Member A1c request changes	34

ARKANSAS STATE POLICE / HEALTH ADVANTAGE

Arkansas State Police medical plan changes	35
Prior approval requirement for Health Advantage effective Feb. 1, 2020	37

HEDIS® NEWS

Adult body mass index assessment	38
Comprehensive Diabetes Care	38
Medical record reviews	38
Musculoskeletal conditions	39

MEDI-PAK®

Medi-Pak® Advantage HMO referrals	40
New member ID numbers and cards for Medicare Supplement members	43
New payment cycles for Medicare Supplement members	43

Updates to the CDC HbA1c CPT II Coding Changes

The American Medical Association (AMA) has issued a change to the effective dates of the CPT II Category II Codes 3045F, 3051F, and 3052F due to confusion and issues arising with the previously stated date of October 1, 2019.

These are the HbA1c CPT Category II Codes Effective Rules to be utilized for the Comprehensive Diabetes Care – Hemoglobin A1c Testing Measure:

EFFECTIVE UNTIL DECEMBER 31, 2019:

3045F – Most recent HbA1c level = 7.0-9.0%

EFFECTIVE STARTING JANUARY 1, 2020:

3051F – Most recent HbA1c level greater than or equal to 7.0% and less than 8.0%

3052F – Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%

<https://www.ama-assn.org/system/files/2019-11/cpt-category2-codes-long-descriptors.pdf>

Annual compliance training reminder

Arkansas Blue Cross and Blue Shield and its family of companies are required by the Centers for Medicare and Medicaid Services (CMS)¹ as well as the federal government, state government and other regulators to ensure that certain individuals and entities with whom we do business² (including healthcare-related professionals and organizations) to complete **general compliance training and fraud, waste and abuse training** annually in addition to meeting certain federal and state compliance requirements.

Providers and staff must complete annual compliance training from a CMS compliant source annually by December 31 or within 90 days of hire.

For more information about the annual compliance training, see the June 2019 issue of Providers' News at <https://www.arkansasbluecross.com/providers/medical-providers/providers-news/>.

Contact Regulatory Compliance at regulatorycompliance@arkbluecross.com with any questions.

¹Arkansas Blue Cross and Blue Shield must maintain an annual compliance training program because we are a:

- Contractor with the federal Centers for Medicare & Medicaid Services (CMS)
- Qualified Health Plan (QHP) through the U.S. Department of Health and Human Services (HHS) through the Patient Protection and Affordable Health Care Act and Health Care and Education Reconciliation Act of 2010 (together referred to as the Affordable Care Act).

² Entities that must complete annual compliance training (including fraud, waste and abuse training) include:

- First-tier, downstream and related entities (FDRs)
- Delegated entities (DEs)

According to the Federal Register Notice CMS-4124-FC and 45 C.F.R Subpart D § 156.340, providers are considered first-tier and/or delegated entities because there is a direct contract for Medicare/Affordable Care Act Services between Arkansas Blue Cross and each provider.

Colorectal cancer screening

The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The current USPSTF recommendation highlights the strong evidence that colorectal cancer screening reduces deaths from colorectal cancer in adults aged 50 to 75 rather than emphasizing specific screening approaches. The USPSTF clearly identifies colonoscopy as the most effective method of screening. Annual fecal immunohistochemical testing (FIT) was modeled as an effective (and most cost effective) method of stool-based testing. USPSTF did not include multitarget stool DNA (Cologuard™) as a modeled strategy*. Arkansas Blue Cross and Blue Shield covers all of the recommended modeled strategies by USPSTF. Multitarget stool DNA testing (Cologuard™) is not covered per policy # 2003018. Arkansas established Medical Coverage Policy #2011045 in September 2010. Under this policy, screening for colorectal cancer is covered without cost-sharing beginning at age 50 years and continuing until age 75 years for members of non-grandfathered plans using **one** of the following methods:

- Fecal immunochemical test (FIT) annually
- Flexible sigmoidoscopy (in combination with annual FIT) every 10 years
- Colonoscopy every 10 years
- CT colonography every 5 years
- Annual FIT plus colonoscopy every 10 years

It should be noted that some self-insured employers have chosen to cover multitarget stool DNA test (Cologuard™).

A complete copy of the medical coverage policy is accessible by selecting Coverage Policy at <https://www.arkansasbluecross.com/members>.

*Evaluating the Benefits and Harms of Colorectal Cancer Screening Strategies: A Collaborative Modeling Approach Prepared for: Agency for Healthcare Research and Quality U.S. Department of Health and Human Services Prepared by: Writing Committee of the

Coverage policy manual updates

Since November 2019, several policies have been added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual. The table highlights these additions and updates. To view entire policies, access the coverage policies located on our website at arkansasbluecross.com.

Policy ID	Policy Name
2015014	Amniotic membrane and amniotic fluid injections
2016005	Anti-PD-1 (programmed death receptor-1) therapy (Nivolumab) (Durvalumab) (Cemiplimab)
2011053	Autism Spectrum Disorder, Applied Behavioral Analysis
2017006	Bevacizumab (Avastin™) for oncologic indications
2018024	Burosumab-twza (Crysvita®)
2010000	Capsaicin (Qutenza) for the treatment of post-herpetic neuralgia
2016013	CD 5 Complement Inhibitors
2018002	Chemodenervation, Botulinum Toxins
1997036	Cognitive rehabilitation
2005010	Computed tomography, cardiac and coronary artery
2017026	Edaravone
2014026	Electric breast pump (hospital grade)
2010005	Electrical stimulation, Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
1998168	Etanercept (Enbrel)
2018021	Gene therapy for inherited retinal dystrophy-Voretigene (Luxturna)
1998051	Genetic test: BRCA1 or BRCA2 mutations
2015004	Genetic test: Breast Cancer Risk Assessment (PALB2, CHEK2, ATM)
2003018	Genetic test: Fecal DNA to detect colorectal cancer, screening
2007024	Genetic test: HER2 testing
1997087	Growth hormone, human
2017034	Inotuzumab Ozogamicin (Besponsa™)
1997105	Interferon Gamma-1B
1998095	Intraoperative neurophysiologic monitoring
1998112	Intraoperative radiation therapy
2010046	Intravitreal corticosteroid implants
2011006	Ipilimumab (Yervoy™)
2003024	Kyphoplasty, Percutaneous, Radiofrequency, and Mechanical Vertebral Augmentation

Policy ID	Policy Name
2018000	Leadless cardiac pacemakers
2018023	Levodopa-carbidopa Intestinal Gel (Duopa®) for treatment of advanced Parkinson's disease
1997126	Low level laser therapy (LLLT)
2016010	Mepolizumab (Nucala)
2015024	Minimally invasive benign prostatic hyperplasia (BPH) treatments
2018025	Mucopolysaccharidoses agents
2017033	Octreotide Acetate for injectable suspension (Sandostatin® LAR Depot)
2017014	Olaratumab (LARTRUVO™)
2016021	Paliperidone Palmitate (long-acting injectables Invega Sustenna ® and Invega Trinza)
2019005	Pembrolizumab (KEYTRUDA®)
2000001	PET or PET/CT for colorectal cancer
2000003	PET or PET/CT for melanoma
1998156	PET or PET/CT for non-small cell lung cancer
2001038	PET or PET/CT for pancreatic cancer
2001035	PET or PET/CT for prostate cancer
2011020	Preventive services for non-grandfathered (PPACA) plans: Bacteriuria screening in pregnant women
2011066	Preventive services for non-grandfathered (PPACA) plans: Overview
2003022	Radioimmunoscinigraphy Imaging - Indium-111 Capromab Pendetide (ProstaScint)
2009040	Radioimmunotherapy in the treatment of Non-Hodgkin lymphoma
2013048	Repository Corticotropin injection
2006016	Rituximab (Rituxan)
2012030	Sinus spacers, stents, and implants following endoscopic sinus surgery
2012009	Skin and soft tissue substitutes, bio-engineered products
2015035	Sleep apnea, minimally invasive surgical treatment
1997137	Strontium 89, Metastron
2013030	Teduglutide (GATTEX®) for short bowel syndrome (SBS)
2015034	Telemedicine
2015028	Testosterone replacement therapy
2016008	Thermal ablation of peripheral nerves to treat pain associated with plantar fasciitis, knee osteoarthritis, sacroiliitis, and other conditions
2014017	Transcatheter mitral valve repair
2013015	Treatment of varicose veins/venous insufficiency
2015011	Vedolizumab (Entyvio) for inflammatory bowel disease
1999012	Vertebroplasty, percutaneous
1998119	Viscosupplementation for the treatment of osteoarthritis of the hip, knee, and all other joints

Hepatitis-C record review

Prior approval requests for direct acting antiviral (DAAs) require submission of certain records:

- History of HCV, when diagnosed, risk factors for HCV acquisition, treatment status
- History of drug or alcohol abuse, for how long, when did it stop. History of drug and/or alcohol abuse will require submission of negative UDS and/or alcohol screen.
- Current medication list
- Current (within last 6 months) original reports of: genotype, viral load, CBC, platelet, PT/INR, CMP, hepatitis B serology, HIV screen, any other lab ordered as part of the member’s evaluation.
- Reports of imaging if available: US abdomen, CT abdomen, liver elastography (this is not required unless done to evaluate fibrosis/cirrhosis.)

We have noted recently that the above information is not always submitted, resulting in requests for additional information, unnecessary appeals and a delay in treatment for your patients. Please ask your staff to be sure all necessary information is submitted with your request.

Coverage policy 2017037, **Direct Acting Antiviral Medications for Treatment of Chronic Hepatitis C**, provides information about covered treatment regimens for specific types of HCV. This policy is available online at <https://www.arkansasbluecross.com/>.

Metallic formulary changes effective January 1, 2020

Medications not covered

Product Removal	Formulary Alternatives
ACYCLOVIR OINTMENT 5%	DENA VIR CREAM; ACYCLOVIR TAB/CAP; VALACYCLOVIR TAB
ALREX SUS	LOTEPREDNOL OPTH SUSP; LASTACFT OPTH SOLN; AZELASTINE HCL OPTH SOLN; BEPREVE DRO OPTH SOLN; CROMOLYN SODIUM OPTH SOLN; EPINASTINE HCL OPTH SOLN; ALOCRILO OPTH SOLN; OLOPATADINE OPTH SOLN
ALTABAX OINTMENT	MUPIROCI OINTMENT, GENTAMICIN CREAM/OINTMENT
APRISO	MESALAMINE CAPS AND TABS
AZELEX CREAM	AZELAIC ACID GEL; FINACEA AER; ADAPALENE CREAM; ADAPALENE CRE/GEL/LOT; TRETINOIN CREAM

Product Removal	Formulary Alternatives
BALCOLTRA	ETHINYL ESTRADIOL-DROSPIRENONE, ETHINYL ESTRADIOL-DROSPIRENONE-LEVOMEFOLATE, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE-IRON
BANZEL	CLOBAZAM TABS/SUSP, CLONAZEPAM TABS, LAMOTRIGINE TABS, TOPIRAMATE CAPS/TABS, FELBAMATE TABS/SUSP
CALCIPOTRIENE CREAM, OINTMENT	CALCITRIOL OINTMENT 3MCG/GM, TAZORAC CREAM 0.05%; TAZAROTENE CREAM 0.1%, TAZORAC GEL 0.05% AND 0.1%
CARAFATE SUSPENSION	SUCRALFATE 1 GRAM TABS
CEFACLOR ER TAB	CEFACLOR CAPS/SUSP
CELECOXIB CAP 400 MG	CELECOXIB 50 MG,100 MG, AND 200 MG CAPS
COLESEVELAM HCL TAB, PACKET	COLESTIPOL 1GM AND 5GM TABS, CHOLESTYRAM POWDER 4 GM
COMBIVENT	IPRATROPIUM-ALBUTEROL NEB SOLUTION; BEVESPI AEROSOL
COMPLERA	BIKTARVY TAB, GENVOYA TAB, ODEFSEY TAB, SYMFI TAB, SYMFI LO TAB
CORTISPORIN CREAM, OINTMENT	GENTAMICIN SULFATE CREAM/OINTMENT
DIHYDROERGOTAMINE MESYLATE NASAL SPRAY	DIHYDROERGOTAMINE INJ, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN NASAL SPRAY
DOCETAXEL INJ	generic DOCETAXEL INJ
EDARBI	CANDESARTAN TABS, EPROSARTAN TABS, IRBESARTAN TABS, LOSARTAN TABS, OLMESARTAN TABS, VALSARTAN TABS, TELMISARTAN TABS
FENOPROFEN CALCIUM CAP 400 MG	FENOPROFEN 600MG TABS
FIRAZYR	generic ICATIBANT ACETATE INJ
FLAREX SUSPENSION	DEXAMETHASONE OPTH SUSP, FLUOROMETHOLONE OPTH SUSP, LOTEPREDNOL OPTH SUSP, PREDNISOLONE ACETATE OPTH SUSP
FLURANDRENOLIDE CREAM, LOTION, OINTMENT	FLUOCINOLONE 0.025% CREAM/OINTMENT; BETAMETH VAL CREAM/LOTION ; MOMETASONE CREAM/SOLUTION; DESOXIMETASONE CREAM 0.05%; HC VALERATE CREAM 0.2%; TRIAMCINOLONE CREAM 0.025% AND 0.1%; CLOCORTOLONE CREAM
FULPHILA	NEULASTA INJ AND KIT, UDENYCA INJ
GLASSIA	PROLASTIN-C INJ
HALOG CREAM, OINTMENT	BETAMETHASONE DIPROPIONATE CREAM, DIFLORASONE DIACETATE CREAM, FLUOCINONIDE CREAM, TRIAMCINOLONE ACETONIDE CREAM
HYDROMORPHONE HCL LIQUID	HYDROMORPHONE TABS, MORPHINE SULFATE TABS/SOLN, OXYCODONE TABS/SOLN
INDOMETHACIN	IBUPROFEN TABS/SUSP, DICLOFENAC POTASSIUM TABS, DICLOFENAC SODIUM TABS, ETODOLAC CAPS/TABS, FLURBIPROFEN TABS/SOLN, KETOPROFEN CAP, MECLOFENAMATE SODIUM CAPS

Product Removal	Formulary Alternatives
LETAIRIS	generic AMBRISENTAN TAB
LIVALO	ATORVASTATIN TABS, FLUVASTATIN CAPS, LOVASTATIN TABS, PRAVASTATIN TABS, ROSUVASTATIN TABS, SIMVASTATIN TABS
LOTEMAX GEL, OINTMENT, SUSPENSION	DEXAMETHASONE OPTH SUSP, FLUOROMETHOLONE OPTH SUSP, LOTEPREDNOL OPTH SUSP, PREDNISOLONE ACETATE OPTH SUSP, ETABONATE OPTH SUSP
LYRICA	generic PREGABALIN CAP, SOL
MYRBETRIQ	DARIFENACIN TABS, OXYBUTYNIN TABS, SOLIFENACIN TABS, TOLTERODINE CAPS, TROSPIUM CAP
NAPROXEN TAB EC	NAPROXEN 250MG, 375MG, 500MG TABS, IBUPROFEN TABS/SUSP, DICLOFENAC POTASSIUM TABS, DICLOFENAC SODIUM TABS, ETODOLAC CAPS/TABS, FLURBIPROFEN TABS/SOLN, KETOPROFEN CAP, MECLOFENAMATE SODIUM CAPS
NATAZIA	ETHINYL ESTRADIOL-DROSPIRENONE, ETHINYL ESTRADIOL-DROSPIRENONE-LEVOMEFOLATE, ETHINYL ESTRADIOL-LEVONORGESTREL, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE-IRON, ETHINYL ESTRADIOL-NORGESTIMATE
PIMECROLIMUS CREAM	USE TACROLIMUS OINTMENT
PROAIR	ALBUTEROL HFA, LEVALBUTEROL AEROSOL
QTERN	GLYXAMBI TAB
ROZEREM	generic RAMELTEON TAB
SANTYL OINTMENT	Consult prescriber
STRIBILD	BIKTARVY TAB, GENVOYA TAB, ODEFSEY TAB, SYMFI TAB, SYMFI LO TAB
TAYTULLA	ETHINYL ESTRADIOL-DROSPIRENONE, ETHINYL ESTRADIOL-DROSPIRENONE-LEVOMEFOLATE, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE, ETHINYL ESTRADIOL-NORETHINDRONE ACETATE-IRON
TIMOPTIC OCUDOSE SOLUTION	BETIMOL OPTH SOLN, CARTEOLOL OPTH SOLN, LEVOBUNOLOL OPTH SOLN, METIPRANOLOL OPTH SOLN, TIMOLOL OPTH GEL, TIMOLOL MALEATE OPTH SOLN
TRACLEER	generic BOSENTAN TAB
TRADJENTA	ALOGLIPTIN TABS, JANUVIA TABS
TRANSDERM-SC DIS	generic SCOPOLAMINE TD PATCH
TRIENTINE HCL	DEPEN TITRA TAB
ULESFIA LOTION	MALATHION LOTION, PERMETHRIN CREAM, SPINOSAD SUSP
ULORIC	generic FEBUXOSTAT TAB
VEREGEN OINTMENT	IMIQUIMOD CREAM, CONDYLOX GEL, PODOFILOX SOLN
XYREM SOLUTION	MODAFINIL TABS, ARMODAFINIL TABS
ZARXIO INJ	NIVESTYM INJ

Health Advantage and Blue Advantage Administrators of Arkansas are affiliates of the Arkansas Blue Cross and Blue Shield family of companies. All are independent licensees of the Blue Cross Blue Shield Association.

Tier increases

Product	Change
ALINIA TAB, SUSPENSION	Tier increase; *QL added
ATROPINE SULFATE SOLUTION 1% OP	Tier increase
HYSINGLA ER	Tier increase; *QL, ST, and Post-limit PA applies
OXYCONTIN TAB 10MG CR	Tier increase; *QL, ST, and Post-limit PA applies
PHENOXYBENZAMINE HCL	Tier increase
SIMPONI	Tier increase; *QL, PA, ST and Post-limit PA applies
SODIUM PHENYLBUTYRATE ORAL POWDER	Tier increase
SYNAREL SOLUTION	Tier increase; *PA added
VALGANCICLOVIR HCL TAB	Tier increase

Quantity Limit (QL), Step Therapy (ST) and Prior Approval (PA) changes

Product	Change
BETAMETHASONE VALERATE AEROSOL FOAM	QL added
CLOBETASOL SPRAY, SOLUTION, FOAM, SHAMPOO	QL added
CREON	PA added
CYSTADANE POWDER	PA added
DARAPRIM	PA added
DEPEN TITRA	PA added
DIPENTUM	PA added
EUCRISA OINTMENT	ST added
FLUOCINOLONE ACETONIDE OIL, SOLUTION, CREAM	QL added
HYDROCORTISONE BUTYRATE SOLUTION	QL added
HYDROCORTISONE CREAM, LOTION, OINTMENT	QL added
METHSCOPOLAMINE BROMIDE TAB	PA added
NOXAFIL TAB, SUS	PA added
TRIAMCINOLONE ACETONIDE CREAM, LOTION, OINTMENT, SOLN	QL added
VEMLIDY TAB	QL and PA added
VIOKACE	PA added
VYVANSE CAP, CHEW	QL added
XIFAXAN	QL added
ZENPEP	PA added

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New formulary additions and tier changes

Product	Change
ANORO ELLIPT AER 62.5-25	Adding product to formulary; QL applies
ARNUITY ELPT INH 50, 100, 200 MCG	Adding product to preferred tier; QL applies
CORLANOR TAB 5MG, 7.5MG	Adding product to formulary
CHOR GONADOT INJ 10000UNT	Adding product to formulary; PA applies
MANNITOL IV SOLN 5%. 20%, 25%	Adding product to formulary
MESALAMINE TAB DELAYED RELEASE 800 MG, 1.2 GM	Adding product to formulary
NEULASTA INJ, KIT 6MG/0.6M	Adding product to formulary; QL and PA applies
NIVESTYM INJ 300/0.5, 480/0.8	Adding product to formulary; PA applies
OSMITROL INJ 5%, 10%, 15%	Adding product to formulary
SILENOR TAB 3MG, 6MG	Adding product to formulary
SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500MG	Adding product to formulary; QL, ST applies
TECHNIVIE TAB	Adding product to formulary; QL and PA applies
THYROSAFE TAB 65MG	Adding product to formulary
TREMFYA INJ 100MG/ML	Adding product to formulary; QL and PA applies
UDENYCA INJ 6MG/.6ML	Adding product to formulary; QL and PA applies
XELJANZ TAB 10MG	Adding product to formulary; QL and PA applies
XTAMPZA ER CAP 9MG, 13.5MG, 18MG, 27MG, 36MG	Adding product to preferred tier; QL and ST applies
XULTOPHY INJ 100/3.6	Moving to preferred brand tier; ST applies
YOSPRALA TAB 81-40MG, 325-40MG	Adding product to formulary
ZEPATIER TAB 50-100MG	Adding product to formulary; QL and PA applies

“New patient” definition

The American Medical Association (AMA) defines a new patient as one who has not received any professional services from a physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three (3) years. In addition to this definition, the Centers for Medicare & Medicaid Services (CMS) adds in “An interpretation of a diagnostic test, reading an X-ray or EKG etc., in the absence of an E/M service or other face-to-face service with the patient does not affect the designation of a new patient.”

For example: A patient presents to the emergency department with chest pain. The ED physician orders an EKG, which is interpreted by the cardiologist on call. The cardiologist bills for the EKG, which is the

interpretation and report only. The patient goes home and follows up the next week with the cardiologist for coronary artery disease. At that visit, the cardiologist would be able to bill a new patient visit because he only interpreted the EKG, and did not see the patient face-to-face.

The general rule to determine if a patient is “new” is that a previous, face-to-face service (if any) must have occurred at least three (3) years from the date of service.

Arkansas Blue Cross and its family of companies follow the guidelines of AMA and CMS regarding the three-year rule for defining new patient.

Resource: Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners (30.6.7):
www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

Outpatient & ambulatory surgery fee schedules

Please be advised the Outpatient and ASC Fee Schedules will be emailed to your facility on or around January 1, 2020, for an April 1, 2020, effective date. If you do not receive an email with the new fee schedules, please contact your Network Development Representative.

Please use AHIN during Open Enrollment

The 2019 Open Enrollment period began October 4 and will continue through December 15. Extremely high call volume is expected through January 31, 2020, as members renew or enroll in coverage and have questions regarding their health plans.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the [Advanced Health Information Network](#) (AHIN) website for verifying eligibility, benefits and claims status. AHIN displays information on benefits to assist providers when scheduling appointments, checking eligibility and identifying benefits. Arkansas Blue Cross has increased staffing to answer these higher call volumes, but please be aware that they can spike and exceed our ability to answer every call. AHIN uses the same information available to our customer service representatives and can save you valuable time.

Prepay review of high-dollar inpatient claims

Notice of material amendment to high dollar claims threshold*

In 2019, Arkansas Blue Cross and Blue Shield and its family of companies implemented a new policy required by the Blue Cross Blue Shield Association requiring itemized bills from HOST membership high dollar claims that have a total billed amount of \$250,000 or greater. After reviewing the findings and results, the Blue Cross Blue Shield Association is lowering the threshold for 2020 to \$200,000. **As of February 1, 2020**, please remit itemized bills for all inpatient claims of \$200,000 or more. This process requires providers to submit an itemized bill for review along with inpatient claims of \$200,000 or more that have a payment tied to the billed charges (i.e. not paid by per diem, case rate or diagnosis-related group).

Arkansas Blue Cross uses the services of Equian to conduct this prepay review. Arkansas Blue Cross and the Blue Cross Blue Shield Association will continue to evaluate the results of the prepay review to determine whether the billed amount subject to review should be adjusted.

To minimize any delays or interruption of payments of these claims, providers are asked to submit an itemized bill with any claim that meets these criteria.

Please contact your Network Development Representative for specifics on submitting itemized bills with the claims.

***This article has been reprinted from the November 2019 special issue of *Providers' News*.**

Primary care provider alignment

Arkansas Blue Cross and its family of companies encourage our members to align with primary care providers (PCP) to ensure they get the best care needed. A member can select a PCP that has one of the specialties identified here: family medicine, general practice, geriatric medicine, internal medicine, or pediatric medicine; primary care nurse practitioners (APRN, APN, NP), primary care physician assistants (PA), or primary care clinical nurse specialists (CNS).

Our goals include:

- Ensuring members get the preventive care needed and assisting members with managing chronic conditions;
- Facilitating development of programs that pay provider incentives for appropriately managing patient care;
- Providing reports to enable providers to identify care gaps and appropriate interventions for population management.

Many members have an established relationship with a PCP which is easily identifiable through claims data. Members also can select a PCP by calling our customer service department, by using the online member portal, My Blueprint, or by using our mobile app.

As a result, you may be selected by members without a PCP. This process is outlined in the Arkansas Blue Cross network participation agreement under the General Obligations section. HMO participation agreements contain additional sections regarding PCP selection and termination of the member PCP relationship. A PCP may request a member to be transferred from their care when the patient-provider relationship becomes unacceptable to either party. Please refer to your provider contract for further clarification.

Arkansas Blue Cross is working to educate members on the significant health benefits of having a PCP, and we appreciate the care our providers deliver to members every day.

Service facility location edit

Arkansas Blue Cross and Blue Shield and its family of companies require a front-end claim edit to comply with ANSI standards related to the correct usage of the Service Facility Location (Loop 2310C). The edits apply to claims with Place of Service 21, 22, 23, 24 or 51.

As a reminder, please ensure your billing practices follow these requirements:

- Loop 2310C is used to indicate the name, NPI and address of the facility where the services were rendered.
- Loop 2310C NM109 is the Service Facility Location NPI.
- Service Facility Location NPI (Loop 2310C NM109) should never match the Billing Provider NPI (Loop 2010AA NM109) if POS 21, 22, 23 24 or 51 is present.

The Service Facility Location NPI is required when it is different than the Billing Provider NPI. Claims received December 6 and after, where the Service Facility Location NPI is equal to the Billing Provider NPI, will be rejected.

If you have any questions or concerns, please contact AHIN Customer Support at 501-378-2336.

Standard with step formulary drug changes as of January 1, 2020

Medications added

Product	Therapeutic Category/Subcategory	Options/Comments
Aimovig (erenumab-aooe) subcutaneous solution for injection	Central nervous system/ migraine/ monoclonal antibodies	To provide an additional option for migraine prophylaxis
Fasenra (benralizumab) subcutaneous solution for injection	Respiratory/ severe asthma agents	To provide an additional option for the treatment of severe asthma
Firazyr (icatibant) subcutaneous solution for injection	Hematologic/ hereditary angioedema	To provide an additional option for the treatment of hereditary angioedema
Ingrezza (valbenazine) oral capsule, oral therapy pack	Central nervous system/ movement disorders	To provide an additional option for the treatment of tardive dyskinesia
Lynparza (olaparib) oral capsule	Antineoplastic agents/ miscellaneous	To provide an option for the treatment of ovarian cancer
Lynparza (olaparib) oral tablet	antineoplastic agents/ Miscellaneous	To provide an option for the treatment of ovarian cancer and breast cancer
Mayzent (siponimod) oral tablet, oral therapy pack	Central nervous system/ multiple sclerosis agents	To provide an additional option for the treatment of relapsing forms of multiple sclerosis (MS)
Nubeqa (darolutamide) oral tablet	Antineoplastic agents/ hormonal antineoplastic agents/ antiandrogens	To provide an additional option for the treatment of prostate cancer
Rinvoq (upadacitinib) oral extended-release tablet	Immunologic agents/ autoimmune agents	To provide an additional option for the treatment of moderate to severe rheumatoid arthritis
Rocklatan (netarsudil-latanoprost) ophthalmic solution	Topical/ ophthalmic/ rho kinase inhibitor/ prostaglandin combinations	To provide an option for the reduction of elevated intraocular pressure
Rubraca (rucaparib) oral tablet	Antineoplastic agents/ miscellaneous	To provide an option for the treatment of ovarian cancer

Product	Therapeutic Category/Subcategory	Options/Comments
Symproic (naldemedine) oral tablet	Gastrointestinal/ opioid-induced constipation	To provide an additional option for the treatment of opioid-induced constipation
Temixys (lamivudine-tenofovir disoproxil fumarate) oral tablet	Anti-infectives/ antiretroviral agents/ antiretroviral combinations	To provide an additional combination agent for the treatment of HIV-1 infection
Tremfya (guselkumab) subcutaneous solution for injection	Immunologic agents/ autoimmune agents/ psoriasis	To provide an additional option for the treatment of moderate to severe plaque psoriasis
Xtampza ER (oxycodone) oral extended-release abuse-deterrent capsule	Analgesics/ opioid analgesics	To provide an additional option for severe pain management
Xultophy (liraglutide-insulin degludec) subcutaneous solution for injection	Endocrine and metabolic/ antidiabetics/ incretin mimetic agent / insulin combinations	To provide an additional option to improve glycemic control in adults with type 2 diabetes mellitus
Yonsa (abiraterone) oral tablet	Antineoplastic agents/ hormonal antineoplastic agents/ antiandrogens	To provide an additional option for the treatment of prostate cancer
clindamycin topical gel	Topical/ dermatology/ acne/ topical	To provide an additional generic option for the treatment of acne vulgaris
loteprednol ophthalmic suspension	Topical/ ophthalmic/ anti-inflammatories/ steroidal	To provide an additional generic ophthalmic anti-inflammatory option
scopolamine transdermal transdermal patch	Gastrointestinal/ antiemetics	To provide an additional generic option for the prevention of nausea and vomiting

Medications moving to a non-preferred tier

Product	Therapeutic Category/Subcategory	Options/Comments
Aimovig (erenumab-aooe) subcutaneous solution for injection	Central nervous system/ migraine/ monoclonal antibodies	To provide an additional option for migraine prophylaxis

Product	Therapeutic Category/Subcategory	Options/Comments
Fasenra (benralizumab) subcutaneous solution for injection	Respiratory/ severe asthma agents	To provide an additional option for the treatment of severe asthma
Firazyr (icatibant) subcutaneous solution for injection	Hematologic/ hereditary angioedema	To provide an additional option for the treatment of hereditary angioedema
Ingrezza (valbenazine) oral capsule, oral therapy pack	Central nervous system/ movement disorders	To provide an additional option for the treatment of tardive dyskinesia
Lynparza (olaparib) oral capsule	Antineoplastic agents/ miscellaneous	To provide an option for the treatment of ovarian cancer
Lynparza (olaparib) oral tablet	Antineoplastic agents/ miscellaneous	To provide an option for the treatment of ovarian cancer and breast cancer
Mayzent (siponimod) oral tablet, oral therapy pack	Central nervous system/ multiple sclerosis agents	To provide an additional option for the treatment of relapsing forms of multiple sclerosis (MS)
Nubeqa (darolutamide) oral tablet	Antineoplastic agents/ hormonal antineoplastic agents/ antiandrogens	To provide an additional option for the treatment of prostate cancer
Rinvoq (upadacitinib) oral extended-release tablet	Immunologic agents/ autoimmune agents	To provide an additional option for the treatment of moderate to severe rheumatoid arthritis
Rocklatan (netarsudil-latanoprost) ophthalmic solution	Topical/ ophthalmic/ rho kinase inhibitor/ prostaglandin combinations	To provide an option for the reduction of elevated intraocular pressure
Rubraca (rucaparib) oral tablet	Antineoplastic agents/ miscellaneous	To provide an option for the treatment of ovarian cancer
Symproic (naldemedine) oral tablet	Gastrointestinal/ opioid-induced constipation	To provide an additional option for the treatment of opioid- induced constipation
Temixys (lamivudine- tenofovir disoproxil fumarate) oral tablet	Anti-infectives/ antiretroviral agents/ antiretroviral combinations	To provide an additional combination agent for the treatment of HIV-1 infection
Tremfya (guselkumab) subcutaneous solution for injection	Immunologic agents/ Autoimmune agents/ psoriasis	To provide an additional option for the treatment of moderate to severe plaque psoriasis
Xtampza ER (oxycodone)	Analgesics/ opioid analgesics	To provide an additional option for severe pain management

Product	Therapeutic Category/Subcategory	Options/Comments
oral extended-release abuse-deterrent capsule		
Xultophy (liraglutide-insulin degludec) subcutaneous solution for injection	Endocrine and metabolic/ antidiabetics/ incretin mimetic agent / insulin combinations	To provide an additional option to improve glycemic control in adults with type 2 diabetes mellitus
Yonsa (abiraterone) oral tablet	Antineoplastic agents/ hormonal antineoplastic agents/ antiandrogens	To provide an additional option for the treatment of prostate cancer
clindamycin topical gel	Topical/ dermatology/ acne/ topical	To provide an additional generic option for the treatment of acne vulgaris
loteprednol ophthalmic suspension	Topical/ ophthalmic/ anti-inflammatories/ steroidal	To provide an additional generic ophthalmic anti-inflammatory option
scopolamine transdermal transdermal patch	Gastrointestinal/ antiemetics	To provide an additional generic option for the prevention of nausea and vomiting

Medications not covered

Product	Therapeutic Category/Subcategory	Options/Comments
Absorica (isotretinoin)	Oral acne treatment	Generic isotretinoin, Amnesteem, Claravis, Zenatane, Myorisan
Aplenzin (bupropion)	antidepressant	Generic bupropion, bupropion ext-rel
Alrex (loteprednol) ophthalmic suspension	Topical/ ophthalmic/ anti-inflammatories/ steroidal	Availability of other ophthalmic options for treating seasonal allergic conjunctivitis. Preferred options on the Prescribing Guide – Standard Control include azelastine, cromolyn sodium, ketotifen, olopatadine, Lastacaft (alcaftadine), Pataday (olopatadine), Patanol (olopatadine), Pazeo (olopatadine), and Zaditor (ketotifen).

Product	Therapeutic Category/Subcategory	Options/Comments
Asmanex (mometasone) inhalation aerosol powder	Respiratory/ steroid inhalants	Availability of other inhaled corticosteroid for prophylactic treatment of asthma. Preferred options on the Prescribing Guide – Standard Control include budesonide inhalation suspension, Arnuity Ellipta (fluticasone furoate), Flovent Diskus (fluticasone propionate), Flovent HFA (fluticasone propionate, CFC-free aerosol), Pulmicort Flexhaler (budesonide), Pulmicort Respules (budesonide inhalation suspension), and Qvar RediHaler (beclomethasone breath-activated aerosol).
Asmanex HFA (mometasone) inhalation aerosol powder breath-activated	Respiratory/ steroid inhalants	Availability of other inhaled corticosteroid for prophylactic treatment of asthma. Preferred options on the Prescribing Guide – Standard Control include budesonide inhalation suspension, Arnuity Ellipta (fluticasone furoate), Flovent Diskus (fluticasone propionate), Flovent HFA (fluticasone propionate, CFC-free aerosol), Pulmicort Flexhaler (budesonide), Pulmicort Respules (budesonide inhalation suspension), and Qvar RediHaler (beclomethasone breath-activated aerosol).
Avonex (interferon beta-1a) intramuscular solution for injection	Central nervous system/ multiple sclerosis agents	Availability of other options for the treatment of relapsing forms of multiple sclerosis (MS). Preferred options on the Prescribing Guide – Standard Control include glatiramer,

Product	Therapeutic Category/Subcategory	Options/Comments
		Aubagio (teriflunomide), Betaseron (interferon beta-1b), Copaxone (glatiramer), Gilenya (fingolimod), Mayzent (siponimod), Rebif (interferon beta-1a), Tecfidera (dimethyl fumarate delayed-rel).
BeauRx (dimethicone) topical gel	Topical/ dermatology/ scar treatment	Availability of other options for the management of scarring. Consult doctor for preferred options on the Prescribing Guide – Standard Control.
Butrans (buprenorphine) transdermal patch	Analgesics/ opioid analgesics	Availability of another option for severe pain. The preferred option on the Prescribing Guide – Standard Control is Belbuca (buprenorphine) OR .
Carafate (sucralfate) oral tablet	Gastrointestinal/ miscellaneous	Availability of a generic option for the treatment and maintenance therapy of duodenal ulcers. The preferred option on the Prescribing Guide – Standard Control is sucralfate.
Carafate (sucralfate) oral suspension	Gastrointestinal/ miscellaneous	Availability of a generic option for the treatment of active duodenal ulcers. The preferred option on the Prescribing Guide – Standard Control is sucralfate.
Combivent Respimat (ipratropium-albuterol) inhalation aerosol solution	Respiratory/ anticholinergic / beta agonist combinations / short acting	Availability of other anticholinergic-beta agonist option for the treatment of chronic obstructive pulmonary disease (COPD). Preferred options on the Prescribing Guide – Standard

Product	Therapeutic Category/Subcategory	Options/Comments
		Control include ipratropium-albuterol inhalation solution, Anoro Ellipta (umeclidinium-vilanterol), Bevespi Aerosphere (glycopyrrolate-formoterol), and Stiolto Respimat (tiotropium-olodaterol).
Duexis (famotidine/ibuprofen)	Arthritis with ulcer prophylaxis	Famotidine and ibuprofen taken separately
Enlite continuous blood glucose monitoring system	Endocrine and metabolic/ antidiabetics/ supplies	Availability of another option for testing and monitoring blood glucose levels. The preferred option on the Prescribing Guide – Standard Control is the Dexcom Continuous Glucose Monitoring System.
EpiCeram (dimethicone-petrolatum) topical emulsion	Topical/ dermatology/ emollients	Availability of other options for managing and relieving the burning and itching experienced with various types of skin conditions. Preferred options on the Prescribing Guide – Standard Control include alclometasone cream, ointment 0.05%; desonide cream, lotion, ointment 0.05%; fluocinolone acetone solution 0.01%; hydrocortisone cream 2.5%; hydrocortisone cream, ointment 0.5%, 1%; hydrocortisone lotion 1%; Cortizone (hydrocortisone cream, ointment 0.5%, 1%); and DesOwen (desonide cream, lotion, ointment 0.05%).
Flarex (fluorometholone acetate) ophthalmic suspension	Topical/ ophthalmic/ anti-inflammatories/ steroidal	Availability of other ophthalmic anti-inflammatory options. Preferred options on the Prescribing Guide – Standard

Product	Therapeutic Category/Subcategory	Options/Comments
		Control include dexamethasone sodium phosphate, fluorometholone, loteprednol, prednisolone acetate 1%, Durezol (difluprednate), FML Forte (fluorometholone), FML S.O.P (fluorometholone), Maxidex (dexamethasone), Pred Mild (prednisolone acetate), and Prednisolone phosphate 1%.
FreeStyle Libre continuous glucose monitoring system	Endocrine and metabolic/ antidiabetics/ supplies	Availability of an additional option for testing and monitoring blood glucose levels. The preferred option on the Prescribing Guide – Standard Control is the Dexcom Continuous Glucose Monitoring System
Guardian Connect continuous blood glucose monitoring system	Endocrine and metabolic/ antidiabetics/ supplies	Availability of another option for testing and monitoring blood glucose levels. The preferred option on the Prescribing Guide – Standard Control is the Dexcom Continuous Glucose Monitoring System
Hysingla ER (hydrocodone) oral extended-release abuse-deterrent tablet	Analgesics/ opioid analgesics	Availability of other long-acting options for pain management. Preferred options on the Prescribing Guide – Standard Control include fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, Embeda (morphine-naltrexone ext-rel), Exalgo (hydromorphone ext-rel), Kadian (morphine ext-rel), MS Contin (morphine ext-rel), Nucynta ER (tapentadol ext-

Product	Therapeutic Category/Subcategory	Options/Comments
Jublia (efinaconazole) topical solution	Topical/ dermatology/ antifungals	<p>rel), and Xtampza ER (oxycodone ext-rel).</p> <p>Availability of generic oral options for the treatment of onychomycosis of the toenails.</p> <p>Preferred options on the Prescribing Guide – Standard Control include itraconazole and terbinafine tablet.</p>
KamDoy (emulsion) topical emulsion	Topical/ dermatology/ emollients	<p>Availability of generic options for managing and relieving the burning and itching experienced with various types of skin conditions.</p> <p>Preferred options on the Prescribing Guide – Standard Control include alclometasone cream, ointment 0.05%; desonide cream, lotion, ointment 0.05%; fluocinolone acetonide solution 0.01%; hydrocortisone cream 2.5%; hydrocortisone cream, ointment 0.5%, 1%; hydrocortisone lotion 1%; Cortizone (hydrocortisone cream, ointment 0.5%, 1%); and DesOwen (desonide cream, lotion, ointment 0.05%).</p>
Kerydin (tavaborole)	Onychomycosis	<p>Availability of generic oral options for the treatment of onychomycosis of the toenails.</p> <p>Preferred options on the Prescribing Guide – Standard Control include itraconazole and terbinafine tablet.</p>
Lo Loestrin Fe (ethinyl estradiol-norethindrone acetate-iron) oral tablet	Endocrine and metabolic/ contraceptives/ biphasic	<p>Availability of other combination oral contraceptives.</p> <p>Preferred options on the Prescribing Guide – Standard</p>

Product	Therapeutic Category/Subcategory	Options/Comments
		<p>Control include desogestrel/EE, desogestrel/EE 0.15/30, drospirenone/EE 3/20, drospirenone/EE/levomefolate 3/20 and levomefolate, drospirenone/EE 3/30, drospirenone/EE/levomefolate 3/30 and levomefolate, ethynodiol diacetate/EE 1/35 – Zovia 1/35, levonorgestrel/EE 0.1/20 – Lessina, levonorgestrel/EE 0.15/30 – Levora, levonorgestrel/EE – Trivora, norethindrone/EE, norethindrone/EE 0.5/35, norethindrone/EE 1/35, norethindrone acetate/EE 1/20, norethindrone acetate/EE 1/20 and iron, norethindrone acetate/EE 1/20 and iron chewable, norethindrone acetate/EE 1.5/30, norethindrone acetate/EE 1.5/30 and iron, norgestimate/EE, norgestimate/EE 0.25/35, norgestrel/EE 0.3/30 – Low-Ogestrel, Loestrin 1/20 (norethindrone acetate/EE 1/20), Loestrin 1.5/30 (norethindrone acetate/EE 1.5/30), Loestrin Fe 1/20 (norethindrone acetate/EE 1/20 and iron), Loestrin Fe 1.5/30 (norethindrone acetate/EE 1.5/30 and iron), Mircette (desogestrel/EE), Ortho-Novum 1/35 (norethindrone/EE 1/35), Ortho-Novum 7/7/7 (norethindrone/EE), and Yaz (drospirenone/EE 3/20).</p>
<p>Lotemax (loteprednol) ophthalmic gel, ointment</p>	<p>Topical/ ophthalmic/ anti-inflammatory/ steroidal</p>	<p>Availability of other ophthalmic anti-inflammatory options.</p>

Product	Therapeutic Category/Subcategory	Options/Comments
		Preferred options on the Prescribing Guide – Standard Control include dexamethasone sodium phosphate, fluorometholone, loteprednol, prednisolone acetate 1%, Durezol (difluprednate), FML Forte (fluorometholone), FML S.O.P (fluorometholone), Maxidex (dexamethasone), Pred Mild (prednisolone acetate), and Prednisolone phosphate 1%.
Lotemax SM (loteprednol) ophthalmic gel	Topical/ ophthalmic/ anti-inflammatory/ steroidal	Availability of other ophthalmic anti-inflammatory options. Preferred options on the Prescribing Guide – Standard Control include dexamethasone sodium phosphate, fluorometholone, loteprednol, prednisolone acetate 1%, Durezol (difluprednate), FML Forte (fluorometholone), FML S.O.P (fluorometholone), Maxidex (dexamethasone), Pred Mild (prednisolone acetate), and Prednisolone phosphate 1%.
MoviPrep (peg 3350-sodium sulfate-sodium chloride-potassium chloride-ascorbic acid-sodium ascorbate) powder for oral solution	Gastrointestinal/ laxatives	Availability of other options for colon cleansing prior to a colonoscopy. Preferred options on the Prescribing Guide – Standard Control include peg 3350-electrolytes, polyethylene glycol 3350, GoLytely (peg 3350-electrolytes), NuLytely (peg 3350-electrolytes), MiraLax (polyethylene glycol 3350), and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).

Product	Therapeutic Category/Subcategory	Options/Comments
Nascobal (cyanocobalamin)	B12 deficiency, anemia	Cyanocobalamin injection
Natazia (estradiol valerate and estradiol valerate-dienogest) oral tablet	Endocrine and metabolic/ contraceptives/ four phase	<p>Availability of other combination oral contraceptives.</p> <p>Preferred options on the Prescribing Guide – Standard Control include desogestrel/EE, desogestrel/EE 0.15/30, drospirenone/EE 3/20, drospirenone/EE/levomefolate 3/20 and levomefolate, drospirenone/EE 3/30, drospirenone/EE/levomefolate 3/30 and levomefolate, ethynodiol diacetate/EE 1/35 – Zovia 1/35, levonorgestrel/EE 0.1/20 – Lessina, levonorgestrel/EE 0.15/30 – Levora, levonorgestrel/EE – Trivora, norethindrone/EE, norethindrone/EE 0.5/35, norethindrone/EE 1/35, norethindrone acetate/EE 1/20, norethindrone acetate/EE 1/20 and iron, norethindrone acetate/EE 1/20 and iron chewable, norethindrone acetate/EE 1.5/30, norethindrone acetate/EE 1.5/30 and iron, norgestimate/EE, norgestrel/EE 0.3/30 – Low-Ogestrel, Loestrin 1/20 (norethindrone acetate/EE 1/20), Loestrin 1.5/30 (norethindrone acetate/EE 1.5/30), Loestrin Fe 1/20 (norethindrone acetate/EE 1/20 and iron), Loestrin Fe 1.5/30 (norethindrone acetate/EE 1.5/30 and iron), Mircette (desogestrel/EE), Ortho-Novum 1/35 (norethindrone/EE 1/35), Ortho-Novum 7/7/7</p>

Product	Therapeutic Category/Subcategory	Options/Comments
		(norethindrone/EE), and Yaz (drospirenone/EE 3/20).
Ortho D (folic acid-cholecalciferol) oral capsule	Nutritional /supplements/ vitamins and minerals/folic acid/ combinations	Availability of a generic supplementation option. The preferred option on the Prescribing Guide – Standard Control is folic acid.
OsmoPrep (sodium phosphate, monobasic, monohydrate-sodium phosphate, dibasic anhydrous) oral tablet	Gastrointestinal/ laxatives	Availability of other options for colon cleansing prior to a colonoscopy. Preferred options on the Prescribing Guide – Standard Control include peg 3350-electrolytes, polyethylene glycol 3350, GoLyteLy (peg 3350-electrolytes), NuLyteLy (peg 3350-electrolytes), MiraLax (polyethylene glycol 3350), and Suprep (sodium sulfate-potassium sulfate-magnesium sulfate).
OxyContin (oxycodone) oral extended-release abuse-deterrent tablet	Analgesics/ opioid analgesics	Availability of other long-acting options for pain management. Preferred options on the Prescribing Guide – Standard Control include fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, Embeda (morphine-naltrexone ext-rel), Exalgo (hydromorphone ext-rel), Kadian (morphine ext-rel), MS Contin (morphine ext-rel), Nucynta ER (tapentadol ext-rel), and Xtampza ER (oxycodone ext-rel).
Plegridy (peginterferon beta-1a) subcutaneous solution for injection	central nervous system/ multiple sclerosis agents	Availability of other options for the treatment of relapsing forms of multiple sclerosis (MS).

Product	Therapeutic Category/Subcategory	Options/Comments
		Preferred options on the Prescribing Guide – Standard Control include glatiramer, Aubagio (teriflunomide), Betaseron (interferon beta-1b), Copaxone (glatiramer), Gilenya (fingolimod), Mayzent (siponimod), Rebif (interferon beta-1a), Tecfidera (dimethyl fumarate delayed-rel)
ProAir HFA (albuterol sulfate) inhalation aerosol solution	Respiratory/ beta agonists, inhalants/ short acting	Availability of generic short-acting beta-agonist options for the management of asthma. Preferred options on the Prescribing Guide – Standard Control include albuterol sulfate CFC-free aerosol and levalbuterol tartrate CFC-free aerosol.
ProAir RespiClick (albuterol sulfate) inhalation aerosol powder breath-activated	Respiratory/ beta agonists, inhalants/ short acting	Availability of generic short-acting beta-agonist options for the management of asthma. Preferred options on the Prescribing Guide – Standard Control include albuterol sulfate CFC-free aerosol and levalbuterol tartrate CFC-free aerosol.
Qtern (dapagliflozin-saxagliptin) oral tablet	Endocrine and metabolic/ antidiabetics/ sodium-glucose co-transporter 2 (SGLT2) inhibitor / dipeptidyl peptidase-4 (DPP-4) inhibitor combinations	Availability of another combination SGLT2/DPP-4 inhibitor combination option for improving glycemic control in adults with type 2 diabetes mellitus. The preferred option on the Prescribing Guide – Standard Control is Glyxambi (empagliflozin-linagliptin).
Recedo (polysiloxane-silicon dioxide)	Topical/ dermatology/ scar treatment	Availability of a generic option for the management of scarring.

Product	Therapeutic Category/Subcategory	Options/Comments
topical gel		The preferred option on the Prescribing Guide – Standard Control is imiquimod.
Sil-K Pad (silicone gel matrix) topical pad	Topical/ dermatology/ scar treatment	Availability of a generic option for the management of scarring. The preferred option on the Prescribing Guide – Standard Control is imiquimod.
Sitavig (acyclovir)	Cold sores	Generic acyclovir, valacyclovir
Taytulla (ethinyl estradiol-norethindrone acetate-iron) oral capsule	Endocrine and metabolic/ contraceptives/ monophasic	Availability of other monophasic oral contraceptive options. Preferred options on the Prescribing Guide – Standard Control include desogestrel/EE 0.15/30, drospirenone/EE 3/20, drospirenone/EE/levomefolate 3/20 and levomefolate, drospirenone/EE 3/30, drospirenone/EE/levomefolate 3/30 and levomefolate, ethynodiol diacetate/EE 1/35 – Zovia 1/35, levonorgestrel/EE 0.1/20 – Lessina, levonorgestrel/EE 0.15/30 – Levora, norethindrone/EE 1/35, norethindrone/EE 0.5/35, norethindrone acetate/EE 1/20, norethindrone acetate/EE 1/20 and iron, norethindrone acetate/EE 1/20 and iron chewable, norethindrone acetate/EE 1.5/30, norethindrone acetate/EE 1.5/30 and iron, norgestimate/EE 0.25/35, norgestrel/EE 0.3/30 – Low-Ogestrel, Loestrin 1/20 (norethindrone acetate/EE 1/20), Loestrin 1.5/30 (norethindrone acetate/EE 1.5/30), Loestrin Fe 1/20 (norethindrone acetate/EE

Product	Therapeutic Category/Subcategory	Options/Comments
		1/20 and iron), Loestrin Fe 1.5/30 (norethindrone acetate/EE 1.5/30 and iron), Ortho-Novum 1/35 (norethindrone/EE 1/35), and Yaz (drospirenone/EE 3/20).
Timoptic Ocudose (timolol maleate) ophthalmic solution	Topical/ ophthalmic/ beta-blockers/ nonselective	Availability of other ophthalmic beta-blocker options for the reduction of elevated intraocular pressure. Preferred options on the Prescribing Guide – Standard Control include levobunolol, timolol maleate solution, timolol maleate gel, Betimol (timolol hemihydrate), Betoptic S (betaxolol), and Timoptic (timolol maleate).
Transderm Scop (scopolamine) transdermal patch	Gastrointestinal/ antiemetics	Availability of generic options for the treatment of nausea and vomiting. Preferred options on the Prescribing Guide – Standard Control include meclizine and scopolamine transdermal.
Vimovo (esomeprazole/naproxen)	Arthritis with ulcer prophylaxis	Esomeprazole and naproxen separately
Xerese (acyclovir/hydrocortisone)	Cold sores	Generic acyclovir, valacyclovir
Zipsor (diclofenac)	Acute pain	Generic diclofenac
Zohydro ER (hydrocodone) oral extended-release capsule	Analgesics/ opioid analgesics	Availability of other long-acting options for pain management. Preferred options on the Prescribing Guide – Standard Control include fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, Embeda (morphine-naltrexone ext-rel), Exalgo (hydromorphone

Product	Therapeutic Category/Subcategory	Options/Comments
		ext-rel), Kadian (morphine ext-rel), MS Contin (morphine ext-rel), Nucynta ER (tapentadol ext-rel), and Xtampza ER (oxycodone ext-rel).
Zyflo (zileuton)	Asthma	Generic zileuton CR, montelukast
Zylet (tobramycin-loteprednol) ophthalmic suspension	Topical/ ophthalmic/ anti-infective/ anti-inflammatory combinations	<p>Availability of other ophthalmic anti-infective and anti-inflammatory products.</p> <p>Preferred options on the Prescribing Guide – Standard Control include neomycin-polymyxin B-bacitracin-hydrocortisone ointment, neomycin-polymyxin B-dexamethasone, neomycin-polymyxin B-hydrocortisone suspension, sulfacetamide-prednisolone phosphate 10%-0.25%, tobramycin-dexamethasone suspension 0.3%-0.1%, Maxitrol (neomycin-polymyxin B-dexamethasone), TobraDex Ointment (tobramycin-dexamethasone 0.3%-0.1%), TobraDex Suspension (tobramycin-dexamethasone 0.3%-0.1%), and TobraDex ST (tobramycin-dexamethasone suspension 0.3%-0.05%).</p>

Other changes

Product	Therapeutic Category/Subcategory	Options/Comments
Cyclophosphamide (cyclophosphamide) oral capsule	Antineoplastic agents/ alkylating agents	Brand product is changing to generic status.

Product	Therapeutic Category/Subcategory	Options/Comments
		Previous brand listing will now be reflected as generic.
Kevzara (sarilumab) subcutaneous solution for injection	Immunologic agents/ autoimmune agents	Kevzara is now only preferred after two preferred agents have been tried.

Telemedicine credentialing fee update

The Arkansas State Medical Board Centralized Credentials Verification Services (CCVS) decreased their fee for initial credentialing profiles of telemedicine physicians to \$80 in July 2019. CCVS profiles for licensed physicians currently cost \$80 for initial profiles, and recredentialed practitioners cost \$60; therefore, the new telemedicine fee will mirror a normal initial physician profile fee. Provider Network Operations (PNO), a division of Arkansas Blue Cross and Blue Shield, will no longer be charging a fee for CCVS profiles for telemedicine applicants to the True Blue PPO and Health Advantage HMO networks. This also means that there will no longer be an additional fee charged for recredentialed providers.

Telemedicine Credentialing standards update for all networks sponsored by Arkansas Blue Cross and Blue Shield, Health Advantage and USAble Corporation

Effective November 1, 2019 the following sections of the networks' credentialing standards for all eligible disciplines and applicants for the Arkansas Blue Cross and Blue Shield Preferred Payment Plan network, Health Advantage and USAble Corporation network (collectively, the "Networks") have deleted as indicated below:

I. DELETED SECTION:

The following Section 15, is deleted entirely:

Telemedicine Fees

NOTE: For a complete copy of the Networks' Telemedicine Credentialing Standards for all eligible disciplines, see the published version as revised, posted to the websites of Arkansas Blue Cross Blue Shield, USAble Corporation and Health Advantage under the heading "Network Participation Guidelines."

Federal Employee Program

Benefit Changes for 2020

The following benefit changes will take place January 1, 2020:

Standard Option only

- The first two telehealth visits will be provided at no member cost-share.
- An enhanced benefit for hip and knee replacement or revision surgeries and certain spine surgeries performed outpatient at a designated Blue Distinction Center for hip/knee/spine surgeries will be provided. Under Standard Option, the member will pay \$100 per day per facility with no deductible.
- Changes to hospice benefits are below:
 - Members will now have a cost-share for traditional home hospice care for member and non-member facilities. The member/non-member facility copayment is \$450 per episode copayment (no deductible).
 - Benefits for continuous home hospice care received from preferred providers will be available at no member cost-share.
- Cost-share for inpatient admissions to any facility overseas is waived.

Basic Option only

- The first two telehealth visits will be provided at no member cost-share.
- An enhanced benefit for hip and knee replacement or revision surgeries and certain spine surgeries performed outpatient at a designated Blue Distinction Center for hip/knee/spine surgeries will be provided. Under Basic Option, the member will pay \$25 per day per facility.
- Changes to hospice benefits are below:
 - Member pays all charges for traditional home hospice care from member/non-member facilities.
 - Benefits for continuous home hospice care received from preferred providers will be available at no member cost-share.
- The reimbursement account has been increased to \$800 for Medicare Part B premiums to any member with Medicare Part A and Part B.

Standard and Basic Options

- FEP Blue is being added to our Standard and Basic Option names in select places in the brochure.
- A preventive telehealth benefit for nutritional counseling will be provided with no member cost-share.
- Benefits will be provided for medically necessary bone-anchored hearing aids without diagnosis restrictions.
- Autologous blood or bone marrow stem cell transplant benefits for scleroderma will be provided without requiring a clinical trial.

- Changes to hospice benefits are below:
 - An episode of care for traditional home hospice is defined as one home hospice treatment plan per calendar year.
 - There is no longer a requirement to be enrolled in a traditional home hospice program to be eligible for the first continuous home hospice care. A member must be enrolled in a home hospice program to receive benefits for subsequent continuous home hospice care.
 - Member may receive continuous home hospice care without 21 days of traditional home hospice care between each episode.
 - Member may receive inpatient hospice care without 21 days of traditional home hospice care between each episode.
- Syringes, pens and pen needles are now included at the reduced cost-share for preferred diabetic medications, test strips, and supplies.
- Pharmacy only benefits for prescription vitamin D will be available. Previously, vitamin D supplements were available under the preventive care adult benefits with no member cost-share.
- Members no longer have to complete the Blue Health Assessment Questionnaire (BHA) to be eligible to participate in incentive programs. All covered members are eligible for the incentive programs for which they may qualify.
- FEP offers a program to help members manage diabetes. This program is offered at no cost to the member.
- An online health coach module for hypertension management will be provided. The member must complete the BHA to be eligible.
- The timely filing limit for overseas pharmacy claims has been changed to one year from the prescription fill date.
- The preventive care adult definition has added that screening for intimate partner violence for women of reproductive age is covered under this benefit.

FEP Blue Focus

- There will be no member cost-share for the first 10 laboratory tests performed in each of the following laboratory test categories: basic metabolic panels; cholesterol screenings; complete blood counts; fasting lipoprotein profiles; general health panels; urinalysis; and 10 venipunctures. This benefit is applicable to laboratory services not associated with preventive, maternity, or accidental injury care.
- A preventive telehealth benefit for nutritional counseling will be provided with no member cost-share. Previously, there was no telehealth benefit.
- Benefits will be provided to cover up to 4 visits per year in full to treat depression associated with pregnancy (i.e., depression during pregnancy, postpartum depression, or both) when member uses a Preferred provider.
- Autologous blood or marrow stem cell transplant benefits will be provided for scleroderma without a clinical trial.

- Preventive care benefits with no member cost-share will be provided for screening pregnant members for syphilis.
- Preventive care benefits with no member cost-share will be provided for reducing alcohol abuse for pregnant members when billed by an outpatient facility.
- Changes to hospice benefits are below:
 - An episode of care for traditional home hospice is defined as one home hospice treatment plan per calendar year.
 - Member pays all charges for traditional home hospice care received from a non-preferred provider (member/non-member facility).
 - Member may receive continuous home hospice care without 21 days of traditional home hospice care between each episode.
 - There is no longer a requirement for a member to be enrolled in a home hospice program to be eligible for the first continuous home hospice care. The member must be enrolled in a home hospice program to receive benefits for subsequent continuous home hospice care.
 - A member may receive inpatient hospice care without 21 days of traditional home hospice care between each episode.
- Only pharmacy benefits provided for prescription vitamin D.
- The timely filing limit for overseas pharmacy claims has been changed to one year from the prescription fill date.
- The preventive care adult definition has added that screening for intimate partner violence for women of reproductive age is covered under this benefit.

FEP HEDIS Requests and Reporting

FEP member A1c request changes

Effectively immediately, there has been a change in the requirement for the A1c results. We are now required to submit the actual lab report. Please submit actual lab reports for any A1c requests that you receive for FEP members. In the past, we were allowed to accept handwritten A1c results. The form has also now been revised to reflect this change, and the fill-in-the-blank section has been removed.

Arkansas State Police medical plan changes

Notice of material amendment to the Health Advantage healthcare contract*

Effective January 1, 2020, Health Advantage will become the third-party claims administrator for the Arkansas State Police medical health plan – including Active, Retiree (under age 65), Medicare Primary (age 65 and older), and COBRA members. In addition, Health Advantage will administer the:

- Medical management programs
- Pre-certification program – including high-tech radiology through AIM Specialty Health and behavioral health through New Directions Behavioral Health

EBRx (Formulary Manager) will administer prior-authorizations for medical specialty drugs.

Please see additional medical pre-certification information below.

The Arkansas State Police Health Plan is non-ERISA and self-funded. Member plan benefit information can be found by visiting www.asp.arkansas.gov and on AHIN.

All members will receive a new member ID card from Health Advantage with a prefix of 'XCW.'

Pre-certification / Prior-authorization

Pre-certification or prior-authorization is a review prior to the time a specified procedure is scheduled. This review consists of checking clinical documentation to verify the medical necessity for the procedure. A prior-authorization is required for each separate procedure, even if those procedures are performed on the same day. Failure to obtain prior-authorization will result in denial of the claim. If a provider fails to pre-certify/ prior approve a hospital admission or outpatient procedure that's designated by the group administrator as requiring prior approval, the member is not subject to any penalty (held harmless) for non-certification. It is the provider's responsibility to verify or make certain the procedure has been pre-certified.

Behavioral health/substance abuse pre-certification will need to be obtained by calling New Directions Behavioral Health at 1-877-801-1159.

Medical specialty drug prior-authorizations will need to be obtained by calling EBRx at 1-833-995-0946. All other medical services that require pre-certification/prior-authorization will need to be obtained by calling Health Advantage at 1-800-843-1329.

Effective February 1, 2020, all in-patient admissions require pre-certification. In addition, below is a list of medical services, durable medical equipment, radiology and medical procedures that require pre-certification/prior-authorizations.

Medical Services

- ABA therapy
- Residential treatment

- Intensive outpatient treatment
- Partial hospital /day treatment
- Skilled nursing facility
- Cognitive rehabilitation
- Occupational therapy
- Home health services
- Inpatient rehabilitation
- Physical therapy
- Speech therapy
- Enteral feeds
- Long term acute care hospital (LTACH)
- Intensity-modulated radiation therapy (IMRT)
- Inpatient admissions

Durable Medical Equipment

- Spinal cord stimulators (implantation and device)
- Continuous glucose monitoring devices
- Defibrillator vests
- Power mobility devices
- Wound vac

Medical Procedures

- Septoplasty
- UPPP (Uvulopalatopharyngoplasty)
- Varicose vein treatment
- Blepharoplasty and/or brow lift
- Gynecomastia reduction
- Mammoplasty
- Panniculectomy
- Rhinoplasty
- Scar revision outside doctor's office
- Gastric pacemaker

Radiology

- Computerized tomography (CT Scan)
- Computerized tomography angiography (CTA Scan)
- Magnetic resonance imaging (MRI)

- Magnetic resonance angiography (MRA)
- Positron emission tomography (PET Scan)

Contact Health Advantage customer service for additional information at 1-800-843-1329.

***This article has been reprinted from the November 1, 2019, special issue of *Providers' News*.**

Health Advantage

Notice of material amendment to the Health Advantage healthcare contract*

NEW! Effective February 1, 2020 – prior approval requirement for Health Advantage

All medical inpatient hospital admissions are subject to prior approval from Health Advantage. Unless the member's treating provider or the hospital submits a pre-service claim for prior approval, not only will coverage be denied; but if the member is admitted to the hospital without prior approval, the member will be held harmless from any hospital and professional bills associated with the admission.

Please note: Prior approval does not guarantee payment or assure coverage; it means only that the information furnished to Health Advantage in the pre-service claim indicates that the health intervention meets the primary coverage criteria requirements set out in subsection 2.2 and the applications of the primary coverage criteria set out in subsections 2.4.1.b, e., or f. and is not subject to a specific plan exclusion (see section 4.0). All health interventions receiving prior approval must still meet all other coverage terms, conditions, and limitations. coverage for approved services may still be limited or denied if, when the claims for such services are received by us, investigation shows that a benefit exclusion or limitation applies because of a difference in the health intervention described in the pre-service claim and the actual health intervention, that the member ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in the evidence of coverage. for more information about pre-service claims and prior approval, please see subsection 7.1.3.b.

For more information, contact Health Advantage Customer Service at 800-843-1329.

***This article has been reprinted from the November 1, 2019, special issue of *Providers' News*.**

HEDIS News®

Document and use the Adult Body Mass Index assessment in the primary care setting

When collecting documentation on height and weight in the medical record, do not forget to calculate the patient's body mass index (BMI). BMI is considered the most efficient and effective method for assessing excess body fat.

Careful monitoring of BMI will help healthcare providers identify adults who are at risk and provide focused advice and services to help them reach and maintain a healthier weight.

One of the Healthcare Effectiveness Data and Information Set's (HEDIS®) measures assesses adults ages 18-74 who had an outpatient visit in the past two years and had their BMI documented. Documented calculation of BMI is commonly overlooked, which prevents the documentation from meeting criteria for this measure.

View the [linked tip sheet](#) to see ICD-10 codes to include on claims and suggestions about talking with patients who are at increased risk to develop diseases associated with obesity.

Help improve diabetic patient health while reducing medical record review requests

The Healthcare Effectiveness Data and Information Set (HEDIS®) Comprehensive Diabetes Care (CDC) measure is a composite measure meant to provide a comprehensive picture of the clinical management of patients with diabetes. This measure is used for HEDIS reporting, which is used by the Centers for Medicare & Medicaid Services (CMS) as a star rating measure to drive improvements in patient health.

Patients who have diabetes require consistent medical care and monitoring to reduce the risk of severe complications and improve outcomes. Interventions to improve diabetes outcomes go beyond glycemic control, as diabetes affects the entire body. That is why the CDC measure includes HbA1c control, retinal eye exams, medical attention for nephropathy and blood pressure control.

View the [linked tip sheet](#) to learn more about what is included in the measure, new exclusions to the measure (including advanced illness and frailty of the patient) and ways you can close gaps in care for patients who have diabetes. The tip sheet also covers required medical record documentation and claim coding, which, if adhered to, can reduce the need for medical record reviews.

HEDIS® medical record reviews for CMS HEDIS audit begin in February

Each year from February through May, Arkansas Blue Cross and Blue Shield manages Healthcare Effectiveness Data and Information Set (HEDIS®) medical record reviews to help improve our member quality measures.

CIOX for Medipak Advantage, and Inovalon for Exchange are our vendors.

CIOX will conduct HEDIS reviews for Medi-Pak® Advantage Private Fee for Service and Health Advantage Medi-Pak® Advantage Health Maintenance Organization members.

Inovalon will conduct HEDIS reviews for the Exchange members for the 2019 measurement year.

In addition, CIOX will also retrieve medical records for patients who live in Arkansas but are enrolled in another state's Blue Cross Medicare Advantage PPO plan.

What are HEDIS reviews?

CIOX and Inovalon looks for details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results, colorectal cancer screenings and body mass index. This information helps us improve our member quality reporting.

CIOX and Inovalon will contact you to schedule an appointment for a HEDIS review or to request that you fax the necessary records. The HEDIS review also requires proof-of-service documentation for data collected from a medical record.

Learn how HEDIS® measures support proper management of musculoskeletal conditions

According to the World Health Organization, musculoskeletal conditions are the second-largest contributor to disability.

Healthcare Effectiveness Data and Information Set (HEDIS®) measures related to musculoskeletal conditions include:

- Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)
- Osteoporosis management in women who had a fracture (OMW)

These measures support appropriate treatment of rheumatoid arthritis and osteoporosis. Proper treatment can help reduce the risk of debilitating complications.

View the [ART measure tip sheet](#) and the [OMW measure tip sheet](#) to learn more about what's included in these measures, new exclusions to the measures (including advanced illness and frailty of the patient) and ways you can close gaps in care for patients with rheumatoid arthritis and osteoporosis. The tip sheets also cover required medical record documentation and claim coding, adherence to which can reduce the need for medical record reviews.

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

Medi-Pak®

Medi-Pak® Advantage HMO Plan referrals

Effective January 1, 2020, Health Advantage Medi-Pak Advantage HMO plans will require a physician referral prior to the member receiving services from a specialist. Referrals empower all of our physician partners to better coordinate care and mitigate low-value services.

Our referral process is intended to be the least administratively burdensome referral process in Arkansas, by eliminating the need to call in to customer service to obtain an approval number before providers can treat the member. The primary care physicians (PCP) will refer their patients to in-network specialists and facilities and it will be the responsibility of the specialist and the facility to bill the referring PCP name and NPI number in the appropriate field on the CMS 1500 and CMS 1450. (If the specialist must refer the patient to another provider or facility, the specialist will then become the referring provider.) The act of billing this information on the claim confirms that the patient was referred for further treatment. If the referring provider information is missing from the claim, it will be rejected in AHIN and will not be sent to the claims system for further processing.

Referrals are required for all specialist visits to include: home and mental health visits, and occupational, physical and speech therapy performed in an office setting. Referrals will also be required for outpatient hospital facilities and ambulatory surgery centers.

Services that do not require a referral:

- Urgently needed services (services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition) from in or out of network providers;
- Emergency services needed from in or out of network providers;
- Kidney dialysis services that you can get from a Medicare-certified dialysis facility when member is temporarily outside the plan's service area;
- Routine women's healthcare-includes breast exam, screening mammography, pap tests and pelvic exams if performed by an in network provider;
- Preventive services performed by an in-network provider;
- Supplemental benefits: dental and hearing.

To assist providers with the new referral process, Medi-Pak Advantage has added a new provider line and email address dedicated to assisting providers and clinics with questions and concerns. Providers will be able to utilize these resources to answer any questions they may have, as well as to obtain the referring provider's NPI number if needed. Providers may also utilize AHIN as a source of information for provider NPI numbers by clicking on Provider Search and entering in the Provider's name.

1-877-359-1441 or Medicareprovidersupport2@arkbluecross.com

The Provider Guide to Billing Referring Provider on the next two pages has additional referral assistance.

PROVIDER GUIDE TO Billing Referring Provider



CMS 1500

When is a referral necessary?

Type of Claim	Provider Name & NPI Required	Not Required
Specialist & Facility Claim	✓	
PCP Claim		✓
Preventative Visit		✓
TruHearing Claims		✓
Urgently Needed Services* or Emergency Medical Services		✓

*Services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition

Who should be listed as the referring provider on the claim?

Situation	Referring Provider
PCP refers patient to specialist	PCP
PCP refers patient to facility	PCP
Specialist refers patient to a different Specialist	Initial Specialist**
Specialist refers patient to a facility	Specialist**

**If the PCP is billed in the referring field instead of the specialist, the claim will still be accepted.

What are the required fields for the CMS 1500 claim when submitting?

Type of Claim	Required Fields	Information Necessary
Paper Claim	Box 17	Referring Provider's first and last name
	Box 17b	Referring Provider's NPI
	Left of the Dotted Vertical Line in Box 17	Qualifier DN
Electronic Claim (ANSI 837P)	Loop 2310A or 2420F, Segment NM103, Qualifier DN	Referring Provider's Last Name
	Loop 2310A or 2420F, Segment NM104, Qualifier DN	Referring Provider's First Name
	Loop 2310 A, Segment NM109	Referring Provider's NPI

Health Advantage Medi-Pak Advantage HMO has added a new provider line and email address dedicated solely to referrals. Providers will be able to utilize these means of contact to ask questions or obtain the referring providers NPI number. 1-877-359-1441 or Medicareprovidersupport2@arkbluecross.com

CMS 1450

When is a referral necessary?

Type of Claim	Provider Name & NPI Required	Not Required
Outpatient Hospital/Facility claims	✓	
Urgently Needed Services* or Emergency Medical Services		✓

*Services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition

Who should be listed as the referring provider on the claim?

Situation	Referring Provider
Attending provider is the same as referring provider	Attending Provider
Referring provider is different than attending provider	Attending Provider & Referring Provider Lists

What are the required fields for the CMS 1450 claim when submitting?

Type of Claim	Required Fields	Information Necessary
Paper Claim	FL 78 or 79	Provider's Name and NPI
Electronic Claim (ANSI 837P)	Loop 2310F or 2420A, Segment NM1, Qualifier DN	Referring Provider's First and Last Name
	Loop 2310F, Segment NM109	Referring Provider's NPI

Health Advantage Medi-Pak Advantage HMO has added a new provider line and email address dedicated solely to referrals. Providers will be able to utilize these means of contact to ask questions or obtain the referring providers NPI number. 1-877-359-1441 or Medicareprovidersupport2@arkbluecross.com



New member ID numbers and cards coming for Arkansas Blue Cross Medicare Supplement members

Medi-Pak Supplement members will be receiving new member ID numbers for 2020.

How will this affect members' care?

Members will use this new ID card starting on January 1, 2020. They will use this card when they need medical care. The new member ID card will not change their coverage or benefits.

How will this affect providers?

Providers will need to collect member's new ID number. Providers can use the new or previous member ID number when filing claims, but the new ID number is preferred.

When will new Medicare Supplement member ID Cards be mailed out?

Members will begin receiving new ID cards starting in December 2019. A letter will go out to members with the ID card explaining why they are receiving the new card and what actions to take.

Why are members receiving new ID cards?

We are continuing to improve our internal systems. Moving all lines of business to a newer claims system will improve productivity and processes, provide consistent security measures and lower administrative and maintenance costs.

New payment cycles for Medicare Supplement members

A new payment cycle for Arkansas Blue Cross Medi-Pak Supplement members will begin in early January. The EFT number format will be 'BCMk,' and check numbers will begin with 'MK.' The claim payment cycles are scheduled to run once a week with the exception for holidays and month-end processing.

Arkansas Blue Cross Blue and Shield offices will be closed



**Tuesday, December 24, and
Wednesday 25, for Christmas**



**Wednesday, January 1, 2020,
for New Year's Day**



We wish you a happy holiday season.





Start your fitness journey



WALK THE TALK IN 2020

Every day, your office advises patients to be more active. The benefits are clear – improved health, happier mood, better sleep... For most people, it boils down to time and motivation. Arkansas Blue Cross and Blue Shield has a solution – the Blue & You Fitness Challenge. The Challenge is your opportunity to show patients your office's own commitment to being active and healthy.

During the contest, groups compete against similarly sized teams by performing cardiovascular and strength exercises. When you participate, we'll provide resources in the contest kit online, including:

- A setup guide to help you get started
- Motivational emails to get your group running
- Posters you can print and display as talking points for patients
- An easy-to-use website with reporting tools to manage your team

THE TIME

From March 1 – May 31, you can earn points by exercising for as little as 15 minutes

THE MOTIVATION

Be the example for patients, challenge other groups and feel great!

HOW TO PARTICIPATE

1. Create a group of at least two people, age 13+
2. Assign a group administrator, age 18+, to register your group by mid-February at blueandyoufitnesschallenge-ark.com
3. Have group members register by March 1 with the admin's unique group code

MOVE, LOG AND PROMOTE

From March 1-May 31, your team simply logs exercises on our website. With more than 30 eligible exercises and an "other" category, too, your team can earn points for activity they're likely already doing. Your score will be added in real-time to the leaderboard – which you can also print off and display.



A program of Arkansas Blue Cross and Blue Shield, Arkansas Department of Human Services and the Arkansas Department of Health

The Blue & You Fitness Challenge name and logo are registered by Arkansas Blue Cross and Blue Shield.