

September 2024

PR *NEWS* PROVIDERS'

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**Using Availability to
Send Electronic
Attachments**

Page 18



Maven

Page 22



Upcoming holidays

Thanksgiving
Thursday, November 28-29



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

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What's inside?

- Arkansas Blue Cross and Blue Shield 3**
 - 2024 Open Enrollment – Please Use Availability..... 3
 - Accreditation Update for DME, Orthotic, and Prosthetic Suppliers 3
 - Avalon: Laboratory Benefit Management..... 4
 - Coverage Policy Manual Updates 5
 - DRG Inpatient Updates to Follow CMS Calendar Year..... 8
 - Incident-to Services for PTA and COTA..... 8
 - Injectable Fee Schedule Professional Billing Payment Policy 9
 - Medical Specialty Medications - Prior Authorization Update 9
 - Meet New Network Development Representative (NDR) Sean Wilson 15
 - Metallic Formulary Changes Effective October 1, 2024..... 16
 - Paper Claims No Longer Accepted..... 16
 - Payment Policy Manual Updates..... 16
 - Pharmacy Exception Reviews..... 17
 - Mental Health and Substance Use Disorder Benefits Limit 17
 - Standard Formulary Changes Effective October 1, 2024..... 17
 - Using Availability to Send Electronic Attachments 18
 - ARHOME and ACA Members..... 21

- Federal Employee Program..... 22**
 - Controlling High Blood Pressure Compliance 22
 - Free Coding CEU and Billing Information..... 22
 - Maven..... 22
 - OB/GYN HEDIS Compliance Information 23

- Medicare Advantage..... 24**
 - Centers for Medicare and Medicaid Services (CMS) Preclusion List 24
 - CMS Requirement for Provider Certification on National Plan and Provider Enumeration System (NPPES) 24
 - HIPAA and HITECH Reminders 25
 - Reminder on Billing Qualified Medicare Beneficiaries..... 25
 - Requirements for outpatient observation care 26



Arkansas Blue Cross and Blue Shield

2024 Open Enrollment – Please Use Availity

2024 Open Enrollment period begins October 1, 2024, and will continue through January 15, 2025. The enrollment of many new members and renewal of current members produces extremely high call volumes, which are expected to remain elevated through January 31, 2025.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the website for the following:

- **Availity** – Availity houses the same information available to our customer service representatives and can save you valuable time when seeking information regarding eligibility, benefits, claims status, as well as submitting authorization requests. Availity displays information helpful when scheduling appointments, checking eligibility, and identifying benefits.
- **Carelon portal** – If you need to request a prior authorization for imaging and high-tech radiology, please continue to use the Carelon portal.

During the enrollment period, please be aware that call volume can spike and exceed our ability to answer every call in a timely manner. Please use Availity or Carelon for the reasons noted above.

Accreditation Update for DME, Orthotic, and Prosthetic Suppliers

We are pleased to announce that Board of Certification/Accreditation (BOC) is now acceptable for participation in Health Advantage HMO, USABLE Corporation, Arkansas' FirstSource®, and True Blue PPO networks. This network standard revision was made effective July 1, 2024. Any Arkansas, BOC accredited, “bricks and mortar” durable medical equipment (DME) /home medical supplier or orthotic and prosthetic (O&P) supplier interested in network participation should contact their respective regional Network Development Representative. A list of representatives may be found at www.arkbluecross.com. Additional BOC accreditation details can be found at www.bocusa.org.

New program features automated review of high-volume, low-cost routine laboratory tests

Beginning **February 1, 2025**, Arkansas Blue Cross and Blue Shield will be implementing a new **laboratory benefit management (LBM)** program administered by **Avalon Healthcare Solutions**. This innovative program includes policies based on the latest science and clinically accepted, peer-reviewed guidelines for lab services. The LBM program provides consistent enforcement of laboratory policies via an automated review of high-volume, low-cost routine laboratory tests.

Providers ordering laboratory services (both referring and performing) will need to be aware of this new program, as collectively we have an obligation to ensure members and patients receive high-quality, medically appropriate and affordable laboratory services. The program includes important changes affecting providers, such as new and revised medical coverage criteria, guidelines and consistent reviews for certain laboratory services.

Facts for healthcare providers

Below you'll find details of these program components and important implementation dates.

- Effective **February 1, 2025**, new and revised medical coverage criteria and guidelines will take effect that will affect certain laboratory, services, tests and procedures.
- Arkansas Blue Cross will use these **evidence-based** policies, aligned with the latest scientific research, to determine the appropriateness of lab testing. The lab policies will be reviewed annually, or more often when the science has changed, to account for the latest evidence and the development of new types of tests.
- The new program is effective for dates of service **February 1, 2025**, and thereafter. Arkansas Blue Cross will apply **automated policy enforcement** (post-service and pre-payment) to claims that include laboratory services performed in office, hospital outpatient and independent laboratory locations.
- Laboratory services, tests and procedures provided in emergency room, hospital observation and hospital inpatient settings are **excluded** from this program.
- Additionally, codes reporting **multiple units billed** will be reviewed referencing code-specific unit allowances under Arkansas Blue Cross laboratory policies and guidelines.

We value and appreciate our dedicated healthcare providers for the vital role you play in working to provide high-quality care and produce better healthcare outcomes.

If you have questions about this program, please call provider services at **501-378-2307**.

Arkansas Blue Cross and Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Avalon Healthcare Solutions is a separate company that has been engaged by Arkansas Blue Cross to provide laboratory benefit management (LBM) services on behalf of its members. Avalon is not affiliated with Arkansas Blue Cross or the Blue Cross Blue Shield Association.

Coverage Policy Manual Updates

The following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual.

To view entire coverage policies, please refer to the Arkansas Blue Cross and Blue Shield website.

Policy ID#	Policy Name
1997018	Implantable, Subcutaneous, Extravascular, and Wearable (VEST) Cardioverter Defibrillators and Automated External Defibrillators (AED)
1997113	Immune Globulin, Intravenous and Subcutaneous
1997137	Strontium 89 (e.g., Metastron)
1997167	PET Scan, Positron Emission Tomography, for Cardiac Applications
1997229	Cardiac Event Recorder, External Loop or Continuous Recorder
1998144	Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy
1998150	Angioplasty/Stenting, Percutaneous, Carotid Artery
1998156	PET or PET/CT for Non-Small Cell Lung Cancer
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1999012	Minimally Invasive Approaches to Vertebral Fractures and Osteolytic Lesions of the Spine (Vertebroplasty, Sacroplasty, Kyphoplasty, and Mechanical Vertebral Augmentation)
2000001	PET or PET/CT for Colorectal Cancer
2000002	PET or PET/CT for Non-Hodgkins Lymphoma and Leukemia
2000003	PET or PET/CT for Melanoma
2000023	PET or PET/CT for Head and Neck Malignant Disease
2001009	Non-Implantable Insulin Infusion Devices, Hybrid Insulin Infusion Devices, and Continuous Glucose Monitoring Devices
2001030	PET or PET/CT for Esophageal or Esophagogastric Junction (EGJ) Cancer
2001035	PET or PET/CT for Prostate Cancer, FDG and non-FDG
2001036	PET or PET/CT for Breast Cancer
2001037	PET or PET/CT for Ovarian Cancer
2001038	PET or PET/CT for Pancreatic Cancer
2001039	PET or PET/CT for Neuroendocrine Tumors
2001040	PET or PET/CT for Testicular Germ Cell Cancer
2002015	PET or PET/CT for Carcinoma of Unknown Primary (CUP)
2002020	Virtual Colonoscopy/CT Colonography
2003015	Intensity Modulated Radiation Therapy (IMRT)
2003061	Radioembolization of Primary & Metastatic Tumors of the Liver
2004024	PET or PET/CT for Thyroid Cancer
2004039	Genetic Test: HFE Hemochromatosis
2005007	PET or PET/CT for Cervical Cancer
2005008	PET or PET/CT for Pleural Mesothelioma
2005033	PET or PET/CT for Primary Central Nervous System Cancer (Malignant Brain and Spinal Cord Tumors)
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist

Policy ID#	Policy Name
2008025	Stem Cell Growth Factor, Romiplostim (e.g., Nplate)
2009001	Image Guided Radiation Therapy (IGRT)
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009035	Intensity Modulated Radiation Therapy (IMRT), Lung and Mediastinum
2009036	Intensity Modulated Radiation Therapy (IMRT), Breast
2009047	Hormone Pellet Implantation for Hormone Therapy
2010005	Peripheral Nerve Stimulation
2010021	Minimally Invasive Image-Guided Spinal Decompression for Spinal Stenosis
2010046	Intravitreal, Punctum Corticosteroid Implants and Ranibizumab (e.g., Susvimo)
2011053	Autism Spectrum Disorder in Children, Applied Behavioral Analysis
2011061	Genetic Test: Melanoma and Glioma, Testing to Predict Response to Targeted Therapy
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011069	PET or PET/CT for Anal Carcinoma
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2011074	PET or PET/CT for Gastric and Hepatocellular and Biliary Tract Cancers
2012022	PET or PET/CT for Urological Cancers
2012023	PET or PET/CT for Lymphadenopathy of Unknown Cause
2012024	PET or PET/CT for Cancers of the Thymus, Heart, and Mediastinum
2012027	PET Scan for Multiple Myeloma, Plasmacytoma
2012056	PET or PET/CT for Histiocytic Neoplasms (eg Pulmonary Langerhans Cell Histiocytosis)
2012058	PET or PET/CT for Small Cell Lung Cancer
2013002	PET or PET/CT for Hodgkin's Lymphoma
2013008	PET or PET/CT for Soft Tissue Sarcoma, including Gastrointestinal Stromal Tumor (GIST)
2013032	Hereditary Angioedema (HAE), Prophylaxis and Acute Treatment
2014009	Endovascular Procedures for Intracranial Arterial Disease and Extracranial Vertebral Artery Disease
2015017	Genetic Test: Limb-Girdle Muscular Dystrophies
2015024	Ablative Procedures for Benign Prostatic Hyperplasia (BPH) and Minimally Invasive Benign Prostatic Hyperplasia Treatments
2016003	Omalizumab (e.g., Xolair)
2016010	Mepolizumab (e.g., Nucala)
2016012	Daratumumab (e.g., Darzalex) / Daratumumab and Hyaluronidase-fihj (e.g., DARZALEX FASPRO)
2016013	Ravulizumab-cwvz (e.g., Ultomiris)
2016021	Paliperidone Palmitate (e.g., Long-acting Injectables Invega Sustenna [®] & Invega Trinza)
2016022	PET or PET/CT for Uterine Cancer
2017009	Denosumab (e.g., XGEVA [™] and Prolia [™])
2017015	Avelumab (e.g., Bavencio [™])
2017016	Ramucirumab (e.g., Cyramza [™])
2017018	Sphenopalatine Ganglion and Occipital Nerve Block for Headache
2017019	Molecular Testing in the Management of Pulmonary Conditions
2017020	Pemetrexed (e.g., Alimta)
2017024	Panitumumab (e.g., Vectibix [™])
2018000	Leadless Cardiac Pacemakers
2018004	Letermovir (e.g., Prevymis)
2018008	Reslizumab (e.g., Cinqair)

Policy ID#	Policy Name
2018009	Benralizumab (e.g., Fasenra)
2018011	PET or PET/CT for Penile, Vaginal, and Vulvar Cancer
2018012	PET or PET/CT for Bone Cancer
2018014	Lutetium Lu 177 Dotatate (e.g., Lutathera®)
2018023	Levodopa-carbidopa Intestinal Gel (e.g., Duopa) for Treatment of Advanced Parkinson's Disease
2019009	Romosozumab-aqqg (e.g., Evenity®)
2019012	Brexanolone (e.g., Zulresso™)
2019013	Emapalumab-LZSG (e.g., Gamifant)
2020005	Self-Administered Medication
2020006	Luspatercept-aamt (e.g., Reblozyl)
2020007	Eptinezumab-jjmr (e.g., VYEPTI™)
2020022	Tocilizumab (e.g., Actemra™) and Biosimilars
2020023	Bimatoprost (e.g., Durysta™)
2020026	Canakinumab (e.g., Ilaris™)
2021020	Polatuzumab Vedotin-piiq (e.g., Polivy)
2021024	White Blood Cell Growth Factors (Colony Stimulating Factors)
2021028	Ustekinumab (e.g., Stelara) and Biosimilars
2021033	Belimumab (e.g., Benlysta)
2021043	Leuprolide Acetate (e.g., Lupron Depot®; Fensolvi®, Eligard®) for Non-oncologic Indications
2022001	Efgartigimod (e.g., Vyvgart) and Efgartigimod alfa and Hyaluronidase-qvfc (e.g., Vyvgart Hytrulo)
2022006	Remdesivir (e.g., Veklury)
2022012	Anifrolumab-fnia (e.g., Saphnelo)
2022013	Medical Technology Assessment, Non-Covered Services
2022022	Sirolimus protein-bound particles for injectable suspension (e.g., FYARRO)
2022023	Tebentafusp-tebn (e.g., Kimmtrak)
2022025	Tisotumab vedotin-tftv (e.g., Tivdak™)
2022029	Bortezomib (e.g., Velcade)
2022031	Risankizumab (e.g., Skyrizi)
2022046	Gene Therapies for Thalassemia: Betibeglogene autotemcel (e.g., Zynteglo)
2023005	Autism Spectrum Disorder in Adults, Applied Behavioral Analysis
2023011	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy
2023019	Mirvetuximab soravtansine-gynx (e.g. Elahere)
2023023	Somatic Biomarker Testing for Immune Checkpoint Inhibitor Therapy (BRAF, MSI/MMR, PD-L1, TMB)
2023033	Retifanlimab-dlwr (e.g., Zynyz)
2023034	Epcoritamab-bysp (e.g., Epkinly)
2023045	Eculizumab (e.g., Soliris)
2024008	Travoprost Intracameral implant (iDose® TR)
2024012	Cantharidin (e.g., Ycanth)
2024013	Exagamglogene autotemcel (e.g., Casgevy)
2024014	Lovotibeglogene autotemcel (e.g., Lyfgenia)
2024015	Toripalimab-tpzi (e.g., Loqtorzi)
2024016	Secukinumab (e.g., Cosentyx)
2024017	Nedosiran (e.g., Rivfloza)
2024018	Histrelin Implant (e.g., Supprelin LA)

Policy ID#	Policy Name
2024019	Lifileucel (e.g., Amtagvi)
2024020	ADAMTS13, recombinant-krhn (e.g., Adzynma)
2024021	Bevacizumab (e.g., Avastin) and Biosimilars for Ophthalmic Use

DRG Inpatient Updates to Follow CMS Calendar Year

As a reminder, effective October 1, 2024, Arkansas Blue Cross and Blue Shield will follow the CMS calendar year for DRG inpatient grouper updates. This means the codes that go into effect by CMS on October 1 will be in effect for Arkansas Blue Cross as well (instead of January 1). This also means that when a patient is admitted prior to October 1, but discharged after October 1, the DRG codes will be aligned with CMS guidance for October 1. We are hopeful this process improvement will assist each of you as it relates to some of the challenges faced in previous years.

Incident-to Services for PTA and COTA

Effective November 1, 2024, "Incident to" services, performed by Physical Therapist Assistants (PTAs) and Certified Occupational Therapist Assistants (COTAs) under the general supervision of a supervising Physical Therapist or Occupational Therapist are eligible for separate reimbursement when separately reported by the supervising provider when the service performed is an otherwise covered service.

Services performed in whole or in part by a PTA or COTA will be required to be billed with the appropriate modifier CQ or CO and will be subject to the payment policy guidelines. When covered "Incident to" services are rendered in accordance with the policy, the services will be reimbursed at 85% of the PT/OT calculated allowable.

"Incident to" services must meet the following criteria:

- HCPCS modifiers CQ and CO are required to be used for services furnished In Whole or In Part by a Physical Therapy Assistant (PTA) or Certified Occupational Therapy Assistant (COTA).
- Services must be part of the patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment.
- Services provided by PTAs and COTAs must fall within the scope and definition of covered services under the written terms of the member's benefit certificate.
- Services provided by PTAs and COTAs must not fall within the scope or definition of any exclusion in the member's benefit certificate (other than the definition of "provider").
- All services provided by PTAs and COTAs must be supervised by a licensed therapist (applicable to the specific licensure of the assistant) present in the office suite and/or immediately available, when necessary, via interactive audiovisual telecommunication to provide assistance and direction throughout visit or rendered service.
- PTAs and COTAs must hold an active and unrestricted license to perform physical therapy or occupational therapy assistant services, in full compliance with applicable state laws and regulations.
- The supervising licensed physical therapist or occupational therapist must bill for services provided by PTAs and COTAs. PTAs and COTAs may not bill separately or directly for any services performed.
- The service provided must be one that is included in the CPT/HCPCS section of the payment policy.

The following services are **not eligible** for reimbursement as “Incident to” services:

- Services performed by auxiliary personnel other than PTAs or COTAs, including physical or occupational therapy aides.
- Incidental services that are not separately reportable.
- Services provided by PTAs and COTAs will not be covered or reimbursed if services include any evaluation or assessment services or if services include the PTA or COTA making clinical judgments or decisions regarding the member’s care or treatment.
 - Physical Therapy evaluation codes include CPT codes 97161-97164
 - Occupational Therapy evaluation codes include CPT codes 97165-97168.
- Services provided by PTAs and COTAs will not be covered or reimbursed if the services include the development, management or furnishing of any skilled maintenance program services or if the services include the PTA or COTA taking or asserting overall responsibility for services.
- The services of a PTA/OTA cannot be provided incidental to a physician/appropriately licensed other practitioner as they are not specifically qualified as licensed physical therapists or occupational therapists

Please refer to the Arkansas Blue Cross & Blue Shield payment policy #AR_PC_000016 Incident to Services-Physical Therapist Assistants & Certified Occupational Therapist Assistants for detailed billing guidelines and a complete list of eligible codes.

Injectable Fee Schedule Professional Billing Payment Policy

Payment policy #AR_PC_0P017, Injectable Fee Schedule Professional Billing, has been published. Although newly published as a part of our new payment policy process, this policy is not new. It’s a publication of our current policy effective for all medications that are separately reimbursable in an office/non-facility setting paid based on the injectable fee schedule. The injectable fee schedule is subject to oral medications, injectables, topicals and any other routes of administration. For complete details, please refer to the payment policy which can be found in the payment policy section under the provider tab at www.arkansasbluecross.com/providers.

Medical Specialty Medications - Prior Authorization Update

The table below lists medications requiring prior authorization through the member’s medical benefit. Any new medication used to treat a rare disease should be considered to require prior authorization. Please note ASE/PSE, ASP and Medicare have their own prior authorization programs and table below does not include the medications for those programs.

Brand Name	Generic Name	HCPCS	Preferred Product
Abecma	idecabtagene vicleucel	Q2055	
Actemra IV	tocilizumab IV	J3262	
Acthar	corticotropin	J0801	
Adakveo	crizanlizumab-tcma	J0791	
Adstiladrin	nadofaragene firadenovec-vncg	J9029	
Aldurazyme	laronidase	J1931	

Brand Name	Generic Name	HCPSC	Preferred Product
Alymsys	bevacizumab-maly	Q5126	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Amtagvi	lifileucel	J9999	
Amvuttra	vutrisiran	J0225	
Aralast NP	alpha-1 proteinase inhibitor (human)	J0256	
Arcalyst	rilonacept	J2793	
Asparlas	calaspargase pegol	J9118	
Avastin	bevacizumab	J9035	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Avsola	infliximab-axxq	Q5121	Preferred
Benlysta	belimumab	J0490	
Berinert	c1 esterase, inhibitor, human	J0597	
Blincyto	blinatumomab	J9039	
Botox	onabotulinumtoxin a	J0585	
Breyanzi	lisocabtagene maraleucel	Q2054	
Brineura	cerliponase alfa	J0567	
Briumvi	ublrituximab-siiy	J2329	
Cablivi	caplacizumab-yhdp	C9047	
Carvykti	ciltacabtagene autoleucel	Q2056	
Casgevvy	exagamglogene autotemcel	J3590	
Cerezyme	Imiglucerase	J1786	
Cinqair	reslizumab	J2786	
Cinryze	c1 esterase, inhibitor, human	J0598	
Columvi	glofitamab-gxbm	J9286	
Cosentyx IV	secukinumab IV	J3247	
Crysvita	burosumab-twza	J0584	
Danyelza	naxitamab-gqgk	J9348	
Duopa	levodopa-carbidopa intestinal gel	J7340	
Dysport	abobotulinumtoxin a	J0586	
Elahere	mirvetuximab soravtansine-gynx	J9063	
Elaprase	idursulfase	J1743	
Elelyso	taliglucerase alfa	J3060	
Elevidys	delandistrogene moxeparover-rold	J1413	
Elfabrio	pegunigalsidase alfa-iwxj	J2508	
Elrexfio	elranatamab-bcmm	J1323	
Elzonris	tagrazofusp-erzs	J9269	
Empliciti	elotuzumab	J9176	
Enjaymo	sutimlimab-jome	J1302	
Enspryng	satralizumab-mwge	J3590	
Entyvio IV	vedolizumab IV	J3380	
Epkinly	epcoritamab-bysp	J9321	

Brand Name	Generic Name	HCPCS	Preferred Product
Evenity	romosozumab-aqqg	J3111	
Evkeeza	evinacumab-dgnb	J1305	
Fabrazyme	agalsidase beta	J0180	
Fulphila	pegfilgrastim-jmdb	Q5108	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Fyarro	sirolimus protein-bound particles	J9331	
Fylnetra	pegfilgrastim-pbbk	Q5130	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Gamifant	emapalumab-lzsg	J9210	
Givlaari	givosiran	J0223	
Glassia	alpha-1 proteinase inhibitor human	J0257	
Granix	tbo-filgrastim	J1447	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Halaven	eribulin mesylate	J9179	
Hemgenix	etranacogene dezaparvovec-drlb	J1411	
Herceptin	trastuzumab	J9355	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Herzuma	trastuzumab-pkrb	Q5113	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Ilaris	canakinumab	J0638	
Ilumya	tildrakizumab-asmn	J3245	
Imjudo	tremelimumab-actl	J9347	
Inflectra	infliximab-dyyb	Q5103	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) are preferred]
Invega Sustenna	paliperidone palmitate	J2426	
Invega Trinza	paliperidone palmitate	J2427	
Istodax	romidepsin	J9319	
Ixifi	infliximab-qbtx	Q5109	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) preferred]
Jemperli	dostartlimab	J9272	
Jevtana	cabazitaxel	J9043	
Kadcyla	ado-trastuzumab emtansine	J9354	
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns	Q5117	Preferred
Kanuma	sebelipase alfa	J2840	
Kimmtrak	tebentafusp-tebn	J9274	
Krystexxa	pegloticase	J2507	
Kymriah	tisagenlecleucel	Q2042	
Kyprolis	carfilzomib	J9047	
Lamzede	velmanase alfa-tycv	J0217	

Brand Name	Generic Name	HCPDS	Preferred Product
Lemtrada	alemtuzumab	J0202	
Leqvio	inclisiran	J1306	
Leukine	sargramostim	J2820	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Loqtorzi	toripalimab-tpzi	J3263	
Lumizyme	alglucosidase alfa	J0221	
Lunsumio	mosunetuzumab-axgb	J9350	
Lutathera	lutetium Lu 177 Dotatate	A9513	
Luxturna	voretigene neparvovec-rzyl	J3398	
Lyfgenia	lovotibeglogene autotemcel	J3394	
Margenza	margetuximab-cmkb	J9353	
Mepsevii	vestronidase alfa-vjvk	J3397	
Monjuvi	tafasitamab-cxix	J9349	
Mvasi	bevacizumab-awwb	Q5107	Preferred
Myobloc	rimabotulinumtoxin b	J0587	
Naglazyme	galsulfase	J1458	
Neulasta	pegfilgrastim	J2506	Preferred
Neupogen	filgrastim	J1442	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Nexviazyme	avalglucosidase alfa-ngpt	J0219	
Nivestym	filgrastim-aafi	Q5110	Preferred
Nplate	romiplostim	J2796	
Nyvepria	pegfilgrastim-apgf	Q5122	Preferred
Ocrevus	ocrelizumab	J2350	
Ogivri	trastuzumab-dkst	Q5114	Preferred
Omvoh	mirikizumab-mrkz	J2267	
Oncaspar	pegaspargase	J9266	
Onivyde	irinotecan liposomal	J9205	
Onpattro	patisiran	J0222	
Ontruzant	trastuzumab-dttb	Q5112	Preferred
Opdualag	nivolumab and relatlimab-rmbw	J9298	
Orencia	abatacept	J0129	
Oxlumo	lumasiran	J0224	
Padcev	enfortumab Vedotin-ejfv	J9177	
Pedmark	sodium thiosulfate	J0208	
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607	
Polivy	polatuzumab vedotin-piiq	J9309	
Pombiliti	cipaglucosidase alfa-atga	J1203	
Poteligeo	mogamulizumab- kpkc	J9204	
Prevymis	letermovir	J3490	
Prolastin	alpha-1 proteinase inhibitor human	J0256	
Qalsody	tofersen	J1304	

Brand Name	Generic Name	HCPDS	Preferred Product
Radicava	edaravone	J1301	
Reblozyl	luspatercept-aamt	J0896	
Rebyota	fecal microbiota, live-jslm	J1440	
Releuko	filgrastim-ayow	Q5125	Non-preferred [Neivestym (Q5110) & Zarxio (Q5101) preferred]
Relizorb	digestive enzyme cartridge	B4105	
Remicade and Unbranded Infliximab	infliximab	J1745	Preferred
Renflexis	infliximab-abda	Q5104	Non-preferred [Avsola (Q5121), Infliximab (J1745), Remicade (J1745) preferred]
Rethymic	allogeneic processed thymus tissue-agdc	J3590	
Revatio	sildenafil (IV)	J3490	
Riabni	rituximab-arrx	Q5123	Preferred
Rituxan	rituximab	J9312	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rituxan Hycela	rituximab and hyaluronidase	J9311	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rivfloza	nedosiran	J3490	
Roctavian	valoctocogene roxaparvovec-rvox	J1412	
Rolvedon	eflapegrastim-xnst	J1449	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ruconest	c1 esterase, inhibitor, recombinant	J0596	
Ruxience	rituximab-pvvr	Q5119	Non-preferred [Riabni (Q5123) & Truxima (Q5115) preferred]
Rybrevant	amivantamab-vmjw	J9061	
Rylaze	asparaginase erwinia chrysanthemii (recombinant)- rywn	J9021	
Ryplazim	plasminogen, human-tvmh	J2998	
Rystiggo	rozanolixizumab-nol	J9333	
Ryzneuta	efbemalenograstim alfa-vuxw	J9361	
Saphnelo	anifrolumab-fnia	J0491	
Sarclisa	isatuximab-irf	J9227	
Simponi Aria	golimumab	J1602	
Skyrizi IV	risankizumab-rzaa IV	J2327	
Skysona	elivaldogene autotemcel	J3590	
Soliris	eculizumab	J1300	
Somatuline depot	lanreotide	J1930	
Spevigo	spesolimab-sbzo	J1747	
Spinraza	nusinersen	J2326	
Stelara IV	ustekinumab (IV)	J3358	

Brand Name	Generic Name	HCPDS	Preferred Product
Stelara SC	ustekinumab (SC)	J3357	
Stimufend	pegfilgrastim-fpgk	Q5127	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Susvimo	ranibizumab implant	J2779	
Talvey	talquetamab-tgvs	J3055	
Tecartus	brexucabtagene autoleucel	Q2053	
Tecvayli	teclistamab-cqyv	J9380	
Tepezza	teprotumumab-trbw	J3241	
Testopel	testosterone pellet	S0189	
Tivdak	tisotumab vedotin-tftv	J9273	
Trazimera	trastuzumab-qyyp	Q5116	Non-preferred [Kanjinti (Q5117), Ogivri (Q5114) & Ontruzant (Q5112) preferred]
Trodelvy	sacituzumab govitecan-hziy	J9317	
Truxima	rituximab-abbs	Q5115	Preferred
Tyenne IV	tocilizumab-aaqg IV	J3590	
Tysabri	natalizumab	J2323	
Tzield	teplizumab-mzww	J9381	
Udenyca	pegfilgrastim-cbqv	Q5111	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Ultomiris	ravulizumab-cwyz	J1303	
Uplizna	inebilizumab-cdon	J1823	
Vegzelma	bevacizumab-adcd	Q5129	Non-preferred [Mvasi (Q5107) & Zirabev (Q5118) preferred]
Veopoz	pozelimab-bbfg	J9376	
Vimizim	elosulfase alfa	J1322	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	
Vyjuvek	beremagene geperpavec-svdt	J3401	
Vyvgart	efgartigimod alfa-fcab	J9332	
Vyvgart Hytrulo	efgartigimod alfa-fcab	J9334	
Wezlana IV	ustekinumab-auub IV	Q5138	
Wezlana SC	ustekinumab-auub SC	Q5137	
Xenpozyme	olipudase alfa-rpcp	J0218	
Xeomin	incobotulinumtoxin a	J0588	
Xiaflex	clostrisidial collagenase	J0775	
Ycanth	cantharidin	J7354	
Yescarta	axicabtagene ciloleucel	Q2041	
Zaltrap	ziv-aflibercept	J9400	
Zarxio	filgrastim-sndz	Q5101	Preferred
Zemaira	alpha-1 proteinase inhibitor (human)	J0256	
Zepzelca	lurbinectedin	J9223	
Ziextenzo	pegfilgrastim-bmez	Q5120	Non-preferred [Neulasta (J2506) & Nyvepria (Q5122) preferred]
Zirabev	bevacizumab-bvzr	Q5118	Preferred

Brand Name	Generic Name	HCPCS	Preferred Product
Zolgensma	onasmnogene abeparvovec-xioi	J3399	
Zulresso	brexanolone	J1632	
Zynlonta	loncastuximab tesirine-lpyl	J9359	
Zynteglo	betibeglogene autotemcel	J3590	
Zynyz	retifanlimab-dlwr	J9345	

For more information on submitting a request for a medication prior authorization, call the appropriate customer service phone number on the back of the member ID card.

Customer service will direct callers to the prior authorization form specific to the member’s group. BlueAdvantage members can find the form at the following link: blueadvantagearkansas.com/providers/resource-center/provider-forms.

For all other members, the appropriate prior authorization form can be found at the following link: arkansasbluecross.com/providers/resource-center/prior-approval-for-requested-services.

These forms and any additional documentation should be faxed to **501-210-7051** for BlueAdvantage members. For all other members, the appropriate fax number is **501-378-6647**.

Meet New Network Development Representative (NDR) Sean Wilson

Sean Wilson has joined Arkansas Blue Cross and Blue Shield’s Network Development Team as a network development representative, serving providers in the state’s Central Region. She will support Conway, Grant, Perry and Yell counties and select specialties within Pulaski County.

Wilson joined Arkansas Blue Cross in 2010 as a claims specialist and held multiple roles within the company before becoming an NDR. In addition to her tenure at Arkansas Blue Cross, Wilson has a background in provider relations.

Wilson earned her bachelor’s and master’s degrees from the University of Phoenix. In her free time, she enjoys spending time with family, traveling and reading. A native Arkansan, Wilson currently resides in Little Rock.



Sean Wilson

Metallic Formulary Changes Effective October 1, 2024

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross small groups, and Health Advantage small groups use the metallic formulary as noted below.

Product/Drug Label Name	Change	Formulary Options
ESTROGEL GEL	Will not be covered after 10/1	generic estradiol gel
RECTIV OIN	Will not be covered after 10/1	generic nitroglycerin oint

Paper Claims No Longer Accepted

As of March 1, 2024, Arkansas Blue Cross and Blue Shield, USABLE, Health Advantage, Arkansas Blue Medicare, BlueAdvantage, and Federal Employee Program (FEP) no longer accept paper claims without an approved waiver. This includes corrected claims. We have discovered some clearinghouses are still dropping claims to paper for a variety of reasons. If you receive a letter stating paper claims have been received that are not being processed, please ensure your clearinghouse is aware that these claims are not being processed and should be resubmitted electronically.

Payment Policy Manual Updates

The following policies were added or updated in the Arkansas Blue Cross Blue Shield's Payment Policy manual.

To view entire payment policies, please refer to the Arkansas Blue Cross Blue Shield website.

Payment Policy ID#	Payment Policy Name
000001	Total Joint Replacement ASC
000002	Air Ground Ambulance
000004	Services Bundled Inpatient Hospital
000006	Ambulance Triage Treat Transport Alternate Destination
000008	Behavioral Health Integration Services
000009	Acute Hospital Care at Home
000010	REH Rural Emergency Hospital
000011	Transitional Care Management
000012	Pharmacist Medical Billing
000013	Pharmacy Billing for Diabetes Hemoglobin A1C Program
000014	Bevacizumab for Ophthalmologic Indications
000015	Lifetime Event Services
000016	Incident To Services: Physical Therapist Assistants & Certified Occupational Therapist Assistants
000017	Injectable Fee Schedule Professional Billing

Pharmacy Exception Reviews

Our internal pharmacy department makes every effort to ensure requests for drug exceptions are reviewed promptly. Over the past few months, we have seen multiple requests for weight loss medications that have been marked as urgent. By checking the Expedited/Urgent review box on the Prior Authorization/Exception pharmacy form you certify that waiting could place the members life, health, or ability to regain maximum function in jeopardy. Please limit use of the expedited/urgent status to cases that meet the definition.

Mental Health and Substance Use Disorder Benefits Limit

NOTICE OF MATERIAL AMENDMENT

As of January 1, 2025, the coverage benefits for Mental Health and Substance Use Disorder treatment/services at Non-Hospital Residential Treatment Facilities on fully insured plans will be for a maximum of sixty (60) days per Covered Person per calendar year regardless of whether the service is provided as a Residential Treatment Program, a Partial Day Rehabilitation, an Intensive Outpatient Rehabilitation, or combination of these services. As a reminder, Residential Treatment Programs are where a Covered Person sleeps in the facility engaging in 6 to 8 hours of a multidisciplinary treatment program; Partial Day Rehabilitation is where a Covered Person sleeps elsewhere and engages in 6 hours of multidisciplinary treatment program for a minimum of 5 days a week; and Intensive Outpatient Rehabilitation is where a Covered Person sleeps elsewhere and engages in 3 hours of multidisciplinary treatment program 5 days a week. Additionally, the following requirements remain unchanged for the facility where the service is provided: (i) The facility must be licensed by the State or Arkansas or the appropriate agency in the state where the facility is located, and (ii) the facility must be accredited by The Joint Commission or CARF International.

Standard Formulary Changes Effective October 1, 2024

Arkansas Blue Cross large groups, Health Advantage large groups, and Blue Advantage plans that have selected Arkansas Blue Cross and Blue Shield's prescription drug benefits use the standard formulary as noted below.

Product/Drug Label Name	Change	Formulary Options
KETO-DIASTIX TES	No longer Covered	Provider to determine options.
KETOSTIXTES STRIP	No longer Covered	Provider to determine options.
MATULANE CAP 50MG	Tier Change	Tier change may increase copay, provider may choose to change medication.
MYLERANTAB 2MG	Tier Change	Tier change may increase copay, provider may choose to change medication.
ONEXTON GEL 1.2-3.75	Tier Change	Tier change may increase copay, provider may choose to change medication. Formulary Options are generics, AKLIEF, EPIDUO, TWYNEO, WINLEVI
PEGASYS INJ 180MCG/M	Tier Change	Tier change may increase copay, provider may choose to change medication.

Product/Drug Label Name	Change	Formulary Options
PROLENSA SOL 0.07%	Tier Change	Tier change may increase copay, provider may choose to change medication. Formulary options are bromfenac, diclofenac, ketorolac, ILEVRO
PULMOZYME SOL 1MG/ML	Tier Change	Tier change may increase copay, provider may choose to change medication.
MALARONE TAB	Tier 2 --> Tier 3	atovaquone-proguanil
PLAQUENIL TAB	Tier 2 --> Tier 3	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine delayed-rel, RASUVO
SILVADENE CRE	Tier 2 --> Tier 3	silver sulfadiazine
VASCEPA CAP	Tier 2 --> Not Covered	icosapent ethyl, omega-3 acid ethyl esters

Using Availity to Send Electronic Attachments

Attachments can be sent electronically, but please note the following to ensure the attachment can be identified with the appropriate claim. For example, attachments can be sent electronically using Availity in response to a request (277RFAI) or they can be sent unsolicited by submitting the PWK06 segment on a claim – where the provider has 3 days to respond in the Availity dashboard. However, to send an unsolicited attachment in the Attachment Dashboard that is not tied to a request or unsolicited record, you must send certain data elements for it to be recorded appropriately. To submit a document that needs to attach to a claim or bar-coded request the following steps must be followed.

From the Attachments Dashboard, select Send Attachment dropdown, next select Medical Attachment. Predetermination Attachment is not available for Arkansas Blue Cross and Blue Shield. *EOBs, COBs, appeals or documentation for appeals should not be sent through this process.



- Select your organization and payer from the dropdown menu.
- Enter your **NPI from the claim**, type in the Organization Name.
- Enter the member/patient information.
- Patient control number is the **patient account number**.

***Attachment Control Number must be the claim number from the submitted claim OR the control number from the medical record request letter. This step is very important! If it is not followed, it can result in your record not attaching to the correct claim and can become lost!**

Your attachment will not sync up to the correct claim if you do not enter the Attachment Control Number correctly!

The attachment control number can be located at the top of your bar-coded request.

 BlueCross BlueShield <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	12345678
Physician Clinic 123 Anywhere Little Rock AR 72113	
Provider Fax Number: 501-555-1234	
Date of Service: 4/22/2024	
Re: Test Member Member DOB: 12-6-68	 Please return this barcoded sheet <u>as the coveragepage</u> attached with the requested information system.
Contract Number : XXX1223344 Claim Number : 123XYZ567A	
Account Number : 123XYZ	

- Enter service from and service to dates.
- Select **Reason 1** dropdown to add your attachment.

[Home](#) | [Provider Work Queue](#) | [About Attachments](#)

Medical Attachments

Organization

Test Org

Plan

ARKANSAS BCBS

Provider

NPI Tax ID

NPI

1234567890

Organization Individual

Organization Name

Test Organization

Patient Information

First Name **Middle Name (optional)** **Last Name**

Subscriber ID **Date of Birth**

Claim Information

Patient Control Number

Adjustment Control Number

Service From **Service To**

Attach Supporting Documentation

ADDING ATTACHMENTS

- This Health Plan supports file types including pdf, png, jpeg, jpg, gif, ppt, pptx, doc, docx, xls, xlsx, ppt and pps.
- File names cannot contain special characters with the exception of "space" and "-" and ".".

* Reason 1

Choose one...

Claim number or control number from MRR based sheet ONLY

123456



- Once all documents are attached, **Send Attachment**.

The screenshot shows a web application interface for "Medical Attachments". The form is organized into several sections:

- Organization:** Includes a dropdown for "Test Org" and a text field for "ARKANSAS BCBS".
- Provider:** Includes a radio button for "NPI" (selected) and "Tax ID", a text field for "1234567890", a radio button for "Organization" (selected) and "Individual", and a text field for "Test Organization".
- Patient Information:** Includes text fields for "Last Name", "Middle Name (optional)", and "First Name", a text field for "Subscriber ID", and a date picker for "Date of Birth" set to "12/04/1960".
- Claim Information:** Includes a text field for "Patient Control Number" (ABC123), a text field for "Attached Control Number" (M76X121), a date picker for "Service From" (07/01/2024), and a date picker for "Service To" (07/01/2024).
- Attach Supporting Documentation:** Includes instructions: "ADDING ATTACHMENT(s)", "The Health Plan supports file types including pdf, jpg, png, zip, ppt, pptx, xls, xlsx, doc, docx, xlsb, ppt and pptx.", "File names cannot contain special characters with the exception of 'space' and '-' and '.'.", a dropdown for "Reason" (selected: "S2004 - General Coordination"), a progress bar for "Add Information", and a link "Add another File Attachment for Reason?".

At the bottom right, there is a "Send Attachment(s)" button highlighted with a red arrow.

ARHOME and ACA Members

ARHOME Coordination of Benefit Claims

On July 24, 2024, Arkansas Insurance Department released Bulletin 10-2024 advising that all ARHOME plans must be the payor of last resort by no later than January 1, 2026. This means claims payments for members with two or more insurance plans may be delayed as insurance companies nationwide identify members and adapt their systems to reverse payor order appropriately. Arkansas Blue Cross and Blue Shield is making a concerted effort to identify enrollees with dual coverage so transitions can be completed before January 1, 2025. Thank you for your patience as we adjust to the new requirement.



Federal Employee Program

Controlling High Blood Pressure Compliance

HEDIS allows the use of the lowest systolic and lowest diastolic readings if taken on the same day. If your patient's reading is high after running into your office, rushing to sit down, and your staff rushing in to take the blood pressure (BP). Please retake the BP after the patient has been in the room and calmed down (maybe to avoid the whitecoat hypertension).

Contact our team of nurse case managers at 1.800.225.1891 and request assistance with management of your hypertensive patients. Nurse case managers can educate, coach and provide resources and outcomes beneficial to management of hypertension and cardiac disease.

Please visit the FEP Coding Tip Sheet for more information [FEPHEDIS CBP Tip Page](#).

Free Coding CEU and Billing Information

Do you want to improve your HEDIS scores and quality measures? Take advantage of the free CEU for coders and free information for billers. Learn to improve coding and you could earn more money, close HEDIS gaps and decrease medical record requests. Sign up now!

Documentation and Coding for Quality Measures-AAB, BCS, CCS

Registration Link for 10/01/24 7:30am:

https://abcbs.zoom.us/webinar/register/WN_ySqzzGJ4Q1aBGtmaRQ02ew

Registration Link for 10/01/24 11:30am:

https://abcbs.zoom.us/webinar/register/WN_3euBOIrcQoWftVHQ_IG5uA

Maven

A new program, Maven, has been launched to help patients along their maternity journey.

As a Blue Cross and Blue Shield Service Benefit Plan member, your patients get access to Maven for support throughout pregnancy and postpartum. From those sleepless nights to the first smiles and everything in between, patients will now have access to this additional support when needed—all at no extra cost.

Maven provides support for things such as:

- Creating a birth plan
- Breastfeeding or bottle feeding
- Navigating infant sleep
- Postpartum mental health
- Returning to work

Maven is an independent company and is not intended to replace in-person providers. Maven® is a registered trademark of Maven Clinic Co. All rights reserved.

Additional details can be found [here](#) or download the Maven Clinic app.

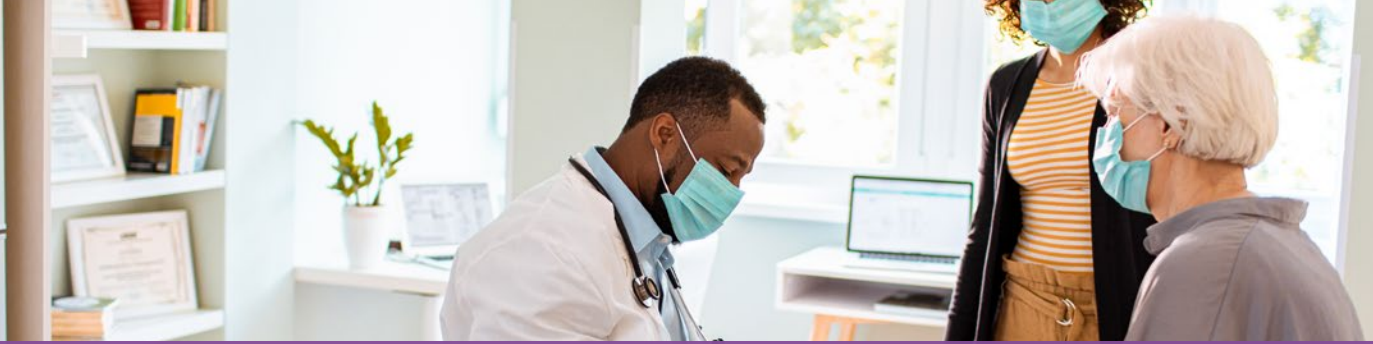
OB/GYN HEDIS Compliance Information

Obstetrician/Gynecologist Partners: HEDIS compliance for new mothers requires patients to have lab AND the first office visit within the first trimester (and not be rescheduled). We have two wonderful nurse case managers that will support new moms (your patients) through education, coaching, resources and benefits available to them. FEP wants the best care and outcomes for both mom and babies. It is not always about the numbers.

Please review your office policies regarding scheduling and educate schedulers on allowing enough time within the first trimester for emergencies that could delay appointments.

Contact our Special Delivery nurses at 1.800.225.1891 for any low-risk or high-risk pregnancy inquiries.

Please visit the FEP Coding Tip Sheet for more information [FEP HEDIS PPC Tip Page](#).



Medicare Advantage

Centers for Medicare and Medicaid Services (CMS) Preclusion List

Effective January 1, 2019, CMS began releasing a monthly list of individual providers or entities that have been precluded from receiving payment for Medicare items, services, and Part D medications under the following two categories to protect member health and safety:

- 1) Are currently revoked from Medicare, are under an active reenrollment bar, and CMS determines that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
- 2) Have engaged in behavior for which CMS could have revoked the individual or entity to the extent applicable if they had been enrolled in Medicare and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program.

Effective April 1, 2019, any Part D sponsor and/or Medicare Advantage Plan are required to deny payment for any pharmacy claim or health care item prescribed or furnished by an individual listed on the Preclusion List.

In effort to protect member health and safety as referenced above, please note that any provider or entity that falls on the preclusion list will be terminated and removed from the networks in accordance with the network participation agreement(s). There will be an option to appeal the network termination decision at time of notice or upon removal from the CMS preclusion list.

Additional resources and reference guide can be found on the CMS website at [Preclusion List](#).

CMS Requirement for Provider Certification on National Plan and Provider Enumeration System (NPPES)

The Centers for Medicare and Medicaid Services (CMS) has issued reminders to all provider types to update and certify the accuracy of the National Provider Identifier (NPI) data and provider demographic information maintained on the **National Plan and Provider Enumeration System (NPPES)**. Providers are legally required to maintain the accuracy of this data to not only validate their demographic information, but to reduce the number of verification outreaches to providers by Arkansas Blue Cross and Blue Shield. CMS will continue to monitor and audit the Arkansas Blue Cross and Health Advantage provider directories to enforce action and compliance with the data maintained on the NPPES website. Arkansas Blue Cross will continue to issue quarterly provider demographic verification forms by mail to validate, correct, sign, date and return to Arkansas Blue Cross Provider Network Operations via providernetwork@arkansasbluecross.com.

Using NPPES as a centralized primary data resource will allow Arkansas Blue Cross and Health Advantage to provide reliable information to our commercial and Medicare Advantage members. As of January 1, 2020, NPPES

allows providers to log in and attest to the accuracy of the data. This attestation will be reflected and recorded with a certification date that CMS will publish. The core elements maintained on NPPES are:

- **Provider Name**
- **Provider Specialty**
- **Provider Address(es)** – Multiple addresses are allowed to list all active practice locations at which members can be seen.
- **Provider Telephone and Fax Number(s)**
- **National Provider Identifier (NPI)**
- **Provider Status** (Active or Inactive)
- **Other Identifiers** – i.e., Medicare and Medicaid IDs
- **Taxonomy**

The NPPES website can be found at [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes). If you have any questions pertaining to NPPES, you may reference [NPPES help](#).

CMS References: 45 CFR §162.410(a); [Data Dissemination | CMS](#)

HIPAA and HITECH Reminders

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) including the Multi State Plan Program (collectively known as the Exchange), this is Arkansas Blue Cross and Blue Shield's reminder to all network participating providers that they must be compliant with their applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) in order to be in our provider networks.

Please be aware that:

- 1) Providers must comply with applicable interoperability standards and demonstrate meaningful use of health information technology in accordance with the HITECH Act; and
- 2) Subcontractors, large providers, providers, vendors, and other entities required by HIPAA to maintain a notice of privacy practices, must post such notices prominently at the point where an Exchange enrollee enters the website or web portal of such subcontractors, large providers, providers and/ or vendors.

For more detailed information, please visit: www.hhs.gov/hipaa/for-professionals/index.html.

Reminder on Billing Qualified Medicare Beneficiaries

Medicare providers are prohibited by federal law from billing qualified Medicare beneficiaries for Medicare deductibles, copayments, or coinsurance. Providers should accept Medicare and Medicaid payments received for billed services as payment in full. Dual-eligible members classified as qualified Medicare beneficiaries (QMBs) are covered under this rule.

QMBs who are enrolled in any Medicare Advantage plan to administer their Medicare benefits would have Medicare Advantage as their primary coverage and Medicaid as their secondary coverage. Payments are considered accepted in full even if the provider does not accept Medicaid. Please know that you as a provider are subject to sanctions if billing a QMB patient for amounts not paid by any Medicare Advantage plan and Medicaid.

Additional information about dual-eligible coverage is available under the Medicare Learning Network at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf.

Requirements for outpatient observation care

In compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare Outpatient Observation Notice (MOON), Arkansas Blue Cross and Blue Shield requires all acute care and critical access hospitals to provide written notification and an oral explanation of the notification to patients receiving outpatient observation services for more than 24 hours and no later than 36 hours after observation services as an outpatient begin. This also includes beneficiaries in the following circumstances:

- Beneficiaries who do not have Part B coverage (as noted on the MOON, observation stays are covered under Medicare Part B).
- Beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON.
- Beneficiaries for whom Medicare is either the primary or secondary payer.

For some Medicare Advantage members, observation stays have pre-authorization or pre-notification requirements.

The notice should explain the following using contemporary language:

- The patient is classified as outpatient
- Cost-sharing requirements
- Medication coverage
- Subsequent eligibility for coverage for services furnished by a skilled nursing facility
- Advise patients to contact his or her insurance plan with specific benefit questions

The notice and accompanying instructions are available at:

www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html