

PROVIDERS' NEWS

March 2020

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Physician fee schedule adjustment delayed, due to COVID-19

Statewide net increase for inpatient hospital, outpatient hospital and ambulatory surgery center services moves ahead

Arkansas Blue Cross and Blue Shield is postponing the scheduled April 1, 2020 adjustment of its physician fee schedule. The purpose of the postponement is to mitigate possible administrative complications for physicians and other healthcare providers during the COVID-19 outbreak.

Arkansas Blue Cross physician fee schedule adjustments occur annually, typically on April 1 each year, partly in response to adjustments to the Medicare fee schedule.

The current year planned changes to the physician fee schedule were communicated last December and were projected to result in an overall slight reduction in statewide physician reimbursement.

The physician fee schedule adjustments were set to coincide with a statewide net increase in reimbursement for inpatient hospital services, outpatient hospital services and ambulatory surgery center services.

The inpatient and outpatient changes for hospitals and the changes for ambulatory surgery centers will go ahead as planned, taking effect on April 1.

The physician fee schedule adjustments will be re-evaluated as the COVID-19 situation evolves. If a decision to move forward with those changes is made at a later date, healthcare providers will be notified at least 90 days in advance of the desired effective date.

We will continue working with providers to keep abreast of the impact this situation is having on them and their patients.

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Arkansas Blue Cross and Blue Shield and Health Advantage Announce Special Benefits/Extension for COVID-19

Telephone Counseling and Copay/Coinsurance/Deductible Waiver Introduced for Telemedicine Services

In response to the growing COVID-19 health crisis, and consistent with Governor Asa Hutchinson's recent Proclamation regarding expansion of technology-assisted, remote counseling and treatment, Arkansas Blue Cross and Blue Shield and Health Advantage have created a new, temporary -- through at least May 15, 2020 -- insurance benefit for its fully-insured members that will significantly boost their options for accessing needed healthcare advice and services without having to run the added risks of an in-person visit. These changes will be retroactive to include eligible "Telephonic Provider" services (as defined below) beginning March 16, 2020.

The new, temporary insurance benefits outlined are in addition to the normal telemedicine (internet-based audio/visual contact) benefits that Arkansas Blue Cross and Health Advantage fully-insured members already have, and which they can continue to utilize. However, Arkansas Blue Cross and Health Advantage are also waiving copays, coinsurance and deductibles for all telemedicine services to its fully-insured members through at least May 15, 2020.

In addition, all Arkansas Blue Cross and Health Advantage insured members will have the following new, temporary insurance benefits available for both physical health needs and any behavioral/mental health counseling needs via standard telephone in addition to audiovisual telemedicine. These new, temporary benefits apply to services of in-network MDs/DOs, Certified Nurse Practitioners, Advance Practice Nurse Practitioners and Physician Assistants, Psychologists, Licensed Certified Social Workers and Licensed Professional Counselors (Telephonic Providers).

These changes only apply to Arkansas Blue Cross and Health Advantage fully insured members. These changes do not apply to Arkansas State and Public School Employees self-funded health plan, or BlueAdvantage members.

How it will work:

- **Telephone-based provider visits** –Providers can file telephone-based visits claims using CPT codes 99441, 99442 and 99443. Places of service 02 Telehealth, 11 Office and 12 Home will be accepted. Normal member copays, coinsurance and deductibles will be waived for

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these services during this period. Appropriate documentation as to the nature of the call shall be placed in the medical record.

These codes will be covered temporarily for in-network MDs/DOs, Certified Nurse Practitioners, Advance Practice Nurse Practitioners and Physician Assistants, Psychologists, Licensed Certified Social Workers and Licensed Professional Counselors.

Appropriate documentation as to the nature of the call shall be placed in the medical record.

In addition, Arkansas Blue Cross and Health Advantage will continue to cover **internet delivered audio-visual telehealth**.

- MDs/DOs, Certified Nurse Practitioners and other Advanced Nurse Practitioners and Physician Assistants who are participating in our commercial networks should submit claims using the appropriate visit codes with modifiers GT or 95. Be advised E/M codes 99205 and 99215 are excluded.

These telehealth services are reimbursed per the Arkansas Blue Cross and Health Advantage fee schedule based on the facility site of service level; that is, telehealth services are reimbursed as if a provider does not incur the same administrative overhead such as office expenses and nursing labor costs. Normal member copays, coinsurance and deductibles will be waived for these services during this period.

Telephonic communication can be equivalent to audiovisual, secure telemedicine during this current public health emergency when provided by a qualified professional. Therefore, telemedicine or telephonic communication may be used to establish an initial provider/patient relationship as well as maintain this relationship during the time of emergency. Appropriate documentation as to the nature of the call shall be placed in the medical record.

Please note: Physicians (MDs and DOs), Advance Practice Nurse Practitioners and Physician Assistants who are seeing patients virtually either with audiovisual or telephone should use the telemedicine CPT codes, not the telephonic CPT codes. We apologize for the apparent confusion and appreciate your patience as we work through this unprecedented time.

Temporary Insurance Benefit Policy Details

Effective March 16, all Arkansas Blue Cross and Health Advantage insured members will have the following new, temporary insurance benefits available for both physical health needs and any behavioral/mental health counseling needs:

- **Telephone-based doctor's visits.** Our existing exclusion of insurance benefits for telephone-based services is being suspended from now through at least May 15, 2020 to provide payment for any in-network physician (M.D. or D.O) visit by telephone, for purposes of receiving advice or counsel on either physical or mental health needs. In addition to creating this entirely new, temporary benefit for our fully-insured members, Arkansas Blue Cross will

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also waive (through at least May 15, 2020) all copays, coinsurance and deductibles for these new telephonic benefits.

- **Telephone-based behavioral/mental health visits.** We are also extending this same new, temporary insurance benefit for telephonic counseling by in-network behavioral health professionals, not just physicians. Specifically, from March 16, 2020 through at least May 15, 2020, Arkansas Blue Cross and Health Advantage will pay for telephone-based counseling to our fully-insured members by any in-network psychiatrist, psychologist, advance practice nurse practitioner, licensed clinical social worker or licensed professional counselor. As with physician claims, copays, coinsurance and deductible will be waived for these new telephonic service benefits, through at least May 15, 2020.
- **Temporary waiver of copays, coinsurance and deductibles for Telemedicine.** The new, temporary insurance benefits outlined above are in addition to the normal telemedicine (internet-based audio/visual contact) benefits that Arkansas Blue Cross and Health Advantage fully-insured members already have, and which they can continue to utilize. However, Arkansas Blue Cross and Health Advantage are also waiving copays, coinsurance and deductibles for all telemedicine services to its fully-insured members through at least May 15, 2020.

PLEASE NOTE: These new, temporary insurance benefits and the applicable procedures and limitations, are outlined below:

TERMS AND CONDITIONS APPLICABLE TO NEW, TEMPORARY TELEPHONIC SERVICES BENEFITS

1. Please note that telephone counseling is ordinarily not a covered benefit under any Arkansas Blue Cross and Blue Shield and Health Advantage insurance policy/benefit certificate. Accordingly, these expanded benefits are by special exception only, including all conditions outlined below.
2. In order to be covered, all telephonic consultation by physicians, advance practice nurse practitioners, licensed clinical social workers, licensed professional counselors or psychologists (“Telephonic Providers”) must be submitted electronically to Arkansas Blue Cross and Blue Shield in accordance with the standard, established claims filing policies and procedures required for other electronic claims. This includes but is not limited to timely claims filing requirements.
3. All claims for telephonic consultation by Telephonic Providers must be submitted with one of the following CPT codes, as applicable:

Telephone E/M Services

99441 Telephone; 5-10 minutes \$16.38

Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

99442 Telephone; 11-20 minutes \$32.61

Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient,

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parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

99443 Telephone; 21-30 minutes \$48.74

Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

4. NO claims for any telephonic services other than the three CPT Codes listed above will be accepted, covered or paid by Arkansas Blue Cross and Health Advantage.
5. Normal copays, coinsurance and deductible, as specified in a member's applicable insurance policy/benefit certificate will be waived for all Telephonic Provider telephone consultations billed in accordance with these provisions.
6. Payment for all Telephonic Provider services shall be strictly limited to the Allowances (dollar amounts) set forth above with respect to each CPT Code.
7. All claims for Telephonic Provider services will continue to be subject to all terms, conditions, limitations and exclusions of each member's insurance policy/benefit certificate, except for the following provisions of such policies/certificate which are **temporarily** waived through May 15, 2020: (i) exclusion for "Telephone and Other Electronic Consultation"; and (ii) copay, coinsurance and deductible provisions.
8. All coverage for Telephonic Provider services, as described in this announcement, will end at midnight on May 15, 2020, unless Arkansas Blue Cross and Health Advantage decide to extend this special benefits extension for COVID-19 telephone counseling beyond that date; we will reassess the situation at that time and, if special benefits are extended, will make another public announcement. If no such extension announcement is made, any claims for Telephonic Provider services submitted for dates of service after May 15, 2020 will be denied, in accordance with standard provisions of applicable insurance policies/benefit certificates.
9. All claims for payment of Telephonic Provider services are subject to the standard terms and conditions of each Telephonic Provider's network participation agreement with Arkansas Blue Cross and Health Advantage.
10. Unless services are not available from an in-network provider, or constitute emergency care that could not be obtained from an in-network provider, no coverage or payment will be extended for telephone services/telephone consultation of any **out-of-network** provider because this is a limited duration exception to normal policy/benefit certificate exclusions made in consideration of a public health crisis, and it is not feasible to conduct the necessary credentialing review and computer systems adjustments necessary for including non-participating providers in a temporary benefit that will end on May 15, 2020.
11. This announcement does NOT apply to any **self-funded health plan members** served by our BlueAdvantage Administrators division. Any decision regarding coverage for COVID-19 telephone consultation services for such

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self-funded members belongs exclusively to the employer and/or Plan Administrator of each applicable self-funded health plan.

Provider workshop webinars

Coronavirus is at the forefront of everyone's minds. As efforts continue globally, nationally and within the state of Arkansas to understand the scope and impact of the virus, Arkansas Blue Cross and Blue Shield continues to consider things we should do in an effort to minimize the potential spread and impact of the virus.

As a result, ABCBS has recently implemented a business travel restriction policy for its employees as a precaution and in consideration of goal of health and safety for all. This means that through April 30, we'll be holding as many meetings as possible via teleconference or webinar, including provider workshops that are scheduled in April.

We will hold state-wide webinars on **April 21 and 22**, and attendees can select the date that fits their schedule. The times, agendas and registration will be posted to AHIN soon. The webinars will also be recorded and will be placed on www.arkansasbluecross.com for the provider community to access.

We'll continue to monitor the coronavirus status within the state to determine whether it becomes prudent to manage the May workshops in a similar format. We will communicate with you when that information becomes available.

Thank you for understanding the implications of this temporary ABCBS travel policy as we all work to understand and address the implications of coronavirus.

Holiday

Arkansas Blue Cross and Blue Shield will be closed on Friday, April 10, in observance of Good Friday.

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AHIN to Availity

Arkansas Blue Cross and Blue Shield and its family of companies have recently entered into a strategic partnership with Availity. As a part of this alliance, Availity will serve as the designated EDI gateway and replace functionality Arkansas providers have come to rely on within the AHIN portal.

As we transition from AHIN to Availity in the coming months, we will share information about the Availity platform and how to use it. Both AHIN and Availity commit to ensuring you will receive high quality service and transparency throughout the transition. Arkansas Blue Cross will partner with Availity to educate, engage and train providers on the new platform before, during, and after the transition.

A representative will contact your organization to discuss specifics related to migration, timeframes and implementation activities. Meanwhile, AHIN and Arkansas Blue Cross will continue to process your transactions.

Thank you in advance for your commitment to a smooth transition. Should you have any questions or need further assistance, contact AHIN Support at 501-378-2336 or customersupport@ahin.net.

Coverage Policy manual updates

Since November 2019, Arkansas Blue Cross has added or updated several policies in its Coverage Policy manual. The table below highlights these additions and updates. If you want to view entire policies, you can access the coverage policies located on our website at arkansasbluecross.com.

Policy ID	Policy Name
2006020	Abatacept (Orencia) for rheumatoid arthritis
2020001	Adoptive Immunotherapy
2017001	Alpha-1 Proteinase Inhibitor Therapy
2017004	Asfotase alfa (Strensiq®)
2016016	Atezolizumab (Tecentriq®)
2017015	Avelumab (Bavencio™)
2009028	Biofeedback as a treatment of fecal incontinence or constipation
2009025	Biofeedback as a treatment of urinary incontinence in adults
1998043	Biofeedback for miscellaneous indications
2017008	Brentuximab (Adcetris™)

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Policy ID	Policy Name
2019012	Brexanolone (Zulresso™)
1997018	Cardioverter defibrillator; implantable, subcutaneous, and wearable cardioverter defibrillator
2008013	Certified Nurse Midwives
2008010	Certified Nurse Practitioners
2018002	Chemodenervation, Botulinum Toxins
1997146	Chemosensitivity and Chemoresistance Assays, In-Vitro (ChemoFX, Oncotech Extreme Drug Resistance Assay)
1998109	Chimeric Antigen Receptor Therapy for hematologic malignancies (CAR-T)
2008015	Clinical Nurse Specialist
2003062	Cryosurgical ablation of breast tumors, benign and malignant
2016020	Dry needling of myofascial trigger points
2017031	Dupilumab
1998147	Electrical and/or magnetic stimulation, pelvic floor muscles-adult urinary and fecal incontinence
2011070	Electrical stimulation, auricular stimulation and cranial electrotherapy stimulation
2011056	Electrical stimulation, percutaneous tibial nerve stimulation for the treatment of voiding dysfunction
2009045	Electromagnetic Navigation Bronchoscopy
2019013	Emapalumab-LZSG (Gamifant)
2019010	Esketamine (SPRAVATO™)
2017025	Etelcalcetide
2017035	Gemtuzumab Ozogamicin (Mylotarg™)
2004029	Genetic test: Assays of genetic expression in tumor tissue as a technique to determine prognosis in patients with breast cancer (Oncotype DX®, EndoPredict, the Breast Cancer Index and Prosigna, Mammaprint and Blueprint)
2015004	Genetic test: Breast Cancer Risk Assessment (PALB2, CHEK2, ATM)
2010014	Genetic test: Chromosomal Microarray Analysis (CMA), Next-Generation Sequencing (NGS) panels, Short Multiply Aggregated Sequence Homologies-Genetic Evaluation of patients with developmental delay/intellectual disability or Autism Spectrum Disorder
2004038	Genetic test: Lynch Syndrome and Inherited Intestinal Polyposis Syndromes
2013045	Genetic test: Microarray-based Gene Expression Profile Analysis for prostate cancer management
2015008	Genetic test: Miscellaneous genetic and molecular diagnostic tests
2014012	Genetic test: Mitochondrial disorders
2012012	Genetic test: Uveal melanoma, Gene Expression Profile to predict risk of metastasis
2009015	Golimumab (Simponi® and Simponi Aria®)
2017030	Guselkumab
2013032	Hereditary Angioedema (HAE), prophylaxis and acute treatment
1998161	Infliximab
1997153	Iron therapy, parenteral
2016004	Lab test: Identification of microorganisms using nucleic acid probes
2010035	Lyme disease intravenous antibiotic therapy and associated diagnostic testing
2012054	Measurement of serum antibodies to Infliximab, Adalimumab, Vedolizumab, and Ustekinumab
2017036	Metreleptin
2015024	Minimally Invasive benign prostatic hyperplasia (BPH) treatments
2015002	Mutation Molecular Analysis for targeted therapy in patients with non-small-cell lung cancer
2019001	Myocardial strain imaging
2017021	Ocrelizumab (Ocrevus)
2019011	Onasemnogene Apeparvovec-XIOI
2020002	Ophthalmologic techniques that evaluate the posterior segment for glaucoma

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Policy ID	Policy Name
2015026	Pasireotide (Signifor or Signifor LAR)
2018027	Pegloticase (Krystexxa®)
2019005	Pembrolizumab (KEYTRUDA®)
2014014	Pertuzumab
1997167	PET scan, Positron Emission Tomography, for cardiac applications
2008014	Physician Assistants
1997175	Posturography, dynamic/static
2011013	Preventive services for non-grandfathered (PPACA) plans: Aspirin to prevent cardiovascular disease and colorectal cancer in adults
2011021	Preventive services for non-grandfathered (PPACA) plans: Cervical cancer and human papilloma virus (HPV) screening
2011066	Preventive services for non-grandfathered (PPACA) plans: Overview
2012018	Preventive services for non-grandfathered (PPACA) plans: Skin cancer, behavioral counseling for prevention
1998144	Pulmonary arterial hypertension, pharmacological treatment with prostacyclin analogues, endothelin receptors antagonists, or phosphodiesterase inhibitors
2008012	Radiation therapy, proton beam or helium ion irradiation
2003022	Radioimmunoscinigraphy imaging - Indium-111 Capromab Pendetide (ProstaScint)
2017016	Ramucirumab (Cyramza™)
2006016	Rituximab (Rituxan)
2019009	Romosozumab-aqgg (Evenity®)
1998068	Scintimammography and gamma imaging of the breast and axilla
2010028	Sipuleucel-T (Provenge) for the treatment of prostate cancer
2018030	Site of care or site of service review
1997195	Sleep apnea and other pulmonary diseases, ventilation support and respiratory assist devices
2013003	Stem cell growth factors, Erythropoiesis-Stimulating Agents (ESAs), Darbepoetin, Epoetin, Peginesatide
2015034	Telehealth
2009013	Testing for drugs of abuse or drugs at risk of abuse including controlled substances
2016008	Thermal ablation of peripheral nerves to treat pain associated with plantar fasciitis, knee osteoarthritis, sacroiliitis and other conditions
1998102	Transplant, allogeneic islet cell or pancreas for diabetes mellitus
2003014	Transplant, autologous islet cell for chronic pancreatitis
2016023	Treatments for Duchenne muscular dystrophy
2017003	Ziv-aflibercept (Zaltrap)

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Digital member ID cards on AHIN

Arkansas Blue Cross and Blue Shield and its family of companies have reached a digital milestone, saving clinic staff and our members time and frustration.

Copies of digital ID cards are now available for all our Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas and Health Advantage members on our provider portal – AHIN (Advanced Health Information Network). My Blueprint, our self-service member portal, also contains a digital copy of each member’s ID card. My Blueprint allows registered members to email, fax or text a copy of their current digital ID card image to doctors, hospitals and other providers who need it.

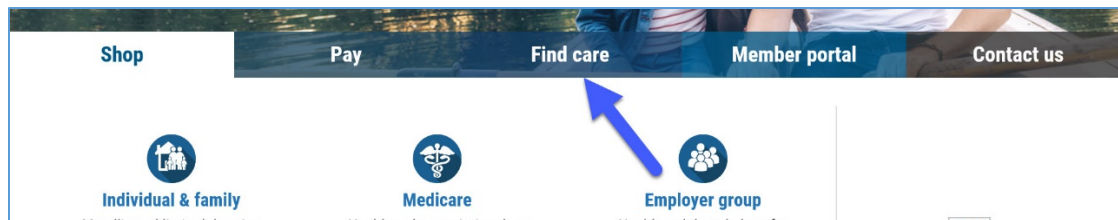
There is now no need to ask for a paper copy of a member’s ID card. The electronic copy of the ID card is exactly the same image (front and back) that has been requested for years when members see a healthcare professional for services.

Remember to ask your Arkansas Blue Cross, BlueAdvantage and Health Advantage patients for a copy of their digital ID card – or go to AHIN to locate it. Storing the digital image will save room in filing cabinets, save trees and be more environmentally friendly. It’s another way Arkansas Blue Cross is working to reduce costs and make things more efficient for everyone.

In-network laboratory reminder

Arkansas Blue Cross and Blue Shield and its family of companies **require** contracted providers to use participating laboratories for payment of allowable services.

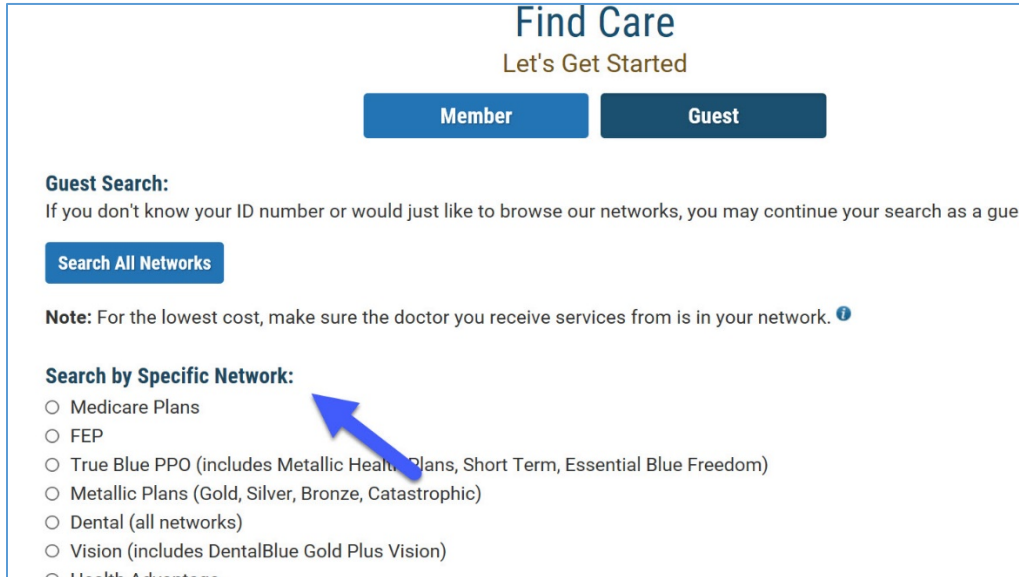
- To ensure the lab is in network, complete a provider search at arkansasbluecross.com.



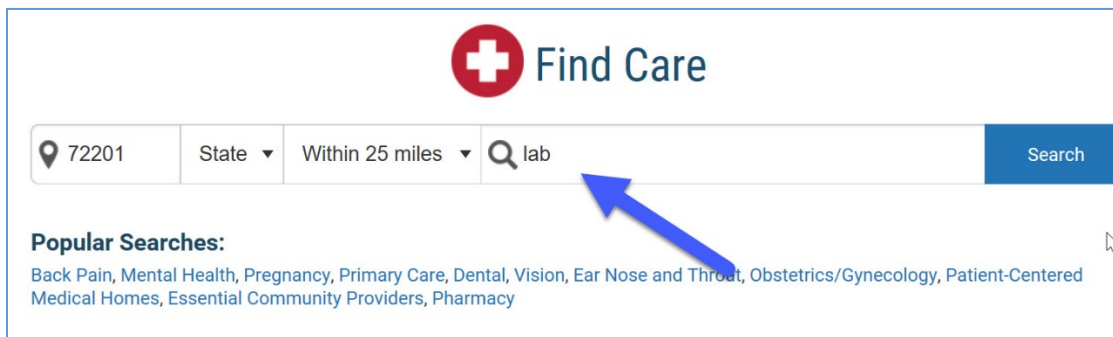
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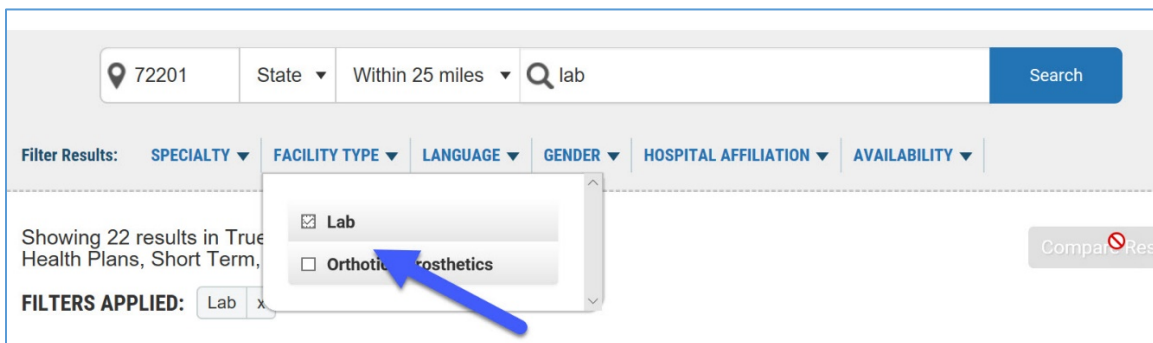
- Select the network.



- Enter the search location by city, state or zip code and “lab” for the search option.



- Select filter result “Lab” under the “FACILITY TYPE” heading to narrow the search to independent lab providers.



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In-network laboratories for commercial business include**:

- Agendia
- American Esoteric Laboratories
- AmeriPath Texas LP
- Arkansas Department of Health Public Health Lab
- Boyce & Bynum Pathology Lab
- Clinical Pathology Laboratories
- Consolidated Dermopath Inc.
- Dianon Systems
- DVA Laboratory Services Inc.
- Esoterix Genetic Laboratories LLC
- Gamma Healthcare Inc.
- Genoptix Medical Laboratory
- Laboratory Corporation of America Holdings
- Litholink Corporation
- Medtox Laboratories Inc.
- Micro Diagnostic Laboratories
- Monogram Biosciences Inc.
- Myeloma Health LLC
- Myriad Laboratories
- Natera Inc
- Natural State Laboratories
- Neogenomics Laboratories Inc.
- Pathgroup Labs LLC
- Physicians Laboratory of America LLC
- Quest Diagnostics
- Total Renal Laboratories

If an out-of-network lab is used, members are not financially responsible for the non-covered services. **Out-of-network labs commonly used by providers include:**

- Ameritox
- Ambry
- Boston Heart Diagnostic
- Clinical Reference Laboratory (Lenexa, KS)
- Exact Sciences
- Foundation Medicine
- Gene ID
- Phenopath
- Prometheus
- Veracyte

** *This list of in-network laboratories is not exhaustive and is subject to change.*

Intensity-modulated radiation therapy records request

Beginning in 2013, the medical records request letter for intensity-modulated radiation therapy (IMRT) was revised to request the dose-volume histograms (DVH) for the 3D conformal radiation therapy technique (3DCRT) plan as well as for the IMRT plan. This process is still in place and is important to the timely adjudication of IMRT claims.

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It is evident by claims submission that IMRT has become widely accepted although there are no published comparative trial results that report a benefit in health outcomes for many of the indications for which it is being used. It is the intention of Arkansas Blue Cross and Blue Shield and its commercial family of companies to pay for IMRT when the intent of the radiation course of therapy is curative and comparative 3D conformal plan results in excessive radiation above recognized tissue tolerances for adjacent critical tissues that can be better protected by IMRT as demonstrated by the submitted dose-volume histogram (DVH). In less frequent situations, IMRT would be considered appropriate but would need to be substantiated by medical record documentation.

Arkansas Blue Cross continues to receive DVHs that are so small they are illegible. Arkansas Blue Cross has also received the curves but not the legend explaining the curves, or a curve for only one part of the course of therapy, not the total course of therapy. Illegible or inadequate DVH documentation is the primary reason for additional medical records requests resulting in delayed claims processing and payment.

Arkansas Blue Cross now has a dedicated and secure email address IMRTDVH@arkbluecross.com where providers may submit a color copy of the DVH directly from the medical records. This email address is only for DVHs. The remainder of the medical record requests should be submitted as usual.

Medical specialty prior approval medications update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies enacted prior approval (PA) for payment of specialty medications used in treating rare, complex conditions that may go through the medical benefit. Since then, medications have been added to the initial list as products come to market.

The table below is the current list of medications that require PA through the member's medical benefit. **ASE/PSE and Medicare are not included in this PA program.** It is also indicated when a medication is required to be processed through the pharmacy benefit. Any new medication used to treat a rare disease should be considered to require PA.

Drug	Indication	Benefit
Adakveo (crizanlizumab-tcma)	Sickle cell disease	Medical

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Aldurazyme (laronidase)	MPS I Hurler syndrome	Medical
Berinert (c1 esterase, inhib, human)	Hereditary angioedema	Medical
Brineura (ceroliponase alfa)	CLN2 disease	Medical
Cablivi (caplacizumab-yhdp)	Thrombocytic thrombocytopenia	Medical & Pharmacy
Cinqair (reslizumab)	Severe asthma	Medical
Cinryze (c1 Esterase, inhib, human)	Hereditary angioedema	Medical
Crysvita (burosumab - twza)	Hypophosphatemia	Pharmacy
Duopa (levodopa-carbidopa intestinal gel)	Parkinson's	Medical
Elaprase (idursulfase)	MPS II Hunter syndrome	Medical
Elzonris (tagraxifusp-erzs)	BPDCN	Medical
Evenity (romosozumab-aqqg)	Severe osteoporosis	Medical
Fabrazyme (agalsidase beta)	Fabry disease	Medical
Fasenra (benralizumab)	Mod to severe asthma	Pharmacy
Firazyr (icatabant acetate)	Hereditary angioedema	Pharmacy

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Gamifant (emapalumab-lzsg)	Hemophagocytic lymphohistiocytosis	Medical
Haegarda (c1 esterase, inhib, human)	Hereditary angioedema	Pharmacy
Kalbitor (ecallantide)	Hereditary angioedema	Pharmacy
Krystexxa (pegloticase)	Gout	Medical
Kymriah (tisagenlecleucel)	Cancers	Medical <i>*Reviewed by Transplant Coordinator</i>
Lemtrada (alemtuzumab)	Multiple Sclerosis	Medical
Lutathera (lutetium Lu 177 Dotatate)	Neuroendocrine tumors	Medical
Mepsevii (vestronidase-Alfa)	MPS VII Sly syndrome	Medical
Myalept (metreleptin)	Lipodystrophy	Pharmacy
Nagalzyme (galsulfase)	MPS VI Maroteaux-Lamy syndrome	Medical
Nucala (mepolizumab)	Mod to severe asthma	Pharmacy
Ruconest (c1 esterase, inhib, recombinant)	Hereditary angioedema	Medical
Soliris (eculizumab)	PNH aHUS Myasthenia Gravis NMOSD	Medical
Spinraza (nusinersen)	Spinal muscle atrophy	Medical

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Spravato (esketamine)	Treatment resistant depression	Pharmacy
Strensiq (asfotase alfa)	Hypophosphatasia	Pharmacy
Takhzyro (lanadelumab-flyo)	Hereditary angioedema	Pharmacy
Tepezza (teprotumumab)	Thyroid eye disease	Medical
Ultomiris (ravulizumab-cwyz)	PNH	Medical
Vimizim (elosulfase alfa)	MPS IV Morquio A	Medical
Yescarta (axicabtagene ciloleucel)	Cancers	Medical <i>*Reviewed by Transplant Coordinator</i>
Xolair (omalizumab)	Mod to severe asthma Urticaria	Medical & Pharmacy
Zolgensma (onasemnogene abeparvovec-XIOI)	Spinal muscle atrophy	Medical
Zulresso (brexanolone)	Postpartum depression	Medical

For more information on how to submit a request for PA of one of these medications, call the appropriate customer service phone number on the back of the member ID card.

Customer service will direct callers to the PA form specific to the member's group. BlueAdvantage members can find the form at the following link:

<https://www.blueadvantagearkansas.com/providers/forms.aspx>.

Continued on next page

For all other members, the appropriate PA form can be found at the following link:

<https://www.arkansasbluecross.com/providers/resource-center/provider-forms>.

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.

Metallic formulary drug additions, changes and exclusions

effective May 1, 2020

Medications no longer covered

Product	Therapeutic Category/Subcategory	Options/Comments
Brand Agents:		
Depen Titratabs 250mg tablet	Endocrine and Metabolic/ Chelating agent	Preferred options include penicillamine tablet
Nebupent 300mg oral inhalation	Antifungal/ Antiprotozal	Preferred options include pentamidine oral inhalation
Noxafil 100 mg oral tablet	Antifungal/ Azole Derivative	Preferred options include posaconazole tablet
Nuvaring vaginal ring	Endocrine and Metabolic/ Combination contraceptive	Preferred options include etonogestrel-ethinyl estradiol ring
Orfadin 2mg, 5mg, 10mg caplues	Endocrine and Metabolic/ Enzyme replacement	Preferred options include nitisinone tablet
Senispar 30mg & 90mg oral tablet	Endocrine and Metabolic/ Calcimimetic	Preferred options include cinacalcet tablet
Trisenox 12mg/6ml injection	Antineoplastic	Preferred options include arsenic trioxide solution

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Medications with quantity limit additions

Product	Therapeutic Category/Subcategory	Options/Comments
Brand Agents:		
Uptravi 200 mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, & 1600mcg tablets	Cardiovascular/ Prostacyclin Agonist	Quantity limit of 60 tablets every 30 days
Icatibant 30mg/3ml injection	Hematologic/ Bradykinin Receptor Antagonist	Quantity limit of 45 syringes every 90 days

Network development rep phone number change Central Region

The phone numbers for the Central Region network development representatives (NDRs) and support specialist have changed. The new numbers are below. An updated regional map is on the next page.

Tina Baggett – 501-378-3036

Jennifer Shelton – 501-378-3049

Kristy Marshall – 501-378-3035

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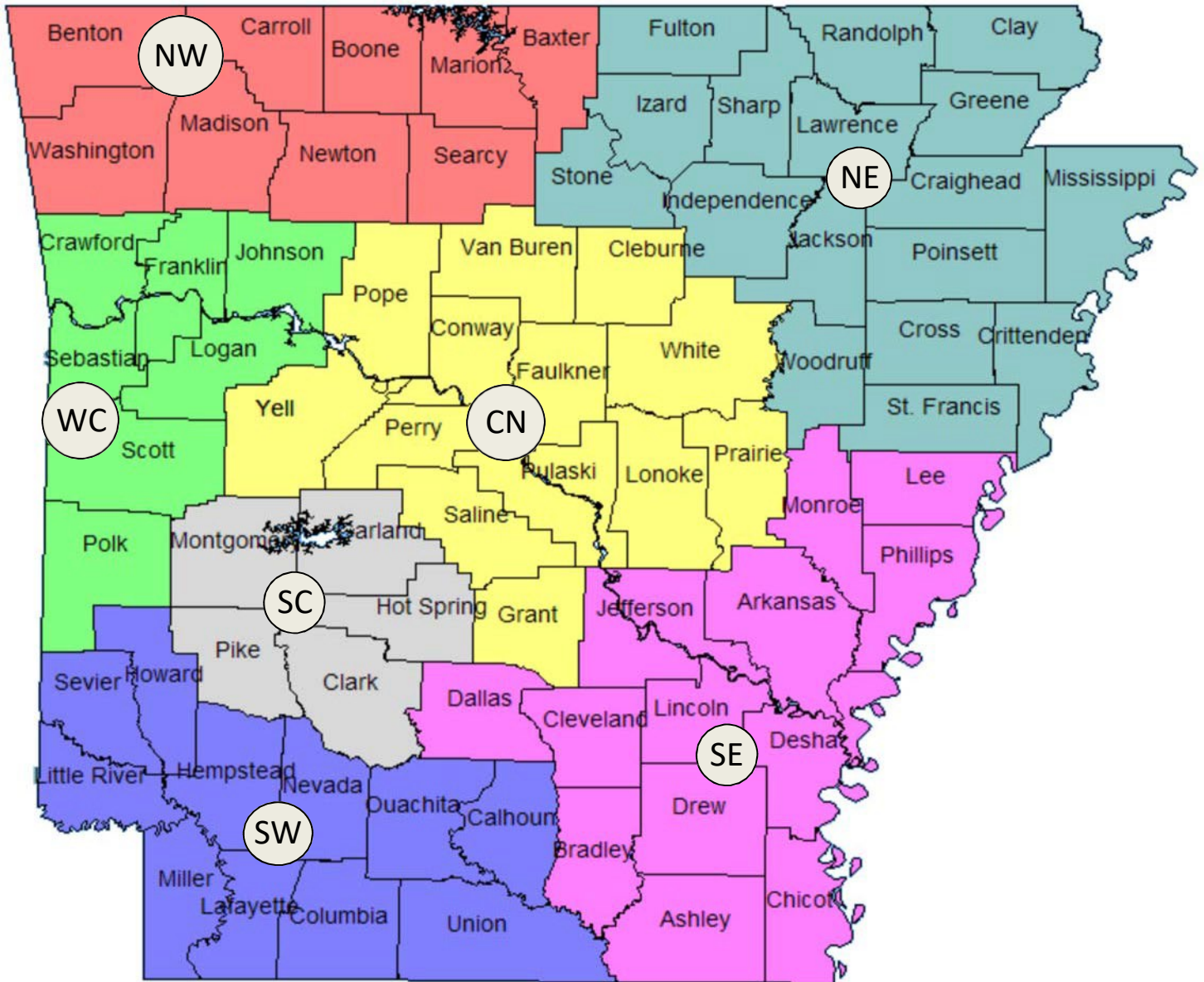
Arkansas Blue Cross and Blue Shield Regional Map with NDR and Support Staff

Northwest Region & West Central Region

NDR: **Terry Rhoads** (479) 527-2359
 Support Staff: Melody Spence (479) 527-2320
 Kimberly Carpenter (479) 527-2389

Northeast Region

NDR: **Alison Morrison** (870) 974-5740
 Support Staff: Shannon Francis (870) 974-5754
providerrelationsne@arkbluecross.com



Southwest Region & South Central Region

NDR: **Renay Turner** (870) 779-9109
 Support Staff: Diana Wolfe (501) 620-2644

Southeast Region

NDR: **Jason Aud** (870)543-2945
 Support Staff: Dominica Foots (870)543-2910

Central Region

NDR: **Tina Baggett** (501) 378-3036
 Counties: Cleburne, Perry, Pope, VanBuren, White, Yell, Pulaski

NDR: **Jennifer Shelton** (501) 378-3049
 Counties: Conway, Faulkner, Grant, Lonoke, Prairie, Saline, Pulaski

Support Staff: Kristy Marshall (501) 378-3035
centralregionnetworkmanagement@arkbluecross.com

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 resource: Care Management Portal

If you are a primary care provider with patients aligned to you through Arkansas Blue Cross and Blue Shield and our family of companies, you have access to a tool through the Advanced Health Information Network (AHIN) that can help you manage your patients' care.

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The Care Management Portal (CMP) provides clinically relevant data on three levels:

- Summary data at the practice/provider level
- Patient-level data
- Referral data on facilities and specialists

The CMP data is updated monthly and contains a rolling year’s worth of information. Nurse practitioners and physician assistants in certain value-based programs with aligned patients also can access their patients’ data through the CMP.

The Care Management Portal is designed to help primary care providers statewide succeed in value-based programs through the sharing of information.

The CMP can be used to help you manage your patients in a variety of ways. You can view several metrics concerning your aligned patients, such as (Figure 1):

- Care gaps
- Cost of care
- Emergency department visits
- Prescription utilization

Figure 1



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The utilization summary screen includes PCP and emergency department visits, inpatient admissions, and pharmacy use for every aligned patient with comparisons to peers within a clinic or to the statewide averages.

A list of your aligned patients will be provided, and you will be able to select a patient for additional information. On the patient detail screen, a “Find Patient” option allows you to search for an aligned patient using their first name, last name, date of birth or contract number.

The only patients displayed in the CMP are those aligned to you. That means the member did one of the following:

- Selected you through customer service
- Selected you through My Blueprint, our customer self-service web portal
- Had more office visits with you than any other PCP in the previous two years.

A separate Medi-Pak Advantage portal is available to assist your practice in managing this patient population, too. Currently, Federal Employee Program patients are not included in the portal.

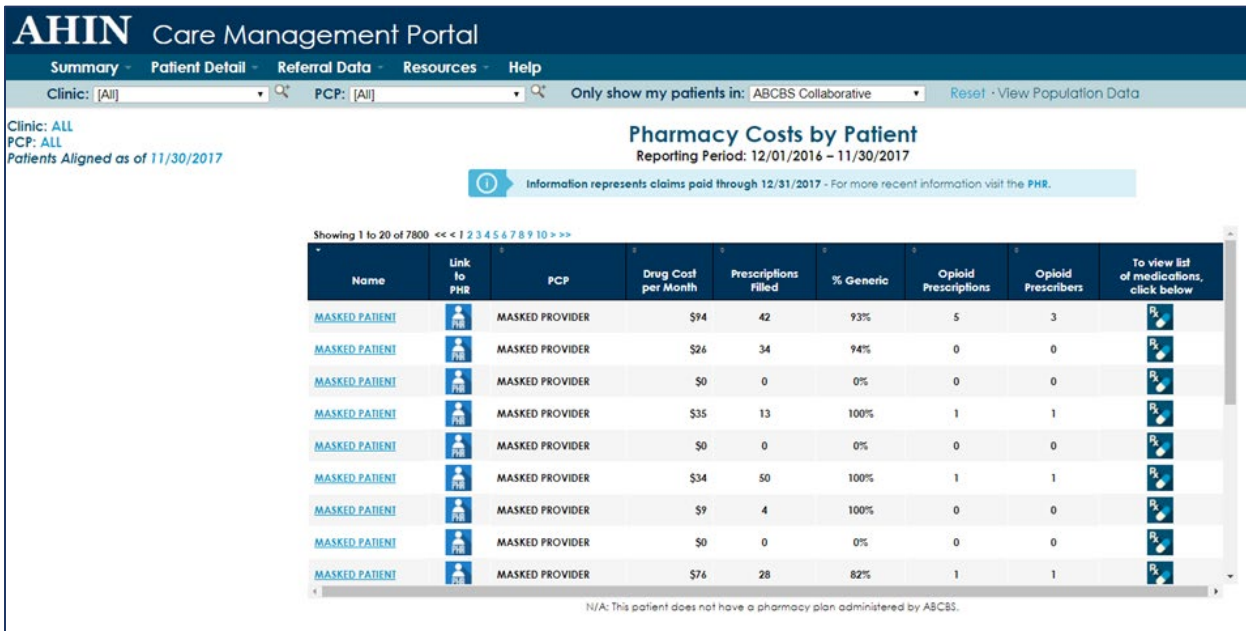
Quality metrics chosen are based on HEDIS national standards and collaboration between Arkansas Blue Cross and our provider partners.

The costs shown on the CMP include all costs incurred by your patients, regardless of which provider performed the service or where the service was performed. These costs are displayed to assist you in managing the total picture of your patients' care.

Information within the CMP enables practices to provide better patient care. For example, the portal provides patient-specific information to combat the prescription opioid epidemic. The “Pharmacy Costs by Patient” screen identifies the number of opioid prescriptions filled by the patient shown in Figure 2. It also will identify the number of unique providers who prescribed opioids to the patient, which enables you to better understand the patient’s patterns in obtaining opioid prescriptions.

Figure 2

Pharmacy Costs by Patient



Watch for notices on AHIN to select the best training class for you and your staff. The AHIN training calendar can be found under Provider News on the AHIN home page. If you have questions, contact AHIN customer support at 501-378-2366 or toll free at 855-822-AHIN.

Real-time prescription drug benefits

If you have one of the e-RX platforms below, you may have a powerful new tool at your fingertips. Now your electronic health record (EHR) may allow you to view real-time, patient-specific drug coverage at the point of prescribing, including insight regarding:

- If the drug you want to prescribe is covered under your patient’s prescription drug plan.
- How much the patient will pay out-of-pocket (OOP) based on their specific benefits; this cost may be based on copay or coinsurance and/or where they are in their deductible.

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- A list of clinically appropriate lower-cost brand and generic alternatives that you could consider prescribing to save your patients money (**Response time within 1 second**).
- Which therapy options require prior approval (PA) or have other restrictions such as step therapy or quantity limits.
- If a PA is required, you can initiate the process right then.
- If the pharmacy you select is in your patient’s network.

There is **no charge** for this functionality – you just need the latest version of your EHR. The following systems and versions are currently providing real-time prescription benefits:

EHR Systems and Versions Enabled	
AdvancedMD AdvancedEHR	MD Office Manager GeeseMed EHR
Allscripts Professional	Medical Office Solutions Adaptamed
Aprima (v2016 – 16.0.1612.2146)	MedNet Medical Solutions emr4MD
Cerner Millennium (v2015.01.25)	Modernizing Medicine EMA
Claimat	MTBC ChartsPro
Comtron Medgen EHR	Office Ally EHR 24/7
eMedicalNotes (v3.0)	Practice Fusion
Enabledoc Enablemypractice EHR	Quest Quantum EHR
Epic EpicCare (Epic2018)	Waiting Room Solutions WRS Health (v5.0)
e-Prescribing Solutions Enabled	Specialty Portal/Hub Solutions Enabled
Allscripts ePrescribe	Asembia
DrFirst	United Biosource
eazyScripts (v3.0)	VirMedica
InstantDx OnCallData (v5.0)	
MD Toolbox	

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If your EHR vendor or version is not listed, contact your EHR vendor and tell them your providers need patient-specific drug benefit and cost information in their e-prescribing workflow. Ask if they have contracted with Surescripts for real-time prescription benefits.

If you are not using the most recent version of your EHR's system, contact your EHR vendor account manager. For Epic users, contact your Epic account manager to confirm your 2018 upgrade go-live date. Work with your Surescripts account manager to complete the contract addendum.

Still having trouble accessing real-time prescription benefits? Contact your EHR vendor's help desk support line. For Epic users, work with your Ambulatory and Bridges TS representative and log a ticket with Surescripts.

Physicians with access to real-time prescription benefits information at the point of prescribing are selecting lower-cost alternatives 40% of the time and when available, saving around \$130 per fill on average.

We hope this helps you do better by your patients and enhances the chances that your treatment plan will be executed.

Standard with step formulary drug additions, changes and exclusions

Effective April 1, 2020

Added drugs

Product	Therapeutic Category/Subcategory	Options/Comments
Generic Drugs		
buprenorphine transdermal transdermal system	Analgesics/ Opioid Analgesics	To provide an additional generic option for severe pain management.
mesalamine delayed-rel capsule	Gastrointestinal/ Inflammatory Bowel Disease/ Oral Agents	To provide an additional generic option for the treatment of ulcerative colitis.

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Product	Therapeutic Category/Subcategory	Options/Comments
oral delayed-release capsule		
ramelteon oral tablet	Central Nervous System/ Hypnotics/ Nonbenzodiazepines	To provide an additional generic option for the treatment of insomnia.
triamterene oral capsule	Cardiovascular/ Diuretics	To provide an additional generic potassium-sparing diuretic option.

Medications moving to a non-preferred tier

Product	Therapeutic Category/Subcategory	Options/Comments
Brand Agents		
Aldara (imiquimod) topical cream	Topical/ Dermatology/ Miscellaneous Skin and Mucous Membrane	Availability of additional options for the management actinic keratoses, basal cell carcinoma, and external genital and perianal warts. Preferred options include imiquimod, podofilox, salicylic acid 17%/collodion, and Condylox (podofilox).
Cutivate (fluticasone propionate lotion 0.05%) topical lotion	Topical/ Dermatology/ Corticosteroids/ Medium Potency	Availability of additional medium-potency corticosteroids for the relief of inflammatory and pruritic conditions. Preferred options include betamethasone valerate cream, lotion, ointment 0.1%; desoximetasone cream, ointment 0.05%; fluocinolone acetonide cream, ointment 0.025%; hydrocortisone butyrate cream, ointment, solution 0.1%; hydrocortisone valerate cream, ointment 0.2%; mometasone cream, lotion, ointment 0.1%; triamcinolone acetonide cream, lotion 0.025%; triamcinolone acetonide cream, lotion,

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Product	Therapeutic Category/Subcategory	Options/Comments
		ointment 0.1%; and Elocon (mometasone cream, lotion, ointment 0.1%).
Lovenox (enoxaparin) intravenous injection, subcutaneous injection	Hematologic/ Anticoagulants/ Injectables	Availability of additional injectable anticoagulants. Preferred options include enoxaparin and Fragmin (dalteparin).
Lyrica (pregabalin) oral capsule, oral solution	Central Nervous System/ Fibromyalgia	Availability of additional options for the management of neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury, postherpetic neuralgia, partial-onset seizures, and fibromyalgia. Preferred options include carbamazepine, carbamazepine ext-rel, divalproex sodium delayed-rel, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, lamotrigine orally disintegrating tabs, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, Carbatrol (carbamazepine ext-rel), Depakene (valproic acid), Depakote (divalproex sodium delayed-rel), Depakote ER (divalproex sodium ext-rel), Dilantin (phenytoin sodium extended), Dilantin Infatabs (phenytoin), Fycompa (perampanel), Gralise (gabapentin ext-rel), Keppra (levetiracetam), Keppra XR (levetiracetam ext-rel), Mysoline (primidone), Neurontin (gabapentin), Oxtellar XR

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Product	Therapeutic Category/Subcategory	Options/Comments
		(oxcarbazepine ext-rel), Tegretol (carbamazepine), Topamax (topiramate), Trileptal (oxcarbazepine), and Vimpat (lacosamide).
glyburide oral tablet	Endocrine and Metabolic/ Antidiabetics/ Sulfonylureas	No longer standard of care for the treatment of diabetes and has significant side effects (e.g., severe hypoglycemia). Preferred options include glimepiride, glipizide, glipizide ext-rel, Amaryl (glimepiride), Glucotrol (glipizide), and Glucotrol XL (glipizide ext-rel).

Medications no longer covered

Product	Therapeutic Category/Subcategory	Options/Comments
Brand Agents		
Atopaderm (mechanical allergen particle barrier) topical cream	Topical/ Dermatology/ Wound Care Products	Availability of generic options to manage and relieve the burning, itching and pain experienced with various types of dermatoses. Preferred options 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%; and DesOwen (desonide cream, lotion, ointment 0.05%).
Cicatrace (silicone gel matrix) topical sheet	Topical/ Dermatology/ Scar Treatment	Availability of additional options for the management of hypertrophic or keloid scars. Consult doctor for preferred options.

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Product	Therapeutic Category/Subcategory	Options/Comments
EnteraGam (serum-derived bovine immunoglobulin/protein isolate, SBI) oral packet	Gastrointestinal/ Miscellaneous	Availability of additional options for the management of chronic diarrhea and loose stools. Preferred options include alosetron, Viberzi (eluxadoline), and Xifaxan 550 mg (rifaximin).
Nicadan (ascorbic acid-niacinamide-pyridoxine hydrochloride-folic acid-magnesium citrate-zinc gluconate-copper gluconate-alpha lipoic acid) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid/ Combinations	Availability of additional supplementation options. Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.
Nicomide (niacinamide-zinc glycinate-folic acid-cupric oxide-selenium-chromium) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid/ Combinations	Availability of additional supplementation options. Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.
Polytoza (occlusive silicone sheet) topical sheet	Topical/ Dermatology/ Scar Treatment	Availability of additional options for the management of hypertrophic or keloid scars. Consult doctor for preferred options.
Prodigen (Lactobacillus acidophilus-Bifidobacterium animalis lactis) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Miscellaneous	Availability of additional supplementation options. Consult doctor for preferred options.
ScarSilk Pad (occlusive silicone sheet) topical patch	Topical/ Dermatology/ Scar Treatment	Availability of additional options for the management of hypertrophic or keloid scars. Consult doctor for preferred options.
Silivex (occlusive silicone sheet) topical sheet	Topical/ Dermatology/ Scar Treatment	Availability of additional options for the management of hypertrophic or keloid scars.

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Product	Therapeutic Category/Subcategory	Options/Comments
		Consult doctor for preferred options.
Siltrex (occlusive silicone sheet) topical sheet	Topical/ Dermatology/ Scar Treatment	Availability of additional options for the management of hypertrophic or keloid scars. Consult doctor for preferred options.
Veregen (sinecatechins) topical ointment	Topical/ Dermatology/ Miscellaneous	Availability of a generic option for the treatment of external genital and perianal warts. The preferred option is imiquimod.
Zontivity (vorapaxar) oral tablet	Hematologic/ Platelet Aggregation Inhibitors	Availability of other options for the reduction of thrombotic cardiovascular events. Consult doctor for preferred options.
Activite (B-complex-vitamin C-folic acid) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid/ Combinations	Availability of additional supplementation options. Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.
acyclovir cream topical cream	Topical/ Dermatology/ Herpes Agents	Availability of generic options for the treatment of cold sores. Preferred options include acyclovir caps, tabs; famciclovir; valacyclovir; and Zovirax (acyclovir caps, tabs).
chlordiazepoxide-clidinium (NDC 42494040901 only) oral capsule	Gastrointestinal/ Antispasmodics	Availability of a generic antispasmodic options for various gastrointestinal disorders. Preferred options include dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate ext-rel, hyoscyamine sulfate ext-rel caps, hyoscyamine sulfate orally disintegrating tabs, Bentyl (dicyclomine), Levbid

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Product	Therapeutic Category/Subcategory	Options/Comments
		(hyoscyamine sulfate ext-rel), and Levsin (hyoscyamine sulfate).
cyclobenzaprine tablet 7.5 mg oral tablet	Central Nervous System/ Musculoskeletal Therapy Agents	Availability of additional options for the management of muscle spasms. Preferred options include baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine (except 7.5 mg tablet), dantrolene, metaxalone, methocarbamol, orphenadrine-aspirin-caffeine, tizanidine tabs, Dantrium (dantrolene), Robaxin (methocarbamol), Skelaxin (metaxalone), and Zanaflex (tizanidine tabs).
dexchlorpheniramine oral syrup	Respiratory/ Antihistamines	Availability of generic antihistamine options. Preferred options include clemastine 2.68 mg, cyproheptadine, hydroxyzine, levocetirizine, and the following OTC products: cetirizine, chlorpheniramine 4 mg, clemastine 1.34 mg, diphenhydramine, fexofenadine, loratadine, Allegra (fexofenadine), Benadryl (diphenhydramine), Chlor-Trimeton Allergy (chlorpheniramine 4 mg), Claritin (loratadine), and Zyrtec (cetirizine).
Fexmid (cyclobenzaprine tablet 7.5 mg) oral tablet	Central Nervous System/ Musculoskeletal Therapy Agents	Availability of additional options for the management of muscle spasms. Preferred options include baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine (except 7.5 mg tablet), dantrolene, metaxalone, methocarbamol, orphenadrine-

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Product	Therapeutic Category/Subcategory	Options/Comments
		aspirin-caffeine, tizanidine tabs, Dantrium (dantrolene), Robaxin (methocarbamol), Skelaxin (metaxalone), and Zanaflex (tizanidine tabs).
Folvite-D (folic acid-cholecalciferol) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid/ Combinations	Availability of additional supplementation options. Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.
ketoconazole foam 2% topical foam	Topical/ Dermatology/ Antifungals	Availability of other topical options for the treatment of seborrheic dermatitis. Preferred options include ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, and Nizoral (ketoconazole shampoo 2%).
Ketodan Foam (ketoconazole) topical foam	Topical/ Dermatology/ Antifungals	Availability of other topical options for the treatment of seborrheic dermatitis. Preferred options include ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, and Nizoral (ketoconazole shampoo 2%).
ketoprofen ext-rel capsule oral extended-release capsule	Analgesics/ NSAIDs	Availability of generic nonsteroidal anti-inflammatory drugs (NSAID) options. Preferred options include diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, meloxicam, nabumetone, naproxen sodium, naproxen sodium tabs, naproxen tabs, oxaprozin, sulindac, Daypro (oxaprozin), and Mobic (meloxicam).
lanthanum carbonate oral chewable tablet	Endocrine and Metabolic/ Phosphate Binder Agents	Availability of additional phosphate binder options.

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Product	Therapeutic Category/Subcategory	Options/Comments
		Preferred options include calcium acetate, sevelamer carbonate, Phoslyra (calcium acetate), and Velphoro (sucroferric oxyhydroxide).
Migergot (ergotamine-caffeine) rectal suppository	Central Nervous System/ Migraine/ Ergotamine Derivatives	Availability of additional options for migraine headaches. Preferred options include dihydroergotamine injection, eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, sumatriptan injection, sumatriptan nasal spray, zolmitriptan, D.H.E. 45 (dihydroergotamine injection), Imitrex (sumatriptan), Maxalt (rizatriptan), Onzetra Xsail (sumatriptan nasal powder), Relpax (eletriptan), Zembrace SymTouch (sumatriptan injection), and Zomig (zolmitriptan).
RyClora (dexchlorpheniramine) oral syrup	Respiratory/ Antihistamines	Availability of generic antihistamine options. Preferred options include clemastine 2.68 mg, cyproheptadine, hydroxyzine, levocetirizine, and the following OTC products: cetirizine, chlorpheniramine 4 mg, clemastine 1.34 mg, diphenhydramine, fexofenadine, loratadine, Allegra (fexofenadine), Benadryl (diphenhydramine), Chlor-Trimeton Allergy (chlorpheniramine 4 mg), Claritin (loratadine), and Zyrtec (cetirizine).
Vitasure (vitamin C-thiamine-riboflavin-niacin-vitamin B6-folic acid-vitamin B12-	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid/ Combinations	Availability of additional supplementation options.

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Product	Therapeutic Category/Subcategory	Options/Comments
biotin-pantothenic acid) oral tablet		Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.

Other changes

Product	Therapeutic Category/Subcategory	Options/Comments
selenium sulfide lotion 2.5% topical lotion	Topical/ Dermatology/ Antiseborrheics	Selenium sulfide shampoo 2.5%, currently listed as a preferred generic on the formulary, is discontinued. This shares a generic product identifier (GPI) with the lotion formulation; listing on formulary will be updated to lotion.

HEDIS News[®]

Medical record reviews

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.

Inovalon and CIOX, our vendors, will conduct HEDIS reviews for Medi-Pak[®] Advantage (PFFS), Health Advantage Medi-Pak[®] Advantage (HMO) members, and Exchange members for the 2019 measurement year. Arkansas Blue Cross is also collecting medical records for our Federal Employee Plans. Arkansas Blue Cross employees may ask you directly or through a representative of a value based payment arrangement for records to support HEDIS reviews.

What are HEDIS reviews?

Arkansas Blue Cross 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. Inovalon, CIOX or an Arkansas Blue Cross representative will or may have already contacted you to schedule

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an appointment for a HEDIS review or request that you fax the necessary records. Your cooperation is critical to the continued success of our quality initiatives.

2020 Chart Review Schedule

Arkansas Blue Cross also conducts other medical record reviews throughout the year for different purposes as outlined in the schedule on the next page. We greatly appreciate your assistance with these important reviews.

Type of Review	Dates	Reviewer
HEDIS Audit (Exchange, Medicare Advantage, Federal Employee Program)	February – May 2020	<ul style="list-style-type: none"> • Arkansas Blue Cross • CIOX • Inovalon
Medicare Advantage Contract Risk Adjustment Data Validation (RADV) Audit	February – July 2020	<ul style="list-style-type: none"> • Optum • CIOX
Commercial Risk Adjustment Data Validation (RADV) Audit	June – October 2020	<ul style="list-style-type: none"> • Arkansas Blue Cross • Cognisight
Medicare Advantage Retrospective Chart Review	March – August 2020	<ul style="list-style-type: none"> • Arkansas Blue Cross • CIOX • Cognisight
Medicare Advantage National Risk Adjustment Data Validation (RADV) Audit	March-August	<ul style="list-style-type: none"> • Arkansas Blue Cross
Prospective Quality Gaps (Exchange, Medicare Advantage, Federal Employee Plan)	June – December 2020	<ul style="list-style-type: none"> • Arkansas Blue Cross • Advantasure • CIOX
Risk Adjustment Chart Review	January – December 2020	<ul style="list-style-type: none"> • Arkansas Blue Cross • CIOX • Cognisight • Optum • Advantasure

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HEDIS[®] Quality Measure Changes

In October, the National Committee for Quality Assurance (NCQA) released value set changes for the following Healthcare Effectiveness Data and Information Set (HEDIS[®]) Quality measures:

- Comprehensive Diabetes Care (CDC): HbA1c control
- Comprehensive Diabetes Care (CDC): Retinal eye exam
- Controlling High Blood Pressure (CBP)

Important Changes

CDC: HbA1c: Two new procedure codes (3051F and 3052F) were added to better capture HbA1c levels. Code 3045F (HbA1c level 7.0-9.0%) should no longer be used. When conducting an HbA1c in your office, submit the distinct numeric results on the HbA1c claim with the appropriate CPT[®] II code:

CPT [®] II code	Most recent HbA1c level
3044F	< 7%
3046F	> 9%
3051F	≥ 7% and < 8%
3052F	≥ 8% and ≤ 9%

- CDC: Retinal eye exam: One new procedure code (2023F) was added to capture negative eye exam results, which result in two years of compliance for HEDIS[®]. The code descriptor for 2022F was also revised to indicate its use for a positive eye exam. When results are received from an eye care professional, submit the results on a \$0.01 claim with the appropriate CPT[®] II code:

CPT [®] II code	Retinal eye exam findings
2022F	Dilated retinal eye exam, with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam, with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

- CBP: The measure has been revised to allow for administrative closure through claims. Submit blood pressure CPT® II codes for each office visit:

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130-139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	Most recent diastolic blood pressure
3078F	< 80 mm Hg
3079F	80-89 mm Hg
3080F	≥ 90 mm Hg

Learn more about the [CDC](#) and [CBP](#) measures, including who is included in the measure, exclusions, tips and more.

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Exclusions allowed for Advanced Illness and Frailty HEDIS® Star measures

The National Committee for Quality Assurance (NCQA) allows patients to be excluded from select Healthcare Effectiveness Data and Information Set (HEDIS) star quality measures due to advanced illness and frailty. They acknowledge that measured services most likely would not benefit patients who are in declining health.

You can submit claims with advanced illness and frailty CPT codes to exclude patients from select measures. Using these codes also reduces medical records requests for HEDIS® data-collection purposes. For a description of the advanced illness and frailty exclusion criteria and a list with some of the appropriate HEDIS-approved billing codes, view the [Advanced Illness and Frailty Exclusions for HEDIS star Measures Guide](#).

Source: <http://blog.ncqa.org/improving-care-advanced-illness-frailty/>

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HEDIS® Measures: Health Outcomes Survey

Remember to discuss fall risk, urinary incontinence, and physical activity with Medicare patients

According to the National Committee for Quality Assurance (NCQA):

- Falls are the leading cause of death by injury in people age 65 and older; every year, 1 in 3 older adults falls.
- Urinary incontinence is significantly underreported and underdiagnosed.
- Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life.

Due to these serious health concerns, the Medicare Health Outcomes Survey (HOS) measures patient-reported outcomes for three Healthcare Effectiveness Data and Information Set (HEDIS®) Effectiveness of Care measures:

Fall Risk Management

- Management of Urinary Incontinence in Older Adults
- Physical Activity in Older Adults

The survey, which runs from April to July, asks randomly selected Medicare Advantage members questions about how providers talk with them about these important topics.

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Review the [HOS tip sheet](#) to learn more, including what questions are asked and how you can address care opportunities with patients.

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Medi-Pak® 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:

- 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.

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](#).

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.

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QMBs who are enrolled in any Medi-Pak® Advantage plan to administer their Medicare benefits would have Medi-Pak® 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. Providers are subject to sanctions if billing a QMB patient for amounts not paid by any Medi-Pak® Advantage plan and Medicaid.

Additional information about dual-eligible coverage is available under the Medicare Learning Network at https://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 Medi-Pak 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 <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>