Arkansas BlueCross BlueShield
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PROVIDERS' NEWS

December 2020

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2021 Open enrollment – please use AHIN

The 2021 Open Enrollment period began October 16 and will continue through December 15. The enrollment of many new members and renewal of current members produce extremely high call volumes, which are expected to remain elevated through January 31, 2021.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the Advanced Health Information Network (AHIN) website for verifying eligibility, benefits and claims status. AHIN displays information on benefits to assist providers when scheduling appointments, checking eligibility and identifying benefits.

Arkansas Blue Cross has increased staffing to answer these higher call volumes, but please be aware that call volumes can spike. AHIN uses the same information available to our customer service representatives and can save you valuable time.

AHIN to Availity migration update

In September we shared progress with the Availity migration. Since that time, we have allowed access to functions within the Availity provider portal to a pilot group of providers. We have also completed the first phase of migrating clearinghouses to Availity as the new electronic data interchange gateway. In mid-January it is our plan to allow all providers access to the functions in the Availity portal.

Notification will be added to the Alert section on the AHIN Homepage advising providers how to become an Availity registered user. Providers will be allowed 90 days to register, receive training from Availity and familiarize themselves with the portal. After this period, we will begin to disable functions on AHIN and begin the first phase of moving provider use from AHIN to Availity. The functions initially available on Availity are eligibility and benefit transactions, claim search and review, claim management, claim correction, claim entry and remittance advice viewer. **It is important that providers register appropriately with Availity to ensure proper access to these functions.** Like AHIN, an administrator will need to register the clinic or facility and then give access to the appropriate users within the clinic/facility. Availity contact information will be provided to assist you through this process should you need individual assistance. Live training as well as pre-recorded training demos will be available as well as a crosswalk of AHIN to Availity functions. Field level assistance and help documents will also be available.

In the early stages of migration, providers will need to register and begin using Availity while continuing to use AHIN for functions not available yet on Availity. As we move functionality to Availity, we will continue to notify you both through AHIN alerts and Availity payer space notifications. AHIN customer support staff will continue to assist you throughout this migration, but we encourage you to become familiar with the Availity chat, ticketing functions and 1(800) AVAILITY support team. Soon, support will be transitioned to Availity with Arkansas Blue Cross and Blue Shield representatives supporting Availity as needed.

Annual compliance training reminder

The federal annual compliance training through the Centers for Medicare and Medicaid has changed. The Medicare Part D and Medi-Pak Advantage Compliance Training is linked under the Provider News section on AHIN. You will need to review the presentation and then attest on AHIN.

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

Billing for services to provider family members prohibited

Arkansas Blue Cross and Blue Shield wishes to remind all providers of a long-standing policy against providers billing for services they perform for their immediate family members. Arkansas Blue Cross, Health Advantage and Preferred Provider Networks of Arkansas (formerly USAble Corporation) have published claims-filing policies and procedures that prohibit a participating provider from billing for services provided to any immediate family member.* The immediate family, for this purpose, includes a spouse, parent, child, brother, sister, grandparent or grandchild, whether the relationship is by blood or exists in law (e.g., legal guardianship).

In addition, all underwritten health plans or policies issued by Arkansas Blue Cross and Health Advantage expressly exclude coverage of services providers perform for immediate relatives. Any claim intentionally or mistakenly filed and that is subsequently paid for such services, requires the billing provider to immediately refund all such payments upon notification.

Violation of these policies and procedures and/or failure to make prompt refunds for erroneous payments will subject the offending provider to termination from the networks sponsored by Arkansas Blue Cross, Health Advantage and Preferred Provider Networks of Arkansas. Moreover, a provider's filing of claims for services rendered to immediate relatives (and receiving payment for such claims), is an abusive claims-filing practice that also may constitute fraud and could lead to permanent exclusion from the networks.

***Services to immediate family members include not only those personally performed by the provider, but also any services, equipment, drugs or supplies ordered by the provider and supplied/ performed by another party—including any pharmacy charges resulting from prescriptions written by the provider.**

Previous articles regarding billings for services rendered by providers to immediate family members may be found in the December 2017 and June 2019 issues of *Providers' News*.

Coding Strokes Correctly

Stroke is an acute medical emergency that requires urgent attention and can only be accurately diagnosed by confirmation with a CT scan or MRI of the brain. Acute stroke codes (ICD-10 category I63.-) should only be used during the acute in-patient encounter and until discharge of that encounter. Therefore, a coder is unable to use the acute stroke codes (i63.-) in an office setting due to the nature of the event and the inability to accurately diagnosis in the office. (Yew, 2015).

Once discharged from an acute-care facility, the patient now has history of stroke (ICD-10 code Z86.73) and this code should be used after the initial stroke encounter. Z86. 73 is a billable ICD code used to specify a diagnosis of personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits. (icd data, n.d.). Any late effects should be documented and coded with ICD-10 category I69.-.

In the office setting, suspect conditions cannot be coded according to ICD-10 coding guidelines. As a result, an active stroke should not be coded in the office because it is still suspected and there has been no work-up on the patient to confirm the diagnosis.

Claims billed in an office setting with an ICD10 of I63.- will be denied. When treating a patient recovering from a stroke, please code these claims with the history of stoke diagnosis code,

Z86.73. Also, if a claim is denied for this reason, please resubmit it using the history of stoke diagnosis code, Z86.73.

This article was published in the Sept. 2020 issue of Providers' News and has been updated.

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[1] Yew, Kenneth and Cheng, Eric. Diagnosis of acute stroke. *Am Fam Physician*. 2015 Apr 15;91(8):528-536

Coverage Policy manual updates

Since September 2020, 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
1997005	Ambulatory Blood Pressure Monitoring
1997012	Auditory Evoked Potential
1997153	Iron Therapy, Parenteral
1997208	Spinal Cord Neurostimulation for Treatment of Intractable Pain
1998023	Low Intensity Pulsed Ultrasound Fracture Healing Device
1998099	Electrical Stimulation, Deep Brain (e.g. Parkinsonism, Dystonia, Multiple Sclerosis, Post-Traumatic Dyskinesia)
1998119	Viscosupplementation for the Treatment of Osteoarthritis of the Hip, Knee, and All Other Joints
1998158	Trastuzumab AND Trastuzumab and Hyaluronidase-oysk
1998161	Infliximab
1998162	Sacral Nerve Stimulation for the Treatment of Urge Urinary Incontinence
1998168	Etanercept (Enbrel)
2000034	Hyperhidrosis Treatment
2004038	Genetic Test: Lynch Syndrome and Inherited Intestinal Polyposis Syndromes
2004053	Circulating Tumor Cells in the Management of Patients with Cancer, Detection of
2005004	Sacral Nerve Stimulation for the Treatment of Fecal Incontinence
2006016	Rituximab (Rituxan)
2006026	Genetic Test: Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts & Leukoencephalopathy (CADASIL) (NOTCH3)
2006030	Balloon Ostial Dilation (Balloon Sinuplasty)
2009004	Biochemical Markers, Alzheimer's Disease
2009013	Testing for Drugs of Abuse or Drugs at Risk of Abuse Including Controlled Substances
2009034	Intensity Modulated Radiation Therapy (IMRT), Prostate
2009035	Intensity Modulated Radiation Therapy (IMRT), Lung and Mediastinum
2009036	Intensity Modulated Radiation Therapy (IMRT), Breast

Policy ID	Policy Name
2009044	Vagus Nerve Stimulation
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders
2010014	Genetic Test: Chromosomal Microarray Analysis (CMA), Next-Generation Sequencing (NGS) Panels,
2010015	Genetic Test: Colon Cancer, Gene Expression Profiling (Oncotype DX, Colon PRS, Onco Defender-CRC, ColoPrint)
2010016	Electrical Stimulation, Occipital Nerve Stimulation for Treatment of Headaches
2011006	Ipilimumab (Yervoy™)
2011012	Preventive services for non-grandfathered (PPACA) plans: Alcohol and drug misuse counseling and/or screening
2011024	Preventive services for non-grandfathered (PPACA) plans: Tobacco use, screening, counseling and interventions
2011066	Preventive services for non-grandfathered (PPACA) plans: Overview
2011071	Intensity Modulated Radiation Therapy (IMRT), Abdomen and Pelvis
2012003	Genetic Test: Molecular Markers in Fine Needle Aspirates of the Thyroid
2012005	Genetic Test: Molecular Testing of Tumors for Genomic Profiling as a Therapeutic Guide
2012035	Preventive services for non-grandfathered (PPACA) plans: Contraceptive use and counseling
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2013012	Genetic Test: Duchenne and Becker Muscular Dystrophy
2013023	Preventive services for non-grandfathered (PPACA) plans: Hepatitis C virus screening
2013035	Genetic Test: Whole Exome and Whole Genome Sequencing
2013042	Genetic Test: Macular Degeneration
2015003	Patient-actuated End Range Motion Stretching Devices
2015008	Genetic Test: Miscellaneous Genetic and Molecular Diagnostic Tests
2015014	Amniotic Membrane and Amniotic Fluid Injections
2015024	Minimally Invasive Benign Prostatic Hyperplasia (BPH) Treatments
2016004	Lab Test: Identification of Microorganisms Using Nucleic Acid Probes
2016008	Thermal Ablation of Peripheral Nerves to Treat Pain Associated with Plantar Fasciitis, Knee Osteoarthritis, Sacroiliitis and Other Conditions
2016013	C 5 Complement Inhibitors
2016021	Paliperidone Palmitate (Long-acting Injectables Invega Sustenna ® & Invega Trinza)
2017031	Dupilumab
2017037	Direct Acting Antiviral Medications for Treatment of Chronic Hepatitis C
2019012	Brexanolone (Zulresso™)
2020004	Teprotumumab-trbw (TEPEZZA™)
2020007	Eptinezumab-jjmr (VYEPTI™)
2020008	Isatuximab-irfc (Sarclisa®)
2020016	Inebilizumab-cdon (Uplizna™)
2020020	Sacituzumab govitecan-hziy (Trodelvy™)
2020021	Pertuzumab, trastuzumab and hyaluronidase-zzxf (PHESGO™)
2020022	Tocilizumab (Actemra™)
2020024	Belantamab mafodotin-blmf (Blenrep™)

Coverage policy material amendments

Balloon ostial dilation

The effective date for addition of coverage criteria for balloon ostial dilation (Balloon Sinuplasty) for treatment of chronic rhinosinusitis will be January 01, 2021. For specific coverage criteria, please see coverage policy 2006030.

This notice was posted on AHIN on Oct. 2, 2020.

Bimatoprost (Durysta™)

Effective January 1, 2021, ABCBS will have a new policy of coverage for Bimatoprost (Durysta™). Bimatoprost is an intracameral implant, sustained-release drug delivery system that is a prostaglandin analogue with ocular hypotensive activity. It is a biodegradable sustained drug release system designed to lower intraocular pressure (IOP) over a 4–6 month period. This medication will be billed with CPT code J7351. A prior authorization will be required and will have a lifetime limit of 1 injection per eye. Specific coverage criteria will be published January 2021 in coverage policy 2020023.

This notice was posted on AHIN on Oct. 1, 2020.

External insulin infusion pumps

Effective February 01, 2021, criteria for coverage of external insulin infusion pumps has been revised. The V-GO disposable insulin pump including supplies has previously been addressed in the ABCBS Pharmacy benefit and will be non-covered based on Arkansas coverage policy 1998026.

This notice was posted on AHIN on Nov.11, 2020.

Coronary fractional flow reserve measurement by CT

Effective February 14, 2021, fractional flow reserve measurement by computed tomography, done in conjunction with coronary CT angiography, will be covered under certain circumstances as described in coverage policy 2005010. Prior approval through AIM will be required. For specific coverage details, please see coverage policy 2005010.

This notice was posted on AHIN on Oct. 27, 2020.

Intensity modulated radiation therapy

Effective January 01, 2021, criteria for coverage of Intensity Modulated Radiation Therapy (IMRT) of the Breast will be added. For specific coverage criteria, please see coverage policy 2009036.

Effective January 01, 2021, criteria for coverage of Intensity Modulated Radiation Therapy (IMRT) of the mediastinum will be added. For specific coverage criteria, please see coverage policy 2009035.

These notices were posted on AHIN on Oct. 2, 2020.

EFT transactions require AHIN

Arkansas Blue Cross and Blue Shield and its family of companies require that **all EFT processes, both initial set-up and change requests, come through AHIN**. Our AHIN platform has much better security processes than email and paper. Arkansas Blue Cross realizes that some providers may not have AHIN. We ask that you sign up as we believe we must take these protective measures in this day and time of cybercrimes. While Arkansas Blue Cross is transitioning to Availity, this EFT functionality will not be turned off until it is fully functional in Availity.

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, visit: https://www.hhs.gov/hipaa/for-professionals/

National Drug Codes Required

Effective Oct. 1, Arkansas Blue Cross and Blue Shield, Blue Advantage Administrators of Arkansas and Health Advantage began requiring the National Drug Code (NDC) when billing for drugs. This requirement was already in place with the Blue Federal Employee program. We are seeing an increased amount of front-end rejections due to this requirement. Below are some ways to prevent common billing errors:

- Bill in the correct format (5-4-2 format per NDC guidelines).
- Don't add NDC to the line item on the claim for an office visit, administration code, lab or x-ray code.
- Bill for the appropriate HCPCS/NDC combination when available instead of a not otherwise specified (NOC) code.
- Don't bill with expired NDC/HCPCS combination, expired NDC code or expired HCPCS code.
- Make sure compounded drugs are covered by the member's plan. Most plans do not cover compounded drugs.

The edit will validate the correct NDC/procedure code/effective date combination and reject the claim if it is not a valid combination. If the line on the claim containing the NDC cannot be validated the entire claim will reject, and the provider must correct the error and resubmit the claim. See June 2020 *Providers' News* for more information.

New Exchange Health Advantage Plans

Health Advantage (HA) will be offering a new line of individual health products in the Arkansas Health Insurance Marketplace as a Qualified Health Plan (QHP) beginning January 1, 2021. These new HA Exchange plans will utilize the True Blue PPO network for in-network services, just like with Arkansas Blue Cross Blue Shield Exchange products.

In addition to these products being offered on the Federal Exchange and OFF exchange, the new HA products will be offered to Arkansas Works (AW) members and can be identified by the AW in the plan names for these products. The ID cards for AW members will also have the AW logo. Arkansas Works members do not have access to BlueCard providers for out-of-state services unless services are for an emergency or the service has received prior approval.

Some of the specific benefit differences in the new HA products are:

- These plans will cover testing for infertility but will not cover infertility treatments.
- IVF and artificial insemination will not be covered.
- Preventive services are still covered at 100%.
- On- and off-exchange HA plans will NOT have two free PCP visits like the Arkansas Blue Cross Blue Shield plans.

Check our provider portal for specific benefit coverage and limitations for any services provided for these new Health Advantage products.

Medical specialty medications prior approval update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies enacted prior approval 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 prior approval through the member's medical benefit. 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 prior approval. **Arkansas State Employees and Public School**

Employees and Medicare are not included in this article and have their own prior approval programs.

Drug	Indication	Benefit
Adakveo	Sickle cell disease	Medical
(crizanlizumab-tcma)		
Aldurazyme	MPS I	Medical
(laronidase)	Hurler syndrome	
Berinert	Hereditary angioedema	Medical
(c1 esterase, inhib, human)		
Brineura	CLN2 disease	Medical
(ceroliponase alfa)		
Cablivi	Thrombocytic thrombocytopenia	Medical & Pharmacy
(caplacizumab-yhdp)		
Cinqair	Severe asthma	Medical
(reslizumab)		
Cinryze	Hereditary angioedema	Medical
(c1 Esterase, inhib, human)		
Crysvita	Hypophosphatemia	Medical & Pharmacy
(burosumab - twza)	Tumor induced osteomalacia	
Duopa	Parkinson's	Medical
(levodopa-carpidopa intestinal gel)		
Elaprase	MPS II	Medical
(idursulfase)	Hunter syndrome	
Elzonris	BPDCN	Medical
(tagraxifusp-erzs)		
Evenity	Severe Osteoporosis	Medical
(romosozumab-aqqg)		
Fabrazyme	Fabry disease	Medical
(agalsidase beta)		

Fasenra	Mod to severe asthma	Medical & Pharmacy
(benralizumab)		
Firazyr	Hereditary angioedema	Pharmacy
(icatabant acetate)		
Gamifant	Hemophagocytic lymphohistiocytosis	Medical
(emapalumab-lzsg)		
Givlaari	Acute hepatic porphyria	Medical
(givosiran)		
Haegarda	Hereditary angioedema	Pharmacy
(c1 esterase, inhib, human)		
Ilaris	Periodic fever syndrome	Medical & Pharmacy
(canakinumab)	Still's disease	
Kalbitor	Hereditary angioedema	Medical & Pharmacy
(ecallantide)		
Krystexxa	Gout	Medical
(pegloticase)		
Kymriah	Cancers	Medical
(tisagenlecleucel)		*Reviewed by Transplant Coordinator
Lemtrada	Multiple Sclerosis	Medical
(alemtuzumab)		
Lumizyme	Pompe Disease	Medical
(alglucosidase alfa)		
Lutathera	Neuroendocrine tumors	Medical
(lutetium Lu 177 Dotatate)		
Mepsevii	MPS VII	Medical
(vestronidase-Alfa)	Sly syndrome	
Myalept	Lipodystrophy	Pharmacy
(metreleptin)		
Nagalzyme	MPS VI	Medical
(galsulfase)	Maroteaux-Lamy syndrome	

Nucala	Mod to severe asthma	Medical & Pharmacy
(mepolizumab)		
Ruconest	Hereditary angioedema	Medical
(c1 esterase, inhib, recombinant)		
Soliris	PNH	Medical
(eculizumab)	aHUS	
	Myasthenia Gravis	
	NMOSD	
Spinraza	Spinal muscle atrophy	Medical
(nusinersen)		
Spravato	Treatment resistant depression	Pharmacy
(esketamine)	Major depressive disorder with suicidality	
Strensiq	Hypophosphatasia	Pharmacy
(asfotase alfa)		
Tepezza	Thyroid eye disease	Medical
(teprotumumab)		
Ultomiris	PNH	Medical
(ravulizumab-cwyz)		
Uplizna	Neuromyelitis optica spectrum disorder	Medical
(inebilizumab)		
Vimizim	MPS IV	Medical
(elosulfase alfa)	Morquio A	
Yescarta	Cancers	Medical
(axicabtagene ciloleucel)		*Reviewed by Transplant Coordinator
Xolair	Mod to severe asthma	Medical & Pharmacy
(omalizumab)	Urticaria	
Zolgensma	Spinal muscle atrophy	Medical
(onasmnogene abeparvovec-XIOI)		

Zulresso (brexanolone)	Postpartum depression	Medical

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

Customer service will direct callers to the prior approval form specific to the member's group. BlueAdvantage members can find the form at the following link: https://www.blueadvantagearkansas.com/providers/forms.aspx.

For all other members, the appropriate prior approval 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 changes effective January 1, 2021

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield small group, Health Advantage small group and USAble Mutual small group members use the metallic formulary.

Formulary Removals

Product	Change
AUGMENTIN SUS 125/5ML	Drug no longer covered: Use amox-clav tab/chew tab/sus
CIPRO HC SUS OTIC	Drug no longer covered: USE CIPRODEX OTIC SUS, ciprofloxacin otic sol, ofloxacin otic sol

Product	Change
DAPTOMYCIN INJ	Drug no longer covered
EXELDERM CREAM 1%	Drug no longer covered: Use generic form of the drug
FLUOROURACIL CREAM 0.5%	Drug no longer covered: USE fluorouracil cream 5%, fluorouracil sol, imiquimod cream, PICATO GEL
FLUOROPLEX CREAM 1%	Drug no longer covered: USE fluorouracil cream 5%, fluorouracil sol, imiquimod cream, PICATO GEL
GLYBURIDE TAB, MICRONIZED TAB	Drug no longer covered: USE glimepiride tab, glipizide tab
GLYBURIDE-METFORMIN TAB	Drug no longer covered: USE glipizide-metformin tab, glimepiride tab, glipizide tab, metformin tab
ISOSORBIDE DINITRATE TAB 40 MG	Drug no longer covered: USE isosorbide dinitrate 5mg, 10mg, 20mg, 30mg tab
METAXALONE TAB 400 MG	Drug no longer covered: USE baclofen tab, carisoprodol tab, chlorzoxazone 500mg tab, cyclobenzaprine 5mg, 10mg tab, dantrolene cap, metaxalone 800mg tab, methocarbamol tab, orphenadrine ER tab, tizanidine tab
OXISTAT LOTION 1%	Drug no longer covered: USE oxiconazole cream, ciclopirox cre/gel/sus, clotrimazole cream/sol, econazole cream, ERTACZO CREAM, EXELDERM SOL, ketoconazole cream, MENTAX CREAM, naftifine cream, sulconazole cream
PROCHLORPERAZINE EDISYLATE INJ	Drug no longer covered
REPATHA INJ	Drug no longer covered: USE Praluent INJ

Product	Change
SAMSCA TAB 30MG	Drug no longer covered: USE generic tolvaptan
SIVEXTRO TAB 200MG	Drug no longer covered: USE linezolid tab/suspension

Tier Increases

Product	Change
CARDIZEM LA TAB 120MG	Tier increase
CODEINE SULF TAB 60MG	Tier increase; QL, ST and QL applies
ETHACRYNIC ACID TAB 25 MG	Tier increase
FENOPROFEN CALCIUM TAB 600 MG	Tier increase
FULVESTRANT INJ 250 MG/5ML	Tier increase; SGM added
SIRTURO TAB 100MG	Tier increase; PA added
VISTOGARD PAK 10GM	Tier increase; Specialty QL applies

Formulary Additions and Tier Changes

Product	Change
AIMOVIG INJ	Adding product to formulary; ST with QL and PA applies
AJOVY INJ	Adding product to formulary; ST with QL and PA applies
BAXDELA TAB	Adding product to formulary

Product	Change
BUPRENORPHINE TD PATCH WEEKLY	Adding product to formulary; QL, ST, and Post-limit PA applies
BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR	Adding product to formulary
CARDIZEM LA TAB	Moving to non-preferred tier
CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Adding product to formulary
DEXCOM G4, G5, G6	Adding product to formulary; PA applies
EDARBI TAB	Adding product to formulary; ST and PA applies
EMGALITY INJ	Adding product to formulary; ST with QL and PA applies
EPIDIOLEX SOL	Adding product to formulary; Specialty QL , SGM, and Post-limit PA applies
FULVESTRANT INJ 250	Moving to non-preferred tier; SGM added
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	Adding product to formulary
LEVORPHANOL TARTRATE TAB	Adding product to formulary; QL, ST, and Post-limit PA applies
LIDOCAINE PATCH 4%	Adding product to formulary; QL applies
MESALAMINE CAP ER 24HR	Adding product to formulary
OMNIPOD	Adding product to formulary; QL applies
ORILISSA TAB	Adding product to formulary; PA applies
PERMETHRIN LOTION 1%	Adding product to formulary
PERMETHRIN CREME RINSE	Adding product to formulary

Product	Change
PRALUENT INJ	Adding product to formulary; Specialty QL and SGM applies
SIRTURO TAB	Moving to non-preferred tier; PA added
TRELEGY ELLIPTA	Adding product to formulary; QL applies
TRUVADA TAB 200-300	ST removed; cover at ACA tier for PrEP, preferred brand for all others; QL applies
V-GO KIT	Adding product to formulary
VISTOGARD PAK 10GM	Moving to preferred specialty tier

Utilization Management Changes

Product	Change
ALOGLIPTIN BENZOATE TAB	Step Therapy added
CHLORZOXAZONE TAB 500 MG	PA applies for members 70 years and older
DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	QL added; Step therapy applies
DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	PA applies for members 70 years and older
EPINEPHRINE INJ	QL and Post-limit PA added
EUCRISA OINT	QL added; Step therapy applies
FETZIMA CAP 20MG	QL added; Step therapy applies
FUZEON INJ 90MG	SGM added; QL applies
MIRVASO GEL 0.33%	PA added

Product	Change
PHENOXYBENZAMINE HCL CAP 10 MG	PA and QL added
SAVELLA	Step Therapy added
SIMPONI INJ 50/0.5ML	PDPD added; Specialty QL, SGM, and ST applies
SKLICE LOTION 0.5%	Step Therapy added
TERBINAFINE HCL TAB 250 MG	PA removed
VALGANCICLOV SOL, TAB	PA added, QL applies
ZIOPTAN OPH	Step Therapy added

Standard formulary changes effective January 1, 2021

Additions

Product
aprepitant
DOPTELET
EUFLEXXA
FLAREX
LAMICTAL
NORDITROPIN
ONE TOUCH ULTRA, VERIO STRIPS AND KITS

Product
PERSERIS
PHESGO
pyrimethamine
TOUJEO
XOSPATA
ZIEXTENZO

Drugs moving to non-preferred tier

Product	Formulary Alternatives
ARISTADA	ABILIFY MAINTENA, PERSERIS
ARISTADA INJ INITIO	ABILIFY MAINTENA, PERSERIS
PROMACTA	DOPTELET
RISPERDAL CONSTA	ABILIFY MAINTENA, PERSERIS
VARUBI	aprepitant

Drugs moving to preferred tier

Product
ALECENSA
ALUNBRIG
ANNOVERA
BREZTRI AEROSPHERE

Product
CLENPIQ
ERIVEDGE
IMVEXXY
INBRIJA
NAYZILAM
NEXLETOL
NEXLIZET
NINLARO
OCREVUS
ORACEA
PERJETA
VALTOCO
VELCADE
XCOPRI
ZIOPTAN

Drugs no longer covered

Product	Formulary Alternatives
ACCU-CHEK AVIA Plus, Compact Plus, Guide, SmartView Strips and Kits	ONETOUCH ULTRA, ONETOUCH VERIO

Product	Formulary Alternatives
ADZENYS ER	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
ADZENYS XR ODT	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
AMITIZA	LINZESS, MOVANTIK, SYMPROIC
APOKYN	INBRIJA
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
APTIOM	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabin
ARALAST NP	PROLASTIN-C
AZELEX	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAFT, PAZEO
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
BORTEZOMIB	NINLARO, VELCADE
BRIVIACT	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabin
calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
CIPRO HC SUS OTIC	ciprofloxacin-dexamethasone, ofloxacin otic
CIPRODEX SUS OTIC	ciprofloxacin-dexamethasone, ofloxacin otic
DARAPRIM	pyrimethamine

Product	Formulary Alternatives
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
DIFFERIN LOTION	adapalene, benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
ESTRING	estradiol, IMVEXXY
FABIOR	adapalene, benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
FEMRING	estradiol, IMVEXXY
FYCOMPA	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabin
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GLASSIA	PROLASTIN-C
GOLYTELY	peg 3350-electrolytes, CLENPIQ
HUMATROPE	GENOTROPIN, NORDITROPIN
INCRUSE ELLIPTA	SPIRIVA, YUPELRI
INTRAROSA	estradiol, IMVEXXY
INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS
isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
KYPROLIS	NINLARO, VELCADE
LACRISERT	RESTASIS, XIIDRA
MENEST	estradiol
metaxalone 400MG	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)

Product	Formulary Alternatives
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
OSPHENA	estradiol
oxomorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
PREMARIN	estradiol
PREMARIN VAG CREAM	estradiol, IMVEXXY
PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
SANDOSTATIN LAR Depot	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
SUPREP	peg 3350-electrolytes, CLENPIQ
TAZORAC CREAM	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution
TAZORAC GEL	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution

Product	Formulary Alternatives
TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
TRACLEER	ambrisentan, bosentan, OPSUMIT
TRULANCE	LINZESS
UDENYCA	ZIEXTENZO
VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ZIRGAN	trifluridine

Post-graduate year two residents

Current credentialing standards allow post-graduate year two (PGY2) residents to practice **only in an emergency department of a network-participating hospital or in an urgent care clinic approved by Arkansas Blue Cross and its family of companies (the Networks).** PGY2 residents are those who have completed their second year of residency. They may apply for provisional admission to the Networks as general practitioners as outlined in the credentialing standards below.

Section: H. Board Certification/Residency Training (applies to MDs and DOs)

Physicians who are in the process of residency/fellowship training for a specialty are not eligible to be admitted to the networks as specialists until successful completion of such residency/fellowship, but, after completion of their second year in such residency/fellowship program, may apply for provisional admission to the networks as General Practitioners, pending completion of the residency/fellowship for the requested specialty, subject to the following conditions: (a) admission as a General Practitioner shall be at the discretion of the Credentialing Committee; and (b) the applying physician must, at the time of application, have successfully completed two years in the applicable specialty residency program, and be in good standing with such residency program; and (c) the applying physician must agree in writing to limit her/his network practice during such pre-residency/fellowship completion period to performing only such

services/treatments as a non-specialist, General Practitioner would perform, i.e., the applying physician must agree not to perform or bill for any specialty services to network members during such pre-residency/fellowship completion period; and (d) the applying physician must agree to restrict the location of his/her practice during the pre-residency/fellowship completion period to the emergency department of a network-participating hospital or to an urgent care clinic approved by USAble.

Prepay review of high-dollar inpatient claims changes for 2021 services

Notice of material change to high-dollar claims threshold

The Blue Cross Blue Shield Association will be making changes to the high-dollar inpatient claims review beginning in 2021. These changes will be adopted by Arkansas Blue Cross and Blue Shield and its family of companies effective January 1, 2021.

The Association, in 2019, began requiring itemized bills for high dollar inpatient claims that were $250,000 or greater. Arkansas Blue Cross and Blue Shield was required to adopt that policy and subsequent updates to the policy. For 2020 the amount was lowered to $200,000, and upon reviewing the findings and results of this policy, the Association is lowering the threshold for 2021 to $100,000. Therefore, as of **January 1, 2021**, please remit itemized bills for all inpatient claims of $100,000 or more if the claim will have a payment that is tied to the billed charge (i.e., not paid by per diem, case rate or diagnosis-related group).

Arkansas Blue Cross and its family of companies use the CMS Provider Reimbursement Manual and the UB Editor for guidance, as well as the services of Equian/Optum 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 avoid unnecessary delays or interruption of payments of these claims, providers are asked to submit an itemized bill with any claim that meets these criteria.

To minimize the administrative work this change will create for the providers, Arkansas Blue Cross is working to automate an electronic submission format to allow the providers to bill the electronic claim and other supporting documentation simultaneously.

Please contact your network development representative for specifics about submitting itemized bills with the claims.

This article was published in the Sept. 2020 issue of *Providers' News*.

Arkansas State Employees/Public School Employees & Arkansas State Police

Prior authorization update

Effective December 15, 2020, the Arkansas State Employees and Public School Employees plan (ARBenefits) and the Arkansas State Police are **suspending prior authorization requirements for skilled nursing facilities (SNFs), long-term acute care (LTAC), and inpatient rehabilitation** until further notice.

Because of the surge of COVID-19 cases in Arkansas, the plans strive to understand the unique challenges members face and determine how to help.

Important details:

- Authorization suspension, as outlined herein, will continue until further notice.
- This suspension applies to the specified providers/facilities.
- Please provide notification of admission within 24 hours to allow Health Advantage to track our members' progress.

We are here to support you as you care for patients, particularly during this difficult time.

If you have any questions about these new procedures, please contact your network development representative.

FEP

2021 benefit changes

Open Season takes place Nov. 9–Dec.14. Here are the changes and updates for the three FEP benefit plans.

1. **Expanded telehealth coverage for all members**

   FEP will now cover online or phone telehealth visits members receive from their primary care providers or specialists who are outside of the FEP contracted Teladoc network. For most non-Teladoc telehealth visits, members pay the standard primary care and specialist copays.

2. **Changes to all FEP plans**

   a. FEP is providing preventive care benefits for:

      - Bowel preparation medications associated with colon cancer screenings (limited to the member's first prescription fill)
      - Certain HIV medications (known as antiretroviral therapy) for members at risk for HIV
      - Hepatitis C screenings for members 18 years or older

   b. The Hypertension Management Program will be limited to the contract holder and spouse on contracts over the age of 18. Standard or Basic Option members must complete the Blue Health Assessment (BHA) to receive the free blood pressure monitor.

   c. All chest X-rays will now be covered under regular medical benefits. Previously, FEP covered one per calendar year for adults as a preventive benefit.

   d. MyStrength by Livongo will be available to all Service Benefit Plan members. Offering tools, videos and daily inspiration, this personalized program can help members cope with everyday stressors—all at no cost. Members get help with stress, anxiety, sleep and much more.

3. **Plan-specific changes**

   a. Standard Option changes

- The out-of-pocket costs for tier 4 and 5 specialty drugs increased.
- Benefits for hearing aids will be covered up to $2,500 every five years, instead of the current three years.
- The approved drug lists (formularies) have been updated.

b. Basic Option changes

- The out-of-pocket costs for tier 4 and 5 specialty drugs increased.
- The Basic Option copay for emergency room care increased from $125 to $175.
- Benefits for hearing aids will be covered up to $2,500 every five years, instead of the current three years.
- The approved drug lists (formularies) have been updated.

c. FEP Blue Focus Changes

- Continuous home hospice care at no out-of-pocket cost to members will be covered. Currently, members pay 30% of our allowance.
- The out-of-pocket (catastrophic) maximums increased to $7,500 for Self Only and $15,000 for Self + One and Self & Family contracts.
- The approved drug lists (formularies) have been updated.

HEDIS® news

Upcoming HEDIS® season medical record retrieval timeline

HEDIS® Medical Record Requests will be sent out to providers of our Medicare Advantage (MA), Arkansas Works (ACA), and FEP populations following the timeline below:

- February 1, 2021 – HEDIS® Medical Record Requests will be sent to providers for MA, ACA, and FEP populations
- April 16, 2021 – estimated end date

Record requests will be processed at Arkansas Blue Cross and Blue Shield as well as at the following vendors:

- Inovalon
- Optum
- CIOX

We ask that you respond to any records request within ten days of receipt.

If you have a preferred method for chart retrieval, please communicate this with one of our Network Development Representatives (NDRs) by the end of the year.

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

Help improve diabetic patient health while reducing medical record review requests

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

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

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

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

Medicare Advantage

New Arkansas Blue Medicare 2021 plan changes

Arkansas Blue MEDICARE
An Independent Licensee of the Blue Cross and Blue Shield Association

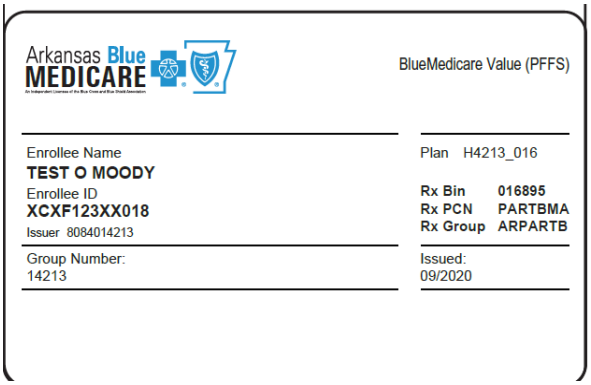
We are pleased to announce that **Arkansas Blue Medicare** is our newly rebranded health plan in which we are selling an expanded suite of Medicare Advantage plans effective January 1, 2021. These new plans have very high-value and significantly better benefits than other Medicare Advantage plans in Arkansas. There are many new Arkansas Blue Medicare and Health Advantage plans available in 2021 that will focus on providing optimal, coordinated healthcare with a focus on clinical improvement through care management.

Please note the new plans name changes below for our Medicare Advantage product lines. Our Medicare Supplement plans will maintain the Medi-Pak® Medicare Supplement name offered by Arkansas Blue Cross and Blue Shield.

2021 Medicare Advantage Plan Overview

Arkansas Blue Medicare Plans	Health Advantage MA Plans	Arkansas Blue Cross and Blue Shield MA Plans
Arkansas BlueMedicare Premier HMO **Arkansas BlueMedicare Saver Choice PPO** **Arkansas BlueMedicare Value Choice PPO** **Arkansas BlueMedicare Premier Choice PPO** **Arkansas BlueMedicare Value PFFS** **Arkansas BlueMedicare Preferred PFFS** **Arkansas BlueMedicare Value Rx PDP** **Arkansas BlueMedicare Premier Rx PDP** **Arkansas BlueMedicare Saver Rx PDP**	**Health Advantage Blue Premier HMO** **Health Advantage Blue Classic HMO**	**Medi-Pak Medicare Supplement**

Member Sample ID Cards


Arkansas Blue MEDICARE

BlueMedicare Value (PFFS)

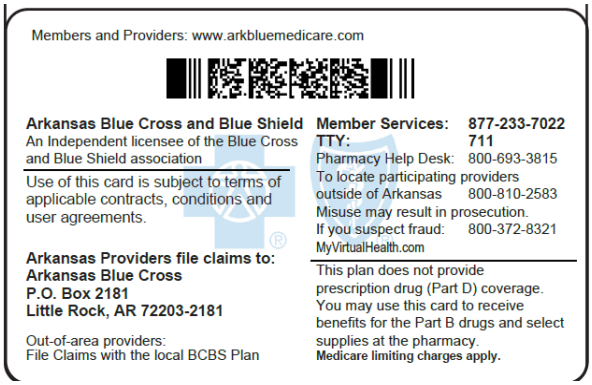
Enrollee Name
TEST O MOODY
Enrollee ID
XCXF123XX018
Issuer 8084014213

Group Number:
14213

Plan H4213_016

Rx Bin 016895
Rx PCN PARTBMA
Rx Group ARPARTB

Issued:
09/2020


Members and Providers: www.arkbluemedicare.com

Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association

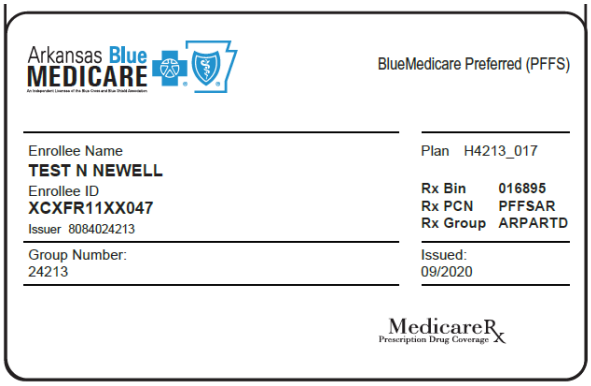
Use of this card is subject to terms of applicable contracts, conditions and user agreements.

Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Out-of-area providers:
File Claims with the local BCBS Plan

Member Services: 877-233-7022
TTY: 711
Pharmacy Help Desk: 800-693-3815
To locate participating providers outside of Arkansas 800-810-2583
Misuse may result in prosecution.
If you suspect fraud: 800-372-8321
MyVirtualHealth.com

This plan does not provide prescription drug (Part D) coverage. You may use this card to receive benefits for the Part B drugs and select supplies at the pharmacy.
Medicare limiting charges apply.


Arkansas Blue MEDICARE

BlueMedicare Preferred (PFFS)

Enrollee Name
TEST N NEWELL
Enrollee ID
XCXFR11XX047
Issuer 8084024213

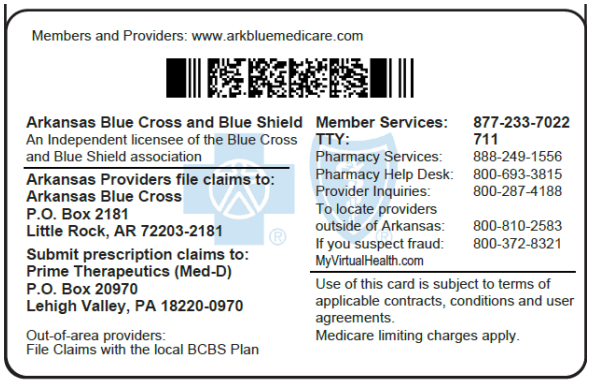
Group Number:
24213

Plan H4213_017

Rx Bin 016895
Rx PCN PFFSAR
Rx Group ARPARTD

Issued:
09/2020

MedicareRx Prescription Drug Coverage


Members and Providers: www.arkbluemedicare.com

Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association

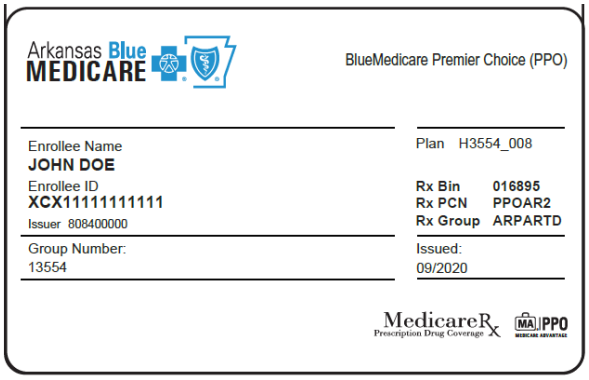
Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970

Out-of-area providers:
File Claims with the local BCBS Plan

Member Services: 877-233-7022
TTY: 711
Pharmacy Services: 888-249-1556
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
To locate providers outside of Arkansas: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com

Use of this card is subject to terms of applicable contracts, conditions and user agreements.
Medicare limiting charges apply.


Arkansas Blue MEDICARE

BlueMedicare Premier Choice (PPO)

Enrollee Name
JOHN DOE
Enrollee ID
XCX11111111111
Issuer 808400000

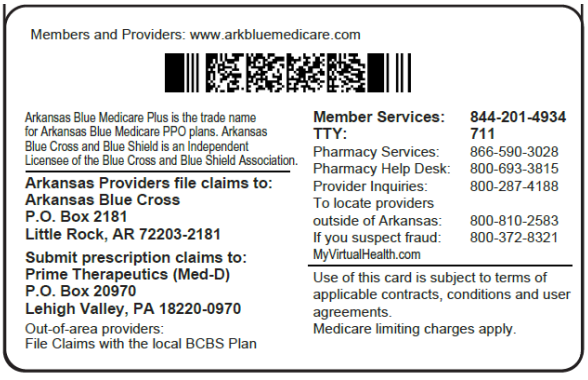
Group Number:
13554

Plan H3554_008

Rx Bin 016895
Rx PCN PPOAR2
Rx Group ARPARTD

Issued:
09/2020

MedicareRx Prescription Drug Coverage
MA PPO MEDICARE ADVANTAGE


Members and Providers: www.arkbluemedicare.com

Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PPO plans. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970

Out-of-area providers:
File Claims with the local BCBS Plan

Member Services: 844-201-4934
TTY: 711
Pharmacy Services: 866-590-3028
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
To locate providers outside of Arkansas: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com

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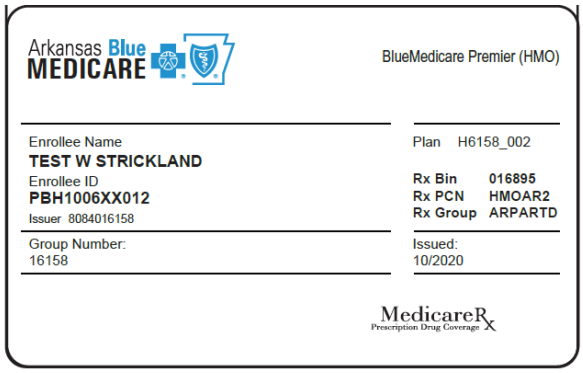
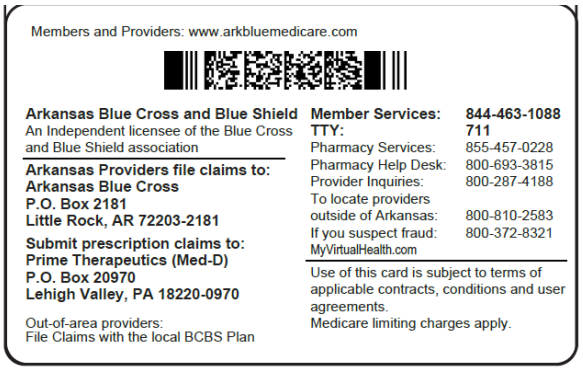
Medicare limiting charges apply.


Arkansas Blue MEDICARE
BlueMedicare Premier (HMO)
Enrollee Name
TEST W STRICKLAND
Enrollee ID
PBH1006XX012
Issuer 8084016158
Group Number:
16158
Plan H6158_002
Rx Bin 016895
Rx PCN HMOAR2
Rx Group ARPARTD
Issued:
10/2020
MedicareRx
Prescription Drug Coverage


Members and Providers: www.arkbluemedicare.com
Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association
Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181
Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970
Out-of-area providers:
File Claims with the local BCBS Plan
Member Services: 844-463-1088
TTY: 711
Pharmacy Services: 855-457-0228
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
To locate providers outside of Arkansas: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com
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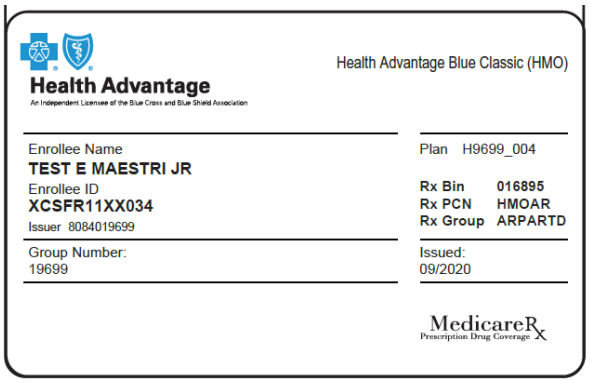
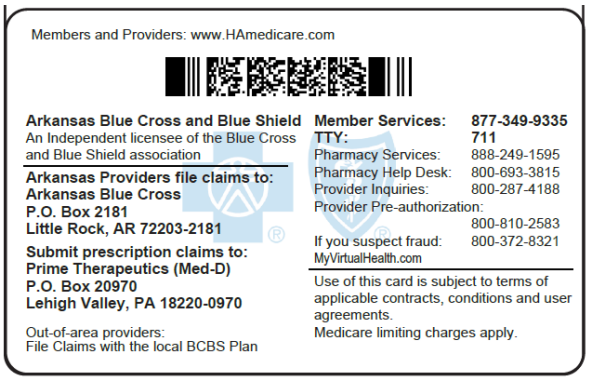
Medicare limiting charges apply.


Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association
Health Advantage Blue Classic (HMO)
Enrollee Name
TEST E MAESTRI JR
Enrollee ID
XCSFR11XX034
Issuer 8084019699
Group Number:
19699
Plan H9699_004
Rx Bin 016895
Rx PCN HMOAR
Rx Group ARPARTD
Issued:
09/2020
MedicareRx
Prescription Drug Coverage


Members and Providers: www.HAmedicare.com
Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association
Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181
Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970
Out-of-area providers:
File Claims with the local BCBS Plan
Member Services: 877-349-9335
TTY: 711
Pharmacy Services: 888-249-1595
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
Provider Pre-authorization: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com
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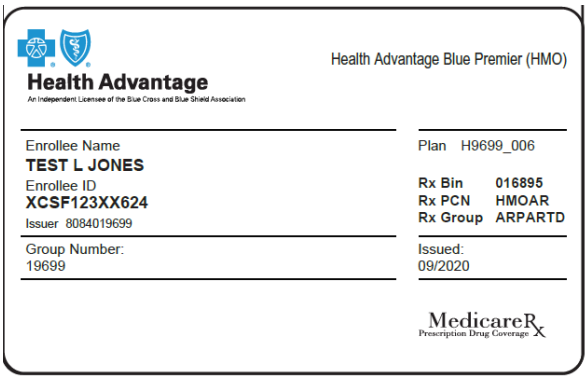
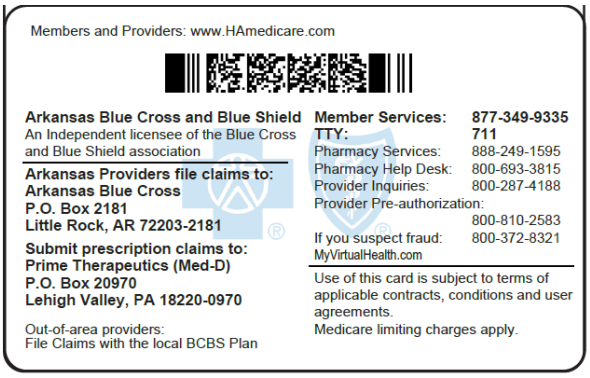
Medicare limiting charges apply.


Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association
Health Advantage Blue Premier (HMO)
Enrollee Name
TEST L JONES
Enrollee ID
XCSF123XX624
Issuer 8084019699
Group Number:
19699
Plan H9699_006
Rx Bin 016895
Rx PCN HMOAR
Rx Group ARPARTD
Issued:
09/2020
MedicareRx
Prescription Drug Coverage


Members and Providers: www.HAmedicare.com
Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association
Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181
Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970
Out-of-area providers:
File Claims with the local BCBS Plan
Member Services: 877-349-9335
TTY: 711
Pharmacy Services: 888-249-1595
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
Provider Pre-authorization: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com
Use of this card is subject to terms of applicable contracts, conditions and user agreements.
Medicare limiting charges apply.

Medicare Advantage Contact Information

Provider Support Line	**1-877-359-1441** **Medicareprovidersupport2@arkbluecross.com**
Prime Therapeutics Clinical Department **(reference call center numbers for each contract)**	**1-800-693-6703 (fax number)**
Pharmacy Claims/Customer Service Call Center	
BlueMedicare Rx PDP	**1-866-230-7264 (CT)**
Health Advantage HMO	**1-888-249-1595 (CT)**
BlueMedicare PFFS	**1-888-249-1556 (CT)**
BlueMedicare Choice PPO	**1-866-590-3028 (CT)**
BlueMedicare Premier HMO	**1-855-457-0228 (CT)**
Pharmacy Help Desk	**1-800-693-3815**
Customer Service – Medical	
BlueMedicare Rx PDP	**1-866-390-3369 (CT)**
Health Advantage HMO	**1-877-349-9335 (CT)**
BlueMedicare PFFS	**1-877-233-7022 (CT)**
BlueMedicare PPO	**1-844-201-4934 (CT)**
BlueMedicare Premier HMO	**1-844-463-1088 (CT)**
Medical Customer Service Fax Number	**501-301-1927**
24-Hour Nurse Hotline	**1-800-318-2384**
ABCBS Nurse Triage Team	**1-800-817-7784**
Blue Medicare Advantage PPO Provider Network **(The Visitor/Travel Program)**	**1-800-810-Blue (2583)**

Medicare Benefits **1-800-MEDICARE**	**1-800-633-4227 -TTY 1-877-486-2048** **www.medicare.gov**
Senior Health Insurance Information Program **(SHIIP)**	**1-800-224-6330** **www.insurance.arkansas.gov**
Social Security **Benefits**	**1-800-772-1213 -TTY 1-800-325-0778** **www.socialsecurity.gov**

Arkansas Blue Medicare claim submission

Arkansas Blue Medicare entered into an agreement, effective January 1, 2021, with SS&C Health to electronically submit all Medicare Advantage member's claims. The former claims processing vendor, Blue Cross and Blue Shield of Michigan (also referred to as "Advantasure") will continue to process claims until the last date of service of December 31, 2020. There is no action needed as providers and facilities will continue to file electronic claims to Arkansas Blue Medicare on the AHIN provider portal. If a provider has a claim inquiry question on 2021 claims, they may call the Arkansas Blue Medicare Customer Service at 1(800) 287-4188. Questions regarding 2020 claims, may call Arkansas Blue Cross Customer Service at (866) 791-1342. **We remain committed to finding more efficient ways to serve our customers, and this is just one of them.**

Please note that claims with multiple dates of service spanning both 2020 and 2021 calendar years should be billed on separate claim forms to ensure delivery and payment by the correct vendor. The exception to this would be claims that start in 2020 and extend through 2021 that are referred to as Request for Anticipated Payment ("RAP") claims. These RAP claims should be submitted as usual and will be processed by our new vendor, SS&C.

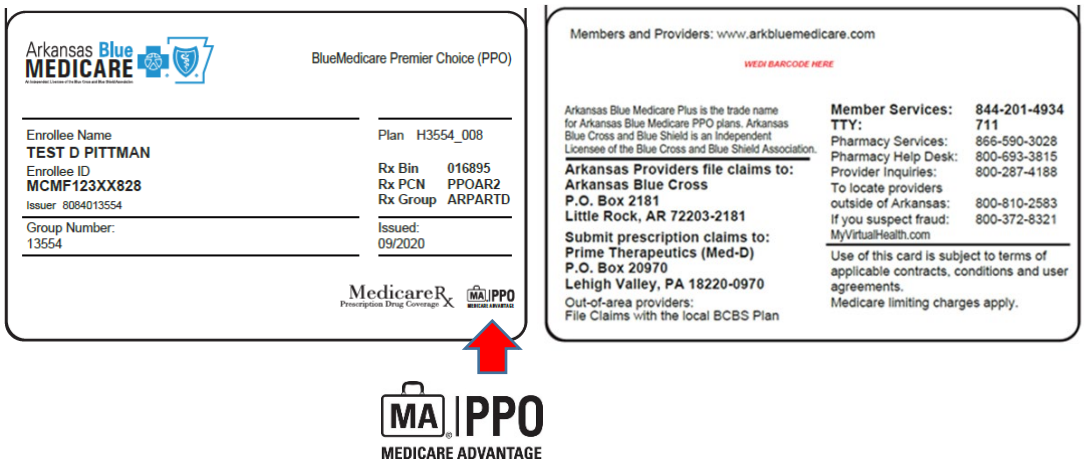
Out-of-area Medicare Advantage PPO network sharing

Effective January 1, 2021, Arkansas Blue Medicare will align with the Blue Cross and Blue Shield Association to offer access to all Blue Medicare Advantage PPO provider networks nationwide for PPO members that may be traveling out-of-state for care. This network sharing will offer an in-network benefit to BlueMedicare Saver, Value, or Premier Choice PPO plan members to allow for comfort and awareness of coverage when traveling outside of their provider network area. This network sharing will also allow PPO members from Blue Cross and Blue Shield plans in other states availability to Arkansas Blue Medicare contracted PPO providers.

How do I recognize an out-of-area member from one of these Plans participating in the BCBS Medicare Advantage (MA) PPO network sharing?

The "MA" in the suitcase indicates a member who is covered under the MA PPO network sharing program. Members have been asked not to show their standard Medicare ID card when receiving services; instead, members should provide their Blue Cross and/or Blue Shield member ID.

Sample of Arkansas BlueMedicare Premier Choice PPO Member ID Card:



What if my practice is closed to new local Blue Medicare Advantage PPO members?

If your practice is closed to new local Blue MA PPO members, you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members as your local MA PPO members.

Where do I submit the claim?
You should submit the claim to *Arkansas Blue Medicare* under your current billing practices. Do not bill Medicare directly for any services rendered to a Medicare Advantage member.

What will I be paid for providing services to these out-of-area Medicare Advantage PPO network sharing members?
If you are a MA PPO contracted provider with *Arkansas Blue Medicare*, benefits will be based on your contracted MA PPO rate for providing covered services to MA PPO members from any MA PPO Plan. Once you submit the MA claim, *Arkansas Blue Medicare* will work with the other Plan to determine benefits and send you the payment.

What will I be paid for providing services to other Medicare Advantage out-of-area members not participating in the Medicare Advantage PPO Network Sharing?
When you provide covered services to other Medicare Advantage PPO out-of-area members not participating in network sharing, benefits will be based on the Medicare allowed amount. Once you submit the MA claim, *Arkansas Blue Medicare* will send you the payment. However, these services will be paid under the member's out-of-network benefits unless for urgent or emergency care.

May I balance bill the member the difference in my charge and the allowance?
No, you may not balance bill the member for this difference. Members may be balance billed for any deductibles, co-insurance, and/or co-pays.

Who do I contact if I have a question about MA PPO network sharing?
If you have any questions regarding the MA program or products, contact *Arkansas Blue Medicare* at *1-800-287-4188.*

2021 Medicare Advantage prior authorization provider training schedule

Arkansas Blue Medicare has partnered with **eviCore healthcare** to assist in addressing the complexity of the healthcare system by offering medical benefit management through a new prior authorization process for advanced imaging, medical and radiation oncology, and Durable Medical Equipment ("DME") services. The reviews will be based on clinic-based evidence guidelines for Medicare Advantage members in Health Advantage HMO, Arkansas

Blue Medicare HMO and PPO plans. EviCore healthcare will begin accepting prior authorization requests for advanced imaging services on **December 21, 2020**. Providers and staff that are interested in attending one of these training opportunities can now register online. These training sessions will include detailed information about the prior authorization process, using the eviCore website, and a question-and-answer period.

Registration

All online orientation sessions require advance registration. Each online orientation session is free of charge and will last approximately one hour. All sessions will be scheduled in Central Time.

Advanced Imaging

Day of the Week	Date	Time
Tuesday	December 1	11:00 AM Central
Thursday	December 3	3:00 PM Central
Wednesday	December 9	2:00 PM Central
Friday	December 11	9:00 AM Central
Tuesday	December 15	11:00 AM Central
Thursday	December 17	3:00 PM Central
Wednesday	January 6	2:00 PM Central
Friday	January 8	9:00 AM Central

Medical Oncology

Day of the Week	Date	Time
Wednesday	December 2	2:00 PM Central
Friday	December 4	9:00 AM Central
Tuesday	December 8	11:00 AM Central
Thursday	December 10	3:00 PM Central
Wednesday	December 16	2:00 PM Central

Friday	December 18	9:00 AM Central
Tuesday	January 5	11:00 AM Central
Thursday	January 7	3:00 PM Central

Radiation Oncology

Day of the Week	Date	Time
Tuesday	December 1	3:00 PM Central
Thursday	December 3	11:00 AM Central
Wednesday	December 9	9:00 AM Central
Friday	December 11	2:00 PM Central
Tuesday	December 15	3:00 PM Central
Thursday	December 17	11:00 AM Central
Wednesday	January 6	9:00 AM Central
Friday	January 8	2:00 PM Central

Durable Medical Equipment (DME)

Day of the Week	Date	Time
Monday	November 30	9:30 AM Central
Wednesday	December 2	1:00 PM Central
Monday	December 7	1:00 PM Central
Wednesday	December 9	10:30 AM Central
Monday	December 14	9:00 AM Central
Wednesday	December 16	1:00 PM Central
Monday	January 4	1:00 PM Central
Wednesday	January 6	10:00 AM Central

How to register

1. Go to http://eviCore.webex.com.
2. Select "WebEx Training" from the menu bar on the left.
3. Click the "Upcoming" tab. The session titles will be listed by program. For example: "**BCBSAR Medical Oncology Provider Orientation**"
4. Click "Register" next to the session you wish to attend.
5. Enter the registration information.

After you have registered for the WebEx session, you will receive an email containing the toll-free phone number and meeting number, conference password, and a link to the web portion of the session. **Keep the registration email so you will have the link to the Web conference and the call-in number for the session in which you will be participating.**

If you have any questions regarding the eviCore web portal, contact the Web Support team by email at portal.support@evicore.com or by phone at (800) 425-2255 (Option 2). For any client or provider inquiries not associated with this training, email ClientServices@evicore.com.

2021 Medicare Advantage prior authorization update

Effective January 1, 2021, Arkansas Blue Medicare and Health Advantage Medicare Advantage plans prior authorization requirements will change for certain medical services and procedures. These changes affect services provided to members of the following Medicare Advantage plans:

- BlueMedicare Premier HMO
- Health Advantage Blue Premier HMO
- Health Advantage Blue Classic HMO
- BlueMedicare Saver Choice PPO
- BlueMedicare Value Choice PPO
- BlueMedicare Premier Choice PPO

***The following list contains Medicare Advantage Prior Authorizations which are required during the normal course of business. Please note that several Prior Authorizations have been waived due to COVID-19.**

It is important to note that noncompliance with these new requirements may result in denied claims. Contracted and non-contracted providers can reach out to the Medicare Advantage Customer Service by phone at (800) 287-4188, by email at MAUM@arkbluecross.com, or by fax to (501) 301-1935.

Disclaimer: The Prior Authorization list may not be all inclusive as it is a point in time document, and any additions will be made with appropriate provider notification and in accordance with CMS regulation.

Prior authorization is not required for emergencies seen in emergency room and urgent care visits.

Requests for prior authorizations per services listed as required are classified in two ways specific to CMS regulation and are to be requested as follows:

- **EXPEDITED** prior authorization is to be requested when care is deemed to be of priority need and authorization response given within 72 hours.
- **STANDARD** prior authorization is to be requested when routine care is being provided or scheduled. Authorization response will be within 14 days for standard requests.

*In effort to allow Arkansas Blue Cross rapid response to the most time sensitive requests for patients and providers, please be sure to identify your request appropriately as standard or expedited based upon patient care needs.

Inpatient Care and Services

Acute inpatient hospital – Prior authorization is required for all inpatient admissions, and it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

- Acute hospital (includes inpatient hospice)
- Acute rehab facilities
- Bladder slings*
- Breast reconstruction
- Cardiac procedures/surgeries
    - Cardiac catheterizations*
- Cardiology

- Cardiovascular
- Chiari malformation decompression surgery*
- Chimeric antigen receptor T-cell therapy (CAR-T)
- Cosmetic and reconstructive procedures*
- Gastric pacing
- Gender reassignment surgery
- Hip surgery to repair impingement syndrome
- Hyperbaric oxygen therapy*
- Hysterectomy (abdominal and laparoscopic surgeries)
- Hysterectomy (vaginal)
- Inpatient confinements (except hospice)
    - Surgical and nonsurgical stays
- Long-term acute care
- Lung biopsy and resection
- Negative pressure wound therapy (NPWT)*
- Obesity surgeries
- Orthopedic surgeries*
    - Non-spine and joint surgeries
    - Hip, knee, and shoulder arthroscopy
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Prostate surgeries (prostatectomy)
- Reconstructive or other procedures that may be considered cosmetic, such as*:
    - Blepharoplasty/canthoplasty
    - Breast Reconstruction/breast enlargement
    - Breast reduction/mammoplasty
    - Excision of excessive skin due to weight loss
    - Gastroplasty/gastric bypass
    - Lipectomy or excess fat removal
    - Surgery for varicose veins, except stab phlebectomy
- Shoulder arthroplasty including revision procedures
- Skin and tissue substitutes*
- Sleep apnea procedures and surgeries*
    - Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty

    - Applies only for surgical sleep apnea procedures and not sleep studies
- Spinal procedures, such as*:
    - Artificial intervertebral disc surgery (cervical spine)
    - Arthrodesis for spine deformity
    - Cervical laminoplasty
    - Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures
    - Kyphectomy
    - Laminectomy with rhizotomy
    - Spinal fusion surgery
- Thyroid surgeries (thyroidectomy and lobectomy) *
- Transplant of tissue or organs
- Transplant surgeries
- Varicose vein: surgical treatment and sclerotherapy
- Whole exome sequencing*

*Can be performed in either an inpatient or outpatient setting. Criteria varies depending on nature.

Behavioral Health Services

Benefits and prior authorization requirements vary by policy; it the provider's responsibility to verify benefits and authorization requirements prior to rendering services.

Example procedures include:

Behavioral health services

- Inpatient psychiatric services
- Partial hospital (PHP) services
- Intensive outpatient (IOP) services
- Transcranial magnetic stimulation (TMS)

Skilled Nursing Facility

Prior authorization is required for all inpatient admissions; it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

Inpatient confinements (except hospice)

- Surgical and nonsurgical stays
- Stays in a skilled nursing facility or rehabilitation facility

Outpatient Care and Services

Diagnostic services labs/imaging – Prior authorization is required for all outpatient procedures, and it is provider's responsibility to inquire prior to rendering service.

Example procedures include:

- Capsule endoscopy
- Diagnostic imaging†
    - Bone and/or joint imaging
    - Bone marrow imaging
    - Computed tomography (CT) scan
    - Electrophysiology (EPS) or EPS with 3D mapping
    - Gastric studies
    - Magnetic resonance angiogram (MRA)
    - Magnetic resonance imaging (MRI)
    - Myocardial perfusion imaging single photon emission computed tomography (MPI SPECT)
    - Nuclear stress test
    - Outpatient transthoracic echocardiogram (TTE)
    - Positron emission tomography (PET) scan/National Oncology PET Registry (NOPR)
    - Single photon emission computerized tomography (SPECT) scan
    - Transesophageal echocardiogram (TEE)
- Video electroencephalograph (EEG)

Outpatient hospital coverage – Prior authorization is required for all outpatient procedures, and it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

- Autologous chondrocyte implantation
- Bladder slings*
- Blepharoplasty

- Breast procedures
    - Breast cancer biopsy (excisional)
    - Breast lumpectomy
    - Other breast procedures (excludes breast reconstruction following medically necessary mastectomies for breast cancer)
    - Simple mastectomy and gynecomastia surgery (excludes radical and modified)†
- Cardiac procedures/surgeries
    - Cardiac catheterizations*
    - Outpatient coronary angioplasty/stent
    - Patent foramen ovale (PFO) and atrial septal defect (ASD) closure
    - Transcatheter valve surgeries (TMVR, TAVR/TAVI and MitraClip)
- Cardiology
- Chiari malformation decompression surgery*
- Cosmetic and reconstructive procedures
- Decompression of peripheral nerve (e.g., carpal tunnel surgery)
- Dorsal column (lumbar)
    - Neurostimulators: trial or implantation
- Endoscopic nasal balloon dilation procedures
- Epidural injections (outpatient only)
- Esophagogastroduodenoscopy (EGD)
- Facet injections
- Facility-based sleep studies (PSG)
- Foot surgeries: bunionectomy and hammertoe
- Functional endoscopic sinus surgery (FESS)
- Gender dysphoria treatment
- Hysterectomy (abdominal and laparoscopic surgeries)
- Hyperbaric oxygen therapy*
- Infertility services and pre-implantation genetic testing
- Inpatient admissions – post-acute services
- Lung biopsy and resection†
- Molecular diagnostic/genetic testing
- Negative pressure wound therapy (NPWT)*
- Oral, orthognathic, temporomandibular joint (TMJ) surgeries
- Orthognathic surgery
- Orthotics
- Orthopedic surgeries*

    - Non spine and joint surgeries
- Osteochondral allograft/knee
- Penile implant
- Reconstructive or other procedures that may be considered cosmetic, such as:*
    - Blepharoplasty/canthoplasty
    - Breast reconstruction/breast enlargement
    - Breast reduction/mammoplasty
    - Excision of excessive skin due to weight loss
    - Gastroplasty/gastric bypass
    - Lipectomy or excess fat removal
    - Surgery for varicose veins, except stab phlebectomy
- Rhinoplasty
- Routine maternity care
- Skin and tissue substitutes*
- Sleep apnea procedures and surgeries
    - Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty
    - Applies only for surgical sleep apnea procedures and not sleep studies
- Spinal fusion, decompression, kyphoplasty and vertebroplasty
- Spinal procedures, such as*:
    - Artificial intervertebral disc surgery (cervical spine)
    - Arthrodesis for spine deformity
    - Cervical laminoplasty
    - Cervical, lumbar and thoracic laminectomy and\or laminotomy procedures
    - Kyphectomy
    - Laminectomy with rhizotomy
- Surgery for obstructive sleep apnea
- Surgical nasal/sinus endoscopic procedures and balloon sinus ostial dilation
- Thyroid surgeries (thyroidectomy and lobectomy) *
- Uvulopalatopharyngoplasty
    - Laser-assisted procedure
- Vein procedures
- Whole exome sequencing*

*Can be performed in either an inpatient or outpatient setting. Criteria varies depending on nature.

Outpatient diagnostic therapeutic radiology services – Prior authorization is required for all outpatient procedures, and it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

- Hypothermia
- Nuclear medicine radiological services
- Proton beam radiotherapy
    - Radiation oncology
    - Radiology
- Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy
- Therapeutic radiological services

Additional Benefits

Medical equipment – Prior authorization is required, and it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

- Bone growth stimulators
- Cardiac devices
    - Cardiac implantable devices [e.g., pacemakers, leadless pacemaker, left atrial appendage closure (LAAC), defibrillators (implantable and subcutaneous) and cardiac resynchronization therapy]
    - Loop recorders
    - Wearable cardiac devices (e.g., LifeVest®)
- Chemotherapy agents, supportive drugs and symptom management drugs category
- Cochlear and auditory brainstem implants
- Cochlear device and/or implantation
- Dental implants
- Electric beds
- Electric or motorized wheelchairs and scooters
- High-frequency chest compression vests
- Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics

- Neuromuscular stimulators
- Neurostimulators
- Noninvasive home ventilators
- Other durable medical equipment (DME)
- Pain infusion pump
- Prosthetics
- Spinal cord stimulators
- Stimulators
- Ventricular assist devices (VADs)
- Wheelchairs/scooters

Rehabilitation – Prior authorization is required, and it is the provider's responsibility to inquire prior to rendering service.

Example procedure includes:

Supervised exercise therapy

Acupuncture – Prior authorization is required, and it is the provider's responsibility to inquire prior to rendering service.

Other – Prior authorization is required, and it is the provider's responsibility to inquire prior to rendering service.

Example procedures include:

Home infusion

Pharmacy Prescriptions

Contact Prime Therapeutics at 1(800) 693-6651 or fax at 1(800) 693-6703 (Monday–Friday from 7 a.m.–5:30 p.m. CST) to request approval for a prescription drug that requires a prior authorization.

Medicare Advantage supplemental services

Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO has issued a suite of newly enhanced supplemental benefits starting in January 1, 2021 to offer members a greater cost-share. These supplemental benefits have been outsourced to several contracted

organizations that will process the claims and/or provide services on behalf of Arkansas Blue Medicare to our Medicare Advantage members. Providers and members can outreach directly to these companies for additional questions or concerns.

Medicare Advantage Vendor Contact Roster

Comprehensive Dental	Life & Specialty Ventures (LSV)	1-800-370-5856 Monday - Friday 8 a.m. - 5 p.m. (CST) Employees/Individuals: custserv@usablelife.com Providers: dentalproviderrelations@usablelife.com
Vision Care	Vision Service Plan (VSP)	1-800-877-7195 Sunday - Saturday 8 a.m. - 8 p.m. (all time zones)
Hearing Care	TruHearing	Customers: 1-800-334-1807 Providers: 1-866-581-9462 Website: https://www.truhearing.com/
Acupuncture & Message Therapy	Tivity Health Inc.- WholeHealth Living	1-800-869-5311 Email: info@tivityhealth.com

New Medicare network specialists

The Arkansas Blue Medicare health plan welcomes a new team of Medicare Advantage provider relations representatives to assist with training, education and support for its provider community. The Medicare Networks division would like to introduce the NEW regional Medicare network specialists.

Address

Arkansas Blue Cross and Blue Shield
Medicare Networks
P.O. Box 2181
Little Rock, AR 72203-2181

Brittany Murphy

Phone: (501) 378-2920
Fax: (501) 379-2703
Email: bdmurphy@arkbluecross.com

Counties include: Baxter, Benton, Boone, Calhoun, Carroll, Clark, Columbia, Conway, Crawford, Franklin, Faulkner, Garland, Hempstead, Hot Spring, Howard, Johnson, Lafayette, Little River, Logan, Madison, Marion, Miller, Montgomery, Nevada, Newton, Perry, Pike, Polk, Pope, Pulaski*, Scott, Searcy, Sebastian, Sevier, Union, Van Buren, Washington and Yell.

Also includes Oklahoma counties of Adair, Delaware, Leflore and Sequoyah; and Missouri counties of Barry, Howell, McDonald, Ozark, Stone and Taney; and Texas counties of Bowie and Cass; Oklahoma county of McCurtain; and Louisiana parishes of Bossier, Caddo, Claiborne, Union and Webster.

Judi Bradford

Phone: 501-378-7103
Fax: 501-379-2703
Email: grbradford@arkbluecross.com

Counties include: Arkansas, Ashley, Bradley, Chicot, Clay, Cleburne, Cleveland, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Grant, Greene, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Mississippi, Monroe, Ouachita, Phillips, Poinsett, Prairie, Pulaski*, Randolph, Saline, Sharp, St. Francis, Stone, White and Woodruff.

Also includes Mississippi counties of Tunica, Coahoma, Bolivar and Washington; and Louisiana parishes of East Carroll, West Carroll and Morehouse; and Tennessee counties of Shelby, Tipton, Lauderdale and Dyer; and Mississippi county of DeSoto; and Missouri counties of Pemiscot, Dunklin, Butler, Ripley and Oregon.

***Pulaski County is split between both representatives.**

New Medicare Stars and Quality specialist

The Arkansas Blue Medicare health plan is excited to welcome a new team of Medicare Advantage Stars and Quality provider engagement specialists with value-based or quality education, training, and support.

Our first team member addition is Jessica Hampton. Jessica brings direct experience in the provider space, where she focused on quality programs for HEDIS and pharmacy measures.

Contact Jessica for any questions, member information or performance results needs, or general support.

Phone: (501) 396-8696
Fax: (501) 301-1938
Email: jrhampton@arkbluecross.com

In addition, as medical records are provided to close clinical quality measures, provider offices can now send those to ABCBSMAQualityRecords@arkbluecross.com.

As we expand our team, we will introduce our second Stars and Quality provider engagement team member in the coming months.

Other News

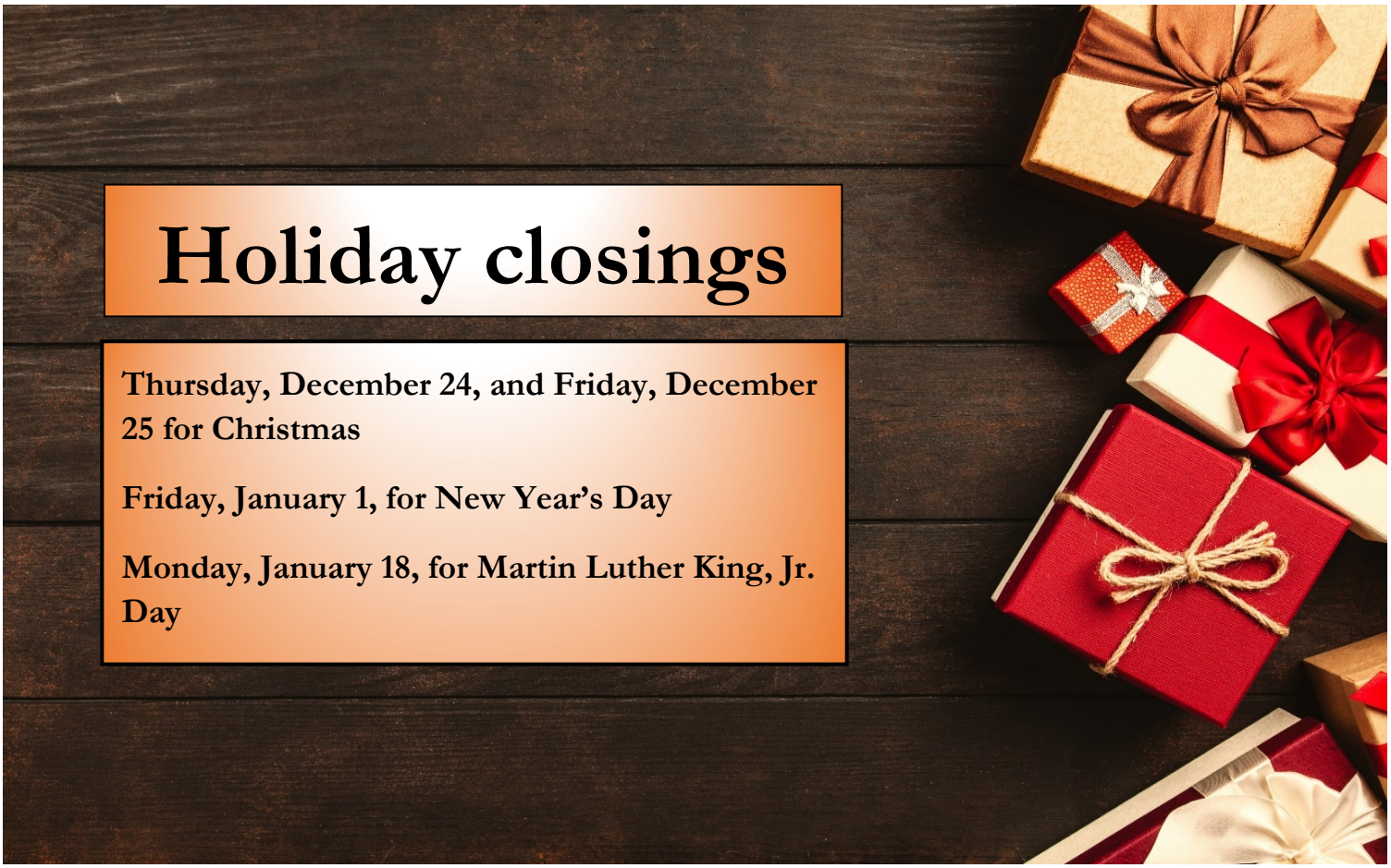
Blue & You Fitness Challenge

The 2021 Blue & You Fitness Challenge is currently undergoing a complete makeover that will launch in the coming weeks! We will be using Wellable, an interactive health and wellness platform, to track activity and measure standings within your team and against other groups.

Upcoming deadlines:

- January 14, 2021 – deadline for group registration
- February 1, 2021 – participant registration opens
- February 28 – deadline for individual registration
- March 1 – Challenge begins

Join today by email at info@blueandyoufitnesschallenge-ark.com


Holiday closings
Thursday, December 24, and Friday, December 25 for Christmas
Friday, January 1, for New Year's Day
Monday, January 18, for Martin Luther King, Jr. Day