

Annual Provider Survey – Thank you!

Thank you for taking the time to participate in the annual provider survey!

The annual provider survey is a key tool in planning for the year ahead. Your responses help us focus on areas for improvement and assure us that recent enhancements are making a difference. As we continue with the enhancements through 2023, we will continue to look for your input.

Thank you again for the time you took giving us your feedback. We look forward to working with you in 2023!

More NaviNet® Changes Coming in 2023

A third release of self-service enhancements will be coming to our provider portal, [NaviNet](#). The release will include the ability to quickly link to correspondence from the claim, and also initiate an inquiry to Customer Service. A new workflow will replace the current process of attaching forms to a claim. The workflow will pre-populate claims data and guide you through the online submission of an appeal, reconsideration, or timely filing dispute. More communication will be coming soon on the release of these enhancements. If you are not already using NaviNet, make it a priority to register today at Connect.NaviNet.net/Enroll.

NaviNet is a healthcare provider portal providing services for Blue Cross and Blue Shield of Nebraska

Searching NaviNet without a member ID

Entering the member ID number will always return the best match when performing an eligibility and benefits search in NaviNet. However, you may now also search for a BCBSNE or BCBSNE Medicare Supplement member without the member ID. Please note: This option is not available for out-of-state members.

If the BCBSNE member has more than one BCBSNE number:

- No search results will be returned and an error message will display
- The ID number must be included to see results

NOTE: Searching by the member's social security number is not a valid option.

Email Requirement – beginning Feb. 13, 2023

We've made a lot of enhancements to NaviNet this year thanks to the feedback of the provider community. So starting Feb. 13, 2023, any email to the Customer Service Provider Team at ProviderExecs@NebraskaBlue.com will require a reference number from Customer Service and a statement of why the resources available in NaviNet (Eligibility and Benefits, Claim Status, Remittance Advice, etc.) could not answer your question.

Emails that do not include this information will be returned.

Medical Records Submission Change - Effective March 1, 2023

When medical records are requested by Blue Cross and Blue Shield of Nebraska (BCBSNE), providers will now be allowed more time to return the requested records. Providers will now have up to **30 calendar** days. This change allows our providers more time as previously BCBSNE allowed up to **21 calendar** days to submit medical records.

2023 CPT Changes

In Oct. 2022, the AMA released the 2023 Current Procedure Terminology (CPT®) code set, which includes new modifications.

BCBNE acknowledges the changes made by the AMA and will be incorporating these CPT modifications for an effective date of Jan. 1, 2023.

Medicare Advantage: Part B Drug Preauthorization Changes

The following Part B drug will require preauthorization effective Jan. 1, 2023:

HCPCS Code	Drug Name
C9399, J3490, J3590, J9999	Tecvayli™ (teclistamab-cqyv)

The following part B drug will require preauthorization effective Jan. 23, 2023:

HCPCS Code	Drug Name
J3590	Leqembi™ (lecanemab-irmb)

The following part B drugs will require preauthorization effective April 1, 2023:

HCPCS Code	Drug Name
J0490	Benlysta® (belimumab)
J3111	Evenity® (romosozumab-aqqg)
J1305	Evkeeza® (evinacumab-dgnb)
J7170	Hemlibra® (emicizumab-kxwh)

J0638	Ilaris® (canakinumab)
J3398	Luxturna® (voretigene neparvovec-rzyl)
J1301	Radicava® (edaravone)
J0896	Reblozyl® (luspatercept-aamt)
J3241	Tepezza® (teprotumumab-trbw)
J2777	Vabysmo® (faricimab-svoa)
J9228	Yervoy® (ipilimumab)
J3304	Zilretta® (triamcinolone-acetonide extended release)
J3399	Zolgensma® (onasemnogene abeparvovec-xioi)

For the full list of Medicare Advantage prior authorization requirements, please reference the list available at NebraskaBlue.com.

Medicare Advantage: Codes that require preauthorization from AIM – beginning Feb. 1, 2023

The following codes will require preauthorization from AIM beginning Feb. 1, 2023. Prior authorization requests must be submitted to AIM Specialty Health via ProviderPortal.com or by calling 866-745-3265:

CPT Code						
19296	55875	67218	77301	77432	78432	0504T
19297	55920	76376	77316	77435	78433	
19298	57155	76380	77317	78429	0501T	
20555	57156	76391	77318	78430	0502T	
31643	58346	77295	77338	78431	0503T	

For the most up-to-date list of required medical and Part B Drug preauthorizations, visit [NebraskaBlue.com](https://www.NebraskaBlue.com). Please call 888-488-9850 if you have any questions.

New Provider Access and Availability Guidelines

BCBSNE has established access and availability standards to ensure timely services are available to all members. These standards have been recently updated to comply with regulatory requirements and are periodically measured through member satisfaction surveys, member complaint analysis, and access and availability surveys.

In-network providers are required to ensure the availability of appointments in accordance with the standards. For more information on Appointment Availability/Access standards, go to [Credentialing Information for Providers](#).

Remicade changes effective July 1, 2023

At BCBSNE, we are working to help our members with complex medical conditions get the care they need in the most cost-effective way.

The biologic medication Remicade (infliximab) has multiple cost-effective biosimilar alternatives available. Biosimilar products can be utilized in place of reference drugs in most clinical circumstances. Prior to 2022, our only preferred infliximab product was Remicade. Starting Jan. 1, 2022, we added the biosimilar products Avsola and Inflectra to our preferred product list. Current requests for Avsola and Inflectra that meet medical policy criteria will be approved and reimbursed accordingly.

Beginning July 1, 2023, patients who are on Remicade will need to switch to a preferred biosimilar alternative for treatment. Patients that are new to therapy will also be required to use a preferred biosimilar agent prior to the use of Remicade. The preferred infliximab products will be Avsola and Inflectra.

For questions regarding coverage of infliximab, please refer BCBSNE members to call the Member Services department at the number on the back of their member ID card.

*Not applicable for Medicare Advantage members

2022 HEDIS® Medical Record Review

Each year from February through May, BCBSNE performs medical record reviews to collect HEDIS measurement quality data for Medicare Advantage and Commercial members. BCBSNE uses Centauri Health Solutions to collect data for commercial members and CIOX for Medicare Advantage

members. Both Centauri and CIOX look for clinical details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results and colorectal cancer screenings.

Your clinic may be contacted by either Centauri or CIOX to schedule a HEDIS review or request that you provide the necessary records. We appreciate your assistance with these important reviews. Your cooperation helps us meet our quality goals as we seek to improve the overall health of our members – your patients. HEDIS medical record reviews reflect the quality of care patients receive that cannot be captured via the claims process.

As a reminder, your contract as a participating provider contains language around the provision of providing requested records to BCBSNE or third party vendors, at no charge, to capture the content of clinical encounters with our members. We don't want to disrupt your office workflow more than necessary, so the faster we obtain the requested records, the fewer follow-up contacts will be needed. Thank you in advance for your prompt response to our requests and for helping us successfully complete our HEDIS reporting.

For more information on HEDIS visit [NCQA.org](https://www.ncqa.org).

HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance (NCQA).

2022 CAHPS Results

Every year, health plan members are sent the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey assesses healthcare quality by asking patients to report on their experiences with care. CAHPS surveys ask about the patient's experience with providers or care for specific health conditions, along with questions about their health plan and related programs.

We are pleased to share the 2022 CAHPS survey results with you. Please see tables below to review strengths and areas of opportunity.

Medicare Advantage Survey Measure	2021	2022	2022 Benchmark
Rating of Personal Doctor	92%	92%	92%
Doctors Who Communicate Well	92%	93%*	92%↑
Rating of Health Plan	86%	85%	88%
Rating of Drug Plan	85%	86%*	87%
Getting Care Quickly	83%	82%	78%↑
Getting Needed Care (tests, necessary treatment)	86%	86%	82%↑

Getting Needed Prescription Drugs	92%	92%	91%↑
Health Plan Customer Service	91%	88%	91%
Care Coordination (office f/u with test results, etc.)	88%	87%	86%↑
Received Annual Flu Vaccine	81%	81%	75%↑

Commercial Survey Measure	2021	2022	2022 Benchmark
Rating of Personal Doctor	95%	88%	86%↑
Doctors Who Communicate Well	98%	97%	96%↑
Rating of Health Plan	75%	78%*	68%↑
Getting Care Quickly	91%	89%	83%↑
Getting Needed Care (tests, necessary treatment)	92%	89%	84%↑
Health Plan Customer Service	90%	83%	87%
Care Coordination (office f/u with test results, etc.)	87%	78%	82%↑
Received Annual Flu Vaccine	58%	71%*	55%↑

* - Improved YOY

↑ - above benchmark

Congratulations on consistently providing a positive experience for patients. We applaud your strengths and want to encourage you to take steps for improvement. Please refer to the [CAHPS survey tip sheet](#) to learn more about why this annual survey is important, how it is conducted, what questions are asked and ways you can successfully address care opportunities for patients.

Nebraska HeartlandBlue

BCBSNE has entered the Affordable Care Act (ACA) Marketplace with our Nebraska HeartlandBlue plans, effective Jan. 1, 2023. We wanted to take the opportunity to give some important reminders about these policies:

- Narrow networks require members to access care within in-network providers.
- Policies with prefixes of YST and YNQ are narrow network health plans.

- Please verify benefit and network coverage as members may present to the Emergency Department for services. If services are determined to be non-emergent, out-of-network benefits for these plans are considered a contract exclusion and all charges will be member liability.

Thank you for your collaboration and please do not hesitate to call your Provider Relationship Executive if you have any questions.

Introducing your newest Provider Executive



We are pleased to welcome Jennifer Drew to the Provider Executive team.

Jennifer has been with BCBSNE since 2021, as part of the Customer Service team.

Jennifer works for BCBSNE from Kearney and will be working with providers in ZIP codes starting with 688, 690, 691, 692 and 693.

In her personal life, Jennifer is married and has three daughters. She is an animal lover and loves the outdoors.

We are excited to have Jennifer on board!

With Jennifer's addition, other changes have been made to the Provider Executive territories. For the updated Provider Executive listing, please see the updated list at [NebraskaBlue.com](https://www.NebraskaBlue.com).

Security Corner: Detecting Cybersecurity Incidents

Detecting potential cybersecurity issues is key to minimizing the impact of incidents—and every person at every clinic plays a part in detection:

- Monitor your computers for unauthorized devices (like USB drives) and unauthorized software.
- Make sure only approved people use your computers, tablets, and other devices.
- Investigate any unusual activities or events.