



REFORM is coming to our MEMBER ID CARDS

As you know, there are many changes happening in the healthcare industry as a result of the Affordable Care Act (ACA) more commonly referred to as “healthcare reform.” You may already be experiencing change in your own office and more changes will continue through and beyond 2014. We at Blue Cross and Blue Shield of Louisiana believe it is important you know the ins and outs of these coming changes as they pertain to your daily business, as well as how these changes impact our members—your patients.

So, who is required to have health insurance? Under the new law, almost everyone is required to have healthcare insurance. This means that even people

who aren’t currently insured will soon be obtaining healthcare insurance. This also means that more and more people will be carrying health insurance ID cards.

As we at Blue Cross prepare for impending healthcare reform changes, it is necessary to make changes to our standard processes to accommodate these healthcare reform changes. One such area of change is our member identification (ID) cards.

We are “reforming” some of the information you see today on our member ID cards, due in part to the multiple cost share arrangements we will offer in 2014 and beyond. We have simplified some aspects of our member ID cards to ensure they are accurate and consistent for all of our product options and member movement within the marketplace. This simplification not only allows us to communicate other information such as product-specific information, but also ensures our member ID cards remain compliant with state regulations.



What can I do to get involved?

Join Blue Cross and Blue Shield of Louisiana and the Louisiana Healthcare Education Coalition (LHEC), a civic organization committed to providing unbiased healthcare and wellness information to the people of our state. LHEC is looking for like-minded partners to join in addressing key issues, such as steering through the new healthcare system, the major drivers of healthcare costs, the critical importance of personal wellness and the need for system transformation to increase quality while reducing cost.

To learn more, contact:

lhec@bcbsla.com or visit www.lhec.net



More information on changes to our member ID cards is included within this newsletter.

The HEALTHCARE MARKETPLACE

Beginning Oct. 1, 2013, during open enrollment, individuals and small businesses may purchase health insurance online (for an effective coverage date of Jan. 1, 2014) on what is being called the Health Insurance Marketplace. This will be an Expedia-like site where people can shop online for insurance and compare prices and plans.

Every health insurance plan in the new marketplace will offer comprehensive coverage, from doctors to medications to hospital visits. The products in the marketplace will fall under four categories or “metal levels.” Blue Cross is in the process of finalizing its product offerings for the different metal levels. Below is a summary of the metal levels and a look at their targeted markets.

Platinum level. Targeted to individuals who use healthcare more often and the premium cost is worth the advantage of low-deductible and first-dollar coverage.

Gold level. Targeted to individuals willing to pay more for coverage that offers a lower deductible and rich benefits.

Silver level. Targeted to individuals eligible for cost-sharing reductions and those willing to pay slightly higher premiums to reduce out-of-pocket (OOP) costs.

Bronze level. Targeted to individuals looking for a low-cost product option with high deductibles and coinsurance.

There are no “metal level” indicators on our member ID cards for determining the level of benefits obtained by the member. For this reason, it is important to not only recognize key information on our ID Cards but to also use iLinkBLUE (www.BCBSLA.com/ilinkblue/) as your one-stop source for determining member eligibility and benefits.

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PHONE NUMBER changes on MEMBER ID CARDS

BlueCard

- The “BlueCard Access” phone number will remain on member ID cards, but under the new label of “Find a Provider.” While the term BlueCard is recognizable by our providers, it is less familiar to our members. The toll-free number is the same (1.800.810.2583). The term “Find a Provider” describes the reason to use the number, making it member-friendly.

Express Scripts, Inc.

- There will no longer be two ESI phone numbers on member ID cards. There will be one (1) toll-free number for both members and providers titled “Pharmacy Questions” (1.866.781.7533).

Dental

- Beginning Jan. 1, 2014, Blue Cross will have two dental networks instead of the one dental network offered today. These dental networks have separate customer service phone numbers.
 - **Blue Cross Dental Network.** This is our existing dental network and the applicable Customer Service number (may vary by group) is listed on the back of members’ ID cards.
 - **Advantage Plus Network.** The member customer service number is listed on the back of the member ID card (1.866.445.5338). The provider inquiry number is listed on the back of the member ID card (1.866.445.5825). *For more on dental ID cards, see the dental section on Page 7.*

CLAIMS FILING INSTRUCTIONS added to MEMBER ID CARDS

Beginning Jan. 1, 2014, it is important to pay close attention to the filing instructions that we are adding to the back of our member ID cards. These instructions will vary according to the network and product and may include vision and dental product filing instructions. *Note: ID card instructions for filing Medicare-primary claims will not change.*

REMOVING INFORMATION from our MEMBER ID CARDS

Removal of Dollar Amounts

- We are removing the copayment, coinsurance and deductible information from ALL fully-insured group and individual member ID cards. Providers should access iLinkBLUE (www.bcbsla.com/ilinkblue/) for the most current member benefit information. Self-funded groups may still include dollar amounts on member ID cards.

Removal of Statements

- We are removing the statement "Authorizations required for some services." The need for authorizations is a well established practice and highly used by our providers. Though the statement has been removed, our authorization

requirements are still in effect and available in our provider manuals and network speed guides ([Web: www.bcbsla.com](http://www.bcbsla.com) >I'm a Provider >Education on Demand or [iLinkBLUE: www.bcbsla.com/ilinkBLUE](http://www.bcbsla.com/ilinkBLUE)).

- For our Community Blue and BlueConnect products, we are removing the statement, "Restricted Lab Networks" from the ID cards. The appropriate referral practice is in place for network providers of Community Blue and BlueConnect members and appeals regarding the use of inappropriate labs are infrequent. This allows the look of these ID cards to be consistent with the other product ID cards.
- Members who purchase a HMOLA medical product and a dental product will receive separate ID cards for medical and dental services.

Sample 2014 ID Card (without dental)

A separate ID card is issued in each member's name

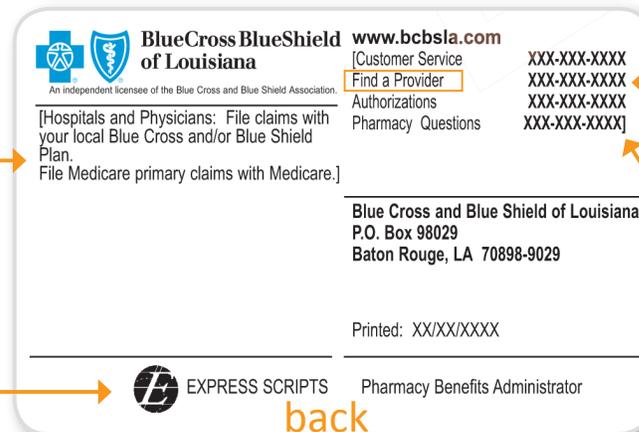


Network indicator

Copayment, deductible and coinsurance information removed for fully-insured members*

BlueCard Suitcase

Claims filing instructions



Universal BlueCard customer service

Universal pharmacy customer service

Pharmacy carrier

*Self-funded groups may still include dollar amounts on member ID cards.

PREFERRED CARE PPO

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers. A special Preferred Care logo distinguishes Preferred Care PPO members from our other members. This logo is located at the top right corner of the ID card as shown. The “PPO” in a suitcase logo identifies the nationwide

BlueCard® Program. PPO ID cards for 2014 will be issued in each member’s name instead of the subscriber’s name only. The PPO ID card is used for both medical and dental coverage when a dental network is indicated on the front of the ID card.

See Pages 6 and 7 for more information on dental and vision coverage.

Sample 2014 PPO ID Card

(See Pages 6 and 7 for details on dental and vision)

Blue Cross logo on the ID Card → [Blue Cross and Blue Shield logos]

BlueCross BlueShield of Louisiana → [Logo and text]

Preferred Care PPO network indicator → [Preferred Care PPO logo]

A separate ID card is issued for each member on the policy → [Member Name: John Q. Smith]

Member ID number → [MEMBER ID: 123456789]

Group number → [Grp/Subgroup: 12345XX6/000]

Prescription Member ID number and group number → [RxMbr ID: 123456789, RxPCN-A4: BSLA]

This is a change from how PPO ID cards are issued for 2013 policies, which are issued in the subscriber's name only → [BC PLAN 170, BS 670]

BlueCard Out-of-Area suitcase includes PPO because this is a PPO policy → [PPO suitcase logo]

Blue Cross website → [www.bcbsla.com]

Contact phone numbers → [Customer Service: XXX-XXX-XXXX, Find a Provider: XXX-XXX-XXXX, Authorizations: XXX-XXX-XXXX, Pharmacy Questions: XXX-XXX-XXXX]

Claims filing instructions for benefit carrier (i.e. Davis Vision, United Concordia Dental, Medicare, etc.) shown here → [Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan. File Medicare primary claims with Medicare.]

Claims mailing address(es) → [Blue Cross and Blue Shield of Louisiana, P.O. Box 98029, Baton Rouge, LA 70898-9029]

Pharmacy carrier shown here → [EXPRESS SCRIPTS Pharmacy Benefits Administrator]

front

back

HMO LOUISIANA, INC. (HMOLA)

HMOLA is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMOLA provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. HMOLA is available in the Baton Rouge, New Orleans and Shreveport service areas only. HMOLA allows members to choose from both HMO and Point of

Service (POS) benefit plans. HMO ID cards are issued for each covered member and separate ID cards are issued for each covered dental member when the Blue Cross Dental Network is selected. Only one ID card is issued when the Advantage Plus Network is selected as the dental carrier.

See Pages 6 and 7 for more information on dental and vision coverage.

Sample 2014 HMO ID Card

(See Pages 7&8 for details on dental and vision)

HMOLA logo on the ID card →

A separate ID card is issued for each member on the policy. →

Member Name [ABC Company] [PCP]
JOHN Q SMITH

Member ID
XUH1234567890 ← **Member ID number**

Grp/Subgroup **12345XX6/0000** ← **Group number**

RxMbr ID **123456789**

RxBIN **003858** **RxPCN-A4** ← **Prescription member ID number and group number**

RxGrp **BSLA**

BC PLAN 170 **BS 670**

04100 01184 1008
Sample

BlueCard Out-of-Area suitcase is blank because this is not a PPO policy but out-of-area coverage is available

Each member's selected primary care physician (PCP) is shown on the ID card

In addition to the HMO Logo on the ID card, a network indicator will show here when the member has purchased a Community Blue or BlueConnect product.



BlueConnect is a HMO Point of Service product available to groups and individuals in Jefferson and Orleans parishes. Members receive the highest level of benefits when using network providers and with proper authorization when required. When a BlueConnect logo is present on a HMOLA ID card, it identifies that the member participates in the BlueConnect network.



Community Blue is a HMO Point of Service product available to groups and individuals in East Baton Rouge, West Baton Rouge and Ascension parishes only. Members receive the highest level of benefits when using network providers and with proper authorization when required. When a Community Blue logo is present on a HMOLA ID card, it identifies that the member participates in the Community Blue network.

Dental & Vision for Members Under Age 19

With healthcare reform comes Essential Health Benefits (EHB), coverage requirements for benefits that are deemed essential to the health of the insured member. Of the many categories of EHB, pediatric services for dental and vision care are included.

Beginning Jan. 1, 2014, Blue Cross and HMOLA non-grandfathered small group and individual policies will automatically include dental and vision EHB coverage for members under age 19. This is applicable both in and out of the Marketplace.

Adult members (age 19 and older) on the same medical policy will not have dental and vision benefits unless purchased separately (stand-alone) from their medical policy. When stand-alone dental or vision benefits are selected by the member, this could mean that members under age 19 may have dual dental and/or vision coverage. Stand-alone dental and vision information will be listed on the back of the ID cards for adult members.

Members under age 19 on a dental and vision EHB policy will have the same member number as adult members with one difference. Members under age 19 will have the Advantage Plus Network and Davis Vision information on their ID cards. The dental network will be indicated on the front of the member ID card. Dental and vision filing instructions will be listed on the back of the member ID card.

Sample ID cards shown below:



Sample ID card for members under age 19. Dental network is indicated on the front of the member ID card



Dental & Vision filing information is listed on the back of the member ID card for members under age 19



Sample ID card for adult members on same policy

No dental network is shown on the front of the member ID card

Filing instructions are not listed on back of adult member ID card unless stand-alone dental or vision is purchased

DENTAL

Today, we offer dental benefits on group, but not individual policies. Beginning Jan. 1, 2014, our individual members will be able to purchase individual dental policies in the Healthcare Marketplace.

We are also expanding to two (2) separate dental networks. Blue Cross and HMOLA group and individual members with dental benefits will access one of two dental networks.

1. Blue Cross Dental Network

The Blue Cross Dental Network is the same network of dental providers accessed by members today. Dental providers in this network are contracted directly with Blue Cross. Benefits, authorizations and claims are handled directly by Blue Cross. Grandfathered, large group, self-insured group, and group stand-alone policies will still access the Blue Cross Dental Network on and after Jan. 1, 2014.

To become a Blue Cross Dental Network provider, contact the Network Development department at 1.800.716.2299, option 1.

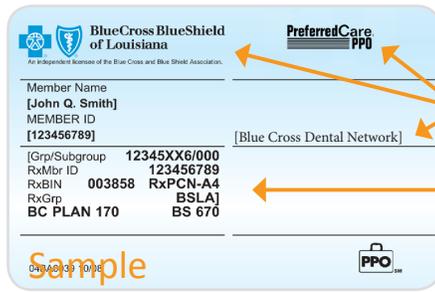
2. Advantage Plus Network

The Advantage Plus Network is a new dental network that will be available to members beginning Jan. 1, 2014. The Advantage Plus Network will be the dental network for pediatric essential health benefits and for non-grandfathered, small group, stand-alone and individual policies. The Advantage Plus Network is administered by United Concordia Dental and providers must be contracted directly with UCD to be in-network for these members. A Blue Cross-dedicated customer service unit for members as well as benefits, authorizations and claims will be administered for Blue Cross by UCD.

To become an Advantage Plus Network provider, contact UCD directly at 1.800.291.7920, ext. 9.

Note: The dental claims filing address will be listed on the back of member ID cards when dental benefits are available.

SAMPLE 2014 DENTAL ID CARDS

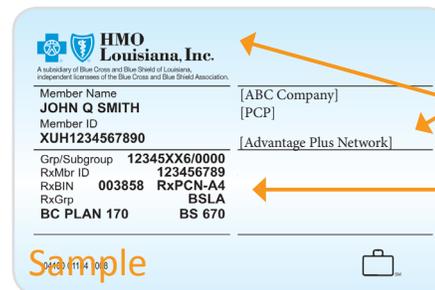


Member's PPO medical ID card indicates "Blue Cross Dental Network" when dental benefits are through Blue Cross Dental Network

Medical ID cards include prescription information on the card



Member's PPO medical ID card indicates "Advantage Plus Network" when dental benefits are administered through UCD



Member's HMO medical ID card indicates "Advantage Plus Network" when dental benefits are administered through UCD

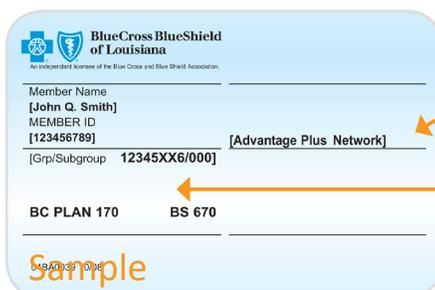
Medical ID cards include prescription information on the card.



Dental ID card shown is issued for stand-alone dental policies through the Blue Cross Dental Network

This sample also represents dental ID cards separately issued for HMO policies through the Blue Cross Dental Network

Stand-alone dental ID cards DO NOT include prescription information on the card



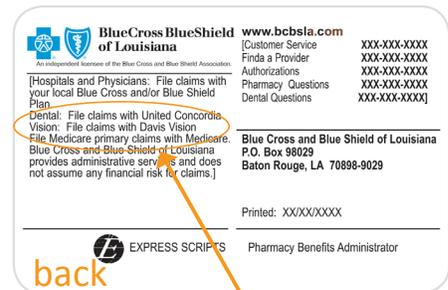
Stand-alone dental ID card indicates the Advantage Plus Network

Stand-alone dental ID cards DO NOT include prescription information on the card

VISION

Today, Blue Cross and HMOLA offer medical policies with embedded vision benefits as well as stand-alone vision benefits that may be purchased supplemental to the medical policy. Group stand-alone vision policies will continue be offered outside the Healthcare Marketplace.

Members who have a medical policy (PPO or HMO) that includes routine-vision benefits (embedded or stand-alone) will receive one (1) ID card per member that includes vision instructions on the back of the ID card.



Routine vision instructions are included on the back of members' medical ID cards when benefits are available

Members with routine-vision benefits have access to Davis Vision's network of providers. Benefits and claims processing will also be handled directly by Davis Vision.

Members with routine-vision coverage should present their medical ID card to Davis Vision providers for accessing their routine-vision benefits.

To be in-network for members with routine-vision coverage, providers must be contracted directly with Davis Vision. For more information on becoming a Davis Vision provider, contact Davis Vision directly at 1.800.584.3140.



BlueCross BlueShield of Louisiana

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Healthcare Reform: *New Rules, New Challenges, New Opportunities*

Find more online about healthcare reform at:

www.BCBSLA.com/reform



HCR News

HCR News is newsletter on Healthcare Reform changes for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

If you would like to receive this newsletter by email, please contact us at provider.communications@bcbsla.com.

PROVIDER RESOURCES

Reform Web	www.BCBSLA.com/reform www.LHEC.net
Provider Web	www.BCBSLA.com >I'm a Provider
iLinkBLUE & EFT	iLinkBLUE.ProviderInfo@bcbsla.com 1.800.216.BLUE (2583)
Provider Relations	Provider.Relations@bcbsla.com 1.800.716.2299, option 4
Network Development	Network.Administration@bcbsla.com 1.800.716.2299, option 1
Provider Services	1.800.922.8866