

Behavioral Health Webinar for Professional Providers

2020

Provider Relations Department
provider.relations@bcbsla.com



Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association. Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

New Directions is an independent company serving as the behavioral health manager for Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc.

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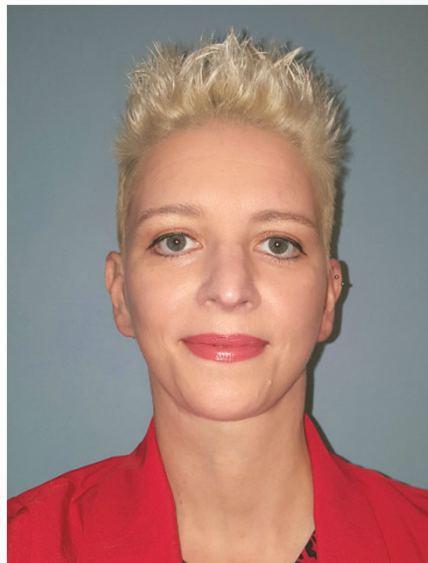
Presented by



Marie Davis

**Provider Relations
BCBSLA**

New Directions Team



Michelle Sims, LPC, LMFT
Clinical Network Manager



Debbie Crabtree
Provider Relations
Coordinator



Our Mission

To improve the health and lives of Louisianians

Our Core Values

- Health
- Affordability
- Experience
- Sustainability
- Foundations

Our Vision

To serve Louisianians as the statewide leader in offering access to affordable healthcare by improving quality, value and customer experience



Agenda

- Provider Credentialing & Data Management
- Our Networks
- Telehealth
- iLinkBlue Enhancements
- Billing & Claims
- Our Secure Online Services
- New Directions

Provider Relations Team



Your Provider Relations Team at Blue Cross and Blue Shield of Louisiana

Left to right: Marie Davis, Melonie Martin, Anna Granen, Patricia O’Gwynn, Jami Zachary, Mary Guy, Kelly Smith, Lisa Roth



Provider Credentialing & Data Management

Join Our Networks Webpage

- Credentialing and Recredentialing Packets *(including a checklist of all required documents)*
- Quick Links to provider update forms
- Credentialing Criteria

Join Our Networks

The documents below are available in DocuSign® format only. As of March 17, the PDF versions of these forms are no longer available. Submitting these forms in the DocuSign format allows the Provider Credentialing & Data Management staff to continue processing your requests as our employees take precautionary measures to prevent the spread of the novel Coronavirus (COVID-19). For details on completing DocuSign forms, [view this guide](#). When submitting DocuSign documents, please do not separately email them to Blue Cross. We automatically receive your submission from the DocuSign application. Double submissions (submitting through DocuSign and also sending an email of the completed form) could delay the processing time for your request.

Since 1996, we have been dedicated to fully credentialing providers who apply for network participation. Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC). All provider information obtained during the credentialing process is considered highly confidential.

Credentialing Process

There are two options for obtaining a Blue Cross provider record. You may request network participation or just a provider record as a non-participating provider for the purpose of filing claims. Complete the correct credentialing packet below and return to Blue Cross with all required documents.

DocuSign Format

- [Professional Initial Credentialing Packet](#)
- [Professional Recredentialing Packet](#)
- [Facility Initial Credentialing Packet](#)
- [Facility Reverification Packet](#)

Receipt of an application or agreement does not guarantee acceptance into any network. The credentialing process takes up to 90 days when all required information is received. Providers will remain non-participating in our networks until their credentialing application has been approved by our [Credentialing Committee](#).

We do not back-date network participation prior to the approval date. The credentialing approval date becomes the effective date of network participation, unless a future date is requested.

Providers may appeal committee decisions using our [Appeals and Terminations Guidelines](#).

Quick Links


DocuSign Format

- [Provider Update Form](#)
- [Link to Group or Clinic Request Form](#)
- [Number of Tax Identification Number \(TIN\) Change](#)
- [Request for Termination Form](#)
- [Add Practice Location Form](#)
- [Remove Practice Location Form](#)

www.BCBSLA.com/providers > Provider Networks > Join Our Networks

Required Supporting Documentation for Professional Providers

Blue Cross now uses the LSCA for both credentialing and recredentialing applications

 **LOUISIANA STANDARDIZED CREDENTIALING APPLICATION**

DIRECTIONS
Please type or print in black ink when completing this form. If you need more space or have more than four locations, attach additional sheets and reference the question being answered. Please see page 10 for a list of required documents.
** All sections must be completed in their entirety. "See C.V.", not acceptable**

GENERAL INFORMATION

Last Name		Suffix	First	Middle	Gender
					Male Female
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> DC <input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> Other					
Any other name under which you have been known? (AKA) List			ECFMG Number		
			UPIN Number		
Home Street Address			City	State	Zip Code
Home Phone Number		Pager Number/Answering Service		Home Email Address (optional)	
Social Security Number	Date of Birth	Birth Place (city, state)		Race/Ethnicity (optional)	
NPI - Individual	Medicaid Provider Number		Medicare Provider Number		

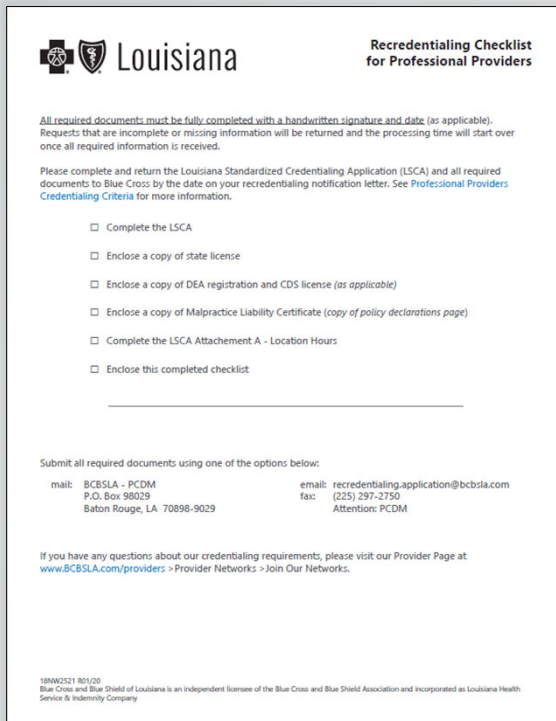
PRIMARY PRACTICE LOCATION


Institution/Group/Clinic Name (if Applicable)			Office Manager		
Tax Identification Number	Effective Date of Provider at this Practice Location			NPI - Group	
Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT : must match IRS information exactly)					
Physical Address		City	State	Zip Code	
Office Email		Office Website			
Main Phone Number	Appointment Phone Number		Fax Number		
Billing Address (where you want payments sent)			Contact Person	Phone Number	
City	State	Zip Code	Billing Email	Fax Number	
Correspondence Address (where you want communications sent)			Contact Person	Phone Number	
City	State	Zip Code	Correspondence Email	Fax Number	
Medical Records Address (where you want medical record requests sent)			Contact Person	Phone Number	
City	State	Zip Code	Medical Records Email	Fax Number	
Type of Practice: <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Hospital-based					
<input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payor-owned					
If Hospital-employed or Healthplan/Payor-owned, please indicate owner name					
Office Hours	Mon	Tues	Wed	Thur	Fri
	Sat	Sun			
Do you practice at this location: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (Specify)					
Languages spoken at this location (other than English):					
<input type="checkbox"/> Provider <input type="checkbox"/> Other					

Last Revised 01/2012 Page 1 of 10

Find our credentialing links at www.BCBSLA.com/providers
>Provider Networks >Join Our Networks

Required Supporting Documentation for Professional Providers



 Louisiana

**Recredentialing Checklist
for Professional Providers**

All required documents must be fully completed with a handwritten signature and date (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

Please complete and return the Louisiana Standardized Credentialing Application (LSCA) and all required documents to Blue Cross by the date on your recredentialing notification letter. See [Professional Providers Credentialing Criteria](#) for more information.

- ☐ Complete the LSCA
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA registration and CDS license (*as applicable*)
- ☐ Enclose a copy of Malpractice Liability Certificate (*copy of policy declarations page*)
- ☐ Complete the LSCA Attachment A - Location Hours
- ☐ Enclose this completed checklist

Submit all required documents using one of the options below:

mail: BCBSLA - PCDM P.O. Box 98029 Baton Rouge, LA 70898-9029	email: reccredentialing-application@bcbsla.com fax: (225) 297-2750 Attention: PCDM
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If you have any questions about our credentialing requirements, please visit our Provider Page at www.BCBSLA.com/providers > Provider Networks > Join Our Networks.

18MWS121 8/1/20
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The professional recredentialing packet includes a checklist of all required documents

- Complete the LSCA
- Enclose a copy of state license
- Enclose a copy of DEA registration and CDS license (*as applicable*)
- Enclose a copy of Malpractice Liability Certificate (*copy of policy declarations page*)
- Complete the LSCA Attachment A - Location Hours
- Enclose this completed checklist

- You must complete the applicable checklist and submit all of the indicated documents
- Credentialing packets with incomplete, missing information or submitted incorrectly will be returned

Required Recredentialing Documents

Effective June 2020, we moved our provider recredentialing process to an entirely digital format, with forms available through DocuSign®. Providers will receive their notice to recredential through an email, which will contain a link to DocuSign versions of our recredentialing forms.


- Network providers who are due for recredentialing will receive a notification letter eight months in advance of their due date
- Current providers seeking recredentialing should use the Louisiana Standardized Credentialing Application
- This application is part of the Professional Recredentialing Packet
- Submit your recredentialing packets (and find a checklist of all required documents) online at www.BCBSLA.com/providers > Provider Networks > Join Our Networks

The image shows the 'LOUISIANA STANDARDIZED CREDENTIALING APPLICATION' form. It includes sections for 'GENERAL INFORMATION' (Last Name, First, Middle, Gender, Degree, etc.), 'PRIMARY PRACTICE LOCATION' (Institution/Group/ Clinic Name, Effective Date, etc.), and 'BILINGUAL INFORMATION' (Languages spoken at this location). The form is titled 'Page 1 of 10'.

The image shows the 'Provider Update Request Form' from Louisiana. It includes sections for 'GENERAL INFORMATION' (Last Name, First, Middle, Gender, Degree, etc.), 'PRIMARY PRACTICE LOCATION' (Institution/Group/ Clinic Name, Effective Date, etc.), and 'BILINGUAL INFORMATION' (Languages spoken at this location). The form is titled 'Page 1 of 2'.

To update the email address on file for your provider use our Provider Update Request Form. This form can be found online at www.BCBSLA.com/providers > Resources > Forms

Required Supporting Documentation for Professional Providers



Louisiana

You may choose to participate in our networks under a new provider agreement or join a provider group with an existing agreement. You can also simply obtain a provider record as a non-participating provider for the purpose of filing claims. Please complete the appropriate checklist below and return this checklist with your packet. All required documents must be fully completed with a handwritten signature and date. Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received. If you have any questions about our credentialing requirements, please visit our Provider page at www.BCBSLA.com/providers > Provider Networks > Join Our Networks. See [Professional Providers Credentialing Criteria](#) for more information.

☐ I wish to PARTICIPATE in Blue Cross' network(s)

☐ I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider

☐ **New Contract**
Our Network Development department will contact you regarding a new network agreement.

☐ Complete the Louisiana Standardized Credentialing Application

☐ Attachment A - Location Hours

☐ Complete the iLinkBlue Service Agreement

☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement

☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form

☐ Enclose a canceled check/bank letter confirming account

☐ Complete the Administrative Representative Registration Form

☐ Complete the Administrative Representative Acknowledgment Form

☐ Enclose an EIN Letter

☐ Enclose a W-9 Form

☐ Enclose a copy of state license

☐ Enclose a copy of DEA registration and CDS license (as applicable)

☐ Enclose a copy of Malpractice Liability Certificate (copy of policy declarations page)

☐ Enclose a Reimbursement During Credentialing Request (if applicable)

☐ Enclose this completed checklist

☐ **Joining an Existing Group**
Upon approval, we will add you to existing network agreements applicable to your organization.

☐ Complete the Louisiana Standardized Credentialing Application (if not currently credentialed)

☐ Attachment A - Location Hours

☐ Enclose a copy of state license

☐ Enclose a copy of DEA/CDS Licenses (where applicable)

☐ Enclose a copy of Malpractice Liability Certificate (copy of policy declarations page)

☐ Enclose a Reimbursement During Credentialing Request (if applicable)

☐ Complete and enclose the Link to Group or Clinic Form (if currently credentialed)

☐ Enclose this completed checklist

Submit all required documents to:

mail: BCBSLA - PCDM
P.O. Box 98029
Baton Rouge, LA 70898-9029

email: network.administration@bcbsla.com

fax: (225) 297-2750
Attention: PCDM

18NW2513 R10/19

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- The professional (initial) credentialing packet includes a checklist of all required documents
- To **join our networks through a new contract**, or **joining an existing group**, complete the checklist under "I wish to PARTICIPATE in Blue Cross' network(s)"
- If you **want a provider record only for filing claims**, complete the checklist under "I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider"

- You must complete the applicable checklist and submit all of the indicated documents
- Credentialing packets with incomplete, missing information or submitted incorrectly will be returned

Credentialing Criteria - Professional

The following professional provider types must meet certain criteria to participate in our networks:


- Applied Behavioral Analyst (ABA)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Louisiana Addictive Counselor(LAC)
- Licensed Clinical Social Worker (LCSW)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Psychologist (Ph.D.)
- Licensed Professional Counselor (LPC)



View the *Credentialing Criteria* for these professional provider types at www.BCBSLA.com/providers >Provider Networks >Join Our Networks

LSCA Attachment A – Location Hours

- This new form is required as an attachment to the LSCA
- Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location
- Location information reported on this form must correlate to the locations reported on the LSCA, as applicable
- We use the information from this form to determine if the provider meets the qualifications to be listed in our provider directory


Louisiana

**Louisiana Standardized
Credentialing Application (LSCA)
Attachment A - Location Hours**

Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location.

This form is required as an attachment to the LSCA and location information reported on this form must correlate to the locations reported on the LSCA, as applicable. Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location.

GENERAL INFORMATION						
Individual Provider Last Name		First Name			Middle Initial	
Individual Provider NPI				Group/Clinic Tax ID Number		

FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE SECONDARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE THIRD PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

18NW2738 08/19
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

In order to be listed in the directory, professional providers must be available to schedule patient appointments a minimum of 16 hours per week at the location listed

Digitally Submitting Applications & Forms to Blue Cross with DocuSign®

Blue Cross is excited to announce that we are enhancing your provider experience by streamlining how you can submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can now complete, sign and submit many of our applications and forms digitally with **DocuSign**.

This enhancement will help streamline your submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross. Through this enhancement, you will be able to electronically upload support documentation and even receive alerts reminding you to complete your application and confirm receipt.

What is DocuSign?

An innovator in e-signature technology, that helps organizations connect and automate how various documents are prepared, signed and managed

The screenshot displays the 'DocuSign® Guide' for Louisiana. It includes an introduction explaining the digital submission process and two main steps: Step 1: Click the link for the needed Blue Cross form, then enter your initial information; and Step 2: Accept the Electronic Record and Signature Disclosure. The guide also features a 'Please Review & Act on These Documents' section with a 'DocuSign' button and a 'Please Review & Act on These Documents' section with a 'DocuSign' button. The guide is dated 10/04/2018 01:20.

To help with this transition, we created a DocuSign® guide that is available online at www.BCBSLA.com/providers >Join Our Networks

Easily complete packets & forms with DocuSign®

The following applications and forms have been enhanced with DocuSign® capabilities:

Credentialing packets

- Professional (initial)
- Professional (recredentialing)
- Facility (initial)
- Facility (reverification)



Provider Forms

- Provider Update Request Form
- Link to Group or Clinic Request Form
- Notice of Tax Identification Number (TIN) Change Form
- Request for Termination Form
- Add Practice Location Form
- Remove Practice Location Form
- iLinkBlue Application Packet
- EFT Termination or Change Form

After submitting your documents through DocuSign®, please do not send via email

Easily complete forms with DocuSign

The screenshot shows a DocuSign interface for a 'Link to Group or Clinic Request Form'. The form is titled 'Louisiana' and includes a header with the DocuSign logo and a 'FINISH' button circled in blue. A blue callout bubble points to the 'FINISH' button, stating 'Instructions correspond to requirement of the active field'. Another blue callout bubble points to the 'FINISH' button, stating 'Navigation tool guides you through fields'. A red outline around the 'Required - Individual Provider Last Name' field is highlighted by a blue callout bubble stating 'Red outline indicates a required field'. A blue callout bubble points to the 'Required - Individual Provider Last Name' field, stating 'Tool tips provide information about field requirements'. The form includes sections for 'GENERAL INFORMATION' and 'BILLING ADDRESS (for payment registers, reimbursement checks, etc.)'. The 'GENERAL INFORMATION' section contains fields for 'Required - Individual Provider Last Name', 'Middle Initial', 'Individual Provider NPI', 'Group/Clinic Name', 'Group/Clinic NPI', 'Group/Clinic Tax', 'Effective Date', 'What is your specialty?', and 'Are you a primary care provider (PCP)?'. The 'BILLING ADDRESS' section contains a 'Billing Address' field. A yellow 'FILL IN' button is located on the left side of the form. A red text block at the top right of the form reads: 'DEMONSTRATION DOCUMENT ONLY PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200 www.docusign.com'.

Enter text

Instructions correspond to requirement of the active field

FINISH FINISH LATER OTHER ACTIONS

3944-4CF0-9060-281288EF275B

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Link to Group or Clinic Request Form

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Malpractice Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Blue Cross, please also fully complete and include the iLinkBlue agreement packet (includes an electronic funds transfer application); available online at www.BCBSLA.com/providers > Electronic Services > iLinkBlue

To link to more than two physical locations, make a copy of page 2 of this form.

GENERAL INFORMATION

Required - Individual Provider Last Name

Middle Initial

Individual Provider NPI

Group/Clinic Name

Group/Clinic NPI

Group/Clinic Tax

Effective Date

What is your specialty?

Are you a primary care provider (PCP)?

☐ Yes ☐ No

BILLING ADDRESS (for payment registers, reimbursement checks, etc.)

Billing Address

FILL IN

Navigation tool guides you through fields

Red outline indicates a required field

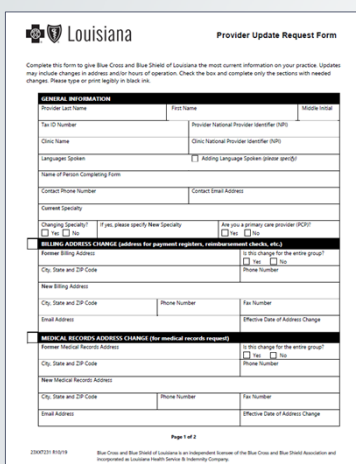
Tool tips provide information about field requirements

Find our *DocuSign*® Guide at www.BCBSLA.com/providers > Provider Networks > Join Our Networks

How to Update Your Information

It is important that we always have your most current information in our files. Our Provider Data team manages demographic changes to your provider record.

Below are the **required** forms for making the indicated changes to your record:



Provider Update Request Form

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice. Updates may include changes in address and/or hours of operation. Check the box and complete only the sections with needed changes. Please type or print legibly in black ink.

GENERAL INFORMATION

Individual Provider Information: First Name, Last Name, Middle Initial, Tax ID Number, Provider National Provider Identifier (NPI), Clinic Name, Clinic National Provider Identifier (NPI), Language System, Name of Person Completing Form, Contact Phone Number, Contact Email Address, Consent Specialty, Changing Specialty? (Yes/No), If you please specify, New Specialty, Are you a primary care provider (PCP)? (Yes/No).

BILLING ADDRESS CHANGE (for general providers, non-medical records request)

Are you changing for an entire group? (Yes/No). Billing Address: City, State and ZIP Code, Phone Number, New Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address, Effective Date of Address Change.

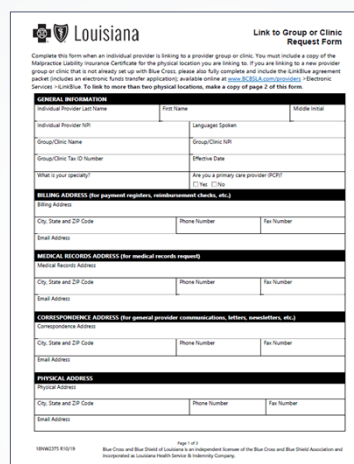
MEDICAL RECORDS ADDRESS CHANGE (for medical records request)

Are you changing for the entire group? (Yes/No). Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address, Effective Date of Address Change.

Page 1 of 2

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Use our **Provider Update Request Form** if you have an address, phone, fax, email address or hours of operation change



Link to Group or Clinic Request Form

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Masterfile Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Blue Cross, please also fully complete and include the Louisiana agreement packet (includes an electronic health transfer application, available online at www.bcbbsla.com/providers). Electronic Services - Louisiana. To link to more than two physical locations, make a copy of page 2 of this form.

GENERAL INFORMATION

Individual Provider Information: First Name, Last Name, Middle Initial, Individual Provider NPI, Language Spoken, Group/Clinic Name, Group/Clinic NPI, Group/Clinic Tax ID Number, Effective Date, What is your specialty? (Yes/No), Are you a primary care provider (PCP)? (Yes/No).

BILLING ADDRESS (for general providers, non-medical records, etc.)

Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

MEDICAL RECORDS ADDRESS (for medical records request)

Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)

Correspondence Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

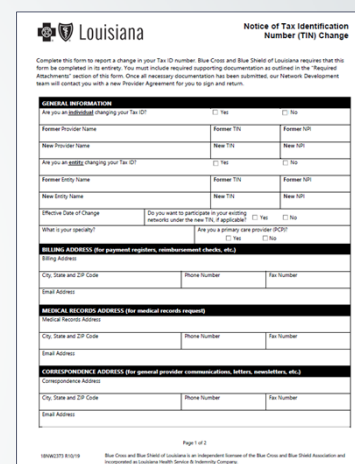
PHYSICAL ADDRESS

Physical Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

Page 1 of 2

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Use our **Link to Group or Clinic Request Form** when a credentialed provider is linking to a provider group or clinic



Notice of Tax Identification Number (TIN) Change

Complete this form to report a change in your Tax ID number. Blue Cross and Blue Shield of Louisiana requires that this form be completed in its entirety. You must include required supporting documentation as outlined in the "Required Documentation" section of this form. Once all necessary documentation has been submitted, our Network Development team will contact you with a new Provider Agreement for you to sign and return.

GENERAL INFORMATION

Are you requesting a change in your Tax ID? (Yes/No). Former Provider Name, Former TIN, Former NPI, New Provider Name, New TIN, New NPI, Are you requesting a change in your Tax ID? (Yes/No), Former Entity Name, Former TIN, Former NPI, New Entity Name, New TIN, New NPI, Effective Date of Change, Do you want to participate in your existing network under the new TIN & signature? (Yes/No), What is your specialty? (Yes/No), Are you a primary care provider (PCP)? (Yes/No).

BILLING ADDRESS (for general providers, non-medical records, etc.)

Billing Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

MEDICAL RECORDS ADDRESS (for medical records request)

Medical Records Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)

Correspondence Address: City, State and ZIP Code, Phone Number, Fax Number, Email Address.

Page 1 of 2

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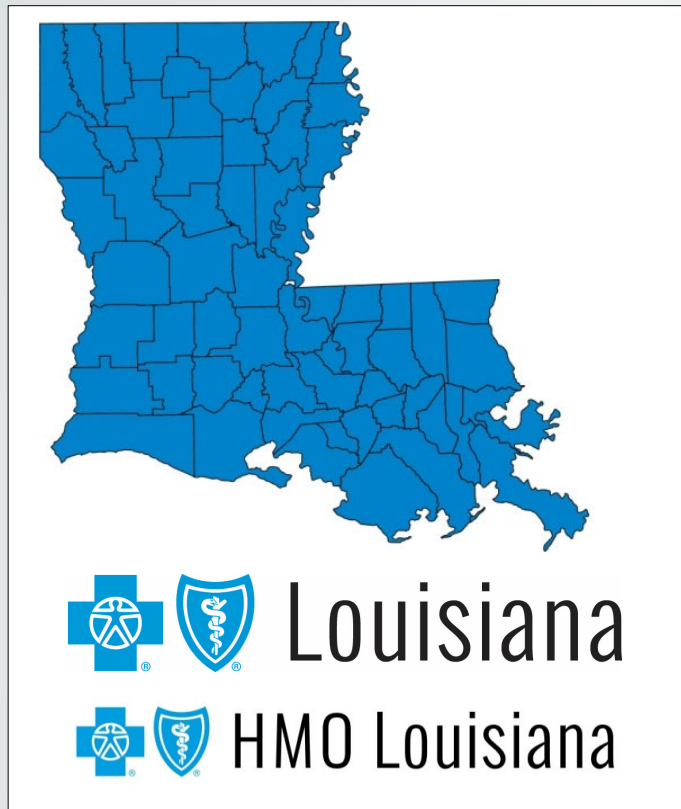
Use our **Notice of Tax Identification Number (TIN) Change** form to report a change in your TAX ID number

Submit these forms online at www.BCBSLA.com/providers > Resources > Forms



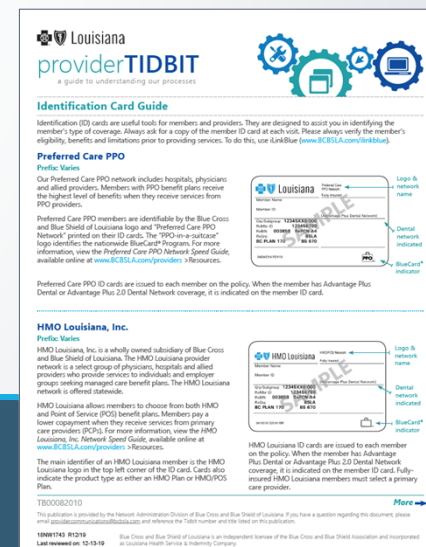
Our Networks

Our Provider Networks

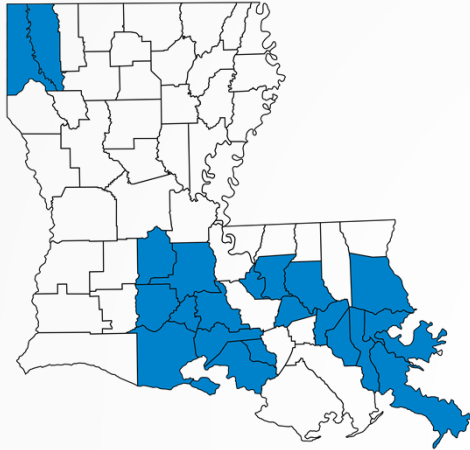


Preferred Care PPO and **HMO Louisiana, Inc.** networks are available statewide to members

We have a Provider Tidbit to help identify a member's applicable network when looking at the ID card. The Identification Card Guide is available online at www.BCBSLA.com/providers, then click on "Resources." Provider Tidbits can also be accessed through iLinkBlue under the "Resources" menu option.



Our Provider Networks



BLUE CONNECT

New Orleans area

Jefferson, Orleans, Plaquemines,
St. Bernard, St. Charles, St. John
the Baptist and St. Tammany parishes

Baton Rouge area

Ascension, East Baton Rouge,
Livingston and West Baton
Rouge parishes

Lafayette area

Acadia, Evangeline, Iberia, Lafayette,
St. Landry, St. Martin, St. Mary and
Vermilion parishes

Shreveport area

Bossier and Caddo parishes



COMMUNITY BLUE

Baton Rouge area

Ascension, East Baton
Rouge, Livingston and West
Baton Rouge parishes

Our Provider Networks



SIGNATURE BLUE

New Orleans area

Jefferson and Orleans
parishes



PRECISION BLUE

Baton Rouge area

Ascension, East Baton
Rouge, Livingston, Pointe
Coupee and West Baton
Rouge parishes

Federal Employee Program

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

FEP BLUE FOCUS

- ✓ LIMITED in-network
- ✗ Out-of-network

New FEP Speed Guide available! Visit
www.CBSLA.com/providers > Resources > Speed Guides

FEP Dedicated Customer Service: 1-800-272-3029						
Benefit Style	Member ID Card Style	Prescription Costs	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Standard Option	In-network benefits Out-of-network benefits	Prescription costs are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Subsequent preventive services may be covered at 100%.	PCP - \$25 copayment Specialists - \$35 copayment	\$20 copayment	Retail Pharmacy 1-800-424-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7880	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option	In-network benefits No out-of-network benefits	Prescription costs are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Subsequent preventive services may be covered at 100%.	PCP - \$20 copayment Specialists - \$40 copayment	\$25 copayment	Retail Pharmacy 1-800-424-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7880	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Blue Focus	Limited in-network benefits No out-of-network benefits	Prescription costs are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Subsequent preventive services may be covered at 100%.	PCP/Specialists - \$20 copayment \$10 copayment per visit for first 10 visits then \$0 thereafter and copayment	\$25 copayment	No non-preferred drug coverage Retail Pharmacy 1-800-424-5060 Specialty Drug Pharmacy 1-888-346-3731 No Mail Service Prescription Drug Coverage	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.

Our Blue Advantage Networks



Louisiana

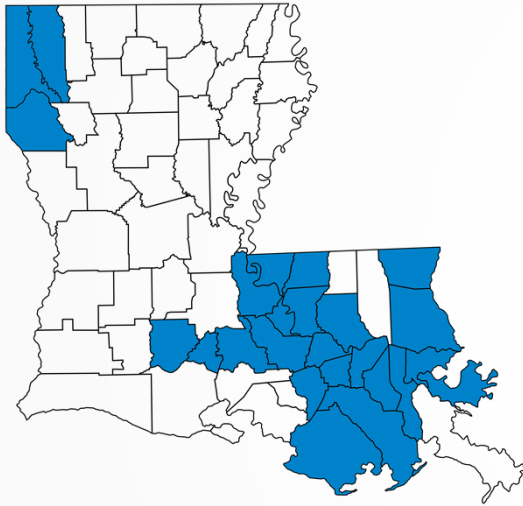
Blue Advantage (HMO) | Blue Advantage (PPO)



Blue Advantage (HMO) and **Blue Advantage (PPO)** networks are available statewide to Medicare eligible members

Healthy Blue Dual Advantage (HMO D-SNP) Network

Healthy Blue Dual Advantage (HMO D-SNP) is our Medicare/Medicaid Dual Advantage special needs product currently available to Medicare/Medicaid-eligible members



HEALTHY BLUE DUAL ADVANTAGE (HMO D-SNP)

New Orleans area

Jefferson, Lafourche, Orleans, St. Bernard, St. Charles, St. Helena, St. John the Baptist, St. Tammany, Terrebonne and Washington parishes

Baton Rouge area

Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, Livingston, St. James, West Baton Rouge and West Feliciana parishes

Lafayette area

Acadia, Lafayette, St. Martin and St. Mary parishes

Shreveport area

Bossier, Caddo and De Soto parishes



Healthy Blue

BlueCard® Program

- BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area
- The main identifiers for BlueCard members are the prefix and the “suitcase” logo on the member ID card. The suitcase logo provides the following information about the member:



The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic



The PPO suitcase indicates the member is enrolled in a Blue Plan's PPO or EPO product



The empty suitcase indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product

National Alliance

(South Carolina Partnership)

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC)
- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC
- Claims are processed through the BlueCard program

BlueCross BlueShield®

Members: Call Customer Service for claims filing information.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions, MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

NUV

MyHealthToolkitLA.com

Customer Service: 877-705-5427
PPO Network Provider Information:
800-810-2583
Provider Service: 800-868-2510
Precertification: 888-376-6544
Mental Health and Substance Abuse
Precertification: 800-868-1032
Express Scripts®: 877-262-3293
*Contracts separately with group.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Pharmacy benefits administrator: Contracts separately with group.

BlueCross BlueShield®

SUBSCRIBER'S FIRST NAME _____
SUBSCRIBER'S LAST NAME _____

Member ID
XXX123456789012

PLAN CODE 380
RxBIN 003858
RxGRP KESA
RxPCN A4

MyHealthToolkitLA.com

PPO®

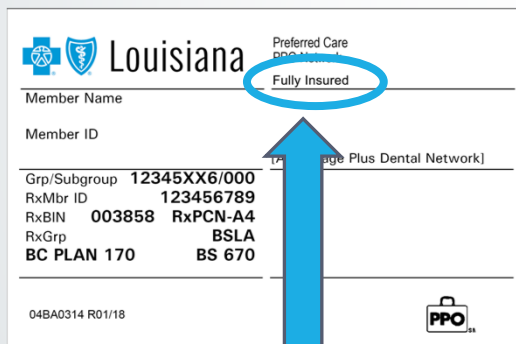
This list of prefixes is available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Resources" section

Fully Insured vs. Self-insured

Member ID Card Differences

FULLY INSURED

Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA

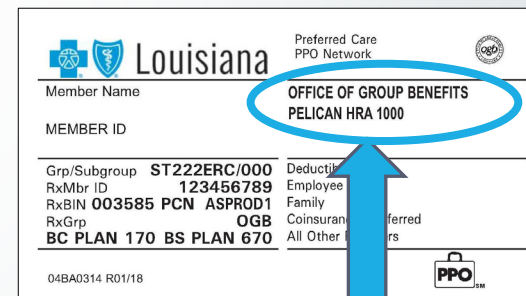


A sample Member ID Card for a Fully Insured member. The card features the Louisiana Blue Cross logo and the text "Preferred Care PPO Network". A blue circle highlights the words "Fully Insured" in the top right corner. A large blue arrow points from the bottom of the card up to this circle. The card includes fields for Member Name, Member ID, and Grp/Subgroup (12345XX6/000). It also lists RxMbr ID (123456789), RxBIN (003858), RxPCN (A4), RxGrp (BSLA), and BC PLAN 170. A PPO logo is in the bottom right corner.

"Fully Insured" notation

SELF FUNDED

Group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA



A sample Member ID Card for a Self-Funded member. The card features the Louisiana Blue Cross logo and the text "Preferred Care PPO Network". A blue circle highlights the text "OFFICE OF GROUP BENEFITS PELICAN HRA 1000" in the top right corner. A large blue arrow points from the bottom of the card up to this circle. The card includes fields for Member Name, MEMBER ID, and Grp/Subgroup (ST222ERC/000). It also lists RxMbr ID (123456789), RxBIN (003585 PCN ASPROD1), RxGrp (OGB), and BC PLAN 170 BS PLAN 670. A PPO logo is in the bottom right corner.

- "Fully Insured" NOT noted
- Self-funded group name listed

The benefit, limitation, exclusion and authorization **requirements often vary for self-funded groups**. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.BCBSLA.com/ilinkblue).



Telehealth

COVID Telehealth Policy

- BCBSLA has continued to monitor the spread of COVID-19, due to the emergency, we have **temporarily** expanded our telehealth policy
- This expansion of our policy allows any credentialed, network physician, nurse practitioner, physician assistant, behavioral health specialist, chiropractic, registered dietitian or physical, occupational or speech therapist to provide telehealth services to replace office visits
- Providers must follow the telehealth billing guidelines in the provider manual and agree to Blue Cross' allowable charges
- The expanded telehealth policies are effective for dates of service on and after March 16, 2020, and will continue to be in effect until we are past the national emergency. Blue Cross will notify providers when the expanded telehealth policies are no longer effective.
- Be sure to visit our COVID-19 Provider Resources page, where you can access all our latest provider communications. Go to www.BCBSLA.com/providers, then click on the "COVID-19 Provider Resources" link at the top of the page.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at www.BCBSLA.com/providers >Resources >Manuals

Additional Telehealth Changes



Members in our HMO select networks (Blue Connect, Community Blue, Precision Blue and Signature Blue) may obtain telehealth and telephone-only services from any participating credentialed provider in any of our Blue Cross networks and the member's in-network level of benefits will be applied

For more information about our temporary telehealth changes visit our COVID-19 Provider Resources Page at www.BCBSLA.com/providers

Expanded Telephone Only Billing Guidelines

Instead of telephone service CPT® codes, credentialed network providers are allowed to bill office visit telephone encounters as follows:

- Claims for telehealth services delivered by telephone should include the place of service code typically used by the provider (e.g., 11), along with Modifier GT or 95
- Doctors, nurse practitioners, physician assistants and chiropractors can bill office visits for new patients using CPT codes 99201-99205. They can bill office visits for established patients using 99211-99215. As a reminder, telephone-only office visits should not include therapy services, as it would be necessary to visually observe the patient.
- Behavioral health specialists (psychiatrists, psychologists, licensed professional counselors and social workers) and registered dietitians can bill using their normal service codes for office visits

The following criteria also apply:

- Encounters must be fully documented in the patient's medical record
- Text messages and emails do not meet the complexity of services required for reimbursement
- Blue Cross will not reimburse calls for the sole purpose of one or two of the following: triaging patients, following up on test results, obtaining referrals to specialists, ordering tests, medication refills, **or** other minimal services typically handled by physician offices through a routine telephone call.

Telehealth Member Cost Share Waiver

- Effective April 15, 2020, individual members who buy their own healthcare coverage and those who are covered through fully insured groups have \$0 telehealth audio/video or phone-only visits. Self-insured employer groups have the option to waive the out-of-pocket costs for their employees if they desire. Visit the iLinkBlue (www.BCBSLA.com/ilinkblue) message board for the list of self-insured employer **groups that are not waiving the member cost share**.
- Ends May 31, 2020.** The member's contractual cost share for telehealth services will apply on claims for dates of service on and after June 1, 2020. This includes telehealth visits with in-network providers who offer these services and visits through BlueCare.
- During this timeframe providers should not collect any money from the member for these services. Blue Cross will pay our members' cost share on telehealth claim payments with the exception of the self-insured employer groups that are not waiving the member cost share.**

Visit iLinkBlue (www.BCBSLA.com/ilinkblue) message board for the list of self-insured employer groups that are **NOT** waiving the member cost share

Self-Insured Employer Group Cost Share Waiver List	
<p>Blue Cross is waiving member cost share (deductible, coinsurance and/or copayment) amounts for individual members who buy their own healthcare coverage, and those who are covered through a fully insured provider group when services are performed by a Blue Cross-credentialed, Louisiana participating provider for the following services:</p> <ul style="list-style-type: none"> COVID-19 Related Diagnostic Services - dates of service of March 16, 2020, until the national emergency has ended COVID-19 Related Medical Treatments - dates of service of April 1 through May 31, 2020 All telehealth services - dates of service April 15, 2020, until the national emergency has ended <p>Self-insured employer groups have the option to waive their members' cost share for COVID-19 related medical treatments and all telehealth services.</p> <p>The list in this document is in order of the self-insured group number (found on the member identification card) and the associated group name. Member group numbers can also be found under the Coverage Information in iLinkBlue (www.BCBSLA.com/ilinkblue).</p> <p>Groups Not Waiving Member Cost Shares for COVID-19 Related Services The following list of self-insured employer groups are NOT waiving the cost share for their employees. Providers should collect the deductible, coinsurance and/or copayment for members of these groups:</p>	
Group No.	Group Name
2227	Louisiana Sheriff's Association
1544976	Shrine of Our Lady
1544978	Bossier Parish School Board
1544979	Lafayette Parish School Board
1544980	City of Baton Rouge
1722074	McIlhenny Marine, LLC
1722075	Catahoula Parish School System
1722076	Albany & Orléans
1722077	Orleans
1722078	Calpan Industries
1722079	Orleans Health
1722080	Star Service, Inc.
1722081	Louisiana Amusement
1722082	AKM Group
1722083	ACHC Participation of Baton Rouge
1722084	James Machine Works
1722085	Lafayette Parish School Board

Telemedicine

Reimbursement for **direct-to-consumer (DTC)** telemedicine services is available when provided within the scope of your license and utilizing your own telemedicine platform

- The appropriate **place of service** for when performing **DTC telemedicine** this way is typically **POS 11** (office)
- The reimbursable **CPT® codes/services for DTC telemedicine** can be found in the *Professional Provider Office Manual* (section 5-2)
- Encounters must be performed in real time using audio **and** video technology
- The following are examples of services that are not eligible for reimbursement as telemedicine services:
 - Non-direct patient services (e.g., coordination of care before/after patient interaction)
 - Services rendered by audio-only telephone communication, facsimile, email, text or any other non-secure electronic communication
 - Services not eligible for separate reimbursement when rendered to patient in person
 - Presentation/origination site facility fee
 - Services/codes that are not specifically listed in the provider manual



Telemedicine claims are paid the same as an in-office visit

Telemedicine Codes

The following codes can be used for “Direct-to-consumer” telemedicine—when the telemedicine encounter occurs directly between provider and patient

Direct-to-consumer Codes

EVALUATION AND MANAGEMENT					
99201	99202	99203	99204	99205	99211
99212	99213	99214	99215	99495	99496
DIETARY AND MEDICAL NUTRITIONAL THERAPY					
97802	97803	97804	G0270	G0271	
BEHAVIORAL HEALTH					
90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845
90846	90847	96150	96151	96152	96153
96154	96160	96161	G0444	G0446	
SMOKING CESSATION					
99406	99407	G0436	G0437		
OBESITY					
G0447					

Use Modifier **GT or 95, whichever is appropriate**, to indicate delivery of telemedicine services in real time. Use **POS 11** to indicate place of service was in an office.



iLinkBlue Enhancements

Digital ID Cards in iLinkBlue

Digital ID cards are downloadable PDFs that can be accessed through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Coverage Information" menu option, then click "ID Card"

The screenshot displays the iLinkBlue web interface. At the top, the Louisiana state logo and 'Louisiana' text are on the left, and 'Logged in as Billy Gomila' with a location icon is on the right. Below the header is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' link is highlighted. On the left sidebar, 'Coverage Information' is circled in blue. The main content area shows 'BlueCard - Out of Area Members' with links for 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. Below this, a 'Contract Number XUA123456789' is displayed. A table shows coverage details for 'Medical' under 'Subscriber and Dependents', effective from 01/01/2020. Below the table, subscriber information for 'Jane Doe' is shown, including address and primary care physician. At the bottom, a row of links includes 'Id Card', 'Summary', and 'Benefits'. The 'Id Card' link is circled in blue.

Contract Number XUA123456789

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	LOUISIANA HOSPITAL	12A34ERC - 8000	01/01/2017	25

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber and Dependents	01/01/2020	---

Subscriber

First: Jane, Last: Doe

Address: 123 AVENUE ST, COVINGTON, LA 70433

Primary Care Physician: Joe R. Doctor

Sex: Female, Marital Status: Married, Date of Birth: 01/01/1983

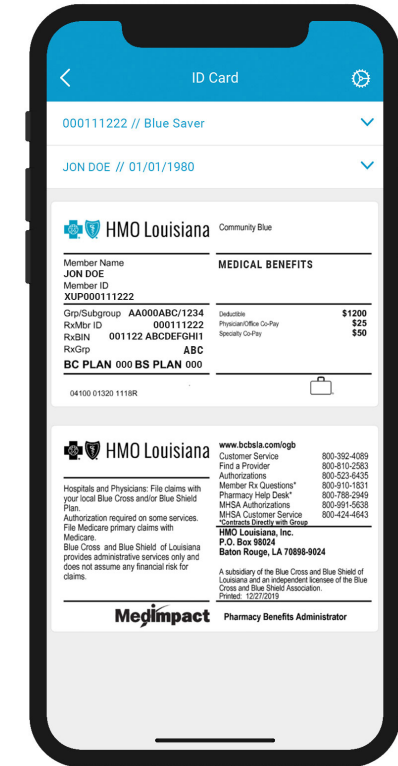
Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2020	---	01/01/2017

Id Card | Summary | Benefits | NO COB Verified

Members Can Access Their Digital ID Cards

Our members may also access their cards through their smartphone, via the Blue Cross mobile app or through our online member portal:

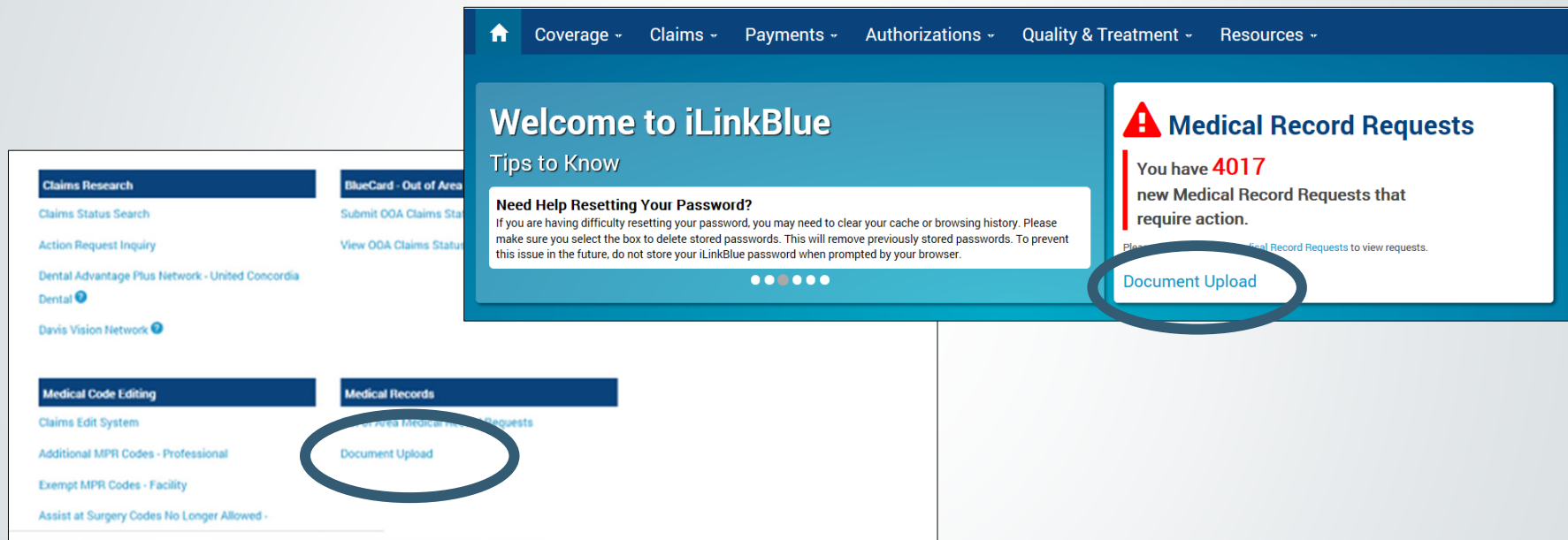
- To access through the Blue Cross mobile app, log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available
- To access through the Blue Cross member portal, log into the online member account at www.BCBSLA.com. There, click on “My ID Card” and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.



Document Upload Feature

We now offer a feature that allows providers to upload documents that would normally be faxed, emailed or mailed to select departments

The new feature is quick, secure and available at any time through the iLinkBlue provider portal

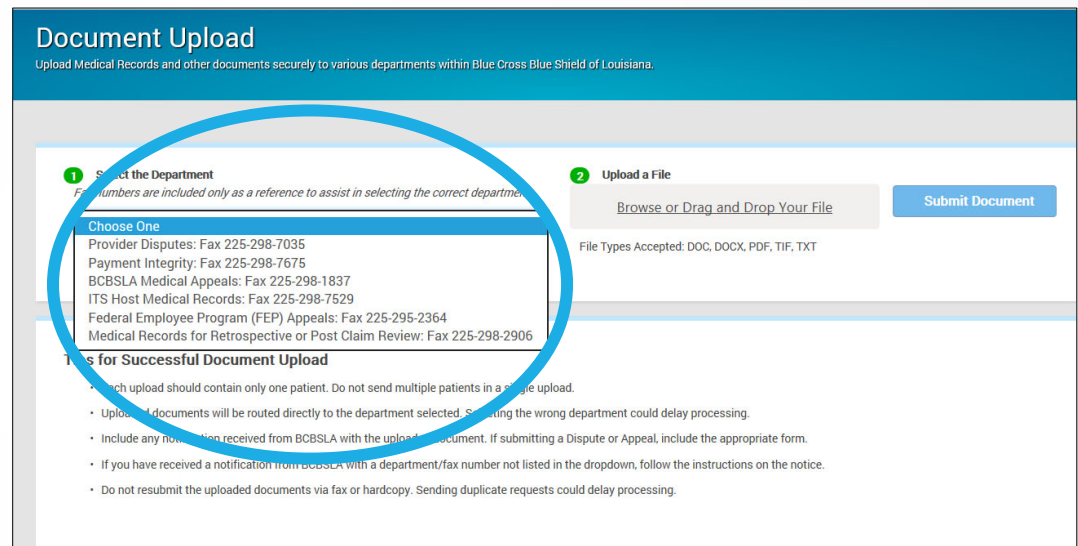


The Document Upload feature can be accessed on iLinkBlue (www.BCBSLA.com/ilinkblue) from the Medical Records Requests alert on the homepage or under Claims > Medical Records > Document Upload

Document Upload Feature

Select the department from the drop-down list you wish to send your document. The fax numbers are included only as a reference to assist in selecting the correct department.

- Provider Disputes
- Payment Integrity
- BCBSLA Medical Appeals
- ITS Host Medical Records
- Federal Employee Program (FEP) Appeals
- Medical Records for Retrospective or Post Claim Review



Document Upload
Upload Medical Records and other documents securely to various departments within Blue Cross Blue Shield of Louisiana.

1 Select the Department
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

Provider Disputes: Fax 225-298-7035
Payment Integrity: Fax 225-298-7675
BCBSLA Medical Appeals: Fax 225-298-1837
ITS Host Medical Records: Fax 225-298-7529
Federal Employee Program (FEP) Appeals: Fax 225-295-2364
Medical Records for Retrospective or Post Claim Review: Fax 225-298-2906

2 Upload a File

[Browse or Drag and Drop Your File](#) [Submit Document](#)

File Types Accepted: DOC, DOCX, PDF, TIF, TXT

Tips for Successful Document Upload

- Each upload should contain only one patient. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

Document Upload Feature FAQs

What should be included in the uploaded document?

Include any notification, letter or form that is required with the request along with the medical records or other documentation requested. If submitting a Dispute or Appeal, include the appropriate form.

What file types are allowed in the upload process?

DOC, DOCX, PDF, TIF, TXT

Do I need to send a fax or hard copy request in addition to upload?

No. Sending the uploaded document thru fax, email or hardcopy mail **in addition** to uploading, will result in duplicate requests being received at Blue Cross. This will delay the processing of the request.





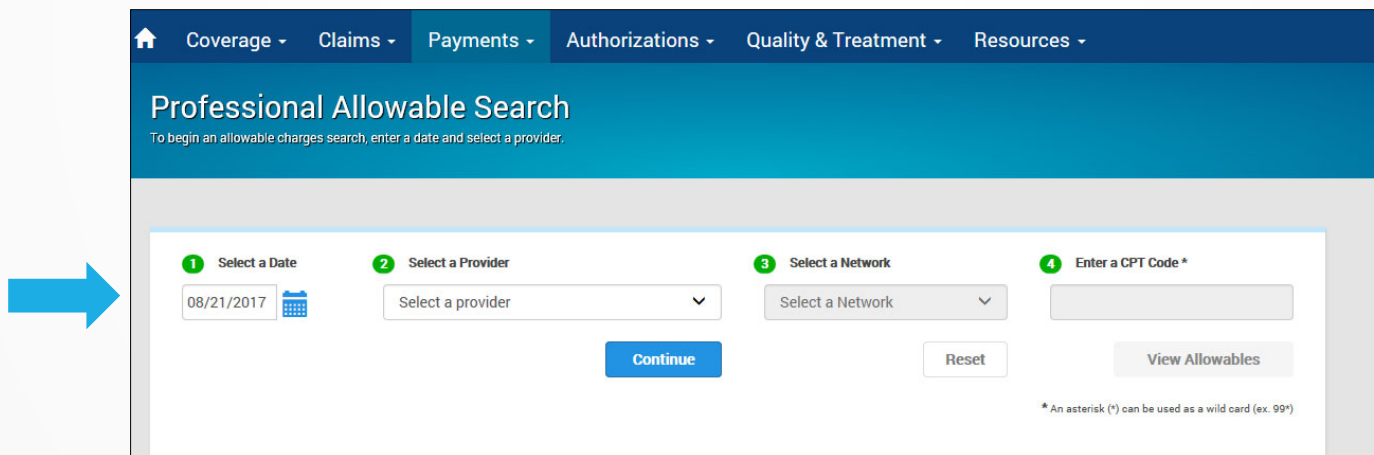
Billing & Claims

Allowable Charges

You can use iLinkBlue to look up allowables for a single code or a range of codes
(www.bcbsla.com/ilinkblue > Payments > Professional Provider Allowable Charges Search)

single code example: 90833 (allowable results for 90833 only)

code range examples: 908* (allowable results include all codes beginning with 908)
90* (allowable results include all codes beginning with 90)
9* (allowable results include all codes beginning with 9)



The screenshot shows the 'Professional Allowable Search' interface. At the top is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this is a header section with the title 'Professional Allowable Search' and a sub-header 'To begin an allowable charges search, enter a date and select a provider.' The main search area contains four numbered steps: 1. Select a Date (with a date field showing '08/21/2017' and a calendar icon), 2. Select a Provider (with a dropdown menu labeled 'Select a provider'), 3. Select a Network (with a dropdown menu labeled 'Select a Network'), and 4. Enter a CPT Code *. Below these fields are three buttons: 'Continue', 'Reset', and 'View Allowables'. A footnote at the bottom right states: '* An asterisk (*) can be used as a wild card (ex. 99*)'. A large blue arrow points to the date field in step 1.

Filing Claims Hardcopy

If it is necessary to file a hardcopy claim, we only accept original claim forms

CMS-1500 (02-12)

- We no longer accept faxed claims
- We only accept **RED** original claim forms

For Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, Signature Blue, OGB and BlueCard Claims:

Mail hardcopy claims to:

BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898

For FEP Claims:

BCBSLA
P.O. Box 98028
Baton Rouge, LA 70898

For Blue Advantage Claims:

Blue Cross and Blue Shield of
Louisiana/HMO Louisiana, Inc.
P.O. Box 7003
Troy, MI 48007

The fastest method of claim submission and payment is electronic submission

Residential Treatment Billing

Services provided by behavioral health facilities—including residential treatment, chemical dependency, intensive outpatient and partial hospitalization services—are paid on a per diem basis. The per diem payment will include all professional and facility services provided to the member when they are enrolled in an outpatient program for the entire duration.

Type of RTC	Billing Guideline
Residential Treatment for Chemical Dependency	Providers are to bill for detoxification services under the Chemical Dependency Unit (CDU) taxonomy code and with the 1002 revenue code. Residential treatment provided after the detoxification services may bill under the Residential Treatment Center (RTC) taxonomy code and the 1001 revenue code.
Residential Treatment for Behavioral Health	All residential treatment must receive prior authorization to provide these services. Providers are to bill these services under their RTC taxonomy code and with the 1001 revenue code.

Taxonomy Codes

If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty

You must file the code for the services on the authorization from New Directions

Example: A provider who has two specialties with same tax ID and NPI (e.g. LPC and speech therapist) must use a taxonomy code on **all** claims to identify the specialty

Failure to use a specific taxonomy code will cause payment to be directed to the wrong sub-unit, be paid incorrectly and/or may cause the claims to reject on the Not Accepted Report

Timely Filing

- **Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue & Signature Blue:**
 - Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service
- **FEP:**
 - Claims must be filed by December 31 of the year after the year service was rendered
- **Blue Advantage:**
 - Providers have 12 months from the date of service to file an initial claim
 - Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim
- **OGB:**
 - Claim must be filed within 12 months of the date of service
 - Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim
- **Self-funded & BlueCard:**
 - Timely filing standards may vary. Always verify the member's benefits, including timely filing standards, through iLinkBlue

The member and Blue Cross are held harmless when claims are denied or received after the timely filing deadline

Resolving Claims Issues

Have an issue with a claim? We are here to help!

Depending on the type of claim issue, there are multiple ways to submit claims reviews that we will outline in this section:

- Action Requests (AR)
- Claims Disputes
- Medical Appeals *(for members)*
- Administrative Appeals & Grievances *(for members)*

Submitting an Action Request is a great option for getting a quick and accurate resolution for your claims issues and:

- Reduce the time it takes for providers to receive a response from Blue Cross
- Allow providers to see responses directly from the adjustments team after review
- Allow providers to submit additional questions once they have reviewed the AR response

Submitting Action Requests

Action Requests allow you to electronically communicate with Blue Cross when you have questions or concerns about a claim

Common reasons to submit an Action Request

- Code editing inquiries
- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Claim denied for no authorization (but there is a matching authorization on file)
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Medical records receipt
- Recoupment request
- Status of an appeal
- Status of a grievance



NOTE: Action Requests do not allow you to submit documentation regarding your claims review

Submitting Action Requests

Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number 12345678900-1

iLinkBlue Number 12345


NPI 123456789

Submit an Action Request through iLinkBlue (www.BCBSLA.com/ilinkblue)

- On each claim, providers have the option to submit an Action Request review for correct processing
- Click the **AR button** from the Claims Results screen or the **Action Request button** from the Claim Details screen to open a form that prepopulates with information on the specific claim
- Please include your contact information
- NOTE: Only complete one AR per claim; not one AR per line item of the claim


As an alternative to filing an Action Request, you may also contact the
Customer Care Center at 1-800-922-8866

Submitting Action Requests

Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number **12345678900-1**

iLinkBlue Number 12345
NPI 123456789

 Action Request

If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at

provider.relations@bcbsla.com

Email an overview of the issue along with two action request dates OR two customer service reference numbers if one of the following applies:

- You have made at least two attempts to have your claims reprocessed (via an action request or by calling the Customer Care Center) and have allowed 10-15 business days after second request, or
- It is a system issue affecting multiple claims

- Request a review for correct processing
- Be specific and detailed
- Allow 10-15 business days for first request
- Check iLinkBlue for a claims resolution
- Submit a second action request for a review
- Allow 10-15 business days for second request

Electronic Corrected Claims

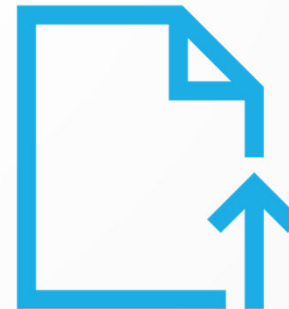
Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I or 837P) submission by following the instructions below:

Adjustment Claim

- Enter the frequency code "7" in Loop 2300 Segment CLM05-03
- Enter the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier
- Note: The adjusted claim should include all charges (not just the difference between the original claim and the adjustment)

Void the Claim

- Use frequency code "8" in Loop 2300 Segment CLM05-03
- Use the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier



Part 2 Regulations

- Providers and facilities are responsible for making sure they are in compliance with 42 Code of Federal Regulations (CFR) part 2 regulations regarding the Confidentiality of Substance Use Disorder Patient Records
- **Abiding by the part 2 regulations includes the responsibility of obtaining appropriate consent from patients prior to submitting substance use disorder claims or providing substance use disorder information to Blue Cross.** Blue Cross requires that patient consent obtained by the provider include consent to disclose information to Blue Cross for claims payment purposes, treatment, and for health care operations activities, as provided for in 42 U.S.C. § 290dd-2, and as permitted by the HIPAA regulations. 42 CFR part 2, section 2.31(a) (1-9) stipulates the content that must be included in a patient consent form. **By disclosing substance use disorder information to Blue Cross, the provider affirms that patient consent has been obtained and is maintained by the provider in accordance with Part 2 regulations. In addition, the provider is responsible for the maintenance of patient consent records.**
- Providers should consult legal counsel if they have any questions as to whether or not 42 CFR part 2 regulations are applicable

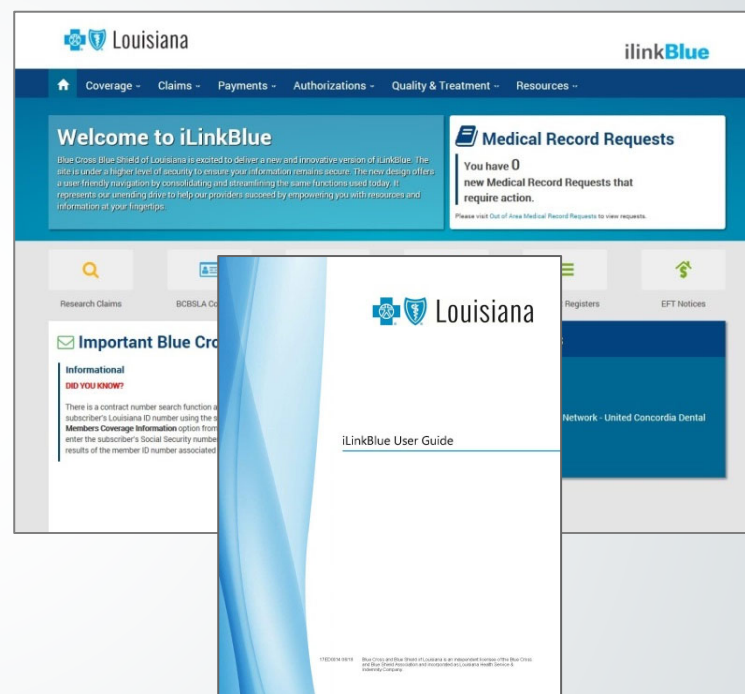


Our Secure Online Services

iLinkBlue

- iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:
 - Coverage & Eligibility
 - Benefits
 - Coordination of Benefits (COB)
 - Claims Status (BCBSLA, FEP and Out-of-Area)
 - Medical Code Editing
 - Allowables Search
 - Authorizations
 - Medical Policy
 - 1500 Claims Entry
- UB-04 Claims Entry is no longer available
- For iLinkBlue training and education, contact provider.relations@bcbsla.com

www.BCBSLA.com/ilinkblue



We have an *iLinkBlue User Guide* available online at www.BCBSLA.com/providers >Resources, then click on "Manuals"

iLinkBlue – Coverage & Eligibility

1.

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

1 Select Search Criteria

☒ BCBSLA

☐ FEP

☐ Social Security Number

2 Enter Contract or Social Security Number

Enter BCBSLA contract number...

Search

Use the "Coverage" menu option to research Blue Cross and Federal Employee Program (FEP) member eligibility, copays, deductibles, coinsurance and detailed contract information

iLinkBlue – Coverage & Eligibility

2.

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Enter BCBSLA contract number...

Search

Contract Number XUA123456789

ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	TEST GROUP	123456789-0000	02/01/2000	26
Coverage Category	Coverage Type	Effective From	Effective To	
Medical	Family	01/01/2018	---	

John Doe Subscriber

Address123 STREET ST.
CITY, LA 70000

SexMale

Marriage StatusMarried

Date of Birth11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2018	---	02/01/2000	Summary Benefits View COB

Jane Doe Spouse

SexFemale

Date of Birth11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2018	---	02/01/2000	Summary Benefits View COB

Hide Terminated Dependents

Jimmy Doe Child

SexMale

Date of Birth01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	

iLinkBlue – Coverage & Eligibility

3

Medical Benefits Summary

Contract Number XUA123456789

ACTIVE COVERAGE

Medical Effective Date 01/01/2018

Subscriber Name John Doe
Member Name John Doe
Member Date of Birth 11/30/1900
Relation to Subscriber Self
Sex Male
Contract Type HMOLA POS

Copays

		EPO Copays	QBPC Copays
Office Visit	\$30.00	---	\$15.00
Office Visit Specialist	\$45.00	---	---
Outpatient Surgical	\$500.00	---	---
Emergency Room	\$100.00	---	---
Inpatient Hospital (In-network)	\$500.00	---	---
Inpatient Hospital Maximum	\$1,500.00	---	---
Inpatient Hospital (Out-of-network)	---	---	---
Outpatient XRay & Lab	---	---	---
Outpatient Physical Therapy	\$30.00	---	---
Outpatient Speech Therapy	\$30.00	---	---
Cardiac Rehab	\$30.00	---	---
Vision Services	\$30.00	---	---
Outpatient Professional	---	---	---

Accumulations

	Par Amounts	Non-Par Amounts	EPO Amounts
Deductible Amount	\$0.00	\$1,750.00	---
Deductible Remaining	\$0.00	\$1,750.00	---
Out-of-Pocket Amount	\$3,000.00	\$6,000.00	---
Out-of-Pocket Remaining	\$3,000.00	\$6,000.00	---

Coinsurance ⓘ

	BCBSLA Coverage	Member Responsibility
Par Percentage	90%	10%
Non-Par Percentage	70%	30%
EPO Percentage	---	---
QBPC Percentage	---	---

iLinkBlue – Coverage & Eligibility

Tiered Benefits for Select Networks

Contract Number [REDACTED]

ACTIVE COVERAGE
Medical Effective Date [REDACTED]

Subscriber Name [REDACTED]
Member Name [REDACTED]
Member Date of Birth [REDACTED]
Relation to Subscriber [REDACTED]
Sex [REDACTED]
Contract Type [REDACTED]

Note: If you are contract Louisiana or HMO LA n 2 for this product and allowed amount.

Under this contract, ce Louisiana, Inc. would n because they do not h COMMUNITY BLUE P Preferred Providers. P BLUE Non-Par Facilit

When researching coverage for a member with **Blue Connect**, **Community Blue**, **Precision Blue** or **Signature Blue** benefits, you will now see tiered benefit, options in iLinkBlue

Accumulations				Coinsurance ?		
	Tier 1 COMMUNITY BLUE Network ?	Tier 2 Out of Network Preferred ?	Tier 3 Out of Network Non-Preferred ?	BCBSLA Coverage		Member Responsibility
Individual						
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00	Tier 1 COMMUNITY BLUE Network ?	80%	20%
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00	Tier 2 Out of Network Preferred ?	60%	40%
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00	Tier 3 Out of Network Non-Preferred ?	60%	40%
Out-of-Pocket Remaining	\$5,783.00	\$14,700.00	\$14,700.00	EPO Percentage	—	—
Family						
Deductible Amount	—	—	—	QBPC Percentage	—	—
Deductible Remaining	—	—	—			
Out-of-Pocket Amount	—	—	—			
Out-of-Pocket Remaining	—	—	—			

Tiered benefits do not display for members with Preferred Care PPO or HMO benefits

iLinkBlue – Coverage & Eligibility

Tiered Benefits for Select Networks

Tier 1 In-Network Preferred

Applies to providers participating in the member's select network

Example Scenario:

- A Community Blue member sees a Community Blue provider
- The member copay and accumulators identified under Tier 1 should be applied
- Provider may not bill the member for any amount over the allowed amount

Tier 2 Out-of-Network Preferred

Applies to providers participating in-network with Blue Cross but NOT in the member's specific network

Example Scenario:

- A Community Blue member sees a Preferred Care PPO provider
- The member copay and accumulators identified under Tier 2 should be applied
- Provider may not bill the member for any amount over the allowed amount

Tier 3 Out-of-Network Non-Preferred

Applies to providers who do not participate in any Blue Cross network

Example Scenario:

- A Community Blue member sees a non-participating provider
- The member copay and accumulators identified under Tier 3 should be applied
- Provider can bill the member for all amounts over the allowed amount

iLinkBlue – Mental Health Benefits Language

When viewing the benefits Summary that is available from the Coverage Information screen, not all details are shown. You must click the “Benefits” button, then expand the “mental health” category (or categories) to ensure you are viewing all of the member’s benefits.

1.

Coverage Information
Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

1. Select Search Criteria
2. Enter Contract or Social Security Number

☒ BCBSLA

☐ FEP
☐ Social Security Number

Contract Number XUA200004414 ACTIVE COVERAGE

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber and Spouse	06/01/2019	—

First: **Marc** Last: **Robert II** **Subscriber**

Address: 305 CUDDHY DR, METAIRIE, LA 70005
Primary Care Physician: Edward D. Frohlich

Sex: Male, Marital Status: Married, Date of Birth: 11/30/1954

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	06/01/2019	—	02/01/2000

Coverage Views: [Summary](#) [Benefits](#) [NO COB Verified](#)

2.

- ☒ LIMITATIONS
- ☒ MATERNITY
- ☒ **MENTAL AND NERVOUS DISORDER**
- ☒ MENTAL/NERVOUS INPATIENT CARE - FACILITY MAX
- ☒ NETWORK PROVIDER
- ☒ OFFICE VISIT - PRIMARY

MENTAL AND NERVOUS DISORDER

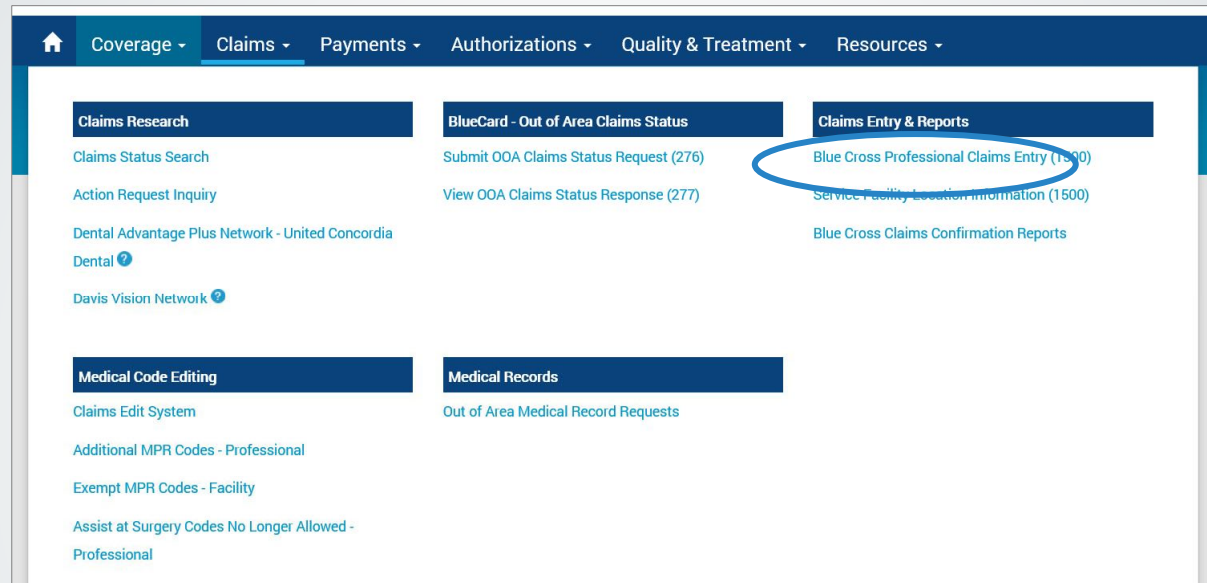
MENTAL HEALTH BENEFITS

- * All Providers - Inpatient Treatment
- Coinsurance - 80/20% after Deductible
- Copayments - \$0
- Day Maximum: - Not Applicable

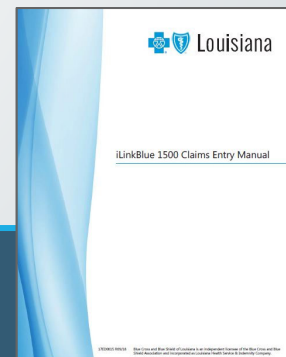
SAMPLE

Filing Claims in iLinkBlue

The "Claims Entry" option allows for the direct data entry of CMS-1500 (professional) claims



A detailed manual on how to submit claims through iLinkBlue is under the "Resources" section of iLinkBlue. The *Blue Cross Professional 1500 Manual* is under the "Manuals" tab



iLinkBlue – Claims Research

Home Coverage ▾ **Claims ▾** Payments ▾ Authorizations ▾ Quality & Treatment ▾ Resources ▾

Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected Pended Claim Number

1 Select a Provider

2 Narrow Your Search

☒ BCBSLA / FEP

☐ BlueCard - Out of Area

3 Date of Service *optional*

From

To

Search

- Use the “Claims” menu option to research paid, rejected and pended claims
- You can research [BCBSLA](#), [FEP](#) and [BlueCard-Out of Area](#) claims submitted to Blue Cross for processing

iLinkBlue – Payment Registers

- Use the “Payments” menu option to find your Blue Cross payment registers
- Payment registers are released weekly on Mondays
- Notifications for the current week will automatically appear on the screen
- You have access to a maximum of two years of payment registers in iLinkBlue (www.BCBSLA.com/ilinkblue)
- If you have access to multiple NPIs, you will see payment registers for each

The screenshot displays the 'Payment Registers' interface. At the top, there's a header with the title 'Payment Registers' and a subtitle 'View payment registers for all lines of business. Use the filters below to refine your search.' Below this is a search bar with three dropdown menus: 'Select a provider', 'Select a line of business', and a date selector set to '04/02/2018'. A 'Search' button is on the right. Below the search bar, it says 'Search results for 04/02/2018' and a note: 'Some registers may take several minutes to generate a PDF due to the size of the register.' The main content area shows two sections for NPIs. The first section is for NPI 1234567890, listing various lines of business with corresponding 'Payment Register' links. The second section is for NPI 2234567890, also listing lines of business with 'Payment Register' links.

NPI	1234567890
Line of Business	View Reports
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Federal Employees Program (FEP)	Payment Register
Federal Employees Program (FEP)	Payment Register
HMO Louisiana	Payment Register
HMO Louisiana	Payment Register
OGS HMO Magnolia Local Plus	Payment Register
OGS HMO Magnolia Local Plus	Payment Register
OGS Magnolia Local	Payment Register
OGS Pelican HHA 1000	Payment Register
OGS PPO Magnolia Open Access	Payment Register
OGS PPO Magnolia Open Access	Payment Register
OGS PPO Magnolia Open Access	Payment Register

NPI	2234567890
Line of Business	View Reports
Blue Cross Louisiana	Payment Register
Federal Employees Program (FEP)	Payment Register
HMO Louisiana	Payment Register
OGS HMO Magnolia Local Plus	Payment Register



NEW DIRECTIONS®

TOGETHER IS THE WAY FORWARD

WHO IS NEW DIRECTIONS?

Blue Cross has partnered with New Directions for their expertise in the provision of [behavioral health services](#)

- Manages authorizations for members, performs all utilization and case management activities, as well as ABA case management
- Engages with our providers to improve quality outcomes
- Team of mental health professionals is available 24/7 to assist in obtaining the appropriate level of care for your patients

NEW DIRECTIONS AT A GLANCE



16.5 million
members
in fifty states
and internationally


7 partnerships
with Blue Cross and
Blue Shield health plans



2,500+
EAP clients



850+
employees



214,751
Medicare members



738,000
FEP members

ACCREDITATION STATUS



ACCREDITED

Health
Utilization
Management
Expires 09/01/2021

URAC Accreditation for
Health Utilization
Management

**Accredited through
September 2021**



FULL

NCQA Full Accreditation
as a
Managed Behavioral
Healthcare Organization

**Accredited through
February 2022**



ACCREDITED

Case Management 6.0
Expires 12/01/2022

URAC Accreditation for
Case Management

**Accredited through
December 2022**

COLLABORATION IS KEY

The member's **mental** health, **physical** health and satisfaction is the goal.

We obtain this through:

RESOURCES

to meet member's needs

COLLABORATION

with the member, their family, behavioral health and substance use providers, PCP providers and community resources

SUPPORT

for the member, significant others, providers and community

HELPING YOU HELP OTHERS



Profile Updates



Provider Resources



Policies & Manuals



Billing



News & Events



Authorizations & Referrals

Improving healthcare, together.

By collaborating with providers like you, we improve access to quality behavioral healthcare and encourage whole-person health for our members. Your partnership helps us create powerful care solutions, and our network team is always ready to join forces on new, innovative approaches to care.

With decades of experience in the field and an unwavering commitment to partnership, we can create positive change in the lives of those we serve, together.

WebPass Access

PCP Toolkit

Care Management Services

Substance Use Hotline

Updates & Events

➤ **NEWS & EVENTS**

11 JUN 2020

Provider Newsletter - Spring 2020

➤ **PROVIDER RESOURCES**

14 MAY 2020

Provider Resources

➤ **AUTHS & REFERRALS**

16 APR 2020

Authorizations & Referrals

➤ **NEWS & EVENTS**

18 MAR 2020

Provider Newsletter - Winter 2020

➤ **NEWS & EVENTS**

4 DEC 2019

Provider Newsletter - Fall 2019

<https://www.ndbh.com/Providers/BCBSLA>

Health Resources

The New Directions Resource Center has key information that can be of great use when you need help.

Sometimes, people aren't sure if they should be seeking treatment or not. Our resource center provides reliable information on a variety of mental and behavioral health topics. We will guide you to the right resources no matter where you are in your health journey.

**We're here for you
around the clock:**

[Locate a Provider](#)

[Contact Us](#)

[Substance Use Hotline
877-326-2458](#)

I'm Ready to Visit a Provider

- Prepare for a visit
- Important Forms
- What type of program do I need?
- What kind of provider do I need?
- Search for a provider

I Need Health Resources

- Self-help tools
- Screening tools
- Mental Health Month toolkit
- Community Resources
- Crisis Information
- Member education
- Apps
- Suicide Awareness
- Wellness Plan
- Holiday Toolkit

I Need Help with My Diagnosis

- Autism Resource Center
- Substance Use Disorders Center
- Guideline for Depression
- Case Management
- Guideline for ADHD


www.ndbh.com/Resources/

COORDINATION OF CARE FORM

Completion of Form

- Important for assisting with the members follow-up after an inpatient episode
- The clinical team will reach out to obtain this information
- Only takes a few minute but may impact the successful transition of the member into community treatment
- Can be completed by administrative staff

The above named Member is receiving Case Behavioral Health, the behavioral healthcare plan. To help us coordinate care, please complete **privacy rule for treatment purposes**. The information you provide will be beneficial to our efforts to help coordinate care for your patient. This form is required by NDBH for the patient referenced. Please return within 7 calendar days. **Any member of your staff may complete this form.**

NEW DIRECTIONS  Management (CM) services from New Directions management company for this Member's health the following form as **permitted under the HIPAA**

1. Is this Member still a patient? YES ☐ NO ☐

2. When was this Member last seen? Date: _____

3. New Directions urges you to coordinate medical and behavioral health care. When did you last communicate with the Member's:

PCP:	Click here to enter text.	Date:
Therapist:	Click here to enter text.	Date:
Psychiatrist:	Click here to enter text.	Date:
Other:	Click here to enter text.	Date:

4. Is Member considered stable? YES ☐ NO ☐

5. Please list current medications/supplements as prescribed (or attach list to this form):

6. Please describe any perceived barrier to Member obtaining medications:

7. On what date is the Member scheduled to see you next: _____

8. Comments (concerning Member):

Name and title of person completing the form: _____

Please fax this member's current medications/supplements along with this completed Coordination of Care form.

PCP COLLABORATION

Primary Care Provider Toolkit

Connecting your patients to behavioral health care

As a primary care provider, you are likely helping your patients improve their mental health. Addressing mental health concerns and proper management of co-occurring medical treatment is important to the overall well-being of your patients. To help you facilitate seamless coordination of care, we've created a PCP toolkit for behavioral health.

Helping you help others

Use this toolkit to help your patients address mental health and substance use issues with:

- Screening tools to determine patient treatment and referral needs
- MD Consultation line for psychiatry (medication) consults
- Resources for patient referrals and augmented treatment options, such as behavioral health care management services

Condition-specific toolkits

Identify and appropriately treat patients exhibiting signs of:

Suicidal Thoughts | Depression | Anxiety
PTSD | Substance Use | Chronic Pain

Visit ndbh.com/PCP to access these resources and more.

1 in 5
primary care visits
address mental
health concerns

10-20%
of the general
population will
consult a primary
care clinician for
a mental health
problem in the
course of a year

10-40%
of primary care
patients have
a diagnosable
mental disorder

40-50%
of primary care
patients, who
are high utilizers,
exhibit significant
psychological
distress

Connect with us today to learn more.

ndbh.com/PCP
877-206-4865

FOLLOW-UP AFTER HOSPITALIZATION

HEDIS® (Healthcare Effectiveness Data and Information Set) is an annual performance measurement created by the NCQA (National Committee for Quality Assurance) to help improve quality of healthcare and establish accountability.

One measure is ensuring that patients who have had inpatient treatment for mental illness have a **follow-up visit with a behavioral health professional within 7 calendar days of discharge**. We track appointments made within 7 days, but also want patients to attend those appointments.

Blue Cross and New Directions collaborate to promote member quality care that can **increase the HEDIS FUH7** (follow-up after hospitalization) measure.

HOW CAN WE MEET THESE MEASURES

BEHAVIORAL HEALTH PROFESSIONALS

- Schedule patients within seven calendar days of discharge from an inpatient stay
- These appointments can be made with psychiatrists, psychologist, psychiatric nurse practitioners, social workers (LCSW), counselors (LPC), marriage and family therapists (LMFT) or addiction counselors (LAC)
- If you are an established provider for a patient, it is **best practice** to conduct a follow-up appointment within seven calendar days of discharge
- Allow New Directions staff to schedule appointments for members on their behalf, if needed

HOW TO INCREASE APPOINTMENT ATTENDANCE

- Provide appointment reminders
 - Include the time, date and location
 - In case the member has any questions, concerns or needs assistance, be sure to provide a return phone number and/or email address along with a contact person they can ask to speak with
 - Offer multiple method options, such as text, email or voicemail, for appointment reminders
- Be on time and start services promptly
- Clearly explain your no-show policy and the member's responsibility
- When an appointment is missed, reach out to the member as soon as possible to reschedule
- Initiate discussion to find out what works best for the member
- When possible, have a set schedule with the member (for example, every other Monday at 3 p.m.)



Resources

FOCUSED CARE MANAGEMENT PROGRAMS

	Care Solutions	Member Care Link
Distinctions	Complex Care Management (CM) NCQA/ URAC accredited	Non-Complex Care Management (CM)
	<ul style="list-style-type: none"> • Opt-in services with high intensity CM outreach • Comprehensive CM assessment • Member centric CM goals, CM survey • Coordination of care with health care providers 	<ul style="list-style-type: none"> • Condition specific and service related programs • Coordination of care • Healthcare gaps • Members who have not opted in for Care Solutions
	Referral Source: CM Daily Census Report (predictive modeling)	Referral Sources: Condition & LOC specific programs, GAP closure, and members who opt out or do not engage in Care Solutions
Both Programs	Care Transitions Activities CM services designed to help members transition from higher levels of care to the community with the goal of community tenure	
	Integrated Co-Care Management Activities Collaboration and coordination of CM services between medical and behavior health care managers with the goal to provide comprehensive medical/ behavioral care management expertise	
	Field Based Care Management Activities Any CM activity under Care Solutions or Member Care Link that is face to face with members with the goal to increase engagement and support for members with health care needs	

FOCUSED CARE MANAGEMENT PROGRAM GOALS

- **Improve population management**
 - Percent of priority members targeted
- **Improve member experience and quality of care**
 - 90-day pre/post symptom/functional improvement
 - Professional and community services referred & utilized
 - Gaps closed (seven-day after discharges follow-up appointment, medication-assisted treatment (MAT) education and follow-up, substance use and depression screening follow-up, blood glucose screening, OUD screenings, treatment adherence)
- **Decrease emergency room/inpatient utilization by priority members**

BEHAVIORAL HEALTH RAINMAKERS

- New Directions actively seeks outpatient behavioral health professionals who can schedule appointments for patients being discharged from an inpatient setting, within seven days
- The Rainmaker list is used as a “**first call**” list for discharge planners at the facilities and the New Directions care managers and care transitions staff
- We are always seeking to add providers to our Rainmaker list. Currently, we are trying to increase participation by prescribing providers. If interested in becoming Rainmaker, please email LouisianaPR@ndbh.com.

RESOURCES

RAP (Resource Access Portal)

Assists New Directions with locating resources to meet the identified needs discussed with the member. For example:

- Financial
- Food Resources
- Transportation Resources
- Vocational Resources
- Educational Services

Provides an increased level of understanding of the member's environment and potential needs related to social determinants of health that should be explored with the member

RESOURCES

Transportation pilot

- Providing transportation for members residing in the Greater Baton Rouge area to aftercare appointments and CVS or Walgreens pharmacies (possibly other areas where Lyft or Uber is available)

Baton Rouge Clinic (BRC)

- Partner with Blue Cross, Baton Rouge Clinic (PCP), Capital Area Mental Health, and New Directions to ensure members admitted who are associated with BRC are directed back to BRC to see the social worker who is embedded in the BRC clinic from the Capital Area team.

RESOURCES

Best Practices

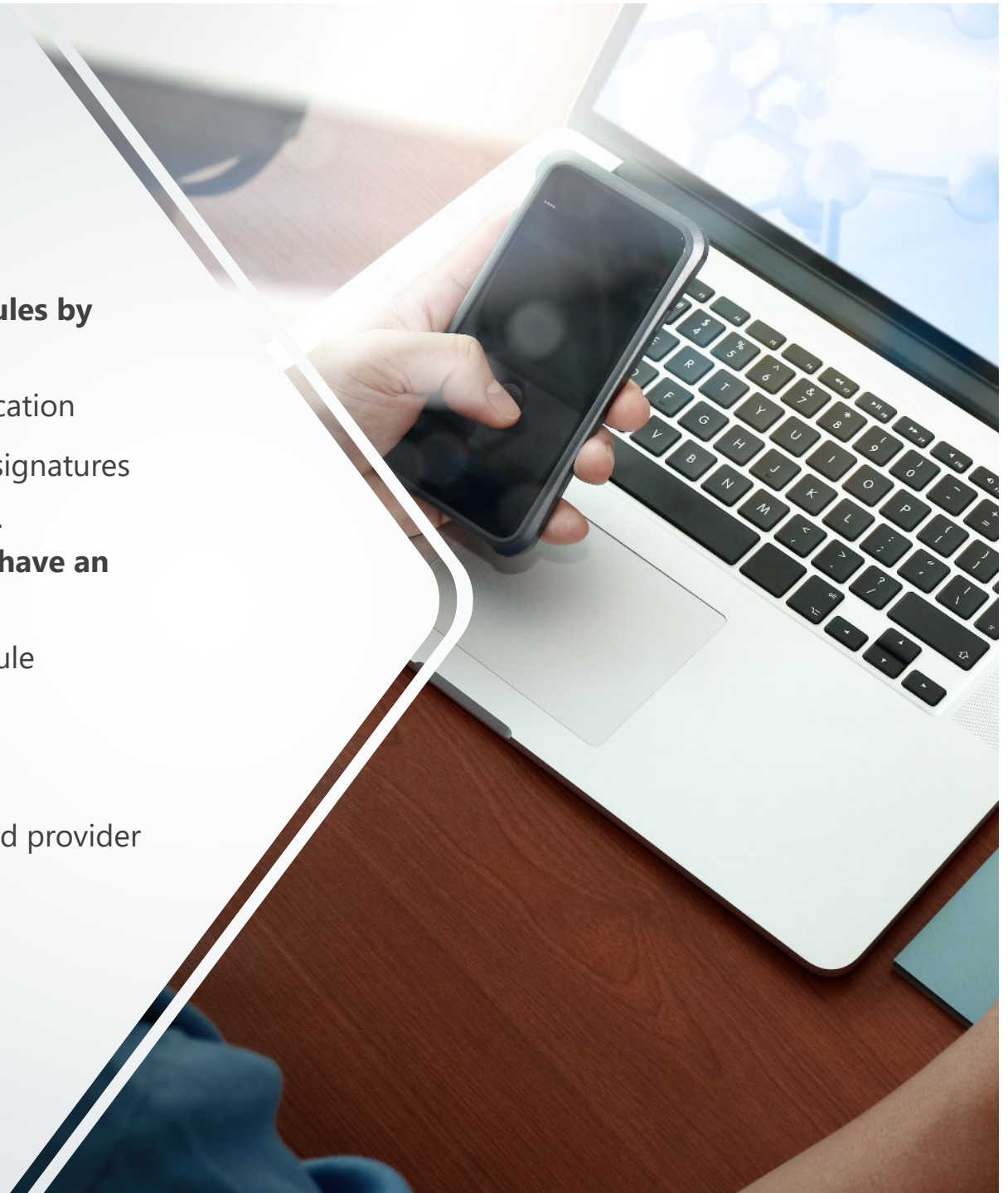
Practices known to result in successful outcomes for members:

- Effective internal processes that ensure members have an appointment within seven days of discharge
- Raising awareness of how to find and utilize resources in the community



TELEHEALTH

- **Know the code of ethics and rules by your license governing board**
 - Originating site/physical location
 - Signed consent/electronic signatures
- **Platform used must be HIPAA-compliant (even phones must have an encryption program)**
 - Privacy Rule and Security Rule
- **Risk management**
 - Confirm identity
 - Environment of member and provider
- **Crisis planning**



TELEHEALTH RESOURCES

Information regarding license rules and regulations for telehealth

- Louisiana State Board of Licensed Professional Counselors - www.lpcboard.org/
- Louisiana State Board of Social Work - www.labswe.org

Upcoming trainings

- Louisiana Counseling association - www.lacounseling.org
- Telehealth Certification Institute - <https://telementalhealthtraining.com/128-louisiana> (Also has links to board rules and regs for Louisiana)

Standards and guidelines

- American Counseling association - www.counseling.org
- Association for Marriage and Family Therapy - <https://aamft.org>
www.hipaajournal.com/hipaa-guidelines-on-telemedicine/
- The National Consortium of Telehealth Resource Centers - www.telehealthresourcecenter.org. Specifically for Louisiana - www.telehealthresourcecenter.org/texlatrc/?Center=TEXLA

ATTENTION NURSE PRACTITIONERS

If you are a Nurse Practitioner with a Psychiatric Mental Health Certification, it is important that Blue Cross and Blue Shield of Louisiana have a copy of it on file.


Having your certification on file means better HEDIS results for mental health follow-up for BCBSLA, and most importantly, better access for our members.

The solution is as simple as emailing a copy of your certification to:

pcdm.status@bcbsla.com.

The team will direct you to the Provider Update Form in DocuSign on the website. Please include your full name and NPI number in your email. We appreciate your time to and efforts to update this important document.

Behavioral Health Clinical Profile Forms


Louisiana

**Behavioral Health
Provider Clinical Profile**

Please use this form to give Blue Cross and Blue Shield of Louisiana the most current information regarding your areas of expertise. This information will be made available to members to aid them in accessing appropriate care. A separate profile form must be completed for each individual provider. Please make copies of the form as applicable.

PROVIDER INFORMATION

Provider Name: _____

Primary Specialty: _____

Tax ID No.: _____ NPI: _____

Contact Person: _____ PHONE NO.: _____ FAX NO.: _____

Email Address: _____

PATIENT AGES

Please check the age ranges of the client populations you treat.

☐ 0 to 6 ☐ 12 to 18 ☐ Over 65
☐ 7 to 11 ☐ 19 to 65 ☐ All Ages
☐ Other (please specify): _____

LANGUAGES

Please list all languages other than English that are spoken fluently in your office and in which you can provide treatment.

☐ Spanish ☐ German
☐ French ☐ Italian
☐ Chinese ☐ Sign Language
☐ Vietnamese ☐ Other: _____

AREAS OF EXPERTISE

Please check all that pertain to the types of therapy you provide:

☐ Behavioral Therapy for Autism ☐ Electroconvulsive Therapy (ECT)
☐ Cognitive Behavioral Therapy (CBT) ☐ Family Therapy
☐ Christian Counseling ☐ Group Therapy
☐ Dialectical Behavioral Therapy (DBT)

Please check all that pertain to the types of disorders/issues/subspecialties you treat:

<input type="checkbox"/> Abuse, Assault and Trauma (PTSD)	<input type="checkbox"/> Cultural/Ethnic Issues	<input type="checkbox"/> Neuropsychological Testing
<input type="checkbox"/> Addiction	<input type="checkbox"/> Depression	<input type="checkbox"/> Obsessive Compulsive Disorders
<input type="checkbox"/> Anxiety and Panic Disorders	<input type="checkbox"/> Divorced/Blended Family Issues	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Attention Deficit Disorders	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> End of Life Issues	<input type="checkbox"/> Postpartum Issues
<input type="checkbox"/> Bariatric Assessment	<input type="checkbox"/> Gay/Lesbian/Bisexual Issues	<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Behavioral Modification	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Prenatal Issues
<input type="checkbox"/> Bipolar Disorders/Manic Depression	<input type="checkbox"/> HIV/AIDS Related Issues	<input type="checkbox"/> Schizophrenic Disorders
<input type="checkbox"/> Brief Solution Focused	<input type="checkbox"/> Infertility	<input type="checkbox"/> Sexual Disorders
<input type="checkbox"/> Chemical Dependency Assessment	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Compulsive Gambling	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Transgender Issues

Please complete this form and return by fax at 1-877-212-5640 or email at LouisianaPR@ndbh.com.

18001745103270 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Sent out twice a year

- Only needs to be returned if information has changed or for new providers
- This form provides us valuable information and helps us to match members to providers

Send completed form to:

fax: 1-877-212-5640

email: LouisianaPR@ndbh.com

This form is available online at
www.BCBSLA.com/providers
 >Resources >Forms





SUD/MAT

Substance Use Disorders Center

[Frequently Asked Questions \(FAQ\)](#)

[Medication-Assisted Treatment \(MAT\)](#)

RESOURCES

[What is MAT \(Medication-Assisted Treatment\)?](#)

[MAT Quick Reference Guide](#)

[SAMHSA Pocket Guide](#)

[Alcohol](#)

[Drug](#)

[Nicotine](#)

**We're here for you
around the clock:**

[Locate a Provider](#)

[Clinical 365 Substance
Use Disorder Hotline](#)

[Contact Us](#)

[Return to Resources](#)

Quick Reference Guide

Medication-Assisted Treatment (MAT) Medications and Pharmacy Benefit Coverage

Medications are available to help people stop using opiates or alcohol. The medications may reduce cravings and withdrawal symptoms. When combined with counseling, medications can increase the chance of successful treatment. Refer to the list below to learn which medications are approved by the FDA to help relieve problems with opiates or alcohol.

Opioid use problems can be helped with the following medications:

BUPRENORPHINE/NALOXONE

Generic Suboxone*
Zubsolv*
Suboxone*
Bunavail*

BUPRENORPHINE

Subutex*
Butrans*
Sublocade*

METHADONE

Methadone*

NALTREXONE

Vivitrol

**We're here for you
around the clock:**

[Locate a Provider](#)

[Contact Us](#)

[Return to Resources](#)

[Substance Use Center](#)

SUBSTANCE USE DISORDER TOOLKIT

www.ndbh.com/PCP/SUDToolkit

- Screening tools
- Provider resources
- Member resources

Provider Resources

Alcohol

Alcohol Screening and Brief Intervention for Youth: Practitioner Guide
[Preventing Older Adult Alcohol and Psychoactive Medication Misuse/Abuse Screening and Brief Interventions](#)
Implementing Care for Alcohol and Other Drug Use in Medical Settings, An Extension of SBIRT
SBIRT Training Presentation

Other Drugs

Screening for Drug Use in General Medical Settings
National Institute on Drug Abuse: Medical & Health Professionals
General Guidelines for Substance Use Screening and Early Intervention in Medical Practice

[Additional educational articles >](#)

Patient Resources

Health Resource Library

You can help members access the resources they need by calling our Care Management Services or instructing them to call the number on the back of their insurance card.

Screening Tools

Alcohol

Youth Alcohol Screening and Brief Intervention Practitioner's Guide
CRAFFT Screening Tool for Adolescent Substance Abuse
Short Michigan Alcoholism Test Geriatric Version (SMAST-G)
Alcohol Use Disorders Identification Test (AUDIT-C)
The Cage and Cage-Aid Questionnaires

Other Drugs

Screening for Drug Use in General Medical Settings
Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool (TAPS)
Opioid Risk Tool (ORT)
Drug Abuse Screening Test (DAST)
NIDA Quick Screen

[Additional screening tools >](#)

THE OPIOID EPIDEMIC BY THE NUMBERS



130+

People died every day from
opioid-related drug overdoses³
(estimated)



10.3 m

People misused
prescription opioids in 2018¹



47,600

People died from
overdosing on opioids²



2.0 million

People had an opioid
use disorder in 2018¹



81,000

People used heroin
for the first time¹



808,000

People used heroin
in 2018¹



2 million

People misused prescription
opioids for the first time¹



15,349

Deaths attributed to
overdosing on heroin
(in 12-month period
ending February 2019)²



32,656

Deaths attributed to overdosing
on synthetic opioids other than
methadone (in 12-month period
ending February 2019)²

SOURCES

1. 2019 National Survey on Drug Use and Health. Mortality in the United States, 2018
2. NCHS Data Brief No. 329, November 2018
3. NCHS, National Vital Statistics System. Estimates for 2018 and 2019 are based on provisional data.

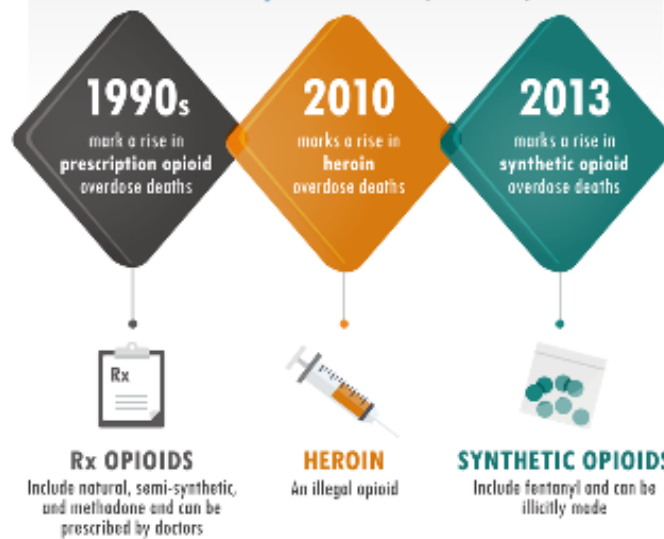
Updated October 2019. For more information, visit: <http://www.hhs.gov/opioids/>



RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

Nearly **450,000** people died
from an opioid overdose (1999-2018)



Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

MAT OVERVIEW

- **Medication-assisted treatment** (MAT) is an effective intervention to treat opioid and alcohol use disorders
- MAT is the use of medication to assist with management of cravings and relapse prevention
- Optimal outcomes rely on a combination of medication, counseling, group and behavioral therapies, along with peer support
- Medications improve patient adherence to treatment and reduce criminal activity and injection use; there is also a decrease in transmission of HIV and Hepatitis C


MAT OVERVIEW

Alcohol

- Disulfiram, Acamprosate, Naltrexone

Opioid

- Methadone, Buprenorphine, Naltrexone
 - Per federal regulations Methadone must be administered in a licensed opioid treatment program (OTP)
 - Buprenorphine may only be prescribed by providers who have obtained a DEA waiver




*Coverage for medications determined by member's Pharmacy Benefit Manager (PBM)

VALUE OF MAT

MAT is the *most effective* tool for OUD – is considered the gold standard for treatment

- **Increases** treatment retention
- **Decreases** illicit opiate use
- **Increases** ability to gain and maintain employment
- **75% reduced** mortality versus patients with only psychosocial interventions

Detoxification without MAT, to address cravings/relapse, increase the risk of overdose due to lowered tolerance



SAMSHA (2018). Medication Assisted Treatment. Retrieved from www.samhsa.gov/medication-assisted-treatment
Clark, R. E., Samnaliev, M., Baxter, J. D., & Leung, G. Y. (2011). The evidence doesn't justify steps by state Medicaid programs to restrict opioid addiction treatment with buprenorphine. Health Affairs 30(8), p. 1425-33.


MAT: A CHRONIC CONDITION APPROACH

Success rates **increase with MAT - 60% opioid free on MAT (1)**

Only 7% were successful without MAT (2)

- "Using medications for opioid withdrawal management is recommended over abrupt cessation of opioids" (ASAM)
- Detoxification without MAT increases the risk of overdose (due to loss of tolerance)

Successful recovery requires individualized, coordinated network of community-based system of care (ROSC), including Recovery Support Services (RSS)



SAMSHA (2018). Medication Assisted Treatment. Retrieved from www.samhsa.gov/medication-assisted-treatment
Clark, R. E., Samnaliev, M., Baxter, J. D., & Leung, G. Y. (2011). The evidence doesn't justify steps by state Medicaid programs to restrict opioid addiction treatment with buprenorphine. Health Affairs 30(8), p. 1425-33.

CHALLENGES IN MAT UTILIZATION

Slow adoption

- As of 2016, only 16% of psychiatrists and 3% of primary care physicians were buprenorphine waived
- 27% of facilities offered MAT

Stigma

- Belief MAT is trading one drug for another
- The person is not actually sober

TIPS FOR DISCUSSING MAT WITH PATIENTS

- Discuss why they made the decision to stop using opioids
 - How did opioids get in the way of their goals?
 - What are their recovery goals?
 - Would MAT allow them to reach their goals?
 - Would work, school or home life improve?
- MAT is not a crutch
 - Chronic condition comparison (i.e., is insulin considered a crutch for someone with diabetes)
- Feeling controlled by medication
 - Importance of matching the medication to the individual's goals and values
 - Opioids have been interfering with their life; MAT can assist with living life more aligned with their goals/values
- Be prepared to discuss food/medication interactions and side effects
- Be prepared to discuss positive outcomes with medication adherence

RESOURCES

[Myths of MAT](#)

[Common questions/concerns about MAT](#)

[PCSS – Medications: isn't just replacing one drug for another?](#)

[FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#)

ALTERNATIVE RESOURCES

SAMHSA provides a treatment locator for prescribers of buprenorphine

www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

Providers from this list can be cross-referenced using BCBSLA.com to verify the network status of the prescriber



SUICIDE EDUCATION AND PREVENTION INITIATIVE

SEPTEMBER IS SUICIDE AWARENESS MONTH

New Directions Behavioral Health has recently added an online **toolkit** to promote suicide prevention and awareness. The toolkit includes posters, articles and other sharable materials that you can promote during September and all year round.

This toolkit is available to members and providers. Please share this information and join us in our efforts to **#StopSuicide** and save lives.

Suicide Facts



Nearly **45,000 Americans** die by suicide every year



Suicide is the **4th leading cause of death** for people 18-65



For every death by suicide, there are **over 22 suicide attempts**

Suicide can be prevented. It's up to everyone to learn the warning signs and reach out and help those with suicidal thoughts and feelings.

National Suicide Prevention Lifeline
800-273-8255



NEW DIRECTIONS®
ndbh.com/suicide

Source: Centers for Disease Control

SEPTEMBER IS SUICIDE AWARENESS MONTH

Suicide Facts



Men are 4X more likely than women to die by suicide



Suicide rates for men are **highest among those ages 75+**



Firearms are the most common method for men to die by suicide



Men who struggle with **substance use** are **2-3X** more likely to attempt suicide

Suicide can be prevented.

It's up to everyone to learn the warning signs and reach out and help those with suicidal thoughts and feelings.

National Suicide Prevention Lifeline
800-273-8255



NEW DIRECTIONS®
ndbh.com/suicide

Source: Centers for Disease Control

SEPTEMBER IS SUICIDE AWARENESS MONTH

Suicide Facts



80% of teens who die by suicide **show warning signs**



90% of teens who die by suicide **have a mental health problem**



More teens die by suicide than **cancer, flu and AIDS combined**



Suicide is the **2nd leading cause of death** in people ages 10-34

Suicide can be prevented.

It's up to everyone to learn the warning signs and reach out and help those with suicidal thoughts and feelings.

**National Suicide Prevention Lifeline
800-273-8255**



NEW DIRECTIONS®
ndbh.com/suicide

Sources: National Alliance on Mental Illness; Lifespan

SEPTEMBER IS SUICIDE AWARENESS MONTH

Suicide Facts



LGBTQIA+ youth are **4X more likely** to attempt suicide than other young people



41% of trans adults have attempted suicide



LGBTQIA+ people with unaccepting families are **8X more likely to attempt suicide**

Suicide can be prevented. It's up to everyone to learn the warning signs and reach out and help those with suicidal thoughts and feelings.

National Suicide Prevention Lifeline
800-273-8255



NEW DIRECTIONS®
ndbh.com/suicide

Source: Suicide Awareness Voices of Education (SAVE)

SEPTEMBER IS SUICIDE AWARENESS MONTH

Suicide Warning Signs

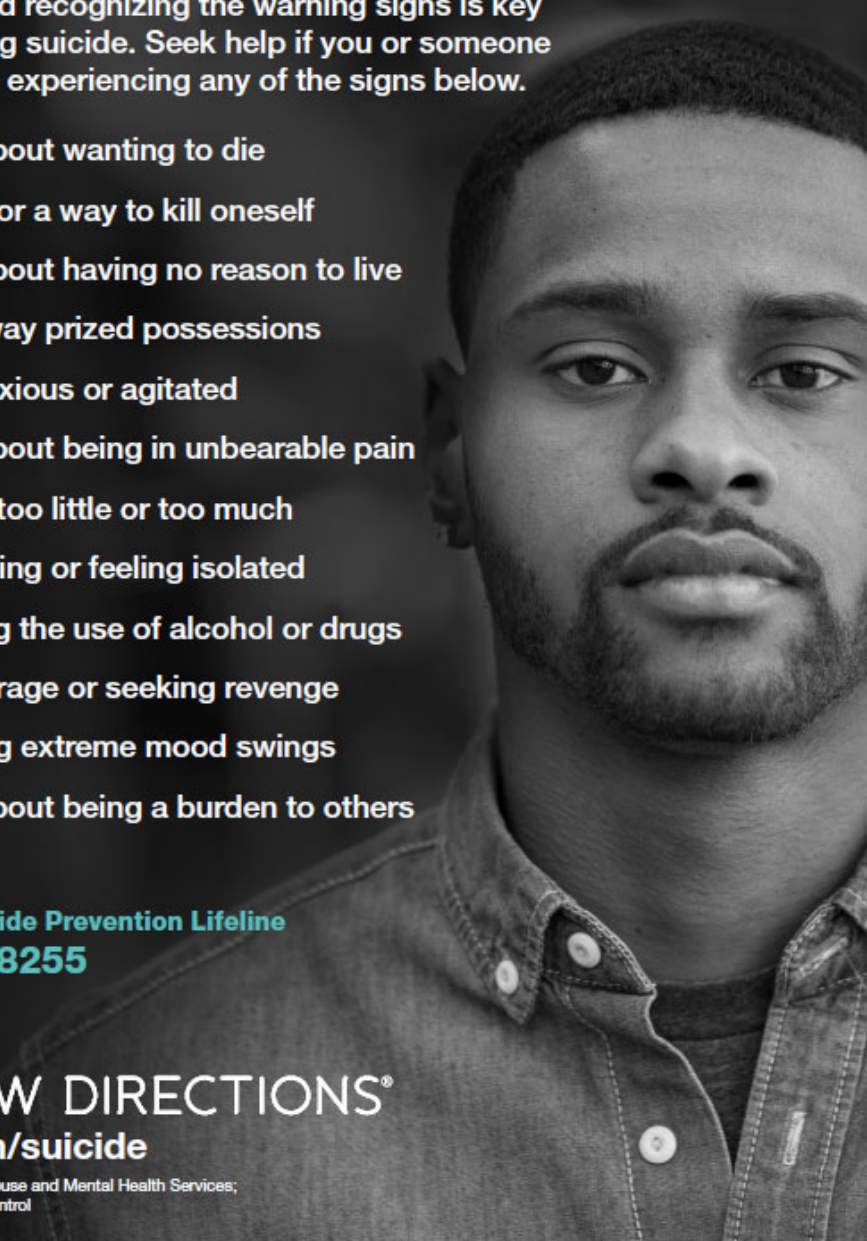
Knowing and recognizing the warning signs is key to preventing suicide. Seek help if you or someone you know is experiencing any of the signs below.

- ❗ Talking about wanting to die
- ❗ Looking for a way to kill oneself
- ❗ Talking about having no reason to live
- ❗ Giving away prized possessions
- ❗ Acting anxious or agitated
- ❗ Talking about being in unbearable pain
- ❗ Sleeping too little or too much
- ❗ Withdrawing or feeling isolated
- ❗ Increasing the use of alcohol or drugs
- ❗ Showing rage or seeking revenge
- ❗ Displaying extreme mood swings
- ❗ Talking about being a burden to others

National Suicide Prevention Lifeline
800-273-8255

 **NEW DIRECTIONS®**
ndbh.com/suicide

Sources: Substance Abuse and Mental Health Services;
Centers for Disease Control



SEPTEMBER IS SUICIDE AWARENESS MONTH

How to Help Someone with Suicidal Thoughts

Approaching someone who is struggling can be difficult, but it's worth the discomfort to help save a life.

ASK

Ask the person if they think about dying or killing themselves. Don't hesitate to do this - asking will not put the idea in their head, nor will it make them more likely to attempt suicide.

LISTEN

Start a conversation with the person and listen without judging to show you care. Create a safe space for them to share their feelings and vent.

STAY

Don't leave the person alone. Stay with them or make sure they are in a private, secure place with another caring person until you can get further help.

SECURE

If you suspect the person could be a harm to themselves, take them seriously. Remove any objects that could be used in a suicide attempt.

CALL

Call the National Suicide Prevention Lifeline at **1-800-273-8255** and follow their guidance. If danger for self-harm seems immediate, call 911.



NEW DIRECTIONS®

ndbh.com/suicide

Sources: Substance Abuse and Mental Health Services;
Centers for Disease Control



Suicide Toolkit

New Directions can help you when you or one of your staff identifies that a patient exhibits warning signs for suicide. The tools below can help you develop and implement a suicide prevention strategy for your organization and support the patient in accessing needed interventions.

Screening Tools

Ask Suicide-Screening Questions (ASQ) Toolkit

Columbia-Suicide Severity Rating Scale (C-SSRS)

[Additional screening tools >](#)

Provider Resources

SAMHSA - Suicide Prevention in Primary Care

Suicide Prevention Toolkit for Primary Care Practices

Zero Suicide

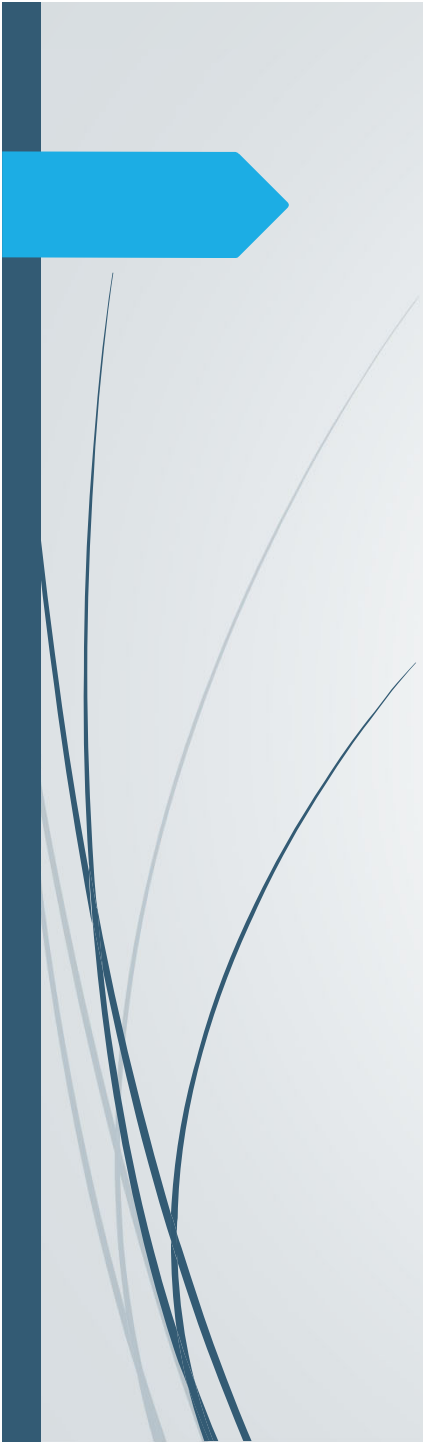
New Directions Depression Toolkit

[Additional educational articles >](#)

Patient Resources

Health Resource Library

You can help members access the resources they need by calling our Care Management Services or instructing them to call the number on the back of their insurance card.



COVID-19 CRISIS RESOURCES

CRISIS RESOURCES

Important resources when dealing with a crisis.

For those affected by recent traumatic events New Directions is offering emotional support.

Emotional Helpline

Anyone can call our emotional support number **833-848-1764**, a free and confidential 24/7 mental health helpline staffed by trained and caring professionals ready to guide you to the care you need. We'll keep this number open as long as necessary to support individuals and communities affected by disasters.

Resources

Tips for coping with the Coronavirus outbreak

- Dealing with Coronavirus anxiety
- Guidance for Leadership
- Coping with Crisis in the Media
- Coping with Mental Health tips
- Online Resources & Support During COVID-19
- Substance Use Disorder Treatment During COVID-19
- Returning to Work After a Pandemic
- Xenophobia
- Home Preparation
- Positive Self-Talk
- How to talk to your kids
- Working from Home
- COVID-19 mental wellness tools from partner myStrength
- Healthcare Providers: Coping with Stress During COVID-19

Together is
the Way Forward

Member Resources

Provider Search

Log Into EAP

(If you are experiencing an emergency, call 911)

www.ndbh.com/CrisisResources

Online Resources & Support During COVID-19

Contents

Crisis Lines.....
Depressive/Bipolar Disorders.....
Anxiety/Trauma.....
Eating Disorders.....
OCD Support.....
Children & Adolescents.....
Substance Use Disorders.....
Mobile Apps.....

Simply click on the title in the document and go directly to that section.

Mobile Apps

Mindfulness



ACT Coach
Mindfulness

android | iphone



Breathe2Relax
Breathing

android | iphone

www.ndbh.com/Docs/HealthResources/CrisisResources/Online%20Resources%20and%20Support%20During%20COVID-19%202.pdf

FEELING ANXIOUS ABOUT CORONAVIRUS

Be vocal. Talk about your feelings with family and friends. Being open about your anxiety is the first step to relieving it. You'll probably find that they're having similar feelings and supporting one another is good for everyone's emotional health.

Keep to your routines. School and work closings may make this challenging, but as much as you can, stick to your routines. Plan meals, eat at the regular times, maintain your sleep schedule, get fresh air and exercise, and practice good hygiene and self-care. During times of chaos or uncertainty, maintaining routines goes a long way toward helping you feel more in control of your life.

Lean on family and friends/stay connected. We're all in this together and we need to support one another! Stay in contact with friends and family by phone, texts and email. Your support system is especially critical in times of crisis; focus on being there for each other in whatever ways feel comfortable and safe to you.

Set limits around news and social media & choose reliable sources for information. Constantly tuning into the news and combing through social media posts to read about coronavirus can be overwhelming and confusing. Rely on quality sources like the CDC to get key facts and advice but try to limit other news viewing habits. In fact, think of your TV and your tablet as great ways to escape into a good movie or book

Practice healthy habits and the kinds of self-care that most benefit you. Routines are important to maintain and that includes personal routines. Vow to be good to yourself by eating healthy foods, getting enough rest, limiting alcohol and engaging in active fun. Escape to a bubble bath, give everyone in the family a facial, or find a meditation video on the internet and give it a try

Look for the positives and embrace them! Don't view staying home as being trapped. Think of it as an opportunity to spend more quality time with your children, spouse, friends...even the family pets. And remember, not everything is cancelled. Getting outdoors, listening to music, enjoying family, reading, singing laughing, hope—all *NOT* cancelled!

If you feel you need more emotional support for yourself or for your family, don't hesitate to call **our Emotional Support hotline at 833-848-1764**. This is a free and confidential 24/7 mental health helpline staffed by trained and caring professionals ready to guide you to the care you need. We'll keep this number open as needed to support individuals and communities.

IMPORTANT: If you're having chest pains or radiating pain to jaw or left arm, trouble breathing, high fever or any unusual symptoms, contact your physician immediately or call 911.

***This is an emerging, rapidly evolving situation. For the latest information visit [CDC.gov](https://www.cdc.gov)**

WHAT PROVIDERS AND MEMBERS ARE SAYING

Facility Feedback Longleaf Hospital

"Michelle Sims has made a tremendous difference giving us data quarterly and as needed for BCBS of LA. We've identified areas of improvement corrected them thanks to her research and communication. We've also identified better ways to get patients to comply with aftercare. She's an asset to your organization. We are thankful for you and her partnership to take care of our patients."

- "Claire Hicks, MHA Chief Executive Officer"

Feedback from Members on the Clinical Staff:

"Melissa was fantastic. We have had a lot of case managers and therapists. She listened (sometimes for a long time), she offered help, she offered services, she got him the help he needed. Now he is in a new school and doing great and that has a lot to do with Melissa. She is almost like a member of the family we haven't met."

"I would love to have my care manager help me in the future if needed, she seem to call just when I needed. She called me every couple of weeks and that made me feel so good! She went above and beyond!"

REMINDERS

Contact LouisianaPR@ndbh.com if you are:

- Submitting your updated Clinical Profile form
- Interested in being a Rainmaker
- Currently or plan on providing MAT



Support & Resources

Provider Relations

Provider Education & Outreach

Kim Gassie director

Jami Zachary manager

Anna Granen

Jefferson, Orleans, Plaquemines, St. Bernard

Kelly Smith

Acadia, Ascension, Calcasieu, Cameron, Iberville,
Jefferson Davis, Livingston, Pointe Coupee,
St. Landry, St. Martin, Vermilion, West Baton Rouge

Lisa Roth

Bienville, Bossier, Caddo, Claiborne, Desoto, Grant,
Jackson, Lincoln, Natchitoches, Red River, Sabine,
Union, Webster, Winn

Marie Davis

Assumption, Iberia, Lafayette, Lafourche,
St. Charles, St. James, St. John the Baptist,
St. Mary, Terrebonne

Mary Guy

East Feliciana, St. Helena, St. Tammany,
Tangipahoa, Washington, West Feliciana

Melonie Martin

East Baton Rouge

Patricia O’Gwynn

Allen, Avoyelles, Beauregard, Caldwell,
Catahoula, Concordia, East Carroll,
Evangeline, Franklin, LaSalle, Madison,
Morehouse, Ouachita, Rapides, Richland,
Tensas, Vernon, West Carroll

provider.relations@bcbsla.com | 1-800-716-2299, option 4

Angela Jackson Jennifer Aucoin Paden Mouton

Network Development

Provider Contracting

Shelton Evans – director shelton.evans@bcbsla.com

Jode Burkett – manager jode.burkett@bcbsla.com

Danielle Jackson – manager danielle.jackson@bcbsla.com

Ashley Wilson – ashley.wilson@bcbsla.com

St. Tammany, Tangipahoa, Washington

Cora LeBlanc – cora.leblanc@bcbsla.com

Assumption, Lafourche, St. Charles, St. James,
St. John the Baptist, St. Mary, Terrebonne

Dayna Roy – dayna.roy@bcbsla.com

Allen, Avoyelles, Beauregard, Calcasieu, Cameron,
Catahoula, Concordia, Grant, Jefferson Davis, LaSalle,
Natchitoches, Rapides, Sabine, Vernon, Winn

Jason Heck – jason.heck@bcbsla.com

Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto,
East Carroll, Franklin, Jackson, Lincoln, Madison,
Morehouse, Ouachita, Red River, Richland, Tensas, Union,
Webster, West Carroll

Jill Taylor – jill.taylor@bcbsla.com

Jefferson, Orleans, Plaquemines, St. Bernard

Mica Toups – mica.toups@bcbsla.com

Acadia, Evangeline, Iberia, Lafayette, St. Landry,
St. Martin, Vermilion

Sue Condon – sue.condon@bcbsla.com

Ascension, East Baton Rouge, East Feliciana, Iberville,
Livingston, Pointe Coupee, St. Helena, West Baton Rouge,
West Feliciana

Shannon Taylor – shannon.taylor@bcbsla.com

Special Network Development Projects

network.development@bcbsla.com | 1-800-716-2299, option 1

Doreen Prejean Karen Armstrong Mary Landry

Provider Credentialing & Data Management

Provider Network Setup, Credentialing & Demographic Changes

Justin Bright director

Mary Reising manager – mary.reising@bcbsla.com

Anne Monroe provider Information Supervisor - anne.monroe@bcbsla.com

Rhonda Dyer provider Information Supervisor - rhonda.dyer@bcbsla.com

If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management Department by emailing PCDMstatus@bcbsla.com or by calling 1-800-716-2299

1-800-716-2299 | option 2 – credentialing | option 3 – provider data management
Fax: 225-297-2750 • network.administration@bcbsla.com

Call Centers

Customer Care	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-877-250-9167

For information
NOT available
on iLinkBlue

Other Provider Phone Lines

BlueCard Eligibility Line® – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential

Network Administration – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing/recredentialing

option 3 – for questions regarding your provider data management

option 4 – for questions regarding provider relations

option 5 – for questions regarding administrative representative setup

New Directions Contact Information

For assistance, please contact:

Michelle Sims

Clinical Network Manager

Email: msims@ndbh.com

Phone: 1-816-416-7672

Debbie Crabtree

Provider Relations Coordinator

Email: dcrabtree@nbdh.com

Phone: 1-904-371-6942

We are listening!

**Our provider Engagement Survey is open,
and we want to hear from you!**



If you haven't received an email invitation, please contact provider.communications@bcbsla.com
and include "Provider Engagement Survey" in the subject line

Thank you!



If you have additional questions after this webinar,
please email provider.relations@bcbsla.com



Appendix

Credentialing Process

- The credentialing process can take up to 90 days once Blue Cross receives all required information
- After 90 days you may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at PCDMstatus@bcbsla.com or 1-800-716-2299, option 2
- Required credentialing application packets are available online at www.BCBSLA.com/providers >Provider Networks >Join Our Networks
- Blue Cross credentials professional, facility and ancillary providers
- To participate in our networks, providers must meet certain criteria as regulated by our accreditation body and the Blue Cross and Blue Shield Association
- Providers will remain non-participating in our networks until their application has been approved by the credentialing subcommittee. The credentialing subcommittee approves credentialing monthly.
- Network providers are recredentialed every three years from their last credentialing acceptance date



Provider Credentialing & Data Management Policy

Below is Blue Cross' policy for credentialing and provider data management requests, which helps ensure requests are processed timely:

- Requests to join our networks or maintain network participation, including the credentialing and recredentialing processes, must be submitted on appropriate forms
- Requests for provider data management must be submitted on the appropriate Blue Cross form

Requests that are incomplete, missing information or submitted on the incorrect form will be returned. The processing time will start over once all required information is received.



All forms and credentialing packets are available online at
www.BCBSLA.com/providers > Provider Networks > Join Our Networks

Incomplete Credentialing Applications

Below are the most common reasons credentialing applications are returned:



- Professional provider did not submit the current version of the **Louisiana Standardized Credentialing Application**
- Facility did not submit the **Health Delivery Organization Information Form**
- Not submitting the proper attachments and/or forms
- An alternative application was submitted in place of the credentialing applications identified above (*we do not accept a CAQH application*)

The 90-day processing time begins when we receive all required information. The application processing time starts over once a completed application is returned to Blue Cross. Submitting a completed form is key to timely processing.

Reimbursement During Credentialing

Louisiana has expanded their law allowing additional healthcare provider types to request that Blue Cross reimburse their claims as if they are a network provider during the credentialing process. Claims for network providers are paid directly to the provider.

The following criteria must be met:

- You must be applying for network participation to **join a provider group** that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners.
- You **must have admitting privileges** to a network hospital. PCPs can have an arrangement with a hospitalist group to admit their patients.
- Your **initial credentialing application** for network participation must include a written letter of request asking Blue Cross to reimburse you at the group contract rate and an agreement to hold our members harmless for payments above the allowable amount



The Reimbursement During Credentialing Instruction Sheet is available online at www.BCBSLA.com/providers >Resources >Forms

Claims Disputes & Appeals

Sometimes it may be necessary for a provider to dispute or appeal a claim

CLAIMS DISPUTES

Involves a denial that affects the provider's reimbursement

MEDICAL APPEALS

Involves a denial or partial denial based on:

- Medical necessity, appropriateness, healthcare setting, level of care or effectiveness
- Determined to be experimental or investigational

ADMINISTRATIVE APPEALS & GRIEVANCES

- Claim issue due to the member's contract benefits, limitations, exclusions or cost share
- When there is a grievance



On the next slides, we will detail each of these claims inquiries

Claims Disputes

- Reimbursement reviews:
 - Allowable disputes
 - Bundling issues
- Timely filing
- Authorization penalties
- Failed to obtain an authorization denials
- Refund disputes



Decisions upheld by the Claims Disputes Department are not billable to the member

Medical Appeals

Claim denied as investigational or not medically necessary

STANDARD APPEAL

COMPLETED WITHIN 30 DAYS OF RECEIPT

- Complete ALL information on the appeals form (including contact information in case additional records are needed). Incomplete information may delay the review.
- Clearly identify service being appealed (ex: drug name, specific procedure, DME item, etc.)
- Include supporting rationale AND supporting clinical records
- Please read the “What can you do if you still disagree with our decision?” section of the initial denial letter and appeal denial letter for the appropriate appeal timeframes and instructions for the member’s policy
- We require network providers to disclose ineligible services to members prior to performing or ordering services. Our medical policies are available on iLinkBlue (www.BCBSLA.com/ilinkblue).
- Benefit determinations are made based on the medical policy in effect at the time of service

Decisions upheld by the Claims Disputes Department are not billable to the member

Medical Appeals

Claim denied as investigational or not medically necessary

EXPEDITED
APPEAL

COMPLETED WITHIN 72 HOURS OF RECEIPT

- Could seriously jeopardize the life or health of your patient or their ability to regain maximum function, **OR**
- Would, in the opinion of the treating physician with the knowledge of the patient's medical condition, subject the patient to severe pain that cannot be adequately managed without the health care service or treatment that is the subject of the request
- If submitting with the appeal form included in the initial denial letter, the physician must clearly mark the form as "**Expedited**" (urgent) and sign the attestation that requested service meets the above expedited criteria
- Fax the appeal request along with supporting documentation to the number listed on the "A Guide For Disputing Claims" tidbit, available at www.BCBSLA.com/providers

Administrative Appeals & Grievances

- Administrative appeals involve contractual issues and are typically submitted by the member or someone on behalf of the member (including providers), with the member's authorization
- A grievance is a written expression of dissatisfaction with BCBSLA or a provider's services. Typically, grievances do not involve denied claims.

The top reasons for administrative appeals are:

- 1** Out-of-Network (OON) providers
- 2** Contract limitations or exclusions
- 3** Claims processing (how cost sharing was applied)
 - Deductible
 - Coinsurance
 - Copayment

Provider Dispute Form

Louisiana **Provider Dispute Form**

Complete this form to file a provider dispute. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to include the proper information (based on your reason for review) and submit it to the appropriate mailing address.

Please submit only one form per patient, per dispute.

PROVIDER INFORMATION

TYPE OF PROVIDER: ☐ Professional ☐ Facility ☐ Other

Provider Name

National Provider Identifier (NPI) Provider Tax ID

Name of Person Completing Form Date Form Completed

Contact Email Address Contact Phone Number

PATIENT INFORMATION

Member ID Policyholder Name

Patient Name Patient Date of Birth

Claim Number Date(s) of Service Amount Charged

DISPUTE DETAILS

To assist us in reviewing your dispute, please summarize the issue and action desired, and attach all supporting documentation.

GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION

SURGERY, ASSISTANT SURGERY OR ANESTHESIA	DOCTOR'S HOSPITAL VISITS	DOCTOR'S OFFICE/CLINIC VISITS	OTHER SERVICE X-RAYS, LAB, PHYSICAL THERAPY
1. Operative Report 2. Anesthesia Report 3. Pre-op History and Physical 4. Asst. Surgeon Credential (if not M.D.)	1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	1. Physical Therapy Notes and Radiology/Lab Report

Page 2 of this form contains the list of reasons for your dispute. Please check only one reason per form. In order for us to review your dispute, we must receive the entire form.

A printable PDF of this form is available online at www.BCBSLA.com/providers, then click on the "Resources" section and look under Forms.

18V02284-03/20 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service, a subsidiary company.

Page 1 of 2

Form is available online at
www.BCBSLA.com/providers
 >Resources >Forms

- Use the Provider Dispute Form to properly request a review of your claim
- Be sure to place the form on top of your claim when submitting for review to ensure it is routed to the appropriate area of the company
- Use the Provider Dispute Form when claim:
 - Rejected as duplicate
 - Denied for bundling
 - Denied for medical records
 - Denied as investigational or not medically necessary
 - Payment/denial affects the provider's reimbursement
 - Payment affects the member's cost share
 - Denied for a BlueCard member

For details on where to submit claims issues, refer to the "A Guide For Disputing Claims" tidbit
www.BCBSLA.com/providers >Resources >Tidbits

Louisiana **providerTIDBIT**
 a guide to understanding our processes

A Guide for Disputing Claims

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to request (and not respond) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For corrected claims, please review our Corrected Claims Tidbit, available at www.BCBSLA.com/providers >Resources >Tidbits.

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested as denials for insufficient medical information	• Supporting medical documentation & copy of Blue Cross letter of request for medical records	• Appeals and Claims Dispute Form • Claim Form	BCBSLA - Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	• Link Blue Action Request • Supporting medical documentation	• Appeals and Claims Dispute Form • Letter of appeal or Appeal Request Form	www.BCBSLA.com/LinkBlue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	• Link Blue Action Request • Call Customer Care Center	• Written request	www.BCBSLA.com/LinkBlue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denies for primary carrier's explanation of benefits (EOB)	• Claim with EOB from primary carrier	• Appeals and Claims Dispute Form • Letter of appeal or Appeal Request Form	www.BCBSLA.com/LinkBlue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denied for a BlueCard® member (downstream of Blue Cross Blue Shield of Louisiana)	• Appeals and Claims Dispute Form® • Formal letter of appeal including reason for Blue Cross and Blue Shield of Louisiana	• Claim Form • Appeal Request Form	BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029 or fax to (225) 397-5727

*The Appeals and Claims Dispute Form is available at www.BCBSLA.com/providers >Resources >Forms.

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This document is for informational purposes only. It is not intended to constitute an offer of insurance. Insurance coverage is subject to underwriting and may vary by policy. Please refer to the actual policy for complete terms, conditions, coverages, exclusions, and limitations. The information in this guide is not intended to constitute an offer of insurance. Insurance coverage is subject to underwriting and may vary by policy. Please refer to the actual policy for complete terms, conditions, coverages, exclusions, and limitations. The information in this guide is not intended to constitute an offer of insurance. Insurance coverage is subject to underwriting and may vary by policy. Please refer to the actual policy for complete terms, conditions, coverages, exclusions, and limitations.

Submitting Corrected Claims



The screenshot shows the 'providerTIDBIT' logo with the tagline 'a guide to understanding our processes'. The title 'Submitting Corrected Claims' is prominently displayed. The document explains that providers need to submit corrected claims for services already processed by Blue Cross. It includes a 'General Guidelines' section with four bullet points: 1) The claim form should reflect a clear indication of what information has been changed. 2) All procedures performed on a single date of service should be filed on one claim even when submitting corrected claims with changed (i.e. added or deleted) codes or differing units. 3) The original claim reference number assigned on your Blue Cross and Blue Shield of Louisiana provider payment register/remittance advice is required when resubmitting the claim. 4) A corrected claim submitted to void or adjust a claim should not include an Appeal and Claims Dispute Form, letter of appeal, Appeal Request Form or medical records. Below this, a section titled 'Should My Corrected Claim Be an Adjustment or Void?' provides instructions on when to use an adjustment versus a void. It defines an 'Adjustment Claim' as a request to change information or charges, and a 'Void Claim' as a request to remove a claim and its associated payments or rejections. A note states that adjustments can be submitted electronically for all changes except those to the member ID or pay-to-provider number. A box at the bottom provides a link to the Disputing Claims tidbit and a reference to the Professional Provider Office Manual. The document is identified as TB00152017 and includes a footer with contact information and a last reviewed date of 11-15-19.

Submitting Corrected Claims

Sometimes providers need to submit corrected claims for services that have already been processed by Blue Cross. To avoid your claims being denied as a duplicate, use the guidelines outlined in this document.

- When a claim is refilled for any reason, **all** services should be reported on the claim. It is inappropriate to refile a claim with only one procedure when more than one procedure was reported on the initial claim. Splitting the claim may cause your claim to be adjusted incorrectly.

Should My Corrected Claim Be an Adjustment or Void?

Submit an adjustment or void to correct any claim that has completed the processing cycle as follows:

- Adjustment Claim** - requests that a previously processed claim be changed (information or charges added to, taken away or changed).
- Void Claim** - requests that the entire claim be removed and any payments or rejections be retracted from the member's and provider's records.

General Guidelines

- The claim form should reflect a clear indication as to what information has been changed.
- All procedures performed on a single date of service should be filed on one claim even when submitting corrected claims with changed (i.e. added or deleted) codes or differing units.
- The original claim reference number assigned on your Blue Cross and Blue Shield of Louisiana provider payment register/remittance advice is required when resubmitting the claim.
- A corrected claim submitted to void or adjust a claim should **not** include an Appeal and Claims Dispute Form, letter of appeal, Appeal Request Form or medical records.

Note: Adjustments can be submitted electronically for all changes except those to the member ID or pay-to-provider number. If these fields require change, the provider can void the processed claim and submit a new claim with correct member ID or pay-to-provider information.

Claim Disputes involve separate processes. For more information, please view our Disputing Claims tidbit, available at www.BCBSLA.com/providers > Resources > Tidbits.

For information on Timely Filing Guidelines, please refer to section 7 in our *Professional Provider Office Manual*.

More →

TB00152017

This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providercommunications@bcbsla.com and reference the Tidbit number and title listed on this publication.

11BNVQ407 R11/19 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

- Submitting corrected claims can be easy when the appropriate steps are followed
- Use the "Submitting Corrected Claims" tidbit as a guide to properly adjust or void a claim so it does not deny as duplicate or process incorrectly
- The tidbit outlines the steps for submitting a corrected claim by paper or electronically (via clearinghouse or iLinkBlue)

Available online at www.BCBSLA.com/providers > Resources

Workers' Compensation

In most circumstances, services and treatment rendered as a result of any occupational or work-related disease or injury compensable under any federal or state workers' compensation law is a contract exclusion under the terms of a member contract and Blue Cross is not responsible for the claim

Providers should:

- Submit claims to Blue Cross
- Indicate if the services are the result of a work-related injury or illness

If it's determined the service is not covered by workers' compensation or the member's contract does not exclude these services and the claim is not filed to Blue Cross, the provider is at risk of future consideration by failing to meet administrative filing requirements outlined in the member's contract

Subrogation

Subrogation is a contract provision that allows health insurers to recover all or a portion of claims payments if the member is entitled to recover such amounts from a third party. As a participating provider, you agree to submit claims for all covered services received by Blue members.

Providers should:

- Indicate if the services are related to an accident or a work-related injury or illness when submitting claim
- Not require the Blue member or the member's attorney to guarantee payment of the entire billed charge
- Not require the Blue member to pay the entire billed charge up front
- Not bill the Blue member for amounts above the reimbursement amount/allowable charge
- Charge the member no more than is ordinarily charged other patients for the same or similar service
- Bill the member only for any applicable cost share (deductible, coinsurance, copayment) and/or non-covered service

If amounts in excess of the reimbursement amount/allowable charge were collected, you should refund that amount to the member

Provider Self-service Initiative

Providers are required to use our self-service tools for:

- member eligibility
- claim status inquiries
- professional allowable searches
- medical policy searches

These services are no longer handled directly by our Customer Care Center

Self-service tools available to providers:

- iLinkBlue (www.BCBSLA.com/ilinkblue)
- Interactive Voice Recognition (IVR) (1-800-922-8866)
 - The Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available at www.BCBSLA.com/providers > Resources > Tidbits
- HIPAA 27x transactions

The image displays two screenshots related to the Provider Self-service Initiative. The top screenshot shows the iLinkBlue provider portal interface. It features a header with the Louisiana Blue Cross and Blue Shield logo, a login section for providers (Tax ID, NPI, Submit), and a navigation menu including Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area includes a 'Welcome to iLinkBlue' message, a 'Medical Record Requests' section indicating 0 requests, and a sidebar with 'Important Blue Cross Messages'. The bottom screenshot shows the 'Automated Benefits & Claim Status' IVR Tidbit. It provides a guide for navigating the IVR system, including a list of required information (Provider's NPI, Tax ID, Member ID, etc.) and a 'Provider Menu' with options like Benefits, Claims, Authorizations, and Out-of-state Policy.

Benefits of Proper Documentation



Allows identification of high-risk patients



Allows opportunities to engage patients in care management programs and care prevention initiatives



Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross



Reduces costs associated with submitting corrected claims

Provider's Role in Documenting



- Each page of the patient's medical records should include the following:
 - Patient's name
 - Date of birth or other unique identifier
 - Date of service including the year
- Provider signature (must be legible and include credentials)
 - Example : John Doe, MD (acceptable)
 - Example: Dr. John Doe (not acceptable)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity
- Include all related diagnoses, including chronic conditions you are treating the member for
- Medical records **must support ALL** diagnosis codes on claims

Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient

Coding to the Highest Level of Specificity

- Code all conditions (acute/chronic) being treated to the highest level of specificity
 - Monitored, Evaluated, Assessed or Treated should be noted
- Avoid non-specific and broad statements such as bipolar disorder
- Use terms such as:
 - Type I or II
 - Current or in remission
 - Severity (mild, moderate, severe)
 - Presence of psychotic features



NOTE: Improper documentation could result in audits and/or the request of medical records

Medical Record Requests

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf

- Per your Blue Cross network agreement, providers are not to charge a fee for providing medical records to Blue Cross or agencies acting on our behalf
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee

Medical Record Requests must be returned within 7 days of receipt of request

Commercial Diagnostic Accuracy and Completion

Commercial Diagnostic Accuracy and Completion (DAC) is a component of the Affordable Care Act (ACA)

- Encourages health plans to focus on quality improvements, efficiency and stabilization of premiums
- DAC uses diagnosis codes reported on claims to determine the disease state or illness burden (overall health) of a patient, allowing CMS to assign a risk score to each patient
- DAC medical record requests typically begin in January

Blue Cross is currently partnered with Inovalon to conduct out-of-state DAC medical record requests

Commercial Risk Score

- Code all conditions (acute/chronic) being treated to the highest level of specificity
 - Monitored, Evaluated, Assessed or Treated should be noted
- Avoid non-specific and broad statements such as bipolar disorder
- Use terms such as:
 - Type I or II
 - Current or in remission
 - Severity (mild, moderate, severe)
 - Presence of psychotic features

NOTE: Improper documentation could result in audits and/or the request of medical records

Commercial Risk Scores

- Blue Cross identifies those members with potential diagnostic gaps by review of claims data
- Diagnostic gaps are identified through:
 - History: prior year Dx
 - Pharmacy: prescribed medication
 - Diagnostic: lab or diagnostic test
 - Other: diagnosis with potential co-existing condition



What can providers do?

1. Close gaps in care
2. Ensure all documentation reflects what is being billed
3. Ensure chart reflects complete clinical profile for the patient

Risk Adjustment Data Validation Audits

Required through the ACA, the framework for the risk adjustment data validation (RADV) audit process for the risk adjustment program was established

Components of the RADV Audits:

- Annual CMS mandate
- Required audit for every insurer who sells a policy on the ACA marketplace
 - Will be used to confirm risk reported
 - To confirm providers' medical records substantiate the reported data and accurately reflect the care rendered and billed
- The Accountable Care Law mandates medical records be provided
- RADV audit requests for medical records begin in June

Member Referrals

Network providers should always refer members to contracted providers

- Referrals to non-network providers result in significantly higher cost shares to our members and it is a breach of your Blue Cross provider contract
- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement
- The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:
 - CMS-1500: Block 17B
 - UB-04: Block 78
 - 837P: 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element
 - 837I: 2310D loop, segment NM1 with the qualifier of DN in the NM101 element

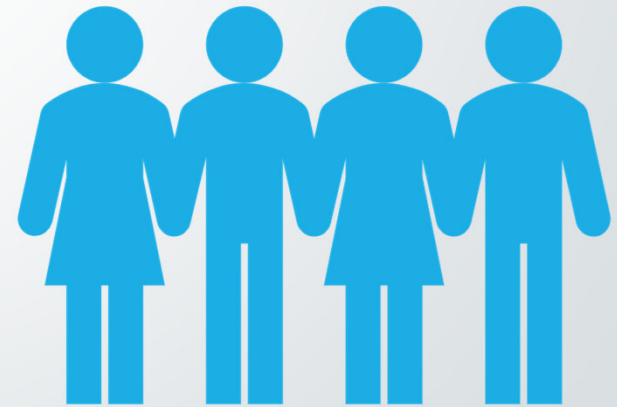
Examples:

- | | |
|---|----------------|
| • Outpatient Facilities <ul style="list-style-type: none">○ LTAC, SNF, Behavioral Health, Home Health | • Hospitals |
| • Therapists | • DME |
| | • Laboratories |

Out of network referrals

The impact on your patients when you refer Blue Cross members to out-of-network providers:

- Out-of-network member benefits often include higher copayments, coinsurances and deductibles
- Some members may have no benefits for services provided by non-participating providers
- Non-participating providers can balance bill the member for all amounts not paid by Blue Cross



Finding Participating Providers

You can find network providers to refer members to in our online provider directories at www.BCBSLA.com > Find a Doctor

The screenshot shows the 'Find Doctors in Louisiana' page on the BCBSLA website. The top navigation bar includes links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Accessibility. A search bar and a 'Log In' button are also present. Below the navigation bar, the 'Louisiana' logo is followed by links for Shop, Find a Doctor, Save, Wellness, Learn, and My Account. The main heading is 'Find Doctors in Louisiana', with a subtext: 'Search our directory of top-rated primary care doctors pediatricians, ENTs and other specialties.' A search bar is provided with a dropdown menu set to 'All Networks' and a placeholder text 'Search for a doctor, hospital or specialty.' A 'Location' dropdown and a search icon are also visible. Below the search bar, a section titled 'Looking for a different provider?' offers four options: Dental, Pharmacy, Vision, and Out of Area, each with a corresponding icon.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Accessibility

Log In

Shop Find a Doctor Save Wellness Learn My Account

Find Doctors in Louisiana

Search our directory of top-rated primary care doctors pediatricians, ENTs and other specialties.

All Networks Search for a doctor, hospital or specialty. Location

Looking for a different provider?

Dental Pharmacy Vision Out of Area

Provider Identity Management Team

Common issues the PIM Team is asked to help with:

How do I change my administrative representative phone number?

This can be done with a phone call to the PIM Team

How do I change my administrative representative email address?

Because your email address is your username, you must submit a new Administrative Representative Registration Packet

How do I terminate my administrative representative?

This requires a written notification be sent to the PIM Team

Need help?

Provider Identity Management (PIM) is a dedicated team to help you establish and manage system access to our secure electronic services

If you have questions regarding the administrative representative setup process, please contact our PIM Team

Email: PIMTeam@bcbsla.com

Phone: 1-800-716-2299, option 5

What they will do for you:

- Set up administrative representatives
- Educate and assist administrative representatives
- Outreach to providers without administrative representatives to begin the setup process

Inactivity Policy

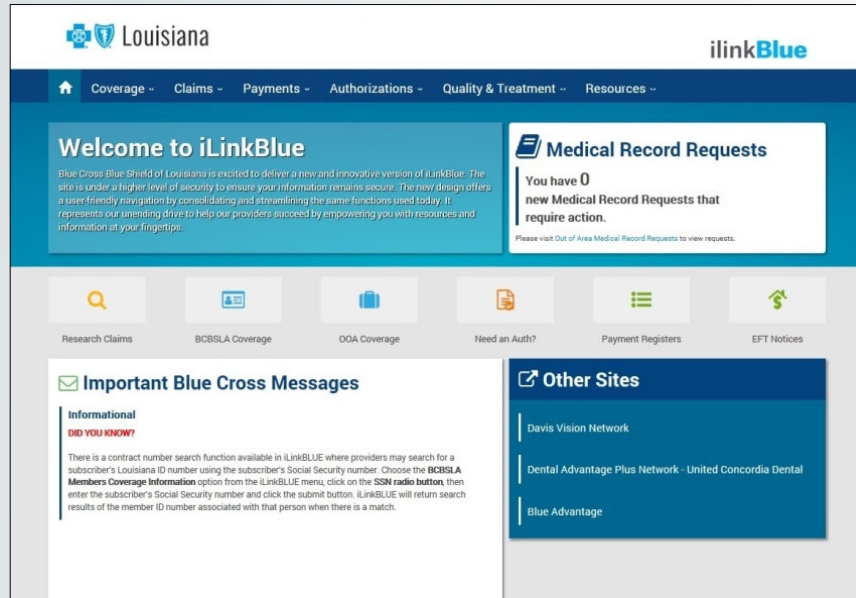
iLinkBlue and Sigma Security Setup Tool accounts that have not been accessed for a period of time will be suspended as follows:

- iLinkBlue user account suspends upon 90 days of inactivity
- iLinkBlue user account that remains inactive for 120 days will be terminated
- Sigma account suspends upon 90 days of inactivity
- Sigma account that remains inactive for one year will be terminated



- When an account has been inactive for 60 days, the user will receive an email alert of the inactivity
- Once suspended, to reactivate an account, iLinkBlue users must contact their administrative representative
- Administrative representatives with suspended accounts must contact our Provider Identity Management Team at **PIMTeam@bcbsla.com**

Accessing the Blue Advantage Provider Portal



- ▶ The processes for Blue Advantage (HMO) | Blue Advantage (PPO) differ from our other provider network processes
- ▶ We have created a separate portal for these contracted providers to access those processes
- ▶ You must access the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/ilinkblue)
- ▶ To gain security access to the Blue Advantage Provider Portal, users must first self-register within the portal; this will start the process of getting the user access to the feature

iLinkBlue Application Packet

iLinkBlue is our secure online tool for professional and facility healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, payment queries and transactions. The **iLinkBlue Application Packet** is available at www.BCBSLA.com/providers > Electronic Services then click on "iLinkBlue".

These four documents are required to access iLinkBlue:

The form is titled "Louisiana iLinkBlue Service Agreement". It contains a "Consent" section where the provider agrees to the terms of service. Below this, there are sections for "Provider Information" (Name, Address, City, State, Zip) and "Business Associate Information" (Name, Address, City, State, Zip). The form also includes a "Signature" line for the provider and a "Signature" line for the Business Associate. At the bottom, there is a "Date" field and a "Signature" line for the Business Associate.

iLinkBlue Service Agreement

The form is titled "Louisiana Business Associate Addendum to the iLinkBlue Service Agreement". It contains a "Consent" section where the Business Associate agrees to the terms of the addendum. Below this, there are sections for "Business Associate Information" (Name, Address, City, State, Zip) and "Provider Information" (Name, Address, City, State, Zip). The form also includes a "Signature" line for the Business Associate and a "Signature" line for the Provider. At the bottom, there is a "Date" field and a "Signature" line for the Provider.

Business Associate Addendum

ALWAYS include NPI/TAX ID on:

- ✓ iLinkBlue Service Agreement
- ✓ Business Associate Addendum to the iLinkBlue Service Agreement
- ✓ Administrative Representative Registration Form
- ✓ Electronic Funds Transfer (EFT) Enrollment Form

The form is titled "Louisiana Electronic Funds Transfer (EFT) Enrollment Form". It contains a "Consent" section where the provider agrees to the terms of the enrollment. Below this, there are sections for "Provider Information" (Name, Address, City, State, Zip) and "Business Associate Information" (Name, Address, City, State, Zip). The form also includes a "Signature" line for the provider and a "Signature" line for the Business Associate. At the bottom, there is a "Date" field and a "Signature" line for the Business Associate.

Electronic Funds Transfer Enrollment Form

The form is titled "Louisiana Administrative Representative Registration Form". It contains a "Consent" section where the Administrative Representative agrees to the terms of the registration. Below this, there are sections for "Administrative Representative Information" (Name, Address, City, State, Zip) and "Provider Information" (Name, Address, City, State, Zip). The form also includes a "Signature" line for the Administrative Representative and a "Signature" line for the Provider. At the bottom, there is a "Date" field and a "Signature" line for the Provider.

Administrative Representative Registration Form