A publication to keep our network providers up to date on the latest news at Blue Cross and Blue Shield of Louisiana

3rd Quarter 2017

provider networknews

providing health guidance and affordable access to quality care

INSIDE THIS ISSUE

Provider Satisfaction Survey

Blue Cross and Blue Shield of Louisiana is committed to providing excellent care for members by partnering with the best healthcare providers in Louisiana. Integral to this partnership is a true commitment to listen to, learn from and act on your perspectives and feedback. To support this ongoing commitment, we are asking our network of providers for their input on their relationship with us and our services.

We have commissioned Chadwick Martin Bailey, an independent market research firm, to conduct an online survey for us. Our new Provider Experience Survey is designed to help us understand your experience and satisfaction with Blue Cross. The survey will cover various types of interactions that you may have had with us throughout the past year.

We will email you this survey in the coming weeks. Thank you in advance for your participation as your feedback will help us to improve how we serve you and your patients.

Blue Cross Opioid Policy

The opioid epidemic in Louisiana is growing, and it is important that we work together to help our members—your patients—avoid the effects of overuse and abuse of opioid drugs.

Opioid ToolKit
www.BCBSLA.com/providers
>Pharmacy

We are changing our opioid drug coverage policies starting January 1, 2018, and as member benefit plans renew. Blue Cross developed this policy after considering a breadth of clinical guidelines, industry best practices, state regulatory requirements and our own member population in order to set appropriate coverage guidelines that we expect will reduce opioid risks among our members and, ultimately, the community.

We developed an Opioid Prescribing Toolkit to explain our coverage policy and aid providers when treating patients for pain. The toolkit and coverage policy were developed by Blue Cross clinical pharmacists and physicians and approved by its Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists who guide coverage decisions.

www.BCBSLA.com/providers
www.BCBSLA.com/ilinkblue

Louisiana

Provider Network

Recredentialing Application Reminders

We recently updated our recredentialing application to include the clinic name and address on separate lines. Previously, we noticed that providers were not completing their clinic name and address. Please make sure you complete the application in its entirety before submitting to prevent the application from being returned.

Below are a few reminders to keep in mind when completing the recredentialing application as they will help expedite the process:

- Use the most current Recredentialing Application as indicated in the notification letter you receive from us
- Complete all fields that are applicable to you
- Include your tax ID number
- Include the month, year, city and state in the work history section
- The signature and date must be handwritten as Blue Cross does not accept signature stamps or date stamps
- Include the effective date of the provider at each location

The recredentialing application is available on our Provider Page at www.BCBSLA.com/providers >Resources >Forms. Our Provider Page also includes a dedicated credentialing section that is an overview of our credentialing and recredentialing processes (www.BCBSLA.com/providers >In the Network >Credentialing).

If you have recredentialing questions or need assistance with the process, contact our Network Operations department at network.administration@bcbsla.com or 1-800-716-2299, option 2.

Refer Members to Network Providers

Our members pay significant out-of-pocket costs when using a non-participating provider. In the interest of affordable, quality care for your patients, please always refer your Blue Cross patients to network providers, especially when referring to a facility, specialist or independent provider (for lab services, medical equipment and/or specialty pharmacy).

As a network provider, you agree to refer our members to other network providers, when required, except when the member has an emergency medical condition or when a network provider is unavailable.

Impact of referring members to non-participating providers:

- Certain non-participating providers' billed charges are higher than Blue Cross' allowable charges. Non-participating providers can balance bill our members for all amounts above the allowable charge.
- Out-of-network member benefits often include higher cost share.
- Certain Blue Cross members do not have benefits for services provided by non-participating providers.

Our Provider Agreement Language on Network Referrals:

In order to maximize the member's contract benefits, physician agrees to refer members to other network providers, when required, except when the member has an emergency medical condition or when no such network provider is available. Upon referral, physician shall a) furnish such providers with complete medical information on treatment, procedures and diagnostic tests performed on member prior to such referral; b) inform the member that there may be additional cost to the member resulting from such direction. Nothing herein is intended to interfere with the ability of physician to communicate with a patient regarding his/her healthcare, including but not limited to communications regarding treatment options and medical alternatives, or other coverage arrangements.

To verify that a provider is a network provider, please consult our online directories at www.BCBSLA.com >Find a Doctor.

*New Directions is an independent company that administers behavioral health benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Behavioral Health Screening Programs

New Directions Behavioral Health® offers two screening programs to provide early identification of potential disorders. Early identification of these disorders can help providers direct members to appropriate services and care.

If you need a behavioral health referral for your Blue patient, **please call New Directions' designated physician referral line at 1-877-206-4865**.

1. **Coexisting Depression and Substance Abuse Behavioral Health Screening Program**

   The goal of New Directions' screening program is designed to ensure that members admitted to higher levels of care (HLOC) (inpatient, partial, residential or IOP) for substance abuse disorder receive depression screening during the episode of care. When facilities request HLOC authorizations, New Directions asks that a depression screening be performed. While outside the scope of this program, all outpatient providers are strongly urged to consider the potential of this coexisting disorder as part of the member's treatment plan.

   According to the Substance Abuse and Mental Health Services Administration, fewer than seven percent of individuals entering substance abuse treatment are screened for depression, yet approximately one-third of members with depression have substance use disorders. If left unidentified and untreated, the coexistence of these disorders can complicate treatment and hinder providers' efforts to address the member's substance abuse disorder.

2. **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications**

   A strong correlation exists between the prescription of antipsychotic medications and the occurrence of diabetes in patients diagnosed with schizophrenia or bipolar disorder. This New Directions' screening program is aimed toward members enrolled in Case Management services who are diagnosed with either of these disorders and prescribed antipsychotic medications. They are educated as to the importance of screening and urged to obtain one from their provider. Evidence suggests that treatment with antipsychotic medications increases the risk of developing diabetes due to associated glucose metabolic risks. It is recommended that these members receive a glucose test or HbA1c test annually.

[1] Managing Depressive Symptoms in Substance Abuse clients During Early Recovery. Accessed through http://store.samhsa.gov/shin/content/SMA12-4353/TIP48_Lit_Review_Updates.pdf.

[2] Llorente, M. D. and Urrutia, V.; 2006. "Diabetes, Psychiatric Disorders, and the Metabolic Effects of Antipsychotic Medications." Clinical Diabetes 24-1: 18-24 (January 2006).

Save the Date for Our Behavioral Health Workshops

Free Behavioral Health Workshops are coming in October 2017. These are dedicated to providers and their staff who offer the following services:

- Psychiatry
- Psychology
- Licensed Professional Counseling/ Social Work
- Intensive Outpatient Programs
- Partial Hospitalization Programs
- Residential Treatment Center Services
- Applied Behavioral Analysis

October 17, 2017	Baton Rouge
October 18, 2017	Metairie
October 24, 2017	Bossier City
October 26, 2017	Lafayette

If you have not received an invitation and would like to attend, please email provider.communications@bcbsla.com.

Billing & Coding

Physical Therapy and Chiropractic Billing Guidelines Reminder

Physician or Chiropractor "Incident To" Billing of Therapy Services (New)

Beginning January 1, 2018, physicians and chiropractors may only bill for physical therapy services they personally performed. Services furnished by a physical therapist (PT) or physical therapy assistant (PTA) under the supervision of a PT, which were previously billed under the physician's or chiropractor's provider number, must be billed under the PT's provider number.

Physical Therapy Services

In order to bill physical therapy services, the services must be provided by a person licensed to perform the service and operating within the scope of their license. For example, technicians, exercise physiologists, aides, chiropractic assistants, RNs, LPNs, etc. are not licensed to provide physical therapy and therefore should not bill these services. A physician or chiropractor should not bill for physical therapy services performed by an individual unlicensed to provide physical therapy. A PTA must practice under the direction and supervision of a licensed PT and not a physician or a chiropractor. Services performed by the PTA must be billed under the supervising PT's provider number.

Direct Patient Contact Required for Therapy Services

CPT® codes 97032-97039, 97110-97160 and 97530-97546 require direct patient contact. Time billed should be based on direct one-on-one constant contact by the provider with the patient.

Chiropractic Manipulative Treatment (CMT) Services

Any CMT service should be billed with the CPT code that best describes the services rendered. The codes that best describe CMT services are 98940-98943. Manual therapy (CPT 97140) and E&M codes should not be used to bill for CMT services.

Since CMT codes (98940-98943) include a pre-manipulation patient assessment, a separate E&M code should not be reported with a CMT service unless a significant, separately identifiable E&M service was performed.

Bill Dry Needling with CPT Code 97140

Currently there is no specific CPT code for dry needling (intramuscular manual therapy), so this service should be billed to Blue Cross with CPT code 97140. Unlisted CPT codes should not be used to bill for this service.

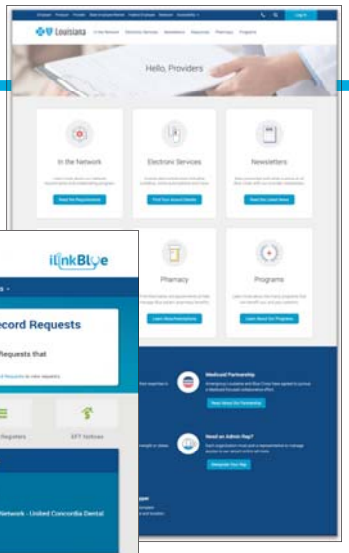
Treatment Session Documentation

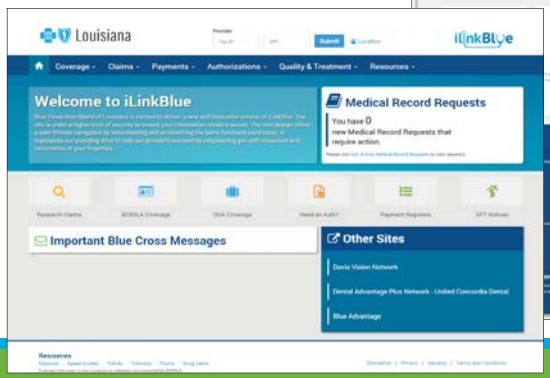
As a reminder, the medical record should include the name of the licensed provider providing the services. It should also include the start and total time that supports the service rendered and clearly differentiates each service. A full list of the documentation requirements is included in the Chiropractic and Therapy Billing Guidelines section of the *Professional Office Manual,* which is available online at www.BCBSLA.com/providers >Resources >Manuals.

Do not forget about our online resources!

Visit www.bcbsla.com/providers for your provider manuals, speed guides, newsletters and more!

Visit iLinkBlue (www.bcbsla.com/ilinkblue) to check benefits, file claims, submit authorizations requests and more!





Updated Code Ranges

Each quarter, Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., reviews new CPT® and HCPCS codes to determine needed updates to the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges. As a result of our most recent review, we are adding the codes below.

Outpatient Procedure Services code range effective October 1, 2017

C9491 C9492 C9493 C9494

These changes do not affect existing codes and allowables. It simply allows our system to accept these codes appropriately for claims adjudication.

Updating Your Contact Information

Use the Provider Update Request Form to submit updates or corrections to your practice information. The form is available at www.bcbsla.com/providers >Resources >Forms.

Share this newsletter with your billing department and those at your office who work with Blue Cross reimbursement.

Level of Office Visit for E&M Services

On a recent claims review, we found a trend of Evaluation and Management (E&M) codes being billed at higher levels.

When billing E&M codes 99201-99215, you must prove medical necessity of a service in addition to the required components of the code. It is not appropriate to bill a higher level E&M service when a lower level is warranted.

The correct code for an E&M visit should be chosen based on the complexity of the visit. This is determined by the number of problems and the extent that the problems are addressed and documented in the record. The amount of documentation should not be the primary factor for what level of service is billed.

Medical decision making should be the key component used to select the level of E&M code. Providers found to have a lack of medical decision making for the billed E&M services upon audit will be contacted and risk recoupment of all overpaid amounts.

Providers follow 1995 or 1997 documentation guidelines for E&M Services. For your convenience, these guidelines can be found at the CMS website: www.cms.gov.

Preadmission Testing Billing

According to National Uniform Billing Committee (NUBC) guidelines, outpatient services performed at the same (or related) facility where the patient is subsequently admitted are included in the reimbursement amount for the inpatient stay and must be billed to Blue Cross as part of the inpatient claim.

The "Statement From" date on the UB-04 should represent the beginning of date associated services, which may not necessarily be the admission date and should not be compromised in its meaning. The admission date filed in the UB-04 is specifically designed to capture the admit date of the patient.

Billing & Coding

Adjusting Allowable Charges for Flu Vaccinations

We recently reviewed the market costs of influenza medications in comparison with our current allowable charges for those drugs.

We are adjusting our allowable charges accordingly to better align with the current market pricing, which does include some reductions. We are not changing our allowable charges for the administration of flu vaccines.

Effective for dates of service on and after December 1, 2017, we are updating the allowable charge for the following codes:

90653	90685
90662	90687
90674	90688

Additionally, effective August 1, 2017, we added the following new code to our system:

90682

If you have any questions about these changes, please email Provider Relations at provider.relations@bcbsla.com.

Remind Patients to Get Their Flu Shot

Each year, millions of people suffer from the flu, a highly contagious infection. It spreads easily from person to person and can be life threatening in older adults and in people of any age who have a chronic illness such as heart, kidney or lung disease.

The Centers for Disease Control (CDC) recommends that everyone six months old and older get a flu shot each year. Vaccines are safe and the most effective flu prevention.

Please encourage your patients to get their annual flu shot. We will cover the flu shot at 100 percent when members receive their flu vaccine from a network provider or participating retail pharmacy. This means our members will pay no copayment, no coinsurance and no deductible for their flu shot.

Note: if providers file the flu shot with a sick or regular visit, members must still pay their copayment or deductible as applicable for the sick services.

Pass-through Billing and Billing for Services Not Rendered Not Permitted

Blue Cross and HMO Louisiana, Inc. do not permit pass-through billing. Pass-through billing occurs when an ordering provider requests a service from an independent provider, yet still bills for the service. This type of arrangement is not permissible.

Billing in this manner creates overpayments and causes misrepresentations in the performing provider payments. Only the performing provider should bill for these services.

Per our policy, providers may only bill for the following indirectly performed services:

1. The service of the performing provider is performed at the place of service of the ordering provider and is billed by the ordering provider, or

2. The service is provided by an employee of a physician or other professional provider (see examples below). Please use appropriate modifiers when billing.

   E.g. physician assistant, surgical assistant, advanced practice nurse, clinical nurse specialist, certified nurse midwife or registered first assistant, who is under the direct supervision of the ordering provider and the service is billed by the ordering provider

Additionally, billing for services not rendered, including lab services, is not permissible. Only the performing provider should bill for the services rendered (i.e. their patient). The business arrangement of purchasing another entities' receivables is not allowed. This type of arrangement creates overpayments and misrepresentations in the performing provider payments.

Urgent Care Clinics to Bill Modifier SA

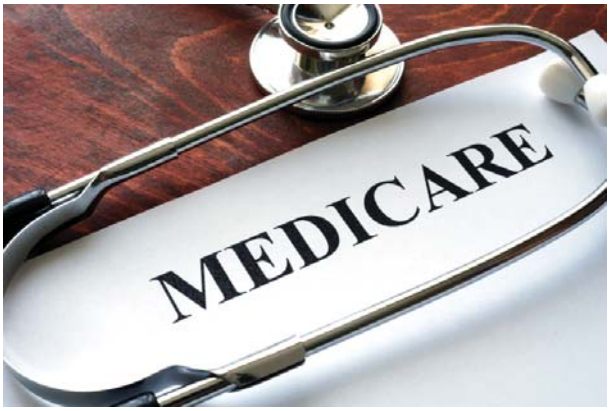
In a recent claim review, we noticed nurse practitioners at urgent care clinics were not billing with a Modifier SA. Please remember if you are nurse practitioner with an urgent care clinic, you must bill Modifier SA when performing services.

Updated Medicare Benefit Exhaust Claims Requirements

In an effort to eliminate returned claims or requests for medical records, Blue Cross recently updated claim filing requirements when Medicare benefits exhaust. Filing Medicare exhaust claims does not guarantee payments by Blue Cross. If claims are not filed correctly, they will be denied for a split bill plus any additional as needed.

Member has Medicare Parts A & B

When a member has Medicare Parts A & B and has exhausted Part A benefits in the middle of a hospital admission or the entire hospital admission is exhausted, the required information for Medicare exhaust claims should include the following:



- UB-04 claim with Medicare Part A charges and the paid/ exhausted Medicare EOB that matches these charges.
- UB-04 claim for Medicare Part A charges beginning with the date Medicare benefits were exhausted. It cannot include dates before the exhaust date.
- Copy of medical records.
- UB-04 claim with Medicare Part B charges after the exhaust date and the Medicare EOB that matches these charges.

Member has Medicare Part A only

When a member has Medicare Part A only and has exhausted Part A benefits in the middle of a hospital admission or the entire admission is exhausted, the required information for Medicare Exhaust claims should include the following:

- UB-04 claim with Medicare Part A charges and the paid/exhausted Medicare EOB that matches these charges.
- UB-04 claim for Medicare Part A charges beginning with the date Medicare benefits were exhausted. It cannot include dates before the exhaust date.
- Copy of medical records.

Member has Medicare Part B only

When a member has Medicare Part B only the provider should file two claims. (The Part A claim will come to Blue Cross for primary payment. The Part B claim will be sent to Medicare for primary payment. Once Medicare B has processed, then the claim will be filed to Blue Cross with a copy of the MEOB that matches the charges billed for secondary payment.)

The Part A claim must include the following:

- UB-04 not to include any Part B charges.
- Copy of medical records.

STAY CONNECTED WITH US

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www.BCBSLA.com/providers

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bluecrossla

Follow us on Twitter:
@BCBSLA

Watch us on YouTube:
bluecrossla

Medical Management

Medical Policy Update

Blue Cross regularly develops and revises medical policies in response to rapidly changing medical technology. Our commitment is to update the provider community as medical policies are adopted and/or revised. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated medical policies, all of which can be found on iLinkBlue at www.bcbsla.com/ilinkblue.

New Medical Policies

Policy No. Policy Name

Effective June 21, 2017

00564 C Branded Dexamethasone Packs
00565 C Daxbia™ (cephalexin)
00566 C Ryvent™ (carbinoxamine)
00567 C dupilumab (Dupixent®)
00568 C Rhofade™ (oxymetazoline)

Effective July 19, 2017

00573 C abaloparatide (Tymlos™)

Effective August 23, 2017

00562 I Molecular Testing in the Management of Pulmonary Nodules
00575 C Basal Insulin/Glucagon Like Peptide (GLP)-1 Agonist Combination Products

Recently Updated Medical Policies

Policy No. Policy Name

Changes Effective June 21, 2017

00301 C Nasal Allergy Medications
00323 C Long-Acting Oral Opioids
00534 C Extended Release Topiramate Products

Changes Effective July 19, 2017

00016 C Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
00064 C Hematopoietic Cell Transplantation for Solid Tumors of Childhood
00155 C Extracranial Carotid Angioplasty/Stenting
00193 C Mechanical Stretch Devices for Joint Stiffness and Contractures
00214 C abatacept (Orencia®)
00327 C ivacaftor (Kalydeco™)
00386 C Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
00471 C Genetic Testing for Duchenne and Becker Muscular Dystrophy
00489 C Genetic Testing for Limb-Girdle Muscular Dystrophies
00520 C Autoinjectable Methotrexate (Otrexup™)

Changes Effective August 1, 2017

00439 C vedolizumab (Entyvio®)

Changes Effective August 23, 2017

00006 C Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
00252 C tocilizumab (Actemra®)
00360 C Selective Serotonin Reuptake Inhibitors (SSRIs)/Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
00380 C Genetic Testing for FMR1 Mutations (Including Fragile X Syndrome)
00458 C Amniotic Membrane and Amniotic Fluid
00512 I Proteogenomic Testing for Patients With Cancer (GPS Cancer™ Test)

Changes Effective September 1, 2017

00073 C Implantable Hormone Pellets
00172 C Treatment of Hyperhidrosis
00348 C Angiotensin II Receptor Blockers and Angiotensin II Receptor Blocker Combination Drugs
00385 C Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products
00526 C Select Inhaled Respiratory Agents

Medical Policy Coverage Legend

These symbols are referenced next to medical policies listed on this page and indicate Blue Cross' coverage indications as follows:

- I Investigational
- C Eligible for coverage with medical criteria
- N Not medically necessary

Provider inquiries for reconsideration of medical policy coverage, eligibility guidelines or investigational status determinations will be reviewed upon written request. Requests for reconsideration must be accompanied by peer-reviewed, scientific evidence-based literature that substantiates why a technology referenced in an established medical policy should be reviewed. Supporting data will be reviewed in accordance with medical policy assessment criteria. If you have questions about our medical policies or if you would like to receive a copy of a specific policy, log on to iLinkBlue at www.BCBSLA.com/ilinkblue or call Provider Services at 1-800-922-8866.

Resources for Opioid Use Disorder

If your patient shows signs of substance use disorder or early warning signs of overdose risk, we have an extensive network of behavioral health providers to help. Blue Cross has partnered with New Directions* to manage the authorization process and provide a variety of member programs. New Directions case managers will support members in getting the integrated services they may need for their situations.

Blue Cross requires an authorization for the following services:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP) – excluding FEP
- Partial Hospitalization Program (PHP) – excluding FEP
- Residential Treatment Center (RTC)
- FEP Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

For more information on behavioral health authorizations, view our Behavioral Health Speed Guide available online at www.BCBSLA.com/providers >Resources >Speed Guides.

Always verify your patient's benefits prior to rendering services. Eligibility, claim status, allowable charges, payment information and medical policies are available online through iLinkBlue (www.BCBSLA.com/ilinkblue).

To reach New Directions, call 1-800-991-5638.

**New Directions is an independent company that administers behavioral health benefits on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

New Utilization Management Programs

We are implementing two new utilization management programs for fully-insured members. At this time, they not include self-funded groups including Office of Group Benefits (OGB) or Federal Employee Program (FEP). The programs support care that is appropriate, safe and consistent with evidence-based medicine.

AIM Specialty Health® will administer for Blue Cross medical necessity reviews for many spine surgeries, spine pain management services and radiation oncology services. These reviews will be based on AIM appropriate-use criteria. Services that do not clearly meet criteria will be reviewed by board-certified-like specialists. We strongly recommend that you obtain a preservice review for these non-urgent services.

Spine Surgery and Spine Pain Management Program

This utilization management program for many spine surgeries and spine pain management is effective for dates of service on and after November 1, 2017.

Radiation Oncology Program

This utilization management program for radiation oncology services is effective for dates of service on and after December 1, 2017.

Claims received for both programs without a preservice review will be denied by Blue Cross for a post-claim review to be completed through the AIM **Provider**Portal℠. Once the claim is denied, you must initiate a request for medical necessity review through the AIM **Provider**Portal℠, available through iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Clinical Resources" menu option or by calling AIM direct at 1-866-455-8416.

Services determined as not medically necessary are not billable to the member. This is why it is important to always request a preservice review. Beginning January 1, 2018, and as policies renew, authorization penalties will apply for no preservice authorization.

Not getting our newsletters electronically? Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

Medical Management

HEDIS 2018: Tips and Best Practices to Help Close HEDIS Gaps in Care

We are committed to providing quality healthcare to our members. Healthcare Effectiveness Data and Information Set (HEDIS) is a tool developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report and compare quality across health plans. HEDIS is a widely used set of performance measures in the managed care industry and is part of NCQA accreditation.

HEDIS rates can be calculated through administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to BCBSLA. Hybrid data consists of both administrative data and a sample of medical records data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for some medical record review.

What can you do to help improve HEDIS scores?

- Submit claim/encounter data for each and every service rendered
- Ensure that chart documentation reflects all services billed
- Ensure all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details which may reduce HEDIS related medical record requests

For HEDIS, the data collection cycle, which includes gathering medical record information from providers generally, occurs in the first half of each year. From June to December, the data is used to evaluate the quality of care our members receive and to identify and close gaps in care for our members who are due or overdue for specific services.

At Blue Cross, our goal is to improve our members' health outcomes. Our HEDIS rates and the data collected give us important information to help us measure our performance and to identify opportunities for improvement. HEDIS helps by identifying patient services completed and which are still needed to close the gaps in care for adherence to HEDIS quality measures. Blue Cross counts on our Network providers to help us in closing these gaps, improving our HEDIS scores and improving the health outcomes of our members.

Smoking Cessation Resources

You can play a key role in fighting tobacco use. Make your patients aware that help to quit smoking is available in many ways! Many Blue members have access to a program through their Blue Plan. They should call the customer service number on their ID cards for more information about what is covered under their plan.

How We Reach Out to Members Who Use Tobacco

- Smokers are identified by their answers to our online Personal Health Assessment, then referred to our Population Health Department for health coaching, and offered 4- and 12-week self-directed smoking cessation workshops on our wellness portal accessed through www.BCBSLA.com.
- For members engaged in Disease Management/ Case Management, smoking status is assessed during each contact with the member. Help and resources are promoted when appropriate.
- Blue Cross wellness consultants work with employers, to promote smoking cessation resources at worksites.

Our QBPC Program

Primary care doctors enrolled in the Quality Blue Primary Care (QBPC) program work with patients to get them to quit smoking. Through the QBPC program, we support the doctors with our own health coaches, who can address smoking cessation directly and provide resources and information to address it.

Other Programs and Services

There is a wealth of free resources that provide the support and motivation to anyone willing to take the step to quit smoking. Please help us help our members—your patients—get on a path to better health by sharing this valuable information.

- The Smoking Cessation Trust pays for smoking cessation programs for Louisiana residents who have been smoking since before September 1, 1988. Learn more: www.smokingcessationtrust.org or 1-855-259-6346.
- The Louisiana Tobacco Quitline is a free counseling and support program that helps participants create a personal quitting plan. Learn more: www.quitwithusla.org or1-800-QUIT-NOW.
- Well-Ahead Louisiana's Community Resource Guide is a helpful search tool for local tobacco cessation resources and other health-related programs. Learn more: www.wellaheadla.com.

BlueCard® Program

Medical Record Requests in iLinkBlue

The Out of Area Medical Record Requests feature for BlueCard members is available again in iLinkBlue (www.BCBSLA.com/ilinkblue). If you have outstanding requests, an alert (like the one below) will appear on the home page.

To view these requests, click the "Out of Area Medical Record Requests" link on the alert. You can also access requests within iLinkBlue by clicking on Claims >Medical Records >Out of Area Medical Record Requests.

Quit for a Day with the Great American Smokeout, November 16

The American Cancer Society marks the Great American Smokeout on the third Thursday of November each year by encouraging smokers to use the date to make a plan to quit, or plan to quit smoking that day. By quitting—even for one day—smokers take an important step toward a healthier life, one that can lead to reducing cancer risk.

Inovalon to Perform Out-of-area Medical Record Requests in 2018

Inovalon will replace Verscend as the new medical record retrieval vendor for all BlueCard® out-of-area record requests. After January 1, 2018, no further requests should be received from Verscend.

The medical record retrieval program supports Blue Plans' risk adjustment efforts and requires use of a Blue Cross Blue Shield Association contracted vendor when medical records are needed for services rendered outside of the member's home Blue Plan service area.

When a Blue member who is insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana sees a Louisiana provider for medical services, Inovalon may contact the provider for medical records needed by the member's Blue Plan for risk adjustment validation.

Requests for Medical Records

Reviewing medical chart documentation is a key component of medical audits. For example, it enables us to identify conditions you have noted in the progress notes, but were:

- Not included on the claim at the time of the visit
- Not coded to the highest degree of specificity at the time of the visit

You and your Copy Center are required to provide us and/or HDVI or Inovalon with medical records at no charge as outlined in your Blue Cross network agreement:

Provider shall provide Blue Cross, upon request and without charge to Blue Cross or member, information including medical records of a member reasonably required by Blue Cross to determine benefits and verify services related to provider's attendance, examination, and/or treatment and allow Blue Cross on-site audit of such records.

For questions about your Blue Cross and HMO Louisiana contract obligations, please contact Provider Relations at provider.relations@bcbsla.com or 1-800-716-2299, option 4.

Louisiana networknews

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What's New on the Web

www.BCBSLA.com/providers

- **UPDATED** provider dispute speed guide and form, click on "Resources."
- **UPDATED** Health Delivery Organization (HDO) forms, click on "Resources", then "Forms."
- **NEW** facility workshop presentation, click on "Resources", then "Workshop and Webinar Presentations."

Important Contact Information

Authorization
See member's ID card

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

EDI Customer Operations (iLinkBlue & Clearinghouse)
1-800-216-BLUE (1-800-216-2583)*
EDICH@bcbsla.com

FEP
1-800-272-3029

Fraud & Abuse
1-800-392-9249
fraud@bcbsla.com

iLinkBlue
iLinkBlue.ProviderInfo@bcbsla.com

Network Administration
1-800-716-2299
Fax: (225) 297-2750
network.administration@bcbsla.com

Provider Services Call Center
1-800-922-8866

Claims Filing Address
P.O. Box 98029
Baton Rouge, LA 70898

**Listen carefully to menu options, as they have been updated*

Network News

Network News is a quarterly newsletter for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

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

View this newsletter online at www.BCBSLA.com/providers, >Newsletters.

The content in this newsletter may not be applicable for Blue Advantage (HMO), our Medicare Advantage product and provider network. For Blue Advantage, we follow CMS guidelines, which are outlined in the *Blue Advantage (HMO) Provider Administration Manual*, available on the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/ilinkblue).

Get This Newsletter Electronically

Your correspondence email address allows us to electronically keep you abreast of the latest Blue Cross news and some communications that are sent via email only. Email provider.communications@bcbsla.com and please include a contact name, phone number and your provider number.

Please share this newsletter with your insurance and billing staff!