

provider network news

providing health guidance and affordable access to quality care

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New iLinkBlue Launched

Blue Cross and Blue Shield of Louisiana launched a redesigned iLinkBlue on March 16, 2017, to better serve provider online needs.

The new iLinkBlue consolidates, streamlines and enhances many of the functions of the old iLinkBlue with an improved design. The new look and feel offers more user-friendly navigation to allow providers easier access to the tools used today.

New user-friendly features:

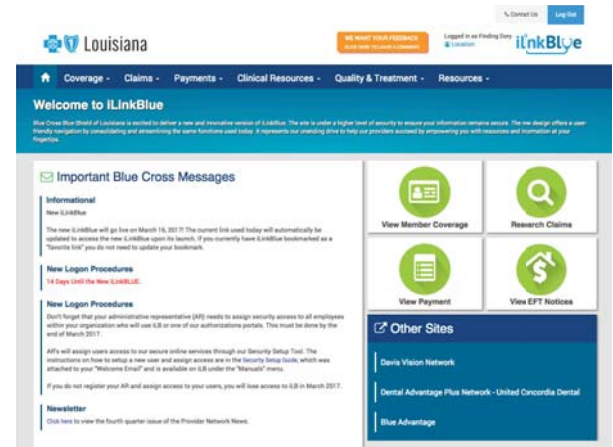
- consolidated six-topic top navigation bar
- quick links to frequently-used items
- footer containing links to resources

To help you locate the most-used functions, we have also created an iLinkBlue Crosswalk Guide, which can be found on Page 2.

Features that were accessible on the previous version of iLinkBlue that are temporarily unavailable include UB-04 claims entry and medical records requests.

iLinkBlue is now under a higher level of security to ensure your information remains safe. Part of the transition to this higher level of security includes organizations registering administrative representatives.

If your office does not have a security administrative representative registered with us, download the packet at www.bcbsla.com/providers and follow the steps for submission.



Register for a professional provider workshop.

See Page 3.

www.bcbsla.com/providers
www.bcbsla.com/ilinkblue



Louisiana



iLinkBlue Crosswalk Guide



Use this guide as a tool to help you locate the most used functions in the new iLinkBlue.

Authorizations	
BCBSLA Authorizations	Clinical Resources > Authorizations - BCBSLA Members > BCBSLA Authorizations
Behavioral Health Authorizations	Clinical Resources > Authorizations - BCBSLA Members > Behavioral Health Authorizations
AIM Authorizations	Clinical Resources > Authorizations - BCBSLA Members > Hi-Tech Radiology Authorizations
Claims	
Claims Status - Paid Claims	Claims > Claims Research > Claims Status Search > Paid Rejected Tab
Claims Status - Pended Claims	Claims > Claims Research > Claims Status Search > Pended Tab
Claims Status - Out of Area members	Claims > Claims Research > Claims Status Search > Paid Rejected Tab > Choose "BlueCard - Out of Area"
Claims Entry 1500	Claims > Claims Entry & Reports > Blue Cross Professional Claims Entry (1500)
Claims Entry UB04	Coming Soon!
Coverage/Eligibility	
Deductible/ Coinsurance	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Summary Button
Coverage Summary	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Summary Button
Benefits Details	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Benefits Button
Coverage/Benefits FEP	Coverage > BCBSLA Members > Coverage Information > Select FEP from drop down > Enter Contract Number > Summary and Benefits Button
Effective Dates of Coverage	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number
Coverage - Out of Area	Coverage > BlueCard-Out of Area Members > Submit Eligibility Request (270)
Payment	
Allowables - Professional	Payments > Allowables > Professional Provider Allowable Charges Search
Payment Registers	Payment > Payment Information > Payment Registers
EFT Notifications	Payment > Payment Information > EFT Notifications



Provider Network

Medical Record Requests

We work with multiple independent vendors to request medical records on our behalf.

In addition to direct requests from Blue Cross for records, you may receive requests from the following vendors on our behalf.

- Blue Health Intelligence® (BHI)
- Health Data Vision, Inc (HDVI)
- Lumeris
- VARIS, LLC



These vendors are acting as Blue Cross-authorized audit agents; therefore, as agreed to in your contract, providers should not charge them access or copy fees.

CAHPS Survey Results

Each year Blue Cross conducts several member satisfaction surveys, including the Consumer Assessment to Healthcare Providers and Systems Survey® (CAHPS). From these surveys, we received more than 1,000 responses from our members.

Members were asked to rate their satisfaction in several different categories, including doctor communication skills and rating of personal doctor and specialist. The results from the survey help us gauge how well we are meeting our members' expectations and goals and assist in identifying areas of opportunity for improvement.

Overall, the health plan rating given to Blue Cross for our PPO and HMO networks has remained strong and our members are satisfied with how well YOU—our providers—communicate with them, and their personal experience with their physician remains higher than the national benchmark.

Thank you, once again, for your commitment to our members' healthcare needs. We appreciate your partnership with Blue Cross in striving to provide the highest quality of care to our members—your patients.

95%

of PPO and POS QHP customers rated their doctors' communications skills excellent

89%

of QHP customers rated their doctors highly

Professional Provider Workshops

April 25, 2017	Baton Rouge Blue Cross Campus 9 a.m. to noon or 1 to 4 p.m.
April 27, 2017	Covington Clarion Inn & Suites 9 a.m. to noon
May 3, 2017	Bossier City Hilton Garden Inn 1 to 4 p.m.
May 4, 2017	West Monroe Hilton Garden Inn West Monroe 9 a.m. to noon
May 9, 2017	Pineville Country Inn & Suites 9 a.m. to noon
May 10, 2017	Lake Charles Holiday Inn Suites Lake Charles 9 a.m. to noon
May 11, 2017	Lafayette Wyndham Garden Lafayette 9 a.m. to noon or 1 to 4 p.m.
May 16, 2017	Houma Ellendale Country Club 9 a.m. to noon
May 17, 2017	Metairie Sheraton Metairie 9 a.m. to noon or 1 to 4 p.m.

To request an email invitation to one of the workshops listed, please send an email to provider.relations@bcbsla.com or call 1-800-716-2299, option 4.



Provider Network

OptiNet[®] Assessment for Diagnostic Imaging Providers

OptiNet is an AIM Specialty Health[®] (AIM) online registration tool that gathers information about the technical component capabilities of diagnostic imaging services.

We offer members and their referring providers the option to “shop” for quality, lower-cost diagnostic imaging services. Without an OptiNet score, you miss out on this option of exposure to Blue members.

Why Is Your Score So Important?

For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in future transparency programs or future reimbursement incentives.

How Is Your Score Calculated?

OptiNet calculates a score for each provider. This score is based on the information self-reported through the online assessment. Our Estimated Treatment Cost data, which is based off of our allowable charges, is used to determine an average provider cost for each modality.

How to Access OptiNet

1. Log into iLinkBlue (www.bcbsla.com/ilinkblue)
2. Click on the Clinical Resources menu option
3. Click on the AIM Specialty Health Authorizations link; this link takes you to AIM’s ProviderPortal_{SM}
4. Click on Access Your OptiNet Registration on AIM’s left menu bar
5. Click the green Access Your OptiNet Registration button

Earn Free CME Credits

We offer our network physicians FREE continuing medical education (CME) credits directly through the Washington University CME portal. This opportunity is available until December 3, 2017.

1. Go to <https://cmeonline.wustl.edu/bcbsl/>
2. Click “New Account”
3. Enter registration information
4. Click “Sign Up”

Credentialing

Important Changes in Our Credentialing Process

Our credentialing process takes up to 90 days from receipt of a fully completed application to approval by our Credentialing Subcommittee, when all required information is received. Incomplete applications or missing documentation can delay the process.

We began returning incomplete or incorrect credentialing applications to providers, effective February 1, 2017. The application processing time will start over when the corrected application is returned to Blue Cross.

Below are common reasons applications are returned:

- No original signature on application (stamped or typed signatures are not accepted)
- No application signature date (stamped or typed signature dates are not accepted)
- Professional provider does not submit the current version of the Louisiana Standardized Credentialing Application
- An alternative application is submitted in place of the credentialing application (we do not accept a CAQH application)
- Application signature is 180 days old or greater
- Facility does not submit the Health Delivery Organization (HDO) Information Form
- No effective date listed

All credentialing applications are available on our Provider page at www.bcbsla.com/providers >Forms for Providers. Our Provider page also includes a dedicated credentialing section that is an overview of our credentialing and recredentialing processes (www.bcbsla.com/providers >Credentialing).

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

New Forms Online

Three new forms are available under the "Forms for Providers" section on www.bcbsla.com/providers: Link to Group or Clinic Request Form, Notice of Tax Identification Number (TIN) Change Form and Request for Termination Form. Completion of these forms is required to make changes going forward.

Billing & Coding

ER Visits – Admission and Discharge Time

To help with the efficiency of submitting claims for emergency room visits, please include the admission and discharge time on the UB-04 form in Block 13. This will help us determine if the member was treated twice on the same day or if the claim is a correction to another claim when we receive multiple ER claims for the same date of service.



Not Separately Reimbursable Codes

Blue Cross does not reimburse separately for certain codes such as CPT Category II codes and most HCPCS Documentation, Measurement and Demonstration codes. These codes should not be used as a substitute for any services, unless otherwise instructed by Blue Cross.

Claims Dispute Form

Our Claims Dispute Form has replaced the Reimbursement Review Form and is available online at www.bcbsla.com/providers >Forms for Providers. Use this form when you have a claims dispute. We no longer accept the Reimbursement Review Form, effective June 1, 2016.

Revenue Code 250 Without a CPT Code

Effective May 1, 2017, we require revenue code 250 to be billed with a HCPCS or CPT code. If revenue code 250 is billed without a HCPCS or CPT code, the service on that line of the claim will not be reimbursed.

Facility Multiple Radiology Reduction

Effective January 1, 2017, we added multiple procedure reduction logic for outpatient diagnostic imaging radiology services based on Medicare's diagnostic imaging family groupings.

When more than one radiology procedure from Medicare's diagnostic imaging family grouping is performed for the same patient for the same encounter, the allowable charge for the second and subsequent procedure(s) will be reduced by 50 percent. The applicable radiology procedures are identified by Medicare's diagnostic imaging family groupings as published in the annual CMS *National Physician Fee Schedule Relative Value File*.

If you have any questions about the multiple procedure reduction, please contact Network Development at network.development@bcbsla.com or 1-800-716-2299, option 1.



Professional and Facility Drug Update

Blue Cross recently completed a biannual review of our drug and drug administration code pricing. The new drug schedule is effective for claims with dates of service on and after March 1, 2017.

In our review, we consider the current pricing methods for Medicare, Average Wholesale Price, specialty pharmacy pricing and generic drug availability along with the impact the allowable charge change may have on our network providers' practices.

You may access the allowable charges for drug and drug administration codes on iLinkBlue under the "Payments" section. If you are not an iLinkBlue user, go to www.bcbsla.com/providers >Electronic Services >iLinkBlue for more information on how to register.

As a reminder, each administered drug requires a National Drug Code (NDC). For more details, please reference the "Claims Submission and Payment" section of the *Member Provider Policy & Procedures Manual* found on iLinkBlue under the "Resources" section.

Billing & Coding

Updated Code Ranges

As a reminder from previous communications, based on reviews of new 2017 CPT and HCPCS codes, we updated the Outpatient Procedure Services and Diagnostic and Therapeutic Services code ranges effective January 1, 2017, as follows:

The following CPT codes were added to the Outpatient Procedure Services code list:

22853-22854	28291	31591-31592	36473-36474	58674	93590-93592
22859	28295	33340	36901-36909	62320-62327	0446T-0431T
22867-22870	31572-31574	33390-33391	37246-37249	62380	27197-27198
31551-31554	36456	43284-43285	92242		

The following CPT and HCPCS codes were added to the Diagnostic and Therapeutic Services code range:

22842	81327	90750	A9285-A9286	J0570	J7202	J9176
31627	81413-81414	90999	A9515	J0883-J0884	J7207	J9205
38204	81422	96160-96161	A9587-A9588	J1130	J7209	J9295
38900	81439	96377	A9597-A9598	J1924	J7320	J9325
63044	81539	97161-97172	C1842	J2182	J7322	J9352
65757	84410	0462T-0463T	C1889	J2786	J7342	Q4166-Q4175
76706	87483	A4224-A4225	C9140	J2840	J8670	S9443
77065-77067	90674	A4467	G0499	J7175	J9034	
80305-80307	90682	A4553	G0659	J7179	J9145	

The following CPT codes were added to the Outpatient Procedure Services code list effective April 1, 2017:

C9484	C9485	C9486	C9487	C9488
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These changes do not affect existing codes and allowable charges on the schedules; it simply allows our system to accept these codes appropriately for claims adjudication. The above changes also apply to the HMO Louisiana, Inc. schedules.



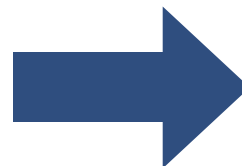
Please share the information in this newsletter with your billing office and those who work with Blue Cross reimbursement.

New Submitting Corrected Claims Tidbit

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).

View the New Submitting Corrected Claims Tidbit



Supporting our providers and their staff.

PROVIDER TIDBITS



Louisiana

Submitting Corrected Claims

Use the following guidelines when submitting corrected claims so your claims will not deny as duplicates or process incorrectly. When a claim is refiled for any reason, **all** services should be reported on the claim. For example, 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 incorrectly cause your claim to be adjusted.

Claim disputes involve separate processes. For more information, please review our *Guide for Disputing Claims* tidbit, available at www.bcbsla.com/providers > Education on Demand.

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 a Claims Dispute Form, letter of appeal, Appeal Request Form or medical records.

Paper Corrected Claims

- Clearly indicate "Corrected Claim" on your claim form.
- Corrected claims submitted on paper should also include the following:

CMS-1500

- In Field 22 Resubmission Code, enter the applicable frequency code:
7 - Adjustment Claim 8 - Void Claim
- In Field 22 Original Ref No., enter the original claim reference number

UB-04

- In Field 4 Type of Bill, enter the applicable frequency code:
7 - Adjustment Claim 8 - Void Claim
- In Field 64 Document Control Number, enter the original claim reference number

Mailing Addresses

For Blue Cross, HMO Louisiana Inc., Blue Connect, Community Blue & OGB Claims:

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

For FEP Claims:

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

For Blue Advantage (HMO) Claims:

Blue Advantage HMO Louisiana
P.O. Box 32406
St. Louis, MO 63132

837I & 837P (Electronic) Corrected Claims

Corrected claims submitted in the 837 format should include the following:

- In Loop 2300 Segment CLM05-03, enter the applicable frequency code:
7 - Adjustment Claim 8 - Void Claim
- In Loop 2300 in the REF segment, use "F8" as the qualifier and enter the original claim reference number

[More](#) →

This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this communication, please email provider.communications@bcbsla.com or call 1-800-922-8866. Please be sure to reference the Tidbit number listed at the top of this publication.

18NW2407 03/17

Last reviewed on: 03-22-17

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 Advantage from HMO Louisiana, Inc. is an HMO plan with a Medicare contract. Enrollment in HMO Louisiana, Inc. depends on contract renewal. HMO Louisiana is a subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

Supporting our providers and their staff.

PROVIDER TIDBITS



Louisiana



iLinkBlue Corrected Claims (www.bcbsla.com/ilinkblue)

Never enter a corrected claim through iLinkBlue unless instructed to do so by a Blue Cross representative.

When you receive such instructions, the corrected claim should include the following:

iLinkBlue Professional 1500

- In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator:
7 - Adjustment Claim 8 - Void Claim
- In Field 19b, enter the original claim reference number

iLinkBlue Facility UB-04

- In Field 4k, enter the applicable frequency code (Institutional Claim type of bill 3rd position):
7 - Adjustment Claim 8 - Void Claim
- In Field 64, enter the original claim reference number

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.

Note: Adjustments and voided claims can be submitted electronically for all changes except those to the member ID or pay-to-provider number. If these fields require change, you must submit the claim on paper, clearly indicating the old information and new information (pay-provider number or member ID).

Timely Filing Guidelines

Claims received after the length of time outlined below will be denied, and the member and Blue Cross should be held harmless for these amounts.

Product	Intial Claim	Corrected Claim
Blue Cross, HMO Louisiana Inc., Blue Connect, Community Blue & Federal Employee Program	<ul style="list-style-type: none"> • Must be filed within 15 months of date of service 	<ul style="list-style-type: none"> • Must be filed within 15 months from the date the claim was processed
Blue Advantage (HMO) & BlueChoice 65	<ul style="list-style-type: none"> • Must be filed within 12 months of date of service 	<ul style="list-style-type: none"> • Must be filed within 12 months from the date the claim was processed
Office of Group Benefits (OGB)	<ul style="list-style-type: none"> • Must be filed within 12 months of date of service 	<ul style="list-style-type: none"> • Must be filed within 18 months from the receipt date of the original claim
Self-insured & BlueCard®	<ul style="list-style-type: none"> • The length of time stated in the member's contract • Always verify the member's benefits, including timely filing standards, through iLinkBlue (www.bcbsla.com/ilinkblue) 	

End —

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 December 21, 2016

00539 **C** infliximab-dyyb (Inflixtra™)

Effective January 1, 2017

00540 **C** daclizumab (Zinbryta™)

00541 **C** Select Anti-Epileptic Drugs

00543 **C** Formulary Exception Process/
Non-Formulary Drug Review
Process Standard Criteria
(Closed Formulary)

Effective February 15, 2017

00545 **C** insulin glargine (Basaglar®)

00546 **C** Zurampic® (lesinurad)

00547 **C** miltefosine (Impavido®)

Recently Updated Medical Policies

Policy No. Policy Name

Changes Effective December 21, 2016

00026 **C** Retinal Telescreening for Diabetic Retinopathy

00098 **C** Dermatologic Applications of Photodynamic Therapy

00148 **C** Laboratory Tests for Heart Transplant Rejection

00219 **C** etanercept (Enbrel®)

00229 **C** Artificial Intervertebral Disc: Cervical Spine

00389 **C** Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

00452 **C** Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer

Changes Effective January 1, 2017

00136 **C** Virtual Colonoscopy/CT Colonography

Changes Effective January 18, 2017

00034 **C** Treatment of Varicose Veins/Venous Insufficiency

00123 **I** Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease

00211 **C** Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

00272 **I** Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer

00334 **I** PathFinder TG® Molecular Testing

00504 **C** Moderate Penetrance Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk

Changes Effective February 15, 2017

00091 **C** Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

00130 **C** Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Fibroids

00305 **I** Serologic Diagnosis of Celiac Disease

00329 **C** Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome

00337 **C** Migraine Medications (Oral, Injectable, Transdermal, and Nasal)

00400 **I** Noninvasive Fetal RHD Genotyping Using Cell-Free Fetal DNA

00462 **C** Treatment of Hepatitis C with ombitasvir, paritaprevir, ritonavir, and dasabuvir (Viekira Pak™/ Viekira XR™)

00501 **C** mepolizumab (Nucala®)

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.

Medical Management

March Is National Colorectal Cancer Awareness Month Have Your Patients Been Screened?

In 2014, the Louisiana Legislature passed a resolution creating the Louisiana Colorectal Cancer Roundtable, and charged it with improving screening rates in the state. With a current colorectal cancer screening rate for people age 50 and older at only 64.3 percent, the first goal is to help Louisiana meet the national target of 80 percent by 2018.

How You Can Help

Please talk to your patients who are between 50 and 75 years old about the different types of screenings available:

- Colonoscopy (done every 10 years)
- Flexible sigmoidoscopy (done every five years)
- Testing stool samples for blood (done once a year)
- Testing stool sample for DNA (done every three years)
- CT colonography (done every five years)

Earlier this year, the Blue Cross and Blue Shield Association's Center for Clinical Effectiveness "Evidence Street" released a positive review of Cologuard. This screening product conducts stool sample testing in a non-invasive way that patients can do at home, which can increase their willingness to be screened. To learn more about Cologuard, visit www.cologuardtest.com.

Blue Cross plans cover all nationally recommended tests for colorectal cancer screening, often at no out-of-pocket cost to the member.

Please direct your patients to call Blue Cross Customer Service at the number on their member ID cards to learn more about colorectal cancer screening coverage.

Ordering Cologuard Test

Providers order Cologuard tests directly from Exact Sciences through Exact Provider Portal, fax or EMR. To initiate an online portal account for ordering and reviewing results, visit www.cologuardtest.com/hcp >Order Cologuard >Provider Portal Set-Up. Once the information is verified, an Exact Sciences representative will assist you with the setup process. During the setup process, you may request help with adding Cologuard to your EMR.

Cologuard Test Process

1. Provider orders Cologuard from Exact Sciences
2. Upon order receipt, Exact Sciences contacts the patient to confirm address and ships the kit to the patient's home
 - If Exact does not receive a specimen in a timely manner, a letter is sent and additional compliance reminder calls are made to the patient
3. Exact Sciences receives specimen from patient and runs test
4. Results are issued to the provider
 - If results are positive, the provider contacts patient to refer for a colonoscopy
5. Exact Sciences submits claim to Blue Cross

Please note: Neither Blue Cross nor Exact Sciences supplies Cologuard kits to physician offices for providers to distribute to patients.

Learn More About How You Can Lower Your Patients' Risks of Opioid Misuse or Overdose

According to the U.S. Centers for Disease Control and Prevention (CDC), America is in an opioid epidemic.

On top of the risk of overdose death, opioid abuse and misuse also causes addiction and drives up healthcare costs.

Because many people who become addicted to these drugs begin taking them as a prescription, healthcare providers can play an important role in educating patients to help them reduce their risks and recognize warning signs of opioid addiction so they know when to seek help.

The CDC has issued prescribing guidelines around using opioids to treat chronic pain. Many government and private health plans have altered or are in the process of altering their coverage guidelines for opioid therapy to match these guidelines. To see the CDC's guidelines, visit www.cdc.gov/drugoverdose.

Company News

BCBSLA Foundation Challenge Grants Get Results in Tackling Obesity

The Blue Cross and Blue Shield of Louisiana Foundation has released its final report on its three-year, \$10.2 million Challenge for a Healthier Louisiana grant program.

The Challenge Grants brought together 180+ partners across the state to build healthier communities at a grassroots level.

In survey-based research conducted by Pennington Biomedical Research Center, those who participated in Challenge Grant programs said they were twice as likely to adopt a lifestyle of eating right and moving more. In addition, Challenge Grant recipients across the state raised over \$30 million to invest in education, exercise classes and healthy-living infrastructure. Together, the 12 Challenge Grant programs:

- Distributed 577,464 pounds of fresh produce
- Built or improved 107 community, school and home gardens
- Improved or created 78 farmers' markets
- Created 8 incentive programs to increase farmers' market purchases
- Built 34 new or improved sidewalk, trail or crosswalk segments
- Built 25 miles of new walking/biking paths
- Improved 49 parks, schools or other facilities with health-focused amenities

Twelve Challenge Grant projects took place in the Alexandria, Baton Rouge, Lafayette, Lake Charles, Monroe, New Orleans and Shreveport regions.



Do You Know an Angel?

Later this year, the Blue Cross and Blue Shield of Louisiana Foundation will present its annual Angel Award® to Louisianians who do extraordinary volunteer work that improves the lives of our state's at-risk children. Because making a difference in Louisiana's communities requires time and money, the Angel Award includes a \$20,000 grant from the Foundation for each honoree's charity.

The Blue Cross Foundation encourages anyone who knows an angel for kids to nominate him or her for the 2017 Angel Award. The deadline for nominations is Friday, April 14, 2017. To nominate someone or learn more about the Angel Award, visit the Foundation's website, ourhomelouisiana.org. You can also email Angel.Award@bcbsla.com to request a nomination packet or call 1-888-219-BLUE (2583).



To get this quarterly newsletter, email provider.communications@bcbsla.com.

Put "newsletter" in the subject line. Please include your name, organization name and contact information.

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What's New on the Web

www.bcbsla.com/providers

- **NEW** look coming soon to the Provider page
- **NEW** one consolidated iLinkBlue Service Agreement replaced non-institutional, institutional and billing agency forms at www.bcbsla.com/providers > Electronic Services > iLinkBlue > iLinkBlue Service Agreement

Important Contact Information

Authorization

See member's ID card

BlueCard® Eligibility

1-800-676-BLUE
(1-800-676-2583)

EDI Clearinghouse

(225) 291-4334
EDICH@bcbsla.com

FEP

1-800-272-3029

Fraud & Abuse

1-800-392-9249
fraud@bcbsla.com

iLinkBlue & EDI

1-800-216-BLUE (1-800-216-2583)*
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, then click on News.

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!