

Provider Speed Guide



A subsidiary of Blue Cross and Blue Shield of Louisiana,
independent licensees of the Blue Cross and Blue Shield Association.

This convenient guide for HMO Louisiana, Inc. (HMOLA) will help you locate key information quickly. Additional information is available in the *HMO Louisiana Provider Manual* and the *Blue Cross Professional Provider Office Manual*; available on the Provider page of our website at www.bcbsla.com.

HMO Louisiana Inc.'s (HMOLA) Louisiana Blue Health Plans offers two managed care benefit plans:

- **Point of Service (POS)** – allows members to choose each time they need care—at the point of service—whether to use a network provider or go out-of-network and receive reduced benefits. Members receive the highest level of benefits when using network providers and with proper authorization when required. Members receive a lower level of benefits when using providers who are not in the HMOLA network.
- **Health Maintenance Organization (HMO)** – members have access to the same network of providers and have the same type of benefits as with the POS option, except members are limited to the HMOLA network only for benefits. Out-of-network benefits may be the member's full responsibility.

HMOLA members are responsible for different copayments for physician services— one for **primary care physicians (PCPs)**, one for specialists and one for urgent care clinics.

The following provider types should collect the PCP copayment:

- Physicians (family or general practice, internal medicine and pediatric)
- Chiropractors
- Therapists (occupational, physical and speech)
- Federally qualified rural health clinics

Provider Responsibilities:

1. Collect only the copayment amount indicated on each HMOLA member's ID card for covered office services.
2. Obtain authorization for any services listed on the Services Requiring Plan Approval list (*on flip side of this speed guide*).
3. Accept the HMOLA allowable charge for covered services and do not collect any amount above the allowable charge.
3. File claims for all HMOLA patients.

Office Responsibilities:

Primary Care Physicians – provide 24-hour access to medical care for members via call coverage with another physician as well as answering service or pager access to the PCP. It is the PCP's responsibility to make arrangements with the covering physician to assure that the covering physician accepts the HMOLA allowable charge as payment in full for covered services.

Specialists – obtain proper authorization unless the need for urgent or emergency care dictates otherwise.

Submit claims electronically via:

iLinkBLUE (*more in iLB section of Provider page**)

Clearinghouses (*more in Clearinghouse Services section of Provider page**)

Direct electronic payment:

Electronic Funds Transfer (EFT) (*more in EFT section of Provider page**)

Electronic provider resources:

- * **Provider Page** – visit www.bcbsla.com, then click on Provider. A wealth of information is available to providers on the Provider page of our website.
- iLinkBLUE** – visit www.bcbsla.com/ilinkblue/. Providers can check patient eligibility, claim status, allowable charges, payment information, medical policies and more.



Sample HMOLA Member ID Card

Direct Access:

Direct access allows point of service (POS) members to receive care from a **network** primary care physician (PCP) or go directly to a **network** specialist for office visits without having to obtain a referral. It is very important that you check the member's ID card and to verify benefits each time he/she receives services.

Maternity Admissions:

Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits that could be reduced if services are at an out-of-network facility) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery.

Provider Call Centers

Always have your NPI or Blue Cross provider number available when calling.

Provider Services (800) 922-8866

- Option 1 - Fax or Voice Summary of Benefits or Claim Status
- Option 2 - Precertification / Authorization
- Option 3 - Out of State Policy
- Option 4 - Federal Employee Program – FEP
- Option 5 - All other Calls - Network Administration Division

Network Administration (800) 716-2299

- Option 1 - Network Development
- Option 2 - Credentialing
- Option 3 - Network Operations
network.administration@bcbsla.com

iLinkBLUE & Electronic Funds Transfer

LINKLine (800) 216-BLUE (2583) or (225) 293-LINK (5465)
ilinkblue.providerinfo@bcbsla.com

Electronic Claims Submission/Clearinghouse

(225) 291-4334 or edich@bcbsla.com

Fraud & Abuse Hotline (800) 392-9249

Call 24/7. You can remain anonymous. All reports are confidential.

Member Benefits

Call number on the Member's ID card.

Case & Disease Management (800) 317-2299

Where To Send Hardcopy Claims



Mail to HMOLA
PO Box 98029
Baton Rouge, LA 70898-9029

SERVICES REQUIRING PLAN APPROVAL

The following services may require Plan approval. To determine if the service does require Plan approval, call (800) 922-8866, option 2.

- Bone Growth Stimulator
- CT Scans*
- Dialysis
- DME greater than \$300
- Electric & Custom Wheelchairs
- Home Health & Private Duty Nursing
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2000 including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: physician's office, unless associated with a specialty pharmacy drug)
- Inpatient Hospital Services (except routine maternity stays - see left for more information)
- Low Protein Food Products
- Mental/Alcohol/Drug Abuse Treatment
- MRI/MRA*
- Non-Emergency Transportation
- Nuclear Cardiology*
- Oral Surgery (major medical only)
- Orthotics/Prosthetics
- Outpatient Services (except X-ray, lab, and physical, occupational and speech therapy) – when performed in an outpatient setting (hospital/ambulatory facility).
- PET Scans*
- Sleep Studies
- Specialty Pharmacy – Complete list of drugs available online at www.bcbsla.com. Home> Health Tools> Covered Drugs> Specialty Pharmacy Program Drug List.pdf
- Stereotactic Radiosurgery including but not limited to gamma knife and cyberknife procedures
- Transplant Evaluations
- Vacuum Assisted Wound Closure Therapy

* Request for prior authorization for these services may be completed online through iLinkBLUE.

See flip side of speed guide for electronic filing information.