

# provider networknews

June 2008

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**Annual HCPCS Allowable Charges Updated on Page 4.**



Read more about our new 2 Step 4 Kids website on Page 10.

## The NPI Deadline is Here...

Do you have your national provider identifier (NPI)? If so, have you reported it to Blue Cross and Blue Shield of Louisiana? Over the past year, we have communicated the importance of obtaining and submitting your NPI to us. The mandated date for using your NPI-only is here! **As of May 23, 2008, the NPI is now required for all transactions** (e.g., electronic and paper claims; phone inquiries) with Blue Cross and its subsidiaries, regardless of network participation.

It is important that all providers reported their NPI to us before May 23, 2008. Claims processing cannot be guaranteed unless you notify Blue Cross of your NPI prior to filing claims using your NPI.

**All claims filed—regardless of having an NPI or both an NPI and taxonomy code—may be rejected for NPI-only if you have not previously reported your NPI to us.** Furthermore, if you have reported your individual NPI but not your clinic NPI (as applicable) and you file claims with both your individual and clinic NPIs, your claims may be returned. We must have both your individual and clinic NPIs on our records to process your claims.

In addition, providers who apply for a Blue Cross provider record or who are undergoing recredentialing, regardless of network participation, must include their NPI(s) on their application.

### Notifying Blue Cross of your NPI:

If you have your NPI(s) and have not notified us, please do so as soon as possible. You may notify us in the following ways:

- 1) Include it on your Louisiana Standardized Credentialing Application (LSCA), Health Delivery Organization (HDO) Application or Blue Cross recredentialing application.
- 2) Submit it on the online Provider Update Form available at [www.bcbsla.com](http://www.bcbsla.com).
- 3) Submit it along with your name and tax-ID or Social Security number printed on your office letterhead by fax to (225) 297-2750 or by mail to Blue Cross and Blue Shield of Louisiana; Attn. Network Administration; PO Box 98029; Baton Rouge, LA 70898-9029.

**Remember, you must notify Blue Cross in advance of your NPI as we are unable to accept your NPI on claim forms as notification of your NPI.**

**NPI Deadline for Claims:**

**May 23, 2008**



## Filing Claims with NPIs:

Your NPI will be the number used for claims processing and internal reporting on and after May 23, 2008. Claim payments are reported to the Internal Revenue Service (IRS) using your tax identification number (TIN). An NPI is required for all claims, both electronic and paper, regardless of the provider's network participation. Professional providers, please be sure to include both your individual and clinic NPI (as applicable) on your claims.

To appropriately indicate your NPI and TIN on UB-04 and CMS-1500 claim forms, please view our provider manuals, available at our iLinkBLUE *Provider Suite* and the Provider page of [www.bcbsla.com](http://www.bcbsla.com). Our manuals contain detailed instructions for completing the UB-04 and CMS-1500 claim forms using your NPI.

### UB-04 Form NPI Fields *(use corresponding fields on electronic claims)*

Block 56 - Enter the NPI for the facility where services were rendered.

Block 76 - Enter the NPI for the attending physician.

Block 77 - Enter the NPI for the operating physician.

Blocks 78-79 - Enter the NPI for other physicians as applicable (e.g., referring physician, assistant surgeon, rendering physician).

### CMS-1500 Form NPI Fields *(use corresponding fields on electronic claims)*

Block 24j - Enter the NPI for the rendering physician for each procedure code listed when billing for multiple physicians' services on the same claim.

Block 32a - Enter the NPI for the facility where services were rendered (facility name listed in block 32).

Block 33a - Enter the NPI for the billing provider who performed services (provider name listed in block 33).

**Remember, claims processing cannot be guaranteed if you have not notified Blue Cross of your NPI, prior to filing claims on and after May 23, 2008. You may use one of the methods listed on Page 1. ●**

## More about the NPI?

For more information, including who should apply for an NPI and how to obtain your NPI, visit the NPI section of our Provider page at [www.bcbsla.com](http://www.bcbsla.com) or CMS' website at [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand). If you have questions about the NPI relating to your Blue Cross participation, please contact us at (800) 716-2299, option 3.

## Don't Be a Victim of Fraud

Identity theft is on the rise. Blue Cross has been notified that scam artists are contacting members stating that additional information is needed to activate their prescription cards, that an additional ID is required or that more money is owed.

If someone calls you claiming to be a Blue Cross or Medicare employee and asks for banking information, do not release this information. Blue Cross will never call you on the telephone to ask for banking information.

If you or your patients receive a suspicious call, please contact our Fraud Hotline at (800) 392-9249. ●

## Physical Address on Professional Claims

Block 32 of the CMS-1500 professional claim form is designated for the physical location where the service was rendered. Reporting the physical location is especially important when services are rendered in an office setting by a professional provider with more than one physical location.

As of May 23, 2008, providers are now required to file claims with their NPI only. Completing Block 32 of the CMS-1500 professional claim form allows Blue Cross to properly match providers (with multiple locations) to the proper physical location where services were rendered.

Claims with the physical address information left blank or incomplete must be manually reviewed to determine your correct physical address information, resulting in claims processing delays.●

## Provider Network

Statewide Representatives:

Paula Rome 504-832-5897  
Network development of behavioral health, VA hospitals, dialysis centers, infusion and public health systems

Kelly Smith 225-298-1459  
e-Business

### East Baton Rouge

#### Provider Relations Service

Mary Guy  
225-295-2468  
Jami Richard  
225-297-2653

#### Network Development

Sue Condon  
225-295-2437



Map above is showing representatives for East Baton Rouge parish.

### Provider Representative Map

Last year we added a new provider tool to our website; the provider representative map. This interactive map was designed to help providers find the contracting representative and provider relations representative that serves their parish. You may access this map in the "Provider Tools" section of our Provider page at [www.bcbsla.com](http://www.bcbsla.com).

To use this map, simply roll your cursor over your parish to see the names and phone numbers of the Statewide, Provider Relations and Network Development representatives for your service area.

### Updated Provider Manuals

The NPI Deadline is May 23, 2008. As a result, we have updated our office manuals to reflect NPI-related changes.

Office manuals are updated throughout the year. Please visit [www.bcbsla.com](http://www.bcbsla.com) and our iLinkBLUE Provider Suite often for the latest revisions.

### Credentialing and Admitting Privileges Policy Reminder

Our credentialing policy allows primary care physicians (PCPs) to designate a peer physician or a hospitalist group to admit their patients to a network hospital for them in lieu of having admitting privileges of their own. We require a letter briefly documenting the arrangement including signatures from both the network provider and a representative from the hospitalist group. This arrangement is applicable for PCP providers only and does not apply to specialists. We require direct admitting privileges of most of our specialist network providers. If you have any questions about a credentialing policy, please contact us at (800) 716-2299, option 2.



### Hospital-based Physician NPIs Needed

In preparation for filing claims with NPI only on May 23, 2008, we requested both clinic and individual NPIs for hospital-based medical staff providers (radiologists, anesthesiologists, pathologists, hospitalists, etc. who provide hospital-billed outpatient non-emergent and inpatient professional services).

Effective May 22, 2008, we terminated existing Blue Cross medical staff provider numbers assigned to hospitals and ambulatory surgery centers. We are replacing them with a new provider record ONLY when clinic and individual NPIs have been reported.

**It is important to report a clinic NPI along with individual NPIs to Blue Cross to avoid claims delays.**

For more information on reporting your medical staff provider NPIs, contact us at (800) 716-2299, option 3.

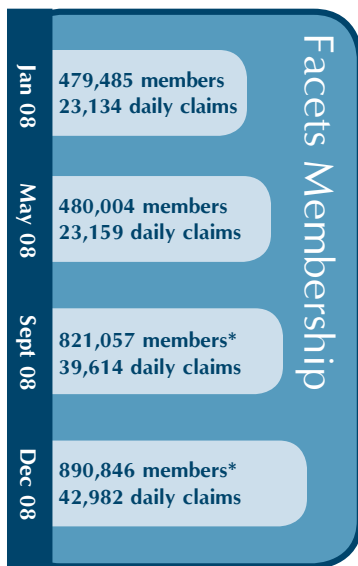
### Blue Distinction® Centers

The Blue Cross and Blue Shield Association's Blue Distinction® Designation Program complements national efforts to improve quality of care. Blue Distinction is a designation awarded by local Blue Cross and Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality healthcare.

Under Blue Distinction, there are 800 specialty centers in 42 states that have been recognized for providing quality care. These specialty areas include: cardiac care, **bariatric surgery**, transplants and complex and rare cancers. This program is raising the quality of care being delivered across the country by recognizing medical facilities that meet objective, evidence-based thresholds for clinical quality developed in collaboration with expert clinicians and leading professional organizations.

For the second year in a row, **Southwest Medical Center** in Lafayette has been named as a Blue Distinction Center for Bariatric Surgery. In addition, **Women & Children's Hospital** in Lake Charles met all the requirements of the program to be designated as a Blue Distinction Center for Bariatric Surgery. To date, more than 200 facilities nationwide have received a Blue Distinction Center for Bariatric Surgery designation.

## Member Benefits



We have now moved over 50 percent of our membership to Facets.

### Membership on Facets Continues to Grow

In 2005, Blue Cross began the process of replacing our central operating system with an updated system called Facets. We have transitioned our membership records to Facets in phases based on product type. You may remember that in 2005, we moved group and individual HMO Louisiana, Inc. (HMOLA) members to the new system. Then in early 2007, we moved our Preferred Care PPO members. Also in 2007, we introduced a new product, PremierBlue, exclusive to the Facets processing system. Though we are still operating Legacy (our old operating system) and Facets simultaneously, we plan to have nearly nine hundred thousand members moved to Facets by the end of 2008. We are happy to report that currently we have moved over 50 percent of our membership to Facets to date.

Until the transition to Facets is completed, you will continue to receive two different styles of payment registers when you file claims/receive payment for members. One is generated by the Legacy system and the other by the Facets system. Your Facets payment register uses different status/reject codes than your Legacy register. We print the definitions for the status/reject codes at the end of both the registers. Credits and adjustments in your Facets register are marked by parentheses and consecutive claim numbers, i.e. 30000 followed by 30001. Also, late payment penalties will be indicated by an asterisk in the Facets register. ■

## Billing & Coding

### Tax on Durable Medical Equipment

After the member's deductible has been met, Blue Cross will pay a specified benefit percentage of the remaining rental or purchase allowance for covered durable medical equipment (DME). The deductible and benefit amounts will vary according to the member's contract.

The member is responsible for payment of any deductible, coinsurance and non-covered services. Participating DME providers should not bill the member for any amount that exceeds the Blue Cross allowable charge for rented or purchased DME. However, sales tax on DME is considered a non-covered charge for most Blue Cross and HMOLA subscriber contracts and therefore the member's responsibility.

### Annual HCPCS Allowable Charges Updated

We have completed our annual review of the Blue Cross and HMOLA allowable charges for HCPCS codes. As a result, we are updating our allowable charges for these codes. **The new schedule of HCPCS allowable charges will be effective for claims with dates of service on and after July 1, 2008.**

Both current and upcoming allowable charges are available on iLinkBLUE at <https://www.bcbsla.com/ilinkblue>.

### DME Rental vs. Purchase Price

Currently, Blue Cross and HMOLA pay rental of equipment (when classified as a capped rental item) up to the purchase price over a thirteen (13) month period. Effective July 1, 2008, we are reducing the maximum period for rentals to ten (10) months. Though we are reducing our rental period, our monthly rental allowable charges will remain proportionate to the purchase allowable charges for DME HCPCS codes.

## Member Benefits

### Who's on Facets?

Members with a Facets membership record are easy to identify. Their member numbers begin with the same Blue Cross and Blue Shield of Louisiana alpha prefix of XU\_, but with a noticeable difference in the contract number. The Facets member contract number begins with 200 behind the alpha prefix.

#### Examples:

XUP200123456 or  
XUH200123456 or  
XUL200123456



### Provider Services for Facets Members

Blue Cross now has a designated Provider Services phone number for you to use when calling on member contracts that are set up in Facets; our new operating system. This phone line can be used when calling for claims status or benefits. You will be connected to a Provider Service Representative that is specialized to help you with Facets contracts.

**(800) 495-2583 or (225) 295-2145**

*Be sure to have your NPI and the member's contract number available when calling.*

### Physical and Occupational Therapy Maximums Increased

The year 2007 was a transitional one for physical, occupational and speech therapy benefit changes. The maximums for physical and occupational therapy changed from a set number of visits to a \$2500 combined dollar limit per benefit period. Speech therapy was given a separate \$2500 dollar limit.

To meet member needs related to therapy costs, we have expanded the physical and occupational therapy benefits from \$2500 to \$4500 for 2008 and is retroactive back to January 1, 2008. There was no change for speech therapy maximums for 2008.

We are updating our system, which is expected to be completed by July 1, 2008. Until such time, claims exceeding the old limit of \$2500 may deny for benefit maximums. Once our system has been updated, claims denied for the \$2500 maximum will be adjusted. If by August 1, 2008, you still have not received corrected remittance advices on claims that have been previously denied, please contact Provider Services. ●

**Please Note:** Maximums apply for outpatient ambulatory therapy only. They do not apply for therapy provided inpatient or the home.

### PPO Office Benefits for GM

General Motors (GM) uses Blue Cross to provide health insurance for their hourly employees. The Traditional Care Network (TCN) PPO Plan offers benefit coverage for GM hourly employees through the PPO Preferred Care provider network.

The General Motors TCN PPO Plan has office benefits that are unlike most other PPO policies. To help ensure that our providers are collecting the proper copayment from GM members, we have outlined the TCN PPO Plan office benefits below:

#### TCN PPO Plan

- \$25 copayment per visit for up to five visits, per member per calendar year.
- After the first five visits, office visits are subject to a co-pay of 100 percent of the allowed amount, when services are rendered by TCN network providers.

**Out-of-area TCN PPO Members** - those who live outside of the defined service area and who see non-network providers may be billed for amounts in excess of the network allowed amount for the office visit. If such providers have participating agreements with Blue Cross, the amount of the member's ultimate liability may be limited.

*Benefits outlined reflect services performed by TCN network provider or to other providers with advanced referral. Above benefits do not apply for GM Hourly retirees.*

#### Look Online for More Information...

More information is available in our General Motors speed guide; available under the Reference Guides section of our Provider page at [www.bcbsla.com](http://www.bcbsla.com).

Providers can use iLinkBLUE to electronically verify a member's benefits, eligibility and claims status and may also call the BlueCard Eligibility® line at (800) 676-BLUE (2583) for benefits eligibility and coverage questions. For questions about claims status, adjustments and problem resolution, providers may call Provider Services at (800) 922-8866. ●

## Medical Management



### Medical Policy Update

Blue Cross continuously 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 see the following updated medical policies, all of which can be found on iLinkBLUE at [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue):

#### New medical policy guidelines

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
03/19/2008	Adalimumab (Humira®)	Eligible with Criteria
03/19/2008	Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies	Eligible with Criteria

#### Changes to coverage eligibility of recently reviewed guidelines

Effective Date	Medical Policy Coverage Guideline	Coverage Eligibility
02/20/2008	Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	<b>Eligible with Criteria</b> Patient selection criteria added to policy statement indicating the use of Oncotype DX to determine recurrence risk for women who meet specific criteria as eligible for coverage.
02/20/2008	Positron Emission Tomography (PET) Cardiac Applications	<b>Eligible with Criteria</b> Patient selection criteria revised to define severe obesity as BMI $\geq$ 40.
03/19/2008	Natalizumab (Tysabri®)	<b>Eligible with Criteria</b> Added newly approved indication and criteria for Crohn's Disease. M.D. must be enrolled in the TOUCH program to prescribe.
04/16/2008	Small Bowel Transplant, Small Bowel/Liver Transplant and Multivisceral Transplant	<b>Eligible with Criteria</b> Policy statement revised. "Short bowel syndrome" was changed to "intestinal failure."
04/16/2008	Bone Growth Stimulation	<b>Eligible with Criteria</b> Criteria requiring documentation of a fracture gap of 1 cm or less was removed from policy.

#### Search Option for Medical Policies

A medical policy search function is available on our iLinkBLUE *Provider Suite*. When looking for a medical policy, in addition to the alpha index, you may also use keywords to locate a medical policy. **NOTE:** Search terms cannot include special characters (e.g., parentheses, hyphens and quotation marks, etc.).

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 or call Provider Services at (800) 392-4076.

## Medical Management

### Request Form Required for LTAC, Rehab & SNF

As you may know, Blue Cross and our wholly owned subsidiary HMO Louisiana, Inc. (HMOLA) require authorization for inpatient rehabilitation (rehab), skilled nursing (SNF) and long term acute care (LTAC) services. In an effort to simplify the authorization process and ensure we have all of the necessary information to make appropriate authorization decisions, Blue Cross has developed a request form for rehab, SNF and LTAC providers to use when requesting authorization for initial admission and recertification of an existing authorization.

Please use this form for all future authorization requests. When requesting authorization, simply complete the form and fax it to (800) 267-6548, attn: Case Management Unit. Rehab, SNF and LTAC authorization requests submitted without the Admission and Recertification Request form will be sent back to the facility for a completed form, thus delaying the authorization process.

For your convenience, this form along with a handy speed guide is available under the Reference Guides section of the Provider page of our website at [www.bcbsla.com](http://www.bcbsla.com). If you have questions about completing this form or the authorization process for rehab, SNF and LTAC services, please contact the Case Management Unit at (800) 317-2299. ●

### Are You Using AIM for Imaging Authorizations?

AIM conducts prior authorization services for the following outpatient, non-emergent imaging services for Blue Cross and HMOLA:

- Computerized Tomography (CT) Scans
- Computerized Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI) – *excluding CPT code 70336*
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology Procedures
- Positron-Emission Tomography (PET) Scans

**Ordering physicians**—whether a primary care physician (PCP) or specialist—are required to obtain authorizations by providing AIM with basic clinical information and patient demographics. Hospitals and diagnostic facilities that perform the technical component of the imaging services cannot obtain the authorization for ordering physicians.

Ordering physicians should contact AIM to obtain prior authorization in one of three ways:

1. Use **iLinkBLUE Provider Suite** to access AIM's web-based application, **ProviderPortal<sup>SM</sup>**. Ordering physicians can easily enter authorization requests and get immediate response for most requests and both ordering and performing providers can check authorization status and view authorization numbers using the **ProviderPortal<sup>SM</sup>**.

BEST  
OPTION!

2. Contact AIM directly by calling (866) 455-8416.
3. Call the Blue Cross Authorization Line at (800) 523-6435 (these calls will be routed directly to AIM). ●

### FDA Warning for Anemia Drugs

We have changed our official medical policy statement regarding the appropriate use of certain anemia medications by patients with cancer and kidney failure. This is due to Black Box warnings issued for Aranesp<sup>®</sup> (darbepoetin), Epogen<sup>®</sup> (epoetin) and Procrit<sup>®</sup> (epoetin).

Black Box or Black Label warnings are imprinted on package inserts for prescription medications when research shows that a certain percentage of patients taking the drug may experience serious side effects.

Please discuss potential serious side effects of these drugs with your patients. A well-informed patient is the best advocate for his or her own good health. For additional information, go to the FDA website at <http://www.fda.gov>. ●

## Medical Management

Due out in June 2008



### Epocrates® for Your Apple® iPhone

On March 6, 2008, Apple® announced the coming release of iPhone 2.0 software that will allow users access to features such as support for a variety of services. Apple plans to release the software by the end

of June 2008. Third party applications including Epocrates® will be a part of the new software upgrade.

Using the iPhone 2.0 Software Development Kit (SDK) beta software, Epocrates can now develop an application that leverages the iPhone's Multi-Touch™ user interface, animation technology, large storage, built-in three-axis accelerometer and geographical location technology to deliver truly innovative mobile applications.

"By putting so much computing power into such an elegant mobile device, Apple has opened up tremendous opportunities for application developers," said Kirk Loevner, chairman and CEO, Epocrates, Inc. "The technology and software in the iPhone OS will allow us to create new and innovative applications that help improve patient safety and provide healthcare professionals with an unsurpassed user experience."

To be notified when Epocrates software will be available for the Apple iPhone operating system, you may enter your e-mail address on the Epocrates website at [www.epocrates.com](http://www.epocrates.com).

Until the new software is released, iPhone users may access Epocrates' free online drug reference by visiting [www.m.epocrates.com/iphone](http://www.m.epocrates.com/iphone) directly from their iPhone.

Apple release available at <http://www.apple.com/pr/library/2008/03/06iphone.html>. Apple, the Apple logo and iPhone are trademarks of Apple. More on iPhone and Epocrates available at <http://www.epocrates.com/iphone/compatibility>. Epocrates is a trademark of Epocrates, Inc.

### Specialty Pharmacy Program Changes

Blue Cross and HMOLA are contracted with two specialty pharmacies, CVS/Caremark (formerly PharmaCare) and CuraScript, to offer special assistance and support services during a member's treatment with specialty medications.

An important change is coming for Blue Cross members who receive specialty medications. Starting January 1, 2009, members must use network specialty pharmacies to receive in-network pricing for specialty medications. Throughout 2008, we are identifying members taking specialty medications and educating them on how to obtain specialty medications directly from CVS/Caremark or CuraScript.

When prescribing specialty medications to Blue Cross members, the prescribing physician may also submit the prescription directly to the specialty pharmacy by calling phone numbers listed below. A list of all specialty medications is posted on our website at [www.bcbsla.com](http://www.bcbsla.com). Physicians who independently purchase, bill and administer infused specialty drugs in the office are not affected by the specialty pharmacy program, at this time.

#### Specialty pharmacies benefit members because they:

- contact the physician to obtain prescriptions and contact members monthly to arrange all refill deliveries,
- have a staff of trained specialists (pharmacists, nurses and care coordinators) who provide guidance on specialty medications,
- offer free delivery of up to a 30-day supply of medication to the home, physician's office or other requested location,
- provide supplies such as syringes and needles at no additional charge.

#### CVS/Caremark Specialty Pharmacy

600 Penn Center Boulevard  
Pittsburgh, PA 15225  
(800) 238-7828

#### CuraScript Specialty Pharmacy

6272 Lee Vista Boulevard  
Orlando, FL 32822  
Telephone: (866) 848-9870  
(Mon-Fri -8 a.m. to 9 p.m. EST  
Sat 9 a.m. – 1 p.m. EST)

CVS/Caremark and CuraScript are independent companies that provide specialty pharmacy services for customers of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



### Epocrates® on Oncology

"It would be very painful to practice oncology without Epocrates," said John Thomson, MD, associate clinical professor of radiology, radiation oncology at the Huntsman Cancer Clinic, University of Utah Medical School, Salt Lake City. "Having the information constantly with me and always available saves a great deal of time and effort."

Epocrates invites you to learn more about how they are impacting oncology practices throughout the nation. Learn more at <http://www.epocrates.com/landing/email/oncology-article.html>.

## BlueCard® Program

### Improvements to Medical Records Process for Out-of-Area Claims

Based on the feedback from providers, Blue Cross has made improving the BlueCard® medical records process one of our top priorities. We now have a much more efficient process allowing us to send and receive medical records electronically among all Blue Cross and/or Blue Shield Plans around the country. This new method significantly reduces the time it takes to transmit supporting documentation for our out-of-area claims and eliminates lost or misrouted records. We have embraced this new technology, and we are excited about related process improvements we expect to realize over the coming months. We also hope your office notices improvements in the efficiency of these processes.

Please continue to submit your medical records to Blue Cross and Blue Shield of Louisiana only when requested. If you receive requests for medical records from other Blue Plans prior to rendering services, as part of the prior authorization process, please submit requested medical records directly to the member's Plan that requested them.

If you need any additional information about the out-of-area claims or have suggestions for improvement, there are three ways to contact us:

- Talk to your provider relations representative. See article on provider representative map on Page 3 for more information on finding a representative.
- Visit us online at [www.bcbsla.com](http://www.bcbsla.com).
- Call Provider Services at (800) 392-4076.



### Blue Cross of California Name Change

On April 1, 2008, Blue Cross of California, the state's largest health benefits company with more than 8.4 million members became Anthem Blue Cross.

As part of the move to the Anthem brand, Blue Cross of California's affiliate BC Life & Health Insurance Company has changed its name to Anthem Blue Cross Life and Health Insurance Company, and its subsidiary Blue Cross of California Partnership Plan will use the trade name Anthem Blue Cross Partnership Plan.

**If you have a patient who is a Blue Cross of California member, please be sure to request a copy of their current member ID card.**

## Electronic Services

### Out-of-Area Benefits on iLinkBLUE

Contract # Search
▼ Coverage Information
▼ Claims Entry
▼ Claims Research
Allowable Charges
▼ Authorizations
Confirmation Reports
▼ Remittance Advice
▶ <b>Blue Card - Out of Area</b>
Coverage Information Request
Coverage Information Resp
Claims Research Request
Claims Research Response
NPI Update
▼ Manuals
Medical Policy
Coverage Guidelines

The iLinkBLUE *Provider Suite* includes the option to request eligibility and benefit inquiries for both out-of-area Blue Plan and National members. If you currently have access to iLinkBLUE\*, you also have access to BlueCard® member eligibility and benefits information. It is located in the navigational menu under the **Blue Card - Out of Area** option.

When requesting eligibility/

benefits, you are actually submitting an electronic request to the member's home plan then waiting for an electronic response to be delivered. Though not immediate, like when viewing the benefits for local members, out-of-area results are transmitted usually within less than a minute of the request so there isn't a long wait for the response.

#### **To request eligibility/benefits:**

Click on Coverage Information Request, then enter the member's three letter alpha prefix, followed by the contract number, then complete required fields (patient information, etc.) then press submit. You should then receive a message box stating that "transmission submitted successfully."

#### **To review response for eligibility/benefits:**

Click on Coverage Information Response, then choose the "Review New" radio button to view new responses. Locate the member's contract number that you entered to view and print requested information.

**Please Note:** While you may also request out-of-area claims information in the same manner, more information such as remittance advices, check information and claim numbers are available through our local iLinkBLUE claims research option.

\*If you are not an iLinkBLUE user and would like more information on registering for iLinkBLUE, please visit the iLinkBLUE section of our Provider page at [www.bcbsla.com](http://www.bcbsla.com) or call the LinkLine at (800) 216-BLUE (2583).

## Company News

### Blue Cross Executive Richard Williams Announces Retirement



Blue Cross senior vice president of provider and customer relations, Richard Williams, has announced his plan to retire effective July 16, 2008. Mr.

Williams' career at Blue Cross has spanned over 34 years. During that time, Mr. Williams has had an inestimable impact on our organization and on healthcare throughout Louisiana.

Over the past three decades, Mr. Williams has managed many of the functional components of our organization including customer service, claims, membership and billing, network administration, provider reimbursement, provider audit, medical management, administrative services, and community relations. He also has served as executive director of HMO Louisiana, Inc. (our wholly owned subsidiary) and president of the Blue Cross and Blue Shield of Louisiana Foundation.

Mr. Williams' most recent efforts focused on restructuring and revitalizing our customer service operation for Blue Cross and HMOLA in order to create the foundation for highly satisfying our customers and providers. Additionally, Mr. Williams has worked with the Blue Cross Board of Directors over the past two years to revamp the strategic direction, processes, and procedures for corporate philanthropy, community relations, and the Blue Cross and Blue Shield of Louisiana Foundation.

Throughout his tenure, Mr. Williams' one constant responsibility has been for provider networks. He personally has led the development and management of all provider networks for Blue Cross and Blue Shield of Louisiana. Throughout Mr. Williams' career, he has been dedicated to serving both our providers and our customers; and he has always done so with a great spirit of collaboration with his colleagues at Blue Cross and in the provider community. ■



This newsletter is available under the Provider News section of the Provider Page of our website at [www.bcbsla.com](http://www.bcbsla.com).

### Blue Cross and Blue Shield of Louisiana Wins Brand Excellence Award

Blue Cross and Blue Shield of Louisiana has received a 2007 Brand Excellence Award for Member Retention from the Blue Cross and Blue Shield Association. The award is given to Blue Cross and Blue Shield plans that retain a high percentage of their members from the previous year.

"We are proud to receive this honor from our national association," said President and CEO Gery Barry. "Our high membership retention rates reflect our high standards for customer service, quality and value."

The annual award honors Blue Cross companies that excel in developing and enhancing the overall image of the Blue Cross and Blue Shield brands, some of the most recognized and trusted in the world. The Brand Excellence Award program began in 1995.

"The winning Blue Cross and Blue Shield companies are taking the leadership role of enhancing products and services that continue to capture, retain and provide choices for their members," said Scott P. Serota, Blue Cross and Blue Shield Association president and CEO.

Blue Cross and Blue Shield of Louisiana is Louisiana-owned and -operated. Marking its 74th anniversary this year, the company is an independent licensee of the Blue Cross and Blue Shield Association. It is a tax-paying mutual company, owned by its policyholders.

Headquartered in Baton Rouge, Blue Cross and Blue Shield of Louisiana also has district offices in Alexandria, Houma, Lafayette, Lake Charles, Monroe, New Orleans and Shreveport. The company's subsidiaries include HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. For more information, visit the company's website at [www.bcbsla.com](http://www.bcbsla.com). ■

## Company News

### Blue Cross Earns “A” Rating & URAC Accreditation

National rating service Standard & Poor’s has given Blue Cross and Blue Shield of Louisiana its 11th consecutive “A” rating for financial strength, citing the company’s strong competitive position in the Louisiana health insurance market.

Standard & Poor’s is the world’s foremost provider of benchmarks for measuring corporate financial health.

#### Commended for meeting quality standards

Blue Cross was recently awarded Health Network, Case Management, HIPAA Privacy and Health Utilization Management Accreditation from URAC, a Washington, D.C.-based healthcare accrediting organization that establishes quality standards for the healthcare industry.

“Blue Cross and Blue Shield of Louisiana should be commended for meeting strict quality standards,” said Alan P. Spielman, URAC president and CEO. “It is critically important for healthcare organizations to make a commitment to quality and accountability. URAC accreditation is a demonstration of that commitment.”

For more information on Blue Cross’ Standard & Poor’s rating, visit [www.standardandpoors.com](http://www.standardandpoors.com). URAC also offers more information at its website, [www.urac.org](http://www.urac.org). ●

### 2 Step 4 Kids Website Launched

Blue Cross and Blue Shield of Louisiana’s efforts to improve the health and wellness of all Louisianians have taken another step forward with the launch of [www.2Step4Kids.com](http://www.2Step4Kids.com). This new website, aimed at children ages 5-12, is a companion website to our successful Louisiana 2 Step site launched last year for adults.

The 2 Step 4 Kids site was developed in response to many requests from the public, schools and organizations to give them tools to help Louisiana children learn to eat right and move more—the 2 simple steps of our 2 Step message.

Working in partnership with Pennington Biomedical Research Center, the site draws upon best practices of children’s websites to help encourage and educate youngsters through games and interactive fun. Schools and youth organizations will be able to sign up as teams and set goals to challenge and motivate their students. The site also includes a resource area for both parents and teachers, with careful attention paid to safeguarding children who come to the website.

The 2 Step 4 Kids website complements our current Louisiana 2 Step efforts. Nearly 10,000 Louisianians have registered on the 2 Step website at [www.Louisiana2Step.com](http://www.Louisiana2Step.com) and taken advantage of online tools such as food and activity logs, healthy recipes and a current calendar of health and fitness events in communities across Louisiana. Any individual or group wanting to join the movement is encouraged to sign up any time for free at [www.Louisiana2Step.com](http://www.Louisiana2Step.com). ●



### Look Who’s Doing the 2!

Baton Rouge Mayor Kip Holden, the Alexandria Aces mascot, Miss Louisiana and Saints fullback Mike Karney—they’re all Doing the 2! You can see them, along with other local celebrities, on billboards statewide and in Blue Cross’ new 2 Step TV commercials.

## Updated Phone Menu and Fax Cover!

We are pleased to report that Blue Cross recently updated the Provider Services phone menu. On the Provider Services line (1-800-392-4076), listening to all menu options and then choosing correctly will ensure that your call is transferred appropriately.

One notable change that we made to help meet the diverse needs of our providers and members is to offer the phone service in either English or Spanish. Another change that you will notice is that our updated phone menu now requests your NPI. **The NPI is required for all transactions on and after May 23, 2008.** Please be sure to have your NPI instead of your Blue Cross assigned provider number available when calling.

Upon calling, if you choose to receive a summary of benefits by fax, you will also notice that your fax transmission cover sheet also has a new look.

 [www.bcbsla.com](http://www.bcbsla.com)  
[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)

### Network News

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

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

If you would like to receive this newsletter by e-mail, please contact us at [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com).

View the newsletter online at:  
[www.bcbsla.com](http://www.bcbsla.com) > Provider > Provider News.

#### Important contact information

Provider Services:	(800) 392-4076
iLinkBLUE LinkLine:	(800) 216-BLUE(2583)
Fraud Hotline:	(800) 392-9249
Authorization:	See back of members' ID card
Claims Filing:	P.O. Box 98029 Baton Rouge, LA 70898
BlueCard Eligibility Line:	(800) 676-BLUE(2583)
Federal Employee Program	(800) 272-3029
TRICARE:	(800) 363-9150



*Please share this newsletter with your insurance and billing staff!*

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