A New iLinkBlue in 2017

Blue Cross and Blue Shield of Louisiana is launching a new iLinkBlue in mid-March 2017 to better serve provider’s online needs. This secure online tool is designed to quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

There are approximately 60 menus and submenus to navigate in the current version. The new iLinkBlue will consolidate, streamline and enhance many of these functions under an improved design. The new look and feel offers more user-friendly navigation to allow easier access to the tools used today.

The newly designed iLinkBlue will be under a higher level of security to ensure your information remains safe. Like with our authorization applications available today in iLinkBlue, in 2017, users will only be able to use iLinkBlue if granted access by a security administrative representative. If your organization does not have an administrative representative registered with us, then you will lose access to iLinkBlue in 2017. It is important that appropriate staff members are designated as administrative representatives.

You may have more than one administrative representative at each location to self-manage your iLinkBlue user access.

Many facility providers already have registered at least one administrative representative to manage clinical-user access to our authorization applications in iLinkBlue. These facilities may want to register an additional security administrative representative for the business or administrative areas to manage user access to iLinkBlue.
Blue Connect Expands to Acadiana

Our Blue Connect network that is currently available in the New Orleans area (Jefferson and Orleans Parishes) and on the Northshore (St. Tammany Parish) is expanding to the Acadiana area beginning January 1, 2017. This area includes Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion Parishes.

Members enrolled in Blue Connect receive high-quality coordinated care delivered by a select network of physicians, hospitals and other allied health providers. These members receive the highest level of benefits when services are rendered by Blue Connect network providers.

To ensure Blue Connect members receive the highest quality of care at the best value, please refer Blue Connect members to Blue Connect network providers. If you are not a Blue Connect provider, any services you provide to a Blue Connect member may require authorization and may be paid at a lower level. Use our online provider directory to locate a Blue Connect provider, available at www.bcbsla.com >Find a Doctor or Drug.

Blue Connect members are identifiable by the HMO Louisiana, Inc. logo and Blue Connect Network printed on their identification cards.

Get this newsletter emailed to you quarterly. Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line. Please include your name, organizational name and contact information.
Discount Dental Eliminated

Effective December 31, 2016, we are discontinuing the Discount Dental Program, a special network for Blue Cross members who do not have a dental benefit plan.

Elimination of this network requires no action from our participating providers. However, if you are a provider who would like to continue providing discount dental services, the Blue Cross and Blue Shield Association offers a nationwide dental program called Dental Solutions available through Blue365 (www.blue365deals.com).

Dental Solutions is administered through our partner, DenteMax. To learn more about becoming a provider in the Blue365 Dental Solutions program, contact Jen Nedry, DenteMax network development manager, at customerservice@dentemax.com or (248) 327-5405. Participating dentists must meet DenteMax’s usual requirements.

AIM and New Directions Closed for the Following 2017 Holidays

- Monday, January 2 - New Year’s Day
- Monday, January 16 - Martin Luther King Jr. Day
- Monday, May 29 - Memorial Day
- Tuesday, July 4 - Independence Day
- Monday, September 4 - Labor Day
- Thursday, November 23 - Thanksgiving Day
- Friday, November 24 - Day after Thanksgiving
- Monday, December 25 - Christmas Day

AIM Specialty Health (AIM) is an independent company that administers authorization services for select elective outpatient high-tech imaging studies for Blue Cross and HMO Louisiana.

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and HMO Louisiana.

Missed a Blue Cross Webinar or Workshop? Don’t Worry!

If you missed one of our webinars or provider workshops, you can still view the presentations on our website. They are available at www.bcbsla.com/providers >Education on Demand >Provider Workshops and Webinars.

Updated Manuals & Speed Guides

Look for newly revised provider manuals and network speed guides in January 2017. Manuals and speed guides are available online at www.bcbsla.com/providers >Education on Demand. Manuals are also available under the "Manuals" section of iLinkBlue (www.bcbsla.com/ilinkblue).

Jennifer Caveny, New Director of Network Development

We are pleased to announce Jennifer Caveny as the new director of Network Development. In this role, she is responsible for the contracting initiatives to develop our provider networks and supervises our team of Network Development Representatives.

Most recently, Caveny worked in our Facility Reimbursement department where she gained valuable knowledge in Blue Cross’ payment methods and claims processing systems. She came to Blue Cross in early 2015 with 18 years of leadership experience in healthcare management. This included previously serving as the Chief Operating Officer of Camellia Healthcare, where she managed 35 home health and hospice agencies.

Caveny holds a Master of Science in applied statistics from the University of Alabama and a Bachelor of Science in finance from the University of Southern Mississippi.
**Billing & Coding**

**Multiple Service Reduction for Diagnostic Imaging Services**

Blue Cross is adding multiple service reduction logic to diagnostic imaging radiology services performed for the same patient encounter.

The applicable radiology services are identified by Medicare’s diagnostic imaging family groupings as published in the CMS National Physician Fee Schedule Relative Value File. Blue Cross will review and update the list of services following Medicare’s annual release of the CMS National Physician Fee Schedule.

**For Professional Providers**

The multiple service reduction applies to the technical component of diagnostic imaging radiology services for dates of service on and after December 1, 2016.

When more than one radiology service from Medicare's diagnostic imaging family grouping is performed for the same patient encounter:
- The technical component allowable charge for the primary radiology service will be paid at 100 percent of the allowable charge.
- The technical component for second and subsequent services will be reduced by 50 percent.
- The primary radiology service will be identified as the code with the highest technical component allowable charge.

**For Facility Providers**

The multiple service reduction applies to outpatient diagnostic imaging radiology services for dates of service on and after January 1, 2017.

When more than one radiology service from Medicare’s diagnostic imaging family grouping is performed for the same patient encounter:
- The allowable charge for the primary radiology service will be paid at 100 percent of the allowable charge.
- Second and subsequent services will be reduced by 50 percent.
- The primary service will be identified as the code with the highest allowable charge.

**Reporting NDCs on Claims**

We require all clinician-administered drugs billed on professional and outpatient hospital claims to be processed through the member’s medical benefits to include the appropriate National Drug Codes (NDCs) for the drugs.

Providers are required to report NDCs on claims with any associated HCPCS or CPT® codes including immunizations. (HCPCS codes beginning with the letter “A” are excluded from this requirement). Failure to report NDCs on claims will result in automatic rejections.

You must enter the NDC in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format, as indicated in the examples below.

<table>
<thead>
<tr>
<th>10-Digit Format on Package</th>
<th>10-Digit label format Example</th>
<th>11-Digit Format Example</th>
<th>11-Digit Format Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-4-2</td>
<td>9999-9999-99</td>
<td>5-4-2</td>
<td>09999-9999-99</td>
</tr>
<tr>
<td>5-3-2</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>99999-0999-99</td>
</tr>
<tr>
<td>5-4-1</td>
<td>99999-9999-9</td>
<td>5-4-2</td>
<td>99999-9999-09</td>
</tr>
</tbody>
</table>

Find complete NDC reporting guidelines for professional CMS-1500 claims and outpatient facility UB-04 claims in our provider manuals available at [www.bcbsla.com/providers >Education on Demand](www.bcbsla.com/providers >Education on Demand) and under the “Manuals” section of iLinkBlue ([www.bcbsla.com/ilinkblue](www.bcbsla.com/ilinkblue)).
Updated Drug Allowables

As part of our routine biannual review of drug and drug administration code pricing, Blue Cross has updated the reimbursement schedule for drug codes, effective for claims with dates of service on and after March 1, 2017.

These allowables are available on iLinkBlue (www.bcbsla.com/ilinkblue) under the "Allowable Charge" section. Providers will need to enter "2017-03-01" to access the new allowable charges.

You may also access the allowable charges for drug and drug administration codes under the "Manuals" section of iLinkBlue.

New Therapy Evaluation Codes

We are updating our billing guidelines for chiropractic and therapy services to reflect new AMA evaluation codes effective for dates of service on and after January 1, 2017.

For the complete chiropractic and therapy billing guidelines, consult the Professional Provider Office Manual available at www.bcbsla.com/providers > Education on Demand and under the "Manuals" section of iLinkBlue (www.bcbsla.com/ilinkblue).

Requests Can Take Up to 90 Days

Providers may currently experience delays when making Provider File or Credentialing requests of our Network Operations department. Many of our employees that process these requests were heavily affected by the catastrophic August 2016 flood. The impact as our staff rebuilds homes and lives has resulted in requests taking 60-90 days from the date of submission to complete. Please be patient with our team while we work through this difficult period.

Act 897 Aids Physicians Applying for Network Participation

Eligible physicians can request that Blue Cross reimburse their claims as a network physician during the credentialing process. Louisiana Senate Bill 710 (Act No. 897) makes provisions for healthcare insurers to compensate non-participating physicians—who have applied for network participation—as though they are a participating network provider during the application process, when all criteria are met.

Blue Cross will process claims for the applicant physician as though he/she were already in-network and apply the member’s in-network level benefits. The applicant physician agrees to accept Blue Cross’ allowables and the member’s costshare(s) as payment in full and not balance bill the member.

To be eligible for this provision the following criteria must be met:
1. You must be a physician (MD) or osteopath (DO).
2. You must be applying for network participation to join a provider group that already has an executed group contract on file with Blue Cross. This provision does not apply for solo practitioners.
3. You must have admitting privileges to a network hospital. Blue Cross credentialing policy allows PCP’s to have an arrangement with a hospitalist group to admit their patients in lieu of their own hospital privileges
4. Your initial application for network participation must include a written letter of request asking Blue Cross to invoke Act 897 and an agreement to hold our members harmless for payments above the allowable amount (sample letter below).

{(Date)

Dear Blue Cross and Blue Shield of Louisiana:

In accordance with enactment of Act 897, please accept this written request to reimburse (physician’s name) for services provided as a new physician at (provider group name) at our group contract rate and with in-network benefits. (Provider Group Name) agrees that all contract provisions, including holding covered members harmless for charges beyond the Blue Cross allowable amount and the member’s cost share amount (deductible, coinsurance and/or copayment, as applicable) will apply to the new physician.

(Signature of the physician)

If you have any Act 897 request questions, contact our Network Operations department at network.administration@bcbsla.com or 1-800-716-2299, option 2.
Product Enhancements Effective January 1, 2017
(and as policies renew)

Emergency Cost Share Amount
- **Policies Affected:** Most non-grandfathered fully insured individual and group policies.
- **Enhancement:** Member cost share is $350 per emergency room visit.

Dental Benefits Coverage Changes
- **Policies Affected:** Fully insured dental policies.
- **Enhancements:** Moved certain services from major to basic coverage level. Moved space maintainers from basic to preventive coverage level.

Blue Connect Network Expansion
- **Policies Affected:** Blue Connect Policies.
- **Enhancement:** Expanded the network and product offerings to Lafayette area parishes. See full article on Page 2 of this newsletter.

Obesity Screening in Adults
- **Policies Affected:** Non-grandfathered fully insured individual and group policies. Non-grandfathered self-insured policies.
- **Enhancement:** Blue Cross will cover the first dollar for maximum of 12 dates of service for members age 18 and older.

Hypertension (HTN) Screening in Adults
- **Policies Affected:** Non-grandfathered fully insured individual and group policies. Non-grandfathered self-insured policies.
- **Enhancement:** Blue Cross will cover the first dollar for services for members age 18 and older.

Low Dose Aspirin for CVD and CRC
- **Policies Affected:** Non-grandfathered fully insured individual and group policies. Non-grandfathered self-insured policies.
- **Enhancement:** Blue Cross will cover the first dollar for low-dose aspirin (81 mg/d) for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC).

Sleep Studies Performed in the Home
- **Policies Affected:** All member policies.
- **Enhancement:** Blue Cross does not require prior authorization for home sleep studies.

Medical Marijuana Exclusions
- **Policies Affected:** Grandfathered and non-grandfathered fully insured individual and group policies. Optional for self-insured polices.
- **Enhancement:** Blue Cross excludes coverage for prescription drug products that contain marijuana, including medical marijuana.

Compounding Kits, Over the Counter (OTC) Equivalent and Combination Drug Exclusions
- **Policies Affected:** Grandfathered and non-grandfathered fully insured individual and group policies. Optional for self-insured polices.
- **Enhancement:** Blue Cross excludes coverage for compounding kits, OTC-equivalent drugs and combination drugs.

Outpatient Spinal Surgery and Pain Management Authorizations Required
- **Policies Affected:** All member policies.
- **Enhancement:** Blue Cross requires prior authorization for outpatient spinal surgery and pain management procedures.

Emergency Medical Services
- **Policies Affected:** Fully-insured individual and group policies, as applicable, for Blue POS, Blue Connect, Community Blue and Premier Blue.
- **Enhancement:** Blue Cross will reimburse medical emergency services for out-of-network providers the same as in-network services.

Applied Behavior Analysis (ABA) Coverage Age
- **Policies Affected:** Non-grandfathered individual policies.
- **Enhancement:** Blue Cross increased the maximum age limit for ABA benefits from 17 to 21.
ABA Exclusions

- **Policies Affected**: All member policies.
- **Enhancement**: Blue Cross excludes coverage for ABA-related educational services and supplies. Non-medically necessary ABA services are not covered.

PCP Selection Required

- **Policies Affected**: Blue Connect and Community Blue policies.
- **Enhancement**: Blue Connect and Community Blue members must select a primary care provider (PCP). Each member on the policy may select a different PCP. If a PCP is not selected, Blue Cross may assign one. The member can change the PCP selected by contacting Customer Service.

Gestational Carrier Exclusions

- **Policies Affected**: All member policies.
- **Enhancement**: Blue Cross excludes coverage for services and supplies for gestational carriers (women who agree to engage in a process of carrying and delivering a human embryo to which she makes no genetic contribution).

BlueSaver Out-of-Pocket Maximums

- **Policies Affected**: BlueSaver policies.
- **Enhancement**: Once a BlueSaver member has met the "per member" out-of-pocket within a family out-of-pocket maximum, that member is then covered at 100 percent of the allowable charges for services for the benefit period.

Nondiscrimination (Section 1557)

- **Policies Affected**: All fully insured policies.
- **Enhancement**: Blue Cross does not discriminate on the basis of race, color, national origin, sex, age or disability. Members may contact the Section 1557 Coordinator to file discrimination complaints.
  - email: section1557coordinator@bcbsla.com
  - phone: 1-800-711-5519 (TTY 711)
  - fax: (225) 298-7240

**Registering Your Administrative Representative with Blue Cross**

Blue Cross requires that each provider organization designate at least one administrative representative to self-manage user access to our secure online services.

Determine who at your organization should be an administrative representative. Then complete the Administrative Representative Registration Packet that can be found on our Provider page (www.bcbsla.com/providers).

Send completed documents to our Provider Identity Management team by:

- Email: ProviderIdentMgmt@bcbsla.com
- Fax: 1-800-515-1128
- Attn. Provider Identity Management
- Mail: BCBSLA - Provider Identity Management
  - P.O. Box 98029
  - Baton Rouge, LA 70898-9029

The process takes approximately 7-10 business days. Once your administrative representative is set up, we will send an email with detailed instructions on how to log into our Security Setup Tool.

If you have questions regarding the administrative representative setup process, please contact our Provider Identity Management Team by email at ProviderIdentMgmt@bcbsla.com or phone at 1-800-716-2299, option 5.

**Missed Our Administrative Representative Webinar?**

If you missed our webinar on how to register your administrative representative, you can view the Accessing Blue Cross’ Secure Online Services presentation on our website. It is available at www.bcbsla.com/providers > Education on Demand > Provider Workshops and Webinars.

The presentation offers step-by-step instructions that must be completed to ensure you have access to our secure online services in 2017.
Select Drugs Not Covered in 2017

To lessen the effects of high-cost drugs on our members, Blue Cross will add a new list of covered drugs—or closed formulary—to further support safe, effective, lower-cost drugs in 2017.

The change begins January 1, 2017, and goes into effect when applicable members renew their plans throughout the year. The Blue Cross Pharmacy and Therapeutics (P&T) Committee, along with input from Blue Cross clinical staff, advised which drugs to include in the formulary. The new Covered Drug List will apply to many, but not all, members of both Blue Cross and HMO Louisiana, Inc. health plans to start, and that number will likely grow over time.

The new Covered Drug List includes thousands of generic and brand drugs; however, not every drug will be covered. When a wide range of successful, lower-cost alternatives is available, higher-cost drugs may not be covered for members whose plans follow our new Covered Drug List.

To check a drug’s coverage:
2. View 2017 Covered Drug List to see which prescription drugs will be covered.
3. View Common Drugs NOT Covered in 2017 to see single-source brands and generics that will not be covered.

If a drug you prescribe is not covered, please consider appropriate, covered alternatives to help your patients save on their out-of-pocket costs. If members fill a prescription drug that is not on the Covered Drug List, they could have to pay the full cost of the drugs out of pocket.

After January 1, 2017, you may ask for an exception if your patient has a medically necessary need for a non-formulary drug. Formulary exceptions will be similar to the prior authorization process, which is explained at www.bcbsla.com/providers > Pharmacy Management > Drug Authorization.

We value your partnership in supporting our members through these changes. For general questions about drug coverage you and your patients may visit www.bcbsla.com/pharmacy.

Pharmacy Medical Policies Effective January 1, 2017

We developed 21 new medical policies as well as revised five existing medical policies for the following drugs. As benefits may vary by group and individual plans, the inclusion of a medication on a medical policy does not imply prescription drug coverage.

<table>
<thead>
<tr>
<th>New Policies</th>
<th>Policy No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulant Agents (Pradaxa®, Savaysa®)</td>
<td>00525</td>
</tr>
<tr>
<td>Autoinjectable Methotrexate Products (Otrexup™, Rasuvo®)</td>
<td>00520</td>
</tr>
<tr>
<td>Branded Bupropion Products</td>
<td>00517</td>
</tr>
<tr>
<td>Branded Gabapentin Products</td>
<td>00515</td>
</tr>
<tr>
<td>buprenorphine (sublingual)</td>
<td>00516</td>
</tr>
<tr>
<td>Evzio® (naloxone auto-injector)</td>
<td>00533</td>
</tr>
<tr>
<td>Extended Release Topiramate Products</td>
<td>00534</td>
</tr>
<tr>
<td>Inhaled Antibiotics for Cystic Fibrosis (tobramycin, Tobi®, Tobi Podhaler™, Bethkis®, Cayston®)</td>
<td>00519</td>
</tr>
<tr>
<td>mecamylamine (Vacamyl®)</td>
<td>00528</td>
</tr>
<tr>
<td>Oravig® (miconazole buccal tablets)</td>
<td>00521</td>
</tr>
<tr>
<td>penicillamine (Cuprimine®)/trientine (Syprine®)</td>
<td>00531</td>
</tr>
<tr>
<td>Products for Dry Eye Disease (Restasis®, Xiidra®)</td>
<td>00535</td>
</tr>
<tr>
<td>pyrimethamine (Daraprim®)</td>
<td>00530</td>
</tr>
<tr>
<td>Rayos® (prednisone delayed release tablets)</td>
<td>00522</td>
</tr>
<tr>
<td>Select Antiherpetic Agents (topical, buccal)</td>
<td>00523</td>
</tr>
<tr>
<td>Select Cyclobenzaprine Products</td>
<td>00518</td>
</tr>
<tr>
<td>Select Inhaled Respiratory Agents</td>
<td>00526</td>
</tr>
<tr>
<td>sodium oxybate (Xyrem®)</td>
<td>00532</td>
</tr>
<tr>
<td>Topical Antifungals</td>
<td>00527</td>
</tr>
<tr>
<td>Topical Immunomodulators (Elidel®, Protopic®, generics)</td>
<td>00524</td>
</tr>
<tr>
<td>Zyflo®/Zyflo CR® (zileuton)</td>
<td>00529</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Revised Policies</th>
<th>Policy No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, DPP-4 Inhibitor Combination Drugs, Cycloset® (bromocriptine)</td>
<td>00306</td>
</tr>
<tr>
<td>GLP-1 Agonists for Diabetes</td>
<td>00324</td>
</tr>
<tr>
<td>HMG-CoA Reductase Inhibitors and HMG-CoA Reductase Inhibitor Combination Drugs</td>
<td>00339</td>
</tr>
<tr>
<td>Metformin and Metformin Containing Products</td>
<td>00255</td>
</tr>
<tr>
<td>Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products</td>
<td>00385</td>
</tr>
</tbody>
</table>

After January 1, 2017, these policies can be found in our Medical Policies Index located on iLinkBlue (www.bcbsla.com/ilinkblue) under the “Authorizations and Medical Policy” menu option.
New Medical Policies

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Policy Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>00538</td>
<td>obeticholic acid (Ocaliva®)</td>
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</table>

Recently Updated Medical Policies

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Policy Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes Effective September 21, 2016</strong></td>
<td></td>
</tr>
<tr>
<td>00024</td>
<td>Deep Brain Stimulation</td>
</tr>
<tr>
<td>00090</td>
<td>Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions</td>
</tr>
<tr>
<td>00222</td>
<td>omalizumab (Xolair®)</td>
</tr>
<tr>
<td>00225</td>
<td>adalimumab (Humira®)</td>
</tr>
<tr>
<td>00276</td>
<td>C1 Esterase Inhibitor (Berinert®)</td>
</tr>
<tr>
<td>00435</td>
<td>Genetic Testing for Mitochondrial Disorders</td>
</tr>
<tr>
<td><strong>Changes Effective October 19, 2016</strong></td>
<td></td>
</tr>
<tr>
<td>00004</td>
<td>Implantable Bone Conduction and Bone-Anchored Hearing Aids</td>
</tr>
<tr>
<td>00017</td>
<td>Cochlear Implant</td>
</tr>
<tr>
<td>00141</td>
<td>Prophylactic Mastectomy</td>
</tr>
<tr>
<td>00267</td>
<td>Catheter Ablation as Treatment for Atrial Fibrillation</td>
</tr>
<tr>
<td>00352</td>
<td>tofacitinib (Xeljanz®/Xeljanz® XR)</td>
</tr>
<tr>
<td>00451</td>
<td>Phosphate Binders (Branded)</td>
</tr>
<tr>
<td>00485</td>
<td>Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease</td>
</tr>
<tr>
<td><strong>Changes Effective November 16, 2016</strong></td>
<td></td>
</tr>
<tr>
<td>00003</td>
<td>Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening</td>
</tr>
<tr>
<td>00022</td>
<td>Whole Gland Cryoablation of Prostate Cancer</td>
</tr>
<tr>
<td>00110</td>
<td>Radioembolization for Primary and Metastatic Tumors of the Liver</td>
</tr>
<tr>
<td>00127</td>
<td>Treatment of Tinnitus</td>
</tr>
<tr>
<td>00199</td>
<td>Radiofrequency Denervation</td>
</tr>
<tr>
<td>00242</td>
<td>ustekinumab (Stelara™)</td>
</tr>
<tr>
<td>00406</td>
<td>Transcatheter Aortic Valve Implantation for Aortic Stenosis</td>
</tr>
<tr>
<td>00438</td>
<td>Scintimammography and Gamma Imaging of the Breast and Axilla</td>
</tr>
<tr>
<td>00456</td>
<td>lumacaftor/ivacaftor (Orkambi™)</td>
</tr>
<tr>
<td><strong>Changes Effective December 17, 2016</strong></td>
<td></td>
</tr>
<tr>
<td>00084</td>
<td>Magnetic Resonance Imaging for Detection and Diagnosis of Breast Cancer</td>
</tr>
</tbody>
</table>

**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.

**Medical Policy Coverage Legend**

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

- Investigational
- Eligible for coverage with medical criteria
- 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.
Prepare for 2017 Chart Reviews

Blue Cross will again participate in the Healthcare Effectiveness Data and Information Set (HEDIS) medical review project in 2017. HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA) to help establish accountability and improve quality of healthcare.

Reviewing medical chart documentation is a key component of the HEDIS process. You may receive a medical record request from us or one of our vendors to perform chart audits on our behalf. Receiving all requested medical records ensures that our results are an accurate reflection of care provided.

We have contracted with Health Data Vision, Inc., to conduct HEDIS medial record reviews in 2017. As a reminder, your provider contract allows for the release of medical information to Blue Cross or its designee at no cost for quality improvement efforts.

Follow-up after Hospitalization for Mental Illness

This HEDIS measure is the percentage of discharges for members 6 years of age and older who were admitted to an inpatient acute level of care for treatment of selected mental illness diagnoses and who had a follow up visit with a mental health practitioner. Two rates are reported:

1. The percentage for follow-up within 30 days
2. The percentage for follow-up within seven days

We are collaborating with New Directions to promote quality care for members that can increase the HEDIS rates for the Follow-up after Hospitalization for Mental Illness measure. Here is how you can help:

• Begin discharge planning on the day of admission. Include utilization review, discharge planner, New Directions care transitions team, the patient and his/her family, significant others, guardian or others as desired by the patient.

• Admitting facilities, ensure patients are provided follow-up appointments with a mental health practitioner within seven days of discharge. The appointment can be with a therapist or other mental health practitioner. It does not need to be with a psychiatrist.

• Call New Directions at 1-877-317-4847 with any scheduling challenges.

• Do not instruct patients to schedule their own appointments.

• Identify, involve and educate the patient’s support system to execute the aftercare plan.

• Educate the patient on the importance of medication adherence and on notifying the prescribing physician of any side effects.

• Coordinate care by notifying the patient’s primary care physician of his or her recent hospitalization and provide a current listing of all prescribed medications.

• Use our Rainmaker list to locate a provider for the member’s seven-day follow-up visit. These network providers open access to care for members within seven days of discharge from an acute inpatient stay.

Breast Cancer Screening

This HEDIS measure is the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year, and December 31 of the measurement year.

Failure to receive annual breast cancer screening examinations is a common occurrence among women aged 40 and older. This undermines the life-saving benefits of early detection, resulting in delayed diagnosis and treatment.

Engaging our members to initiate breast cancer screening and scheduling them for mammograms helps your patients follow national health recommendations that ultimately reduce deaths from breast cancer.

The best way to detect breast cancer in its earliest, most treatable stage is through mammography. Mammograms can expose cancer an average of one to three years before a lump is felt.

So why aren’t women getting screened? A common reason given is, “My doctor did not tell me to.” For women who do make appointments for mammogram screening, they often forget to attend the appointment.

Engaging patients during annual wellness visits through education and instruction for starting and continuing annual mammogram screenings based on recommended guidelines can reduce risk and improve outcomes. Providing them with a physician order form for mammography at the office visit to bring to an imaging center could also be of benefit. A Preventive Care Checklist in the patient’s chart to note the date and result of all screenings can also be helpful.

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.
Tulane and Blue Cross Join Forces
Two of Louisiana’s premier institutions, Blue Cross and Tulane University, have created the Partnership for Healthcare Innovation—a powerful and innovative partnership designed to improve healthcare and healthcare delivery across Louisiana.

This unprecedented level of cooperation between an insurer and a university will work to find solutions for healthcare issues in Louisiana, where a disproportionate share of the population suffers from diabetes, heart disease and other chronic illnesses.

Louisiana has the highest adult obesity rate in the nation at 36.2 percent, as well as ranking No. 4 in obesity for children ages 10 to 17, No. 5 for adult diabetes, No. 4 for hypertension and fifth worst for heart disease. And when it comes to the high cost of healthcare, Louisiana has six of the 10 highest-spending Medicare markets in America.

“Researchers from across Tulane are exploring different facets of these healthcare challenges,” said Senior Vice President for Academic Affairs and Provost Robin Forman. “This new partnership will combine their ideas, questions and analysis with the deep expertise and experience of Blue Cross and Blue Shield of Louisiana to yield new insights and innovative solutions in healthcare delivery.”

Blue Cross President and CEO Dr. I. Steven Udvarhelyi said, “This collaboration is a tremendous opportunity. We are working with Tulane to share data, develop research projects and deliver findings to consumers, business owners, healthcare professionals and policymakers across our state—all with the goals of driving innovation and improving how our healthcare system works.”

For more information, visit the Partnership website at healthinnovationla.com.

BlueCare Telehealth Services
BlueCare is our first direct-to-consumer telehealth platform. BlueCare is available 24 hours a day, seven days a week to let members have online doctor visits using a computer, laptop, tablet, smartphone or other internet-accessible device.

Telemedicine services are a benefit for all fully insured group and individual members. ASO groups can choose to offer telemedicine benefits to their covered members. Telemedicine benefits cover services offered through the BlueCare platform at the same cost share as a primary care physician-level office visit.

Blue Cross is offering BlueCare through a partnership with American Well, a telehealth services company.

BlueCare offers your patients a wraparound service to supplement the care they get in your office and avoid unnecessary after-hours care in an emergency room or urgent care for non-emergency health needs. Common conditions treated include cough or cold, bladder infections, mild stomach viruses, pink eye, rashes, allergies or sinusitis. Telemedicine can also be used for follow-up care and, in some cases, medication refills.

How do my patients use BlueCare?
BlueCare is online at www.BlueCareLA.com. Patients need an internet-accessible device with audiovisual capability to see and speak with the doctor. They can test a device before a visit by using the “Test Computer” link in the top-right corner of www.BlueCareLa.com.

To use BlueCare from a smartphone or tablet, they can download the BlueCare app for Android and Apple devices by searching for “BlueCare” in the Apple App Store or Google Play.

What kind of visits will my patients have with doctors on BlueCare?
The BlueCare doctor will review the incoming patient’s clinical information before connecting. The patient and doctor will have an audiovisual “virtual encounter” documented like a regular office visit. Treatment and/or medicine is prescribed if appropriate, and the BlueCare doctor will recommend follow-up care.

When the online visit is complete, the patient has access to a record of each encounter and can share those records with his or her primary care doctor or request that the BlueCare doctor email the record to the patient’s primary care doctor—supporting continuity of care.

How much does BlueCare cost?
Members can use BlueCare by paying $39 at the time of the visit. Depending on their plan benefits, they may receive a refund from Blue Cross after the claim has processed.

For more information on BlueCare, visit www.bcbsla.com.
What's New on the Web

www.bcbsla.com/providers

- **UPDATED** Administrative Representative Registration Packet has been added to the Provider page
- Three **NEW** forms are available under the "Forms for Providers" section: Link to Group or Clinic Request Form, Notice of Tax Identification Number (TIN) Change Form and Request for Termination Form

Important Contact Information

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<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Authorization</td>
<td>See member’s ID card</td>
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<tr>
<td>BlueCard® Eligibility</td>
<td>1-800-676-BLUE (1-800-676-2583)</td>
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<td>EDI Clearinghouse</td>
<td>(225) 291-4334 <a href="mailto:EDICH@bcbsla.com">EDICH@bcbsla.com</a></td>
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<tr>
<td>iLinkBlue &amp; EDI</td>
<td>1-800-216-BLUE (1-800-216-2583)* <a href="mailto:iLinkBlue.ProviderInfo@bcbsla.com">iLinkBlue.ProviderInfo@bcbsla.com</a></td>
</tr>
<tr>
<td>Network Administration</td>
<td>1-800-716-2299 Fax: (225) 297-2750 <a href="mailto:network.administration@bcbsla.com">network.administration@bcbsla.com</a></td>
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<tr>
<td>Provider Services Call Center</td>
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<tr>
<td>Claims Filing Address</td>
<td>P.O. Box 98029 Baton Rouge, LA 70898</td>
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</tbody>
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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.

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](www.bcbsla.com/ilinkblue).

Please share this newsletter with your insurance and billing staff!