

Behavioral Health Webinar for Facility Providers

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform.



How to submit questions:

- Open the Q&A feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "All Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.

Introducing...

OUR NEW PRESIDENT AND CEO!




BRYAN CAMERLINCK

Introducing...

OUR NEW BRAND!

Blue Cross and Blue Shield of Louisiana is introducing ***Louisiana Blue.***

We now have:

- a new name - Louisiana Blue
- a new logo - LOUISIANA **BLUE** 

www.lablue.com

Behavioral Health Webinar

Facility Providers
August 2024

Provider Relations Department

| provider.relations@bcbsla.com

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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PRESENTED BY:



Marie Davis

Senior Provider Relations
Representative
Blue Cross and Blue
Shield of Louisiana



Michelle Sims, LPC, LMFT

Clinical Network Manager
Lucet

WELCOME!

Today's presentation will take you on a journey through:

- ✓ network participation as a behavioral health provider
- ✓ using iLinkBlue
- ✓ researching member benefits
- ✓ authorization requirements
- ✓ filing claims in iLinkBlue
- ✓ resolving claim issues
- ✓ telehealth
- ✓ billing guidelines
- ✓ provider support



Blue Cross and Blue Shield of Louisiana partners with:

LucetTM

The Behavioral Health
Optimization Company

- ✓ Lucet is an independent company that manages, on Louisiana Blue's behalf, behavioral health services for our members for authorizations, utilization management, case management and applied behavioral analysis case management. Lucet engages with our providers to improve quality outcomes.
- ✓ Lucet's team of mental health professionals are available 24/7 to assist in obtaining the appropriate level of care for your patients.

About Us

Lucet

Behavioral health solutions to connect people to the care they deserve

Lucet (formerly New Directions Behavioral Health) is a behavioral health solutions company that uses a unique combination of people and technology proven to optimize access to behavioral health treatment or services.

25+ years

of behavioral health & clinical research experience

Owned and operated behavioral health care team with deep domain expertise

Louisiana Blue is partnered with Lucet for their expertise in addressing behavioral health needs including connecting members to care, assisting with clinical access and providing care management.

Lucet engages with Louisiana Blue, providers and members to achieve quality outcomes indicated by **HEDIS** (Healthcare Effectiveness Data and Information Set) metrics.

750+ employees

with clinical, call-center and technology experience



Behavioral Health Clinicians



Call Center Support



Technology & Engineering

Available 24/7/365

Our Mission:

Improve health through positive change

Our Values:

- Commitment to excellence
- Valued partnerships with providers
- Positive member experiences
- Quality clinical engagement



Accreditations



Accreditation Status



Health
Utilization
Management
Expires 09/01/2024

URAC Accreditation for
Health Utilization
Management

Accredited through
September 2024



FULL

NCQA Full Accreditation as a
Managed Behavioral
Healthcare Organization

Accredited through
February 2025



Case Management 6.0
Expires 12/01/2025

URAC Accreditation for
Case Management

Accredited through
December 2025

NETWORK PARTICIPATION



Network Participation

Credentialing is Required for Network Participation



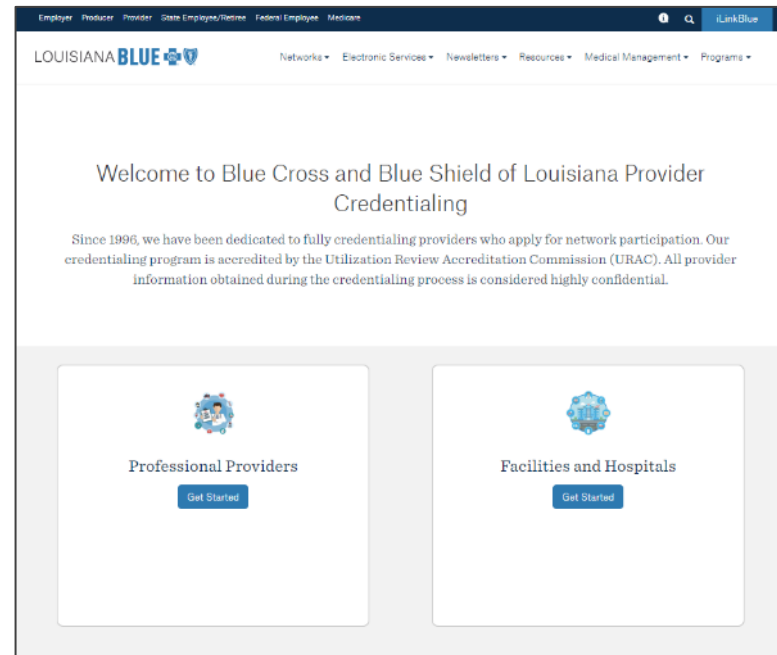
Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

We partner with **sympplrCVO** to conduct credentialing verification processes for our commercial networks.

Network Participation

To join our networks, you must complete and submit documentation to start the credentialing process or to obtain a provider record.

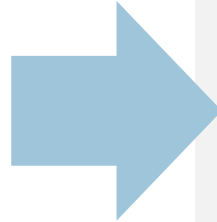
- Go to the [Join Our Networks](#) page, then select [Professional Providers](#) or [Facilities and Hospitals](#) to find:
 - Credentialing packets
 - Quick links to the Provider Update Request Form
 - Credentialing criteria for professional, facility and hospital-based providers
 - Frequently asked questions (FAQs)



www.lablue.com/providers > Network Enrollment > Join Our Networks

Credentialing Criteria

These facility types must meet certain criteria to participate in our networks.



Hospitals/Acute Care

IOP / PHP Facilities

Psych / CDU Facilities

Residential Treatment Centers

View the *Credentialing Criteria* for these facilities at www.lablue.com/providers
>Network Enrollment >Join Our Networks >Facilities and Hospitals >Credentialing Process.

Learn More About Credentialing

For full information on how to complete the credentialing/recredentialing processes, view our **Provider Credentialing & Data Management Webinar** presentation. It is available online at www.lablue.com/providers >Resources >Workshops & Webinars.

Louisiana

CREDENTIALING, CONTRACTING, RECREDENTIALING & DATA MANAGEMENT

June 2024

Presented by:

Melonie Martin
provider relations representative

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.
DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit documents electronically.

Resources

We continually update as well as develop educational documents to assist our network providers with their Blue Cross needs.

- + Manuals
- + Speed Guides
- + Tools
- + Workshops and Webinar Presentations

Quick Links

- Alliance for a Healthier Generation
- Based on Admin Rep?
- Provider Support Guide

Workshop and Webinar Presentations

Past Workshops

- 2023 Professional Workshop
- 2023 Facility Workshop

Recent Webinars

- 2024 New to Blue Webinar - Professional
- 2024 New to Blue Webinar - Facility
- 2024 iLinkBlue Webinar
- 2024 Provider Credentialing and Data Management**
- 2024 BlueCard Webinar
- 2023 Sleep Management Program Webinar

Credentialing and Data Management

al Health - ABA

al Health - Facility

al Health - Professional

curity Setup Application Webinar

ory Benefit Management Program

binar - Facility

binar - Professional

oPass Clinical Review Forms Webinar

Self-service Initiative Webinar

To attend this webinar,
registration links are in our
upcoming Provider Weekly
Digests.

Updating Your Information


Our **Provider Update Request Form** accommodates all your change requests, which are handled directly by our Provider Data Management team.

It is important that we always have your most current information!

This form allows you to make any of the following changes. Simply check the appropriate box(es) to indicate the type of change needed. You may select more than one option.

TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

The form is available online at www.lablue.com/providers >Resources >Forms.



Provider Update Request Form

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana. Based on your Type of Change needed, DocuSign® highlights the relevant fields to your request, and those fields appear in red throughout the form.

This request applies to: ☐ Individual Provider ☐ Provider Group/Clinic

CURRENT GENERAL INFORMATION		
Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty	Date of Requested Change

If you are an authorized representative completing this form on behalf of a provider, please indicate below.

AUTHORIZED REPRESENTATIVE	
Name	
Contact Phone Number	Contact Email Address
Submission Information (form completed by)	
Signature of Authorized Representative	Date
Provider Attestation (where applicable)	
Signature of Provider	Date

TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group (includes solo providers creating a new provider group)
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:
 Phone: 1-800-716-2299, option 2 Email: PCDMstatus@bcbsla.com

2300731 06/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

USING I LINKBLUE



What is iLinkBlue?

iLinkBlue is Blue Cross and Blue Shield of Louisiana's secure online provider portal.

The screenshot shows the iLinkBlue provider portal interface. At the top, the Louisiana Blue Cross and Blue Shield logo is on the left, and the iLinkBlue logo is on the right. Below the logo is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, a 'Welcome to iLinkBlue' section includes 'Tips to Know' and a message about member eligibility questions. On the right, a 'Medical Record Requests' section shows that the user has 0 new requests and provides a link for document upload. Below these sections is a row of icons for Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. At the bottom, there is an 'Important Blue Cross Messages' section and an 'Other Sites' section listing links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue adVantage, and Healthy Blue.

no cost to providers

user-friendly navigation

secure auth applications

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission


www.lablue.com/ilinkblue

Accessing iLinkBlue

Louisiana Blue requires that provider organizations have at least one **administrative representative** to manage our secure online services.

Administrative representative duties include:

- ✓ Identify users at your organization who will need access to our secure online services.
- ✓ Assign users appropriate access to applications – You will assign individual user access to the appropriate users.
- ✓ Manage users and terminate user access when it is no longer needed.


Louisiana

**Instructions for Accessing
Our Secure Online Services**

Blue Cross offers many online services that require secure access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)


To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.
Email: PIMTeam@bcbsla.com Fax: 1-800-515-1128
Attn: Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?
If you have questions regarding the administrative representative setup process, please contact our PIM Team.
Email: PIMTeam@bcbsla.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross' guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.



18AW2007 R0602 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at www.lablue.com/providers >Electronic Services >Admin Reps.

Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @#\$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.



iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. **Reach out to your administrative representative to have your account reset.**



If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

Phone: 1-800-716-2299, option 5
Monday – Friday 7:30 a.m. to 4 p.m.

Email: PIMteam@bcbsla.com

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

The screenshot shows the 'PingID Registration' interface. At the top, it says 'Authentication Method Selection' and 'Select the option you want to configure for use during authentication:'. There are five options, each with a radio button and a letter in a circle:

- SMS/Texting** (labeled B): Represented by a speech bubble icon.
- Voice** (labeled C): Represented by a telephone handset icon.
- Email** (labeled A): Represented by an envelope icon.
- Secondary Email**: Represented by an envelope icon.
- Mobile App** (labeled D): Represented by a smartphone icon.

At the bottom, there are three buttons: 'Cancel', 'Reset', and 'Next'. A note at the bottom states: 'Please note that if you choose to cancel, all previously registered devices will be removed from your account.' The footer says 'Powered by PingIdentity'.

We recommend registering **two or more** options for account recovery.

When you log in, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

Navigating iLinkBlue

Top Navigation

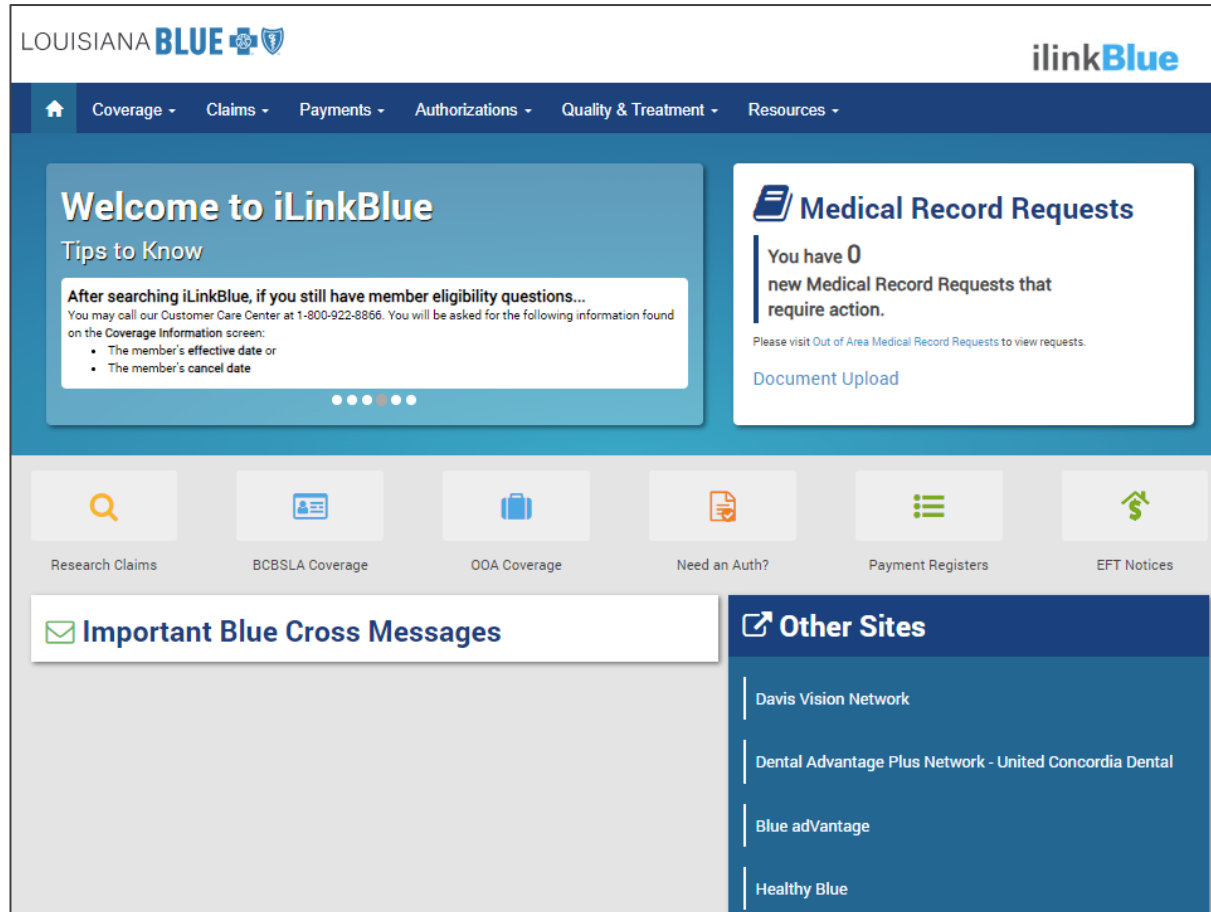
The top navigation streamlines the iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board

Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.



Medical Record Requests

You receive an alert when you have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the "Out of Area Medical Record Requests" link on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the "Document Upload" link.

Other Sites

We provide quick access to other sites a provider might need to access.

MEMBER BENEFITS



Louisiana Blue's Provider Networks

Louisiana Blue offers several provider networks that are tied to our members' benefit plans. These networks include:

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue

Our Identification Card Guide Provider Tidbit is a guide to identify members' applicable networks when looking at the ID card. Go to www.lablue.com/providers, click "Resources," then "Provider Tidbits."

a guide to understanding our processes

Identification Card Guide

Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbola.com/linkblue).

Preferred Care PPO

Prefix: Varies

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO-in-a-suitcase" logo identifies the nationwide BlueCard® Program. For more information, view the [Preferred Care PPO Network Speed Guide](http://www.bcbola.com/providers), available online at www.bcbola.com/providers > Resources.

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the [HMO Louisiana, Inc. Network Speed Guide](http://www.bcbola.com/providers), available online at www.bcbola.com/providers > Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.

HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully insured HMO Louisiana members must select a primary care provider.

TB00082010
 This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email www.bcbola.com/providers and reference the "Tidbit" number and title listed on this publication.
 1BNW1743 R12/23
 Last reviewed on: 12-28-23

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More →

Fully Insured & Self Funded

FULLY INSURED

Group and individual policies issued by Louisiana Blue/HMOLA and claims are funded by Louisiana Blue/HMOLA.

MEDICAL		DEDUCTIBLE	OUT OF POCKET
In Network	Individual	\$5500	Individual
Out of Network		\$5500	

04BA0314 R01/22

PPO

"Fully Insured" notation

SELF FUNDED

Group policies issued by Louisiana Blue/HMOLA but claims payments are funded by the employer group, not Louisiana Blue/HMOLA.

MEDICAL		DEDUCTIBLE		OUT OF POCKET		COPAYS
In Network	Individual	N/A	Family	Individual	Family	Primary Care
Out of Network		N/A	\$4000	N/A	\$10000	80%
		N/A	\$8000	N/A	\$20000	Specialty
						60%

04BA0314 R01/22

PPO

- "Fully Insured" NOT noted
- Self-funded group name listed

The benefit, limitation, exclusion and authorization requirements often vary for self-funded groups. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.lablue.com/ilinkblue).

FEP Members

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

FEP BLUE FOCUS

- ✓ LIMITED in-network
- ✗ Out-of-network




The FEP Speed Guide is available at www.lablue.com/providers
> Resources > Speed Guides.

**BlueCross
BlueShield**
Federal Employee Program

Federal Employee Program (FEP) Speed Guide

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's Preferred Care (PCO) Network. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.

FEP Dedicated Customer Service: 1-800-272-3029

	Benefit Style	Member ID Card Style	Prescription Plan	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Standard Option	In-network benefits. One of two network benefit styles.		Prescription costs benefits are limited to one calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional services may be covered at 80%. Please refer to the member's benefit plan for full details.	PCP - \$15 copayment Specialists - \$15 copayment	\$10 copayment	Retail Pharmacy: 1-800-424-5000 Specialty Drug Pharmacy: 1-888-344-2711 Mail Service Prescription Drug: 1-800-363-7000	Facility must be licensed and accredited; member must be enrolled in Care Management and pre-approval must be obtained prior to services. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting reimbursement.
FEP Basic Option	In-network benefits. No out-of-network benefits.		Prescription costs benefits are limited to one calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional services may be covered at 80%. Please refer to the member's benefit plan for full details.	PCP - \$30 copayment Specialists - \$40 copayment	\$15 copayment	Retail Pharmacy: 1-800-424-5000 Specialty Drug Pharmacy: 1-888-344-2711 Mail Service Prescription Drug: 1-800-363-7000	No FEP Blue Focus, copayment, etc. may be limited to 30 calendar days per year.
FEP Blue Focus	Limited in-network benefits. No out-of-network benefits.		Prescription costs benefits are limited to one calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional services may be covered at 80%. Please refer to the member's benefit plan for full details.	PCP/Specialists: \$10 copayment per visit for first 10 visits then \$0 thereafter. No out-of-network coverage.	\$25 copayment	Retail Pharmacy: 1-800-424-5000 Specialty Drug Pharmacy: 1-888-344-2711 No Mail Service Prescription Drug Coverage.	No FEP Blue Focus, copayment, etc. may be limited to 30 calendar days per year.

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This document and the benefit of coverage are contingent upon the use of the state plan health insurance.

For more information on the FEP, visit www.bls.com or call 1-800-272-3029. For questions about the FEP, visit www.bls.com or call 1-800-272-3029.

For members who have lifetime (not for ongoing)

BlueCard® Program (out-of-area) Members

BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area. The main identifiers are the prefix and the “suitcase” logo on the member ID card.

The suitcase logo provides the following information about the member:



The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



The PPO suitcase indicates the member is enrolled in a Blue Plan PPO or EPO product.



The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.

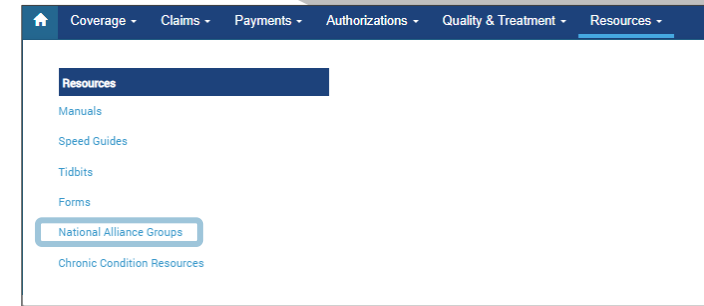


The HPN suitcase logo indicates the member is enrolled in a Blue High Performance NetworkSM (BlueHPN) product.

National Alliance Members

(South Carolina Partnership)

- National Alliance groups are administered through Louisiana Blue's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- Louisiana Blue taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.
- Claims are processed through the BlueCard program.



BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

PLAN CODE 380

RxBIN 003858

RxGRP KESA

RxPCN A4

MyHealthToolkitLA.com

PPO®

BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Precertification required for all hospital inpatient admissions. MIB/MIA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

Customer Service: 877-705-5427
PPO Network Provider Information: 800-810-2583
Provider Service: 800-868-2510
Precertification: 888-376-6544
Mental Health and Substance Abuse Precertification: 800-868-1032
Express Scripts®: 877-262-3293
*Contracts separately with group.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

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Pharmacy benefits administrator: Contracts separately with group.

NUV

Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Acadian Ambulance	1/1/2003	LK
Associated Grocers	1/1/2012	AJB
Bollinger Shipyard	1/1/2018	GGI
Caddo Parish Commission	1/1/2014	CBV
CGH	1/1/2014	ICG
City of Monroe	1/1/2018	EMD
Claro	1/1/2013	CS
Crescent Bank & Trust	4/1/2018	BNL
Diocese of Lafayette	1/1/2014	FSK
Franciscan Missionaries of Our Lady Health System (FMCUS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyard	3/1/2018	RI
Green Clinic	6/1/2013	GCL
Imbia Bank	1/1/2010	IBK
Jefferson Parish Sheriff's Office	1/1/2018	HSJ
Lafayette City-Parish Government	11/1/2013	LPP
Life Shares	1/1/2015	LSP
Orion Bank	1/1/2019	EOK
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCB
Roy O Martin (Marion LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	THS
Tulane University	1/1/2020	TUA
WAC Energy Services	1/1/2018	ESJ
Zen-nah	1/1/2014	ENH

1/2023 10/1/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

We publish a list of these groups (with prefixes) in iLinkBlue (www.lablue.com/ilinkblue) under the "Resources" section.

Referring Members Out-of-network

You can find network providers to refer members to in our online provider directories at www.lablue.com >Find a Doctor.

The impact on your patients when you refer Louisiana Blue members to out-of-network providers include:

- higher cost shares (deductibles, coinsurances, copayments)
- no benefits for some members
- balance billing to member for all amounts not paid by Louisiana Blue if the provider is non-participating



If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

Verifying Member Benefits in iLinkBlue

Use iLinkBlue (www.lablue.com/ilinkblue) to lookup a member's coverage information.

Choose the "Coverage" menu option. Enter the member ID number to view coverage information for:

- BCBSLA (including HMO Louisiana, Inc.) members
- FEP members. This section is not used for out-of-area members.

1 Select Search Criteria

☒ BCBSLA

☐ FEP

☐ Social Security Number

2 Enter Contract or Social Security Number

Enter BCBSLA contract number...

Search

Tips

- BCBSLA – do not include the member's prefix
- FEP – must include the letter "R"
- A different application is used for BlueCard (out-of-area) members



If you do not have the member ID number, you can search using the subscriber's Social Security Number (SSN), when available. iLinkBlue will return search results with the member ID number. An error message will display if searching by a dependent's SSN. It must be the SSN of the policy holder.

Coverage Information

This screen identifies members covered on a policy, effective date and the status of the contract (active, pended, cancelled).

- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the coverage details of the member's benefits plan.
- The **View COB** button allows you to view coordination of benefits information.

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Contract Number XUA123456789
ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP		123456789-0000	02/01/2000	26
Coverage Category	Coverage Type	Effective From	Effective To	
Medical	Family	01/01/2020	---	

John Doe
Subscriber

Sex: Male
Marriage Status: Married
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

Jane Doe
Spouse

Sex: Female
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

Jimmy Doe
Child

Sex: Male
Date of Birth: 01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	View ID Card

Behavioral Health Benefits

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA
Enter BCBSLA contract number...
Search

Contract Number XUA123456789

ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP		123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

John Doe
Subscriber

Sex: Male
Marriage Status: Married
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

Jane Doe
Spouse

Sex: Female
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits

Jimmy Doe
Child

Sex: ---
Date of Birth: ---

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	02/01/2009	05/31/2009	02/01/2000

+ LIMITATIONS

+ MATERNITY

+ MENTAL AND NERVOUS DISORDER

+ MENTAL/NERVOUS INPATIENT CARE - FACILITY MAX

+ NETWORK PROVIDER

+ OFFICE VISIT - PRIMARY

Click on **Benefits** to open the list of services covered under the member's policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

Behavioral Health Benefits

Benefits for treatment of Mental Health are available. **Sample** benefits are below:

Network Providers:

- Physician Office Visits: \$40 per visit
- Non-Physician Office Visits: \$40 per visit
- Outpatient Services (includes OP facility and OP therapies not performed in office): 80%-20%
- Inpatient Hospital Admission: 80%-20%
- All other services are payable the same as medical benefits

Non-Network Providers:

- Physician Office Visits: 60%-40%
- Non-Physician Office Visits: 60%-40%
- Outpatient Services (includes OP facility and OP therapies not performed in office): 60%-40%
- Inpatient Hospital Admission: 60%-40%
- All other services are payable the same as medical benefits

The first follow-up visit after discharge from inpatient facility for the treatment of a mental disorder is available at no cost when performed within 7 days of discharge by a network provider.

Verifying Benefits for BlueCard Members

Use the “Coverage” menu option to research BlueCard (out-of-area) member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana).

The screenshot shows a navigation bar with a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' menu is highlighted with an orange box. Below the navigation bar, there are two main categories: 1. BCBSLA Members (with a link to Coverage Information) and 2. BlueCard - Out of Area Members (which is circled in blue and contains links for Submit Eligibility Request (270) and View Eligibility Response (271)).

The screenshot shows the 'Eligibility Request (270)' form. It is divided into three main sections: Contract Information, Patient Information, and Subscriber Information. The Contract Information section has fields for Prefix and Contract Number. The Patient Information section has fields for First Name, Middle, Last Name, Suffix, Date of Birth (with a date format mm/dd/yyyy), Gender (with a dropdown menu), and Service Type (with a dropdown menu). The Subscriber Information section has a note 'Only required if patient and subscriber are not the same' and fields for First Name, Middle, Last Name, and Suffix. A blue 'Submit' button is located at the bottom right of the form.

DO I NEED AN AUTHORIZATION?

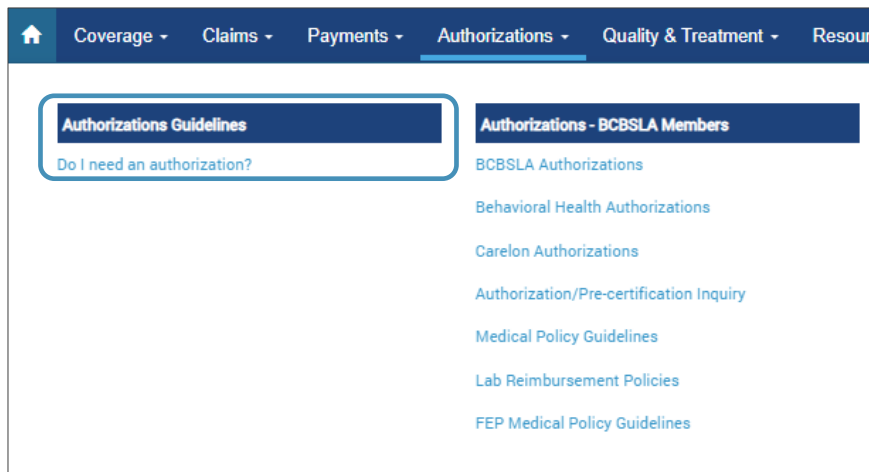


Behavioral Health Authorization Requirements

Do I need an authorization?

There are **two** resources that can be used to research authorization requirements.

1 iLinkBlue's Authorizations Guidelines application



The same application is used for **both** BCBSLA and BlueCard (out-of-area) members. Enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

2 Behavioral Health Speed Guide

This guide gives key details about our behavioral health policies, including the list of services that require prior authorization. It is available at www.lablue.com/providers >Resources >Speed Guides.

Blue Cross and Blue Shield of Louisiana
HMO Louisiana

Behavioral Health Speed Guide

Use this quick reference guide to help your office identify important information on authorizations, claims and member benefits for behavioral health services. For complete behavioral health billing guidelines, refer to our Professional Provider Office Manual found online at www.bcbsta.com/providers >Resources. Our Member Provider Policy & Procedure Manual is available on iLinkBlue (www.bcbsta.com/ilinkblue).

Networks

Our members must access network behavioral health providers based on the provider network associated with their member benefit plan for in-network benefits. Refer to the chart below for the appropriate provider network for each of our member benefit plans.

Benefit Plan Type	Network
PPO	Preferred Care PPO Network
HMO (HMO Louisiana HMO/POS)	HMO Louisiana, Inc. Network
Blue Connect	Blue Connect Network
BlueHPN	Blue High Performance Network _{SM} (BlueHPN _{SM})
Community Blue	Community Blue Network
Precision Blue	Precision Blue Network
Signature Blue	Signature Blue Network
Federal Employee Program (FEP)	Preferred Care PPO Network

Always verify member benefits prior to rendering services. Patient eligibility, claim status, allowable charges, payment information and medical policies are available online through iLinkBlue (www.bcbsta.com/ilinkblue).

Claims

Behavioral health claims are processed directly by Blue Cross.

Electronic Claims:

- through your clearinghouse
- through iLinkBlue for CMS-1500 claims only

Hardcopy Claims:

Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Authorizations

Authorizations are required for all inpatient behavioral health services. Authorizations may be required for some outpatient behavioral health services. Blue Cross partners with Lucet to manage authorization, as well as case and disease management processes for behavioral health services.

Behavioral health authorizations may be completed in one of two ways:

Online: Use **iLinkBlue**. Click on the "Authorizations" menu option, then choose "Behavioral Health Authorizations" to access the Lucet WebPass Portal. Eliminate telephone time requesting authorizations using this application. Access to WebPass Portal must be granted by your organization's administrative representative.

By Phone: Requests can be made by directly calling Lucet at **1-800-991-5638**.

Behavioral health services that require an authorization:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA) (Use the WebPass Portal to submit the initial assessment and treatment request form and to view the status of all ABA service requests and authorizations. Initial forms can also be faxed to (816) 237-2372, attention: Autism Resource Program.)

For FEP Members at RTCs:

- Facility must be licensed and accredited
- Pre-service approval must be obtained prior to admission

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Behavioral Health Authorization Requirements

Requirements vary based on the member's policy. Please always verify benefits prior to rendering services.

Below is the list of authorization requirements.

Authorizations are required for all inpatient behavioral health services and may be required for some outpatient behavioral health services:

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

For FEP Members at RTCs:

- Facility must be licensed and accredited
- Pre-service approval must be obtained prior to admission

FEP does not allow review for medical necessity if the member is admitted to RTC prior to requesting authorization.

FEP Requirements

The Federal Employee Program (FEP) Network requires prior authorization for admission to residential treatment centers (RTCs). FEP will not allow for a medical necessity review if a member is admitted to an RTC prior to an authorization request.




Failure to obtain prior authorization will result in an administrative denial.



Email DL_Louisiana_CM@lucethealth.com or call 1-800-762-2382 to request care management assistance on behalf of a member.




Blue Cross' FEP speed guide is available online at www.lablue.com/providers >Resources >Speed Guides.


**BlueCross
BlueShield**
Federal Employee Program

Federal Employee Program (FEP) Speed Guide

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's **Preferred Care PPO Network**. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.

FEP Dedicated Customer Service: 1-800-272-3029

	Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
FEP Standard Option	In-network benefits Out-of-network benefits		Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP - \$25 copayment Specialists - \$35 copayment	\$30 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7890	Facility must be licensed and accredited, member must be enrolled in Care Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option	In-network benefits No out-of-network benefits		Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP - \$30 copayment Specialists - \$40 copayment	\$35 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug* 1-800-262-7890	For FEP Blue Focus members, RTC stays are limited to 30 calendar days per year.
FEP Blue Focus	Limited in-network benefits No out-of-network benefits		Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%. Please refer to the member's benefit plan for full details.	PCP/Specialists - \$10 copayment per visit for first 10 visits, then deductible and coinsurance	\$25 copayment	No non-preferred drug coverage Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 No Mail Service Prescription Drug Coverage	For FEP Blue Focus members, RTC stays are limited to 30 calendar days per year.

* For members who have Medicare Part B as primary

28MW26518/12/23

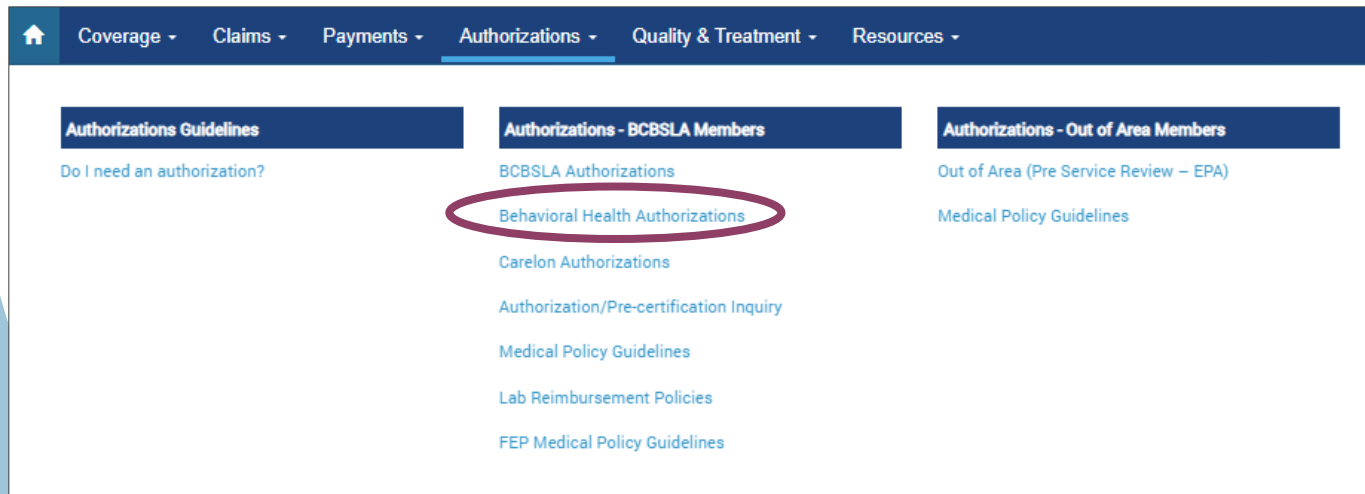
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Last revised on December 08, 2023

Loyal is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Requesting Authorizations

Please use **WebPass Portal** to electronically request authorizations for behavioral health services and submit clinical information. It is a web-based application in iLinkBlue (www.lablue.com/ilinkblue) and is facilitated by **Lucet**.



By Phone:

In the event you are unable to use **WebPass Portal**, requests can also be made directly to Lucet by calling 1-800-991-5638.

Lucet's Authorization Standards

- ✓ Lucet's UM team members are clinically licensed staff members.
- ✓ Lucet applies nationally recognized medical necessity criteria, including LOCUS, CALOCUS, ASAM and ECSII for all utilization determinations.
- ✓ In denial situations, a board-certified psychiatrist will make the final decision.
- ✓ Lucet looks at the least restrictive levels of care for each member's treatment focusing on appropriate utilization of behavioral health services to ensure quality and member safety.

The MNC criteria can be found at <https://lucethealth.com/providers/resources/mnc/>.

Be Specific on Authorization Requests

Include a Fax Number

A fax number for the Utilization Review (UR) department/treating practitioner allows Lucet to provide timely communication of adverse determinations for requests considered urgent.

Urgent Care Coverage Review Schedule

Submit continued stay and step-down reviews for Inpatient and Residential on the last authorized day. Lucet completes continued stay and step-down reviews for urgent care on the last covered day.

Diagnosis

Provide the most accurate diagnosis and make each update as reflected in the medical record.

Progress

Provide Clinical Institute Withdrawal Assessment (CIWA) scores, vitals and labs, as indicated. Include the most recent results and scores.

Medications

Medications must be updated in each submission.

Overdose on Prescribed Medications

Inpatient facilities are required to notify prescribing providers when a patient has attempted to overdose on their prescribed medications. Lucet tracks this information for HEDIS®.

Be Specific on Authorization Requests

Depression Screening

- It is expected that a depression screening will be conducted for substance use admissions.
- This is a yes/no question on WebPass.
- A depression screening does NOT have to be a formalized tool like the Beck Depression Inventory (BDI) or the Patient Health Questionnaire (PHQ-9). It can simply be a licensed clinician or MD assessing their patient for depression via their clinical interview or history and physical.
- Lucet tracks this information for HEDIS®.

Medication Assisted Treatment (MAT)

- When MAT is clinically indicated for someone in substance use treatment, it is imperative that the facility discuss the options and benefits to the patient.
- If MAT is not going to be prescribed, it needs to be documented why.
- If MAT is prescribed, please provide which MAT the patient is taking.
- Also ensure the patient will be able to continue this treatment once discharged.
 - Which prescriber will they see to continue it?
 - Is it covered under their insurance?

Be Specific on Authorization Requests

Timely submissions

For members in inpatient and residential, please submit continued stay and step-down review requests prior to 12:30 p.m. CT. Reviews should be submitted on the last covered day. This allows Lucet to provide a timely and complete review of information, which may require consultation or coordination with the treatment team and other sources of support for the members.

Continued stay requests

Updated clinical information is required to reflect member's most current status and progress on measurable goals, as listed on the member's individualized treatment plan.

Discharge plan

Please ensure that established outpatient providers are listed on the initial request and referrals, or appointment detail is updated at each review as discharge plans are developed.

Forms

Please submit all needed forms, including releases of information, and consent for referral to other providers to coordinate care.

Medical Necessity Appeals

First-level appeals

Send directly to Lucet:

Lucet Health
ATTN: Appeals Coordinator
P.O. Box 6729
Leawood, KS 66206
Fax: 1-816-237-2382

Decision to Overturn Denial

Letter is sent to member and provider letting them know denial was overturned and processing instructions are communicated to Louisiana Blue to pay claim.

Decision to Uphold Denial

Letter is sent to member and provider directing them on how and where to file a second-level appeal request.

Second-level appeals

Are handled one of two ways:

1. By Louisiana Blue
2. By the member's group
 - applies for some self-funded groups

Upon receipt of the second-level appeal, Louisiana Blue or the member's group will have an Independent Review Organization (IRO) review the case (this is a specialty-matched review).

If the IRO upholds the denial, a letter is sent to provider and member and appeals are exhausted.

If the IRO overturns the denial, claims are paid.

FILING CLAIMS



Timely Filing

The member and Louisiana Blue are held harmless when claims are denied or received after the timely filing deadline.

Policy Type

Filing Requirements

<ul style="list-style-type: none"> Preferred Care PPO HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue) BlueHPN 	<p>Claims must be filed within 15 months (<i>or length of time stated in the member's contract</i>) of date of service.</p>
<ul style="list-style-type: none"> Federal Employee Program (FEP) 	<p>Blue Cross FEP Preferred Provider claims must be filed within 15 months from date of service. Members/Non-preferred providers have no later than December 31 of the year following the year in which the service were provided.</p>
<ul style="list-style-type: none"> Office of Group Benefits (OGB) 	<p>Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.</p>
<ul style="list-style-type: none"> Self-funded Groups BlueCard (out-of-area) 	<p>Timely filing standards may vary. Always verify the member's benefits (including timely filing standards) through iLinkBlue.</p>

Researching Allowables

Outpatient Facility Allowable Charges Search


To begin an outpatient facility allowable charges search, enter a date and select a facility.

If you participate in a network that is not found in the Select a Network drop box, please contact Network Administration at 800.716.2299 for assistance.


Search by Code

Fee Schedule Request


1 Select a Date

11/01/2022 

2 Select a Facility

Select a facility 

3 Select a Network

Select a Network 

4 Enter a CPT/HCPCS Code*

Continue

Reset

View Allowables

* An asterisk (*) can be used as a wild card (ex 99*)

Use iLinkBlue to view allowables for a single code or a range of codes.

Look up a single code:

Enter: 90833

Results: allowable for 90833 only

Look up a range of codes:

Enter: Results:

908* allowables for all codes beginning with 908

90* allowables for all codes beginning with 90

9* allowables for all codes beginning with 9

Submitting Claims

Electronic Transmission

Louisiana Blue accepts electronic claims transmitted via HIPAA 837P and 837I submitted electronically through your clearinghouse.

We do not charge a fee for electronic transactions.

Providers can submit transactions directly to us or indirectly through a third-party clearinghouse.

For more information on how to submit electronic claims to Louisiana Blue, visit www.lablue.com/providers >Electronic Services >Clearinghouse Services.

or

Hardcopy

If it is necessary to file a hardcopy claim, we only accept original claim forms.

For Louisiana Blue, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:

Mail hardcopy claims to:

Louisiana Blue
P.O. Box 98029
Baton Rouge, LA 70898

For FEP Claims:

Louisiana Blue
P.O. Box 98028
Baton Rouge, LA 70898

IOP and PHP Billing Instructions

When filing a UB-04 claim for IOP/PHP services the following combination of HCPCS/revenue codes are appropriate to ensure accurate reimbursement per your provider contract.

The combination you use will be determined based on the primary reason the member is receiving IOP/PHP services:

Level of Care	Type of Service	Revenue Code	Required HCPCS Code (with short description)*	Service Units
IOP	Psychiatric	905	S9480: intensive outpatient psychiatric services, per diem	1
IOP	Chemical Dependency	906	H0015: alcohol and/or drug services; intensive outpatient treatment	1
PHP	Chemical Dependency or Psychiatric	912	H0035: mental health partial hospitalization treatment less than 24 hours	1
PHP	Chemical Dependency or Psychiatric	913	H0035: mental health partial hospitalization treatment less than 24 hours	1

**Please refer to the most current HCPCS books for complete descriptions.*

When the UB-04 Statement Cover Period, [Block 6](#), is longer than one day, each date of service should be billed on a separate claim line and include Revenue Code, HCPCS, service unit of one and Total charges, [Blocks 42-47](#).

As outlined in your provider agreement, billed services that are not defined in your IOP or PHP network agreement are not separately payable.

Louisiana Blue Confirmation Reports

Confirmation Reports are generated in iLinkBlue and allow providers to electronically research submitted claims. Daily reports confirm acceptance of claims submitted directly through iLinkBlue, billing agency or clearinghouse.

- ✓ Reports are available within 24 hours of submitting claims (prior to 3 p.m.).
- ✓ Reports are available up to 120 days.
- ✓ Reports are displayed by date.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
☒ Accepted
☐ Not Accepted

3 Date Range *optional*
From Date
To Date 04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

Search

Search Results for Accepted Claims

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

Sample Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims on the Not Accepted report.

Accepted Report Example

Blue Cross and Blue Shield of Louisiana							
837 Accepted / Not Accepted / Warning Report							
Institutional Claims Report							
SUBMITTER NUMBER: P0001234				SUBMITTER: SENDER NAME HERE			
BC REG# 7200000000 NPI#1234567890				PROVIDER: PROVIDER NAME HERE			
BC ID# 12345							
RECEIVE DATE: 07-24-23 PROCESSING DATE: 07-24-23							
837I ACCEPTED REPORT							
PAGE 8							
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	CH TRACKING
ACCOUNT NUM	LAST NM	FIRST	NM NUMBER	DATE	DATE	AMOUNT	NUMBER
00000000	LAST NAME	FIRST	OG5000000000	071919	071919	1991.96	1234567890123456789
PROVIDER BC ID# 12345 837I SUMMARY:							
837I TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$1991.96							
837I TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0							
837I TOTAL CLAIMS: 1 CLAIMS FOR \$1991.96							

Sample Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims on the Not Accepted report.

Not Accepted Report Example

Blue Cross and Blue Shield of Louisiana									
837 Accepted / Not Accepted / Warning Report									
Institutional Claims Report									
SUBMITTER NUMBER: P0001234				SUBMITTER: SENDER NAME HERE					
BC REG# 7200000000 NPI#1234567890				PROVIDER: PROVIDER NAME HERE					
BC ID# 12345									
RECEIVE DATE: 07-24-23				PROCESSING DATE: 07-24-23					
837I NOT ACCEPTED REPORT								PAGE 25	
PATIENT	PATIENT	PATIENT	BC CONTRACT	FROM	THRU	CLAIM	ERROR	ERROR	
ACCOUNT NUM	LAST NM	FIRST NM	NUMBER	DATE	DATE	AMOUNT	DESCRIPTION	DATA	
1234567	DOE	121212121212121	XUP000000000	062919	070619	157323.24	PAT LAST NAME NOT ON BC FILE	DOE	
PROVIDER BC ID# 12345 837I SUMMARY:									
837I TOTAL CLAIMS ACCEPTED: 28 CLAIMS FOR \$185282.36									
837I TOTAL CLAIMS NOT ACCEPTED: 1 CLAIMS FOR \$157323.24									
837I TOTAL CLAIMS: 29 CLAIMS FOR \$342605.60									

Claims Research

The screenshot shows a web application interface for "Claims Status" research. At the top, a dark blue navigation bar contains a home icon and several menu items: "Coverage", "Claims" (which is circled in red), "Payments", "Authorizations", "Quality & Treatment", and "Resources". Below the navigation bar is a teal header section with the title "Claims Status" and a sub-instruction: "To begin your search for claims status click on one of the tabs below." Underneath this header are three tabs: "Paid/Rejected", "Pended", and "Claim Number". The "Pended" tab is currently selected. The main content area is a light gray box containing three numbered steps for searching: 1. "Select a Provider" with a radio button for "BCBSLA / FEP" (selected) and a radio button for "BlueCard - Out of Area"; 2. "Narrow Your Search" with an empty text input field; 3. "Date of Service" (optional) with "From" and "To" date pickers, where the "To" date is set to "01/19/2018". A blue "Search" button is located at the bottom right of the search area.

- Use the “Claims” menu option to research paid, rejected and pended claims.
- You can research **BCBSLA**, **FEP** and **BlueCard-Out of Area** claims submitted to Louisiana Blue for processing.

Payment Registers

- Use the **Payments** menu option in iLinkBlue to find your Louisiana Blue payment registers.
- Payment registers are released weekly on Mondays.
- Notifications for the current week will automatically appear on the screen.
- You have access to a maximum of two years of payment registers in iLinkBlue.
- If you have access to multiple NPIs, you will see payment registers for each.

Payment Registers
View payment registers for all lines of business that belong to your organization.

Select a provider Select a line of business 04/02/2018

Search results for 04/02/2018

** Some registers may take several minutes to generate a PDF due to the size of the register.

NPI	1234567890	Line of Business	View Reports
		Blue Cross Louisiana	Payment Register
		Blue Cross Louisiana	Payment Register
		Blue Cross Louisiana	Payment Register
		Federal Employees Program (FEP)	Payment Register
		Federal Employees Program (FEP)	Payment Register
		HMO Louisiana	Payment Register
		HMO Louisiana	Payment Register
		OSH HMO Magnolia Local Plus	Payment Register
		OSH HMO Magnolia Local Plus	Payment Register
		OSH Magnolia Local	Payment Register
		OSH Pediatric HMO (OSH)	Payment Register
		OSH PPO Magnolia Open Access	Payment Register
		OSH PPO Magnolia Open Access	Payment Register
		OSH PPO Magnolia Open Access	Payment Register

NPI	2234567890	Line of Business	View Reports
		Blue Cross Louisiana	Payment Register
		Federal Employees Program (FEP)	Payment Register
		HMO Louisiana	Payment Register
		OSH HMO Magnolia Local Plus	Payment Register

RESOLVING CLAIM ISSUES



Have an Issue with a Claim?

Sometimes a provider may need find an issue with a claim. It is best to **first inquire about the claim**, then if necessary submit a formal request.

Louisiana Blue classifies formal requests into three different categories:

CLAIMS DISPUTES

Involves a denial that affects the provider's:

- Reimbursement, including bundling issues
- Timely filing
- Authorization penalties
- Refund disputes

MEDICAL APPEALS

Involves a denial or partial denial based on:

- Medical necessity, appropriateness, healthcare setting, level of care or effectiveness
- Determined to be experimental or investigational

ADMINISTRATIVE APPEALS & GRIEVANCES

- Claim issue due to the member's contract benefits, limitations, exclusions or cost share
- When there is a grievance

Inquiring About Claim Issues

Use the iLinkBlue Action Requests application!

It allows you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim.

The screenshot shows the 'Action Request Inquiry' web application. At the top is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar is the title 'Action Request Inquiry' and a subtitle 'To view the status of previously entered action requests, select a provider and enter a contract number.' The main form area contains three input fields: 'Select a Provider' with a dropdown menu showing 'Choose one', 'Prefix' with a text box containing '(optional)', and 'Contract Number' with an empty text box. Below these fields is a small note: 'Contract prefix is required for ITS Out of Area Contracts.' A blue 'Search' button is located at the bottom right of the form.

Common reasons to submit an Action Request



- Code editing inquiries
- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Recoupment request
- Status of dispute



The **Action Requests** application does not allow you to upload documentation. For this reason, it is important to include full details when submitting the inquiry.

Submitting an Action Request

In iLinkBlue, on each claim, there is an **Action Request** button. It opens an electronic form that prepopulates with information on the specific claim. There are multiple places within iLinkBlue that include the action request buttons.

Filter: <input type="text"/>				
Copay ⓘ	Coinsurance ⓘ	Total Paid ⓘ	Ineligible/Rejected Amount ⓘ	Action Request ⓘ
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

on the **Paid/Rejected Claims Results** screen


and

on the **Pended Claims Results** screen

Claim Number
12345678900-1

iLinkBlue Number
12345

NPI
123456789

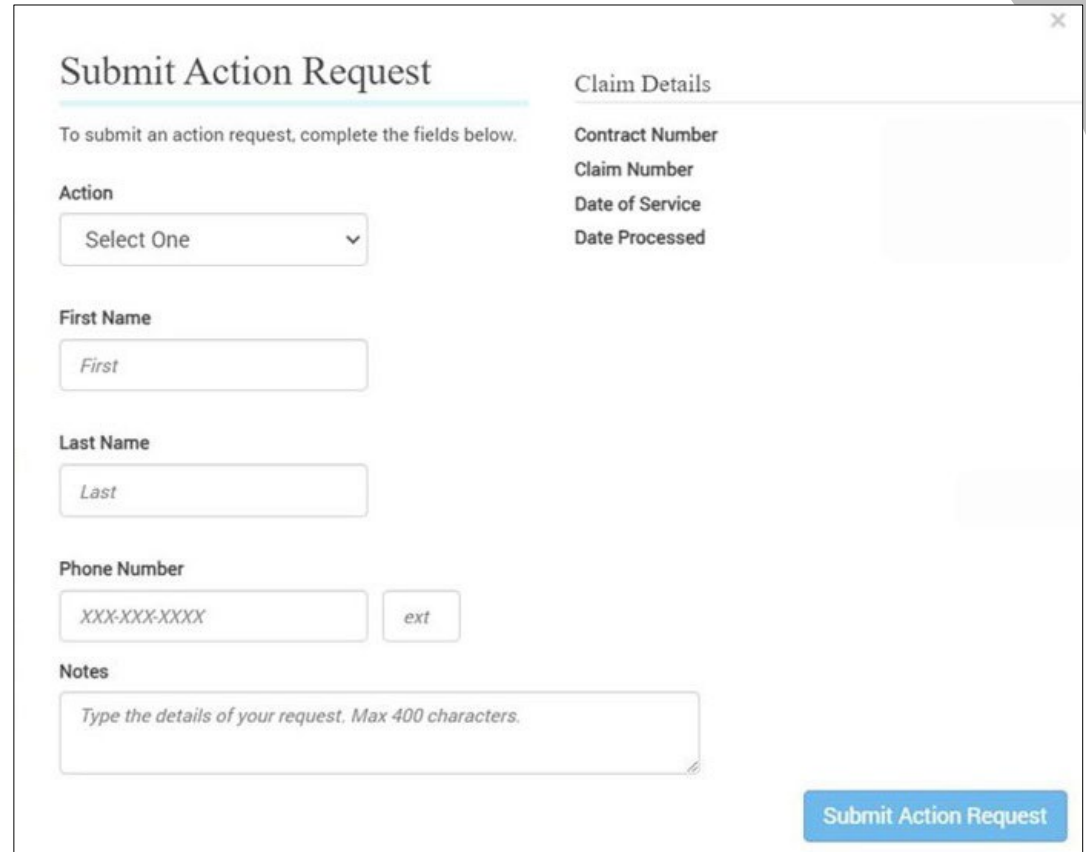


on the **Claims Detail** screen

Submitting an Action Request

When submitting an Action Request:

- Include your contact information
- Be specific and detailed
- Allow 10-15 working days for a response to each request
- Check in Action Request Inquiry for a response
- Submit a second request if there was no resolution



The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title is a light blue bar, followed by the instruction: "To submit an action request, complete the fields below." The form is divided into two main sections. The left section contains fields for "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text box with "First" as a placeholder), "Last Name" (a text box with "Last" as a placeholder), "Phone Number" (a text box with "XXX-XXX-XXXX" and a separate "ext" box), and "Notes" (a large text area with the placeholder "Type the details of your request. Max 400 characters."). The right section, titled "Claim Details", lists "Contract Number", "Claim Number", "Date of Service", and "Date Processed", each followed by a text box. At the bottom right of the form is a blue button labeled "Submit Action Request".

As a second step to **submitting an Action Request**, if you did not get a resolution, you may also contact the **Customer Care Center** using the number on the back of the patient's member ID card.

Coming
soon!

Refund Request Letters

Providers now have access to electronic copies of Refund Request letters in iLinkBlue.

The screenshot displays the Louisiana Blue Cross iLinkBlue portal. At the top left is the Louisiana Blue Cross logo, and at the top right is the iLinkBlue logo. A dark blue navigation bar contains a home icon and links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below this, the 'Claims Research' section is highlighted, listing 'Claims Status Search', 'Action Request Inquiry', 'Refund Request Letters', 'Dental Advantage Plus Network - United Concordia Dental', and 'Davis Vision Network'. Other sections include 'BlueCard - Out of Area Claims Status' with links for submitting and viewing status requests, 'Claims Entry & Reports' with links for professional claims entry, service facility location information, and claims confirmation reports, 'Medical Code Editing' with a link to the claims edit system, and 'Medical Records' with links for out of area medical record requests and document upload.

LOUISIANA BLUE CROSS

ilinkBlue

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

Claims Research

- Claims Status Search
- Action Request Inquiry
- Refund Request Letters
- Dental Advantage Plus Network - United Concordia Dental
- Davis Vision Network

BlueCard - Out of Area Claims Status

- Submit OOA Claims Status Request (276)
- View OOA Claims Status Response (277)

Claims Entry & Reports

- Blue Cross Professional Claims Entry (1500)
- Service Facility Location Information (1500)
- Blue Cross Claims Confirmation Reports

Medical Code Editing

- Claims Edit System

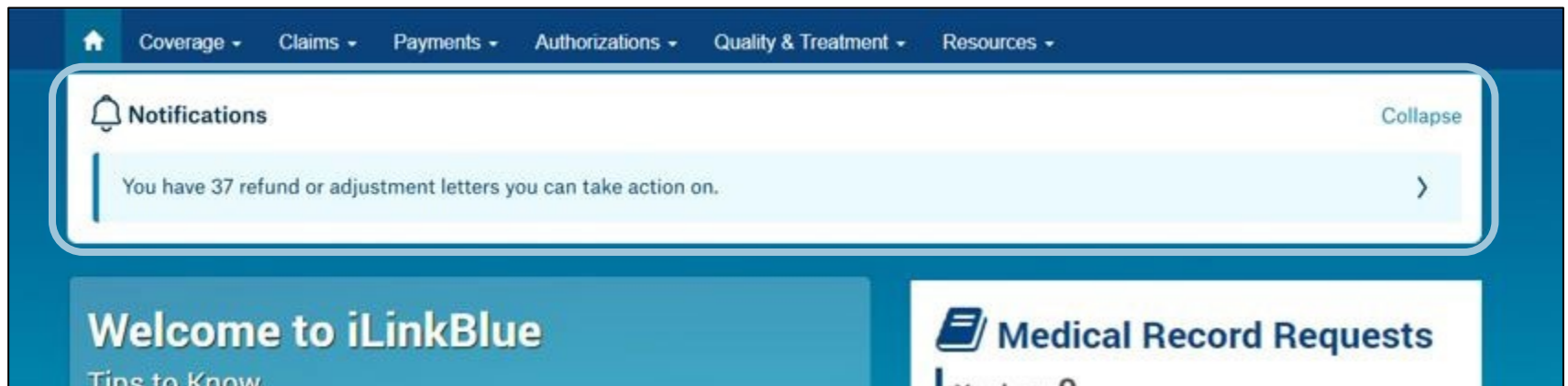
Medical Records

- Out of Area Medical Record Requests
- Document Upload

Coming
soon!

Refund Request Letters

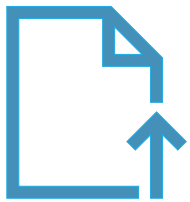
- When logging into iLinkBlue, a notification appears on the Welcome Page as the letters become available.
 - To access the letters, select the notification or go to Claims > Refund Request Letters.
- The letters are accessible for 24 months from their issue date.
- We will continue to grow this feature to include other types of letters in the future.



How Do I Correct or Void a Claim?

For facility claims submitted electronically through a clearinghouse:

Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I) submission by following the instructions below:



Claim Adjustment

- Enter the frequency code "7" in Loop 2300 Segment CLM05-03.
- Enter the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.
- Note: The adjusted claim should include all charges (not just the difference between the original claim and the adjustment).

Void the Claim

- Use frequency code "8" in Loop 2300 Segment CLM05-03.
- Use the 10-digit claim number of the original claim (assigned on the processed claim) in Loop 2300 in a REF segment and use F8 as the qualifier.

How Do I Correct or Void a Claim?



For facility claims submitted hardcopy:

When a claim is refiled for any reason, all services should be reported on the claim.

Hardcopy Claim

Claims that were previously processed on a UB-04 can be changed:

- Adjust Claim – In Block 4, enter “7” for a claim adjustment (information or charges added to, taken away or changed).
- Void Claim – In Block 4, enter “8” to request that the entire claim be removed, and any payments or rejections be retracted from the member’s and provider’s records.
- In Block 64, enter the original claim reference number.

Submitting Corrected Claims

Sometimes providers need to submit corrected claims for services that have already been processed by Blue Cross. To avoid your claims being denied as a duplicate, use the guidelines outlined in this document.

- When a claim is refiled for any reason, **all** services should be reported on the claim. 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 cause your claim to be adjusted incorrectly.

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.

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/assistance advice is required when resubmitting the claim.
- A corrected claim submitted to void or adjust a claim should **not** include an Appeal and Claims Dispute Form, letter of appeal, Appeal Request Form or medical records.

Note: Adjustments can be submitted electronically for all changes except those to the member ID or pay to provider number. If these fields require change, the provider can void the processed claim and submit a new claim with correct member ID or pay to provider information.

Claim Disputes involve separate processes. For more information, please view our Disputing Claims tidbit, available at www.BCBSLA.com/providers/Resources/Tidbits.

For information on Timely Filing Guidelines, please refer to section 7 in our Professional Provider Office Manual.

[More →](#)

For more information find our Submitting a Corrected Claim Tidbit at [www.lablue.com/providers >Resources >Tidbits](http://www.lablue.com/providers/Resources/Tidbits).

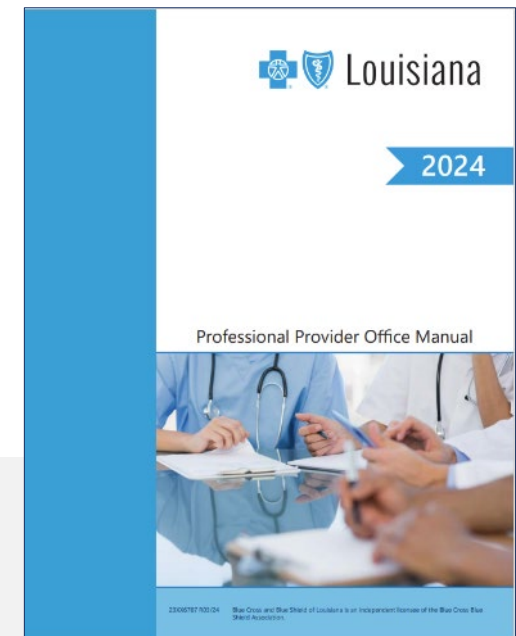
TELEHEALTH



Telehealth Policy

- Follow the telehealth billing guidelines in the provider manual.
- Fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines.
- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.
- Louisiana Blue adheres to the rules and regulations outlined by the [Louisiana Board of Medical Examiners](#) regarding telehealth prohibitions.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at www.lablue.com/providers >Resources >Manuals.



IOP & PHP Telehealth

Providers should adhere to the following guidelines for delivering intensive outpatient program (IOP) services via telehealth.

- The following criteria apply for IOP services:
 - Provider must operate within the scope of its license to deliver IOP services through telehealth encounters.
 - Provider must accept Louisiana Blue's allowable charges.
 - The telehealth visit must be fully documented in the patient's medical record.
 - Services must be provided using a non-public-facing platform for telehealth services that is either HIPAA-compliant or approved by the Health and Human Services Office of Civil Rights.



IOP & PHP Telehealth

- Billing guidelines for telehealth IOP services:
 - Louisiana Blue will allow reimbursement for up to three hours per day; three days per week; for a maximum of nine hours per week.
 - Providers filing outpatient hospital claims for IOP telehealth services should bill with the appropriate CPT[®]/HCPCS code, along with Modifier GT or 95. IOP providers must continue to follow the IOP guidelines outlined in Section 5.6 Behavioral Health of the *Member Provider Policy & Procedure Manual*, available on iLinkBlue (www.lablue.com/ilinkblue) under the Resources section.
- PHP Services
 - Louisiana Blue will not reimburse partial hospitalization program (PHP) telehealth encounters (revenue codes 0912 and 0913) due to the complexity of services. PHP services are typically six hours in length and must essentially be the same nature and intensity (including medical and nursing) as would be provided in a hospital, except that the patient is in the program less than 24 hours per day.

OTHER BILLING GUIDELINES



Taxonomy Codes

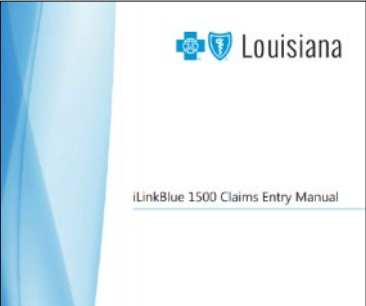
If you file multiple specialties under your NPI number, it is very important to also include the appropriate taxonomy code that clearly identifies the specialty.

You must file the code for the services on the authorization from Lucet.

Example: A facility that has two specialties with same Tax ID and NPI (e.g., acute and psych) must use a taxonomy code on **all** claims to identify the specialty.

Failure to use a specific taxonomy code will cause payment to be directed to the wrong sub-unit, be paid incorrectly and/or may cause the claims to reject on the Not Accepted Report.

Taxonomy Codes can be found in our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



Appendix II – Taxonomy Codes

BCBSLA Taxonomy Codes

Provider Description	Taxonomy Code	Claim Type
General Acute Hospital	262N00000X	837E
General Acute Hospital	262NC00000X	837E
General Acute Hospital	262NC00000X	837E
General Acute Hospital Rural	262NR13101X	837E
General Acute Hospital	262N00000X	837E
Skilled Nursing Facility	275N00000X	837E
Skilled Nursing Facility (SNF) & VA Military Hospital	3140700000X	837E
Skilled Nursing Facility	3140700000X	837E
Nursing Home	376G00000X	837E

Part 2 Regulations

- Providers and facilities are responsible for making sure they are in compliance with 42 Code of Federal Regulations (CFR) part 2 regulations regarding the Confidentiality of Substance Use Disorder Patient Records.
- **Abiding by the part 2 regulations includes the responsibility of obtaining appropriate consent from patients prior to submitting substance use disorder claims or providing substance use disorder information to Louisiana Blue.**
Louisiana Blue requires that patient consent obtained by the provider include consent to disclose information to Louisiana Blue for claims payment purposes, treatment, and for healthcare operations activities, as provided for in 42 U.S.C. § 290dd-2, and as permitted by the HIPAA regulations. 42 CFR part 2, section 2.31(a) (1-9) stipulates the content that must be included in a patient consent form. **By disclosing substance use disorder information to Louisiana Blue, the provider affirms that patient consent has been obtained and is maintained by the provider in accordance with Part 2 regulations. In addition, the provider is responsible for the maintenance of patient consent records.**
- Providers should consult legal counsel if they have any questions as to whether or not 42 CFR part 2 regulations are applicable.



LucetTM

ONLINE RESOURCES
& TOOLKITS

Online Provider Resources

www.lucethealth.com

Choose “Providers,” then “**Provider Resources**” and “**Choose your Health Plan**” as **Blue Cross and Blue Shield of Louisiana**.

Note: “Out-of-network” simply indicates resources for non-Lucet providers.

Resources

Improving healthcare, together.

By collaborating with providers like you, we improve access to quality behavioral healthcare and encourage whole-person health for our members. Your partnership helps us create powerful care solutions, and our network team is always ready to join forces on new, innovative approaches to care.

With decades of experience in the field and an unwavering commitment to partnership, we can create positive change in the lives of those we serve, together.

Are you already a Lucet (formerly New Directions + Tridium) in-network Provider? You can find In-network provider resources in the provider portal. Visit the [Lucet Provider Portal](#)

Choose your Health Plan:

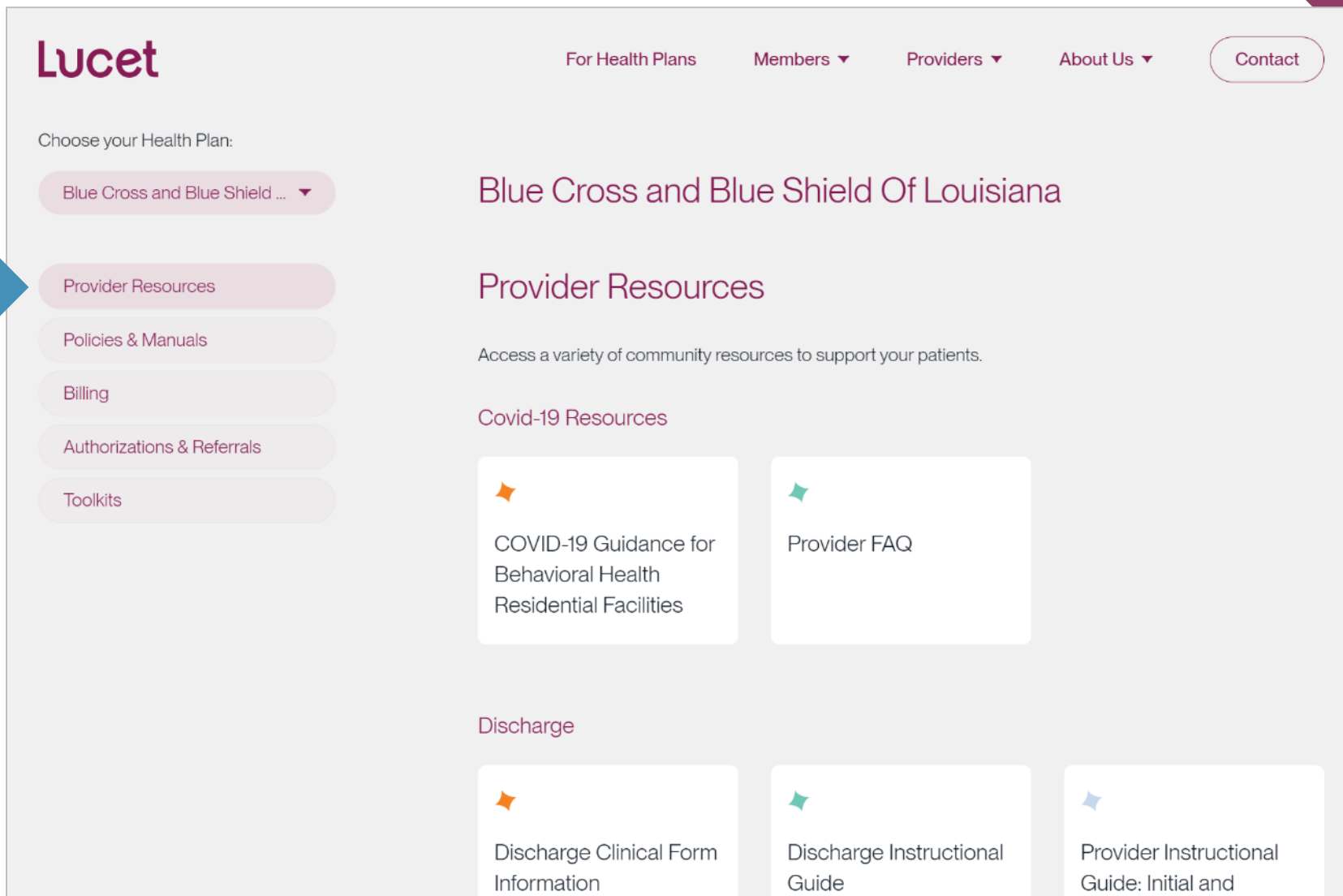
Blue Cross and Blue Shield Of Louisiana ▼



Blue Cross and Blue Shield Of Louisiana

<https://lucethealth.com/providers/outside-network>

Online Provider Resources



Lucet

For Health Plans Members ▼ Providers ▼ About Us ▼ [Contact](#)

Choose your Health Plan:

Blue Cross and Blue Shield ... ▼

Provider Resources

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits

Blue Cross and Blue Shield Of Louisiana

Provider Resources

Access a variety of community resources to support your patients.

Covid-19 Resources

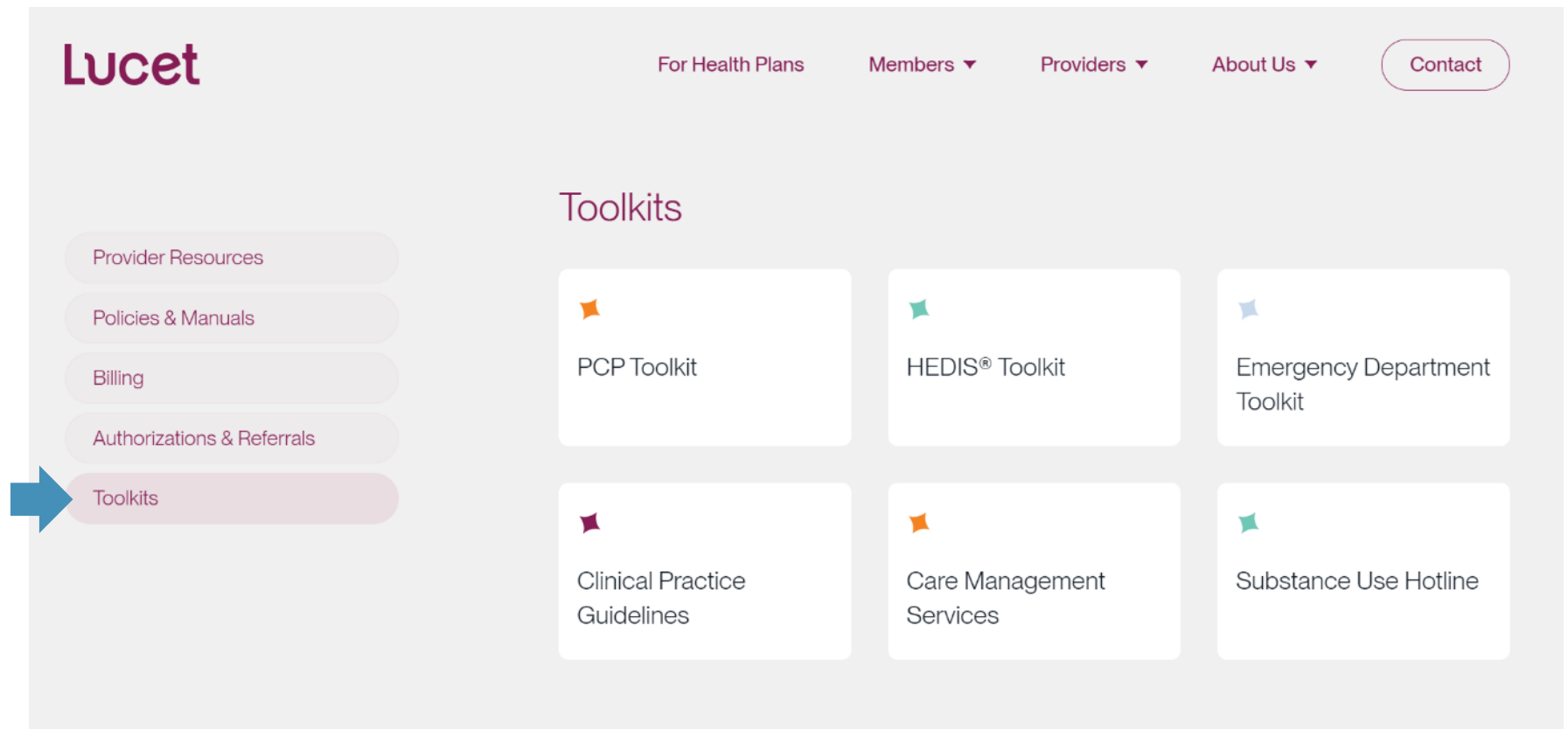
- COVID-19 Guidance for Behavioral Health Residential Facilities
- Provider FAQ

Discharge

- Discharge Clinical Form Information
- Discharge Instructional Guide
- Provider Instructional Guide: Initial and

<https://lucethealth.com/providers/plan/blue-cross-and-blue-shield-of-louisiana/#resources>

Online Provider Toolkits



Lucet

Navigate & Connect

The Solution

Navigate & Connect

Provides a comprehensive member front door through tech-enabled behavioral health services



ACCESS

Improve access to care through turnkey provider access and **direct scheduling**

- ✓ Direct scheduling
- ✓ Curated wraparound network
- ✓ Care transitions



NAVIGATION

Create a **front door** that connects members to providers via **clinically informed referrals**

- ✓ Member front door
- ✓ Proprietary screener
- ✓ Risk identification & stratification



CONNECT

Align care to outcomes with advanced analytics & **measurement-based care**

- ✓ Measurement based care
- ✓ Advanced reporting & analytics
- ✓ Value based contracting



Meet Jasmine

40-year-old female with depression & anxiety
Seeking provider referrals

MEMBER CALL
Member initiates seeking referral



CURRENT STATE

Member screened for suicide, member preferences addressed, provided a list of 10-15 referrals

Member calls providers and awaits responses

No call backs or not accepting new patients.

Member calls back for more referrals, potential referral to care management for additional support

Lucet

WITH NAVIGATE & CONNECT

Member screened for suicide, complex conditions, and other BH needs with evidence-based BH acuity index score of 65.

Member matched with providers specific to their condition profile.

Member books an appointment directly with an available provider.



CONNECTED
Member scheduled with provider.

Navigate & Connect

Clinically informed navigation

Engaged members are matched with providers that meet their needs, across the acuity spectrum

Navigate

Take the guesswork out of the experience
Full acuity support

- ◆ Care Navigator assesses for harm to self or harm to others, quickly identifying if a member should be transferred to a clinician
- ◆ Configurable screener enables routing to clinically appropriate treatment options, optimizing member-provider matching on acuity and treatment needs
- ◆ Standardized measurement of global behavioral health distress ranging with over 15 million assessments delivered



Navigate & Connect

Seamless connection

Simplifies the path to care for members and reduces administrative burden for providers

Connect

Unlocking access

Breaking down barriers to care

- ◆ Real-time direct scheduling with outpatient behavioral health providers in single interaction
- ◆ Nimble technology accounts for member care needs including provider preferences and specialties
- ◆ Care continuity supported by shared screener and BHI delivered to providers before a patient's first appointment



HEDIS®

(FOLLOW-UP AFTER
HOSPITALIZATION)



Follow-up After Hospitalization

HEDIS® (Healthcare Effectiveness Data and Information Set) is an annual performance measurement created by the NCQA (National Committee for Quality Assurance) to help improve quality of healthcare and establish accountability.

One measure is ensuring patients who have had inpatient treatment for mental illness have a follow-up visit with a **behavioral health professional within seven calendar days of discharge.**

- ✓ LUCET tracks appointments made within seven days, but also wants patients to **attend those appointments.**
- ✓ Patients who attend these scheduled follow-up appointments are less likely to **readmit** into inpatient treatment.

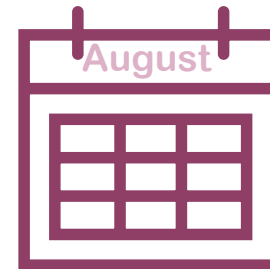
Help Us Meet the Measure

Behavioral Health Facilities can:

- Schedule patients within seven calendar days of discharge from an inpatient stay.
- These appointments can be made with psychiatrists, psychologist, psychiatric nurse practitioners, social workers (LCSW), counselors (LPC), marriage and family therapist (LMFT) or addiction counselors (LAC).
- The discharge information provided to Lucet for the outpatient appointment **must** include, full name of individual provider, credentials, appointment date and time and contact information for the provider
- Allow Lucet staff to schedule appointments for members on their behalf, if needed.

How to Increase Appointment Attendance

- Provide appointment reminders:
 - Include the time, date and location.
 - Please be sure to provide a return phone number and/or email address along with a contact person for the member to speak with for any questions, concerns and assistance.
- Initiate discussion to find out what works best for the member.



Behavioral Health Rainmakers

- Lucet actively seeks outpatient behavioral health professionals who can schedule appointments for patients being discharged from an inpatient setting, within seven days.
- The Rainmaker list is used as a “**first call**” list for discharge planners at the facilities and the Lucet care managers and care transitions staff.
- If you are not currently receiving the Rainmaker List, please email Lucet at **LouisianaPR@Lucethealth.com**



2024

Extending Behavioral Health Treatment and Services Beyond the Emergency Room

Partnering with
Blue Cross and Blue Shield of Louisiana and Lucet

The Problem

The status quo affects everyone

Why do we need your help?

- 1 in 8 emergency department (ED) visits in the United States are for treatment of mental health or substance use disorders or both. ⁽⁴⁾
- In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder. ⁽¹⁾
- Between 2007 and 2011, the rate of emergency room visits related to behavioral health or substance abuse increased by over 15%. ⁽⁵⁾
- High emergency department use for individuals with alcohol or other drug abuse (AOD) may signal lack of access to care or issues with continuity of care. ⁽²⁾

Our members need you

With focused efforts and an emphasis on patient care, we can create positive outcomes for members with behavioral health needs.



What are we looking for?

Follow up after an ED visit for alcohol and other drug use (FUA)

Looks for a visit with a **primary care physician** or **behavioral health provider** or a pharmacotherapy (MAT) dispensing event within **7 days of discharge** (8 days counting day of discharge) for ages 13 years or older with a principal diagnosis of alcohol or other drug abuse or dependence.

Follow up after an ED visit for mental illness (FUM)

Looks for a visit with a **primary care physician** or **behavioral health provider** within **7 days of discharge** for ages 6 years or older with a primary diagnosis of mental illness.

Who oversees these measures?

HEDIS (Healthcare Effectiveness Data and Information Set) was developed and is maintained by (NCQA) the National Committee for Quality Assurance and has become one of the most widely used performance measures related to quality of care in the managed care industry.

NCQA and the Centers for Medicare and Medicaid Services (CMS) require health plans to report these measures to them for use in health plan accreditation and comparisons, Star Ratings for CMS, and regulatory compliance.

Each recommendation is affected by physicians, pharmacists, office staff, health plan employees and members/patients.

Extending Behavioral Health

How you can help

Lucet works with providers to improve the quality of care for patients. Providers serve patients when they are most vulnerable. A better quality of life for patients starts with you. Our goal is to help you assist them.

A toolkit is available on Lucet's website at the link below. It offers guidance with HEDIS and related follow-up care. Each tile can be selected for additional details for these topics. Remember to call Lucet at 877-206-4865, we can help.

Educate, Assist & Refer

Talk to the patient about the importance of follow-up and engagement in treatment.

Assist the patient with coordination of care by providing appropriate referrals and helping with scheduling. **Lucet can assist with both scheduling and referrals, call 877-206-4865.** Appointments should be:

- ◆ Within 7 days of leaving the Emergency Department
- ◆ Tip: Schedule the follow-up visit within 5 days to allow flexibility in rescheduling if needed
- ◆ Before scheduling an appointment, ask the patient what is a good fit considering things like transportation, location and time of the appointment.
- ◆ Involve the member's support system such as spouse, parent, or guardian regarding the follow-up plan after ED visit, if possible.



Follow-Up after Emergency Department Visit for Substance Use (FUA)



Follow-Up after Emergency Department Visit for Mental Illness (FUM)



Care Management Services



Coordination of Care



Substance Use Disorder Toolkit



Care Management Handout

[Blue Cross and Blue Shield of Louisiana
Lucet Providers \(lucethealth.com\)](https://www.lucethealth.com)

CARE MANAGEMENT SERVICES



Lucet Focused Care Management

- Improve member experience and quality of care.
 - 90-day pre/post symptom/functional improvement.
 - Professional and community services referred and utilized.
 - Gaps closed (seven-days after discharge follow-up appointment, MAT education and follow-up, substance use and depression screening follow-up, blood glucose screening, OUD screenings, treatment adherence)
- Decrease ED utilization and inpatient admissions.

Care Solutions	Member Care Link
Complex Care Management (CM) NCQA/ URAC accredited <ul style="list-style-type: none"> • Opt-in services with high intensity CM outreach • Comprehensive CM assessment • Member centric CM goals, CM survey • Coordination of care with health care providers 	Non-Complex Care Management (CM) <ul style="list-style-type: none"> • Condition specific and service related programs • Coordination of care • Healthcare gaps • Members who have not opted in for Care Solutions
Referral Source: CM Daily Census Report (predictive modeling)	Referral Sources: Condition & LOC specific programs, GAP closure, and members who opt out or do not engage in Care Solutions
Care Transitions Activities CM services designed to help members transition from higher levels of care to the community with the goal of community tenure	
Integrated Co-Care Management Activities Collaboration and coordination of CM services between medical and behavior health care managers with the goal to provide comprehensive medical/ behavioral care management expertise	

WE ARE HERE FOR YOU!



Provider Relations

Jami Zachary Director

Mary Reising Health System Representative

Marie Davis Senior Provider Relations Representative

Yolanda Trahan Senior Provider Relations Representative

Brittany Fields

Jefferson, Orleans, Plaquemines, St. Bernard,
Iberville

Amber Strahan

Bienville, Bossier, Caddo, Claiborne, Desoto,
Grant, Jackson, Lincoln, Natchitoches, Red River,
Sabine, Union, Webster, Winn, Jefferson Davis,
St. Landry, Vermilion

Marie Davis

Allen, Avoyelles, Beauregard, Caldwell, Catahoula,
Concordia, East Carroll, Evangeline, Franklin,
LaSalle, Madison, Morehouse, Ouachita, Rapides,
Richland, Tensas, Vernon, West Carroll, Acadia

Mary Guy

East Feliciana, St. Helena, St. Tammany,
Tangipahoa, Washington, West Feliciana,
Livingston, Pointe Coupee, St. Martin, Terrebonne

Melonie Martin

East Baton Rouge, Ascension, West Baton Rouge

Yolanda Trahan

Assumption, Iberia, Lafayette, St. Charles,
St. James, St. John the Baptist, St. Mary, Calcasieu,
Cameron, Lafourche

Lisa Roth

Online Portal Training

provider.relations@bcbsla.com | 1-800-716-2299, option 4

Paden Mouton, Supervisor

Quick Contacts

Joining the Network

Getting Credentialed – PCDMstatus@bcbsla.com, 1-800-716-2299, option 2

Getting Contracted – provider.contracting@bcbsla.com, 1-800-716-2299, option 1

Updating your Information

Data Management – PCDMstatus@bcbsla.com, 1-800-716-2299, option 2

Education, iLinkBlue Training & Outreach

Provider Relations – provider.relations@bcbsla.com, 1-800-716-2299, option 4

Electronic Services

iLinkBlue – www.lblue.com/ilinkblue

EDI Services (clearinghouse) – EDIservices@bcbsla.com, 1-800-716-2299, option 3

Security Access to Online Services – PIMteam@bcbsla.com, 1-800-176-2299, option 5

Ongoing Support

Customer Care & IVR Phone Services – 1-800-922-8866

Lucet Contact Information

For assistance, please contact:

Michelle Sims

Clinical Network Manager

Email: **msims@lucethealth.com**

Phone: 1-816-416-7672

Email: **LouisianaPR@lucethealth.com**

Blue Advantage Behavioral Health Webinars



Blue Advantage (HMO) and Blue Advantage (PPO) will be conducting a webinar in **November** about behavioral health requirements for these members.



Look for the webinar registration link in our Weekly Digest, sent every Thursday.



Blue adVantage (HMO) | Blue adVantage (PPO)

This publication serves as an official notice from Blue Cross and Blue Shield of Louisiana about various topics including, but not limited to, informational notices, billing guidelines, policy changes, process changes, upcoming events and more. Please carefully read all notices to determine how they apply to your interactions with Louisiana Blue.

August 8, 2024

LOUISIANA **BLUE** 
provider communications
WEEKLY DIGEST

PROVIDER NOTICES

What are Your Areas of Expertise?

Audience: Psychologists, licensed professional counselors (LPCs), licensed clinical social workers (LCSWs) and psychiatrists should review this notification.

Knowing your areas of expertise allows us to better align patients to specialized behavioral health providers. Please complete the behavioral health provider clinical profile form if you have never completed it or if you have made changes to your specialties since you last submitted it. **A separate profile form must be completed for each individual provider.**

Send completed form to Lucet at LouisianaPR@lucethealth.com.

[Click to complete the form](#)

Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

UPCOMING EVENTS

[Register Today!](#)

Blue Cross offers training events for our providers that focus on Blue Cross processes, programs and resources. Please pre-register for the event(s) you wish to attend. Once registered, you will receive an email with information and instructions on how to join the webinar.

New to Blue adVantage

Please join us for an introductory webinar designed to educate new providers and office staff about our Blue Advantage networks. It includes claims filing options, medical documentation, the Blue Advantage Provider Portal and other Blue Advantage resources.

Who should attend?
Your clinical and business office staff members, as well as those who work with Blue Advantage claims and reimbursement.

Date: August 14, 2024
Time: 12 - 1:30 p.m.

[Register](#)

Your feedback is
important!

Provider Engagement Survey

THANK YOU to everyone who took our 2023 survey. Based on your feedback, we made changes including:

- Less Louisiana Blue emails to your inbox – we created the Provider Weekly Digest as a way to consolidated provider communications into one email digest that goes out every Thursday. It includes notifications, general announcements and provider training event information and registration options.
- iLinkBlue training webinars – we now offer iLinkBlue training webinars for new users.
- Improvement to our credentialing process – we have focused on improving our customer service and resolving provider issues timely.

We would ❤️ for you to complete our 2024 survey. **It ends on:**



Participants could win 1 of 26 gift cards with top prize of \$500.



If you have not received a survey link, send us an email to provider.communications@bcbsla.com and put "Provider Engagement Survey" in the subject line.

QUESTIONS?

Thank you!

If you have additional questions after this webinar,
please email provider.relations@bcbsla.com.

APPENDIX

Benefits of Proper Documentation



Allows identification of high-risk patients.



Allows opportunities to engage patients in care management programs and care prevention initiatives.



Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Louisiana Blue.



Reduces costs associated with submitting corrected claims.

Provider's Role in Documenting

- Each page of the patient's medical records should include the following:
 - Patient's name
 - Date of birth or other unique identifier
 - Date of service, including the year
- Provider signature (must be legible and include credentials)
 - Example: John Doe, MD (acceptable)
 - Example: Dr. John Doe (not acceptable)
- Report ALL applicable diagnoses on claims and report at the highest level of specificity.
- Include all related diagnoses, including chronic conditions you are treating the member for.
- Medical records **must support ALL** diagnosis codes on claims.

Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient.



Medical Records Requests

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf.

- Per your Louisiana Blue network agreement, providers are not to charge a fee for providing medical records to Louisiana Blue or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Louisiana Blue subscriber contract allows for the release of the information to Louisiana Blue or its designee.

Medical record requests must be returned within seven days of receipt of request.

Commercial Risk Score

- Code all conditions (acute/chronic) being treated to the highest level of specificity.
 - monitored, evaluated, assessed or treated should be noted
- Avoid non-specific and broad statements such as bipolar disorder.
- Use terms such as:
 - Type I or II
 - Current or in remission
 - Severity (mild, moderate, severe)
 - Presence of psychotic features



NOTE: Improper documentation could result in audits and/or the request of medical records.

Commercial Risk Score

- Louisiana Blue identifies those members with potential diagnostic gaps by review of claims data.
- Diagnostic gaps are identified through:
 - History: prior year Dx
 - Pharmacy: prescribed medication
 - Diagnostic: lab or diagnostic test
 - Other: diagnosis with potential co-existing condition

What can providers do?

1. Close gaps in care.
2. Ensure all documentation reflects what is being billed.
3. Ensure chart reflects complete clinical profile for the patient.



Risk Adjustment Data Validation Audits

Required through the ACA, the framework for the risk adjustment data validation (RADV) audit process for the risk adjustment program was established.

Components of the RADV audits:

- Annual CMS mandate
- Required audit for every insurer who sells a policy on the ACA marketplace.
 - Will be used to confirm risk reported.
 - To confirm providers' medical records substantiate the reported data and accurately reflect the care rendered and billed.
- The Accountable Care Law mandates medical records be provided.
- RADV audit requests for medical records begin in June.

Getting Started in WebPass Portal

Before you select a form, you will first look up a member. To do so, enter the member ID number (minus the prefix). You also have the option to enter the member's last name (first 3 letters only), first name (first 3 letters only) and date of birth.

The screenshot displays the New Directions WebPass portal interface. At the top is a navigation bar with links: Home, My Services, My Account, and Logout. The main content area is divided into two columns. The left column, titled 'Welcome to New Directions WebPass', contains a brief description of the portal's purpose and a link to 'Contact New Directions Provider Relations'. The right column, titled 'Find an Insured Member', contains two search forms. The top form allows searching by Member Number and Query Date (12/9/2013), with a 'Find Member' button. To its right, a note explains that for Blue Products, the pre-fix should be dropped before entering the member information, providing examples: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456. The bottom form allows searching by Last Name, First Name, Date of Birth, and Query Date (12/9/2013), also with a 'Find Member' button. To its right, a note states that if the member is not managed by New Directions Behavioral Health, the member's information will not be available.

Welcome to New Directions WebPass		Find an Insured Member	
<p>WebPass allows providers and partners access to communications and services with New Directions.</p> <ul style="list-style-type: none">Contact New Directions Provider Relations		<p>Member Number: <input type="text"/></p> <p>Query Date: <input type="text" value="12/9/2013"/> </p> <p><input type="button" value="Find Member"/></p>	<p>For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456.</p>
		<p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>Query Date: <input type="text" value="12/9/2013"/> </p> <p><input type="button" value="Find Member"/></p>	<p>If the member is not managed by New Directions Behavioral Health, the member's information will not be available.</p>

Completing Clinical Forms

To choose the appropriate form, click on “Clinical Forms” either in the list or under the drop down in “My Services.”

The screenshot displays the New Directions WebPass user interface. At the top is a navigation bar with links: Home, My Services, My Account, and Logout. The main content area is divided into two columns. The left column, titled 'Welcome to New Directions WebPass', contains a descriptive paragraph and a bulleted list of links. The 'Clinical Forms' link in this list is highlighted with a yellow background. The right column, titled 'Selected Member', displays member information: Member Name, Group Name (NEW DIRECTIONS), and Effective Date. Below this information is a dropdown menu for 'My Services', which is currently open. A large purple arrow points from the 'Clinical Forms' link in the left column to the 'Clinical Forms' option in the dropdown menu. The dropdown menu lists several options: Clinical Forms, Completed Clinical Forms, Contact Provider Relations, Member Authorizations Viewer, Member Benefits Summary, Member Programs, Assessments, Goals, and Member Record Upload.

Home My Services My Account Logout

Welcome to New Directions WebPass

WebPass allows providers and partners access to communications and services with New Directions.

- **Clinical Forms**
- [Completed Clinical Forms](#)
- [Contact New Directions Provider Relations](#)
- [Member Authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Outpatient Quality Review](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)

Selected Member

Member Name:
Group Name: NEW DIRECTIONS
Effective Date:

Contract Status:
Product Name:
Date of Birth:
Member ID:

My Services My Account Logout

- Clinical Forms
- Completed Clinical Forms
- Contact Provider Relations
- Member Authorizations Viewer
- Member Benefits Summary
- Member Programs
- Assessments
- Goals
- Member Record Upload

Clinical Forms Page

NEW DIRECTIONS
BEHAVIORAL HEALTH

Home My Services My Account Logout

Selected Member

Member Name: DAVID
Group Name:
Effective Date: 3/1/2015
Termination Date: 12/31/2019
Contract Status: **ACTIVE**
Product Name: BCBSLA
Date of Birth: 12/27/1993
Member ID:
[Find a Different Member](#)

Authorization for Admission to Care Request Forms

Initial Review [New](#)

Authorization for Ongoing Care Request and Care Coordination

Discharge Clinical Review [New](#)
Bridge Clinic Access Transition [New](#)
Concurrent Review [New](#)

Case Management Forms

Personal Transition Services Assessment [New](#)
PTS Refusal [New](#)
Depression Non-Clinical Referral (50) [New](#)
In-home Therapy Clinical Review (69) [Continue](#) [Remove](#)
Integrated Care Management Referral [New](#)

The Forms page is divided into three sections:

1. Admission
2. Ongoing
3. Management

If there are no forms to select under a specific category, the word "None" will appear.

If there are no authorizations available to link to, the Clinical Forms page will be all that is shown. If there are available authorizations to link, you will first see another page.

Forms List

NEW DIRECTIONS
BEHAVIORAL HEALTH

About New Directions | Careers | Contact Us
Reviewed Terms Of Use: 11/8/2016 12:04 PM

Home My Services My Account Logout

Selected Member

Member Name: DAVID
Group Name:
Effective Date: 3/1/2015
Termination Date: 12/31/2019
Contract Status: **ACTIVE**
Product Name: BCBSLA
Date of Birth: 12/27/1993
Member ID:
[Find a Different Member](#)

Authorization for Admission to Care Request Forms

Initial Review [New](#)

Authorization for Ongoing Care Request and Care Coordination

Discharge Clinical Review [New](#)
Bridge Clinic Access Transition [New](#)
Concurrent Review [New](#)

Case Management Forms

Personal Transition Services Assessment [New](#)
PTS Refusal [New](#)
Depression Non-Clinical Referral (50) [New](#)
In-home Therapy Clinical Review (69) [Continue](#) [Remove](#)
Integrated Care Management Referral [New](#)

After users select an authorization or “New Request,” the Forms list will display.

Note: Even if an Authorization is selected, an Initial Review will never be linked to an existing Authorization in WebPass.

Note: Partially saved surveys will remain tied to the original selection unless removed/ expired.

Filling Out Clinical Forms

After users select a form, they will enter the clinical information needed for Lucet to conduct a higher level of care review.

INITIAL AUTHORIZATION REQUEST

Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: Jane Doe

Member Id: 2386632

Date Of Birth: 1/1/2000

Member Address: 000000000000 Null No Town KS 66833

Please answer the following survey questions:

PLEASE ANSWER THE FOLLOWING SURVEY QUESTIONS

Member Telephone Number * Required

(000) 000-0000 Ext. ____

As each section is completed, the Question Jumplist will display a green checkmark. Clicking on an item listed in the Question Jumplist will link users to that section. This helps with navigation on the form.

Interactive Questions

Some questions only appear based on the previous answer given.
Example shown below.

Continuity of Care (select all that apply) * Required

- ☒ Suicidal Ideations
- ☒ Suicidal Plan
- ☒ Suicidal Intent
- ☒ Current Suicide Attempt (within 3 days of admission)
- ☒ Current Suicide Means
- ☒ None of the Above

Is the date of the suicide attempt known? * Required **Nested Question**

☒ Yes
☐ No

Please enter date * Required **Nested Question**

Please describe members suicide plan, intentions and/or attempts, method, and means; including current and historical (include any medical interventions) * Required **Nested Question**

Text Box

Some questions will enable a text box if “other” is selected.

Homicide Assessment (select all that apply) * Required

- ☒ Homicidal Ideation
- ☒ Homicidal Plan
- ☒ Homicidal Intent
- ☒ Current Homicidal Attempt (within 3 days of admission)
- ☒ None of the Above

Please describe members homicidal plan, intentions and/or attempts, method, and means; including current and historical (include any medical interventions) * Required



Prepopulated Information

Questions that have prepopulated answers will be highlighted to ensure they are visible by the user. **All highlighted answers need to be reviewed and updated as applicable.** Not all questions will be prepopulated. Some questions are not present on both initial and concurrent forms and some questions are set not to prepopulate.

Facility name	* Required
<input type="text" value="ABC Hospital"/>	
Facility address (where member is actually being treated)	* Required
<input type="text" value="4567 Medical Avenue"/>	
Name of facility staff completing this form	* Required
<input type="text"/>	
Phone number of facility staff completing this form	* Required
<input type="text"/>	

Review of Prepopulated Information

- After a user changes the highlighted information, the highlight will be removed, and an Edited indicator will appear.
- Only alpha-numeric characters count as edits. Spaces, returns, punctuation, special characters will not be counted as an edit.
- Hovering over the “Edited” indicator will display the previous response.
- The Legend provides helpful, handy editing tips.

NEW 2017 CONCURRENT REVIEW

Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: DOE, JANE
Member Id: 888888888888

Please answer the following survey questions:

Authorization Number (include all number and leading zeros) 555-555-5555

Member telephone number * Required EDITED
816-994-1563

Member address * Required
123 Test Lane x

Does Member have a Parent/Guardian? * Required
☐ Yes
☒ No

Facility name * Required
ABC Hospital

LEGEND

- Required and not Answered
- ✓ Required and Answered
- Answer has not changed from previous submission
- EDITED Answer has been edited

QUESTION JUMPLIST

- [Authorization Number \(include all...](#)
- ✓ [Member telephone number](#)
- ✓ [Member address](#)
- ✓ [Does Member have a Parent/Guar...](#)
- ✓ [Facility name](#)
- ✓ [Facility address \(where member l...](#)
- [Name of facility staff completin...](#)
- [Phone number of facility staff c...](#)
- ✓ [Attending Provider first and las...](#)
- ✓ [Discharge planner's name, phone...](#)
- ✓ [Primary diagnosis](#)
- ✓ [Secondary diagnosis](#)
- ✓ [Medical diagnosis](#)
- [Is this an inpatient admission?](#)
- ✓ [Current admit status?](#)
- [Is a substance use disorder the...](#)
- CLINICAL ASSESSMENT**
- [Please describe member's current...](#)
- [Describe patient's progress and...](#)
- ✓ [Does the member have a current...](#)

Edited Information

NEW 2017 CONCURRENT REVIEW **SUBMITTED SUCCESSFULLY.**

USER DETAILS:

Member Name: DOE, JANE
Member Id: 888888888888

Submission ID: 1374631

ADDITIONAL SURVEY ACTIONS

This survey submission created the following workflow events:

- A contact has been created and associated with this survey submission.

QUESTIONS ANSWERED:

Authorization Number (include all number and leading zeros) **EDITED**

Current:

1234567

Previous:

No selections were made for this question.

Member telephone number **EDITED**

Current:

816-994-1563

Previous:

555-555-5555

Member address **EDITED**

Current:

Updated address for Concurrent

Previous:

123 Test Lane

Does Member have a Parent/Guardian?

Current:

☒ No

Previous:

☒ No

Parent/Guardian's name

Current:

No selections were made for this question.

Previous:

No selections were made for this question.

If information is prepopulated, a page will appear that shows the Current/Previous answers, as well as the **EDITED** indicator where applicable. If no information is prepopulated, the standard results page will appear.

Saving Partially Completed Forms

At the bottom of each form, the following options will be available:

[Continue Later](#)

[Completed and Submit](#)

CONCURRENT REVIEW FORM Survey has been partially saved successfully.

You will have 24 hours to complete this form from 2/6/2015 3:05:32 PM CST

Select A Clinical Form

Personal Transition Services Assessment	New	
PTS Refusal	New	
Depression Non-Clinical Referral (50)	New	
Discharge Clinical Review (57)	New	
In-home Therapy Clinical Review (69)	New	
Integrated Care Management Referral	New	
Pre-Certification Form	New	
Concurrent Review Form	Continue	Remove
Discharge Clinical Review	New	

Note: Forms must be completed and submitted within 24 hours after they are initially saved. If not, they will be deleted. Anyone who has a WebPass account and shares the same Tax ID can complete the form.

Users will have the option to continue or remove forms.

Reviewing Previous Request Forms

- To view forms submitted by any user who shares the same Tax ID, click on “Completed Clinical Forms.”
- Users will be able to view all forms that have been submitted by Tax ID for the member.

Reviewing Status of Request Form

- To view the status of a request, click on “Member Authorization Viewer.”
- Users will be able to view all authorization requests and statuses on the selected member. Click on “Details” or “History” to view more information about the authorization.

Welcome to New Directions WebPass

WebPass allows providers and partners access to communications and services with New Directions.

- [Clinical Forms](#)
- [Completed Clinical Forms](#)
- [Contact New Directions Provider Relations](#)
- [Member authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Outpatient Quality Review](#)
- [Member programs](#)
- [Assessments](#)
- [Goals](#)

Linking Forms

NEW DIRECTIONS
BEHAVIORAL HEALTH

Home My Services My Account Logout

Selected Member

Member Name: DAVID
 Group Name:
 Effective Date: 3/1/2015
 Termination Date: 12/31/2019
 Contract Status: **ACTIVE**
 Product Name: BCBSLA
 Date of Birth: 12/27/1993
 Member ID:
 Find a Different Member

Member Authorizations

- To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc.).
- To initiate new requests for care (including step-downs from one level of care to another) or submit other forms, please choose the "New Request" button.

New Request

Authorization Number	Line Number	Service Code	Authorized Units	Treatment Description	Detail Start Date	Detail End Date	Auth Status Description
1234567	001	90792		Psychiatric diagnostic evaluation with medical service	03/01/2017	03/04/2017	Open

Confidential

- After an authorization has been created, users can link additional forms to that authorization.
- By linking forms to an existing Authorization, certain information will be automatically carried over to prepopulate the new forms (when the same question appears on both forms).
- To link a form, click "Select" next to the authorization number.
- To start an initial review or to submit a form that does not need to be linked, click on "New Request."

Member Resources

The Lucet Resource Center contains vital information that can help you start your journey to better mental health.

Sometimes, people aren't sure when or how to seek treatment. Our resource center provides reliable materials on a variety of mental and behavioral health topics. We will guide you to the right resources and meet you where you are.

I'm Ready to Visit a Provider



Prepare for a Visit



What Type of Program Do I Need?



What Kind of Provider Do I Need?



Search for a Provider



Important Forms

<https://lucethealth.com/members/resources>

Member Resources

I Need Health Resources



What is Advance Directive



Apps for Mindfulness, Stress and Mental Health Support



Community Resources



Wellness Plan



Crisis Resources



Stamp Out Stigma



Post-Traumatic Stress Disorder (PTSD) Toolkit



Mental Health Toolkit



Suicide Awareness Toolkit

<https://lucethealth.com/members/resources>

Member Resources

I Need Help with My Diagnosis



Substance Use Disorders Center



Autism Resource Center



Care Management

Important Forms



My Health Record



Consent to Release Information



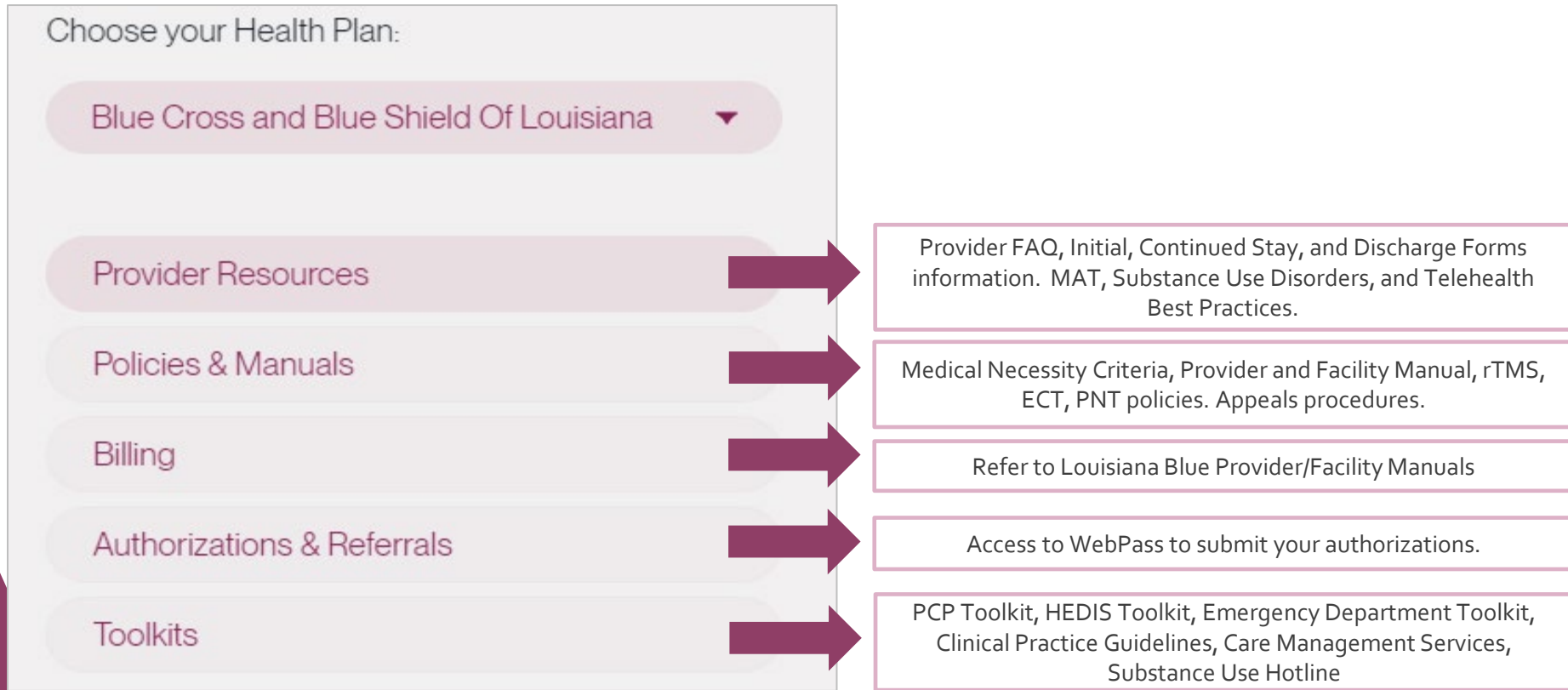
Consent to Release Information –
Authorization to Disclose PHI Form – Form
Instruction



Name an Authorized Delegate

<https://lucethealth.com/members/resources>

Helping You Help Others



<https://lucethealth.com/providers/plan/blue-cross-and-blue-shield-of-louisiana/#resources>

Policies and Manuals

The screenshot displays the Lucet Health website's 'Policies & Manuals' section. On the left, a vertical sidebar contains five menu items: 'Provider Resources', 'Policies & Manuals' (highlighted with a blue arrow), 'Billing', 'Authorizations & Referrals', and 'Toolkits'. The main content area is titled 'Policies & Manuals' and includes the text 'All Lucet policies are available for reference and download.' Below this, there are two sections: 'General' and 'Autism Spectrum Disorder (ASD)'. The 'General' section contains two items: '2024 Medical Necessity Criteria' (marked with an orange star and highlighted with a blue arrow) and 'Provider and Facility Manual' (marked with a green star). The 'Autism Spectrum Disorder (ASD)' section contains two items: '2024 Lucet – ABA for the Treatment of ASD' (marked with an orange star) and '2024 Lucet – ABA for the Treatment of ASD (Federal Employees)' (marked with a green star).

Provider Resources

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits

Policies & Manuals

All Lucet policies are available for reference and download.

General

2024 Medical Necessity Criteria

Provider and Facility Manual

Autism Spectrum Disorder (ASD)

2024 Lucet – ABA for the Treatment of ASD

2024 Lucet – ABA for the Treatment of ASD (Federal Employees)

<https://lucethealth.com/providers/plan/blue-cross-and-blue-shield-of-louisiana/#resources>

PCP TOOLKIT

- SUICIDE TOOLKIT
- TRAUMA / PTSD TOOLKIT
- SUBSTANCE USE DISORDER TOOLKIT



PCP Toolkit

Toolkits

Provider Resources

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits



PCP Toolkit



HEDIS® Toolkit



Emergency Department Toolkit



Clinical Practice Guidelines



Care Management Services



Substance Use Hotline

Resources



Screening Tools



PCP Consult Line



Care Management Services



Coordination of Care



Mental Health Toolkit



Behavioral Health
Integration

Toolkits



Suicide Toolkit



Depression Toolkit



Anxiety Toolkit



Post-Traumatic Stress
Disorder Toolkit



Substance Use Disorder
Toolkit



Pain Management Toolkit

[https:// lucethealth.com/providers/resources/pcp/suicide-toolkit](https://lucethealth.com/providers/resources/pcp/suicide-toolkit)

SUICIDE TOOLKIT



September is Suicide Awareness Month

The prevalence of suicide deaths in the U.S. is alarming, but together we can create positive change. September is National Suicide Prevention Month — help us spread the facts about suicide and educate others on how we can help those who may be struggling. You can print, distribute or share via social media the materials in this toolkit during September and all year long. It's time to #TalkAboutIt.

Articles



Hidden Victims of Firearms



Suicide and Its Survivors



Speaking to a Friend Who is Suicidal

Tip Sheets



Addressing Suicidal Ideation



Preventing Suicide in the LGBTQ+ Community

<https://lucethealth.com/members/resources/suicide-awareness-toolkit>

Suicide Toolkit

Lucet can help you when you or one of your staff identifies that a patient exhibits warning signs for suicide. The tools below can help you develop and implement a suicide prevention strategy for your organization and support the patient in accessing needed interventions.

Screening Tools

- ♦ [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#)
- ♦ [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)

Additional Screening Tools

Provider Resources

- ♦ [SAMHSA – Suicide Prevention in Primary Care](#)
- ♦ [Suicide Prevention Toolkit for Primary Care Practices](#)
- ♦ [Zero Suicide](#)
- ♦ [Lucet Depression Toolkit](#)

Additional Educational Articles

<https://lucethealth.com/providers/resources/pcp/suicide-toolkit>

TRAUMA / PTSD TOOLKIT



PTSD Toolkit

Because treatment of PTSD requires specialized training and intensive, often prolonged, treatment, it is not typically treated in primary care settings. However, PCPs can play a vital role by detecting the presence of PTSD, helping patients understand that they may have PTSD, educating patients about their treatment options and prescribing recommended medication when needed. PCPs can use the PC-PTSD-5 to screen for PTSD. The test is simple, easy to administer and score, and was developed specifically for use in primary care settings.

The following tools are being provided to assist in the identification of PTSD in your patients.

Screening Tools

- ♦ [Primary Care PTSD Screen for DSM-5 \(PC-PTSD-5\)](#)

Additional Screening Tools

Provider Resources

- ♦ [U.S. Department of Veteran Affairs: PTSD](#)
- ♦ [Posttraumatic Stress Disorder \(PTSD\)](#)
- ♦ [American Academy of Pediatrics: Trauma Toolbox for Primary Care](#)

Additional Educational Articles

Helping to Heal Trauma

A majority of adults in the United States have experienced a traumatic event. Lucet has an online **toolkit** to promote PTSD awareness. The toolkit includes posters, articles and other sharable materials.

A poster with a background of a sunset or sunrise over water, with orange and yellow clouds. A teal ribbon is centered in the middle. Text is overlaid in white and teal.

70% of U.S. adults experience trauma in their lives.

13 million have PTSD in a given year.



PTSD is not just a “veteran disorder.”
It is rooted in *any* trauma.

Your feelings are real and help is out there.

Lucet | June is *PTSD Awareness Month*
Visit Lucet@health.com for more resources.

Source: U.S. Department of Veterans Affairs

NO MARIJUANA 20210602

<https://lucethealth.com/members/resources/ptsd-toolkit>

SUBSTANCE USE DISORDER TOOLKIT



Substance Use Toolkit

Approximately 22% of all patients who present in healthcare settings have a substance use condition, such as alcohol, opioid, or other drug abuse or dependence. Consequently, medical settings are important places to identify individuals with Substance Use Disorders (SUD), engage them in treatment and begin providing them services. (Urada et al, 2012).

The following tools and practice guidelines are provided to assist in the identification of Substance Use Disorders in the United States.

Screening Tools

Alcohol

- ♦ [Youth Alcohol Screening and Brief Intervention Practitioner's Guide](#)
- ♦ [CRAFT Screening Tool for Adolescent Substance Abuse](#)
- ♦ [Short Michigan Alcoholism Test Geriatric Version \(SMAST-G\)](#)
- ♦ [Alcohol Use Disorders Identification Test \(AUDIT-C\)](#)
- ♦ [The Cage and Cage-Aid Questionnaires](#)

Other Drugs

- ♦ [Screening for Drug Use in General Medical Settings](#)
- ♦ [Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool \(TAPS\)](#)
- ♦ [Opioid Risk Tool \(ORT\)](#)
- ♦ [Drug Abuse Screening Test \(DAST\)](#)
- ♦ [NIDA Quick Screen](#)

Additional Screening Tools

Provider Resources

Alcohol

- ♦ [Alcohol Screening and Brief Intervention for Youth: Practitioner Guide](#)
- ♦ [Preventing Older Adult Alcohol and Psychoactive Medication Misuse/Abuse Screening and Brief Interventions](#)
- ♦ [Implementing Care for Alcohol and Other Drug Use in Medical Settings: An Extension of SBIRT](#)
- ♦ [SBIRT Training Presentation](#)

Other Drugs

- ♦ [Screening for Drug Use in General Medical Settings](#)
- ♦ [National Institute on Drug Abuse: Medical & Health Professionals](#)
- ♦ [General Guidelines for Substance Use Screening and Early Intervention in Medical Practice](#)

Additional Educational Articles

<https://lucethealth.com/providers/resources/pcp/sudtoolkit>

Substance Use Resources

Provider Resources

Policies & Manuals

Billing

Authorizations & Referrals

Toolkits

Toolkits

- PCP Toolkit
- HEDIS® Toolkit
- Emergency Department Toolkit
- Clinical Practice Guidelines
- Care Management Services
- Substance Use Hotline

Clinical 365

Substance Use Disorder Hotline

The decision to seek drug and/or alcohol treatment for yourself or a loved one can be a difficult, but important step. Simply identifying what type of treatment is needed and what is available can be tough. That's where the New Directions Clinical 365 team can help.

The Clinical 365 team is comprised of licensed clinicians that are available 24 hours a day, 7 days a week. A licensed team member will take time to fully understand and assess potential treatment needs, provide you with information regarding treatment options and search for the right provider for you or a loved one.

To reach the Clinical 365 team

Call the Substance Use Disorder Hotline at [877-326-2458](tel:877-326-2458).

For additional resources, visit the [Substance Use Disorders Center](#)

<https://lucethealth.com/providers/resources/member-hotline>