



HMO Louisiana

BlueHPN Network Speed Guide

This guide includes key information about the Blue High Performance Network® (BlueHPN®), a national network focused on enhancing the quality of care and delivery of cost savings to large self-funded employer groups. This network allows eligible employer groups with employees located throughout the country seamless access to a quality and affordable healthcare network nationwide.

Members & ID Cards

BlueHPN providers in Louisiana will have access to BlueHPN members with:

- benefits issued by HMO Louisiana, Inc.

HMO Louisiana Blue High Performance Network®	
Member Name _____	
Member ID _____	
Grp/Subgroup RxMbr ID RxBIN 003858 RxPCN-A4 RxGrp BSLA BC PLAN 170 BS PLAN 670	Advantage Plus Dental Network <div style="font-size: 2em; font-weight: bold; text-align: center;">SAMPLE</div>
HMO	
04100 01320 0325R	

- benefits issued by a Blue Plan other than Louisiana Blue.

Blue Cross BlueShield Blue High Performance NetworkSM	
Member Name _____	
Member Name Member ID XYZ123456789	
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00	Dependents Dependent One Dependent Two Dependent Three
Plan EPO Office Visit \$15 Specialist Copay \$15 Emergency \$75 Deductible \$50	<div style="font-size: 2em; font-weight: bold; text-align: center;">SAMPLE</div> <div style="text-align: right;"> </div>

BlueHPN members are recognizable by the Blue High Performance Network name or BlueHPN acronym on the member ID card.



Some ID cards may still include the BlueHPN in a suitcase logo.

No Out-of-network Benefits

It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.

Submitting Claims

For all BlueHPN member claims for services rendered in Louisiana, claims may be submitted either electronically, or hardcopy, through either of the below avenues.

Electronically:

- iLinkBlue (CMS-1500 only)
- Clearinghouses

Hardcopy:

HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Status of Claims

Use iLinkBlue, our secure, online self-service provider tool, to research claim status or member eligibility and benefits and more.

ilinkBlue

www.lablue.com/ilinkblue

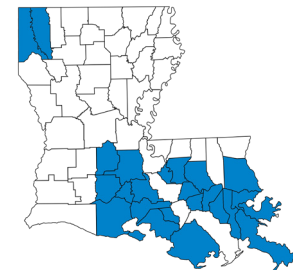
Nationwide Network Access

Find a full list of BlueHPN providers online at www.lablue.com/blue-hpn. Then select the BlueHPN Network.

Our BlueHPN members have access to other providers participating in the BlueHPN network across the nation.

BlueHPN members must access BlueHPN providers to receive benefits. If you are a BlueHPN provider, you will be reimbursed for services provided to BlueHPN members according to the BlueHPN contract with Louisiana Blue.

BlueHPN Service Areas in Louisiana (by parish)



- | | | |
|--------------|------------------------|---------------|
| • Acadia | • Orleans | • St. Landry |
| • Bossier | • Plaquemines | • St. Martin |
| • Caddo | • St. Bernard | • St. Mary |
| • Evangeline | • St. Charles | • St. Tammany |
| • Iberia | • St. James | • Terrebonne |
| • Jefferson | • St. John the Baptist | • Vermilion |
| • Lafayette | | |

Requesting an Authorization

1. For BlueHPN members with benefits issued by another Blue Plan, please reach out to that plan for authorization requirements.
2. For BlueHPN members with benefits issued by HMO Louisiana, the following services may require prior authorization. **This list may vary per self-funded group.** Always verify member benefits before administering services.

- Air Ambulance – Non-emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Arterial Ultrasound*
- Arthroscopy and Open Procedures (shoulder & knee)*
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cardiac Resynchronization Therapy*
- Cardiac Rhythm Monitors*
- Cellular Immunotherapy (no benefit without written authorization)
- Compound Drugs Greater than \$250
- Coronary Arteriography*
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Gene Therapy (no benefit without written authorization)
- Genetic and Molecular Testing*
- Hearing Aids age 18 & older (no benefit without prior authorization)
- Hip Arthroscopy*
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000 (including but not limited to defibrillators)
- Implantable Cardioverter Defibrillators*
- Inpatient Hospital Admissions (except those in connection with childbirth)
- Intensive Outpatient Programs*
- Interventional Spine Pain Management*
- Joint Replacement (hip, knee & shoulder)*
- Low-protein Food Products
- Meniscal Allograft Transplantation of the Knee*
- MRI/MRA*
- Nuclear Cardiology*
- Oral Surgery (not required when performed in an office)
- Orthotic Devices greater than \$300
- Partial Hospitalization Programs
- Percutaneous Coronary Interventions such as Coronary Stents and Balloon Angioplasty*
- Peripheral Revascularization*
- Permanent Implantable Pacemakers*
- PET Scans*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.lablue.com/providers >Pharmacy
- Private Duty Nursing
- Prosthetic Appliances
- Pulmonary Rehabilitation
- Radiation Therapy for Oncology*
- Residential Treatment Centers
- Resting Transthoracic Echocardiography*
- Sleep Apnea Diagnostics and Titration* (home sleep test [HST], polysomnograms [PSG], multiple sleep latency testing [MSLT], maintenance of wakefulness testing [MWT], positive airway pressure titration studies)
- Sleep Apnea Treatment* (automatic positive airway pressure [APAP] therapy, continuous positive airway pressure [CPAP] therapy, bilevel, or variable, positive airway pressure [BPAP] therapy. Includes all supplies related to these devices, oral appliance therapy and hypoglossal nerve stimulation therapy.)
- Spine Surgery*
- Stress Echocardiography*
- Surgical Treatment of Erectile Dysfunction (including penile implants) (if benefits available)
- Temporomandibular Joint Syndrome (TMJ) Surgical Treatment
- Transesophageal Echocardiography*
- Transplant Evaluation & Transplants (no benefit without written authorization)
- Treatment of Osteochondral Defects*
- Vacuum Assisted Wound Closure Therapy
- Wearable Cardioverter*

To Request Prior Authorization

Louisiana Blue does not accept authorization requests via phone or fax with the exception of transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations, through our online Louisiana Blue Authorizations application. This application is available on iLinkBlue (www.lablue.com/ilinkblue), located under the “Authorizations” menu option.

- * High-tech imaging & utilization management program services are authorized through the Carelon MBM Provider Portal by clicking the “Carelon Authorizations” link. These services are customized and optional for each group. Some may have the authorization requirement and some may not.

Maternity Admissions

Inpatient hospital admissions in connection with childbirth do not require authorization. Inpatient services for newborn well-baby services are included in the mother’s stay. However, authorization is required for inpatient sick-baby services.

Find a full list of provider support contacts online at www.lablue.com/providers
> Network Enrollment
> Provider Support.