SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.51 ACCESS TO INFORMATION AND MEDICAL RECORDS

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

ACCESS TO INFORMATION AND MEDICAL RECORDS

Providers must make available to Louisiana Blue, or its designated representative, financial reports, medical records, outcomes studies and other member-related information requested for audit, administrative and actuarial purposes. Providers must submit requested medical records within seven days of receiving a request.

Providers must allow Louisiana Blue to conduct audits of the provider, facilities, billing practices, charges, policies and procedures. This includes, but is not limited to, medical and quality management program audits. Louisiana Blue should be allowed to conduct these audits at any time during the provider's normal business hours with at least 24 hours' advance notice.

Providers must cooperate with any additional monitoring or review activities Louisiana Blue deems necessary to ensure accurate payment for covered services rendered to members.