Please note: HMOLA providers should follow the guidelines set forth in this manual. Differences and additional guidelines can be found in the Professional Provider Office Manual. View a copy online at www.bcbsla.com, Provider, Manuals & Speed Guides.
HMOLA NETWORK OVERVIEW

HMO Louisiana, Inc. (HMOLA) is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. Since 1996, HMOLA has worked to develop business relationships with doctors, hospitals and other healthcare providers throughout Louisiana. The HMOLA provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefits. The HMOLA network is offered in the Baton Rouge, New Orleans and Shreveport service areas only.

HMOLA members pay a lower copayment when they receive services from primary care physicians (PCPs) and receive the highest level of benefits when they receive care from in-network providers.

HMOLA offers two managed care benefit plans:
**Health Maintenance Organization (HMO)**
This benefit design is similar to the POS benefit design in that members with either a POS or HMO benefit plan access the same network of providers and have the same type of benefits, except there is no out-of-network option with the HMO benefit.
- Uses HMOLA providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
- Member has no benefits for out-of-network providers (without Plan approval)

**Point of Service (POS)**
Allows members to choose each time they need care—at the point of service—whether to use a network provider or go out-of-network and receive reduced benefits. Members with a POS benefit plan receive the highest level of benefits when using network providers with the proper authorization (when services require plan approval) and a lower level of benefits when receiving care that is not authorized or from providers who are not in the HMOLA network.
- Uses HMOLA providers
- Member is responsible for any applicable coinsurance, deductible and/or copayment
- Member receives high-level benefits for in-network providers with authorization (if necessary)
- Member receives low-level benefits for out-of-network providers (without Plan approval)

**Nonparticipating (or Out-of-Network) Providers**
HMOLA members have no benefits for services provided by nonparticipating or out-of-network providers without obtaining prior approval. After an authorization is obtained for medically necessary services to a nonparticipating provider, please note the following regarding reimbursement:
- The allowable charge is the lesser of the provider’s billed charge, or an amount negotiated with the provider as payment in full, for the member’s covered services.
- This amount is the nonparticipating provider’s allowable charge and it is used to determine the amount paid for the member’s covered services.

An HMOLA member does not have to obtain prior authorization to receive emergency medical services. A member should seek emergency care at the nearest facility. In this case, the allowable charge is the lesser of the provider’s billed charge, or an amount negotiated with the provider as payment in full, for the member’s covered services. This amount is the nonparticipating provider’s allowable charge and it is used to determine the amount that will be paid for the member’s covered services.

**HMOLA Service Area**
Our HMOLA service areas include Baton Rouge, New Orleans and Shreveport and surrounding parishes (see the next page for a map and a list of parishes in each area). If your practice is located in one of these areas, you are eligible to participate in our HMOLA network.
Identifying HMOLA Members
When HMOLA members arrive at your office, be sure to ask them for their current HMOLA ID card. The main identifier for HMOLA members is the HMO Louisiana, Inc. logo in the top left corner of the card. Cards also indicate the product type as either the HMO Plan or Point of Service (POS) Plan. HMOLA members carry an ID card similar to the one shown here. HMO members are issued ID cards with the same ID number for each covered member.

HMOLA Service Area

Direct Access
Direct Access is an innovative approach to managed care that was implemented by Blue Cross and HMOLA. Members may choose to receive care from a primary care physician (PCP) or go directly to a network specialist for office visits without receiving a referral. Members with Direct Access have “Direct Access” printed on their ID cards.

How does Direct Access affect the member’s benefits?
Copayments for members with Direct Access are different depending on whether or not the services are rendered by a network PCP or by a network specialist. The applicable copayment for each provider type is listed on the member’s ID card.

Who Is Eligible for the PCP Copayment
The following specialties are considered PCPs by HMOLA:
- Family Practice
- General Practice
- Internal Medicine
- Pediatrics

Please note that the following provider types should also collect the PCP copayment:
- Chiropractors
- Federally Qualified Rural Health Clinics
- Occupational Therapists
- Physical Therapists
- Speech Therapists
SUBMITTING CLAIMS FOR HMOLA MEMBERS

Providers file claims for services related to inpatient, outpatient and professional services. To ensure prompt and accurate payment, it is important that you provide all patient information on the required claim form including appropriate HCPCS, CPT® codes and ICD-9-CM diagnosis and procedure codes. Also, remember to include your HMOLA assigned five-position or ten-position provider number. All completed claim forms should be forwarded to the following address for processing:

HMO Louisiana, Inc.
P.O. Box 98024
Baton Rouge, LA 70898-9024

Electronic Submission of Claims

By filing your claims electronically, you will have less paperwork and your claims will be paid faster, often within 7 to 14 days. If you are interested in submitting electronic claims to HMOLA, you may choose from the following options. Get more information by calling the phone numbers listed for each below:

- Clearinghouse Submissions: 225.291.4334
- System-to-System Electronic Transactions: 225.291.4334
- ACTS 2000: 225.293.LINK (5465)
- iLinkBLUE Provider Suite: 1.800.216.BLUE (2583) or 225.293.LINK (5465)

What is the timely filing limit for claim submissions?

All claims for HMOLA members must be filed within 15 months, or length of time stated in the member’s contract, of the date of service. Claims received after 15 months, or length of time stated in the member’s contract, will be denied, and the member and HMOLA should be held harmless for these amounts.

Services That Require Authorization

The following services and/or procedures require authorization prior to the service being performed. Authorization requirements may vary slightly by the member’s health benefit plan. To obtain authorization, please call Provider Services at 1.800.922.8866, option 2.

- Air ambulance (Non-emergency)
- Alcohol/Drug Abuse Treatment
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Day Rehabilitation Programs
- Dialysis
- Durable Medical Equipment that exceeds $300
- Drugs Requiring Authorization: Complete list of drugs that require authorization available online at: www.bcbsla.com, under Provider, Pharmacy Management
- Electric & Custom Wheelchairs
- High-tech Diagnostic Imaging Services*
- Home Health care and Private Duty Nursing
- Hospice
- Hyperbarics
- Implantable medical devices over $2000.00 such as Implantable Defibrillator and Insulin Pump
- Infusion Therapy – Includes home and facility administration (Exception: Infusion therapy performed in a physician’s office – The drug to be infused may require authorization.)
- Inpatient Hospital Services (except routine maternity stays*)
- Low protein food products

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• Mental Health Services
• Oral Surgery
• Orthotic Devices
• Outpatient Non-Surgical Procedures (Exceptions: X-rays\(^+\), labwork, physical therapy, occupational therapy, speech therapy and chiropractic services do not require authorization; Non-surgical procedures performed in a physician’s office do not require authorization.)
• Outpatient Pain Rehabilitation /Pain Control Programs
• Outpatient Surgical Procedures not performed in a physician’s office
• Prosthetic Appliances
• Sleep Studies
• Stereotactic Radiosurgery, including, but not limited to, gamma knife and cyberknife procedures
• Transplant Evaluations
• Vacuum Assisted Wound Closure Therapy

* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery.

** Request authorization for these services online through iLinkBLUE.

\(+\) See the Professional Provider or Member Provider manuals on [www.bcbsla.com](http://www.bcbsla.com), under Provider, Manuals & Speed Guides for more information on imaging authorizations

Exclusion for pre-implantation genetic determination: Services or supplies for pre-implantation genetic diagnosis and pre-genetic determination are excluded from coverage.

**Authorization Penalties for HMOLA's POS Providers**
If a provider fails to obtain a required authorization for an HMOLA POS member, Blue Cross will reduce the provider’s benefit payment by 30 percent of the allowable charge. This penalty applies to all services and supplies requiring an authorization, other than inpatient charges. The HMOLA’s POS provider is responsible for all charges not covered and for the penalty amount. The HMOLA POS member remains responsible for the member’s copayment, deductible amount and applicable coinsurance percentage. If a service is determined as not medically necessary, the service or supply is not covered.

There is a $1,000 penalty toward the allowable charge to HMOLA's POS inpatient network facilities for failure to obtain an authorization for inpatient facility confinements. No 30 percent penalty or $1,000 penalty will be applied to the professional services for the inpatient stay. There is no penalty for professional services rendered during the inpatient stay.
For new group HMOLA's POS plans with deductibles, there is no copay. Therefore, the $1,000 penalty will be applied to Blue Cross’ payment based on the deductible/co-insurance benefit.
Preferred Lab Program
HMOLA uses a statewide preferred lab program with multiple lab vendors. Laboratory services provided to HMOLA members must be submitted to these labs. The lab vendors are:
- LabCorp
- Quest Diagnostics, Inc.
- Woman’s Hospital in Baton Rouge (select services)

Program Requirements
Laboratory services provided to HMOLA members must be submitted to LabCorp, Quest Diagnostics or Woman’s Hospital. However, physicians may perform a selection of lab tests in their offices, which may be covered under the member’s office copayment.

Handling Fee
To compensate physicians for their time and effort associated with handling lab tests sent to LabCorp, Quest or Woman’s Hospital, physicians will be paid a $3 handling fee per member/per visit for tests routed correctly to one of the preferred labs. To be paid the $3 handling fee, you must bill CPT® code 36415 or 99000. Please note: Physicians are not eligible for the handling fee when they refer lab work to labs other than our preferred labs, and they will not be paid for the handling fee in addition to their fee-for-service reimbursement for lab tests performed in their offices.

Working with our Preferred Labs
If you need the necessary forms to submit lab work to LabCorp, Quest or Woman’s Hospital, you may contact them at the following numbers or visit them online:
- LabCorp: 1.800.888.4758 or 225.926.9173  www.labcorp.com
- Quest: 1.800.654.9050 (Central and North Louisiana)  www.questdiagnostics.com
   1.800.669.0920 (Southeast Louisiana)
- Woman’s Hospital: 225.924.8271

Physicians who do not collect specimens in their offices may send their HMOLA patients to the Preferred Lab draw sites. You may use our online provider directories available at www.bcbsla.com to locate Preferred Lab draw sites.

Special Arrangements
To make special arrangements for weekend or after-hour pickups, please call the labs at the numbers listed above.

Provider Inquiries and Satisfaction
Providers can access member’s benefits, eligibility and allowable charges using the iLinkBLUE Provider Suite. If you have questions regarding a member’s coverage, please call Provider Services at 1.800.922.8866. Please let us know if any quality issues arise so we can work with the appropriate lab to improve service and ensure that you and your patients receive the service you expect and deserve.

Online HMOLA
Preferred Lab Speed Guide
www.bcbsla.com
Provider Manuals & Speed Guides
ADDITIONAL INFORMATION

Provider Office Manuals

Please Note: HMOLA providers should follow the guidelines set forth in the Professional Provider Office Manual found online at www.bcbsla.com and the Member Provider Policies & Procedures Manual found online on our iLinkBLUE Provider Suite at www.bcbsla.com/ilinkblue. Differences and additional guidelines are found in this manual, which is a supplement to the manuals listed above.

Provider Services Voice Response Telephone System (Call Center)

1.800.922.8866

• Option 1 - Fax or voice summary of benefits or claim status
• Option 2 - Calling to set up a new authorization
• Option 3 - Out-of-state policy
• Option 4 - Federal Employee Policy (FEP)
• Option 5 - All other calls - Network Administration

Customer Service

If your patients have questions about their healthcare benefits, you should tell them to call the number on their ID card. If they don’t have their card, you may refer them to the Customer Service Center at 1.800.376.7741 or 225.293.0625.

Provider Network Administration

If you need assistance with any of the material contained in this manual, you may call Provider Network Administration at 1.800.716.2299, option 3 or e-mail us at Network/Administration@bcbsla.com.

Provider Relations Services

Provider Relations Representatives assist providers and their office staff and provide information about Blue Cross and its programs and procedures. To determine who your Provider Relations Representative is, see the Provider Representatives map at www.bcbsla.com under Provider Tools. Please do not call your Provider Relations Representative with routine claim or benefit questions. You may obtain immediate answers to those questions through iLinkBLUE or by calling the Provider Services at 1.800.922.8866 as directed above.

How do I update my practice information with HMOLA?

Please notify us if you have changes to your name, address or tax identification number (TIN). If your TIN changes, we will have to assign new provider numbers for claims filing. Please notify HMOLA by sending a copy of your IRS Employer Identification Number Letter to the address below prior to the effective date of the new TIN.

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

1.800.716.2299, option 3 or 225.297.2758
225.297.2750 (fax)

www.bcbsla.com
Network/Administration@bcbsla.com

Online HMO Speed Guides
www.bcbsla.com
Provider Manuals & Speed Guides