Blue Cross Plans Update Hospital Measurement and Improvement Program

The Blue Distinction Hospital Measurement and Improvement Program, developed by the Blue Cross and Blue Shield Association in collaboration with all Blue Plans, focuses on reporting publicly available, nationally recognized performance measures. The objective of this program is to provide quality performance information to hospitals and employers nationwide. The program allows more accessibility to information that is already publicly available and creates no additional reporting burden on hospitals.

The program integrates over 25 hospital performance criteria from two public sources: Centers for Medicare and Medicaid Services (CMS) and Agency for Healthcare Research and Quality. Data for all measures has been collected and summarized by WebMD Quality Services on behalf of the Blue Cross Blue Shield Association and is accessible to participating Plans, hospitals and national account employers. The web-based reports are updated quarterly using the most recent data available.

The performance report is based on several process measures or quality indicators from the following five categories of quality measures:

- Heart Attack Care
- Heart Failure Care
- Pneumonia Care
- Surgical Infection Prevention Care
- Patient Safety

Most Recent Data Time Period

The most recent data update to the Hospital Measurement and Improvement Program is now activated on the web-application. CMS measures are reported for the period of April 2007 to March 2008 (Q207-Q108), which is the most recent data released by CMS. Patient safety indicators reflect 2006 data for Medicare and All Payer data. Additionally, there is a minimum volume standard of 25 cases to be compared for the CMS measures, and 10 cases to be compared for the Patient Safety measures.

New in This Release

Please notice the new tab in the application that contains HCAHPS data for each facility. HCAHPS data is also now included in the individual Plan raw data reports.

To check your facility’s current data, temporary access information has been provided below. Please do not distribute this access information outside your organization. (Note: The password is case sensitive.)

- Go to www.selectqualitycare.com
- Click on Demonstration Area
- Click on Select Quality Care® Consumer
- Enter User name: network pilot
- Enter Password: demo

We may make this information available to group decision-makers for national accounts as needed. If you have any questions, comments or feedback on the Blue Distinction Hospital Measurement and Improvement Program, please contact us at (800) 716-2299, option 1 or contact Ms. Kim Gassie at (225) 297-2685.

Blue Cross Names
President and CEO
See page 5 for more

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company
Caddo Parish School Board Offers HMOLA POS Plan

Effective April 1, 2009, some employees of the Caddo Parish School Board (CPSB) employee group have coverage through the HMO Louisiana (HMOLA) POS Plan. The CPSB POS option includes direct access, where members do not have to designate a primary care physician and are not required to get a referral to go to a specialist. CPSB members with HMOLA POS benefit option are identified by the HMOLA logo and group number 75733 printed on their identification cards.

Providers are responsible for obtaining the appropriate authorizations for HMOLA plans and for utilizing the HMOLA Preferred Lab program. For more information, see the Manuals & Speed Guides section of the Provider page of www.bcbsla.com.

Present on Admission Indicators

Blue Cross and Blue Shield of Louisiana requires hospitals to follow the CMS-required Present on Admission (POA) indicator for every diagnosis filed on all inpatient claims. The POA indicator is required on all Blue Cross paper and electronic claims. It is not required on Medicare secondary claims.

For more instructions on how to include POA indicators on claims, see the 1st Quarter 2009 issue of our provider newsletter, Network News, at www.bcbsla.com under Provider News.

For more information on POA indicator requirements, visit the CMS web page for Hospital-Acquired Conditions at www.cms.hhs.gov/HospitalAcqCond, contact Blue Cross and Blue Shield of Louisiana Provider Services at (800) 922-8866 or contact your Provider Relations Representative.

Blue Distinction® Shows Benefits, Expands Program

Blue Distinction is a designation program that recognizes medical facilities that meet objective, evidence-based thresholds for clinical quality developed in collaboration with expert physicians and medical organizations. This designation provides our members with a credible, easily identifiable means of selecting facilities that best meet their individual specialty care needs.

Blue Plan members across the nation are seeing the benefits of choosing a Blue Distinction center. For instance, a recent study found that patients of the Blue Distinction Centers for Cardiac Care® experienced lower readmission rates and lower costs for bypass procedures and outpatient angioplasty.

Building on this foundation, Blue Cross and Blue Shield of Louisiana will expand our Blue Distinction program to include Knee and Hip Replacement and Spine Surgery later this year. To learn more, go to www.bcbsla.com, click on Compare LA Hospitals, Blue Distinction CentersSM or visit the following Blue Cross and Blue Shield Association web page: www.bcbs.com/innovations/bluedistinction/.
Louisiana Blue Cross Providers Serving Medicare Advantage Members

Recent government rule changes now enable some health plans to enroll and cover some retiree group members in Medicare Advantage (MA) HMO or PPO products, even in areas where a formal provider network is not available. Blue Cross and Blue Shield of Louisiana does not maintain a provider network for MA at this time; however, our providers may be asked to treat another Blue Plan’s MA members in our service area. MA members who are enrolled in areas without a provider network (in this case, Louisiana), are “non-network members,” and may receive care from any Medicare eligible provider, including all Medicare participating providers.

What Louisiana Providers Need to Know

Louisiana providers are encouraged, but not required, to render services to non-network MA members from other Blue Plans. Should you decide to provide services to a MA member, you will be reimbursed for covered services at the “Medicare Allowed Amount” based on where the services were rendered and under the member’s out-of-network benefits unless for urgent or emergency care. Providers should continue to verify eligibility and bill for services for any out-of-state Blue Plan member you agree to treat. MA claims are to be submitted directly to Blue Cross and Blue Shield of Louisiana. MA members will carry ID cards with the MA PPO/suitcase-type logo (see above).

Medicare Advantage Member Servicing Confirmation Form

When providing services to a non-network MA member, providers will need to complete a Member Servicing Confirmation Form for every MA member treated. By completing this form, the provider agrees to provide services to a particular member for the period of time indicated on the form at the Medicare Allowed Amount.

Providers may obtain a copy of the Medicare Advantage Member Servicing Confirmation Form from our website at www.bcbsla.com under “Out-of-State/BlueCard.” E-mail completed forms to Network.Administration@bcbsla.com or fax to (225) 297-2750.

If you have questions on serving non-network or out-of-state members for Medicare Advantage, contact Blue Cross and Blue Shield of Louisiana’s Provider Services at (800) 922-8866, option 3 or contact your Provider Relations Representative.

Hospital Compare Tool Added to Directory

Blue Cross and Blue Shield of Louisiana is adding a direct link to the U.S. Department of Health and Hospitals’ hospital compare tool to our provider directory. The link is functional and replaces Healthcare Facts®. A direct link to www.hospitalcompare.hhs.gov, a quality tool provided by Medicare, is included with each participating hospital’s directory information. Once a member clicks on the link, he or she will be able to view and compare information that hospitals have reported to CMS. This tool includes quality information on certain procedures that the hospital performs and survey results of patients’ hospital experiences. This free, online service was created to provide factual information so members can choose which hospital best fits their needs and preferences. By simply clicking on the “Hospital Compare” link, members can view the information on one hospital or select more than one to compare them side-by-side.

Another new feature added to our hospital directory information is a direct link to our network hospitals’ websites. If you would like your website to be added to the directory, please e-mail the link to Network.Administration@bcbsla.com with “Directory” in the subject line. Additionally, members are now able to link from the hospital affiliation information included in the physician directory to the hospital(s) where a physician admits and there is a list of affiliated physicians for each hospital. The expanded hospital information includes Blue Distinction Center designations and/or National Committee for Quality Assurance (NCQA) accreditations, if applicable. Future enhancements will include information on JCAHO accreditation for facilities.

Providing as much information as possible about our network hospitals allows members to select a facility based on their individual preferences. These enhancements are just a few of the changes you can expect to see from Blue Cross in our continuing efforts to promote and improve healthcare transparency.
**Referring Physician NPIs**

**All Providers and Clearinghouses:** Please provide referring physician NPIs on all claims filed with Blue Cross and HMOLA as follows:

- **CMS-1500:** Block 17 (Name of Referring Physician)– Enter the referring physician's ID number other than NPI in Block 17a, (Other ID) and enter their NPI in Block 17b (NPI)
- **UB-04:** Block 78 (Other)– Enter the NPI, last name and first name of the referring physician.
- **837P:** 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element.
- **837I:** 2310D loop, segment NM1 with the qualifier of DN in the NM101 element.

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**Outpatient CPT, HCPCS Codes Updated for 1st Quarter 2009**

Blue Cross and Blue Shield of Louisiana recently completed a review of new 2009 CPT® and HCPCS codes. As a result, minor updates were made to the outpatient Surgical and Diagnostic and Therapeutic Services code ranges. These updates were effective January 1, 2009. A notification letter including a list of the updated codes was sent to your facility via e-mail or mail on January 27. If you did not receive a copy of the letter, please e-mail us at ProviderCommunications@bcbsla.com.

*CPT is a registered trademark of the American Medical Association.*

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**Preparing for ICD-10**

On August 15, 2008, the Department of Health and Human Services (HHS) announced a long-awaited proposed regulation that would replace the ICD-9-CM code sets now used to report healthcare diagnoses and procedures with the expanded ICD-10-CM (diagnosis) and ICD-10-PCS (hospital procedure) code sets. This is to take effect on October 1, 2013.

In a separate regulation, HHS has adopted the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as healthcare claims. Version 5010 is essential to the use of the ICD-10 codes. This is scheduled to take effect on January 1, 2012.

This transition will require many significant changes for health insurers, providers, clearinghouses and practice management vendors. Differences in code length, alpha-numeric characters and increased details captured by the codes are just some of the changes that are a part of the new code set.

The CMS website includes a section dedicated to ICD-10 and how it differs from ICD-9: [www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10). Check this site often for upcoming presentations, helpful downloads and other updated information.

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**Blue Plans Continue to Promote Healthcare Reform**

The Blue Cross and Blue Shield Association along with America’s Health Insurance Plans (AHIP), continue to work with key lawmakers to address healthcare reform nationwide. Blue Cross and Blue Shield of Louisiana encourages our state hospitals to contact Senators about how you can help. To learn more, visit the Spotlight on Issues page of the Blue Cross and Blue Shield Association web page at [www.bcbs.com/issues/](http://www.bcbs.com/issues/) or visit the AHIP’s Campaign for an American Solution website at [www.americanhealthsolution.org/](http://www.americanhealthsolution.org/).
Network Development Adds New Position

Network Administration Division welcomed a new addition to our Network Development staff as of late 2008: Thomas Groves has taken on the new position of Director, Provider Contracting and Relations. Tom is responsible for overseeing many of Provider Network Development and Provider Relations’ daily functions.

New Campaign Demonstrates Commitment to Health

At the beginning of the year, Blue Cross and Blue Shield of Louisiana launched a new branding campaign designed to position Blue Cross as a health guidance company committed to the health and wellness of our customers. The campaign promotes the company’s new brand promise: Your Health. Our Commitment. With a new original song and logo, this brand promise is more than just an advertising slogan—it’s a way to strongly communicate to Blue Cross customers that we understand their needs and are deeply committed to meeting them.

We know you share that commitment as healthcare providers who serve our mutual customers, and we value the business relationships we’ve built within the Louisiana healthcare community. We believe that the campaign, “Your Health. Our Commitment,” will benefit Louisianians by giving them information and tools they need to live healthier lives and to manage their healthcare benefits effectively.

Visit our website at www.bcbsla.com for more detailed information about our plans, coverage and more than 40 value-added wellness programs, health tools and services we offer. Contact your Provider Relations Representative if you have any questions.

BCBSLA Receives 12th Consecutive “A” Rating from Standard & Poor’s

National rating service Standard & Poor’s has given Blue Cross and Blue Shield of Louisiana its 12th consecutive “A” rating for financial strength, citing the company’s strong competitive position in the state’s health insurance market, very strong capitalization, very strong liquidity supported by high-quality investments and return on revenue that is consistent with what it expects from an “A” rated, not-for-profit company.