

# Behavioral Health Webinar for ABA Providers

2020

**Provider Relations Department**  
[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)



## Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association. Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

New Directions is an independent company serving as the behavioral health manager for Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc.

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**Presented by**



**Marie Davis**

**Provider Relations  
BCBSLA**

# New Directions Team



**Michelle Kim, MS, BCBA**  
Autism Resource Program



**Katherine Wooten**  
Clinical Director –  
Corporate Programs



# Our Mission


To improve the health and lives of Louisianians

# Our Core Values

- Health
- Affordability
- Experience
- Sustainability
- Foundations

# Our Vision

To serve Louisianians as the statewide leader in offering access to affordable healthcare by improving quality, value and customer experience





# Agenda



- Provider Credentialing & Data Management
- Our Networks
- Telehealth
- iLinkBlue Enhancements
- Billing & Claims
- Our Secure Online Services
- New Directions



# Provider Relations Team



## **Your Provider Relations Team at Blue Cross and Blue Shield of Louisiana**

**Left to right:** Marie Davis, Melonie Martin, Anna Granen, Patricia O’Gwynn, Jami Zachary, Mary Guy, Kelly Smith, Lisa Roth



# **Provider Credentialing & Date Management**

# Join Our Networks Webpage

- Credentialing and Recredentialing Packets *(including a checklist of all required documents)*
- Quick Links to provider update forms
- Credentialing Criteria

## Join Our Networks

The documents below are available in DocuSign® format only. As of March 17, the PDF versions of these forms are no longer available. Submitting these forms in the DocuSign format allows the Provider Credentialing & Data Management staff to continue processing your requests as our employees take precautionary measures to prevent the spread of the novel Coronavirus (COVID-19). For details on completing DocuSign forms, [view this guide](#). When submitting DocuSign documents, please do not separately email them to Blue Cross. We automatically receive your submission from the DocuSign application. Double submissions (submitting through DocuSign and also sending an email of the completed form) could delay the processing time for your request.

Since 1996, we have been dedicated to fully credentialing providers who apply for network participation. Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC). All provider information obtained during the credentialing process is considered highly confidential.

### Credentialing Process

There are two options for obtaining a Blue Cross provider record. You may request network participation or just a provider record as a non-participating provider for the purpose of filing claims. Complete the correct credentialing packet below and return to Blue Cross with all required documents.

#### DocuSign Format

- [Professional Initial Credentialing Packet](#)
- [Professional Recredentialing Packet](#)
- [Facility Initial Credentialing Packet](#)
- [Facility Reverification Packet](#)

Receipt of an application or agreement does not guarantee acceptance into any network. The credentialing process takes up to 90 days when all required information is received. Providers will remain non-participating in our networks until their credentialing application has been approved by our [Credentialing Committee](#).

We do not back-date network participation prior to the approval date. The credentialing approval date becomes the effective date of network participation, unless a future date is requested.

Providers may appeal committee decisions using our [Appeals and Terminations Guidelines](#).

### Quick Links

- [DocuSign Format](#)
- [Provider Update Form](#)
- [Link to Group or Clinic Request Form](#)
- [Number of Tax Identification Number \(TIN\) Change](#)
- [Request for Termination Form](#)
- [Add Practice Location Form](#)
- [Remove Practice Location Form](#)

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks



# Required Supporting Documentation for Professional Providers



Louisiana

You may choose to participate in our networks under a new provider agreement or join a provider group with an existing agreement. You can also simply obtain a provider record as a non-participating provider for the purpose of filing claims. Please complete the appropriate checklist below and return this checklist with your packet. All required documents must be fully completed with a handwritten signature and date. Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received. If you have any questions about our credentialing requirements, please visit our Provider page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks. See [Professional Providers Credentialing Criteria](#) for more information.

☐ I wish to PARTICIPATE in Blue Cross' network(s)

- ☐ **New Contract**  
*Our Network Development department will contact you regarding a new network agreement.*
- ☐ Complete the Louisiana Standardized Credentialing Application
  - ☐ Attachment A - Location Hours
- ☐ Complete the iLinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
- ☐ Enclose a canceled check/bank letter confirming account
- ☐ Complete the Administrative Representative Registration Form
- ☐ Complete the Administrative Representative Acknowledgment Form
- ☐ Enclose an EIN Letter
- ☐ Enclose a W-9 Form
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA registration and CDS license (as applicable)
- ☐ Enclose a copy of Malpractice Liability Certificate (copy of policy declarations page)
- ☐ Enclose a Reimbursement During Credentialing Request (if applicable)
- ☐ Enclose this completed checklist

- ☐ **Joining an Existing Group**  
*Upon approval, we will add you to existing network agreements applicable to your organization.*
- ☐ Complete the Louisiana Standardized Credentialing Application (if not currently credentialed)
  - ☐ Attachment A - Location Hours
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA/CDS Licenses (where applicable)
- ☐ Enclose a copy of Malpractice Liability Certificate (copy of policy declarations page)
- ☐ Enclose a Reimbursement During Credentialing Request (if applicable)
- ☐ Complete and enclose the Link to Group or Clinic Form (if currently credentialed)
- ☐ Enclose this completed checklist

☐ I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider

- ☐ Complete the Louisiana Standardized Credentialing Application
- ☐ Complete the iLinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
- ☐ Complete the Administrative Representative Registration Form
- ☐ Complete the Administrative Representative Acknowledgment Form
- ☐ Enclose an EIN Letter
- ☐ Enclose a W-9 Form
- ☐ Enclose a copy of state license
- ☐ Enclose this completed checklist

Submit all required documents to:

mail: BCBSLA - PCDM  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

email: [network.administration@bcbsla.com](mailto:network.administration@bcbsla.com)

fax: (225) 297-2750  
Attention: PCDM

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- The professional (initial) credentialing packet includes a checklist of all required documents
- To **join our networks through a new contract**, or **joining an existing group**, complete the checklist under "I wish to PARTICIPATE in Blue Cross' network(s)"
- If you **want a provider record only for filing claims**, complete the checklist under "I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider"

- You must complete the applicable checklist and submit all of the indicated documents
- Credentialing packets with incomplete, missing information or submitted incorrectly will be returned

# Required Supporting Documentation for Professional Providers

Blue Cross now uses the LSCA for both credentialing and recredentialing applications

 **LOUISIANA STANDARDIZED CREDENTIALING APPLICATION**

**DIRECTIONS**  
Please type or print in black ink when completing this form. If you need more space or have more than four locations, attach additional sheets and reference the question being answered. Please see page 10 for a list of required documents.  
\*\* All sections must be completed in their entirety. "See C.V.", not acceptable"

**GENERAL INFORMATION**

Last Name		Suffix	First	Middle	Gender
					Male Female
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> DC <input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> Other					
Any other name under which you have been known? (AKA) List			ECFMG Number		
			UPIN Number		
Home Street Address		City		State	Zip Code
Home Phone Number		Pager Number/Answering Service		Home Email Address (optional)	
Social Security Number	Date of Birth	Birth Place (city, state)		Race/Ethnicity (optional)	
NPI - Individual	Medicaid Provider Number		Medicare Provider Number		

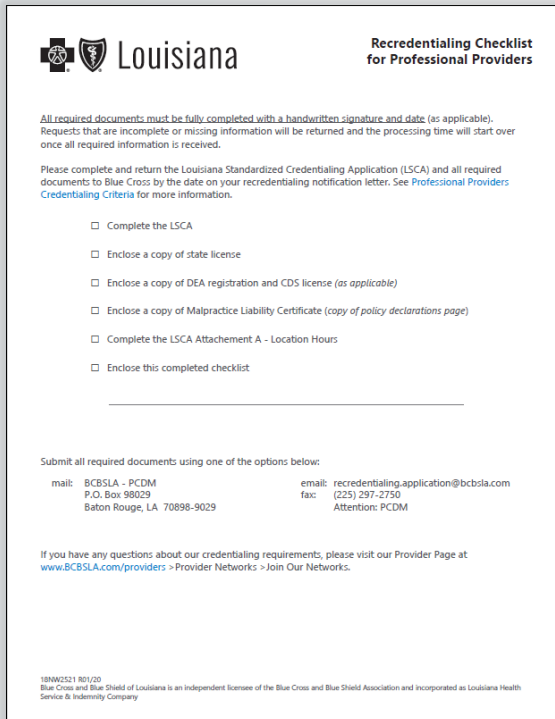
**PRIMARY PRACTICE LOCATION**


Institution/Group/Clinic Name (if Applicable)		Office Manager
Tax Identification Number	Effective Date of Provider at this Practice Location	NPI - Group
Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT: must match IRS information exactly)		
Physical Address		City
		State
		Zip Code
Office Email		Office Website
Main Phone Number	Appointment Phone Number	Fax Number
Billing Address (where you want payments sent)		Contact Person
		Phone Number
City	State	Zip Code
Billing Email		Fax Number
Correspondence Address (where you want communications sent)		Contact Person
		Phone Number
City	State	Zip Code
Correspondence Email		Fax Number
Medical Records Address (where you want medical record requests sent)		Contact Person
		Phone Number
City	State	Zip Code
Medical Records Email		Fax Number
Type of Practice: <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Hospital-based		
<input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payor-owned		
If Hospital-employed or Healthplan/Payor-owned, please indicate owner name		
Office Hours	Mon	Tues
	Wed	Thur
	Fri	Sat
	Sun	
Do you practice at this location: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (Specify)		
Languages spoken at this location (other than English):		
<input type="checkbox"/> Provider <input type="checkbox"/> Other		

Page 1 of 10

Find our credentialing links at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
>Provider Networks >Join Our Networks

# Required Supporting Documentation for Professional Providers



 Louisiana

**Recredentialing Checklist  
for Professional Providers**

All required documents must be fully completed with a handwritten signature and date (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

Please complete and return the Louisiana Standardized Credentialing Application (LSCA) and all required documents to Blue Cross by the date on your recredentialing notification letter. See [Professional Providers Credentialing Criteria](#) for more information.

- ☐ Complete the LSCA
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA registration and CDS license (as applicable)
- ☐ Enclose a copy of Malpractice Liability Certificate (copy of policy declarations page)
- ☐ Complete the LSCA Attachment A - Location Hours
- ☐ Enclose this completed checklist

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Submit all required documents using one of the options below:

mail: BCSLA - PCDM P.O. Box 98029 Baton Rouge, LA 70898-9029	email: <a href="mailto:reccredentialing.application@bcbsla.com">reccredentialing.application@bcbsla.com</a> fax: (225) 297-2750 Attention: PCDM
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If you have any questions about our credentialing requirements, please visit our Provider Page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks.

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The professional recredentialing packet includes a checklist of all required documents

- Complete the LSCA
- Enclose a copy of state license
- Enclose a copy of DEA registration and CDS license (*as applicable*)
- Enclose a copy of Malpractice Liability Certificate (*copy of policy declarations page*)
- Complete the LSCA Attachment A - Location Hours
- Enclose this completed checklist

- You must complete the applicable checklist and submit all of the indicated documents
- Credentialing packets with incomplete, missing information or submitted incorrectly will be returned

# Credentialing Criteria - Professional

The following professional provider types must meet certain criteria to participate in our networks:

- Applied Behavioral Analyst (ABA)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Louisiana Addictive Counselor (LAC)
- Licensed Clinical Social Worker (LCSW)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Psychologist (Ph.D.)

View the *Credentialing Criteria* for these professional provider types at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks

# Required Recredentialing Documents

Effective June 2020, we moved our provider recredentialing process to an entirely digital format, with forms available through DocuSign®. Providers will receive their notice to recredential through an email, which will contain a link to DocuSign versions of our recredentialing forms

- Network providers who are due for recredentialing will receive a notification letter eight months in advance of their due date
- Current providers seeking recredentialing should use the Louisiana Standardized Credentialing Application
- This application is part of the Professional Recredentialing Packet
- Submit your recredentialing packets (and find a checklist of all required documents) online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks


The image shows the 'LOUISIANA STANDARDIZED CREDENTIALING APPLICATION' form. It includes a header with the Louisiana state seal and title. Below is a 'DIRECTIONS' section. The main body is divided into 'GENERAL INFORMATION' and 'PRIMARY PRACTICE LOCATION'. The 'GENERAL INFORMATION' section includes fields for Last Name, First, Middle, Gender, Degree, and various license numbers. The 'PRIMARY PRACTICE LOCATION' section includes fields for Institution/Group/Physician Name, Effective Date of Provider at this Practice Location, and various contact and billing information.

The image shows the 'Louisiana Provider Update Request Form'. It includes a header with the Louisiana state seal and title. Below is a 'DIRECTIONS' section. The main body is divided into 'GENERAL INFORMATION' and 'PRIMARY PRACTICE LOCATION'. The 'GENERAL INFORMATION' section includes fields for Last Name, First, Middle, Gender, Degree, and various license numbers. The 'PRIMARY PRACTICE LOCATION' section includes fields for Institution/Group/Physician Name, Effective Date of Provider at this Practice Location, and various contact and billing information.

To update the email address on file for your facility use our Provider Update Request Form. This form can be found online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Forms.

# LSCA Attachment A – Location Hours

- This new form is required as an attachment to the LSCA
- Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location
- Location information reported on this form must correlate to the locations reported on the LSCA, as applicable
- We use the information from this form to determine if the provider meets the qualifications to be listed in our provider directory



**Louisiana**

**Louisiana Standardized  
Credentialing Application (LSCA)  
Attachment A - Location Hours**

Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location.

This form is required as an attachment to the LSCA and location information reported on this form must correlate to the locations reported on the LSCA, as applicable. Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location.

GENERAL INFORMATION						
Individual Provider Last Name			First Name		Middle Initial	
Individual Provider NPI			Group/Clinic Tax ID Number			

FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE SECONDARY PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

FOR THE THIRD PRACTICE LOCATION REPORTED ON THE LSCA						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
-	-	-	-	-	-	-
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						

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Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.


In order to be listed in the directory professional providers must be available to schedule patients' appointments a minimum of 16 hours per week at the location listed



## How to Update Your Information

It is important that we always have your most current information in our files. Our Provider Data team manages demographic changes to your provider record.

Below are the **required** forms for making the indicated changes to your record:



# Louisiana

## Provider Update Request Form

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice. Update your information as soon as possible, and/or after a request for information or inspection. Check the box and complete only the sections with needed changes. Please print or type legibly in black ink.

<b>GENERAL INFORMATION</b>		
Provider contact name	First Name	Middle Initial
Tax ID Number	Provide National Provider Identifier (NPI)	
Clinic Name	Clinic National Provider Identifier (NPI)	
Language spoken	<input type="checkbox"/> Adding Language spoken (please specify)	
Name of Practice/Compiling Firm		
Contact Phone Number	Contact Email Address	
Current Specialty		
Changing Specialty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not, please specify New Specialty	Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No


<b>BILLING ADDRESS CHANGE (address for payment requests, remittance/transfer checks, etc.)</b>		
Billing Address		
City, State and ZIP Code	Fax No. <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number <input type="checkbox"/> No <input type="checkbox"/> Yes
New Billing Address		
City, State and ZIP Code	Phone Number	Fax Number
Email Address		Effective Date of Address Change

<b>MEDICAL RECORDS ADDRESS CHANGE (for medical records requests)</b>		
Medical Records Address		
City, State and ZIP Code	Phone Number	Fax Number
New Medical Records Address		
City, State and ZIP Code	Phone Number	Fax Number
Email Address		Effective Date of Address Change

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Page 1 of 2

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


# Louisiana

## Link to Group or Clinic Request Form

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Major League Baseball Insurance Certificate for the professional(s) you are linking to. If you are linking to a new provider group, you must not already set up with Blue Cross of Louisiana (see below) complete and include the Louisiana agreement packet including an electronic form (see below) please email at [bluecross@bluecrossla.com](mailto:bluecross@bluecrossla.com) – Electronic Group Linking. To link to ensure there are no phone numbers, make a copy of page 2 of this form.

<b>GENERAL INFORMATION</b>		
Individual Provider Last Name	First Name	Middle Initial
Individual Provider NPI	Languages Spoken	
Group/Clinic Name	Group/Clinic NPI	
Group/Clinic Tax ID Number	Effective Date	
What is your specialty?		
		Are you a primary care provider (PCP)?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BILLING ADDRESS (for payment requests, reimbursement checks, etc.)</b>		
Bill Address		
City, State and ZIP Code	Phone Number	Fax Number
Travel Address		
<b>MEDICAL BILLING ADDRESS (for medical records requests)</b>		
Medical Billing Address		
City, State and ZIP Code	Phone Number	Fax Number
Travel Address		
<b>CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)</b>		
Correspondence Address		
City, State and ZIP Code	Phone Number	Fax Number
Travel Address		
<b>PHYSICAL ADDRESS</b>		
Physical Address		
City, State and ZIP Code	Phone Number	Fax Number



# Louisiana

## Notice of Tax Identification Number (TIN) Change

Complete this form to report a change in your Tax ID number. Blue Cross and Blue Shield of Louisiana requires that this form be completed in its entirety. You must include required supporting documentation as defined in the "Required Attachments" section of this form. Once all necessary documentation has been submitted, our Network Development team will notify you when a new Provider Agreement for you is to sign and return.

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**GENERAL INFORMATION**

Are you an individual changing your tax ID? 
☐ Yes ☒ No

Former Provider Name	Former TIN	Former NPI
New Provider Name	New TIN	New NPI

Are you an entity changing your tax ID? 
☐ Yes ☒ No

Former Entity Name	Former TIN	Former NPI
New Entity Name	New TIN	New NPI

Effective Date of Change 
☐ No ☒ Yes
   
On what date do you anticipate participating in the new TIN ID application?

What is your specialty? 
☐ Yes ☒ No
   
Are you a primary care provider (PCP)?

(TIN) \_\_\_\_\_

**BILLING ADDRESS (per payment registers, remittances, etc.) (check, if, etc.)**

Entity Address

C/O, Street and ZIP Code	Phone Number	Fax Number
--------------------------	--------------	------------

Small Address

**MEDICAL RECORD ADDRESS (for medical records requests)**

Medical Records Address

C/O, Street and ZIP Code	Phone Number	Fax Number
--------------------------	--------------	------------

Small Address

**CORRESPONDENCE ADDRESS (the general provider communications, letters, memos, etc.)**

Correspondence Address

C/O, Street and ZIP Code	Phone Number	Fax Number
--------------------------	--------------	------------

Small Address

Page 1 of 2

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Blue Cross and Blue Shield of Louisiana is an Equal Opportunity Member of the Blue Cross and Blue Shield of Louisiana and Incorporated in Louisiana Under Mutual Service and Contract.

Use our **Provider Update Request Form** if you have an address, phone, fax, email address or hours of operation change

Use **our Link to Group or Clinic Request Form** when a credentialed provider is linking to a provider group or clinic

Use our **Notice of Tax Identification Number (TIN) Change** form to report a change in your TAX ID number

Submit these forms online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms

# Digitally Submitting Applications & Forms to Blue Cross with DocuSign®

Blue Cross is excited to announce that we are enhancing your provider experience by streamlining how you can submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can now complete, sign and submit many of our applications and forms digitally with **DocuSign**.

This enhancement will help streamline your submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross. Through this enhancement, you will be able to electronically upload support documentation and even receive alerts reminding you to complete your application and confirm receipt.

## What is DocuSign?

As an innovator in e-signature technology, that helps organizations connect and automate how various documents are prepared, signed and managed

**Blue Cross Louisiana**

### DocuSign® Guide

Blue Cross and Blue Shield of Louisiana is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) department. You can now complete, sign and submit many of our applications and forms digitally with DocuSign®, reducing the need to print and submit hardcopy documents. This allows for a more direct submission of information to Blue Cross. Through this enhancement, you can electronically upload support documentation and even receive alerts reminding you to complete your applications and confirm receipt. Follow the steps below to access and complete your applications and forms with DocuSign®.

**Step 1: Click the link for the needed Blue Cross form, then enter your initial information**

**Please Review & Act on These Documents**

There are two required recipients. The person completing the form must enter a name and email for both:

- **"Form Completed By"** - This recipient will complete all required fields with detailed information.
- **"Provider"** - This recipient provides final review and signature verifying that all information is correct and ready to submit to BCBSLA.

Once the information is entered for both, click the **"BEGIN SIGNING"** button.

**Note:** If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

**Step 2: Accept the Electronic Record and Signature Disclosure**

- The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.
- Select the checkbox "I agree to use Electronic Records and Signatures"
- Click **"CONTINUE"** to begin the signing process.

**Note:** To view and sign documents, the person completing this form must agree to conduct business electronically.

**Please Review & Act on These Documents**

**DocuSign**

Click **"CONTINUE"** to begin the signing process. Other buttons: **PREVIOUS**, **SKIP**, **OTHER ACTIONS**.

18047208 (1/1/20) Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Insurance Company. DocuSign® is an independent company. The Blue Cross and Blue Shield of Louisiana use to enable providers to sign and submit provider credentialing and data management forms electronically.

To help with this transition, we created a DocuSign guide that is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Join Our Networks

# Easily complete packets & forms with DocuSign

The following applications and forms have been enhanced with DocuSign capabilities:

## Credentialing packets

- Professional (initial)
- Professional (recredentialing)
- Facility (initial)
- Facility (reverification)



## Provider Forms

- Provider Update Request Form
- Link to Group or Clinic Request Form
- Notice of Tax Identification Number (TIN) Change Form
- Request for Termination Form
- Add Practice Location Form
- Remove Practice Location Form
- iLinkBlue Application Packet
- EFT Termination or Change Form

**After submitting your documents through DocuSign, please do not send via email**

# Easily complete forms with DocuSign

Enter text

Instructions correspond to requirement of the active field

FINISH FINISH LATER OTHER ACTIONS

3944-4CF0-9060-281288EF275B

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docusign.com

**Link to Group or Clinic Request Form**

Complete this form when an individual provider is linking to a provider group or clinic. You must include a copy of the Malpractice Liability Insurance Certificate for the physical location you are linking to. If you are linking to a new provider group or clinic that is not already set up with Blue Cross, please also fully complete and include the iLinkBlue agreement packet (includes an electronic funds transfer application); available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Electronic Services > iLinkBlue

**To link to more than two physical locations, make a copy of page 2 of this form.**

**GENERAL INFORMATION**

Required - Individual Provider Last Name

Individual Provider Last Name

Middle Initial

Individual Provider NPI

Group/Clinic Name

Group/Clinic NPI

Group/Clinic Tax

Effective Date

What is your specialty?

Are you a primary care provider (PCP)?  
☐ Yes ☐ No

**BILLING ADDRESS (for payment registers, reimbursement checks, etc.)**

Billing Address

Navigation tool guides you through fields

FILL IN

Red outline indicates a required field

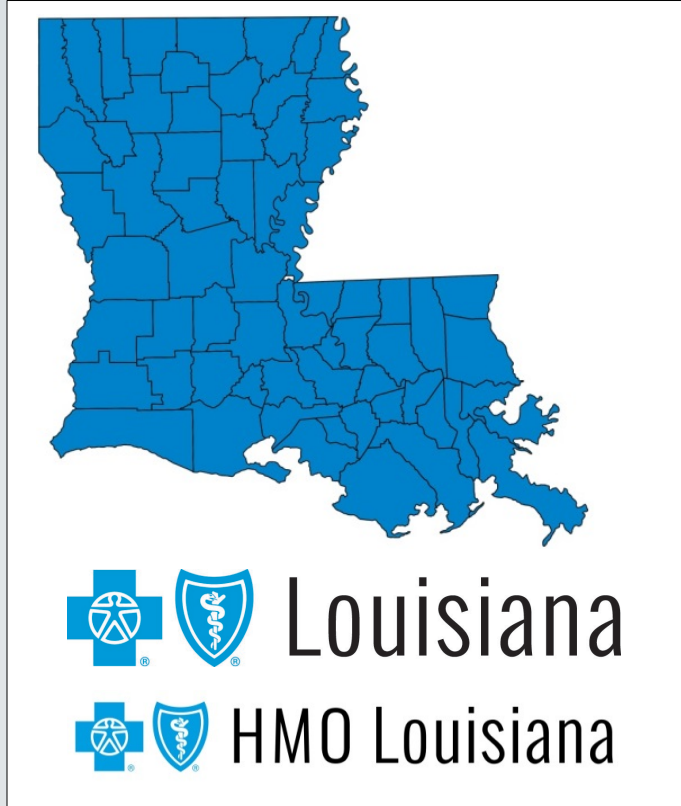
Tool tips provide information about field requirements

Find our *DocuSign*® Guide at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks



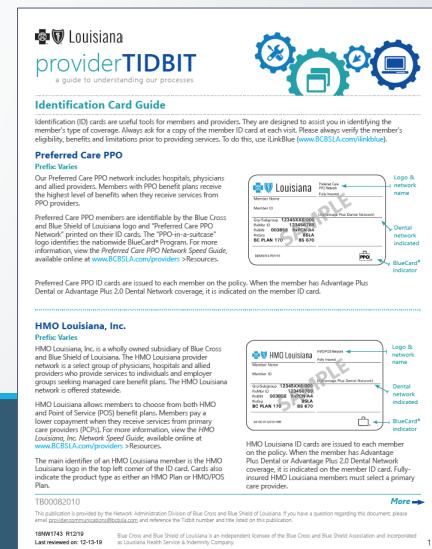
# **Our Networks**

# Our Provider Networks



**Preferred Care PPO** and **HMO Louisiana, Inc.** networks are available statewide to members

We have a Provider Tidbit to help identify a member's applicable network when looking at the ID card. The Identification Card Guide is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Resources." Provider Tidbits can also be accessed through iLinkBlue under the "Resources" menu option.

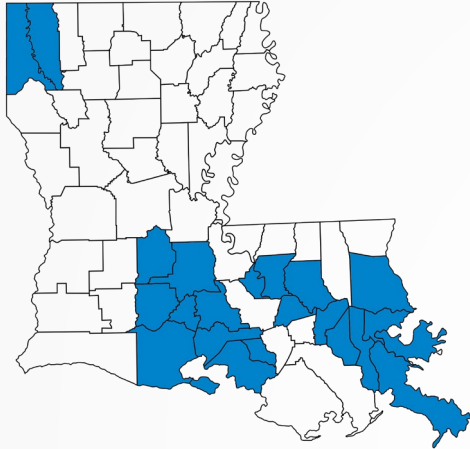




# Our Provider Networks

---

## BLUE CONNECT



### New Orleans area

Jefferson, Orleans, Plaquemines,  
St. Bernard, St. Charles, St. John  
the Baptist and St. Tammany parishes

### Baton Rouge area

Ascension, East Baton Rouge,  
Livingston and West Baton  
Rouge parishes

### Lafayette area

Acadia, Evangeline, Iberia, Lafayette,  
St. Landry, St. Martin, St. Mary and  
Vermilion parishes

### Shreveport area

Bossier and Caddo parishes

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## COMMUNITY BLUE



### Baton Rouge area

Ascension, East Baton  
Rouge, Livingston and West  
Baton Rouge parishes

# Our Provider Networks

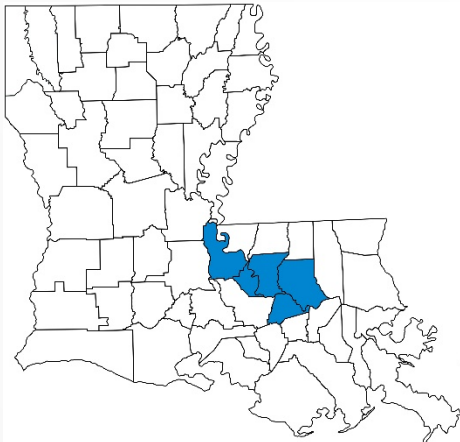
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## **SIGNATURE BLUE**

### **New Orleans area**

Jefferson and Orleans  
parishes



## **PRECISION BLUE**

### **Baton Rouge area**

Ascension, East Baton  
Rouge, Livingston, Pointe  
Coupee and West Baton  
Rouge parishes

# Federal Employee Program

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

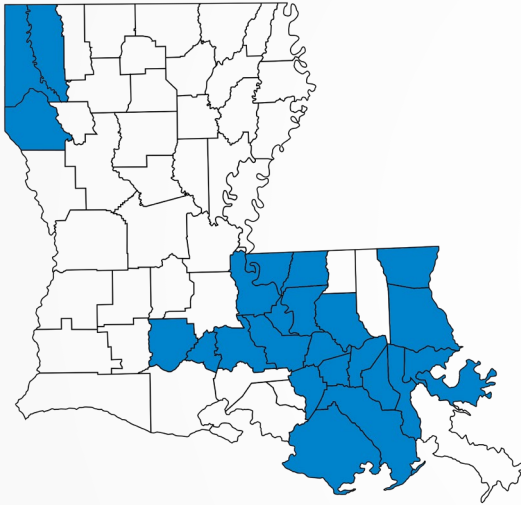
- ✓ LIMITED in-network
- ✗ Out-of-network

New FEP Speed Guide available! Visit  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Speed Guides

	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%.	PCP - \$25 copayment Specialists - \$35 copayment	\$30 copayment	Retail Pharmacy 1-800-624-5980 Specialty Drug Pharmacy 1-800-346-3731 Mail Service Prescription Drug 1-800-262-7886	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-visit 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%.	PCP - \$30 copayment Specialists - \$40 copayment	\$35 copayment	Retail Pharmacy 1-800-624-5980 Specialty Drug Pharmacy 1-800-346-3731 Mail Service Prescription Drug 1-800-262-7886	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-visit 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 Blue Focus	Limited in-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%.	PCP/Specialists - \$30 copayment per visit for first 10 visits; \$25 thereafter with co-insurance	\$25 copayment	Retail Pharmacy 1-800-624-5980 Specialty Drug Pharmacy 1-800-346-3731 No Mail Service Prescription Drug Coverage	Facility must be licensed and accredited; member must be enrolled in Case Management and pre-visit 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.

# Healthy Blue Dual Advantage (HMO D-SNP) Network

Healthy Blue Dual Advantage (HMO D-SNP) is our Medicare/Medicaid Dual Advantage special needs product currently available to Medicare/Medicaid-eligible members



## HEALTHY BLUE DUAL ADVANTAGE (HMO D-SNP)

### New Orleans area

Jefferson, Lafourche, Orleans,  
St. Bernard, St. Charles, St. Helena,  
St. John the Baptist, St. Tammany,  
Terrebonne and Washington  
parishes

### Baton Rouge area

Ascension, Assumption, East  
Baton Rouge, East Feliciana,  
Iberville, Pointe Coupee,  
Livingston, St. James, West  
Baton Rouge and West  
Feliciana parishes

### Lafayette area

Acadia, Lafayette,  
St. Martin and St. Mary  
parishes

### Shreveport area

Bossier, Caddo and  
De Soto parishes



Healthy Blue

# BlueCard® Program

- 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 for BlueCard members 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's PPO or EPO product

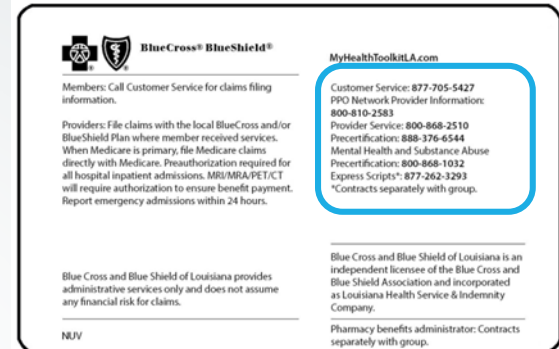


The empty suitcase indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product

# National Alliance

## *(South Carolina Partnership)*

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC)
- BCBSLA 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



Blue Cross® 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. Preauthorization required for all hospital inpatient admissions, MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

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

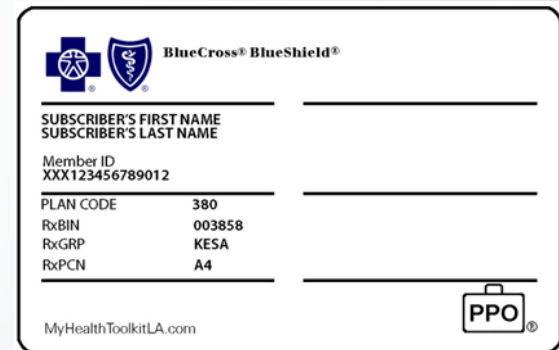
NUV

MyHealthToolKitLA.com

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 is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Pharmacy benefits administrator: Contracts separately with group.



Blue Cross® BlueShield®

SUBSCRIBER'S FIRST NAME \_\_\_\_\_  
SUBSCRIBER'S LAST NAME \_\_\_\_\_

Member ID  
XXX123456789012

PLAN CODE 380  
RxBIN 003858  
RxGRP KESA  
RxPCN A4

MyHealthToolKitLA.com

PPO®

This list of prefixes is available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Resources" section

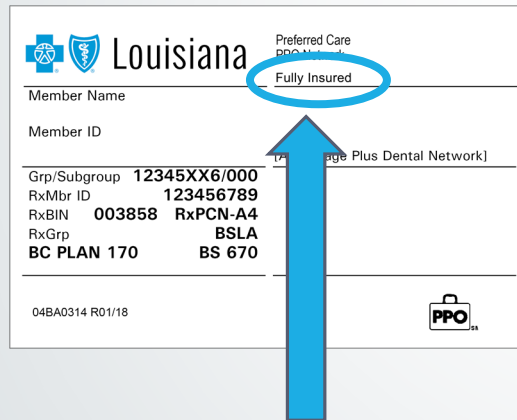


# Fully Insured vs. Self-insured

## Member ID Card Differences

### FULLY INSURED

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

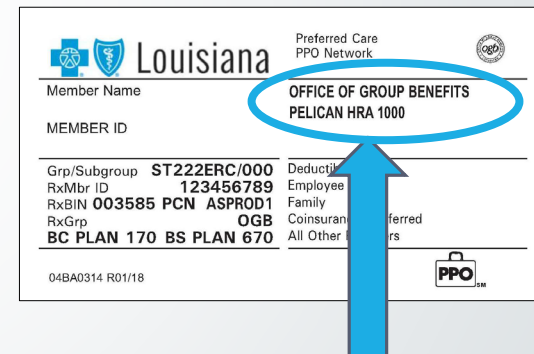


A member ID card for Louisiana. The card features the Louisiana state logo and the text "Louisiana". Below this, it says "Preferred Care PPO Network". A blue circle highlights the text "Fully Insured" under the "Preferred Care" section. A large blue arrow points upwards from the bottom of the card towards the "Fully Insured" text. The card also includes fields for Member Name, Member ID, Grp/Subgroup (12345XX6/000), RxMbr ID (123456789), RxBIN (003858), RxPCN-A4, RxGrp (BSLA), BC PLAN 170, BS 670, and a PPO logo at the bottom right.

**"Fully Insured" notation**

### SELF FUNDED

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



A member ID card for Louisiana. The card features the Louisiana state logo and the text "Louisiana". Below this, it says "Preferred Care PPO Network". A blue circle highlights the text "OFFICE OF GROUP BENEFITS PELICAN HRA 1000" under the "Preferred Care" section. A large blue arrow points upwards from the bottom of the card towards the "OFFICE OF GROUP BENEFITS" text. The card also includes fields for Member Name, MEMBER ID, Grp/Subgroup (ST222ERC/000), RxMbr ID (123456789), RxBIN (003585), PCN ASPROD1, RxGrp (OGB), BC PLAN 170, BS PLAN 670, and a PPO logo at the bottom right.

- **"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.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).



# Telehealth

# ABA Telehealth Policy

- BCBSLA has continued to monitor the spread of COVID-19, as to the emergency, we have **temporarily** expanded our telehealth policy
- This expansion includes applied behavioral analysis (ABA) telehealth services to help with the temporary cessation of in-person services during this time of public health crisis
- ABA providers must follow the telehealth billing guidelines in the provider manual and agree to Blue Cross' allowable charges
- Credentialed network ABA providers can deliver limited telehealth (audio and visual) services to replace office visits, effective for dates of service on and after March 16, 2020

# Additional Telehealth Changes



Members in our HMO select networks (Blue Connect, Community Blue, Precision Blue and Signature Blue) may obtain telehealth and telephone-only services from any participating credentialed provider in any of our Blue Cross networks and the member's in-network level of benefits will be applied

For more information about our temporary telehealth changes visit our COVID-19 Provider Resources Page at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)

# Expanded Telephone Only Billing Guidelines

Instead of telephone service CPT® codes, credentialed network providers are allowed to bill office visit telephone encounters as follow

- Telehealth ABA services are limited to the following CPT codes: 97151, 97152, 97153, 97154, 97155, 97156, 97157 and 97158.
- ABA providers filing claims for telehealth should continue to use the appropriate place of service code they have been using, along with Modifier GT or 95. As a reminder, ABA providers billing telehealth services must continue to follow the guidelines outlined in Section 5.6 Autism and Section 5.7 Behavioral Health of our *Professional Provider Office Manual* available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Manuals.
- Blue Cross will not reimburse telehealth services for HCPCS codes 0362T or 0373T due to their complexity requiring a face-to-face encounter
- The following criteria also apply:
- ABA providers must fully document the telehealth encounter in the patient's medical record
- Telehealth claims will be paid using standard member cost shares



## **iLinkBlue Enhancements**



# Digital ID Cards in iLinkBlue

Digital ID cards are downloadable PDFs that can be accessed through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Coverage Information" menu option, then click "ID Card"

The screenshot displays the iLinkBlue website interface. At the top, the Louisiana state logo and 'Louisiana' text are on the left, and 'Logged in as Billy Gomila' with a location icon is on the right. A navigation bar includes links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Under the 'Coverage' dropdown, 'Coverage Information' is highlighted with a red circle. Below this, there are sections for 'BCBSLA Members' and 'BlueCard - Out of Area Members'. The 'BlueCard' section contains links for 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. A detailed view of a specific contract is shown below, titled 'Contract Number XUA123456789'. This view includes fields for Group/Non-Group, Group Name (LOUISIANA HOSPITAL), Group Number (12A34ERC-8000), Group OED (01/01/2017), and Minor Dep. Age Max (25). It also shows Coverage Category (Medical), Coverage Type (Subscriber and Dependents), Effective From (01/01/2020), and Effective To (—). Below this, subscriber information is provided: First Name (Jane), Last Name (Doe), Address (123 AVENUE ST, COVINGTON, LA 70433), Primary Care Physician (Joe R. Doctor), Sex (Female), Marital Status (Married), and Date of Birth (01/01/1983). At the bottom, there is a table with columns for Coverage, Effective Date, Cancel Date, Original Effective Date, Coverage Views, and Coordination of Benefits. The 'Id Card' link in the 'Coverage Views' column is highlighted with a red circle.

**Contract Number XUA123456789**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	LOUISIANA HOSPITAL	12A34ERC-8000	01/01/2017	25

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Subscriber and Dependents	01/01/2020	—

**Subscriber Information:**

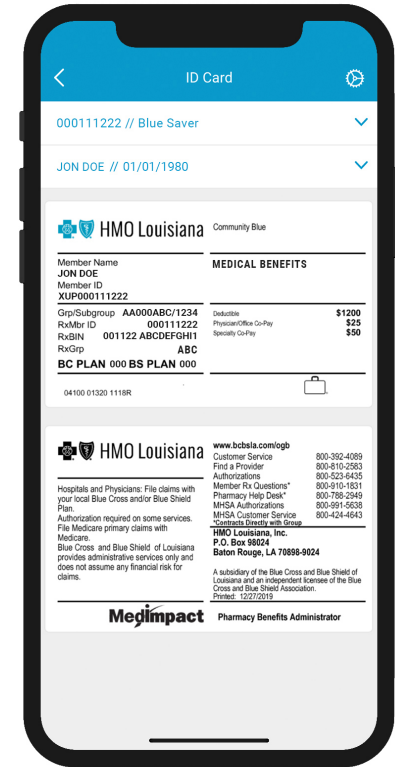
Field	Value
First Name	Jane
Last Name	Doe
Address	123 AVENUE ST COVINGTON, LA 70433
Primary Care Physician	Joe R. Doctor
Sex	Female
Marital Status	Married
Date of Birth	01/01/1983

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views	Coordination of Benefits
Medical	01/01/2020	—	01/01/2017	<a href="#">Id Card</a> <a href="#">Summary</a> <a href="#">Benefits</a>	ND COB Verified

# Members Can Access Their Digital ID Cards

Our members may also access their cards through their smartphone, via the Blue Cross mobile app or through our online member portal:

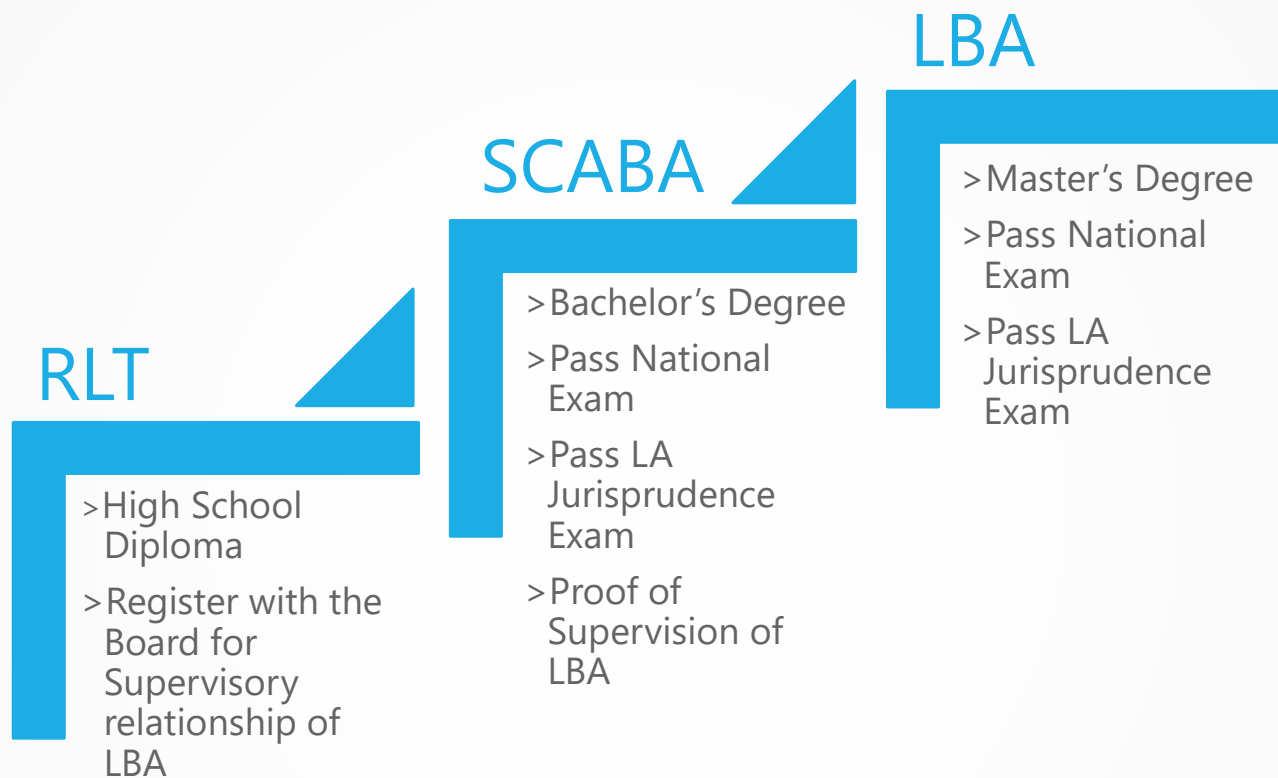
- To access through the Blue Cross mobile app, log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available
- To access through the Blue Cross member portal, log into the online member account at [www.BCBSLA.com](http://www.BCBSLA.com). There, click on “My ID Card” and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.





# **Billing & Claims**

# ABA Provider Types



- All levels must pass a criminal background check
- Application fees and procedures can be found on the Louisiana Behavior Analyst Board website: [www.lababoard.org](http://www.lababoard.org)

# ABA Billing Guidelines

- **Licensed Behavior Analyst (LBA)**
  - Can bill directly
  - Services must be billed with Modifier TG
- **State-certified Assistant Behavioral Analysts (SCABA)**
  - Cannot bill directly
  - Services must be billed through the supervising LBA with the appropriate codes and modifier
  - Services must be billed with Modifier TF
- **Registered Line Therapists (RLT)**
  - Cannot bill directly
  - Services must be billed through the supervising licensed behavior analyst (LBA)
  - RLTs with a Bachelor's degree: Use Modifier HN
  - RLTs without a Bachelor's degree: Do not use a modifier

Claim payments will be based on your:

- Licensure
- Certification
- Registration

*(as designated by the state Behavior Analyst Board)*

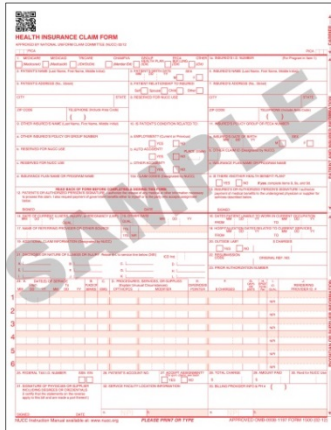
Provider	Billable Modifier
LBA	TG
SCABA	TF
RLTs with a Bachelor's degree	HN
RLTs without a Bachelor's degree	none

# ABA Coding

Code	Time	Clinician Type	Modifier
97151	15 minutes	SCABA	TF
		LBA	TG
97152	15 minutes	SCABA	TF
		LBA	TG
		RLT w/o Bachelor's	none
97153	15 minutes	RLT with Bachelor's	HN
		SCABA	TF
		LBA	TG
		RLT w/o Bachelor's	none
97154	15 minutes	SCABA	TF
		LBA	TG
		RLT w/o Bachelor's	none
97155	15 minutes	SCABA	TF
		LBA	TG
97156	15 minutes	SCABA	TF
		LBA	TG
97157	15 minutes	SCABA	TF
		LBA	TG
97158	15 minutes	SCABA	TF
		LBA	TG
0362T	15 minutes	SCABA	TF
		LBA	TG
0373T	15 minutes	SCABA	TF
		LBA	TG

# Filing Claims Hardcopy

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



CMS-1500 (02-12)

- We no longer accept faxed claims
- We only accept **RED** original claim forms

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

Mail hardcopy claims to:

BCBSLA  
P.O. Box 98029  
Baton Rouge, LA 70898

**For FEP Claims:**

BCBSLA  
P.O. Box 98028  
Baton Rouge, LA 70898

**The fastest method of claim submission and payment is electronic submission**



# Timely Filing

- **Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue & Signature Blue:**
  - Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service
- **FEP:**
  - Claims must be filed by December 31 of the year after the year service was rendered
- **Blue Advantage:**
  - Providers have 12 months from the date of service to file an initial claim
  - Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim
- **OGB:**
  - 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
- **Self-funded & BlueCard:**
  - Timely filing standards may vary. Always verify the member's benefits, including timely filing standards, through iLinkBlue

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

# Resolving Claims Issues

**Have an issue with a claim? We are here to help!**

Depending on the type of claim issue, there are multiple ways to submit claims reviews that we will outline in this section:

- Action Requests (AR)
- Claims Disputes
- Medical Appeals *(for members)*
- Administrative Appeals & Grievances *(for members)*

Submitting an Action Request is a great option for getting a quick and accurate resolution for your claim's issues and:

- Reduce the time it takes for providers to receive a response from Blue Cross
- Allow providers to see responses directly from the adjustments team after review
- Allow providers to submit additional questions once they have reviewed the AR response

# Submitting Action Requests

Action Requests allow you to electronically communicate with Blue Cross when you have questions or concerns about a claim

## Common reasons to submit an Action Request

- Code editing inquiries
- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Claim denied for no authorization (but there is a matching authorization on file)
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Medical records receipt
- Recoupment request
- Status of an appeal
- Status of a grievance



**NOTE: Action Requests do not allow you to submit documentation regarding your claims review**

# Submitting Action Requests

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	

Claim Number 12345678900-1

---

iLinkBlue Number 12345  
NPI 123456789




Submit an Action Request through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))

- On each claim, providers have the option to submit an Action Request review for correct processing
- Click the **AR button** from the Claims Results screen or the **Action Request button** from the Claim Details screen to open a form that prepopulates with information on the specific claim
- Please include your contact information
- NOTE: Only complete one AR per claim; not one AR per line item of the claim

As an alternative to filing an Action Request, you may also contact the **Customer Care Center at 1-800-922-8866**

# Submitting Action Requests

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	

**Claim Number** 12345678900-1

---

iLinkBlue Number 12345  
NPI 123456789

 **Action Request**

If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at

[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

Email an overview of the issue along with two action request dates OR two customer service reference numbers if one of the following applies:

- You have made at least two attempts to have your claims reprocessed (via an action request or by calling the Customer Care Center) and have allowed 10-15 business days after second request, or
- It is a system issue affecting multiple claims

- Request a review for correct processing
- Be specific and detailed
- Allow 10-15 business days for first request
- Check iLinkBlue for a claims resolution
- Submit a second action request for a review
- Allow 10-15 business days for second request

# Electronic Corrected Claims

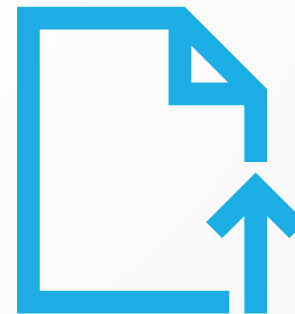
Please follow the steps below to ensure your claims will not deny as duplicates or process incorrectly. You can ensure the accurate electronic (837I or 837P) submission by following the instructions below:

## **Adjustment Claim**

- 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





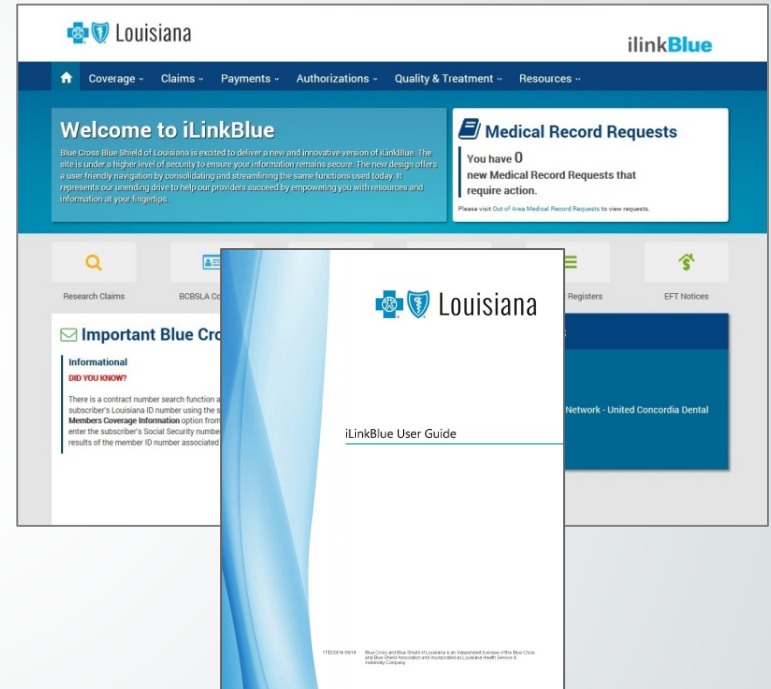
# **Our Secure Online Services**



# iLinkBlue

- iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:
  - Coverage & Eligibility
  - Benefits
  - Coordination of Benefits (COB)
  - Claims Status (BCBSLA, FEP and Out-of-Area)
  - Medical Code Editing
  - Allowables Search
  - Authorizations
  - Medical Policy
  - 1500 Claims Entry
- UB-04 Claims Entry is no longer available
- For iLinkBlue training and education, contact [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)

[www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)



We have an *iLinkBlue User Guide* available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources, then click on "Manuals"

# iLinkBlue – Coverage & Eligibility

1.

## Coverage Information

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

**1** Select Search Criteria

☒ BCBSLA

☐ FEP

☐ Social Security Number

**2** Enter Contract or Social Security Number

Enter BCBSLA contract number...

Search

Use the “Coverage” menu option to research Blue Cross and Federal Employee Program (FEP) member eligibility, copays, deductibles, coinsurance and detailed contract information

# iLinkBlue – Coverage & Eligibility

2.

## 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 Policy	Group Name TEST GROUP	Group Number 123456789-0000	Group OED 02/01/2000	Minor Dep. Age Max 26
Coverage Category	Coverage Type	Effective From	Effective To	
 Medical	Family	01/01/2018	---	


**John Doe** Subscriber

Address  
123 STREET ST.  
CITY, LA 70000

Sex  
Male

Marriage Status  
Married


Date of Birth  
11/30/1900


Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
 Medical	01/01/2018	---	02/01/2000	<a href="#">Summary</a> <a href="#">Benefits</a> <a href="#">View COB</a>

**Jane Doe** Spouse

Sex  
Female

Date of Birth  
11/30/1900


Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
 Medical	01/01/2018	---	02/01/2000	<a href="#">Summary</a> <a href="#">Benefits</a> <a href="#">View COB</a>

 [Hide Terminated Dependents](#)

**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	

# iLinkBlue – Coverage & Eligibility

3

## Medical Benefits Summary

Contract Number XUA123456789

### ACTIVE COVERAGE

Medical Effective Date 01/01/2018

Subscriber Name	John Doe
Member Name	John Doe
Member Date of Birth	11/30/1900
Relation to Subscriber	Self
Sex	Male
Contract Type	HMOLA POS

### Copays

		EPO Copays	QBPC Copays
Office Visit	\$30.00	---	\$15.00
Office Visit Specialist	\$45.00	---	---
Outpatient Surgical	\$500.00	---	---
Emergency Room	\$100.00	---	---
Inpatient Hospital (In-network)	\$500.00	---	---
Inpatient Hospital Maximum	\$1,500.00	---	---
Inpatient Hospital (Out-of-network)	---	---	---
Outpatient XRay & Lab	---	---	---
Outpatient Physical Therapy	\$30.00	---	---
Outpatient Speech Therapy	\$30.00	---	---
Cardiac Rehab	\$30.00	---	---
Vision Services	\$30.00	---	---
Outpatient Professional	---	---	---

### Accumulations

	Par Amounts	Non-Par Amounts	EPO Amounts
Deductible Amount	\$0.00	\$1,750.00	---
Deductible Remaining	\$0.00	\$1,750.00	---
Out-of-Pocket Amount	\$3,000.00	\$6,000.00	---
Out-of-Pocket Remaining	\$3,000.00	\$6,000.00	---

### Coinsurance ?

	BCBSLA Coverage	Member Responsibility
Par Percentage	90%	10%
Non-Par Percentage	70%	30%
EPO Percentage	---	---
QBPC Percentage	---	---

# iLinkBlue – Coverage & Eligibility

## Tiered Benefits for Select Networks

Contract Number [REDACTED]

**ACTIVE COVERAGE**  
Medical Effective Date [REDACTED]

Subscriber Name [REDACTED]  
Member Name [REDACTED]  
Member Date of Birth [REDACTED]  
Relation to Subscriber [REDACTED]  
Sex [REDACTED]  
Contract Type [REDACTED]

Note: If you are contracted in Louisiana or HMO LA 2 for this product and allowed amount.

Under this contract, Louisiana, Inc. would not be responsible for the cost of care because they do not have a contract with the preferred providers. For more information, please contact your agent.

When researching coverage for a member with **Blue Connect**, **Community Blue**, **Precision Blue** or **Signature Blue** benefits, you will now see tiered benefit, options in iLinkBlue

Accumulations			
	Tier 1 COMMUNITY BLUE Network ?	Tier 2 Out of Network Preferred ?	Tier 3 Out of Network Non-Preferred ?
<b>Individual</b>			
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00
Out-of-Pocket Remaining	\$5,783.00	\$14,700.00	\$14,700.00
<b>Family</b>			
Deductible Amount	—	—	—
Deductible Remaining	—	—	—
Out-of-Pocket Amount	—	—	—
Out-of-Pocket Remaining	—	—	—

Coinsurance ?		
	BCBSLA Coverage	Member Responsibility
Tier 1 COMMUNITY BLUE Network ?	80%	20%
Tier 2 Out of Network Preferred ?	60%	40%
Tier 3 Out of Network Non-Preferred ?	60%	40%
EPO Percentage	—	—
QBPC Percentage	—	—

Tiered benefits do not display for members with Preferred Care PPO or HMO benefits

# iLinkBlue – Coverage & Eligibility

## Tiered Benefits for Select Networks

### Tier 1 In-Network Preferred

Applies to providers participating in the member's select network

#### Example Scenario:

- A Community Blue member sees a Community Blue provider
- The member copay and accumulators identified under Tier 1 should be applied
- Provider may not bill the member for any amount over the allowed amount

### Tier 2 Out-of-Network Preferred

Applies to providers participating in-network with Blue Cross but NOT in the member's specific network

#### Example Scenario:

- A Community Blue member sees a Preferred Care PPO provider
- The member copay and accumulators identified under Tier 2 should be applied
- Provider may not bill the member for any amount over the allowed amount

### Tier 3 Out-of-Network Non-Preferred

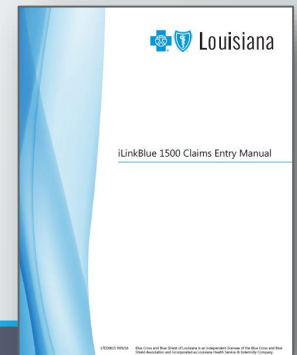
Applies to providers who do not participate in any Blue Cross network

#### Example Scenario:

- A Community Blue member sees a non-participating provider
- The member copay and accumulators identified under Tier 3 should be applied
- Provider can bill the member for all amounts over the allowed amount

# Filing Claims in iLinkBlue

The "Claims Entry" option allows for the direct data entry of CMS-1500 (professional) claims



A detailed manual on how to submit claims through iLinkBlue is under the "Resources" section of iLinkBlue. The *Blue Cross Professional 1500 Manual* is under the "Manuals" tab.



# iLinkBlue – Claims Research

Home Coverage **Claims** Payments Authorizations Quality & Treatment Resources

## Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected **Pended** Claim Number

**1** Select a Provider

**2** Narrow Your Search

☒ BCBSLA / FEP

☐ BlueCard - Out of Area

**3** Date of Service *optional*

From

To

**Search**

- 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 Blue Cross for processing

# iLinkBlue – Payment Registers

- Use the “Payments” menu option to find your Blue Cross 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 ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/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. Use the filters below to refine your search.

Select a provider: [dropdown]    Select a line of business: [dropdown]    04/02/2018 [calendar icon]    [Search]

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	<a href="#">Payment Register</a>
		Blue Cross Louisiana	<a href="#">Payment Register</a>
		Blue Cross Louisiana	<a href="#">Payment Register</a>
		Federal Employees Program (FEP)	<a href="#">Payment Register</a>
		Federal Employees Program (FEP)	<a href="#">Payment Register</a>
		HMO Louisiana	<a href="#">Payment Register</a>
		HMO Louisiana	<a href="#">Payment Register</a>
		OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
		OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>
		OGB Magnolia Local	<a href="#">Payment Register</a>
		OGB Pelican HHA 1000	<a href="#">Payment Register</a>
		OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>
		OGB PPO Magnolia Open Access	<a href="#">Payment Register</a>

NPI	2234567890	Line of Business	View Reports
		Blue Cross Louisiana	<a href="#">Payment Register</a>
		Federal Employees Program (FEP)	<a href="#">Payment Register</a>
		HMO Louisiana	<a href="#">Payment Register</a>
		OGB HMO Magnolia Local Plus	<a href="#">Payment Register</a>



NEW DIRECTIONS®

TOGETHER IS THE WAY FORWARD



# Autism Resource Program

# COVID-19 Telehealth Updates



## **Codes**

97151, 97152, 97153,  
97154, 97155, 97156,  
97157, 97158



## **When**

Indefinitely



## **Who**

INN providers and in-state  
members

# Autism Resource Program

## **Credentials**

- 3 Care Managers- BCBA's and/or LBA
- 1 Team Lead – LBA

## **Role**

- Review treatment requests
- Educate on medical policy
- Assist families (referrals, etc.)

# Autism Resource Program (cont'd)



## **Provider contact**

- Treatment requests
- Diagnostic information



## **Parent contact**

- Diagnostic information
- Additional resources



## **Coordinated Calls**

- Collaborative call with parent and provider
- Discussions include coordinating care, reviewing letters/correspondence sent out during or after a review

# WebPass

**Online portal to submit treatment requests**

## **Types of Forms**

- Initial Assessment
- Initial Treatment
- Continuation of Care





# Behavioral Health New Process

## *Webpass Retro Review & Appeal Submissions*

### **Requesting retro reviews and appeals has become much easier!**

Requests are completed via the **Webpass** system; already in use for initial and concurrent reviews

- The medical record can easily be attached via the *Webpass* instead of using faxes or mail

### **To submit a request**

- Accessible via the clinical forms section
- Loads directly into the members record, resulting in timely processing

### **Tips**

- When requesting a retro or an appeal – be sure to have the original authorization number handy!
- Retro requests: It may or may not have a previous authorization number. If so, tie it to the current authorization as you would for a concurrent review.
- Appeals: Make sure and tie it to the current authorization as you would for a concurrent review

# Diagnostics

## Purpose

A comprehensive medical records establishing a medical diagnosis of Autism provides baseline information regarding the member's current severity level

## Some records are missing, what do we do?

- Extension for request
- Approval of short authorization while records are obtained



# Treatment Reviews

## 15-day review period

### Post-Service Reviews

- Requests submitted more than 30 days after requested start dates
- Medical Records
- Automatic extension

### Ending Services

- Please provide notification

### BCBA Name Changes

- Extended vacations, Maternity/Medical Leave of Absence, Caseload reassignment

# Written Correspondence

## **Emails**

- Not secure
- Limit the use of PHI

## **Fax for information**

- Can occur during a review
- After authorization approval



# Written Correspondence (cont'd)

## **Extension letter**

- Extends review time
- Additional 45 days + final 15 days to determine medical necessity
- Mailed to provider and family
- Can be faxed by CM upon request
- Entering final 15 days (what to expect)

## **Provider letter**

- Details concerns with request and expectation for specific information to be included during next review
- Mailed to provider and family
- Follow-up call with family and provider to explain letter (coordinated or individual calls)

# CPT Codes

## Assessment and Re-Assessment Codes

### 97151

- Conducted by BCBA, face-to-face with member
- Review of current and past behavioral functioning, previous assessments and health records
- Interview with parents/caregivers for history
- Administer and interpret the results of standardized and non-standardized assessments
- Report preparation
- Review findings and recommendations with parents
- Develop treatment plan

# CPT Codes

## 97152

- Conducted by Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst (BCaBA), face-to-face with member
- Data collection for functional behavior assessments, functional analysis or other structured procedures
  - Evaluate deficient adaptive behaviors, maladaptive behaviors or other impaired functioning related to:
    - Communication
    - Social behavior
    - Ritualistic and repetitive behaviors, self injurious or other aberrant behaviors
- Line therapist may complete under direction of BCBA, qualified professional off-site
- Requires clinical rationale for need

# CPT Codes

## 97153

- Face-to-face with member, administered by registered line technician (RLT), BCaBA
- BCBA-designs treatment goals/objectives, analyzes data and determines progress

## 97154

- Face-to-face with two or more members, administered by RLT, BCaBA
- Board Certified Behavioral Analyst (BCBA) - designs treatment goals/objectives, analyzes data, observes treatment implementation for program revision, and determines progress
- Maximum group members is eight



# CPT Codes

## 97155

- Administered by BCBA or qualified health care professional
- Face-to-face with a single member or member and line technician
- Resolves one or more problems with the protocol and may simultaneously direct a line technician in administering the modified protocol while member is present

### **Adaptive treatment protocol modification may include:**

- Design, analysis and edits to antecedent or consequence strategies
- Individualized behavior plan based on functions maintaining aberrant behavior
- Inclusion of additional acquisition/replacement skills to current treatment plan
- Analysis and editing of prompt fading, chaining, differential reinforcement or generalization procedures, which require the expertise of the BCBA

# CPT Codes

## 97155

- The code valuations of 97153 and 97154 include activities occurring before or after the session (definitions of treatment targets, written protocols, reviewing data, completing session notes summarizing behavioral definitions or protocols that may need to be scrutinized by Qualified Healthcare Provider (QHP))
- The code valuations of 97153 and 97154 include direction of the line technician by the QHP by analyzing data, observation of treatment implementation for potential program revision and determining whether use of treatment goals and objectives is producing adequate progress. This includes direction of the line technician with established protocols and retraining from the RLT task list.
- Direction of the line technician without the member is considered a bundled service and is part of the valuation of the ABA face to face CPT codes
- Clinical rationale must be provided for requests that exceed two hours of adaptive behavior treatment protocol modification per 10 hours of adaptive behavior treatment by protocol
- Concurrent Billing with 97153

# Concurrent Billing

## 97153 & 97154 with 97155

- Concurrent billing is allowed for adaptive behavior treatment with protocol modification (97155) and adaptive behavior treatment by protocol, administered by technician (97153), simultaneously
- Concurrent billing is allowed for adaptive behavior treatment with protocol modification (97155) and group adaptive treatment (97154) simultaneously
- Documentation of the services should reflect that they were administered at the same time

# CPT Codes

## 97156

- Administered by BCBA
- Face-to-face with parents/caregivers with/without the member present
- Used to implement treatment protocols to address deficient adaptive or maladaptive behaviors

## 97157

- Administered by BCBA
- Face-to-face with parents/caregivers without the member present
- Used to implement treatment protocols to address deficient adaptive or maladaptive behaviors
- Maximum of eight group members

# CPT Codes

## 97158

- Administered by BCBA
- Face-to-face with two or more members
- Member must have direct participation in treatment protocol/interactions to meet their own treatment goals
- Protocol adjustments are made in real time dynamically during the session
- Maximum of eight members per group

*This code entails differentiating prompting methods, instruction, antecedent/consequence strategies, varying goals/skills and reinforcement schedules in real time with multiple members simultaneously*

# CPT Codes

## Exposure codes

### 0362T

- On-site direction by BCBA, qualified healthcare professional
- With the assistance of two or more line therapists/assistants to assist in treatment protocol with supervision of BCBA, qualified healthcare professional
- For member who exhibits destructive behavior (e.g., elopement, pica or self-injury requiring medical attention; aggression with injury to other(s); or breaking furniture/walls/windows)
- Requires safe, structured customized environment with possible use of protective gear and padded room
- Requires clinical rationale for need based on frequency, severity and intensity of the destructive behaviors

*BCBA/qualified health care professional shapes environmental or social contexts to examine triggers, events, cues, responses and consequences linked to maladaptive destructive behaviors*

# CPT Codes

## Exposure codes

### 0373T

- On-site direction by BCBA, qualified healthcare professional
- With the assistance of two or more line therapists/assistants to assist in treatment protocol with supervision of BCBA, qualified health care professional
- For member who exhibits destructive behavior (e.g., elopement, pica or self-injury requiring medical attention; aggression with injury to other(s); or breaking furniture/walls/windows)
- Requires safe, structured customized environment with possible use of protective gear and padded room
- Requires clinical rationale for need based on frequency, severity and intensity of the destructive behaviors

*Staged environment to teach members appropriate alternative response to severe destructive behaviors. Typically delivered in intensive outpatient, day treatment, or inpatient facility, depending on dangerousness of behavior.*

# MEDICAL NECESSITY APPEALS

## First-level appeals

Send directly to New Directions:

New Directions Behavioral 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 Blue Cross 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



# BEHAVIORAL HEALTH APPEALS

**Standard Appeal:** A verbal or written request to contest an adverse benefit determination that is not an expedited appeal

**Expedited Appeal:** A written or verbal request by an ordering provider or member to contest an adverse benefit determination, when the member is currently in care; the provider is able to document the member will be in imminent danger or significantly adversely impacted if an urgent decision is not rendered

**Information on how to request an appeal can be found in many locations:**

- The initial denial letter after the statement “What can you do if you disagree with our decision?”
- New Directions Louisiana utilization management team members
- New Directions appeals department
- New Directions website
- Blue Cross and Blue Shield of Louisiana (number located on the member’s insurance card)

*All Louisiana standard and expedited appeals are considered member appeals, regardless who makes the request on behalf of the member in treatment.*



## **Support & Resources**

# Provider Relations

## Provider Education & Outreach

**Kim Gassie** director

**Jami Zachary** manager

**Anna Granen**

Jefferson, Orleans, Plaquemines, St. Bernard

**Kelly Smith**

Acadia, Ascension, Calcasieu, Cameron,  
Iberville, Jefferson Davis, Livingston, Pointe  
Coupee,  
St. Landry, St. Martin, Vermilion, West Baton  
Rouge

**Lisa Roth**

Bienville, Bossier, Caddo, Claiborne, Desoto,  
Grant, Jackson, Lincoln, Natchitoches, Red  
River, Sabine, Union, Webster, Winn

**Marie Davis**

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

**Mary Guy**

East Feliciana, St. Helena, St. Tammany,  
Tangipahoa, Washington, West Feliciana

**Melonie Martin**

East Baton Rouge

**Patricia O'Gwynn**

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

[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com) | 1-800-716-2299, option 4

**Angela Jackson**

**Jennifer Aucoin**

**Paden Mouton**

# Network Development

## Provider Contracting

**Shelton Evans** – director [shelton.evans@bcbsla.com](mailto:shelton.evans@bcbsla.com)

**Jode Burkett** – manager [jode.burkett@bcbsla.com](mailto:jode.burkett@bcbsla.com)

**Danielle Jackson** – manager [danielle.jackson@bcbsla.com](mailto:danielle.jackson@bcbsla.com)

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Natchitoches, Rapides, Sabine, Vernon, Winn

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Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto,  
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Morehouse, Ouachita, Red River, Richland, Tensas, Union,  
Webster, West Carroll

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**Mica Toups** – [mica.toups@bcbsla.com](mailto:mica.toups@bcbsla.com)

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St. Martin, Vermilion

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Ascension, East Baton Rouge, East Feliciana, Iberville,  
Livingston, Pointe Coupee, St. Helena, West Baton Rouge,  
West Feliciana

**Shannon Taylor** – [shannon.taylor@bcbsla.com](mailto:shannon.taylor@bcbsla.com)

Special Network Development Projects

[network.development@bcbsla.com](mailto:network.development@bcbsla.com) | 1-800-716-2299, option 1

**Doreen Prejean   Karen Armstrong   Mary Landry**

# Provider Credentialing & Data Management

## Provider Network Setup, Credentialing & Demographic Changes

**Justin Bright** director

**Mary Reising** manager – [mary.reising@bcbsla.com](mailto:mary.reising@bcbsla.com)

**Anne Monroe** provider Information Supervisor - [anne.monroe@bcbsla.com](mailto:anne.monroe@bcbsla.com)

**Rhonda Dyer** provider Information Supervisor - [rhonda.dyer@bcbsla.com](mailto:rhonda.dyer@bcbsla.com)

If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management Department by emailing [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com) or by calling 1-800-716-2299

1-800-716-2299 | option 2 – credentialing | option 3 – provider data management  
Fax: 225-297-2750 • [network.administration@bcbsla.com](mailto:network.administration@bcbsla.com)

# Call Centers

Customer Care	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-877-250-9167

For information  
**NOT** available  
on iLinkBlue

## Other Provider Phone Lines

**BlueCard Eligibility Line®** – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information

**Fraud & Abuse Hotline** – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential

**Network Administration** – 1-800-716-2299

**option 1** – for questions regarding provider contracts

**option 2** – for questions regarding credentialing/recredentialing

**option 3** – for questions regarding your provider data management

**option 4** – for questions regarding provider relations

**option 5** – for questions regarding administrative representative setup

# New Directions Contact Information

For assistance, please contact:

**Michelle Kim**

Autism Resource Program, Manager

Email: [mkim@ndbh.com](mailto:mkim@ndbh.com)

Phone: 1-816-416-7672

**Katherine Wooten**

Clinical Director – Corporate Programs

Email: [kwooten@ndbh.com](mailto:kwooten@ndbh.com)

Phone: 1-816-994-1424



# We are listening!

**Our provider Engagement Survey is open,  
and we want to hear from you!**



If you haven't received an email invitation, please contact [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com)  
and include "Provider Engagement Survey" in the subject line



# Thank you!



If you have additional questions after this webinar,  
please email [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)



# Appendix

# Credentialing Process

- The credentialing process can take up to 90 days once Blue Cross receives all required information
- After 90 days you may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at [PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com) or 1-800-716-2299, option 2
- Required credentialing application packets are available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Provider Networks >Join Our Networks
- Blue Cross credentials professional, facility and ancillary providers
- To participate in our networks, providers must meet certain criteria as regulated by our accreditation body and the Blue Cross and Blue Shield Association
- Providers will remain non-participating in our networks until their application has been approved by the credentialing subcommittee. The credentialing subcommittee approves credentialing monthly.
- Network providers are recredentialed every three years from their last credentialing acceptance date



# Provider Credentialing & Data Management Policy

Below is Blue Cross' policy for credentialing and provider data management requests, which helps ensure requests are processed timely:

- Requests to join our networks or maintain network participation, including the credentialing and recredentialing processes, must be submitted on appropriate forms
- Requests for provider data management must be submitted on the appropriate Blue Cross form

**Requests that are incomplete, missing information or submitted on the incorrect form will be returned.** The processing time will start over once all required information is received.



All forms and credentialing packets are available online at  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Provider Networks > Join Our Networks

# Incomplete Credentialing Applications

Below are the most common reasons credentialing applications are returned:



- Professional provider did not submit the current version of the **Louisiana Standardized Credentialing Application**
- Facility did not submit the **Health Delivery Organization Information Form**
- Not submitting the proper attachments and/or forms
- An alternative application was submitted in place of the credentialing applications identified above (*we do not accept a CAQH application*)

The 90-day processing time begins when we receive all required information. The application processing time starts over once a completed application is returned to Blue Cross. Submitting a completed form is key to timely processing.

# Reimbursement During Credentialing

Louisiana has expanded their law allowing additional healthcare provider types to request that Blue Cross reimburse their claims as if they are a network provider during the credentialing process. Claims for network providers are paid directly to the provider.

The following criteria must be met:

- You must be applying for network participation to **join a provider group** that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners.
- You **must have admitting privileges** to a network hospital. PCPs can have an arrangement with a hospitalist group to admit their patients.
- Your **initial credentialing application** for network participation must include a written letter of request asking Blue Cross to reimburse you at the group contract rate and an agreement to hold our members harmless for payments above the allowable amount

The Reimbursement During Credentialing Instruction Sheet is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Resources >Forms

# Claims Disputes & Appeals

Sometimes it may be necessary for a provider to dispute or appeal a claim

## CLAIMS DISPUTES

Involves a denial that affects the provider's reimbursement

## 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

On the next slides, we will detail each of these claims inquiries

# Claims Disputes

- Reimbursement reviews:
  - Allowable disputes
  - Bundling issues
- Timely filing
- Authorization penalties
- Failed to obtain an authorization denials
- Refund disputes



Decisions upheld by the Claims Disputes Department are not billable to the member



# Administrative Appeals & Grievances

- Administrative appeals involve contractual issues and are typically submitted by the member or someone on behalf of the member (including providers), with the member's authorization
- A grievance is a written expression of dissatisfaction with BCBSLA or a provider's services. Typically, grievances do not involve denied claims.

## The top reasons for administrative appeals are:

**1**

Out-of-Network (OON) providers

**2**

Contract limitations or exclusions

**3**

Claims processing (how cost sharing was applied)

- Deductible
- Coinsurance
- Copayment

# Provider Dispute Form

**Provider Dispute Form**

Complete this form to file a provider dispute. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to include the proper information (based on your reason for review) and submit it to the appropriate mailing address.

Please submit only one form per patient, per dispute.

**PROVIDER INFORMATION**

TYPE OF PROVIDER: ☐ Professional ☐ Facility ☐ Other

Provider Name

National Provider Identifier (NPI) Provider Tax ID

Name of Person Completing Form Date Form Completed

Contact Email Address Contact Phone Number

**PATIENT INFORMATION**

Member ID Policyholder Name

Patient Name Patient Date of Birth

Claim Number Date(s) of Service Amount Charged

**DISPUTE DETAILS**

To assist us in reviewing your dispute, please summarize the issue and action desired, and attach all supporting documentation.

**GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION**

SURGERY, ASSISTANT SURGERY OR ANESTHESIA	DOCTOR'S HOSPITAL VISITS	DOCTOR'S OFFICE/CLINIC VISITS	OTHER SERVICE X-RAYS, LAB, PHYSICAL THERAPY
1. Operative Report 2. Anesthesia Report 3. Pre-op History and Physical 4. Asst. Surgeon Credential (if not M.D.)	1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	1. Physical Therapy Notes and Radiology/Lab Report

Page 2 of this form contains the list of reasons for your dispute. Please check only one reason per form. In order for us to review your dispute, we must receive the entire form.

A provider PDF of this form is available online at [www.BCBSLA.com/resources](http://www.BCBSLA.com/resources). Then click on the "Resources" section and look under Forms.

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Page 1 of 2

- Use the Provider Dispute Form to properly request a review of your claim
- Be sure to place the form on top of your claim when submitting for review to ensure it is routed to the appropriate area of the company
- Use the Provider Dispute Form when claim:
  - Rejected as duplicate
  - Denied for bundling
  - Denied for medical records
  - Denied as investigational or not medically necessary
  - Payment/denial affects the provider's reimbursement
  - Payment affects the member's cost share
  - Denied for a BlueCard member

Form is available online at  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
 > Resources > Forms

For details on where to submit claims issues, refer to the "A Guide For Disputing Claims" tidbit  
[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Tidbits

**providerTIDBIT**  
 a guide to understanding our processes

**A Guide for Disputing Claims**

Providers should use the chart on this guide when submitting claims information to ensure it is routed to the appropriate area of the company. This chart lists the best way to request (and not request) when providers submit claim information for review, and where to send the information so the end results are a quick and efficient claims review process.

For corrected claims, please review our Corrected Claims Tidbit, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Tidbits.

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denied for insufficient medical records	• Supporting medical documentation & copy of Blue Cross letter of request for medical records	• Appeals and Claims Dispute Form • Claim Form	BCBSLA - Medical Records P.O. Box 90371 Baton Rouge, LA 70899-9031
Claim rejected as a duplicate	• ECR/Blue Action Request • Supporting medical documentation	• Appeals and Claims Dispute Form • Letter of appeal or Appeal Request Form	<a href="http://www.BCBSLA.com/tidbit">www.BCBSLA.com/tidbit</a> or BCBSLA P.O. Box 90379 Baton Rouge, LA 70899-9039
Authorization penalty when authorization was obtained	• ECR/Blue Action Request • Call Customer Care Center	• Written request	<a href="http://www.BCBSLA.com/tidbit">www.BCBSLA.com/tidbit</a> or BCBSLA P.O. Box 90379 Baton Rouge, LA 70899-9039
Claim denies for primary carrier's explanation of benefits (EOB)	• Claim with EOB from primary carrier	• Appeals and Claims Dispute Form • Letter of appeal or Appeal Request Form	<a href="http://www.BCBSLA.com/tidbit">www.BCBSLA.com/tidbit</a> or BCBSLA P.O. Box 90379 Baton Rouge, LA 70899-9039
Claim denied for a BlueCard® member (coverage through Blue Cross from Blue Cross and Blue Shield of Louisiana)	• Appeals and Claims Dispute Form® • Formal letter of appeal including reason • Supporting medical documentation	• Claim Form • Appeal Request Form	BCBSLA P.O. Box 90379 Baton Rouge, LA 70899-9039 or Fax to (225) 337-3727

\*The Appeals and Claims Dispute Form is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Claims.

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# Submitting Corrected Claims



**Louisiana providerTIDBIT**  
a guide to understanding our processes

## 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 refilled 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/remittance 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](http://www.BCBSLA.com/providers) > Resources > Tidbits.

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

[More →](#)

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- Submitting corrected claims can be easy when the appropriate steps are followed
- Use the “Submitting Corrected Claims” tidbit as a guide to properly adjust or void a claim so it does not deny as duplicate or process incorrectly
- The tidbit outlines the steps for submitting a corrected claim by paper or electronically (via clearinghouse or iLinkBlue)

# Workers' Compensation

In most circumstances, services and treatment rendered as a result of any occupational or work-related disease or injury compensable under any federal or state workers' compensation law is a contract exclusion under the terms of a member contract and Blue Cross is not responsible for the claim

## Providers should:

- Submit claims to Blue Cross
- Indicate if the services are the result of a work-related injury or illness

If it's determined the service is not covered by workers' compensation or the member's contract does not exclude these services and the claim is not filed to Blue Cross, the provider is at risk of future consideration by failing to meet administrative filing requirements outlined in the member's contract

# Subrogation

Subrogation is a contract provision that allows health insurers to recover all or a portion of claims payments if the member is entitled to recover such amounts from a third party. As a participating provider, you agree to submit claims for all covered services received by Blue members.

Providers should:

- Indicate if the services are related to an accident or a work-related injury or illness when submitting claim
- Not require the Blue member or the member's attorney to guarantee payment of the entire billed charge
- Not require the Blue member to pay the entire billed charge up front
- Not bill the Blue member for amounts above the reimbursement amount/allowable charge
- Charge the member no more than is ordinarily charged other patients for the same or similar service
- Bill the member only for any applicable cost share (deductible, coinsurance, copayment) and/or non-covered service

If amounts in excess of the reimbursement amount/allowable charge were collected, you should refund that amount to the member

# Provider Self-service Initiative

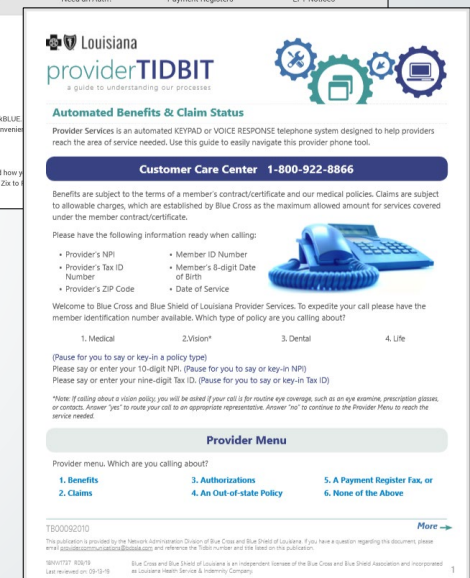
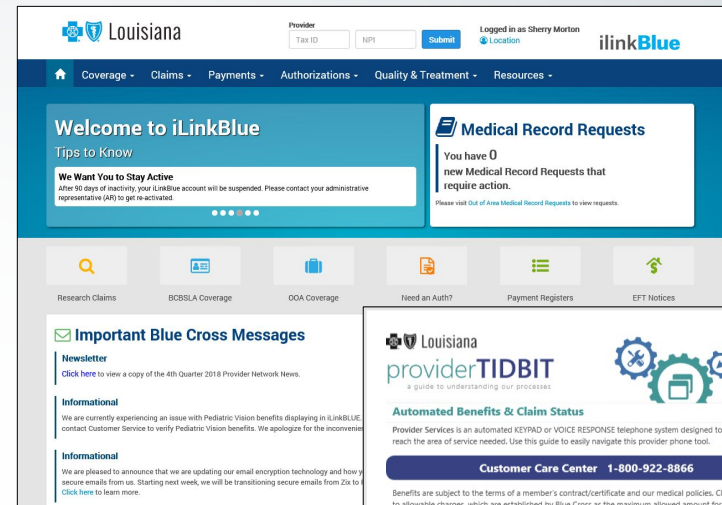
Providers are required to use our self-service tools for:

- member eligibility
- claim status inquiries
- professional allowable searches
- medical policy searches

These services are no longer handled directly by our Customer Care Center

## Self-service tools available to providers:

- iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))
- Interactive Voice Recognition (IVR) (1-800-922-8866)
  - The Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Tidbits
- HIPAA 27x transactions



# 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 Blue  
Cross



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



# Coding to the Highest Level of Specificity

- 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

# Medical Record 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 Blue Cross network agreement, providers are not to charge a fee for providing medical records to Blue Cross 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 Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee

**Medical Record Requests must be returned within 7 days of receipt of request**

# Commercial Diagnostic Accuracy and Completion

Commercial Diagnostic Accuracy and Completion (DAC) is a component of the Affordable Care Act (ACA)

- Encourages health plans to focus on quality improvements, efficiency and stabilization of premiums
- DAC uses diagnosis codes reported on claims to determine the disease state or illness burden (overall health) of a patient, allowing CMS to assign a risk score to each patient
- DAC medical record requests typically begin in January

Blue Cross is currently partnered with Inovalon to conduct out-of-state DAC medical record requests

# 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 Scores

- Blue Cross 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

# Member Referrals

**Network providers should always refer members to contracted providers**

- Referrals to non-network providers result in significantly higher cost shares to our members and it is a breach of your Blue Cross provider contract
- Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement
- The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:
  - CMS-1500: Block 17B
  - UB-04: Block 78
  - 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

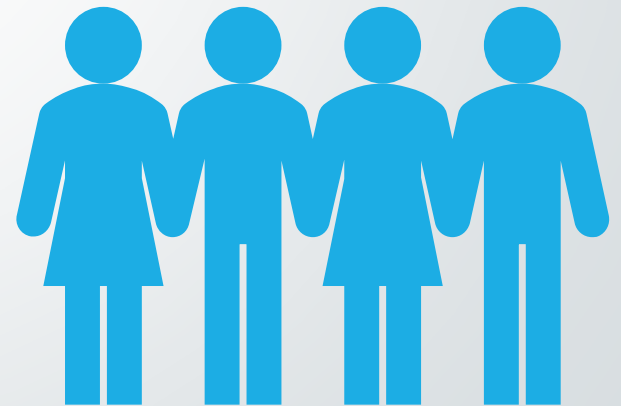
## **Examples:**

- Outpatient Facilities
  - LTAC, SNF, Behavioral Health, Home Health
- Therapists
- Hospitals
- DME
- Laboratories

# Out of network referrals

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

- Out-of-network member benefits often include higher copayments, coinsurances and deductibles
- Some members may have no benefits for services provided by non-participating providers
- Non-participating providers can balance bill the member for all amounts not paid by Blue Cross





# Finding Participating Providers

You can find network providers to refer members to in our online provider directories at [www.BCBSLA.com](http://www.BCBSLA.com) > Find a Doctor

The screenshot shows the 'Find Doctors in Louisiana' page on the BCBSLA website. The top navigation bar includes links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Accessibility. The main header features the BCBSLA logo and navigation links: Shop, Find a Doctor, Save, Wellness, Learn, and My Account. The central heading is 'Find Doctors in Louisiana', followed by a subtext: 'Search our directory of top-rated primary care doctors, pediatricians, ENTs and other specialties.' Below this is a search interface with a green 'All Networks' dropdown, a search input field with the placeholder 'Search for a doctor, hospital or specialty.', a 'Location' dropdown, and a search button. At the bottom, a section titled 'Looking for a different provider?' offers four options with icons: Dental, Pharmacy, Vision, and Out of Area.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Accessibility

Log In

Louisiana Shop Find a Doctor Save Wellness Learn My Account

## Find Doctors in Louisiana

Search our directory of top-rated primary care doctors, pediatricians, ENTs and other specialties.

All Networks Search for a doctor, hospital or specialty. Location

### Looking for a different provider?

Dental Pharmacy Vision Out of Area

# Provider Identity Management Team

## Common issues the PIM Team is asked to help with:

### **How do I change my administrative representative phone number?**

This can be done with a phone call to the PIM Team

### **How do I change my administrative representative email address?**

Because your email address is your username, you must submit a new Administrative Representative Registration Packet

### **How do I terminate my administrative representative?**

This requires a written notification be sent to the PIM Team

## Need help?

Provider Identity Management (PIM) is a dedicated team to help you establish and manage system access to our secure electronic services

If you have questions regarding the administrative representative setup process, please contact our PIM Team

Email: [PIMTeam@bcbsla.com](mailto:PIMTeam@bcbsla.com)

Phone: 1-800-716-2299, option 5

## What they will do for you:

- Set up administrative representatives
- Educate and assist administrative representatives
- Outreach to providers without administrative representatives to begin the setup process

# Inactivity Policy

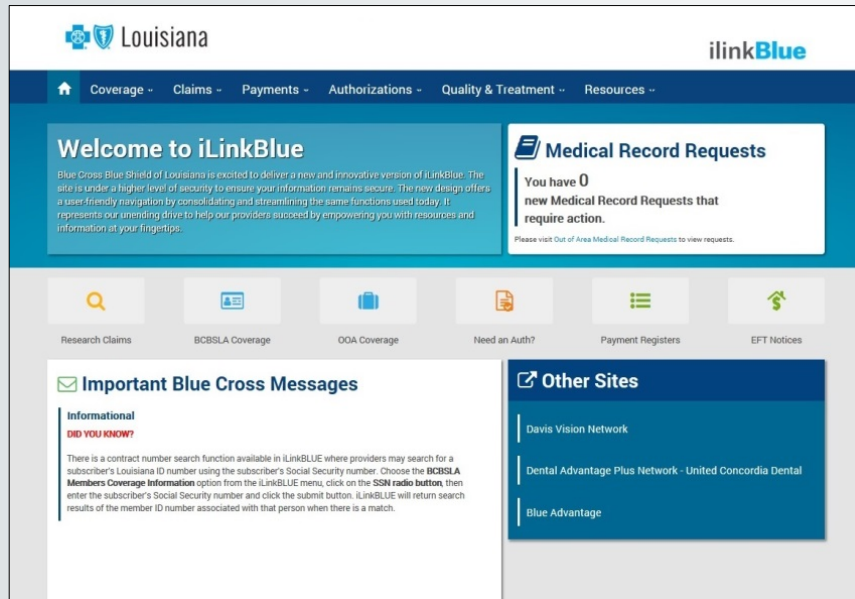
iLinkBlue and Sigma Security Setup Tool accounts that have not been accessed for a period of time will be suspended as follows:

- iLinkBlue user account suspends upon 90 days of inactivity
- iLinkBlue user account that remains inactive for 120 days will be terminated
- Sigma account suspends upon 90 days of inactivity
- Sigma account that remains inactive for one year will be terminated



- When an account has been inactive for 60 days, the user will receive an email alert of the inactivity
- Once suspended, to reactivate an account, iLinkBlue users must contact their administrative representative
- Administrative representatives with suspended accounts must contact our Provider Identity Management Team at **PIMTeam@bcbsla.com**

# Accessing the Blue Advantage Provider Portal



- The processes for Blue Advantage (HMO) | Blue Advantage (PPO) differ from our other provider network processes
- We have created a separate portal for these contracted providers to access those processes
- You must access the Blue Advantage Provider Portal through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue))
- To gain security access to the Blue Advantage Provider Portal, users must first self-register within the portal; this will start the process of getting the user access to the feature

# iLinkBlue Application Packet

iLinkBlue is our secure online tool for professional and facility healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, payment queries and transactions. The **iLinkBlue Application Packet** is available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Electronic Services then click on "iLinkBlue".

These four documents are required to access iLinkBlue:

This document is the iLinkBlue Service Agreement. It includes sections for the provider's name, address, and city/state/zip. It also contains a section for the provider's signature and date. The agreement outlines the terms of service for using the iLinkBlue system, including the provider's responsibility to maintain accurate information and the system's security measures.

iLinkBlue Service Agreement

This document is the Business Associate Addendum to the iLinkBlue Service Agreement. It includes sections for the provider's name, address, and city/state/zip. It also contains a section for the provider's signature and date. The addendum outlines the terms of service for using the iLinkBlue system as a business associate, including the provider's responsibility to maintain accurate information and the system's security measures.

Business Associate Addendum

**ALWAYS include NPI/TAX ID on:**

- ✓ iLinkBlue Service Agreement
- ✓ Business Associate Addendum to the iLinkBlue Service Agreement
- ✓ Administrative Representative Registration Form
- ✓ Electronic Funds Transfer (EFT) Enrollment Form

This document is the Electronic Funds Transfer (EFT) Enrollment Form. It includes sections for the provider's name, address, and city/state/zip. It also contains a section for the provider's signature and date. The form outlines the terms of service for using the iLinkBlue system for electronic funds transfer, including the provider's responsibility to maintain accurate information and the system's security measures.

Electronic Funds Transfer Enrollment Form

This document is the Administrative Representative Registration Form. It includes sections for the provider's name, address, and city/state/zip. It also contains a section for the provider's signature and date. The form outlines the terms of service for using the iLinkBlue system as an administrative representative, including the provider's responsibility to maintain accurate information and the system's security measures.

Administrative Representative Registration Form