Louisiana

Facility Workshop

2020

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.

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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

Welcome

Your Blue Cross and Blue Shield of Louisiana Provider Relations Team

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

Thank You!

Please know that you can count on us to serve and support you throughout this crisis as it affects our members, providers, employees and the communities we serve. One way we are doing that is to help ease your administrative burdens when working with Blue Cross.

Thank you to the many Louisiana providers and hospitals on the front lines fighting for us through this COVID-19 crisis!

For policy and billing updates related to COVID-19, please visit our COVID-19 Provider Resources page.

Agenda

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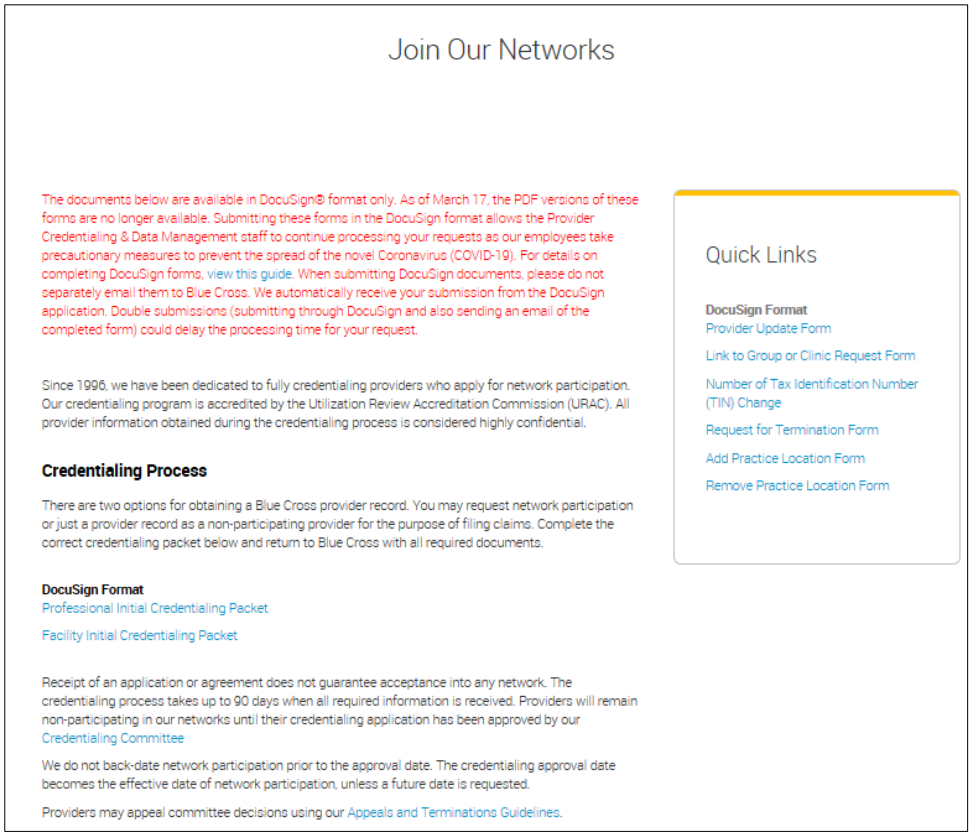
Provider Credentialing & Data Management

Join Our Networks Webpage



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

Facility Initial Credentialing 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

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

www.BCBSLA.com/providers >Provider Networks >Join Our Networks

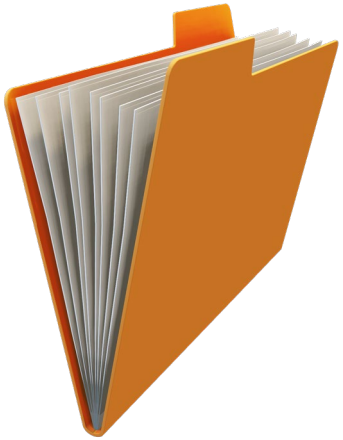
Credentialing Process

- 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** or 1-800-716-2299, option 2
- Required credentialing application packets are available online at **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 the agreement has been executed by the contracting department
- The credentialing committee meetings are held twice 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** >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.

Credentialing Criteria - Facility

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

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services
- Dialysis Facility
- DME Supplier
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory
- Lithotripsy/Orthostripsy
- Nursing Home
- Radiation Center
- Residential Treatment
- Retail Health Clinic
- Skilled Nursing Facility
- Sleep Lab/Center
- Specialty Pharmacy
- Urgent Care

View the *Credentialing Criteria* for these facility provider types at **www.BCBSLA.com/providers** >Provider Networks >Join Our Networks

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

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 application) and confirm receipts. 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

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 receipient 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.

BEGIN SIGNING

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

Clark Walley

DEMO - BCBS LA

Please read the Electronic Record and Signature Disclosure

I agree to use electronic records and signatures

CONTINUE FINISH LATER OTHER ACTIONS

18NW2708 01/20 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 & Indemnity Company.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses 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 >Join Our Networks**

Easily complete packets & forms with DocuSign

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

Credentialing packets

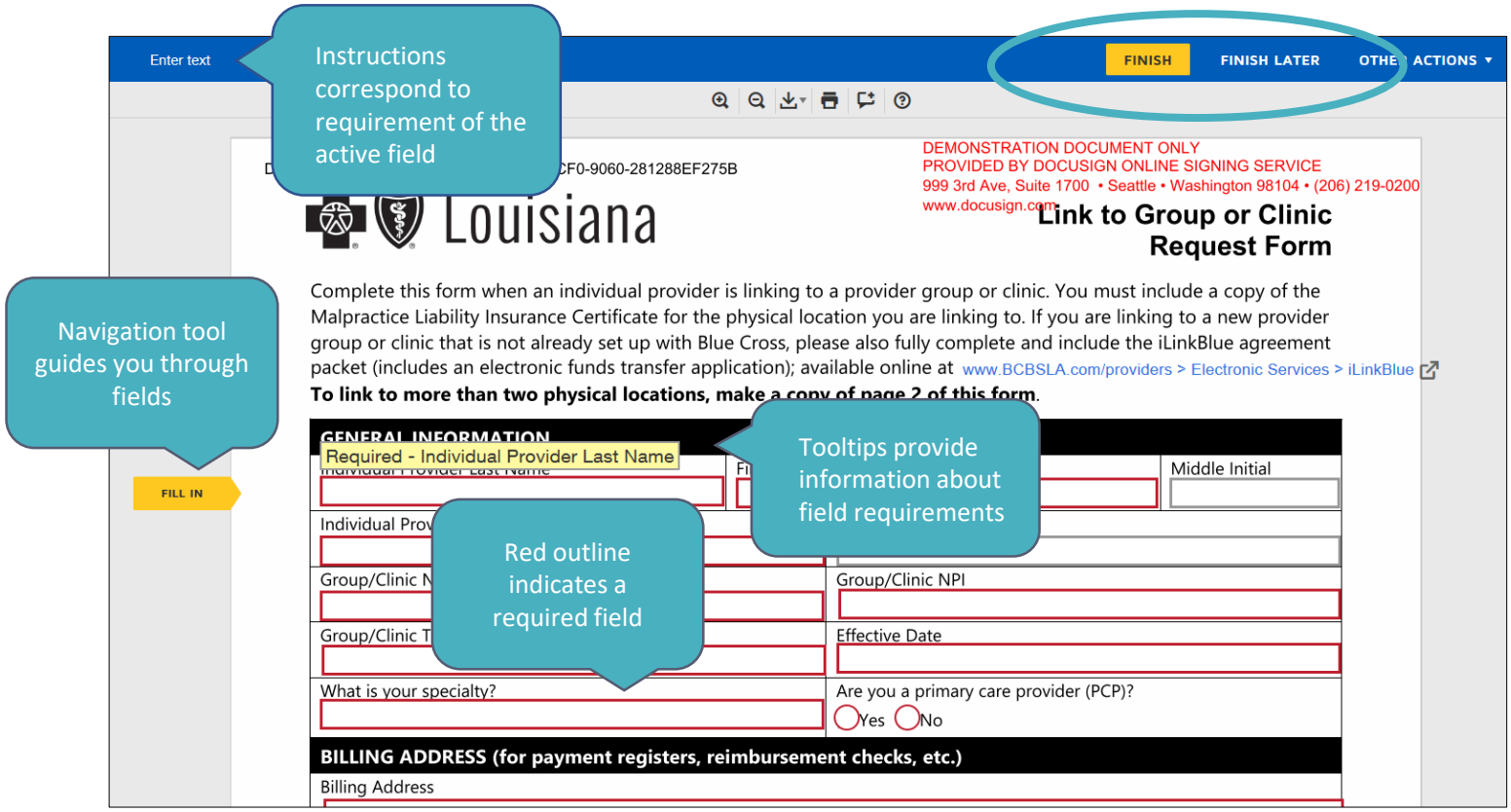
- Professional (initial)
- Professional (recredentialing)
- Facility (initial)
- Facility (reverification)

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

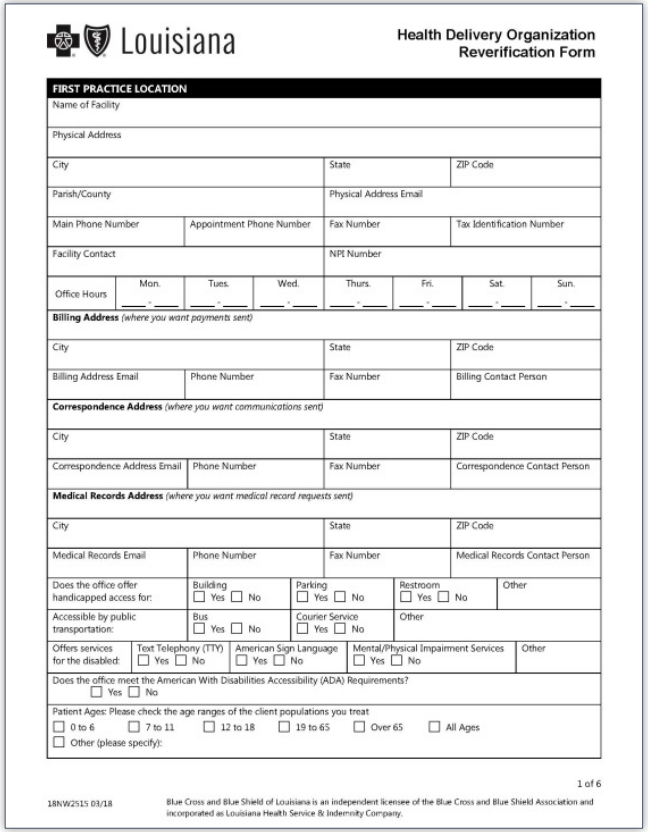
After submitting your documents through DocuSign, please do not send via email

Easily complete forms with DocuSign



Find our *DocuSign® Guide* at **www.BCBSLA.com/providers** >Provider Networks >Join Our Networks

Required Recredentialing Documents



Louisiana

Health Delivery Organization Reverification Form

FIRST PRACTICE LOCATION							
Name of Facility							
Physical Address							
City			State		ZIP Code		
Parish/County			Physical Address Email				
Main Phone Number	Appointment Phone Number		Fax Number		Tax Identification Number		
Facility Contact			NPI Number				
Office Hours	Mon. ___ - ___	Tues. ___ - ___	Wed. ___ - ___	Thurs. ___ - ___	Fri. ___ - ___	Sat. ___ - ___	Sun. ___ - ___
Billing Address *(where you want payments sent)*							
City			State		ZIP Code		
Billing Address Email	Phone Number		Fax Number		Billing Contact Person		
Correspondence Address *(where you want communications sent)*							
City			State		ZIP Code		
Correspondence Address Email	Phone Number		Fax Number		Correspondence Contact Person		
Medical Records Address *(where you want medical record requests sent)*							
City			State		ZIP Code		
Medical Records Email	Phone Number		Fax Number		Medical Records Contact Person		
Does the office offer handicapped access for:	Building ☐ Yes ☐ No		Parking ☐ Yes ☐ No		Restroom ☐ Yes ☐ No	Other	
Accessible by public transportation:	Bus ☐ Yes ☐ No		Courier Service ☐ Yes ☐ No		Other		
Offers services for the disabled:	Text Telephony (TTY) ☐ Yes ☐ No		American Sign Language ☐ Yes ☐ No		Mental/Physical Impairment Services ☐ Yes ☐ No	Other	
Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No							
Patient Ages: Please check the age ranges of the client populations you treat ☐ 0 to 6 ☐ 7 to 11 ☐ 12 to 18 ☐ 19 to 65 ☐ Over 65 ☐ All Ages ☐ Other (please specify):							

1 of 6

18NW2515 03/18

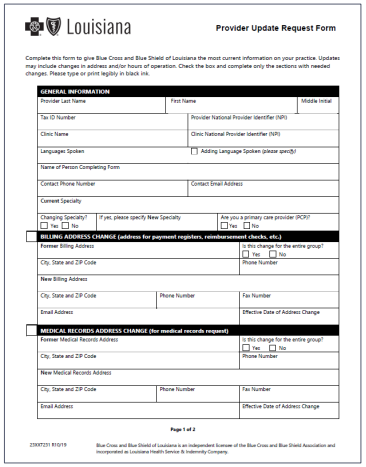
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

- Current network providers are required to be recredentialed every 36 months and should use our **Health Delivery Organization Reverification Form**
- This application is part of the facility (reverification) packet
- Our Reverification application is now emailed to the correspondence email on file. Included in the email is a link to begin completing your reverification form. Once completed and signed, it will be submitted to Blue Cross via DocuSign.

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. Updates may include changes in address and/or hours of operation. Check the box and complete only the sections with needed changes. Please type or print legibly in black ink.

GENERAL INFORMATION

Provider Last Name | First Name | Middle Initial

Tax ID Number | Provider National Provider Identifier (NPI)

Clinic Name | Clinic National Provider Identifier (NPI)

Languages Spoken | ☐ Adding Language Spoken (please specify)

Name of Person Completing Form

Contact Phone Number | Contact Email Address

Current Specialty

Changing Specialty? ☐ Yes ☐ No | If yes, please specify New Specialty | Are you a primary care provider (PCP)? ☐ Yes ☐ No

☐ BILLING ADDRESS CHANGE (address for payment registers, reimbursement checks, etc.)

Former Billing Address | Is this change for the entire group? ☐ Yes ☐ No

City, State and ZIP Code | Phone Number

New Billing Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address | Effective Date of Address Change

☐ MEDICAL RECORDS ADDRESS CHANGE (for medical records request)

Former Medical Records Address | Is this change for the entire group? ☐ Yes ☐ No

City, State and ZIP Code | Phone Number

New Medical Records Address

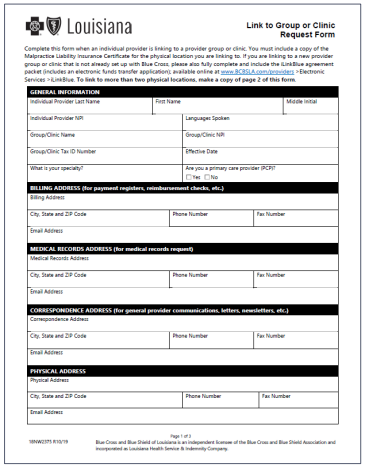
City, State and ZIP Code | Phone Number | Fax Number

Email Address | Effective Date of Address Change

Page 1 of 2

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.

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


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 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 > Electronic Services > iLinkBlue. To link to more than two physical locations, make a copy of page 2 of this form.

GENERAL INFORMATION

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)? ☐ Yes ☐ No

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

Billing Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

MEDICAL RECORDS ADDRESS (for medical records request)

Medical Records Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)

Correspondence Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

PHYSICAL ADDRESS

Physical Address

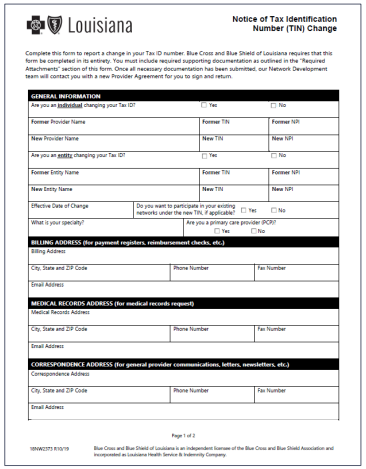
City, State and ZIP Code | Phone Number | Fax Number

Email Address

Page 1 of 2

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.

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


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 outlined in the "Required Attachments" section of this form. Once all necessary documentation has been submitted, our Network Development team will contact you with a new Provider Agreement for you to sign and return.

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 | Do you want to participate in your existing networks under the new TIN, if applicable? ☐ Yes ☐ No

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

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

Billing Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

MEDICAL RECORDS ADDRESS (for medical records request)

Medical Records Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

CORRESPONDENCE ADDRESS (for general provider communications, letters, newsletters, etc.)

Correspondence Address

City, State and ZIP Code | Phone Number | Fax Number

Email Address

Page 1 of 2

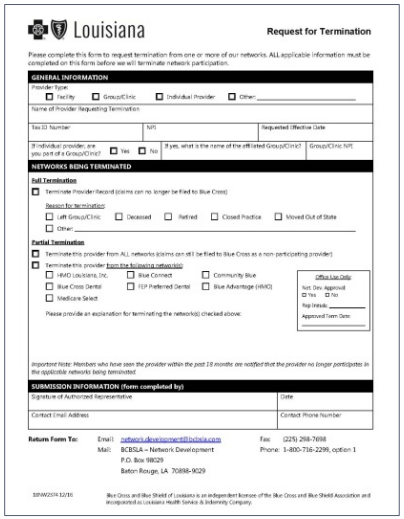
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

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** >Resources >Forms

How to Update Your Information

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


Louisiana

Request for Termination

Please complete this form to request termination from one or more of our networks. ALL applicable information must be completed on this form before we will terminate network participation.

GENERAL INFORMATION

Provider Type:
☐ Facility ☐ Group/Clinic ☐ Individual Provider ☐ Other: _____

Name of Provider Requesting Termination

Tax ID Number	NPI	Requested Effective Date

If individual provider, are you part of a Group/Clinic? ☐ Yes ☐ No | If yes, what is the name of the affiliated Group/Clinic? | Group/Clinic NPI

NETWORKS BEING TERMINATED

Full Termination

☐ Terminate Provider Record (claims can no longer be filed to Blue Cross)

Reason for termination:
☐ Left Group/Clinic ☐ Deceased ☐ Retired ☐ Closed Practice ☐ Moved Out of State
☐ Other: _____

Partial Termination

☐ Terminate this provider from ALL networks (claims can still be filed to Blue Cross as a non-participating provider)
☐ Terminate this provider from the following network(s):

☐ HMO Louisiana, Inc. ☐ Blue Connect ☐ Community Blue
☐ Blue Cross Dental ☐ FEP Preferred Dental ☐ Blue Advantage (HMO)
☐ Medicare Select

Please provide an explanation for terminating the network(s) checked above:

Office Use Only
Net. Dev. Approval: ☐ Yes ☐ No
Rep Initials: _____
Approved Term Date: _____

Important Note: Members who have seen the provider within the past 18 months are notified that the provider no longer participates in the applicable networks being terminated.

SUBMISSION INFORMATION (form completed by)

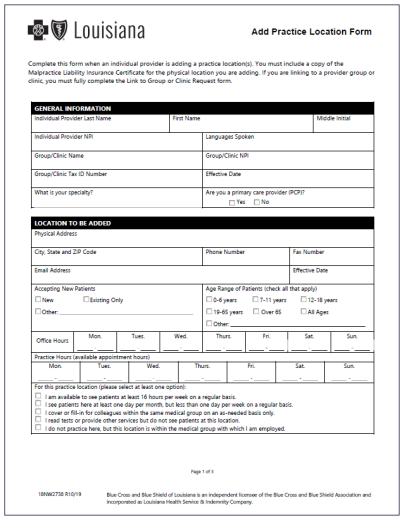
Signature of Authorized Representative	Date
Contact Email Address	Contact Phone Number

Return Form To:
Email: network.development@bcbsla.com
Mail: BCBSLA – Network Development
P.O. Box 98029
Baton Rouge, LA 70898-9029
Fax: (225) 298-7698
Phone: 1-800-716-2299, option 1

10NW2374 12/16

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.

Use our **Request for Termination** form to request termination from one or more of our networks


Louisiana

Add Practice Location Form

Complete this form when an individual provider is adding a practice location(s). You must include a copy of the Malpractice Liability Insurance Certificate for the physical location you are adding. If you are linking to a provider group or clinic you must fully complete the Link to Group or Clinic Request form.

GENERAL INFORMATION

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)? ☐ Yes ☐ No	

LOCATION TO BE ADDED

Physical Address		
City, State and ZIP Code	Phone Number	Fax Number
Email Address		Effective Date

Accepting New Patients
☐ New ☐ Existing Only
☐ Other: _____

Age Range of Patients (check all that apply)
☐ 0-6 years ☐ 7-11 years ☐ 12-18 years
☐ 19-65 years ☐ Over 65 ☐ All Ages
☐ Other: _____

Office Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Practice Hours (available appointment hours)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

For this practice location (please select at least one option):
☐ I am available to see patients at least 16 hours per week on a regular basis.
☐ I see patients here at least one day per month, but less than one day per week on a regular basis.
☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.
☐ I read tests or provide other services but do not see patients at this location.
☐ I do not practice here, but this location is within the medical group with which I am employed.

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10NW0738 R10/19

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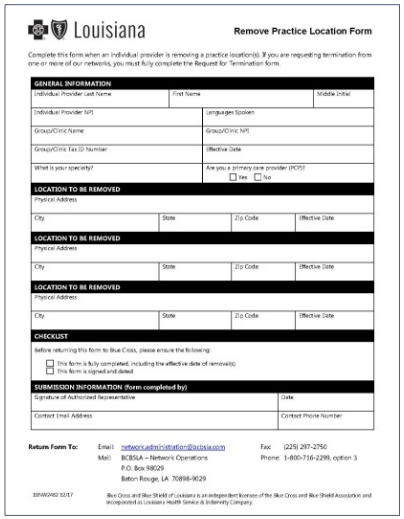
Use our **Add Practice Location Form** when an individual provider is adding a practice location(s)


Louisiana

Remove Practice Location Form

Complete this form when an individual provider is removing a practice location(s). If you are requesting termination from one or more of our networks, you must fully complete the Request for Termination form.

GENERAL INFORMATION

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)? ☐ Yes ☐ No	

LOCATION TO BE REMOVED

Physical Address			
City	State	Zip Code	Effective Date

LOCATION TO BE REMOVED

Physical Address			
City	State	Zip Code	Effective Date

LOCATION TO BE REMOVED

Physical Address			
City	State	Zip Code	Effective Date

CHECKLIST

Before returning this form to Blue Cross, please ensure the following:
☐ This form is fully completed, including the effective date of removal(s)
☐ This form is signed and dated

SUBMISSION INFORMATION (form completed by)

Signature of Authorized Representative	Date
Contact Email Address	Contact Phone Number

Return Form To:
Email: network.administration@bcbsla.com
Mail: BCBSLA – Network Operations
P.O. Box 98029
Baton Rouge, LA 70898-9029
Fax: (225) 297-2750
Phone: 1-800-716-2299, option 3

10NW2482 12/17

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.

Use our **Remove Practice Location Form** when an individual provider is removing a practice location(s)

Submit these forms online at **www.BCBSLA.com/providers** >Resources >Forms

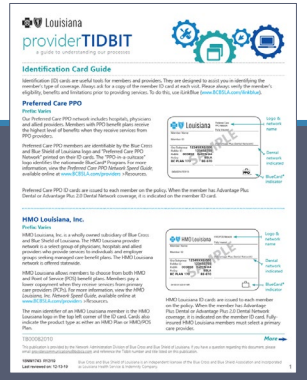
Our Networks

Our Provider Networks

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

Louisiana

HMO Louisiana


Louisiana
providerTIDBIT
a guide to understanding our processes

Identification Card Guide

Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.BCBSLA.com/ilinkblue).

Preferred Care PPO

Profile Varies

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO ID cards are identifiable by the Blue Cross and Blue Shield of Louisiana logo with the "Preferred Care PPO Network" printed on their ID cards. The "PPO in a suitcase" is also a helpful identification tool. For more PPO network information, view the Preferred Care PPO Network Spend Guide, available online at www.BCBSLA.com/providers > Resources.

Logo & network name

Louisiana

Member Name

Member ID

Group Name

Group Number

PCP

PCP Phone

Office Visit

$25 co-pay

Specialist

$50 co-pay

Deductible

$0

Out-of-Pocket Maximum

$0

Prescriptions

Dental network indicated

BlueCard® indicator

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

HMO Louisiana, Inc.

Profile Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the HMO Louisiana, Inc. Network Spend Guide, available online at www.BCBSLA.com/providers > Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.

SAMPLE

HMO Louisiana

Member Name

Member ID

Group Name

Group Number

PCP

PCP Phone

Office Visit

$25 co-pay

Specialist

$50 co-pay

Deductible

$0

Out-of-Pocket Maximum

$0

Prescriptions

Logo & network name

Dental network indicated

BlueCard® indicator

HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully-insured HMO Louisiana members must select a primary care provider.

More

1800000010

This publication is provided to the Network administrative Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email and reference the 7-digit number and title listed on this publication.

1000077W1 0121U

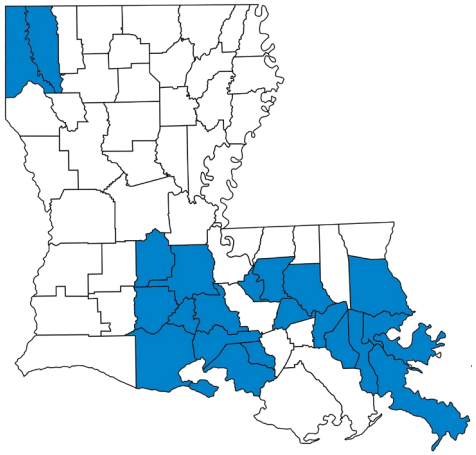
Last reviewed on: 12-13-19

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

1

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**, 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

Lafayette area

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

Baton Rouge area

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

Shreveport area

Bossier and Caddo parishes

COMMUNITY BLUE

Baton Rouge area

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

Our Provider Networks

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

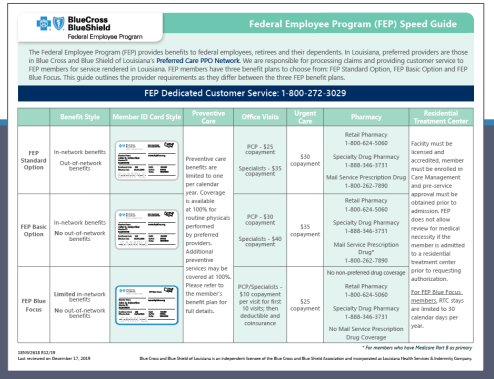
BASIC OPTION

- ✓ In-network
- X Out-of-network

FEP BLUE FOCUS

- ✓ **LIMITED** in-network
- X Out-of-network

New FEP Speed Guide available! Visit **www.BCBSLA.com/providers** >Resources >Speed Guides



BlueCross BlueShield
Federal Employee Program

Federal Employee Program (FEP) Speed Guide

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's Preferred Care PPO Network. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.

FEP Dedicated Customer Service: 1-800-272-3029

	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%. Please refer to the member's benefit plan for full details.	PCP - $25 copayment Specialists - $35 copayment	$30 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug* 1-800-262-7890	Facility must be licensed and accredited, member must be enrolled in Care Management and pre-service 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. For FEP Blue Focus members, RTC stays are limited to 30 calendar days per year.
FEP Basic Option	In-network benefits No out-of-network benefits			PCP - $30 copayment Specialists - $40 copayment	$35 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug* 1-800-262-7890	
FEP Blue Focus	Limited in-network benefits No out-of-network benefits			PCP/Specialists - $10 copayment per visit for first 10 visits; then deductible and coinsurance	$25 copayment	No non-preferred drug coverage Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 No Mail Service Prescription Drug Coverage	

* For members who have Medicare Part B as primary

Last reviewed on December 17, 2019

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

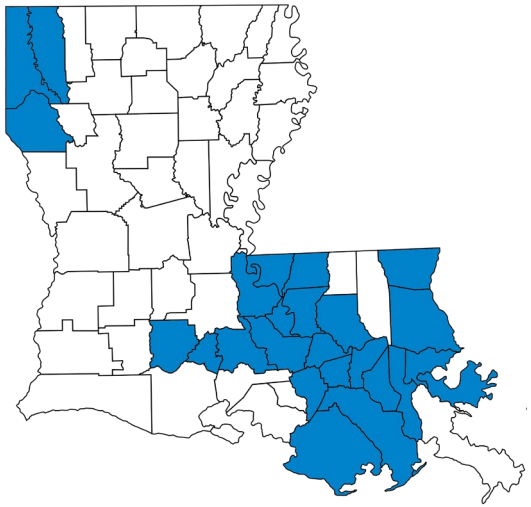
Our Blue Advantage Networks

Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

Blue Advantage (HMO) and **Blue Advantage (PPO)** networks are available statewide to Medicare eligible members

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

Lafayette area

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

Baton Rouge area

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

Shreveport area

Bossier, Caddo and DeSoto parishes

Healthy Blue

BlueCard® Program

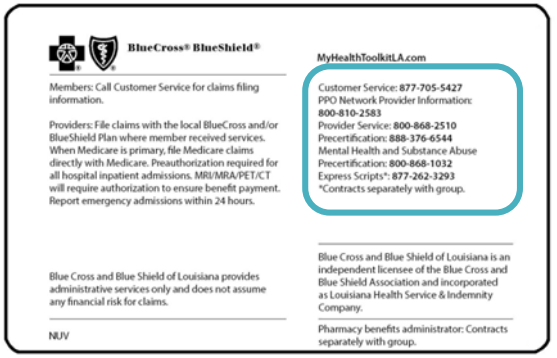
- BlueCard® is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain healthcare services while traveling or living in another BCBS Plan service area
- The main identifiers for BlueCard members are the prefix and the "suitcase" logo on the member ID card. The suitcase logo provides the following information about the member:

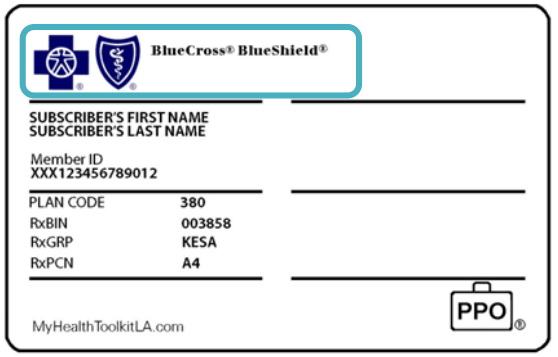
- The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic
- The PPO suitcase indicates the member is enrolled in a Blue Plan's PPO or EPO product
- The empty suitcase indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited 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





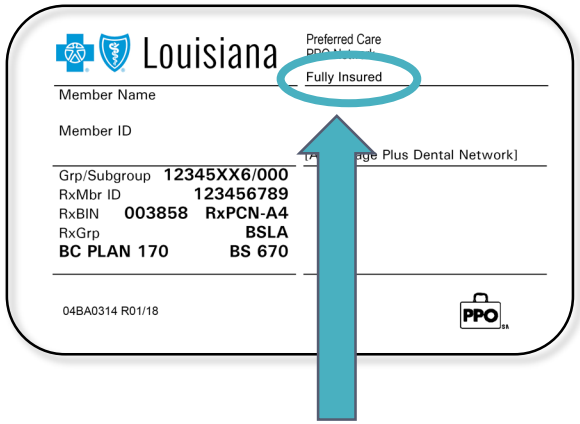
This list of prefixes is available on iLinkBlue (**www.BCBSLA.com/ilinkblue**) under the "Resources" section

Fully Insured vs. Self-insured

Member ID Card Differences

FULLY INSURED

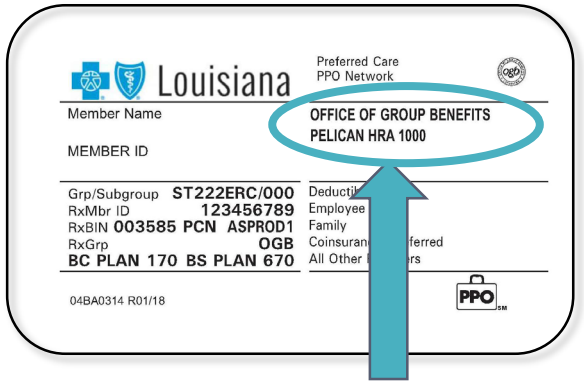
Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA



"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



- **"Fully Insured" NOT noted**
- **Self-funded group name listed**

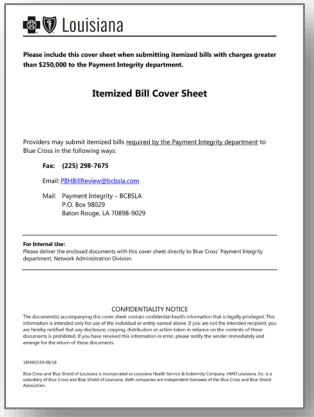
The benefit, limitation, exclusion and authorization **requirements often vary for self-funded groups**. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (**www.BCBSLA.com/ilinkblue**).

New Billing Requirements

Pre-pay Itemized Bill Review

Effective January 1, 2020, when filing an inpatient acute care claim that has a billed charge of greater than **$200,000**, please follow these guidelines:

- File the claim using your usual process for filing claims; in addition, please submit an itemized bill and include the Itemized Bill Cover Sheet
- If the itemized bill is sent via fax or email, you will receive an acknowledgement of receipt
- We highly recommended that you send itemized bills immediately after filing the claim or before filing the claim. Claims received with a billed amount of greater than $200,000 without itemized bill information may be denied or result in delayed reimbursement.
- The itemized bill must list each service and item supplied to the member and match the dollar amount and dates of service
- If you have questions about this claim review process, please email the Payment Integrity department at PIIHBillReview@bcbsla.com


Louisiana

Please include this cover sheet when submitting itemized bills with charges greater than $250,000 to the Payment Integrity department.

Itemized Bill Cover Sheet

Providers may submit itemized bills required by the Payment Integrity department to Blue Cross in the following ways:

Fax: (225) 298-7675

Email: PIIHBillReview@bcbsla.com

Mail: Payment Integrity – BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898-9029

For Internal Use:
Please deliver the enclosed documents with this cover sheet directly to Blue Cross' Payment Integrity department, Network Administration Division.

CONFIDENTIALITY NOTICE

The document(s) accompanying this cover sheet contain confidential health information that is legally privileged. This information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return of these documents.

18NW2559-08/18

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.

The **Itemized Bill Cover Sheet** is located online at **www.BCBSLA.com/providers** >Resources >Forms

Effective **January 1, 2021**, this limit will change to a $100,000 minimum

Submit your Itemized Bill Cover Sheet by:

Fax: (225) 298-7675
Email: PIIHBillReview@bcbsla.com
Mail: Payment Integrity – BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898-9029

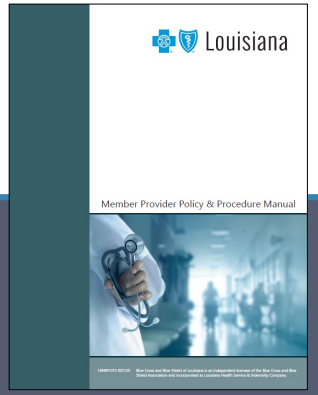
Inpatient Unbundling Policy

The inpatient unbundling policy is effective for all inpatient acute care claims received on and after May 1, 2020

- The policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting, according to CMS guidelines. The services and supplies identified in the inpatient unbundling policy are not separately reimbursable by Blue Cross and are not billable to our members.

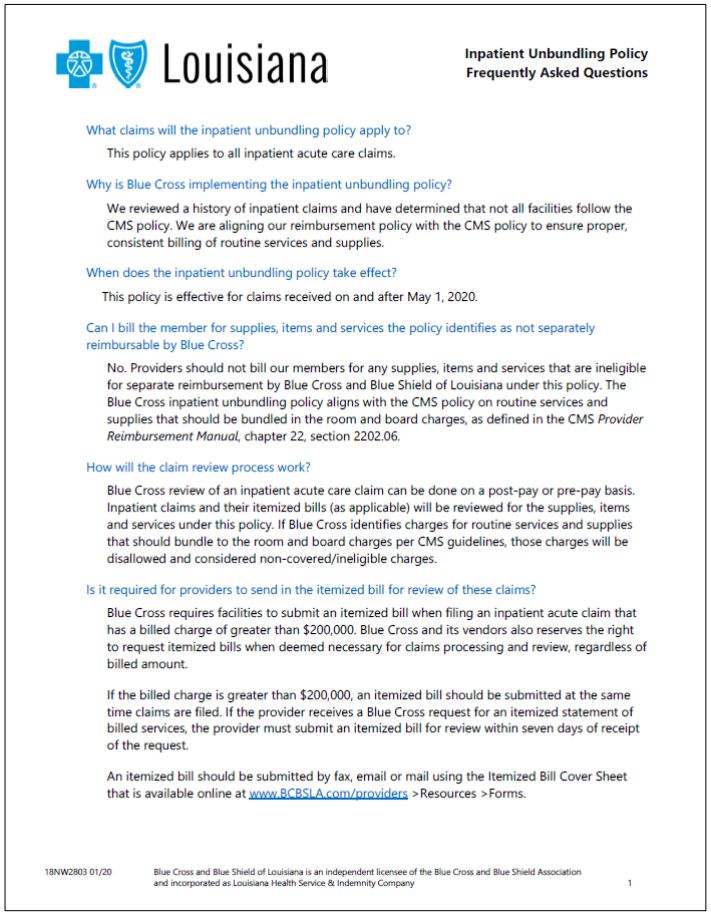
- All Blue Cross inpatient acute care claims and itemized bills could be subject to review under this policy. Upon discovery of a supply, item or service identified by the policy, the associated charge will be deemed non-covered/ineligible. Should an adjustment be required to your claim, it will be reflected on your remittance advice.

The full policy is available in the *Member Provider Policy & Procedure Manual* available on iLinkBlue at **www.BCBSLA.com/ilinkblue**, click on "Resources," then "Manuals"



Inpatient Unbundling Policy FAQs

For a copy of our **Inpatient Unbundling Policy Frequently Asked Questions** email **provider.relations@bcbsla.com**



Louisiana

Inpatient Unbundling Policy Frequently Asked Questions

What claims will the inpatient unbundling policy apply to?

This policy applies to all inpatient acute care claims.

Why is Blue Cross implementing the inpatient unbundling policy?

We reviewed a history of inpatient claims and have determined that not all facilities follow the CMS policy. We are aligning our reimbursement policy with the CMS policy to ensure proper, consistent billing of routine services and supplies.

When does the inpatient unbundling policy take effect?

This policy is effective for claims received on and after May 1, 2020.

Can I bill the member for supplies, items and services the policy identifies as not separately reimbursable by Blue Cross?

No. Providers should not bill our members for any supplies, items and services that are ineligible for separate reimbursement by Blue Cross and Blue Shield of Louisiana under this policy. The Blue Cross inpatient unbundling policy aligns with the CMS policy on routine services and supplies that should be bundled in the room and board charges, as defined in the CMS *Provider Reimbursement Manual*, chapter 22, section 2202.06.

How will the claim review process work?

Blue Cross review of an inpatient acute care claim can be done on a post-pay or pre-pay basis. Inpatient claims and their itemized bills (as applicable) will be reviewed for the supplies, items and services under this policy. If Blue Cross identifies charges for routine services and supplies that should bundle to the room and board charges per CMS guidelines, those charges will be disallowed and considered non-covered/ineligible charges.

Is it required for providers to send in the itemized bill for review of these claims?

Blue Cross requires facilities to submit an itemized bill when filing an inpatient acute claim that has a billed charge of greater than $200,000. Blue Cross and its vendors also reserves the right to request itemized bills when deemed necessary for claims processing and review, regardless of billed amount.

If the billed charge is greater than $200,000, an itemized bill should be submitted at the same time claims are filed. If the provider receives a Blue Cross request for an itemized statement of billed services, the provider must submit an itemized bill for review within seven days of receipt of the request.

An itemized bill should be submitted by fax, email or mail using the Itemized Bill Cover Sheet that is available online at www.BCBSLA.com/providers >Resources >Forms.

18NW2803 01/20 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 & Indemnity Company

Readmissions Policy

Next Phase Readmission Policy Delay

- In 2019, we implemented a two-phase readmissions policy to give providers time to take steps toward reducing readmissions among their patients
- The first phase (effective September 2019), does not reimburse readmissions to the same or an affiliated facility within 15 days of discharge
- Blue Cross' intent was to implement the second phase of this policy on September 1, 2020, extending the period of discharge from 15 to 30 days
- **Due to the novel coronavirus (COVID-19) we have decided to delay the second phase of implementation of our readmissions policy until January 1, 2021**

Next Phase Readmission Policy Delay

As a reminder, the guidelines currently in effect under phase one of the readmissions policy will remain in effect as follows:

- Readmissions to the same or an affiliated facility for the same condition, similar condition or a complication of the original condition within 15 days of discharge will not be reimbursed
- The first admission payment will encompass full reimbursement for treatment of the condition and/or any related complications
- Providers cannot bill members for service recouped as a result of this policy

To view the full Blue Cross readmissions policy, refer to *our Member Provider Procedure & Policies Manual*, available in iLinkBlue (**www.BCBSLA.com/ilinkblue**) under the "Resources" menu option

Blue Advantage Changes

Blue Advantage Transition to Vantage Health Plan

- Effective **January 1, 2021**, we will be transitioning our Blue Advantage primary service administrator from Lumeris Healthcare Outcomes to **Vantage Health Plan**, a Louisiana-based company
- This new partnership will allow us to further innovate and impact cost and quality of care, continue to deliver exceptional customer services and improve the health and lives of Louisianians
- Vantage has extensive Medicare Advantage experience, including operational resources, that aligns with our long-term strategy for the Blue Advantage networks. We are currently working with Lumeris to ensure this transition is seamless for both our members and providers.

Due to COVID-19 we will be conducting our workshops as webinars. We will also be holding our Blue Advantage webinars in December. Be on the lookout for Blue Advantage transition webinar invitations. If you have not received the invitations closer to the date, email **provider.relations@bcbsla.com.**

ASC Converting to CMS-1500 Claim form for BA Claims

- Effective October 1, 2020, Blue Advantage claims for Ambulatory Surgery Centers need to be submitted on the CMS-1500 claim form
- All other commercial ASC claims should continue to be billed on the UB-04 claim form

Temporary Telehealth Expansion

Additional Temporary 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**

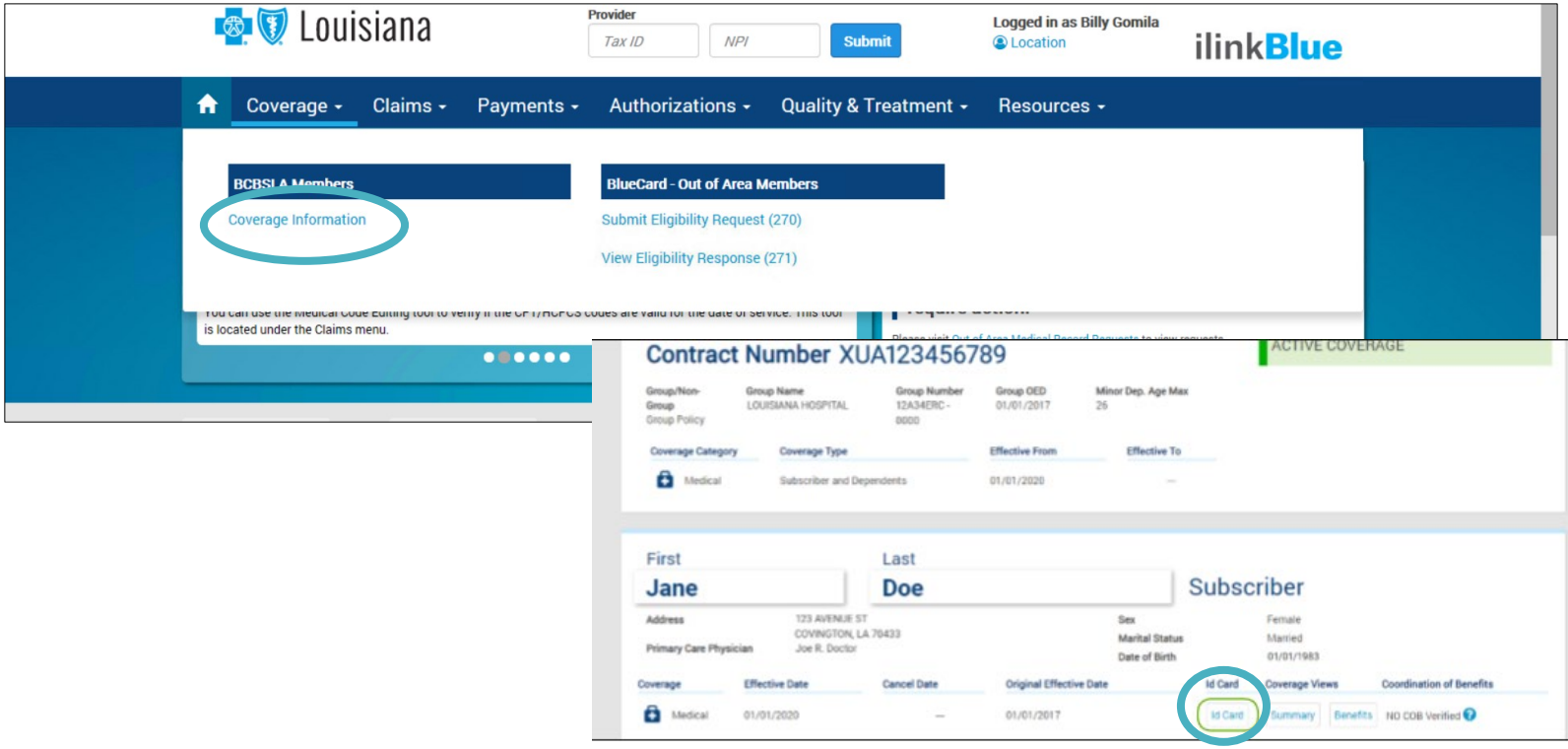
Facility Outpatient Therapy Telehealth Services

- The **temporary** expansion to our telehealth services also includes outpatient physical, occupational or speech therapy services delivered within credentialed network facilities as telehealth visits. This is effective for dates of service on and after March 16, 2020, and will remain in effect until we are past the novel coronavirus (COVID-19) national emergency. Blue Cross will notify providers when the expanded policies are no longer effective.
- The following criteria apply for outpatient therapy telehealth services:
  - Providers must operate within the scope of their license to deliver therapy services through telehealth encounters and must accept Blue Cross' allowable charges
  - The telehealth visit must be fully documented in the patient's medical record
  - Services must be provided using a non-public-facing platform for telehealth services that is either HIPAA-compliant or approved by the Health and Human Services Office of Civil Rights
  - Outpatient hospital claims for therapy telehealth services should indicate the appropriate CPT®/HCPCS code, along with Modifier GT or 95
  - Please refer to the Telehealth Temporary Member Cost Share Waiver information related to this policy

iLinkBlue Enhancements

Digital ID Cards in iLinkBlue

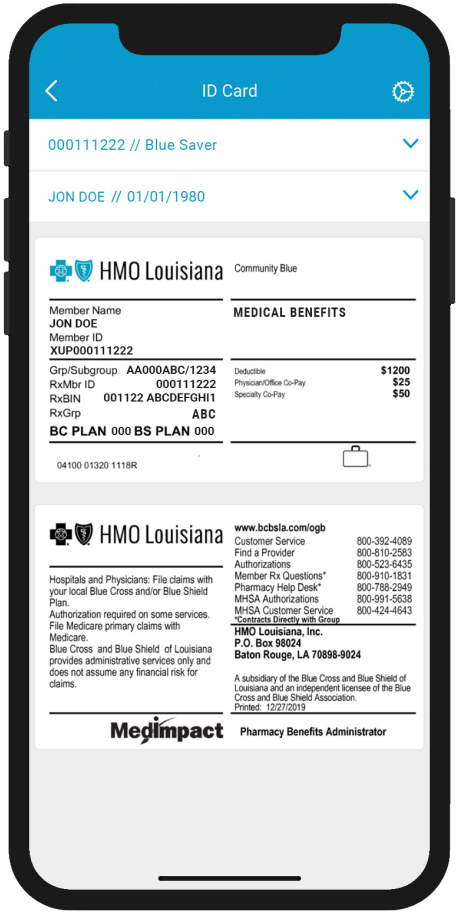
Digital ID cards are downloadable PDFs that can be accessed through iLinkBlue (**www.BCBSLA.com/ilinkblue**) under the "Coverage Information" menu option, then click “ID Card”



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**. 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.

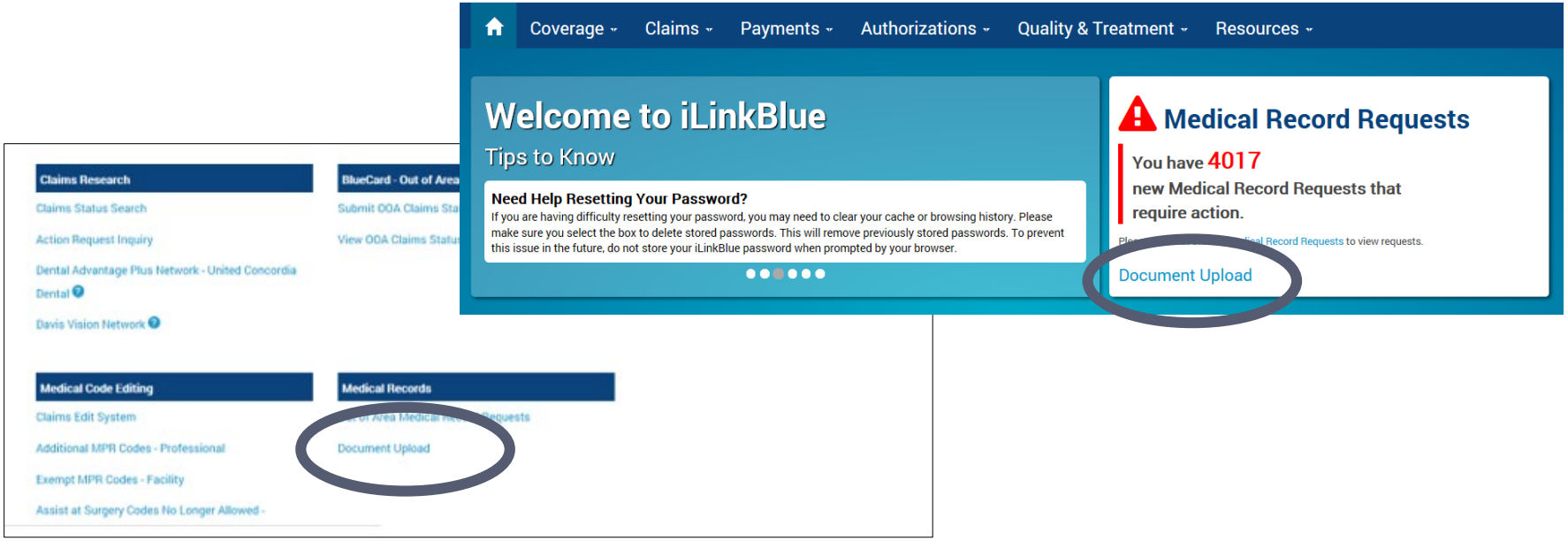


Document Upload Feature

NEW

We now offer a feature that allows providers to upload documents that would normally be faxed, emailed or mailed to select departments

The new feature is quick, secure and available at any time through the iLinkBlue provider portal

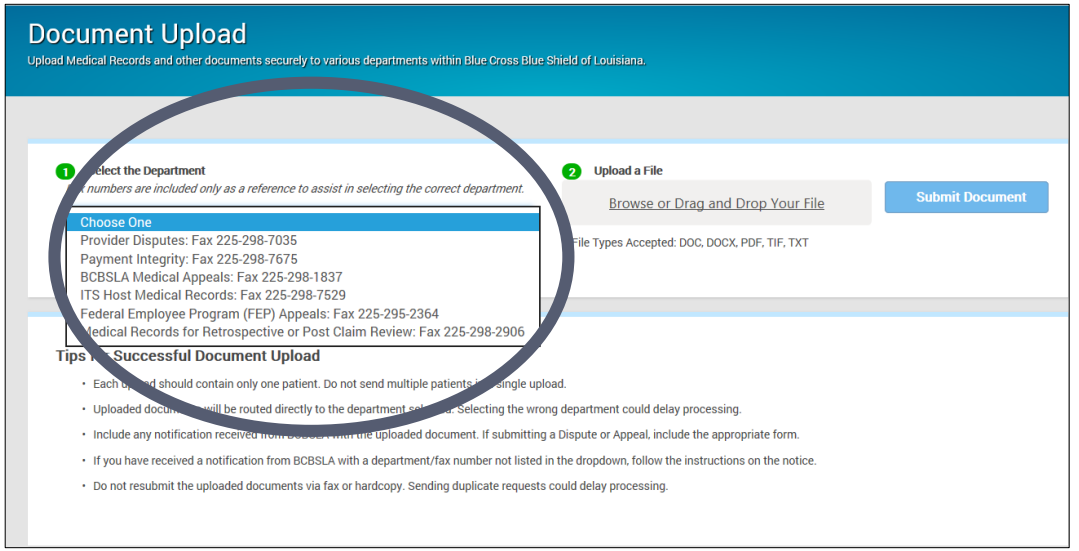


The Document Upload feature can be accessed on iLinkBlue (**www.BCBSLA.com/ilinkblue**) or under Claims >Medical Records >Document Upload

Document Upload Feature

Select the department you wish to send your document, from the drop-down list. The fax numbers are included only as a reference to assist in selecting the correct department.

- Provider Disputes
- Payment Integrity
- BCBSLA Medical Appeals
- ITS Host Medical Records
- Federal Employee Program (FEP) Appeals
- Medical Records for Retrospective or Post Claim Review



Document Upload Feature FAQs

What should be included in the uploaded document?

Include any notification, letter or form that is required with the request along with the medical records or other documentation requested. If submitting a Dispute or Appeal, include the appropriate form.

What file types are allowed in the upload process?

DOC, DOCX, PDF, TIF, TXT

Do I need to send a fax or hard copy request in addition to upload?

No. Sending the uploaded document thru fax, email or hardcopy mail **in addition** to uploading, will result in duplicate requests being received at Blue Cross. This will delay the processing of the request.

If you would like a copy of the FAQs that were previously sent, please email **provider.relations@bcbsla.com** with "Document Upload Feature" in the subject line

Authorizations

Authorization Portal Mandate

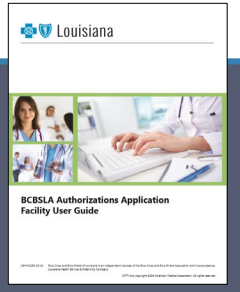
NEW

Effective October 1, 2020, we are requiring all prior authorization requests from home health and acute inpatient care facilities to be submitted exclusively through our online BCBSLA Authorizations Tool

Inpatient acute facilities:

- Authorization requests for inpatient acute hospitalization stays will no longer be taken via phone or fax. This includes initial (new) inpatient stays as well as continued stays.
- Providers must use the BCBSLA Authorization Tool to start and complete the process for all new requests; phone calls or faxes received after this date will be directed to the online tool. This allows providers to request authorizations for services 24 hours a day, seven days a week, in real time.
- Facilities will no longer receive daily inpatient logs. We will continue to fax approval letters to your facility for every member reviewed.

For more information on how to use our BCBSLA Authorizations Tool, the *BCBSLA Authorizations Applications Facility User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals"



Authorization Portal Mandate

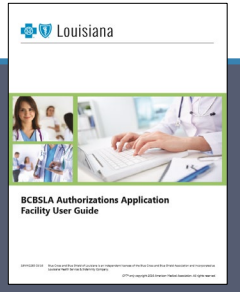
NEW

Effective October 1, 2020, we are requiring all prior authorization requests from home health and acute inpatient care facilities to be submitted exclusively through our online BCBSLA Authorizations Tool

Home health facilities:

- Authorization requests for home health stays will no longer be taken via phone or fax. This includes initial (new) inpatient stays as well as continued stays.
- Providers must use the BCBSLA Authorization Tool to for all new requests; phone calls or faxes received after this date will be directed to the online tool. This allows providers to request authorizations for services 24 hours a day, seven days a week, in real time.
- Currently this directive applies to home health, not skilled nursing facilities (SNF) or rehabilitation services. Other services will be included at a later date.

For more information on how to use our BCBSLA Authorizations Tool, the *BCBSLA Authorizations Applications Facility User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals"



Authorization Portal Mandate

Inpatient acute and home health facilities:

Providers will need to supply the necessary clinical information in one of the three ways outlined below:

- Providers may complete a criteria review via InterQual (IQ). If one is completed and criteria is met the provider will receive approval online. Most cases will get an automatic approval when an IQ review is done. Some Self-funded (ASO) members will not get an automatic approval due to benefit limits.
- Providers may upload clinical information to the authorization request through the BCBSLA Authorization Tool, if criteria is not met
- Providers may document the clinical information in the notes section of the request in the BCBSLA Authorization Tool. This option requires the provider to generate an activity within the case. If an activity is not generated, the clinical information will not be available for the BCBSLA staff to review.

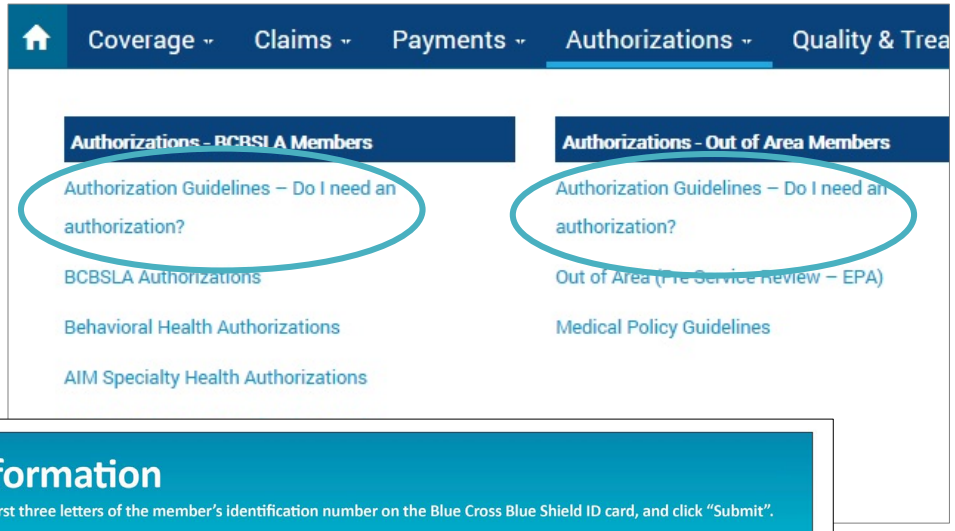
iLinkBlue - Authorizations

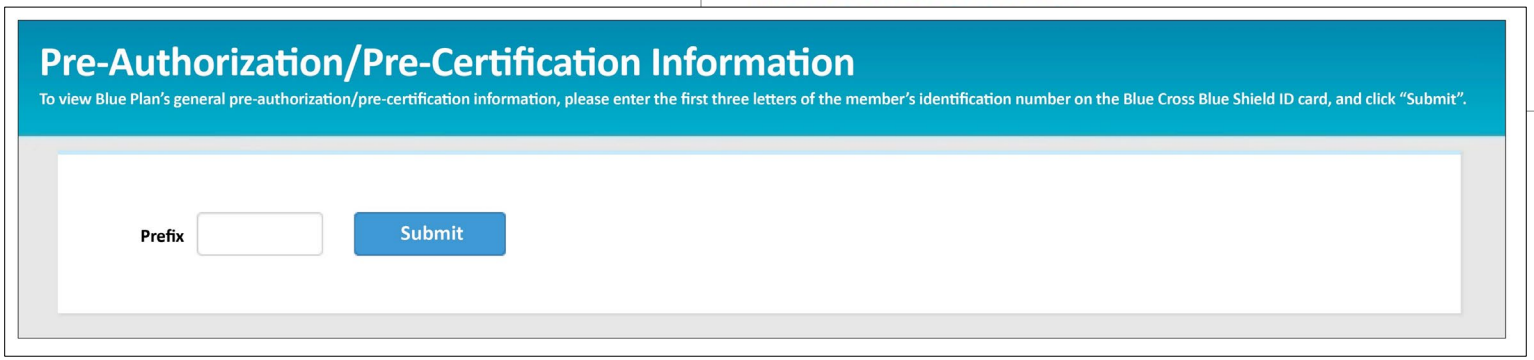
- Use the "Authorizations" menu option to access our authorization tools
- An administrative representative must grant a user access to the following applications before a request can be submitted:
  - BCBSLA Authorizations
  - Behavioral Health Authorizations
  - Out of Area (Pre-service Review – EPA)

Where to Find Authorization Requirements

Do I need an authorization?

The Authorizations Guidelines tool allows providers to research and view authorization requirements for BCBSLA and BlueCard (out-of-area) members





Simply enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information

Utilization Management Programs

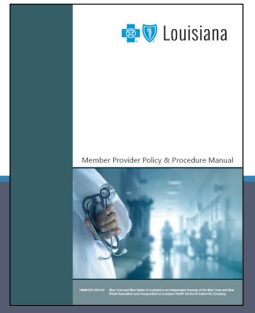
Blue Cross has several utilization management programs that require prior authorization for select elective services. AIM Specialty Health® (AIM), an independent specialty benefits management company, serves as our authorization manager for these services:

- Cardiology
- High-tech Imaging
- Radiation Oncology
- Musculoskeletal (MSK)
  - Interventional Pain Management
  - Joint Surgery
  - Spine Surgery

Authorization requests may be completed online using the AIM ***Provider****Portal*SM accessed through iLinkBlue. AIM clinical appropriateness guidelines are available at **www.aimspecialtyhealth.com**.

AIM extensions - COVID Exceptions – For new authorizations requested from March 30 to June 30

- All new approved AIM authorizations are given a 90-day time span. Implemented March 30, 2020. This applies to all programs except Radiation therapy.
  - If the authorization was approved prior to March 30 and the time span has ran out, they must call and get a new authorization
- All CT's of the chest requested for known or suspected diagnosis of COVID-19 will get an auto approval by AIM. Implemented March 30, 2020. They still must request, but it will auto approve.



The full policy is available in the *Member Provider Policy & Procedure Manual* available on iLinkBlue at **www.BCBSLA.com/ilinkblue**, click on "Resources," then "Manuals"

Imaging Authorizations

The ordering physician should always use the AIM ***Provider****Portal*$_{SM}$ in iLinkBlue to set up an authorization

AIM Specialty Health® allows you to submit and receive pre-authorizations over the web on a real-time basis eliminating the need to call AIM for the following outpatient high-tech diagnostic services:

- Computerized Tomography (CT) Scans
- Computerized Tomographic Angiography (CTA)
- Fractional Flow Reserve using CT (FFR-CT)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology Procedures
- Positron Emission Tomography (PET) Scans

Blue Advantage (HMO) | Blue Advantage (PPO) providers currently use AIM for their Blue Advantage members' authorizations for radiation oncology, high-tech radiology, musculoskeletal (outpatient only) and cardiology (office and outpatient)

Top reasons for claim denials related to outpatient imaging authorizations:

- No authorization on file
- Facility location (place of treatment) does not match authorization
- Servicing provider does not match authorization

OptiNet Registration Tool in iLinkBlue

- AIM Specialty Health® offers ***Opti****Net*® an online registration tool that gathers information about the technical component capabilities of diagnostic imaging services and calculates provider scores based on self reported information
- Through this tool, we can offer members and their ordering providers the option to "shop" for quality, lower-cost diagnostic imaging services
- Without an OptiNet score, you miss out on this opportunity for exposure to Blue members

Why Is Your Score So Important?

- For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in transparency programs such as our shopper program or future reimbursement incentives

OptiNet Registration Tool in iLinkBlue

How Is Your Score Calculated?

- The site score measures basic performance indicators that are applicable for the facility, such as general site access, quality assurance and staffing
- The modality specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality

How to Access OptiNet?

- Log into iLinkBlue (**www.BCBSLA.com/ilinkblue**)
- Click on the "Authorizations" menu option Click on the "AIM Specialty Health Authorizations" link; this link takes you to the AIM ***Provider****Portal*$_{SM}$
- Click on "Access Your OptiNet Registration" on the left menu bar
- Click the green "Access Your OptiNet Registration" button

Prior Authorizations

- Services that require prior authorization can be found in our provider manuals and network speed guides. These are available in iLinkBlue (**www.BCBSLA.com/ilinkblue**) under "Resources."
- Authorization requirements may vary by product
- The **ordering/rendering provider must initiate the authorization** process at least 48 hours prior to the service by:
  - Using iLinkBlue to access our online authorization portal, or
  - Calling the authorization number on the member ID card

Top reasons for claim denials related to authorizations:

- Place of treatment and/or date of service does not match authorization
- Diagnosis and/or procedure code does not match authorization
- Servicing provider does not match authorization

Process for Changing an Authorizations

You can ask our authorization department to change or add a code to an already approved authorization when **all of the following** conditions are met:

- There is an approved authorization on file
- Provider states a claim has not been filed
- The requested code is surgical or diagnostic
- The requested code is not on a Blue Cross medical policy or a non-covered benefit

If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered

If the procedure being added or changed is on a Blue Cross medical policy or is a non-covered benefit, it cannot be updated on the authorization. Once the claim is filed, fax medical records to (225) 298-2906 or 1-800-515-1150.

Failure to Obtain an Authorization

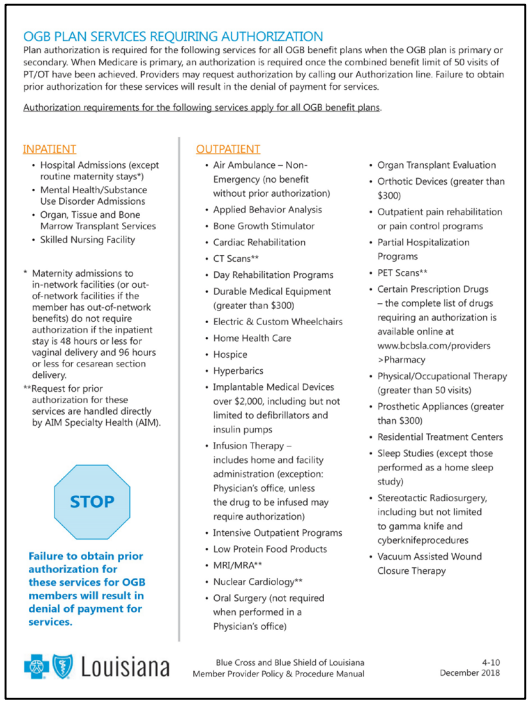
Failure to obtain a prior authorization can result in:

- A 30% penalty imposed on Preferred Care PPO and HMO Louisiana, Inc. network providers for failing to obtain authorization prior to performing an outpatient service that requires authorization
- A $1,000 penalty applied to inpatient hospital claims if the patient's policy requires an inpatient stay to be authorized (Note: some policies contain a different inpatient penalty provision)
- The denial of payment for services for our Office of Group Benefits (OGB) members

Authorization penalties or services that deny for no authorization are not billable to the member

OGB Authorizations

OGB authorization requirements are different. **Failure to obtain an authorization will result in denial of payment for services.**



OGB PLAN SERVICES REQUIRING AUTHORIZATION

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, an authorization is required once the combined benefit limit of 50 visits of PT/OT have been achieved. Providers may request authorization by calling our Authorization line. Failure to obtain prior authorization for these services will result in the denial of payment for services.

Authorization requirements for the following services apply for all OGB benefit plans.

INPATIENT

- Hospital Admissions (except routine maternity stays*)
- Mental Health/Substance Use Disorder Admissions
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility

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

**Request for prior authorization for these services are handled directly by AIM Specialty Health (AIM).

STOP

Failure to obtain prior authorization for these services for OGB members will result in denial of payment for services.

OUTPATIENT

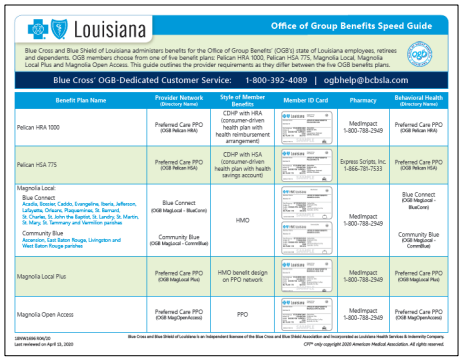
- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- CT Scans**
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than $300)
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over $2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- MRI/MRA**
- Nuclear Cardiology**
- Oral Surgery (not required when performed in a Physician's office)
- Organ Transplant Evaluation
- Orthotic Devices (greater than $300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs
- PET Scans**
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.bcbsla.com/providers >Pharmacy
- Physical/Occupational Therapy (greater than 50 visits)
- Prosthetic Appliances (greater than $300)
- Residential Treatment Centers
- Sleep Studies (except those performed as a home sleep study)
- Stereotactic Radiosurgery, including but not limited to gamma knife and cyberknifeprocedures
- Vacuum Assisted Wound Closure Therapy

Louisiana

Blue Cross and Blue Shield of Louisiana
Member Provider Policy & Procedure Manual

4-10
December 2018

- The list of OGB authorization requirements can be found in our *Member Provider Policy and Procedure Office Manual* located on iLinkBlue
- The list also appears on the OGB Speed Guide located on **www.BCBSLA.com/providers** >Resources

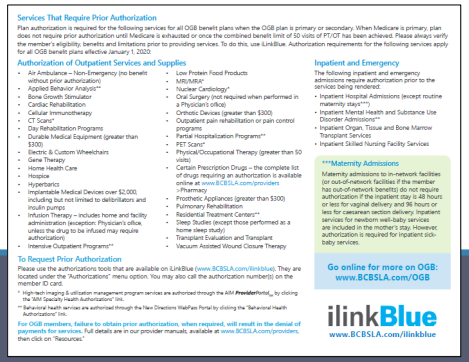


Louisiana — Office of Group Benefits Speed Guide

Blue Cross and Blue Shield of Louisiana administers benefits for the Office of Group Benefits' (OGB's) state of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HRA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefits plans.

Blue Cross' OGB-Dedicated Customer Service: 1-800-392-4089 | ogbhelp@bcbsla.com

Benefit Plan Name	Provider Network (Directory Name)	Style of Member Benefits	Member ID Card	Pharmacy	Behavioral Health (Directory Name)
Pelican HRA 1000	Preferred Care PPO (OGB Pelican HRA)	CDHP with HRA (consumer-driven health plan with health reimbursement arrangement)		MedImpact 1-800-788-2549	Preferred Care PPO (OGB Pelican HRA)
Pelican HSA 775	Preferred Care PPO (OGB Pelican HSA)	CDHP with HSA (consumer-driven health plan with health savings account)		Express Scripts, Inc. 1-866-781-7533	Preferred Care PPO (OGB Pelican HSA)
Magnolia Local: Blue Connect: Acadia, Bienville, Caddo, Evangeline, Iberia, Jefferson, Lafayette, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany and Vermilion parishes. Community Blue: Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes	Blue Connect (OGB MagLocal - BlueCare); Community Blue (OGB MagLocal - CommBlue)	HMO		MedImpact 1-800-788-2549	Blue Connect (OGB MagLocal - BlueCare); Community Blue (OGB MagLocal - CommBlue)
Magnolia Local Plus	Preferred Care PPO (OGB MagLocal Plus)	HMO benefit design on PPO network		MedImpact 1-800-788-2549	Preferred Care PPO (OGB MagLocal Plus)
Magnolia Open Access	Preferred Care PPO (OGB MagOpenAccess)	PPO		MedImpact 1-800-788-2549	Preferred Care PPO (OGB MagOpenAccess)



Services That Require Prior Authorization

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, plan does not require prior authorization until Medicare is exhausted or once the combined benefit limit of 50 visits of PT/OT has been achieved. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue. Authorization requirements for the following services apply for all OGB benefit plans effective January 1, 2020.

Authorization of Outpatient Services and Supplies

- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis**
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Cellular Immunotherapy
- CT Scans*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than $300)
- Electric & Custom Wheelchairs
- Gene Therapy
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over $2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs**
- Low Protein Food Products
- MRI/MRA*
- Nuclear Cardiology*
- Oral Surgery (not required when performed in a Physician's office)
- Orthotic Devices (greater than $300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs**
- PET Scans*
- Physical/Occupational Therapy (greater than 50 visits)
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at www.BCBSLA.com/providers >Pharmacy
- Prosthetic Appliances (greater than $300)
- Pulmonary Rehabilitation
- Residential Treatment Centers**
- Sleep Studies (except those performed as a home sleep study)
- Transplant Evaluation and Transplant
- Vacuum Assisted Wound Closure Therapy

Inpatient and Emergency

The following inpatient and emergency admissions require authorization prior to the services being rendered:

- Inpatient Hospital Admissions (except routine maternity stays***)
- Inpatient Mental Health and Substance Use Disorder Admissions**
- Inpatient Organ, Tissue and Bone Marrow Transplant Services
- Inpatient Skilled Nursing Facility Services

***Maternity Admissions

Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

To Request Prior Authorization

Please use the authorizations tools that are available on iLinkBlue (www.BCBSLA.com/ilinkblue). They are located under the "Authorizations" menu option. You may also call the authorization number(s) on the member ID card.

* High-tech imaging & utilization management program services are authorized through the AIM ProviderPortal℠ by clicking the "AIM Specialty Health Authorizations" link.

** Behavioral health services are authorized through the New Directions WebPass Portal by clicking the "Behavioral Health Authorizations" link.

For OGB members, failure to obtain prior authorization, when required, will result in the denial of payments for services. Full details are in our provider manuals, available at www.BCBSLA.com/providers, then click on "Resources."

Go online for more on OGB: www.BCBSLA.com/OGB

ilinkBlue
www.BCBSLA.com/ilinkblue

Find a copy of the OGB Speed Guide at
www.BCBSLA.com/providers >Resources >Speed Guides

Urgent Authorizations

The initial request for authorization of an urgent illness is processed as soon as possible based on the clinical situation, or within 72 hours of the request regardless of whether all information is received

The authorization process is designed only to evaluate the medical necessity of the service and is not a guarantee of payment or a confirmation of coverage for benefits

Approved Requests

- The contact person/practitioner is notified by telephone
- A confirmation letter is sent to the member, physician and hospital, as applicable

Denied Requests

- The contact person is notified by telephone and is given the reason for the denial and the procedure for initiating the expedited appeal process
- A letter listing appeal rights is sent to the member, physician and hospital, if applicable, within one business day of the determination

Temporary Authorizations

An authorization is required for many services. While authorizations are still required for those services, we are automatically approving all services related to the diagnosis or treatment of COVID-19 without medical review.

- This change applies to inpatient and outpatient services
- This automatic approval will be triggered by including the appropriate ICD-10 code for COVID-19:
  - B97.29 for dates of service prior to April 1, 2020
  - U07.1 for dates of service on and after April 1, 2020

Providers can electronically submit authorization requests for BCBSLA members through iLinkBlue (**www.BCBSLA.com/ilinkblue**) using our BCBSLA Authorizations tool under the "Authorizations" menu option, or you can call the number on the member ID card

Temporary Authorization Requirements for hospitals

Non-Emergent Hospitalizations:

- Authorizations for non-emergent hospitalization (scheduled admissions for elective procedures) must be prior authorized if benefits require authorizations

Behavioral Health authorizations:

- Authorization for behavioral health services (inpatient admissions, IOP, PHP, RTC and ABA services) must be prior authorized

Transplant services:

- Transplant services must be prior authorized

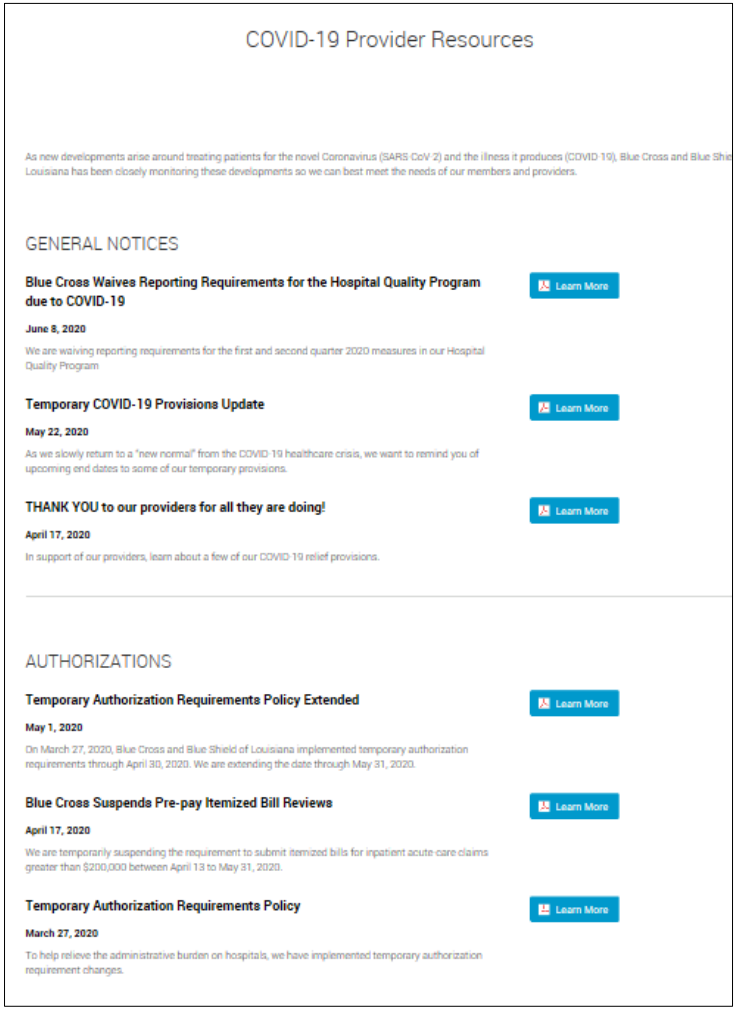
COVID-19 Provider Resources Page

Since March 2020, we have been making provisions to help our providers as they work tirelessly to treat patients

Visit **www.BCBSLA.com/providers**, then click on the link at the top of the page to get more information on the provisions we have put in place for:

- Authorizations
- Telehealth
- Billing & Coding Guidelines
- Credentialing & Provider Data Management
- Quality Blue

Check this page often, as we are constantly updating it with new information



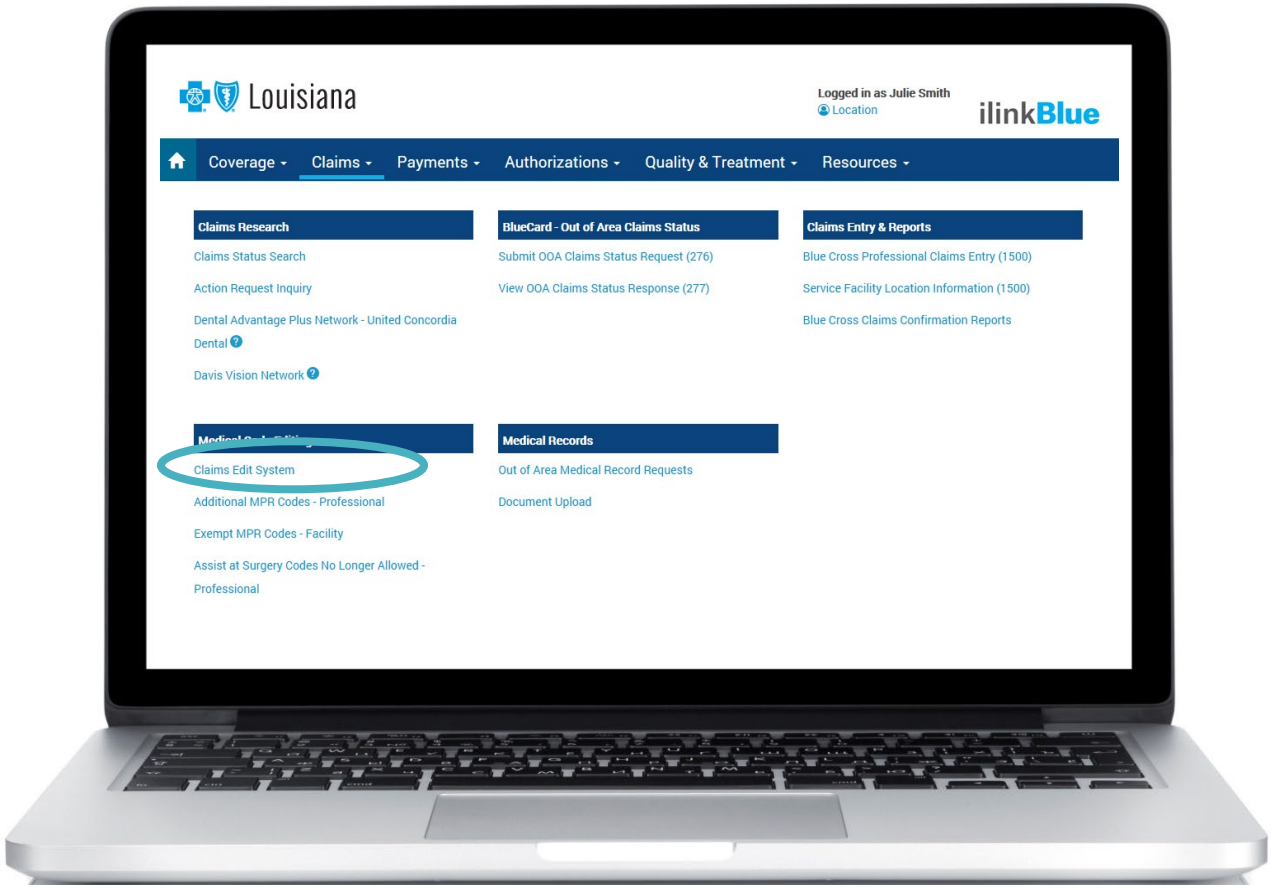
Claims Editing System

Claims Editing Software

- We updated to a new claims editing software (CES) system that launched on July 27, 2019
- It applies edits to incoming claims to ensure proper coding and billing based on:
  - Reimbursement
  - Medical policy
  - Benefit rules
  - Industry standard and coding guidelines
- It promotes accurate and consistent payments
- It manages compliance with standard coding and billing practice between various types of services, such as:
  - Medical
  - Surgical
  - Lab and radiology

Claims Editing System Tool

With the implementation of the new CES system, we have a new tool in iLinkBlue for providers to calculate claim-edit outcomes



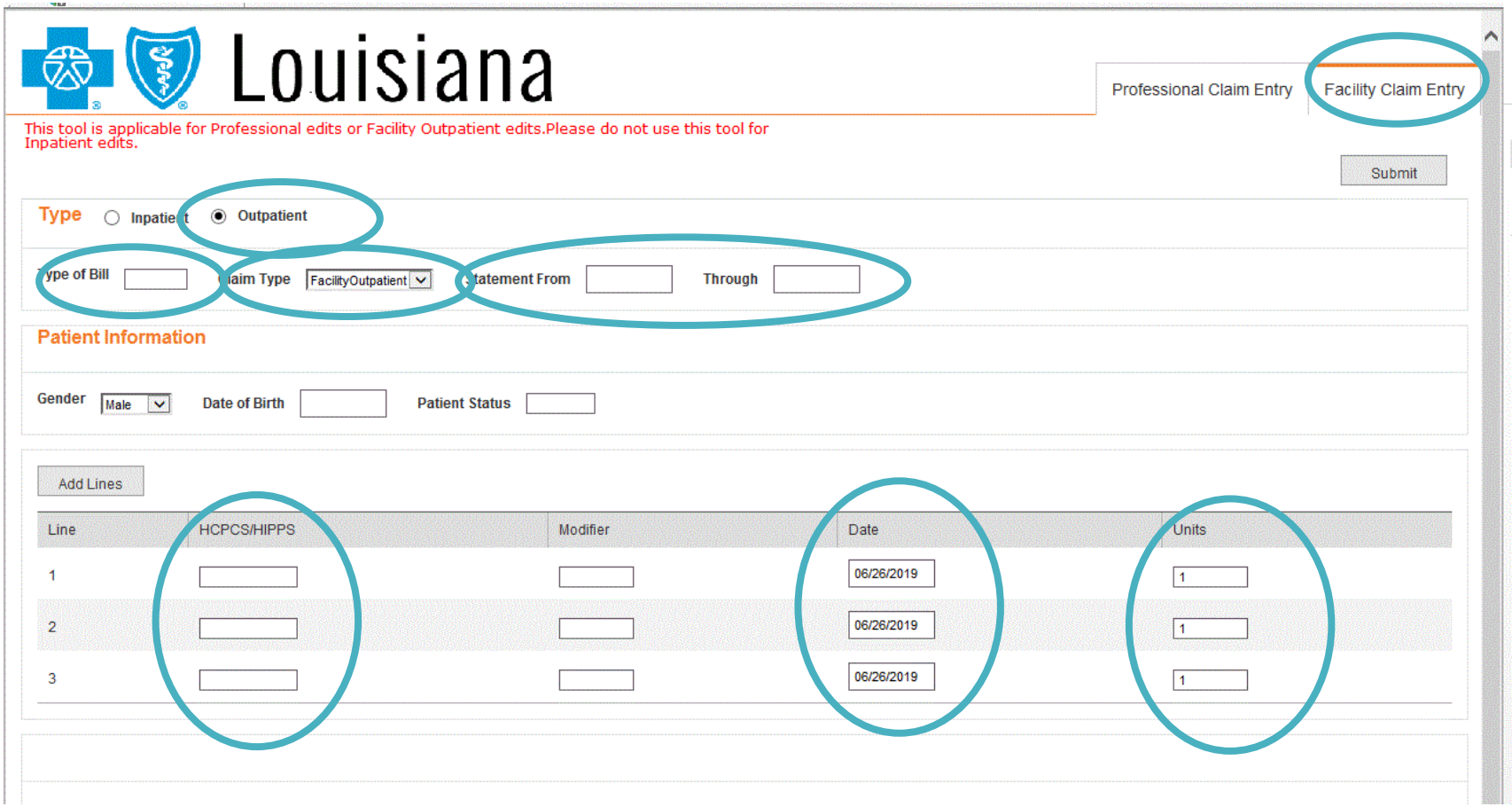
Claims Editing System Tool

This tool does not guarantee claims payment

The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits

CES Tool Mandatory Fields



NOTE: If you do not enter the Statement From or Through dates, no edits will be returned, so the dates are necessary

Annual Provider Survey

Thank you to those who took our recent survey. If you didn't respond, be sure to take our survey next year. We greatly value your input!

- As a result of the 2019 survey, we implemented a new Provider Outreach initiative. We provide training and assistance for newly credentialed providers.
- We have received positive feedback regarding this initiative and look forward to hearing your additional ideas

Questions?

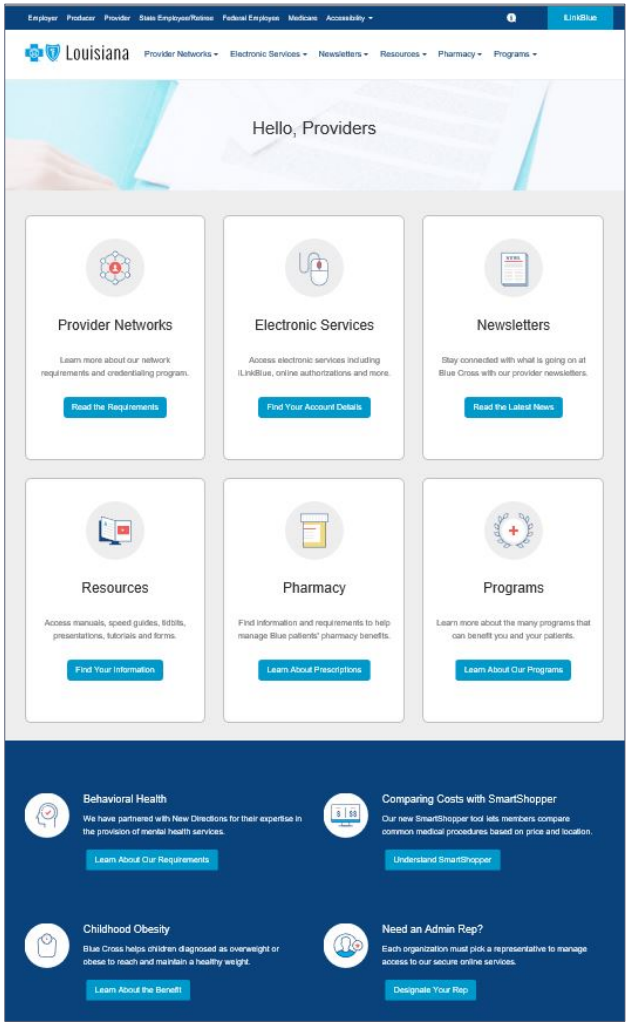
Appendix

Future Webinars

- BlueCard®
  - October 21, 2020
- New to Blue Cross (Facility & Professional)
  - November 18, 2020
- Provider Credentialing & Data Management
  - November 4, 2020

Invitations for these webinars will be sent closer to the webinar dates

Provider Page



www.BCBSLA.com/providers

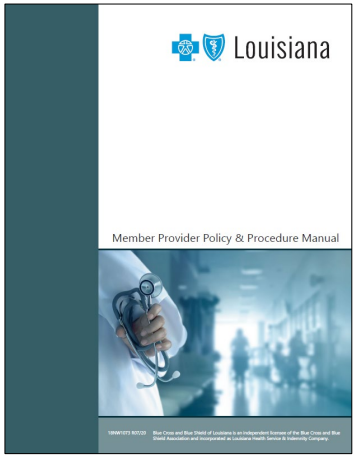
The Provider Page is home to online resources such as:

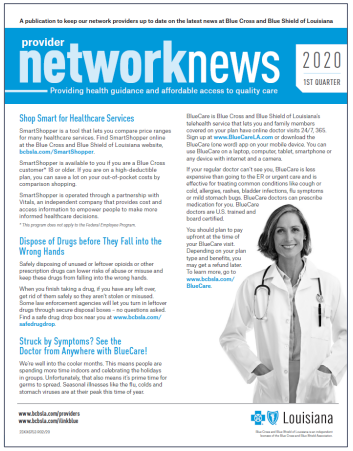
- Provider manuals
- Network speed guides
- Newsletters
- Provider forms
- And more

Manuals & Newsletters

Our provider **manuals** are extensions of your network agreement(s). The manuals are designed to provide the information you need as a participant in our networks.

www.BCBSLA.com/providers >Resources





Our provider **newsletters**, contain information and tips on changes to processes, such as claims filing procedures or reimbursement changes, along with a number of featured articles

www.BCBSLA.com/providers >Newsletters

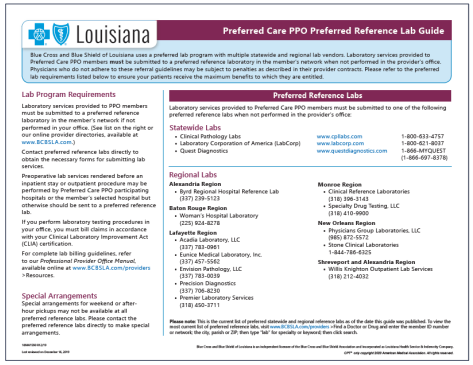
Not Getting Our Newsletters Electronically?

Send an email to **provider.communications@bcbsla.com**. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

Speed Guides & Tidbits

Speed Guides offer quick reference to network authorization requirements, policies and billing guidelines

www.BCBSLA.com/providers
>Resources >Speed Guides


Louisiana
Preferred Care PPO Preferred Reference Lab Guide

Blue Cross and Blue Shield of Louisiana uses a preferred lab program with multiple statewide and regional lab vendors. Laboratory services provided to Preferred Care PPO members must be submitted to a preferred reference laboratory in the member's network when not performed in the provider's office. Physicians who do not adhere to these referral guidelines may be subject to penalties as described in their provider contracts. Please refer to the preferred lab requirements listed below to ensure your patients receive the maximum benefits to which they are entitled.

Lab Program Requirements

Laboratory services provided to PPO members must be submitted to a preferred reference laboratory in the member's network if not performed in your office. (See list on the right or our online provider directories, available at www.BCBSLA.com.)

Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.

Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by Preferred Care PPO participating hospitals or the member's selected hospital but otherwise should be sent to a preferred reference lab.

If you perform laboratory testing procedures in your office, you must bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification.

For complete lab billing guidelines, refer to our *Professional Provider Office Manual*, available online at www.BCBSLA.com/providers >Resources.

Special Arrangements

Special arrangements for weekend or after-hour pickups may not be available at all preferred reference labs. Please contact the preferred reference labs directly to make special arrangements.

Preferred Reference Labs

Laboratory services provided to Preferred Care PPO members must be submitted to one of the following preferred reference labs when not performed in the provider's office:

Statewide Labs

- Clinical Pathology Labs — www.cplabs.com — 1-800-633-4757
- Laboratory Corporation of America (LabCorp) — www.labcorp.com — 1-800-621-8007
- Quest Diagnostics — www.questdiagnostics.com — 1-866-MYQUEST (1-866-697-8378)

Regional Labs

Alexandria Region
- Byrd Regional Hospital Reference Lab (337) 239-5123

Baton Rouge Region
- Woman's Hospital Laboratory (225) 924-8278

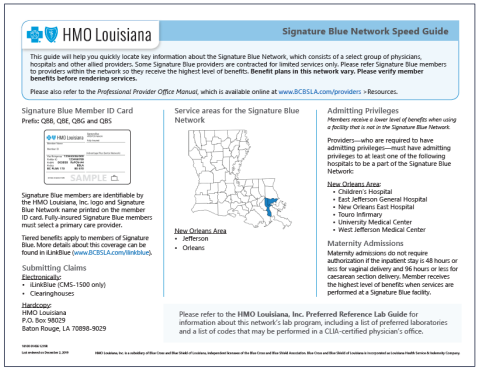
Lafayette Region
- Acadia Laboratory, LLC (337) 783-0981
- Eunice Medical Laboratory, Inc. (337) 457-5562
- Envision Pathology, LLC (337) 783-0039
- Precision Diagnostics (337) 706-8230
- Premier Laboratory Services (318) 400-3711

Monroe Region
- Clinical Reference Laboratories (318) 396-3143
- Specialty Drug Testing, LLC (318) 410-9900

New Orleans Region
- Physicians Group Laboratories, LLC (985) 872-5572
- Stone Clinical Laboratories 1-844-766-6325

Shreveport and Alexandria Region
- Willis Knighton Outpatient Lab Services (318) 212-4032

Please note: This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit www.BCBSLA.com/providers >Find a Doctor or Drug and enter the member ID number or network; the city, parish or ZIP; then type "lab" for specialty or keyword; then click search.


HMO Louisiana
Signature Blue Network Speed Guide

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer Signature Blue members to providers within the network so they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the *Professional Provider Office Manual*, which is available online at www.BCBSLA.com/providers >Resources.

Signature Blue Member ID Card

Prefix: QBB, QBE, QBG and QBS

Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue Network name printed on the member ID card. Fully-insured Signature Blue members must select a primary care provider.

Tiered benefits apply to members of Signature Blue. More details about this coverage can be found in iLinkBlue (www.BCBSLA.com/ilinkblue).

Submitting Claims

Electronically:
- iLinkBlue (CMS-1500 only)
- Clearinghouses

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

Service areas for the Signature Blue Network

New Orleans Area
- Jefferson
- Orleans

Admitting Privileges

Members receive a lower level of benefits when using a facility that is not in the Signature Blue Network.

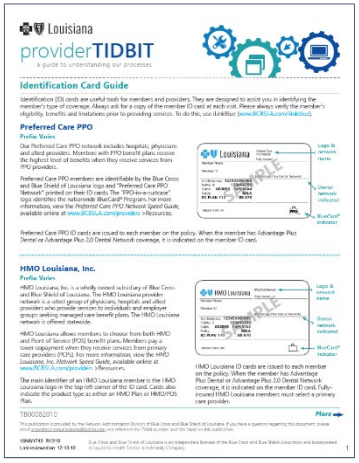
Providers—who are required to have admitting privileges—must have admitting privileges to at least one of the following hospitals to be a part of the Signature Blue Network:

New Orleans Area:
- Children's Hospital
- East Jefferson General Hospital
- New Orleans East Hospital
- Touro Infirmary
- University Medical Center
- West Jefferson Medical Center

Maternity Admissions

Maternity admissions do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery. Member receives the highest level of benefits when services are performed at a Signature Blue facility.

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.


Louisiana
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a guide to understanding our processes

Identification Card Guide

Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member ID card at each visit. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.BCBSLA.com/ilinkblue).

Preferred Care PPO

Prefix: Varies

Our Preferred Care PPO network includes hospitals, physicians and allied providers. Members with PPO benefit plans receive the highest level of benefits when they receive services from PPO providers.

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and "Preferred Care PPO Network" printed on their ID cards. The "PPO-in-a-suitcase" logo identifies this nationwide BlueCard® Program. For more information, view the *Preferred Care PPO Network Speed Guide*, available online at www.BCBSLA.com/providers >Resources.

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card.

Logo & network name
Dental network indicator
BlueCard® indicator

HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups in seeking managed care benefit plans. The HMO Louisiana network is offered statewide.

HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the *HMO Louisiana, Inc. Network Speed Guide*, available online at www.BCBSLA.com/providers >Resources.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the ID card. Cards also indicate the product type as either an HMO Plan or HMO/POS Plan.

HMO Louisiana ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2.0 Dental Network coverage, it is indicated on the member ID card. Fully-insured HMO Louisiana members must select a primary care provider.

Logo & network name
Dental network indicator
BlueCard® indicator

More

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a guide to understanding our processes

Automated Benefits & Claim Status

Provider Services is an automated KEYPAD or VOICE RESPONSE telephone system designed to help providers reach the area of service needed. Use this guide to easily navigate this provider phone tool.

Customer Care Center 1-800-922-8866

Benefits are subject to the terms of a member's contract/certificate and our medical policies. Claims are subject to allowable charges, which are established by Blue Cross as the maximum allowed amount for services covered under the member contract/certificate.

Please have the following information ready when calling:
- Provider's NPI
- Provider's Tax ID Number
- Provider's ZIP Code
- Member ID Number
- Member's 8-digit Date of Birth
- Date of Service

Welcome to Blue Cross and Blue Shield of Louisiana Provider Services. To expedite your call please have the member identification number available. Which type of policy are you calling about?

1. Medical 2.Vision* 3. Dental 4. Life

(Pause for you to say or key-in a policy type)

Please say or enter your 10-digit NPI. (Pause for you to say or key-in NPI)

Please say or enter your nine-digit Tax ID. (Pause for you to say or key-in Tax ID)

*Note: If calling about a vision policy, you will be asked if your call is for routine eye coverage, such as an eye exam/eye prescription glasses, or contacts. Answer "yes" to route your call to an appropriate representative. Answer "no" to continue to the Provider Menu to reach the service needed.

Provider Menu

Provider menu. Which are you calling about?

1. Benefits
2. Claims
3. Authorizations
4. An Out-of-state Policy
5. A Payment Register Fax, or
6. None of the Above

More

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Provider Tidbits are quick guides designed to help you with our current business processes

www.BCBSLA.com/providers
>Resources >Tidbits

Continuing Medical Education

- We are offering free continuing medical education (CME) credits for our primary care providers directly through the Washington University CME portal
- More than 30 courses are available on a variety of topics
- Please be sure to take advantage of these free CME credits before this opportunity ends on **December 31, 2020**

Accessing the Washington University CME Portal:

1. Go to **https://cmeonline.wustl.edu/bcbsl/**
2. Click "New Account"
3. Enter registration information (* indicates required information)
4. Click "Sign Up"

Call Centers

Customer Care Center	**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

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 | 1-800-716-2299, option 4

Angela Jackson **Paden Mouton** **Jennifer Aucoin**

Network Development Provider Contracting

Shelton Evans director – **shelton.evans@bcbsla.com**

Jode Burkett manager – **jode.burkett@bcbsla.com**

Danielle Jackson manager – **danielle.jackson@bcbsla.com**

Ashley Wilson – **ashley.wilson@bcbsla.com**
St. Tammany, Tangipahoa, Washington

Cora LeBlanc – **cora.leblanc@bcbsla.com**
Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne

Dayna Roy – **dayna.roy@bcbsla.com**
Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Catahoula, Concordia, Grant, Jefferson Davis, LaSalle, Natchitoches, Rapides, Sabine, Vernon, Winn

Jason Heck – **jason.heck@bcbsla.com**
Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Red River, Richland, Tensas, Union, Webster, West Carroll

Jill Taylor – **jill.taylor@bcbsla.com**
Jefferson, Orleans, Plaquemines, St. Bernard

Mica Toups – **mica.toups@bcbsla.com**
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion

Sue Condon – **sue.condon@bcbsla.com**
Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana

Shannon Taylor – **shannon.taylor@bcbsla.com**
Special Network Development Projects

provider.contracting@bcbsla.com | 1-800-716-2299, option 1

Doreen Prejean **Mary Landry** **Karen Armstrong**

Provider Credentialing & Data Management

Provider Network Setup, Credentialing & Demographic Changes

Justin Bright director

Mary Reising manager – mary.reising@bcbsla.com

Anne Monroe provider information supervisor – anne.monroe@bcbsla.com

Rhonda Dyer provider information supervisor – 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** or by calling 1-800-716-2299

1-800-716-2299 | option 2 – credentialing | option 3 – provider data management
PCDMstatus@bcbsla.com