

# Blue Cross and Blue Shield of Louisiana **PROFESSIONAL WEBINAR**

Spring 2021



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.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

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.

# Agenda

## TOPIC

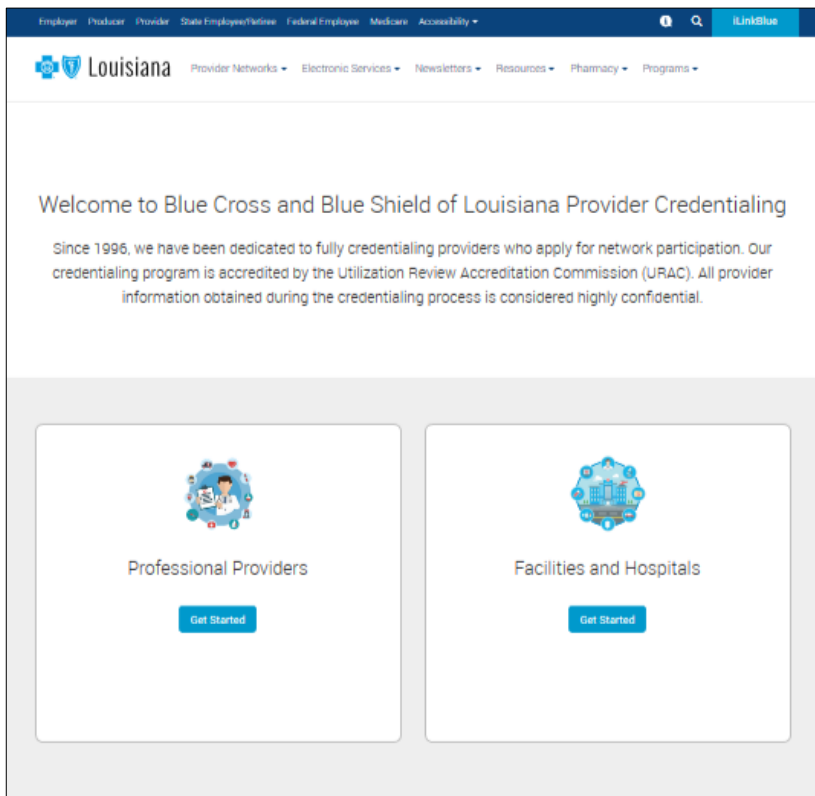
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# **Provider Credentialing & Data Management**

# Join Our Networks

To join our networks, you must complete and submit documentation to start the credentialing process or to obtain a provider record.



Go to the **Join Our Networks** page then, select **Professional Providers** or **Facilities and Hospitals** to find:

- Credentialing packets
- Quick links to the Provider Update Request Form
- Credentialing criteria for professional, facility and hospital-based providers
- Frequently asked questions

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

# Credentialing Process

- The credentialing process can take up to 90 days after all required information is received.
- **Providers will remain non-participating in our networks until a signed and executed agreement is received by our contracting department.**
- The committee approves credentialing twice per month.
- Network providers are recredentialed every three years from their last credentialing acceptance date.

**After 90 days**, you may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at **[pcdmstatus@bcbsla.com](mailto:pcdmstatus@bcbsla.com)**.

# Credentialing Update

- Blue Cross and Blue Shield of Louisiana has partnered with Symplr: Healthcare Governance, Risk and Compliance (GRC) Solutions, to assist with the verification of our recredentialing applications.
- Providers may be directly contacted by Symplr to verify application details and supporting documentation and direct you how to submit needed documentation.
- If you have additional questions, you may email our Provider Credentialing & Data Management Department at **[pcdmstatus@bcbsla.com](mailto:pcdmstatus@bcbsla.com)**.
- We appreciate your understanding as we work to expedite our application processing.

# Credentialing Criteria - Professional

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

- Acupuncturist
- Applied Behavioral Analyst (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer
- Louisiana Addictive Counselor (LAC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Speech-Language Pathologist & Audiologist (SLP)

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



# Reimbursement During Credentialing

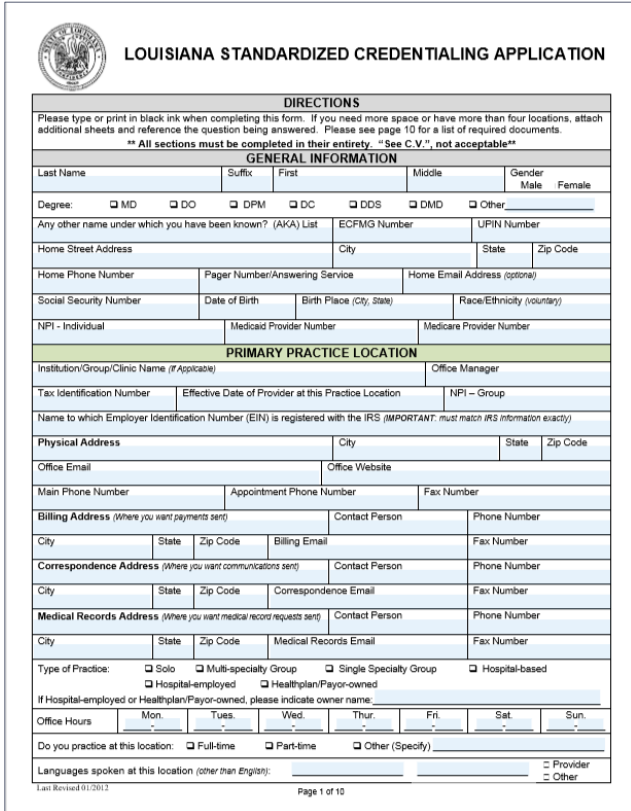
Louisiana has expanded their law allowing additional healthcare provider types to request that Blue Cross reimburse their claims as if they are a network provider during the credentialing process. Claims for network providers are paid directly to the provider.

The following criteria must be met:

1. You must be applying for network participation to **join a provider group** that already has an executed group agreement on file with Blue Cross. This provision does not apply for solo practitioners.
2. You **must have admitting privileges** to a network hospital. PCPs can have an admitting arrangement with a hospitalist group to admit patients on their behalf. This letter must be on letterhead and signed by the physician or the hospitalist group that will admit on behalf of the provider. This letter must be attached to the Reimbursement During Credentialing Request.
3. Your **initial credentialing application** for network participation must include a written letter on letterhead and signed by the provider or authorized representative for the provider, requesting Blue Cross to reimburse you at the group contract rate and an agreement to hold our members harmless for payments above the allowable amount.

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

# Required Recredentialing Documents



**LOUISIANA STANDARDIZED CREDENTIALING APPLICATION**

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

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Degree: ☐ MD ☐ DO ☐ DPM ☐ DC ☐ DDS ☐ DMD ☐ Other: \_\_\_\_\_

Any other name under which you have been known? (AKA) List: \_\_\_\_\_ ECFMG Number: \_\_\_\_\_ UPIN Number: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Pager Number/Answering Service: \_\_\_\_\_ Home Email Address (optional): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place (city, state): \_\_\_\_\_ Race/Ethnicity (voluntary): \_\_\_\_\_

NPI - Individual: \_\_\_\_\_ Medicaid Provider Number: \_\_\_\_\_ Medicare Provider Number: \_\_\_\_\_

**PRIMARY PRACTICE LOCATION**

Institution/Group/Clinic Name (if Applicable): \_\_\_\_\_ Office Manager: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Effective Date of Provider at this Practice Location: \_\_\_\_\_ NPI - Group: \_\_\_\_\_

Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT: must match IRS information exactly): \_\_\_\_\_

**Physical Address** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Email: \_\_\_\_\_ Office Website: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Appointment Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Billing Address** (Where you want payments sent) \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Billing Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Correspondence Address** (Where you want communications sent) \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Correspondence Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Medical Records Address** (Where you want medical record requests sent) \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Medical Records Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Practice: ☐ Solo ☐ Multi-specialty Group ☐ Single Specialty Group ☐ Hospital-based  
☐ Hospital-employed ☐ Healthplan/Payor-owned

If Hospital-employed or Healthplan/Payor-owned, please indicate owner name: \_\_\_\_\_

Office Hours: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Do you practice at this location: ☐ Full-time ☐ Part-time ☐ Other (Specify): \_\_\_\_\_


Languages spoken at this location (other than English): \_\_\_\_\_ ☐ Provider ☐ Other

Last Revised 01/2012 Page 1 of 10

- Network providers who are due for recredentialing will receive a notification letter six months in advance of their due date.
- The notification will be emailed by DocuSign® to the correspondence email address on file with Blue Cross.
- DocuSign will send reminder emails every seven days until the application has been submitted.
- Current providers seeking recredentialing should use the Louisiana Standardized Credentialing Application that is included in the link that is sent via DocuSign.

# LSCA Attachment A – Location Hours

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



**Louisiana**

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

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

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

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

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

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

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

18NW2738 08/19


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

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

# How to Update Your Information

Now on  
DocuSign

Maintaining information within your provider record is a key piece to participating in Blue Cross and Blue Shield of Louisiana provider networks or obtaining a provider record. It is important that you keep us abreast of any changes to the information in your record. This allows us to keep our directories current, contact you when needed as well as disperse payments. These forms are in DocuSign® format, allowing you to easily submit them to Blue Cross electronically.

 **Louisiana** **Provider Update Request Form**

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: ☐ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are an authorized representative completing this form on behalf of a provider, please indicate below.

**AUTHORIZED REPRESENTATIVE**

Name	
Contact Phone Number	Contact Email Address

**Submission Information** (form completed by)

Signature of Authorized Representative	Date
--	------

**Provider Attestation** (where applicable)

Signature of Provider	Date
-----------------------	------

**TYPE OF CHANGE NEEDED**  
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the form, as appropriate.

<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change (does not apply for Blue Advantage EFT update)	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:  
Phone: 1-800-716-2299, option 3 Email: [PCN@Status@bcbhs.com](mailto:PCN@Status@bcbhs.com)

23007231 8/1/20 Blue Cross and Blue Shield of Louisiana is an Independent Licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

What changes do you need to make?

**Provider Update Request Form** – to update information such as:

- Demographic Information – for updating contact information
- Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group
- Add Practice Location – to add a practice location(s)
- Remove Practice Location – to remove a practice location(s)
- Tax Identification Number (TIN) Change – to change your Tax ID number
- Terminate Network Participation – to terminate existing network participation or an entire provider record
- EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method

Submit these forms online at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** >Provider Networks  
>Professional Provider >Update Your Information.

# 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.

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

**Blue Cross of Louisiana**  
**DocuSign® Guide**

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

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

**Provider Sign Information**  
You will need to enter your name and email address. Please enter your name and email address in the fields below. Once you have entered your information, click the "Form Completed By" button.

**Form Completed By:**  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Provider: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
NPI: \_\_\_\_\_

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

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

Once the information is entered for both, click the **"BEGIN SIGNING"** button.  
Note: If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

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

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

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

**Please Review & Act on These Documents**

Click **"CONFIRM"** to accept the Electronic Record and Signature Disclosure documents and consent to sign electronically.

**DocuSign**

1804708-0120 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Insurance Company.  
DocuSign is an independent company that Blue Cross and Blue Shield of Louisiana use to enable providers to sign and submit provider credentialing and data management forms electronically.

# Easily complete packets & forms with DocuSign

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

## Credentialing packets:

- **Professional (initial)**
- **Facility (initial)**

## Forms:

- **Provider Update Request Form** – to update information such as:
  - Demographic Information – for updating contact information
  - Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group
  - Add Practice Location – to add a practice location(s)
  - Remove Practice Location – to remove a practice location(s)
  - Tax Identification Number (TIN) Change – to change your Tax ID number
  - Terminate Network Participation – to terminate existing network participation or an entire provider record
  - EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method
- **EFT Enrollment Form** – to begin receiving payments via electronic funds transfer (EFT)

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

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

# Easily Complete Forms with DocuSign

DocuSign Envelope ID: 1A01C5A7-3503-4226-8119-DEA232B827AD

**START**

Navigation tool guides you through fields

**Provider Update Request Form**

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: ☒ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name: [Red outline] First Name: [Red outline] Middle Initial: [Red outline]

Tax ID Number: [Red outline]

Group/Clinic: [Red outline]

Are you a primary provider? ☐ Yes ☐ No

Effective Date of Request: [Red outline]

Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.

Instructions correspond to requirement of the active field

Red outline indicates a required field

Tooltips provide information about field requirements

**AUTHORIZED REPRESENTATIVE**

Name: [Red outline]

Address: [Red outline]

Contact Phone Number: [Red outline]

Contact Email Address: [Red outline]

**Submission Information** (form completed by)

Signature: [Red outline]

Date: February 18, 2021

**Provider Attestation** (where applicable)

Signature of Provider: [Red outline]

Date: [Red outline]

**FINISH FINISH LATER OTHER ACTIONS**

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

# Frequently Asked Questions

[Overview](#) [Credentialing Process](#) [Join Our Networks](#) [Update Your Information](#) [Frequently Asked Questions](#)

## Frequently Asked Questions

✕ Credentialing Application and Process

**How long does it take to complete the credentialing process?**  
The process can take up to 90 days for completion once BCBSLA receives all the required information.

**How will I know if Blue Cross received my application?**  
Once your application is finalized through DocuSign®, you will receive a confirmation email to notify you the signing process is complete and submitted to Blue Cross for processing.

**What credentialing forms are available online?**  
BCBSLA offers both the [professional provider application](#) and the [facility credentialing application](#) online through DocuSign. They can be found under the Provider Networks >Join Our Networks section of this site.

**Do I need to submit a full credentialing application?**  
If the provider is **NOT** credentialed, please fully complete and submit the professional initial credentialing packet. Facilities should submit the facility initial credentialing packet.

**How do I know what credentialing criteria are required specifically for my specialty type?**  
We have charts online to help you determine what criteria are needed. These charts are based on provider specialty. They are available on this site under Provider Networks >Join Our Networks and look under the appropriate section ([Professional Provider](#) or [Facilities or Hospitals](#)).

**What are the requirements for reimbursement during credentialing?**

A list of FAQs are available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) >Provider Networks >Join Our Networks >Professional Providers >Frequently Asked Questions.



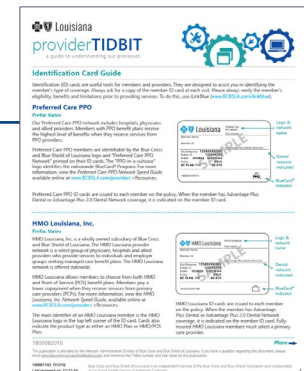
# **Our Networks**

# Our Provider Networks

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

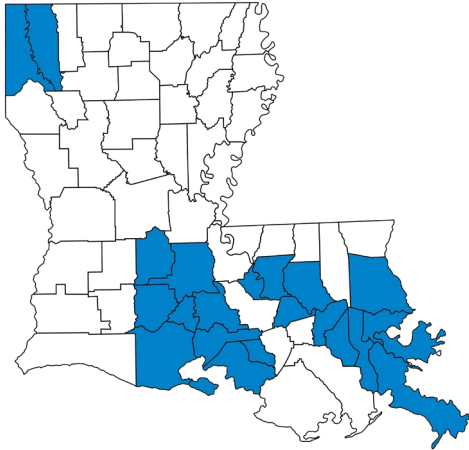


We have a Provider Tidbit to help identify a member's applicable network when looking at the ID card. The Identification Card Guide is available online at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)**, then click on "Resources." Provider Tidbits can also be accessed through iLinkBlue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



# Our Provider Networks

## BLUE CONNECT



### **New Orleans area**

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

### **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

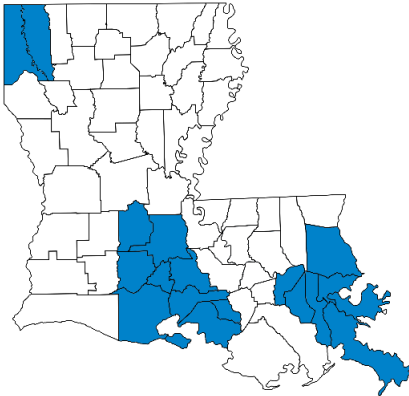
### **Baton Rouge area**

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

# Our Provider Networks



## BLUE HPN



### Lafayette area

Acadia, Evangeline, Iberia, Jefferson, Lafayette parishes

### Shreveport area




Bossier and Caddo parishes

### New Orleans area

Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany and Vermilion parishes

Blue HPN members are identifiable by the HPN in a **suitcase logo** in the bottom right-hand corner of the card.



 HMO Louisiana		
Member Name		LA HEALTH SERVICE & INDEMNITY CO
Member ID		
Grp/Subgroup		
RxMbr ID		
RxBIN	003858	RxPCN-A4
RxGrp		BSLA
BC PLAN 170 BS PLAN 670		
04BA0314 R11/18		

# Our Provider Networks



## PRECISION BLUE

### **Baton Rouge area**

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



## SIGNATURE BLUE

### **New Orleans area**

Jefferson and Orleans parishes

# Federal Employee Program

The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. FEP members may have one of three benefit plans: Standard Option, Basic Option or FEP Blue Focus (limited plan).

## STANDARD OPTION

- ✓ In-network
- ✓ Out-of-network

## BASIC OPTION

- ✓ In-network
- ✗ Out-of-network

## FEP BLUE FOCUS

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

## New Timely Filing guidelines:

In Network PPO providers must file claims within 15 months of the Date of Service.

An FEP Speed Guide is available at  
**[www.BCBSLA.com/providers](http://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 the 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: 1-800-272-7029

	Benefit Type	Member ID Card Style	Prescription Card	Office Visits	Urgent Care	Pharmacy	Restored Treatment Center
FEP Standard Option	In-network benefits Out-of-network benefits		Prescription card issued to member or dependent. No copay for in-network. Copay for out-of-network.	Specialty - \$25 copayment Specialty - \$35 copayment	\$30 copayment	Retail Pharmacy: 1-800-624-5280 Specialty Drug Pharmacy: 1-800-262-7080 Mail Service Pharmacy: 1-800-262-7080	Facility must be licensed and accredited. Member must be enrolled in Case Management and pre-approve. Referral must be obtained prior to admission. FEP must not allow member to request specialty if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Basic Option	In-network benefits No out-of-network benefits		In-network physicals performed by preferred providers. Additional prescription coverage for 100% of member's out-of-pocket costs for 12 months. Please refer to full details.	Specialty - \$35 copayment Specialty - \$45 copayment	\$35 copayment	Retail Pharmacy: 1-800-624-5280 Mail Service Pharmacy: 1-800-262-7080 Specialty Drug Pharmacy: 1-800-262-7080 No non-preferred drug coverage.	Facility must be licensed and accredited. Member must be enrolled in Case Management and pre-approve. Referral must be obtained prior to admission. FEP must not allow member to request specialty if the member is admitted to a residential treatment center prior to requesting authorization.
FEP Blue Focus	Limited to preferred benefits No out-of-network benefits		In-network physicals performed by preferred providers. Additional prescription coverage for 100% of member's out-of-pocket costs for 12 months. Please refer to full details.	Specialty - \$35 copayment Specialty - \$45 copayment	\$35 copayment	Retail Pharmacy: 1-800-624-5280 Mail Service Pharmacy: 1-800-262-7080 Specialty Drug Pharmacy: 1-800-262-7080 No non-preferred drug coverage.	Facility must be licensed and accredited. Member must be enrolled in Case Management and pre-approve. Referral must be obtained prior to admission. FEP must not allow member to request specialty if the member is admitted to a residential treatment center prior to requesting authorization.

REVISION 04/2019

Blue Cross and Blue Shield of Louisiana is a member of the Blue Cross and Blue Shield of Louisiana Group, a member of the American Cross

# Our Blue Advantage Networks



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



 <b>Louisiana</b>		<i>Blue Advantage (PPO)</i>
RxBIN:	003858	PCP Visit \$ 5
RxPCN:	MD	Specialist Visit \$ 20
RxGROUP:	MY9A	Emergency Room \$ 50
EFFECTIVE:	01/01/2021	Major Diagnostic \$ 150
		Outpatient Surgery \$ 150
		Outpatient Hospital \$ 150
Medicare limiting charges apply.		
ID: PMV123456789		
John T Public		
 Prescription Drug Coverage		 <b>MAA   PPO</b>
<a href="http://www.bcbsla.com/blueadvantage">www.bcbsla.com/blueadvantage</a>		

**Prefix: PMV**

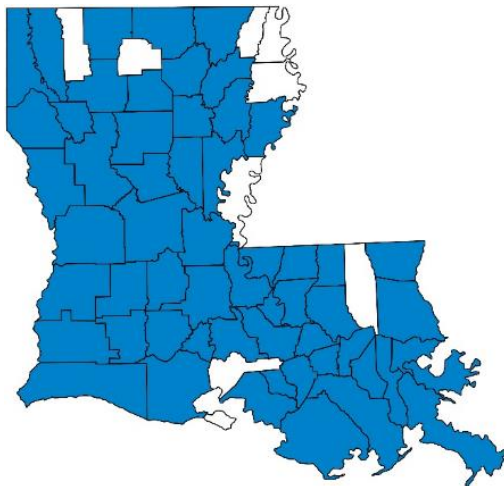
 <b>Louisiana</b>		<i>Blue Advantage (HMO)</i>
RxBIN:	003858	PCP Visit \$
RxPCN:	MD	Specialist Visit \$
RxGROUP:	MY9A	Emergency Room \$
EFFECTIVE:	01/01/2021	Major Diagnostic \$
		Outpatient Surgery \$
		Outpatient Hospital \$
ID: MDV123456789		
John T Public		
 Prescription Drug Coverage		 <b>MAA   HMO</b>
<a href="http://www.bcbsla.com/blueadvantage">www.bcbsla.com/blueadvantage</a>		

**Prefix: MDV**



**Louisiana** Blue Advantage (HMO) | Blue Advantage (PPO)

# Our Provider Networks



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)

Statewide with the exception of the following parishes:

- Concordia
- East Carroll
- Iberia
- Lincoln
- Madison
- Tangipahoa
- Webster
- West Carroll



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.

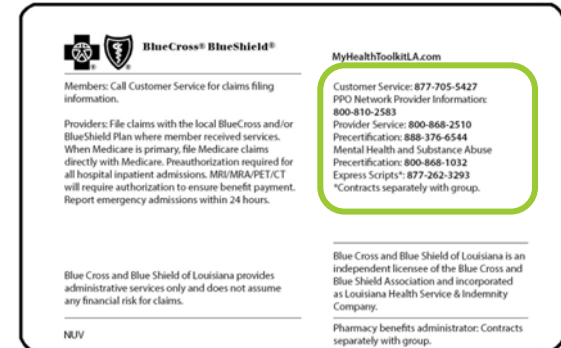


- The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network<sup>SM</sup> (Blue HPN) product.

# 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.



BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions, MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

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

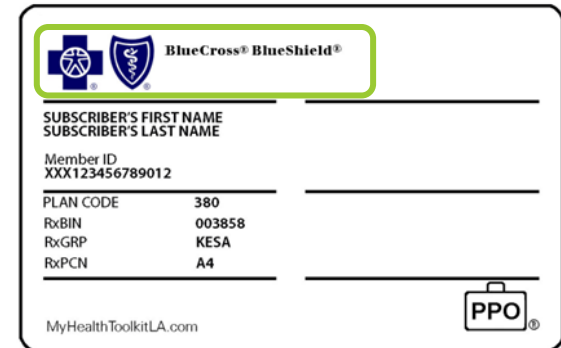
NUV

MyHealthToolkitLA.com

Customer Service: 877-705-5427  
PPO Network Provider Information:  
800-810-2583  
Provider Service: 800-868-2510  
Precertification: 888-376-6544  
Mental Health and Substance Abuse  
Precertification: 800-868-1032  
Express Scripts®: 877-262-3293  
\*Contracts separately with group.

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

Pharmacy benefits administrator: Contracts separately with group.



BlueCross® BlueShield®

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

Member ID  
XXX123456789012

PLAN CODE 380

RxBIN 003858

RxGRP KESA

RxPCN A4

MyHealthToolkitLA.com

PPO®

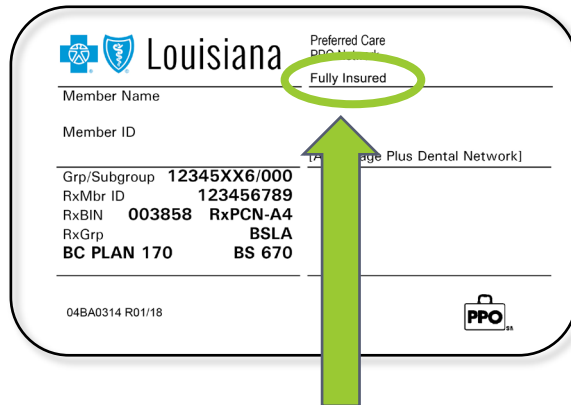
This list of prefixes is available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Resources" section.

# Fully Insured vs. Self-insured

## Member ID Card Differences

### FULLY INSURED

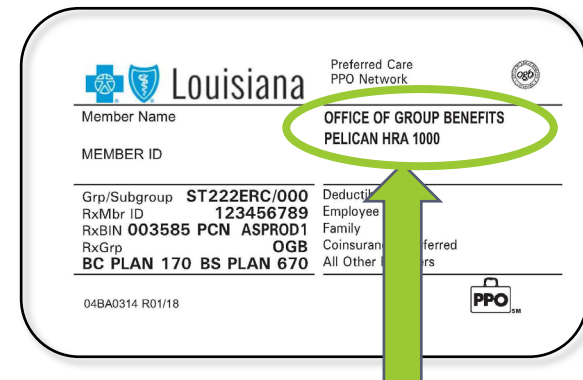
Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.



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

## Out-of-network Referrals

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

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

If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.

# **Billing Guidelines**

# Claims by Provider Types

Effective June 1, 2019, if Blue Cross offers network participation for a provider type, then that provider is required to file claims under their own name and provider number for services rendered.

For provider types not eligible for network participation, Blue Cross follows CMS Intent-to guidelines for processing intent-to claims.

If you are reading, be the first to type "Bingo" in the chat section to win a prize.

Provider types include:

- Nurse Practitioner
- Physician Assistant
- Dietitian
- Audiologist
- Certified Nurse Anesthetist
- Behavior Analyst

# COVID-19 Vaccination Billing

- Administration costs for the COVID-19 vaccines listed below are eligible for Blue Cross payment.
- Properly billed multiple dose vaccinations should include the first and second administration code.
- Providers should not bill Blue Cross for CPT® codes 91300, 91301, 91302 and 91303. The federal government covers these COVID-19 vaccines.

Vaccine	Code Guidelines
Pfizer	<ul style="list-style-type: none"><li>• 91300 – vaccine</li><li>• 0001A – first administration</li><li>• 0002A – second administration</li></ul>
Moderna	<ul style="list-style-type: none"><li>• 91301 – vaccine</li><li>• 0011A – first administration</li><li>• 0012A – second administration</li></ul>
AstraZeneca	<ul style="list-style-type: none"><li>• 91302 – vaccine</li><li>• 0021A – first administration</li><li>• 0022A – second administration</li></ul>
Janssen (Johnson & Johnson)	<ul style="list-style-type: none"><li>• 91303 – vaccine</li><li>• 0031A – administration (single dose)</li></ul>

# Work Related COVID Testing

- Return to work related COVID testing is not covered by BCBSLA.
- Do not file work-related COVID testing claims to BCBSLA.





# Ordering/Referring Policy

The ordering/referring providers first name, last name and NPI are **required** on all claims for the following provider types:

- Diagnostic Radiology Center
- Durable Medical Equipment Supplier
- Infusion Therapy
- Laboratory
- Sleep Disorder Clinic/Lab
- Specialty Pharmacy

Effective **March 1, 2020**, claims received without the ordering/referring provider's first name, last name and NPI will be returned, and the claim must be refiled with the requested information. The ordering/referring provider should not be the same as the rendering provider.

Please enter the ordering/referring provider's information for paper and electronic claims as indicated below:

Paper Claims	<ul style="list-style-type: none"><li>• CMS-1500 Health Insurance Claim Form: Block 17B</li></ul>
Electronic 837P, Professional Claims	<ul style="list-style-type: none"><li>• Referring Provider - Claim Level: 2310A loop, NM1 Segment</li><li>• Referring Provider - Line Level: 2420F loop, NM1 Segment</li><li>• Ordering Provider - Line Level: 2420E loop, NM1 Segment</li></ul>

# **Blue Advantage Changes**

# BA Transition to Vantage Health Plan

- Effective **January 1, 2021**, we transitioned our Blue Advantage primary service administrator from Lumeris Healthcare Outcomes to **Vantage Health Plan**, a Louisiana-based company.
- This new partnership allows 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.

Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the Blue Advantage Provider Portal, please reach out to your Group Moderator (Admin Rep).

# BA Claims Filing Guidelines

<b>Date of Service</b>	<b>Submit to Lumeris</b> (payor ID 84555)	<b>Submit to Vantage</b> (Payor ID 72107)
	Blue Cross Blue Shield of Louisiana/HMO Louisiana, Inc. P. O. Box 7003 Troy, MI 48007	Blue Cross Blue Shield of Louisiana/HMO Louisiana, Inc. 130 DeSiard St. Ste 322 Monroe, LA 71201
2020 dates of service submitted before 6/30/2021	✓	
All 2021 dates of services AND 2020 dates of service submitted after 6/30/2021		✓

All electronic claims must be received via Change Healthcare. Blue Advantage is unable to receive claims filed directly from any other source. Blue Advantage Customer Service -1-866-508-7145.

# **COVID member cost share**

# COVID-19 Member Cost Shares

For dates of service on or after January 1, 2021, member cost shares for our **fully insured members** was reinstituted for visits associated with the treatment of COVID-19 for all places of service.

Member cost share will continue to be waived for the following services until the applicable time periods defined in the respective state and federal laws have concluded.

Service	Requirement
Applicable for diagnosis codes U07.1, Z03.818 and Z20.822	
COVID-19 Testing (viral detection and antibody testing)	With a provider order and excluding public health, school-related and return to work testing
Office Visit	When COVID-19 testing is performed during the same visit
Urgent Care Visit	
Emergency Room Visit	
Telehealth Visit	

# 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](http://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 for updated information.

## COVID-19 Provider Resources

As new developments arise around treating patients for the novel Coronavirus (SARS-CoV-2) and the illness it produces (COVID-19), Blue Cross of Louisiana has been closely monitoring these developments so we can best meet the needs of our members and providers.

### GENERAL NOTICES

**COVID-19: Continued Advancements in Treatment**

**December 30, 2020**

There continue to be advancements in the treatment of COVID-19, which we closely monitor. This includes the progress of vaccines and new drugs. This notice is an update on billing COVID-19 vaccines and drugs to Blue Cross.

[Learn More](#)

**COVID Update – Member Cost Shares, Authorizations, Vaccines and more**

**December 2, 2020**

The long weeks and months that have passed since early 2020 prove that COVID-19 will be with us for the long haul. We now consider COVID-19 not a temporary, but a long-term health problem that we can expect to face for an indefinite time. – **CORRECTED LETTER**

[Learn More](#)

# Telehealth



# Telehealth Policy

- BCBSLA outlines existing and expanded allowed direct-to-consumer telehealth encounters.
- Providers must follow the telehealth billing guidelines in the provider manual, fully document the telehealth encounter in the patient's medical record adhering to the criteria listed in the expanded telehealth guidelines and agree to Blue Cross' allowable charges.
- Coverage is subject to the terms, conditions and limitations of each individual member contract and policy.
- Telehealth Guidelines can be found on the COVID-19 Provider Resource page ([www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click the link at the top of the page) for expanded COVID-19 provisions, as they will not display in iLinkBlue.

For more information about our telemedicine requirements, billing and coding guidelines, see our *Professional Provider Office Manual* at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Resources > Manuals.

# **iLinkBlue Highlights**

# Digital ID Cards in iLinkBlue

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

The screenshot displays the iLinkBlue website interface. At the top, the Louisiana state logo is visible, along with a provider login section (Tax ID, NPI, Submit) and a user login section (Logged in as Billy Gomila, Location). The main navigation bar includes links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Under the Coverage menu, the 'Coverage Information' option is highlighted with a green circle. Below this, the 'BCBSLA Members' section is shown, with 'Coverage Information' also circled in green. The 'BlueCard - Out of Area Members' section includes links for 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. A message states: 'You can use the medical code coming soon to be is located under the Claims menu.'

The 'Coverage Information' section is expanded, showing a search bar with 'BCBSLA' selected and a search button. Below the search bar, the 'Contract Number XUA123456789' is displayed. A green banner indicates 'ACTIVE COVERAGE'. The contract details table is as follows:

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

Below the contract details, the 'Coverage Category' is 'Medical' and the 'Coverage Type' is 'Family'. The 'Effective From' date is '01/01/2020' and the 'Effective To' date is '---'.

The 'Subscriber' section for 'John Doe' is shown, including his address (123 STREET ST. CITY, LA 70000), sex (Male), marriage status (Married), and date of birth (11/30/1900). Below this, a table lists the coverage details:

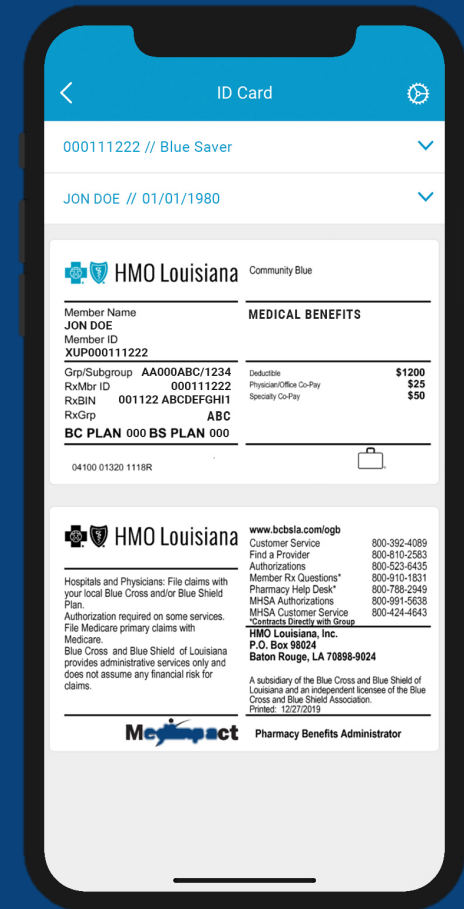
Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a>	<a href="#">Benefits</a>

The 'View ID Card' link is circled in green. Other links for 'Summary', 'Benefits', and 'View COB' are also visible.

# 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:

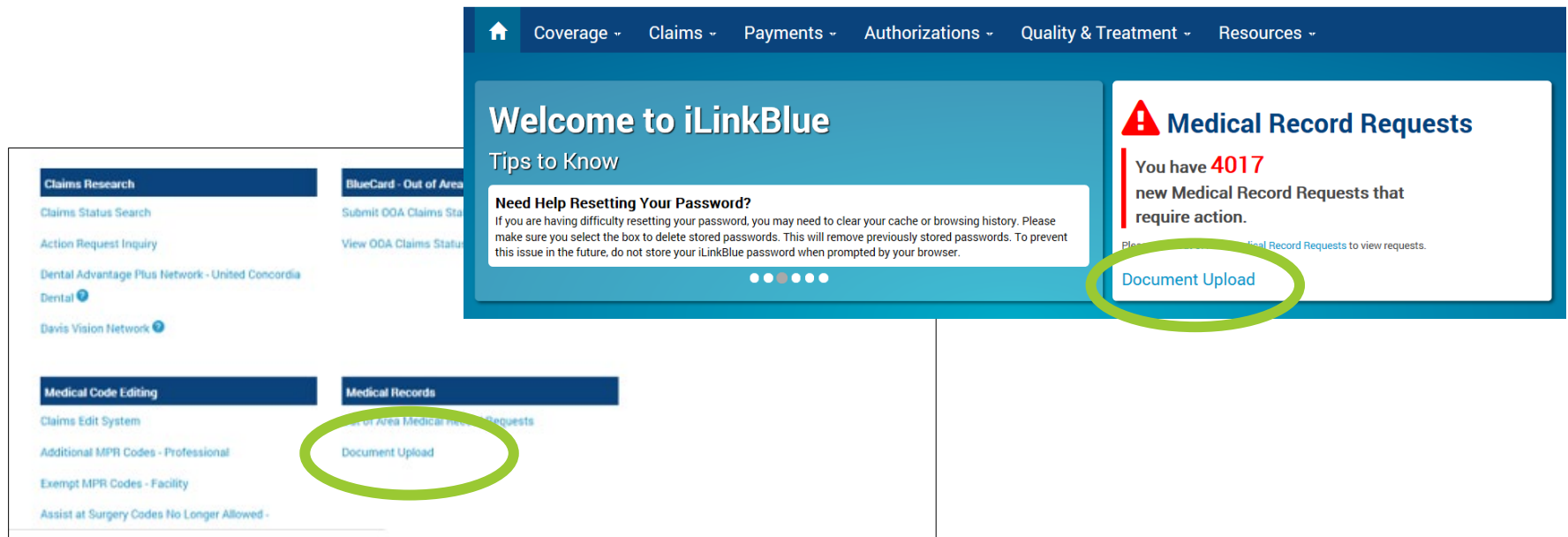
- To access through the Blue Cross mobile app, log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available.
- To access through the Blue Cross member portal, log into the online member account at **www.BCBSLA.com**. There, click on “My ID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



# Document Upload Feature

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.

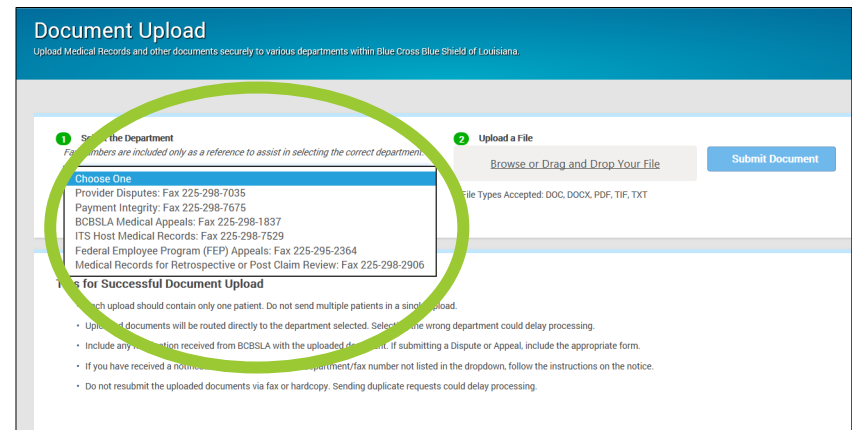


The Document Upload feature can be accessed on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) or under Claims > Medical Records > Document Upload.

# Document Upload Feature

Select the department from the drop-down list you wish to send your document. 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**  
Upload Medical Records and other documents securely to various departments within Blue Cross Blue Shield of Louisiana.

**1. Select the Department**  
Fax numbers are included only as a reference to assist in selecting the correct department.

**Choose One**

- Provider Disputes: Fax 225-298-7035
- Payment Integrity: Fax 225-298-7675
- BCBSLA Medical Appeals: Fax 225-298-1837
- ITS Host Medical Records: Fax 225-298-7529
- Federal Employee Program (FEP) Appeals: Fax 225-295-2364
- Medical Records for Retrospective or Post Claim Review: Fax 225-298-2906

**2. Upload a File**  
Browse or Drag and Drop Your File

File Types Accepted: DOC, DOCX, PDF, TIF, TXT

**Submit Document**

**Tips for Successful Document Upload**

- Each upload should contain only one patient. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

# 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

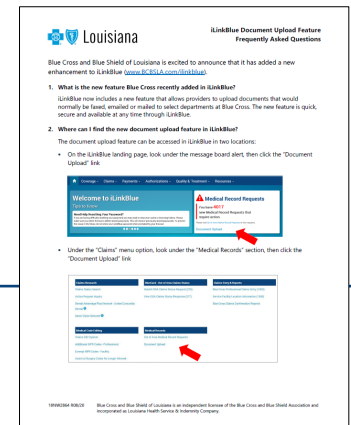
## Do I need to send a fax or hard copy request in addition to upload?

- 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.

## Is there a file size limitation?

- Files that are over 10MB in size will not be accepted for upload. Documents that exceed this limit will need to be faxed or mailed to BCBSLA.

For a copy of the Document Upload Feature FAQs send an email to **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**.



# Blue Cross Claims Confirmation Reports

- Provide detailed claim information on transactions that were accepted or not accepted by Blue Cross for processing.
- You may access these reports via iLinkBlue (Claims > Blue Cross Claims Confirmation Reports).
- Reports are available up to 120 days.
- The reports include claims that are submitted iLinkBlue as well as through a clearinghouse or billing agency.



# Blue Cross Claims Confirmation Reports

## Blue Cross Claims Confirmation Reports

1 Select a Provider

1234567890

2 Report Type

☒ Accepted

☐ Not Accepted

3 Date Range optional

From Date

To Date

04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

Search

### Search Results for Accepted Claims

NPI 1234567890

View Report

04/13/2019

04/12/2019

04/11/2019

04/10/2019

04/09/2019

50

# Blue Cross Claims Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims appearing on the "Not Accepted" report.

## Accepted Report

Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

PAGE 1

**837P ACCEPTED REPORT**

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	040819	040819	125.00	123459876123

PROVIDER BC ID # T5678 837P SUMMARY:  
 837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
 837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
 837P TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
 TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
 TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
 GRAND TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

## Not Accepted Report

Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

PAGE 1

**837P NOT ACCEPTED REPORT**

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321

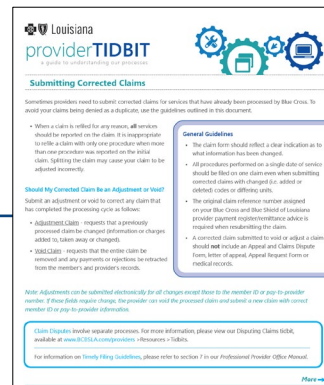
PROVIDER BC ID # T5678 837P SUMMARY:  
 837P TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
 837P TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
 837P TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
 TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
 TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
 GRAND TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

# Submitting a Corrected Claim

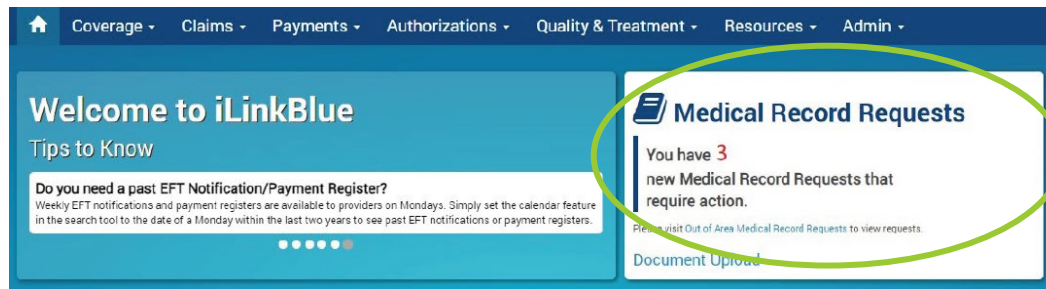
- When a claim is refiled for any reason, all services should be reported on the claim.
- Adjustment Claim – requests that a previously processed claim be changed (information or charges added to, taken away or changed).
- Void Claim – requests that the entire claim be removed, and any payments or rejections be retracted from the member's and provider's records.
- If submitting a corrected claim through iLinkBlue:
  - In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim)
  - In Field 19b, enter the Internal Control Number (ICN Number which is the original claim number)

For more information find our Submitting a Corrected Claim Tidbit at [www.BCBSLA.com/Providers](http://www.BCBSLA.com/Providers) >Resources, then >Tidbits.



# BlueCard Medical Record Request

- **Effective April 15, 2021**, providers will no longer receive hardcopy letters for BlueCard medical record requests. Instead, Blue Cross will only alert providers through iLinkBlue.
- This change does not affect non-BlueCard medical record requests. Blue Cross will continue to send hardcopy requests for non-BlueCard members.



For more information find our Medical Record Guidelines for BlueCard tidbit at [www.BCBSLA.com/Providers](http://www.BCBSLA.com/Providers) > Resources > Tidbits.



# **Authorizations**

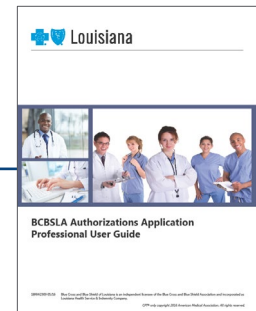
# iLinkBlue – Authorizations Mandate

**We have streamlined the process for requesting prior authorizations.**

- **Effective April 1, 2021**, Blue Cross will no longer accept authorization requests via phone or fax, with a few exceptions including transplants, dental services covered under medical and out-of-state services.
- Prior authorization requests, including new and extension authorizations, must be submitted through our online BCBSLA Authorizations tool available in iLinkBlue.
- The tool allows providers to request authorizations 24 hours a day, seven days a week, in real time.
- **In some cases, the tool allows for immediate approval without Blue Cross personnel intervention.**
- **If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.**
- **Providers are responsible for checking member eligibility and benefits.**



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



# BCBSLA Authorization tool FAQs

## What if my request is STAT, am I still required to use the authorization online?

- Yes. Please submit STAT requests through the BCBSLA Authorization tool. They will be addressed timely and accordingly.


## How do I check the status of my authorization in the BCBSLA Authorization tool?

- You may search by the patient's member ID number (found on the member ID card). You may also search by the reference number of the pending request.

## How do I submit clinical information to Blue Cross?

- Clinical information can be supplied in one of three ways:
  - Complete criteria review via InterQual (IQ). You may receive an online approval when IQ is completed, and criteria are met. Some services will require additional review, such as a benefit review or a medical policy review regardless of an IQ approval. Completing an IQ review is not required.
  - Upload clinical information to the authorization request through the BCBSLA Authorization tool.
  - Document the clinical information in the notes section of the authorization request in the BCBSLA Authorization tool. You must then generate an activity within the request. If an activity is not generated, the clinical information will not be available for Blue Cross to review.

View our Prior Authorization Mandate Frequently Asked Questions at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers) > Electronic Services > Authorizations, under the quick links section.

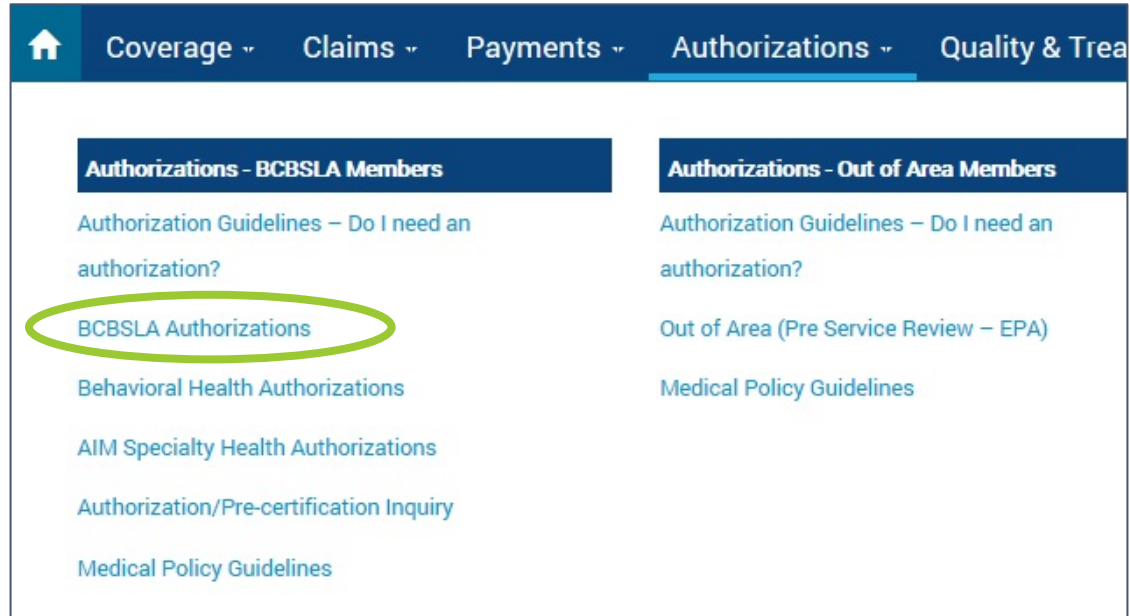
**Prior Authorization Mandate  
Frequently Asked Questions**

Blue Cross and Blue Shield of Louisiana is streamlining its prior authorization processes. Providers have the capability to get immediate approvals using our online BCBSLA Authorization tool, which does not require Blue Cross personnel intervention. If the requested services are to be provided due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity. It is important to always verify member eligibility and benefits before rendering services.

- 1. What is the BCBSLA Authorization tool?**  
It is an online authorization submission application available through LincBlue (www.BCBSLA.com/providers) under the "Authorizations" menu option. It allows you to submit prior authorization requests and upload clinical information for BCBSLA members electronically. You can also research the status of existing authorization requests.
- 2. What is the Prior Authorization Mandate?**  
Effective April 1, 2021, prior authorization requests must be submitted through the BCBSLA Authorization tool. If you call for a service that requires you to use the online tool, you will be directed to use the online tool. Additionally, we are turning off the fax number (713) 625-2361 used to fax authorization requests and submit clinical information for outpatient services. See question seven for services that cannot be requested through the tool.
- 3. Why is Blue Cross requiring use of the BCBSLA Authorization tool?**  
The BCBSLA Authorization tool creates efficiencies for both the provider and Blue Cross. Providers can request authorizations 24 hours a day, seven days a week, in real time.
- 4. What if I prefer to call for prior authorization requests, am I still required to use the BCBSLA Authorization tool?**  
Yes. All in-state providers (in-network and out-of-network) are required to use the BCBSLA Authorization tool on and after April 1, 2021, with the exceptions documented in question seven. If you call Blue Cross to request the authorization, you will be directed to use the online tool.
- 5. Does the authorization mandate apply for network providers only?**  
The requirement applies for both in-network and out-of-network providers rendering services in Louisiana.
- 6. What services are included in the mandate to use the BCBSLA Authorization tool?**  
The mandate to use the BCBSLA Authorization tool applies for most inpatient and outpatient services. This includes rehabilitation, long-term acute care (LTAC) and skilled nursing facility (SNF) services (see and concurrent requests). Providers must upload clinical information through the online tool.

10/06/2020/01/21  
ABC is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and ABC Louisiana, Inc. 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 & Insurance Company.© 2014. All rights reserved. 2021 American Medical Association. All rights reserved.

# 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)

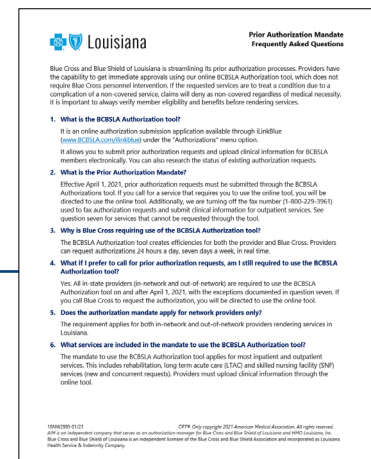
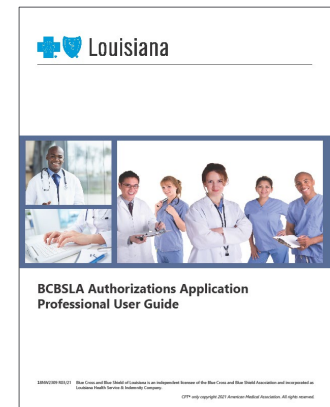


# Authorizations Resources

Use the “Resources” menu option in iLinkBlue to access various provider manuals, including the **BCBSLA Authorization Tool User Guides**.



View our Prior Authorization Mandate Frequently Asked Questions at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** > Electronic Services > Authorizations, under the quick links section.



# 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.

Home Coverage ▾ Claims ▾ Payments ▾ Authorizations ▾ Quality & Treatment

**Authorizations - BCBSLA Members**

- Authorization Guidelines – Do I need an authorization?
- BCBSLA Authorizations
- Behavioral Health Authorizations
- AIM Specialty Health Authorizations

**Authorizations - Out of Area Members**

- Authorization Guidelines – Do I need an authorization?
- Out of Area (Pre-Service Review – EPA)
- Medical Policy Guidelines

**Pre-Authorization/Pre-Certification Information**

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Prefix

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

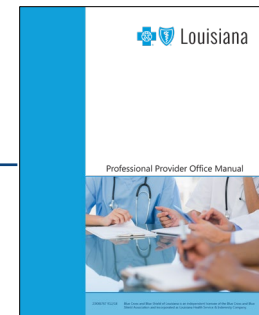
# Utilization Management Programs

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 **ProviderPortal<sub>SM</sub>** accessed through iLinkBlue. AIM clinical appropriateness guidelines are available at **[www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com)**.

Additional information can be found in the **Professional Provider Office Manual**. Find it online at **[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)** > Resources > Manuals



# Imaging Authorizations

The ordering physician should always use the AIM **ProviderPortal**<sub>SM</sub> 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

## **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.

# Process for Changing a BCBSLA Authorization

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. **This can be done by completing an Activity in the BCBSLA Authorization tool and uploading medical records and/or adding a note.**

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.

# Failure to Obtain an Authorizations

## 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.
- If you are reading this, be the first to type "Bingo" in the chat section to win a prize.

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)



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

Blue Cross and Blue Shield of Louisiana  
Member Provider Policy & Procedure Manual4-10  
December 2018

## 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 authorization is available online at [www.bcbsla.com/providers](http://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 cyberknife/procedures
- Vacuum Assisted Wound Closure Therapy

- 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](http://www.BCBSLA.com/providers)** > Resources.

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Find a copy of the OGB Speed Guide at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
>Resources >Speed Guides.

# OptiNet Registration Tool in iLinkBlue

- AIM Specialty Health® offers **OptiNet**® 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](http://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 **ProviderPortal**<sub>SM</sub>
- Click on "Access Your OptiNet Registration" on the left menu bar
- Click the green "Access Your OptiNet Registration" button

# Claims Editing System

# Claims Editing Software

## Not Separately Reimbursable

- Certain codes will be denied because the services should be included with other services billed on the same day.
- **Examples:** Codes billed for general surgical supplies, quality measure codes (e.g., 0001F-9000F).

## New Patient Visit

- New visit codes, (e.g., 99201-99205), will deny if the patient has been seen by the same provider within three years from the date of the previous services.

# Rebundles

Individual lines will be denied when two or more component codes are billed instead of a more appropriate, comprehensive code. The provider will need to refile the correct, comprehensive code.

## Examples:

80053  
84443  
85025




80050

73560  
73562




73564

85025  
86592  
86762  
86850  
86900  
86901  
87340



80055

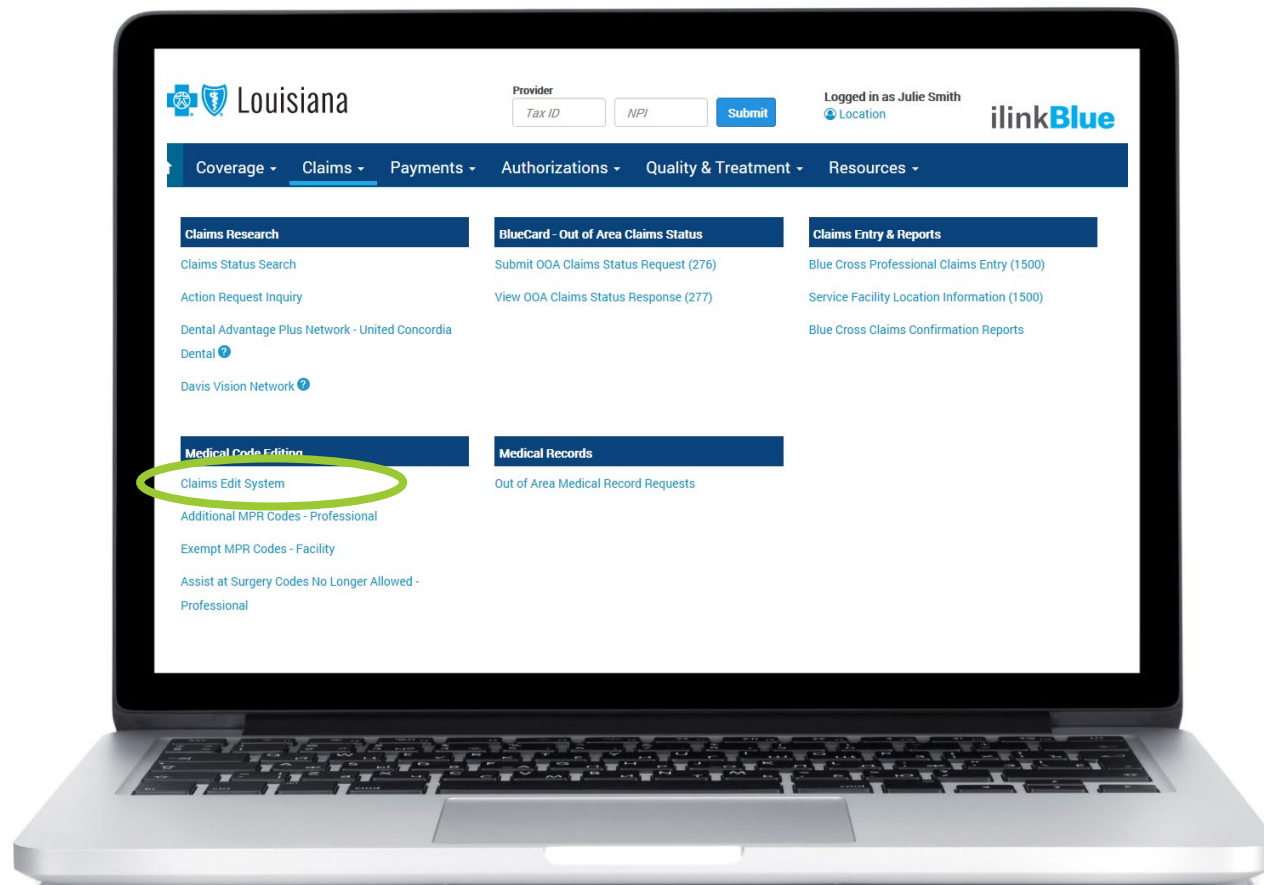
85025  
86592  
86762  
86850  
86900  
86901  
87340  
89389



80081

# 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



# Claims Editing System Tool

The new CES tool is available for both outpatient facility and professional claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.



## Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry

Facility Claim Entry

Gender Male Date of Birth  Claim Type Professional


Add Lines

Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

[Privacy Policy](#)  
[Terms and Conditions](#)

# Claims Editing System Tool




## Louisiana


This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry

Facility Claim Entry

Gender Male 

Date of Birth

Claim Type Professional 

Add Lines

Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2019"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

[Privacy Policy](#)  
[Terms and Conditions](#)

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



# CES Inquiry

- Check the new CES provider portal tool to determine if the CES system is processing according to the new edits based on the rejection code. (CES edits will appear in lower case.)
- Submit an action request.
- In order to properly route your inquiry please choose “**Code Editing Inquiry**” from the action drop down box when submitting your action request.
- Please include your contact information.
- Be specific and detailed.
- Allow up to 15 working days for a response to each request.
- Check in “Action Request Inquiry” for a response.
- A second request may be submitted if there was no resolution.



**Questions?**

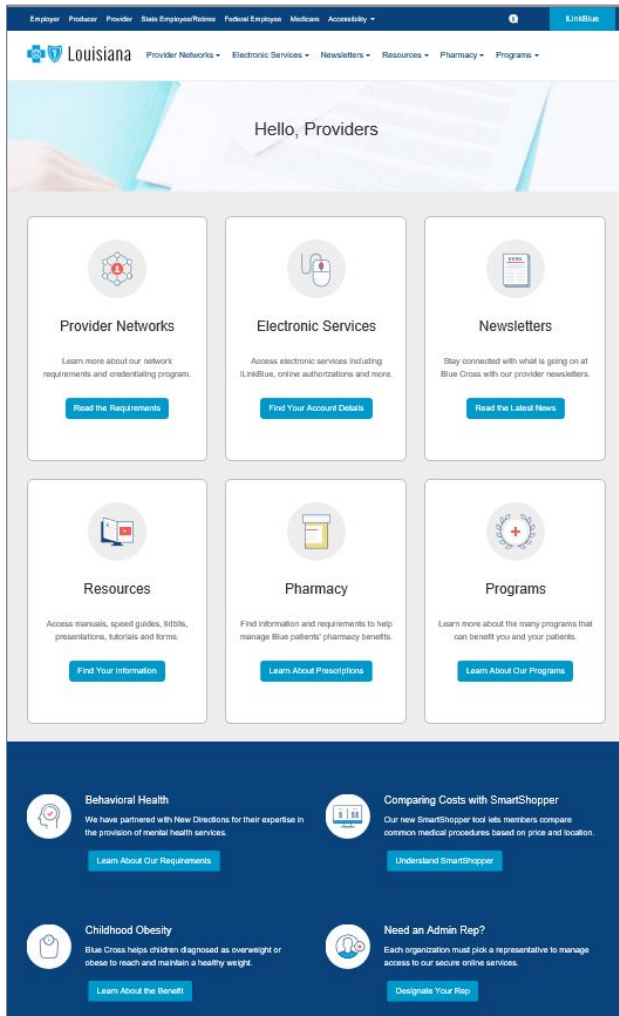
# Appendix

# Future Webinars

- Behavioral Health (ABA, Facility and Professional)
  - August 3-5, 2021
- New to Blue Cross (Facility & Professional)
  - August 25, 2021
- Provider Credentialing & Data Management
  - September 15, 2021
- BlueCard
  - October 20, 2021

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

# Provider Page



[www.BCBSLA.com/providers](http://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

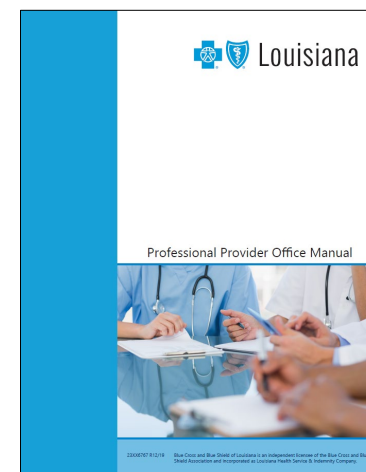
Our provider **manuals** are extensions of your network agreement(s). The manuals are designed to provide the information you need as a participant in our network.

[www.BCBSLA.com/providers](http://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](http://www.BCBSLA.com/providers) > Newsletters



## Not Getting Our Newsletters Electronically?

Send an email to [provider.communications@bcbsla.com](mailto: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](http://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. If not performed in the provider's office, physicians who do not adhere to these reference 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 the provider's office, physicians who do not adhere to these reference 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.

**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
- Laboratory Corporation of America (LabCorp)
- Quest Diagnostics

**Regional Labs**

**Albany Region**

- Baptist Regional Hospital Reference Lab

**Baton Rouge Region**

- Women's Hospital Laboratory

**Lafayette Region**

- Acadia Laboratory, LLC
- Acadia Medical Laboratory, Inc.
- Acadia Pathology, LLC
- Acadia Radiology, LLC
- Acadia Services

**Shreveport and Alexandria Region**

- Acadia Services

**Special Arrangements**

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

**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 to the Signature Blue members to providers within the network to see 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](http://www.BCBSLA.com/providers) > Resources.

**Signature Blue Member ID Card**

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.

**Service areas for the Signature Blue Network**

**New Orleans Area**

- Jefferson
- Orleans

**Admitting Privileges**

Members receive a lower level of benefits when using facilities that are 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:

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

**Maternity Admissions**

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

**Submitting Claims**

**Electronic**

- EDI (CMS-1500)
- Clearinghouses

Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide for information about the 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 providerTIDBIT**  
A quick reference guide for providers

**Identification Card Guide**

Identification (ID) cards are used to verify 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 restrictions prior to providing services. To do this, use the **Member ID Card** (www.BCBSLA.com/IDCard).

**Preferred Care PPO**

**Plan Details**

Our Preferred Care PPO network includes hospital, physician 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 logo on their ID cards. The "PPO" on the member ID card identifies the networkwide Preferred Care PPO Network. For more information, visit the Preferred Care PPO Network Speed Guide, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).**

**HMO Louisiana, Inc.**

**Plan Details**

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 HMO Louisiana members who are enrolled in the HMO Louisiana plan. The HMO Louisiana network is defined as follows:

- HMO Louisiana allows members to choose from both HMO and PPO service options. Members who select the HMO option receive a lower copayment when they receive services from primary care providers (PCPs) or from specialists within the HMO Louisiana network. Speed Guides, available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers).
- The main identifier of an HMO Louisiana member is the HMO Louisiana logo on the member ID card. The HMO Louisiana logo identifies the product type as either an HMO plan or HMO/POS plan.

**Member ID Card**

The member ID card is issued to each member on the plan. When the member has Advantage Plus, the member ID card is issued to the member. When the member has Advantage Plus, the member ID card is issued to the member. When the member has Advantage Plus, the member ID card is issued to the member.

**Louisiana providerTIDBIT**  
A quick reference guide for providers

**Automated Benefits & Claim Status**

Provider services are automated through a 24-hour, 7-day, 365-day toll-free number 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/endorsement and our medical policies. Claims are subject to additional charges, which are established by Blue Cross as the maximum amount for services covered under the member contract/endorsement.

Please have the following information ready when calling:

- Provider's ID#
- Member's ID Number
- Member's ID card date of birth
- Provider's ZIP Code
- 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?

- Medical
- Maternity
- Dental
- Life

**Provider Menu**

Provider menu. Which are you calling about?

- Benefits
- Claims
- Authorizations
- As Out-of-Network Policy
- Payment Register Fax, or
- None of the Above

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

[www.BCBSLA.com/providers](http://www.BCBSLA.com/providers)  
>Resources >Tidbits

# 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	1-866-508-7145

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

**TBD**

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**

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**Jennifer Aucoin   Angela Jackson   Paden Mouton   Brittany Thompson**

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# Provider Credentialing & Data Management

## Provider Network Setup, Credentialing & Demographic Changes

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

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

# Annual Provider Survey

- As a result of the 2020 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.

**Remember to take our Provider Survey later this year!**

