

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform.



How to submit questions:

- Open the chat feature at the bottom of your screen to type your question related to today's training webinar.
- In the "Send to" field, select "Hosts and Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.



Welcome to the Blue Cross Network – *Facility Webinar*

August 2021



Presented by Lisa Roth
Provider Relations Department
Blue Cross and Blue Shield of Louisiana

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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AIM is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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

Blue Cross has comprehensive provider networks.

Included on the next slides are brief overviews of our networks and large employee groups so you can better understand your patients' coverage:

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- Community Blue
- BlueHPN
- Precision Blue
- Signature Blue
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Healthy Blue Dual Advantage (HMO D-SNP)



Always verify member eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.BCBSLA.com/ilinkblue) or call the number on the member ID card.



Preferred Care PPO



Prefix Varies



- Our **Preferred Care PPO Network** is available statewide.
- Members with PPO benefits 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 the Preferred Care PPO Network name printed on member ID cards.
- The “PPO” in a suitcase logo identifies the nationwide BlueCard® Program.





	Louisiana	Preferred Care PPO Network Fully Insured
Member Name		
Member ID		
[Advantage Plus Dental Network]		
Grp/Subgroup 12345XX6/000		
RxMbr ID 123456789		
RxBIN 003858 RxPCN-A4		
RxGrp BSLA		
BC PLAN 170 BS 670		
04BA0314 R01/18		
		

	Louisiana	Preferred Care PPO Network
Member Name		
Member ID		
[Advantage Plus Dental Network]		
Grp/Subgroup 12345XX6/000		
RxMbr ID 123456789		
RxBIN 003858 RxPCN-A4		
RxGrp BSLA		
BC PLAN 170 BS 670		
04BA0314 R01/18		
		

For more information, view the *Preferred Care PPO Network Speed Guide*, available online at www.BCSLA.com/providers >Resources >Speed Guides.



- Our **HMO Louisiana Network** is available statewide.
- HMO Louisiana members have one of two styles of benefits: HMO or HMO Point of Service (POS).
- HMO members receive **no benefits** while HMO POS members receive a **lower level** of benefits when using providers not in the HMO Louisiana Network.
- The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the member ID card. Cards also indicate the product type as either an HMO or HMO/POS Plan.

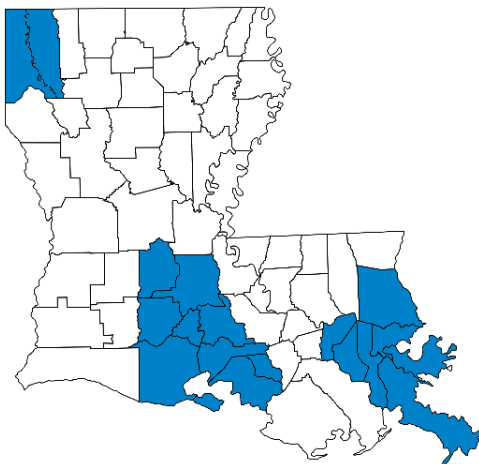
 HMO Louisiana		HMO/POS Network
		Fully Insured
Member Name		
Member ID		
[Advantage Plus Dental Network]		
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170	BS 670	
04100 01320 0118R		



For more information, view the *HMO Louisiana Network Speed Guide*, available online at **www.BCBSLA.com/providers** >Resources >Speed Guides.

- **Blue Connect** is an HMO Point of Service (POS) product currently available to groups and individuals residing in 21 parishes.
- Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Blue Connect Network.

 HMO Louisiana		Blue Connect HMO/POS Network Fully Insured
Member Name		
Member ID		
		[Advantage Plus Dental Network]
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170	BS 670	
04100 01320 0118R		



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

Shreveport area

Bossier and Caddo parishes



For more information, view the *Blue Connect Network Speed Guide*, available online at www.BCSLA.com/providers >Resources >Speed Guides.

Community Blue is an HMO POS product currently available to groups and individuals residing in four parishes.

Baton Rouge area:

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



 HMO Louisiana	Community Blue HMO/POS Network Fully Insured	
Member Name		
Member ID		
[Advantage Plus Dental Network]		
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170	BS 670	
04100 01320 0118R		
		

Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Community Blue Network.

For more information, view the *Community Blue Network Speed Guide*, available online at www.BCBSLA.com/providers >Resources >Speed Guides.

BlueHPN is an HMO product currently available to groups and individuals residing in the following parishes.

Lafayette area

Acadia, Evangeline, Iberia, Jefferson, Lafayette 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

Shreveport area

Bossier and Caddo parishes

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



HMO Louisiana Blue High Performance Network_{SM}

Member Name **LA HEALTH SERVICE & INDEMNITY CO**

Member ID _____

Grp/Subgroup _____

RxMbr ID _____

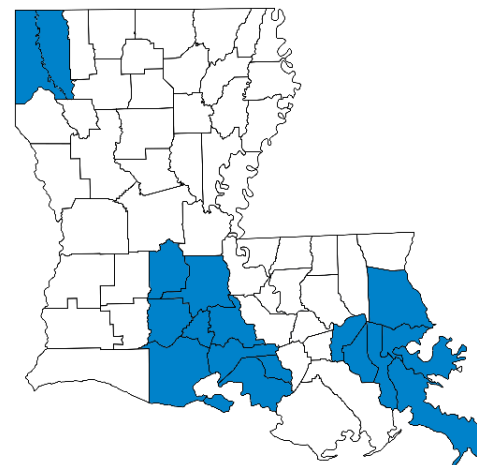
RxBIN **003858** RxPCN-A4

RxGrp **BSLA**

BC PLAN 170 BS PLAN 670

04BA0314 R11/18

HPN





For more information, view the *BlueHPN Network Speed Guide*, available online at **www.BCBSLA.com/providers** > Resources > Speed Guides.

Precision Blue is an HMO POS product currently available to groups and individuals residing in five parishes.

Baton Rouge area:

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



	HMO Louisiana	Precision Blue HMO/POS Network Fully Insured
Member Name		
Member ID		
Grp/Subgroup	78P03ERC/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170 BS PLAN 670		
04100 01320 0118R		
		

Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Precision Blue Network.



For more information, view the *Precision Blue Speed Guide*, available online at www.BCBSLA.com/providers >Resources >Speed Guides.

Signature Blue is an HMO POS product that is available to groups and individuals residing in two parishes.

New Orleans area:

Jefferson and Orleans parishes



 HMO Louisiana		Signature Blue HMO/POS Network Fully Insured
Member Name		
Member ID		
		[Advantage Plus Dental Network]
Grp/Subgroup	12345XX6/000	
RxMbr ID	123456789	
RxBIN	003858	RxPCN-A4
RxGrp	BSLA	
BC PLAN 170	BS 670	
04100 01320 0118R		

Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Signature Blue Network.

For more information, view the *Signature Blue Network Speed Guide*, available online at www.BCBSLA.com/providers >Resources >Speed Guides.



- **Blue Advantage (HMO) and Blue Advantage (PPO)** are our Medicare Advantage products currently available to Medicare-eligible members statewide.
- Blue Advantage members **must use** Blue Advantage network providers except for select situations such as emergency care.
- Prefixes have changed on 2021 cards.



Louisiana		Blue Advantage (PPO)	
RxBIN:	003858	PCP Visit	\$ 5
RxPCN:	MD	Specialist Visit	\$ 20
RxGROUP:	MY9A	Emergency Room	\$ 50
EFFECTIVE:	01/01/2021	Major Diagnostic	\$ 150
Medicare limiting charges apply.		Outpatient Surgery	\$ 150
ID: PMV123456789		Outpatient Hospital	\$ 150
John T Public			
MedicareRx Prescription Drug Coverage X MA PPO MEDICARE ADVANTAGE		www.bcbsla.com/blueadvantage	

Prefix: PMV

Louisiana		Blue Advantage (HMO)	
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			
MedicareRx Prescription Drug Coverage X MEDICARE ADVANTAGE HMO		www.bcbsla.com/blueadvantage	

Prefix: MDV



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

Healthy Blue Dual Advantage (HMO D-SNP)

Prefix: JLA



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

Statewide with the exception of the following parishes:

Concordia
East Carroll
Iberia

Lincoln
Madison
Tangipahoa

Webster
West Carroll

For more information, go to
www.BCBSLA.com/ilinkblue >Other Sites
>Healthy Blue.

Healthy Blue Dual Advantage (HMO D-SNP)

PCP: Call for PCP
Dental - LIBERTY

Member ID:

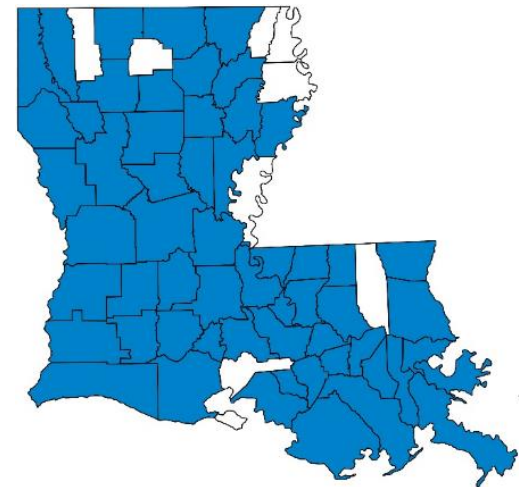
Group: LAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID:

Dual eligible members pay \$0 for plan covered medical services
Provider: Dual Member Cost Share should be billed to member's Medicaid

CMS H1947-001-000

MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage

Prefix: JLA



Federal Employee Program



Prefix: R (followed by 8 digits)



The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.

FEP members have three benefit plan options: Standard Option, Basic Option and FEP Blue Focus.



Standard

 Federal Employee Program	Government-Wide Service Benefit Plan	
<hr/>		
Member Name John Q. Subscriber	www.fepblue.org	
Member ID R12345678		
<hr/>		
Enrollment Code Effective Date	104 01/01/1900	RxIIN RxPCN RxGrp
		610239 FPPRX 65006500

✓ In-network

✓ Out-of-network



Basic

 Federal Employee Program	Government-Wide Service Benefit Plan	
<hr/>		
Member Name John Q. Subscriber	www.fepblue.org	
Member ID R12345678		
<hr/>		
Enrollment Code Effective Date	112 01/01/1900	RxIIN RxPCN RxGrp
		610239 FPPRX 65006500

✓ In-network

✗ Out-of-network

FEP Blue Focus

 Federal Employee Program	FEP Blue Focus	
<hr/>		
Member Name John Q. Subscriber	www.fepblue.org	
Member ID R12345678		
<hr/>		
Enrollment Code Effective Date	133 01/01/2019	RxIIN RxPCN RxGrp
		610239 FPPRX 65006500

✓ LIMITED in-network

✗ Out-of-network

Blue Cross administers benefits for Office of Group Benefits (OGB) state of Louisiana employees, retirees and dependents. There are five member benefit plans currently available to OGB members:

Pelican HRA 1000 (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- Consumer-driven health plan with health reimbursement arrangement
- Uses our OGB Preferred Care PPO provider network

Pelican HRA 775 (Active Employees Only)

- Prefix: OGS
- Consumer-driven health plan with health savings account
- Uses our OGB Preferred Care PPO provider network



Magnolia Local (Active Employees & Retirees with and without Medicare)

- Uses our Blue Connect (prefix: LZB) or Community Blue (prefix: LXS) provider networks
- HMO POS benefit plan
- There are no benefits for services performed by out-of-network providers

Magnolia Local Plus (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- HMO benefit plan design that uses our OGB Preferred Care PPO provider network
- There are no benefits for services performed by out-of-network providers

Magnolia Open Access (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- PPO benefit plan
- Uses our OGB Preferred Care PPO provider network

Pelican HRA 1000

		Preferred Care PPO Network	
Member Name		OFFICE OF GROUP BENEFITS PELICAN HRA 1000	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN 170	BS 670	All Other Providers	
04BA0314 R01/18			

Pelican HRA 775

		Preferred Care PPO Network	
Member Name		OFFICE OF GROUP BENEFITS PELICAN HRA 775	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Coinsurance: Preferred	
BC PLAN 170	BS 670	All Other Providers	
04BA0314 R01/18			

Magnolia Local Blue Connect

		Blue Connect	
Member Name		OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN 170	BS 670	Specialty Co-Pay	
04100 01320 0118R			

Magnolia Local Community Blue

		Community Blue	
Member Name		OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN 170	BS 670	Specialty Co-Pay	
04100 01320 0118R			

Magnolia Local Plus

		Preferred Care PPO Network	
Member Name		OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL PLUS	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN 170	BS 670	Specialty Co-Pay	
04BA0314 R01/18			

Magnolia Open Access

		Preferred Care PPO Network	
Member Name		OFFICE OF GROUP BENEFITS MAGNOLIA OPEN ACCESS	
Member ID			
Grp/Subgroup	ST222ERC/000	Deductible:	
RxMbr ID	123456789	Employee Only	
RxBIN	003585 PCN ASPROD1	Family	
RxGrp	OGB	Physician/Office Co-Pay	
BC PLAN 170	BS 670	Specialty Co-Pay	
04BA0314 R01/18			

For more information about our OGB benefit plans as well as important plan requirements, view the *OGB Speed Guide*, available online at www.BCBSLA.com/providers > Resources > Speed Guides.

- **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 NetworkSM (BlueHPN) product.

Note: BlueCard authorizations are handled through the members' home plan.

You can find additional BlueCard guidelines in the *BlueCard Program Provider Manual*, available online at www.BCBSLA.com/providers > Resources > Manuals.

All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This allows Blue MA PPO members to obtain in-network benefits in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider.

If you are a participating provider in our MA PPO network...

you should provide the same access to care for Blue MA PPO members as you do for our members. Services will be reimbursed in accordance with your BCBSLA MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.

If you are NOT a participating provider in our MA PPO network...

but do accept Medicare and you see Blue MA PPO members; you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.

If your practice is closed to new members...

you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.



Blue MA PPO members are recognizable by the "MA" suitcase on the member ID card

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 > Provider Networks
> Join Our Networks > Facilities and Hospitals

Enter text

FINISH **FINISH LATER** **OTHER ACTIONS ▾**

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

START

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID Number	Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.	
<input type="text"/>	<input type="text"/>	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
<input type="text"/>	<input type="text"/>	
Are you a primary care provider (PCP)?	Effective Date of Service	
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	

Authorized representative completing this form on behalf of:

AUTHORIZED REPRESENTATIVE

Contact Phone Number	Contact Email Address
<input type="text"/>	<input type="text"/>

Submission Information (form completed by)

Signature of Authorized Representative	Date
	February 18, 2021

Navigation tool guides you through fields

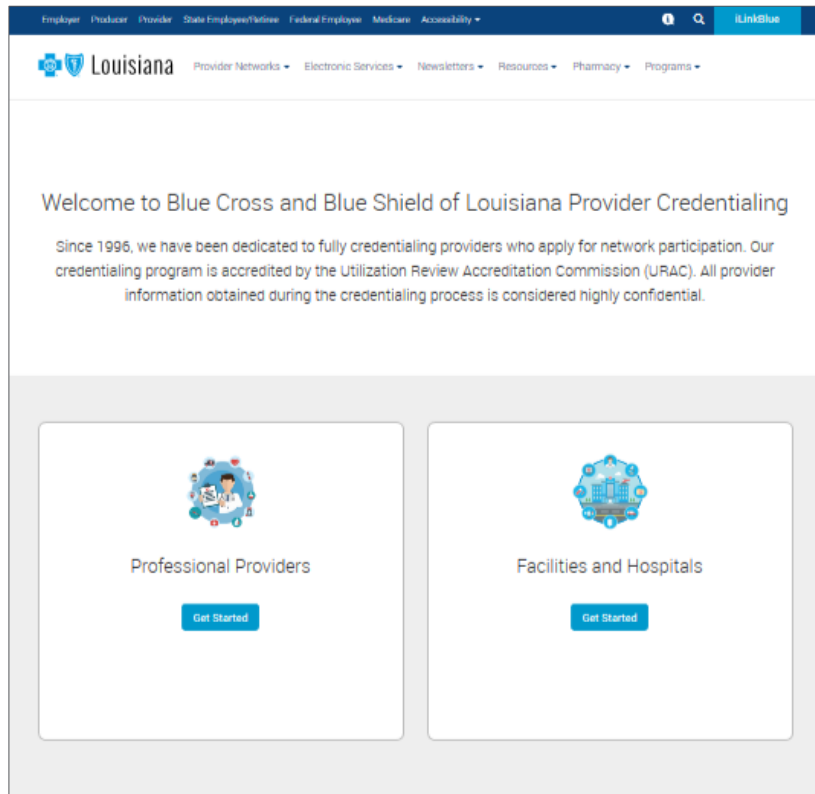
Instructions correspond to requirement of the active field

Tooltips provide information about field requirements

Red outline indicates a required field

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

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

- 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 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**.

Below is Blue Cross' policy for credentialing and provider data maintenance 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 applications.
- Requests for provider data maintenance 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 in DocuSign format online at **www.BCBSLA.com/providers** > Provider Networks > Join Our Networks.

Below are the most common reasons credentialing applications are returned:

- Incomplete or expired supporting documents.
- No effective date listed.
- Facility did not submit the **Health Delivery Organization Information Form**.
- 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.

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

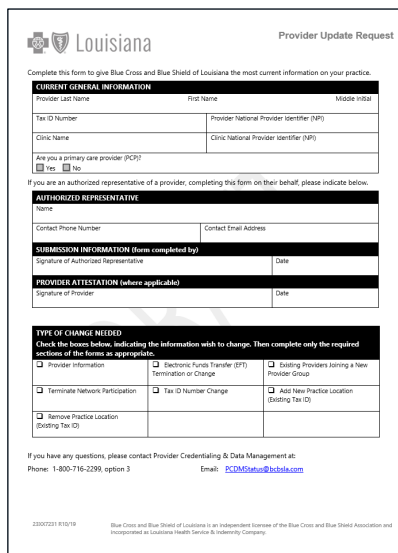
- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services
- Dialysis Facility
- DME Supplier
- Emergency Medicine Physician Groups
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory
- Lithotripsy/Orthotripsy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



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

It is important that we always have your most current information. Our revised **Provider Update Request Form** now accommodates all your change requests, which are handled directly by our Provider Data Management team.

When you access the form, check the appropriate box to indicate the type of change needed. You may select more than one option.



The form is titled "Provider Update Request" and includes the Blue Cross of Louisiana and Blue Shield of Louisiana logos. It contains several sections: "CURRENT GENERAL INFORMATION" with fields for Provider Last Name, First Name, Middle Initial, Tax ID Number, Provider National Provider Identifier (NPI), Clinic Name, and Clinic National Provider Identifier (NPI); a checkbox for "Are you a primary care provider (PCP?)"; "AUTHORIZED REPRESENTATIVE" with fields for Name, Contact Phone Number, and Contact Email Address; "SUBMISSION INFORMATION (Items completed by)" with fields for Signature of Authorized Representative and Date; "PROVIDER ATTESTATION (where applicable)" with fields for Signature of Provider and Date; and "TYPE OF CHANGE NEEDED" with checkboxes for Provider Information, Electronic Funds Transfer (EFT) Termination or Change, Existing Providers Joining a New Provider Group, Terminate Network Participation, Tax ID Number Change, Add New Practice Location (Existing Tax ID), Remove Practice Location (Existing Tax ID), and Add New Practice Location (Existing Tax ID). At the bottom, it provides contact information for Provider Credentialing & Data Management at Phone: 1-800-716-2299, option 3 and Email: PCD@blsola.com.

- **Demographic Information** allows you to update your address, phone, fax, email address, hours of operation and more.
- **EFT Termination or Change** option is to update your EFT information.
- **Existing Providers Joining a New Provider Group** is used to link an individual provider to an existing provider group or clinic.
- **Terminate Network Participation** is to request termination from one or more of our networks.
- **Tax ID Number Change** is to report a change in your Tax ID number.
- **Add a New Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID.
- **Remove Practice Location** is for when a provider is removing a practice location(s) on an existing Tax ID.

Complete these via a DocuSign link at
www.BCBSLA.com/providers > Resources > Forms.

iLinkBlue Application Packet



iLinkBlue is our secure online tool for professional and facility healthcare providers. It is designed to help you quickly complete important functions such as eligibility and coverage verification, claims filing and review, payment queries and transactions.

The **iLinkBlue Application Packet** is available in DocuSign format at www.BCBSLA.com/providers > Resources > Forms.

ALWAYS include NPI/Tax ID on:

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

These four documents are included in the initial credentialing packets and are required to access iLinkBlue:

The form is titled "Louisiana iLinkBlue Service Agreement". It contains a preamble and several sections of text, including a "Section 1: Agreement" section with numbered points 1.1 through 1.3. The form is designed for a provider to sign and return to Louisiana Blue Cross and Blue Shield of Louisiana.

iLinkBlue Service Agreement

The form is titled "Louisiana Business Associate Addendum to the iLinkBlue Service Agreement". It contains a preamble and several sections of text, including a "Section 1: Agreement" section with numbered points 1.1 through 1.3. The form is designed for a business associate to sign and return to Louisiana Blue Cross and Blue Shield of Louisiana.

Business Associate Addendum

The form is titled "Louisiana Electronic Funds Transfer (EFT) Enrollment Form". It contains a preamble and several sections of text, including a "Section 1: Agreement" section with numbered points 1.1 through 1.3. The form is designed for a provider to sign and return to Louisiana Blue Cross and Blue Shield of Louisiana.

Electronic Funds Transfer Enrollment Form

The form is titled "Louisiana Administrative Representative Registration Form". It contains a preamble and several sections of text, including a "Section 1: Agreement" section with numbered points 1.1 through 1.3. The form is designed for an administrative representative to sign and return to Louisiana Blue Cross and Blue Shield of Louisiana.

Administrative Representative Registration Form

What is an Administrative Representative?

- An administrative representative is a person at your organization who has registered with Blue Cross to designate user access to our secure online tools.
- They only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- Your administrative representative must grant a user access to the following applications:
 - BCBSLA Authorizations
 - Behavioral Health Authorizations
 - Blue Advantage Provider Portal
 - Pre-Service Review
- One administrative representative is required to self-manage user access to our secure online services, but we recommend each organization assign more than one.



If you do not have an administrative representative registered with Blue Cross, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page (www.BCBSLA.com/providers).

We are committed to providing the highest level of protection when accessing our secure online services.

Adding administrative representatives was the first step in placing our online services under a higher level of security. Our next step was to add multi-factor authentication (MFA) for administrative representatives when they log into the Security Setup Tool.

- MFA is a security feature that delivers a unique identifier via email, text and other formats. The administrative representatives must enter this identifier as a first step in the logon process in the Security Setup Tool.
- It provides improved security and privacy.
- Administrative representatives can contact **1-800-716-2299, option 5** or **PIMTeam@bcbsla.com** for MFA assistance or questions.



Administrative representatives have the option of using PingID to authenticate their identity through their mobile device.



Quality Blue programs recognize providers who are working in partnership with Blue Cross to transform healthcare systems and improve the way care is delivered to Blue Cross patients to help achieve better health outcomes.

Blue Cross offers its network providers opportunities through Quality Blue to earn:

- Recognition
- Additional Payments
- Other Incentives



Quality Blue Programs currently offered:

- Blue Distinction®
- Quality Blue Primary Care (QBPC)
- Quality Blue PT/OT Program
- Quality Blue Value Partnerships (QBVP)

- Blue Cross has a cost-saving program for members when services are performed by a Quality Blue provider.
- Blue Cross reduces members' office copayment (depending on their plan) with visits to a Quality Blue-enrolled primary care provider.
- The Quality Blue Primary Care Claims-based (QBPC-CB) Program is a bridge program for practices that currently meet, or will soon meet, the requirements for QBPC. The goal of this program is to move the provider to the QBPC Outcomes program.
- To determine a member's QBPC cost share, visit iLinkBlue (www.BCBSLA.com/ilinkblue).



- The Quality Blue program includes primary care providers—family medicine, internal medicine or general practice, geriatrics and nurse practitioner.
- QBPC also includes pediatricians.
- Providers enrolled in QBPC have their performance measured against established program clinical quality and efficiency measures.
- To learn more about the QBPC Program, visit www.BCBSLA.com/QBPC.

Standards under the ACA require Qualified Health Plan Issuers that contract with a hospital with greater than 50 beds to verify the hospital:

- Utilizes a patient safety evaluation system and implements a mechanism for comprehensive person-centered hospital discharge to improve care coordination and healthcare quality for each patient,

OR



- Implements an evidence-based initiative to improve healthcare quality through the collection, management and analysis of patient safety events that reduces all cause preventable harm, prevents hospital readmission or improves care coordination, via at least one of the following—Patient Safety Organization, Hospital Improvement Innovation Network, Quality Improvement Organization or an evidence-based strategy, such as The Joint Commission accreditation.

- Our Hospital Quality Program is a pay-for-performance program that includes a range of nationally accepted measures such as healthcare associated infections, HCAHPS, perinatal core measures and sepsis.
- The program is designed for acute care facilities with 50 beds or more.
- The program guide can be found at www.BCBSLA.com/providers >Programs >Quality Blue >Hospital Quality and Value Improvement Program (HQVIP).
- For more information, contact your Quality Blue representative or email QualityBlue@bcbsla.com.



Blue Distinction Specialty Care Centers are part of a national designation program that recognizes facilities demonstrating expertise in delivering quality specialty care, safely and effectively. These designations are only awarded to the specific facility and specific location.

Two designation levels:

**Blue
Distinction®
Center**

**Blue
Distinction®
Center+**

The current programs are:

- Bariatric Surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity
- Spine Surgery
- Transplants

Specialty Program selection criteria can be found at www.BCBS.com >About Us >Capabilities & Initiatives >Blue Distinction >Blue Distinction Specialty Care.

Questions related to Blue Distinction?

Contact Jode Burkett at jode.burkett@bcbsla.com.

Evaluation Criteria for Participation Focused on:

Blue Distinction[®] Center

Healthcare facilities recognized for their **expertise** in delivering specialty care

Blue Distinction[®] Center+

Healthcare facilities recognized for their **expertise** and **efficiency** in delivering specialty care



Identifying those facilities that demonstrate **expertise in delivering quality specialty care** – safely and effectively



Nationally **established quality measures** with emphasis on **proven outcomes**



Cost of care calculated on procedures, using episode-based allowable amounts



The **Health Care Consumer Billing & Disclosure Act (or Consumer's Right to Know Act)** requires that facilities (acute and ambulatory surgery centers) inform health plans of its hospital-based physicians in the specialties of:

- Anesthesia
- Emergency Medicine
- Neonatology
- Pathology
- Radiology

According to the legislation, facilities must notify health plans of any changes made to this information within 30 days of the change.

Louisiana

BATON ROUGE REGION HOSPITAL-BASED PHYSICIANS

Use the chart below to see whether a hospital-based physician or group participates in any of the Blue Cross and Blue Shield of Louisiana networks.

The Baton Rouge region consists of Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, St Helena, Pointe Coupee, Tangipahoa, West Baton Rouge and West Feliciana parishes.

For instructions on reading this chart or for more information, visit the last page of this document.

This chart is for informational purposes only and may have changed since it was last updated on **August 31, 2021**.

HOSPITAL OR AMBULATORY SURGERY CENTER	Facility Networks					Hospital-based Physician or Group		Specialty				Contracted Networks											
	No. Inpatient Services Offered	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPN	COMMUNITY BLUE	PREFERRED BLUE	SENIOR BLUE	NAME AND OFFICE ADDRESS	PHONE NUMBER	ANESTHESIOLOGY	EMERGENCY ROOM/MEDICINE	NEONATOLOGY	PATHOLOGY	RADIOLOGY	PREFERRED CARE IPO	HMO LOUISIANA	BLUE CONNECT	BLUE EPN	COMMUNITY BLUE	PREFERRED BLUE	SENIOR BLUE	NON-CONTRACTED (NOT TOP METHOD)
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70403 (985) 345-7246		✓	✓						Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70403	(985) 345-7246	✓					✓	✓						
Advanced Surgical Care of Baton Rouge LLC 7310 Perkins Rd Baton Rouge, LA 70808 (225) 236-3100		✓	✓			✓			KJA Anesthesiology 6438 Providence Ln Baton Rouge, LA 70808 Pathology Group of Louisiana 5339 O'Donovan Dr Baton Rouge, LA 70808 Baton Rouge Radiology Group 5422 Dijen Dr Baton Rouge, LA 70808	(225) 532-4061 (225) 766-4999 (225) 769-9337	✓			✓		✓	✓	✓	✓	✓	✓	✓	

This chart lists the contracting status of hospital-based physicians in the following specialties: anesthesiology, emergency room medicine, neonatology, pathology and radiology.

For more information on reading the chart, please refer back to the [Find a Doctor web page at www.BCBSLA.com](#).

Reporting is required by the "Health Care Consumer Billing and Disclosure Act" of the 2019 Louisiana Legislative Session. A facility is required to report its information to each insurer with which it contracts.

1800V1550 10/21/21

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Interservice 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.

1 of 18

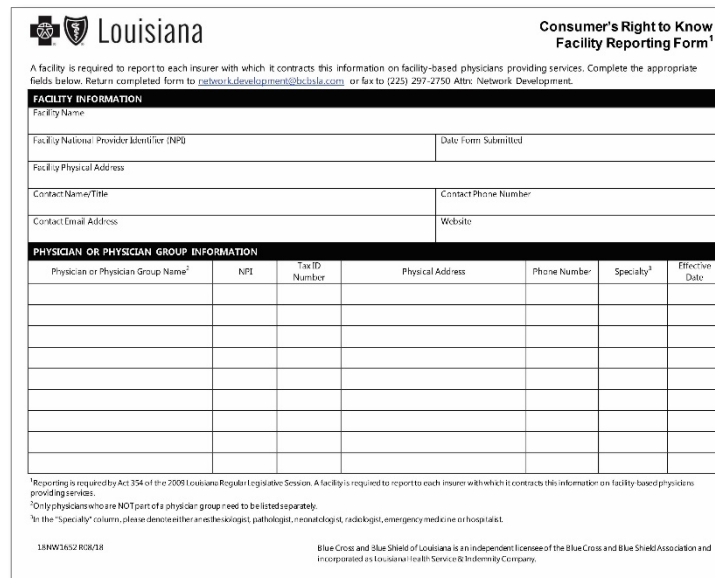
More ▶

This information is presented to our members on our hospital-based physician reports, available at **www.BCBSLA.com** >Find A Doctor >ER/OR Information >Hospital-based Physician Providers.

- Blue Cross asks that network facilities submit changes on the **Consumer's Right to Know Facility Reporting Form** every time there is a change in hospital-based physician for any specialties listed previously.
- Return completed forms to our Provider Credentialing Department:

Email: provider.contracting@bcbsla.com

Fax: (225) 298-7698
Attn: Provider Contracting



Louisiana Consumer's Right to Know Facility Reporting Form¹

A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services. Complete the appropriate fields below. Return completed form to network.development@bcbsla.com or fax to (225) 297-2750 Attn: Network Development.

FACILITY INFORMATION

Facility Name: _____

Facility National Provider Identifier (NPI): _____ Date Form Submitted: _____

Facility Physical Address: _____

Contact Name/Title: _____ Contact Phone Number: _____

Contact Email Address: _____ Website: _____

PHYSICIAN OR PHYSICIAN GROUP INFORMATION

Physician or Physician Group Name ²	NPI	Tax ID Number	Physical Address	Phone Number	Specialty ³	Effective Date

¹Reporting is required by Act 354 of the 2009 Louisiana Regular Legislative Session. A facility is required to report to each insurer with which it contracts this information on facility-based physicians providing services.

²Only physicians who are NOT part of a physician group need to be listed separately.

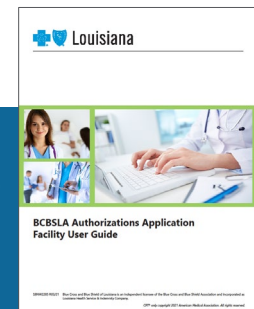
³In the "Specialty" column, please describe either as the surgeon, pathologist, neurologist, radiologist, emergency medicine or hospitalist.

LSHW32632 R08/08 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.

The Consumer's Right to Know Facility Reporting Form is located at
www.BCBSLA.com/providers > Resources > Forms.

We have streamlined the process for requesting prior authorizations

- **Effective April 1, 2021**, Blue Cross 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 Facility User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals."

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

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

- Action Requests
- Provider Disputes
- Medical Appeals
- Administrative Appeals & Grievances

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

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



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


Common reasons to submit an Action Request:

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

**Action requests are
NOT available for
Blue Advantage.**

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



Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	


Claim Number	12345678900-1
iLinkBlue Number	12345
NPI	123456789
	

Submit an Action Request through iLinkBlue (www.BCBSLA.com/ilinkblue).

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

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

Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number	12345678900-1
iLinkBlue Number	12345
NPI	123456789
	

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

If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at **provider.relations@bcbsla.com**.

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

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

- Allows identification of high-risk patients.
- Allows opportunities to engage patients in care management programs and care prevention initiatives.
- Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross.
- Reduces costs associated with submitting corrected claims.



Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient.



- Each page of the patient's medical records should include the following for hospital encounters and progress notes:
 - ✓ Patient name
 - ✓ Date of birth or other unique identifier
 - ✓ Date of service including the year
- Provider signature (must be legible and include credentials).
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (UB-04 Claim Form).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.

- Include chronic conditions in documentation.
- Code to the highest specificity.
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted.
- Clarify whether a condition is **chronic** or **acute**.
- Clarify whether a condition as **controlled** or **uncontrolled**.
- Clarify the **type of diabetes**.

Example: Notes may say "Diabetes Type II and CKD Stage III," but if stated as "CKD III Due to Diabetes," it would result in a different ICD-10 Code.

NOTE: Improper documentation could result in audits and/or the request of medical records.

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf.

- Per your Blue Cross network agreement, **providers are not to charge a fee** for providing medical records to Blue Cross or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee.





Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims.
- Blue Cross' experienced EDI staff is ready to assist in determining the best electronic solution for your needs.

Electronic Transaction Exchange

- Various healthcare transactions can be submitted electronically to the Blue Cross clearinghouse in a system-to-system arrangement.
- Blue Cross does not charge a fee for electronic transactions.
- You can send your transactions to Blue Cross via indirect submission through a clearinghouse or through direct submission to the Blue Cross EDI Clearinghouse.

For more information about system-to-system electronic transactions, please contact EDI Services at **EDIServices@bcbsla.com** or **1-800-716-2299, option 3.**

HIPAA 835 Transaction

- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from Blue Cross at no cost to vendors and providers, but they do require programming changes by your practice management billing system vendor. Traditionally, there is an upfront fee from your billing system vendor for programming.
- From that point, you may receive the Blue Cross weekly Remittance Advice/Payment Register at no charge.



For more information, please contact Blue Cross EDI Services at **EDIServices@bcbsla.com** or **1-800-716-2299, option 3.**

UB-04 (facility)



- If it is necessary to file a hardcopy claim, we only accept the original **RED** claim forms.
- We no longer accept faxed claims.

Mailing Addresses

For Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, Signature Blue & OGB Claims:

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

For FEP Claims:

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

For BlueHPN Claims:

HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898

For Blue Advantage Claims:

Blue Cross and Blue Shield
of Louisiana/HMO Louisiana
130 DeSiard St, Ste 322
Monroe, LA 71201

For Healthy Blue Dual Advantage (D-SNP):

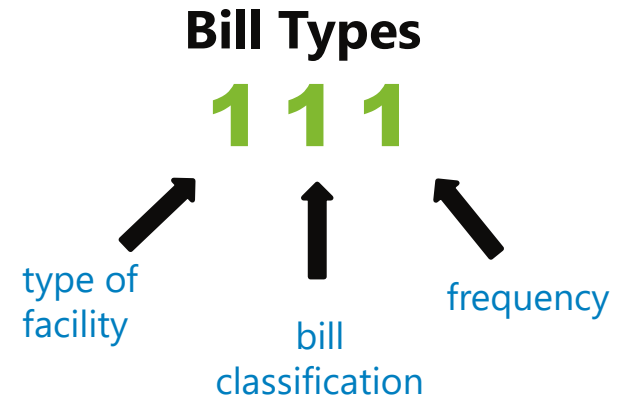
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466

The fastest method for claim processing and payment is electronic submission.

Facility claims must be submitted on a UB-04 form. Bill types are three digits, and each position represents specific information about the claim being filed.

Blue Cross does **not** exclude first or second digits of a bill type. However, there **are** limitations and/or exclusions for the third digit (frequency code).

Frequency Code	Description	Blue Cross Acceptance Rule
Non-interim Claims		
1	Admit Through Discharge Claim	Accepted
Interim Claims		
2	Interim (First Claim)	We accept interim claims only when the total charge is \$800,000 or greater and the length of stay is at least 60 days of service
3	Interim (Continuing Claims)	
Not Accepted		
4	Interim (Last Claim)*	Not Accepted
5	Late Charge Only	Not Accepted
6		Not Accepted
9	Final Claim for a Home Health PPS Episode	Not Accepted
Prior Claims		
7	Replacement of Prior Claim or Corrected Claim	Accepted
8	Void or Cancel of a Prior Claim	Accepted



**The final interim bill should aggregate all interim bills and late charge claims. (if applicable). The final interim bill should be submitted using a frequency code of 1 or 7.*

These guidelines are outlined in the *Member Provider Policy & Procedure Manual*, available on iLinkBlue (www.BCBSLA.com/ilinkblue) under the "Resources" section.

Reimbursement rates are set at the average cost to treat the condition and fully reimburse a facility for treatment of the condition. If the patient returns within the timeframes listed below with the same condition, a similar condition or a complication of the original condition, then the condition was likely not appropriately or fully treated, and the original payment is full reimbursement for treatment of the original condition and any complications.

In order to allow providers to take the necessary steps to reduce readmissions, we are pursuing implementation of this policy as follows:

- **Effective September 1, 2019**, readmissions to the same or affiliated facility for the same condition, similar condition or a complication of the original condition within **15 days** of discharge will not be reimbursed, as the original payment is full reimbursement for treatment of the original condition and any complications.
- **Effective January 1, 2021**, the period from discharge was extended to **30 days**.

Providers cannot bill members for services recouped as a result of this policy.

Blue Cross, HMO Louisiana, Blue Connect, BlueHPN, Community Blue, Precision Blue & Signature Blue:

- Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service.

FEP:

- Preferred Providers have within 15 months of the date of service to file claim.
- Members and non preferred providers must be filed by December 31 of the year after the year service was rendered.

Blue Advantage:

- Providers have 12 months from the date of service to file an initial claim.
- Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim.

OGB:

- Claim must be filed within 12 months of the date of service.
- Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

Self-funded & BlueCard:

- Timely filing standards may vary so always verify the member's benefits, including timely filing standards, through iLinkBlue.

Healthy Blue Dual Advantage (HMO D-SNP):

- Claim must be filed within 12 months of the date of service.



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



Use the following billing guidelines to report required NDCs on outpatient facility UB-04 claims:

- NDC code editing will apply to any clinician-administered drugs billed on the claim, including immunizations. The claim must include any associated HCPCS or CPT code (except HCPCS codes beginning with the letter "A").
- Each clinician-administered drug must be billed on a separate line item.
- Claims that do not meet the requirements will be rejected and returned on your "Not Accepted" report. Units indicated would be "1" or in accordance with the dosage amount specified in the descriptor of the HCPCS/CPT code appended for the individual drug.
- Providers may bill multiple lines with the same CPT or HCPCS code to report different NDCs.
- The following NDC edits will apply to electronic and paper claims that require an NDC but no valid NDC was included on the claim:
 - NDCREQD – NDC CODE REQUIRED
 - INVNDC – INVALID NDC

Failure to report NDCs on claims will result in automatic rejections.

For Hardcopy Claims

On the UB-04 claim form, report the NDC and the quantity in Box 43 (description field). We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N49999999999. The drug quantity and measurement/qualifier should be included.

For Electronic Claims 837I

Report the NDC in loop 2410, Segment LIN03 of the 837. The code should consist of a CMS 11-digit NDC in a fixed length 5-4-2 (no hyphens) configuration. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.



You must enter the NDC on your claim in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format.

How should the NDC be entered on the claim? See the examples below:

10-Digit Format on Package	10-Digit label format Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09



If the NDC is not submitted in the correct format, the claim will be denied.

For claims submitted on a UB-04:

We require that providers report an NDC when billing revenue codes 25X (excluding revenue code 258).

We also ask that you report the corresponding HCPCS/CPT® code for the billed drug. It should be included on the line item in addition to the NDC.

For outpatient claims, when revenue code 250 is billed without an NDC and HCPCS/CPT code (when applicable) **that line will not be reimbursed.**



- Most of our members follow a Covered Drug List. Covered Drug Lists include thousands of generic and brand drugs, but not all drugs.
- **Please consider prescribing drugs that are covered** or have lower out-of-pocket costs when you believe it is appropriate. If members fill a prescription drug that is not on the covered drug list, they could have to pay the full cost of the drug out of pocket.
- **You may ask for a clinical review** (similar to prior authorization) if your patient has a medically necessary need for a *non-formulary* drug. Find information about submitting a prior authorization at www.BCBSLA.com > Provider > Pharmacy. This is not available for drugs excluded from coverage.



You and your patients can check the Covered Drug List and find up-to-date information about drug coverage at www.BCBSLA.com/covereddrugs.

Network providers should **always** refer members to other **network** providers

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your Blue Cross provider agreement.
- **Providers who consistently refer to out-of-network providers will be audited and may be subject to a **reduction** in their network reimbursement.**



- All of our network providers should refer members to preferred reference lab vendors when lab services are needed and are not performed in the facility.
- Blue Cross discourages hospital billing for services as a reference lab when they are not contracted as a reference lab with us.
- Preoperative lab services rendered before an inpatient stay or outpatient procedure may be performed by an in-network hospital.

The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:

- UB-04: Block 78
- 837I: 2310D loop, segment NM1 with the qualifier of DN in the NM101 element

For more information, view the *HMO Preferred Reference Lab Guide* and the *PPO Preferred Reference Lab Guide*, which are both available online at www.BCBSLA.com/providers
>Resources >Speed Guides.



- Please make sure when referring your patients to behavioral health providers that they are in their behavioral health network.
- We have partnered with New Directions for their expertise in the provision of behavioral health services.
- New Directions manages authorizations for our members, performs all utilization and case management activities, as well as ABA case management.
- Request authorizations online through iLinkBlue using the **Behavioral Health Authorizations** application.
- New Directions' team of behavioral health professionals is available 24 hours a day, seven days a week to assist in obtaining the appropriate level of care for your patients.
- For more information, such as medical necessity criteria, visit the www.ndbh.com.



Behavioral health services that require an authorization:

- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP) - excluding FEP
- Partial Hospitalization Program (PHP) - excluding FEP
- Residential Treatment Center (RTC)
- FEP Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

For more information, view the *Behavioral Health Speed Guide*, available online at www.BCBSLA.com/providers >Resources >Speed Guides.

Find network providers in our online provider directories at
www.BCBSLA.com >Find a Doctor.



Louisiana

Shop ▾

Find a Doctor ▾

Save ▾

Wellness ▾

Learn ▾

My Account ▾

Find Doctor or Drug

Find Doctor or Drug

Find a Doctor

Find a Doctor or Drug

Pick a directory to search or find other helpful information about drug resources, quality programs and more.

Directories

Local Provider Directory - **New Name!**

Find a doctor near you or search for other doctors throughout Louisiana.

[Quality Blue Directory](#)

[National Provider Directory](#)

[BlueDental Provider Directory](#)

[Davis Vision Directory](#)

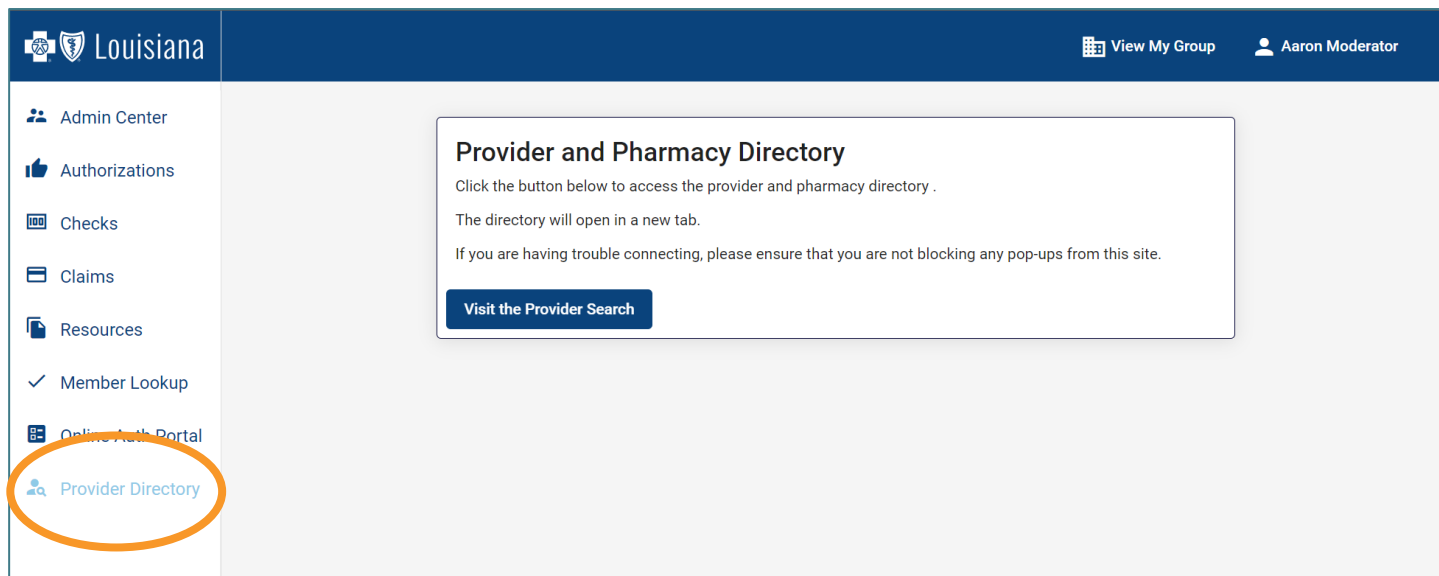
[Pharmacy Directory](#)

Hospital Based Physicians

ER/OR Information

Are you planning a hospital stay? If you just found out that you need surgery, or if you will be admitted to a hospital or ambulatory surgical center for any reason, you will most likely receive some care during your stay from a hospital-based physician. [Learn more.](#)

To refer Blue Advantage (HMO) | Blue Advantage (PPO) members to other providers, use the “Find a Provider” feature on the Blue Advantage Provider Portal (accessed through iLinkBlue).



Preferred laboratories for all specimens
for the Blue Advantage network:

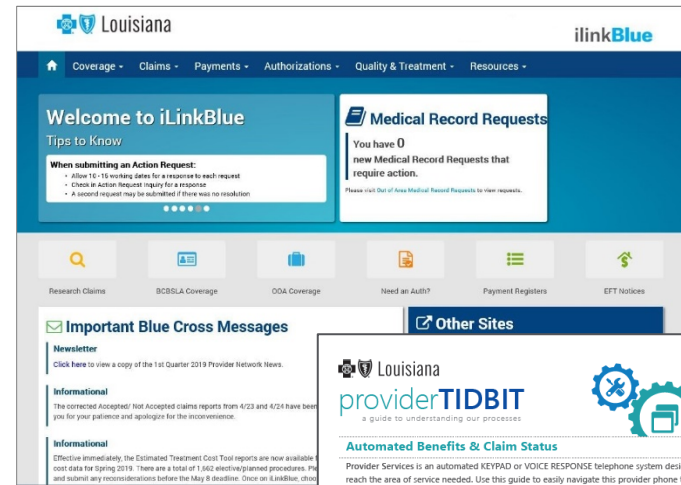


Clinical Pathology Labs (CPL)
Quest Diagnostics
Lab Corp

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

- Member eligibility
- Claim status inquiries
- Outpatient facility allowable searches
- Medical policy searches

These services will no longer be handled directly by our Customer Care Center.



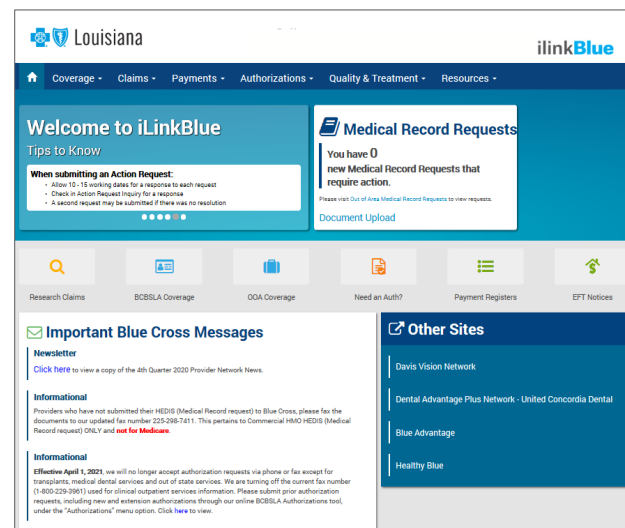
Self-service tools available to providers:

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



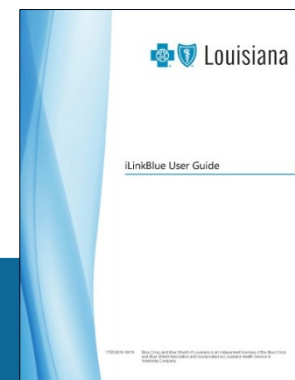
- iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:
 - Coverage & Eligibility
 - Benefits
 - Coordination of Benefits (COB)
 - Claims Status (BCBSLA, FEP and Out of Area)
 - Medical Code Editing
 - Payment Registers/EFT Notifications
 - Allowables Search
 - Authorizations
 - Medical Policy
- UB-04 claims entry is no longer available.

ilinkBlue
www.BCBSLA.com/ilinkblue



For iLinkBlue training and education, contact
provider.relations@bcbsla.com.

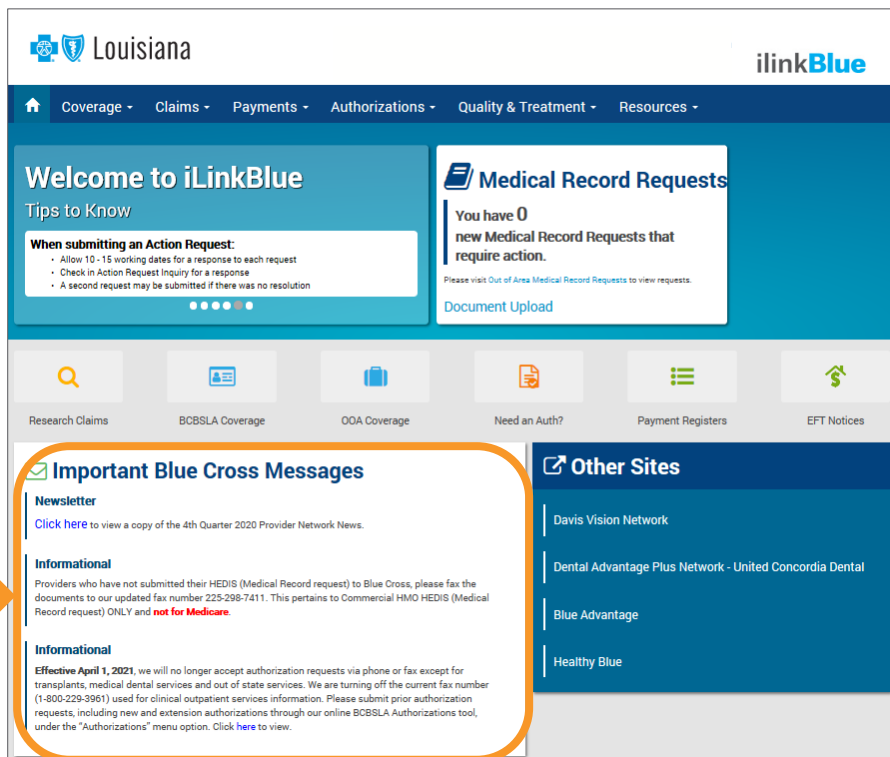
We have an *iLinkBlue User Guide* available online at
www.BCBSLA.com/providers, then click on "Resources."



iLinkBlue has a message board that appears on the main landing page.

This area contains posts for:

- Upcoming Events
- New Features
- System Outages
- Holiday Notices
- And other important bulletins



The main landing page also alerts you when there are BlueCard® (out-of-area) medical record requests for your patients.



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

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

1 Select Search Criteria
☒ BCSLA
☐ FEP
☐ Social Security Number

2 Enter Contract or Social Security Number

Search

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

BCSLA Enter BCSLA contract number... **Search**

Contract Number XUA123456789

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

ACTIVE COVERAGE

Coverage Category: Medical
 Coverage Type: Family
 Effective From: 01/01/2018
 Effective To: ---

John Doe Subscriber
 Address: 123 STREET ST, CITY, LA 70000
 Sex: Male
 Marriage Status: Married
 Date of Birth: 11/30/1900

Coverage: Medical
 Effective Date: 01/01/2018
 Cancel Date: ---
 Original Effective Date: 02/01/2000
 Coverage Views: **Summary** Benefits View COB

Jane Doe Spouse
 Sex: Female
 Date of Birth: 11/30/1900

Coverage: Medical
 Effective Date: 01/01/2018
 Cancel Date: ---
 Original Effective Date: 02/01/2000
 Coverage Views: **Summary** Benefits View COB

Hide Terminated Dependents

Jimmy Doe Child
 Sex: Male
 Date of Birth: 01/01/1930

Coverage: Medical
 Effective Date: 02/01/2009
 Cancel Date: 05/31/2009
 Original Effective Date: 02/01/2000
 Coverage Views: ---

3 Medical Benefits Summary

Contract Number XUA123456789

ACTIVE COVERAGE
 Medical Effective Date: 01/01/2018

Subscriber Name: John Doe
 Member Name: John Doe
 Member Date of Birth: 11/30/1900
 Resident to Subscriber: Self
 Sex: Male
 Contract Type: HMOA POS

Copays

	EPO Copays	QBPC Copays
Office Visit	\$30.00	---
Office Visit Specialist	\$45.00	---
Outpatient Surgical	\$500.00	---
Emergency Room	\$100.00	---
Inpatient Hospital (In-network)	\$500.00	---
Inpatient Hospital Maximum	\$1,900.00	---
Inpatient Hospital (Out of network)	---	---
Outpatient X-ray & Lab	---	---
Outpatient Physical Therapy	\$30.00	---
Outpatient Speech Therapy	\$30.00	---
Cardiac Rehab	\$30.00	---
Vision Services	\$30.00	---
Outpatient Professional	---	---

Accumulations

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

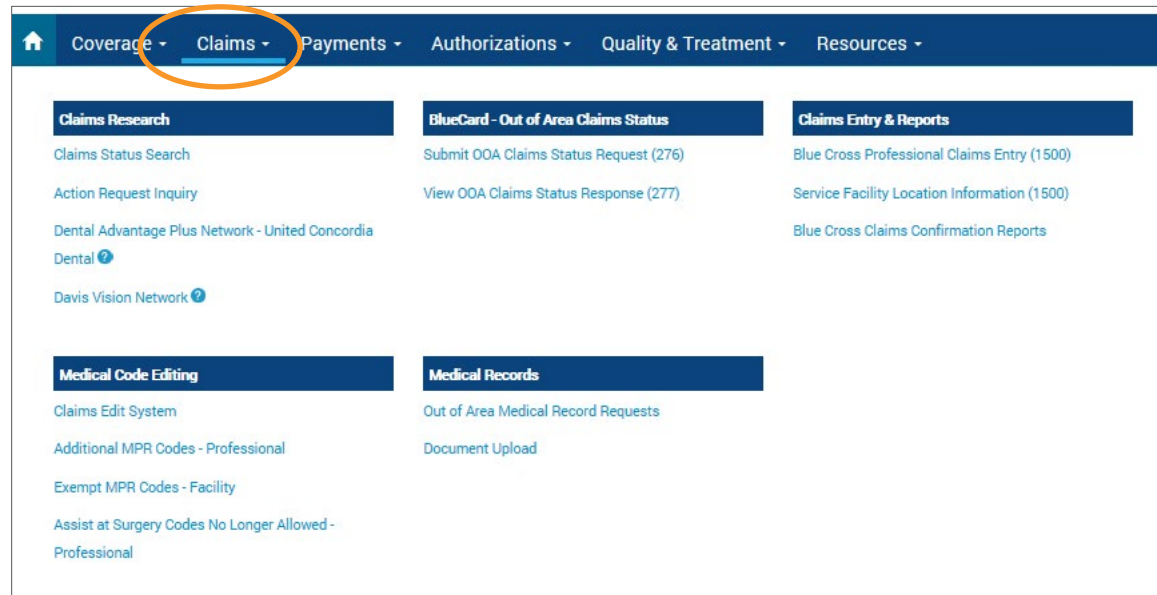
Coinsurance

	BCSLA Coverage	Member Responsibility
Per Percentage	90%	10%
Non-Per Percentage	70%	30%
EPO Percentage	---	---
QBPC Percentage	---	---

Note: Blue Advantage (HMO) | Blue Advantage (PPO) member coverage and eligibility must be verified through the Blue Advantage Provider Portal.

Use the “Claims” menu option to find online tools to:

- Perform **Claims Research** on claims that were submitted for processing,
- Submit **BlueCard - Out of Area Claims Status** inquiries for BlueCard (out-of-area) members,
- Check status of claims that were filed electronically (even if they were filed through a clearinghouse) using the **Blue Cross Claims Confirmation Reports** tool and/or
- View medical record requests for your BlueCard (out-of-area) patients in our **Medical Records** section.

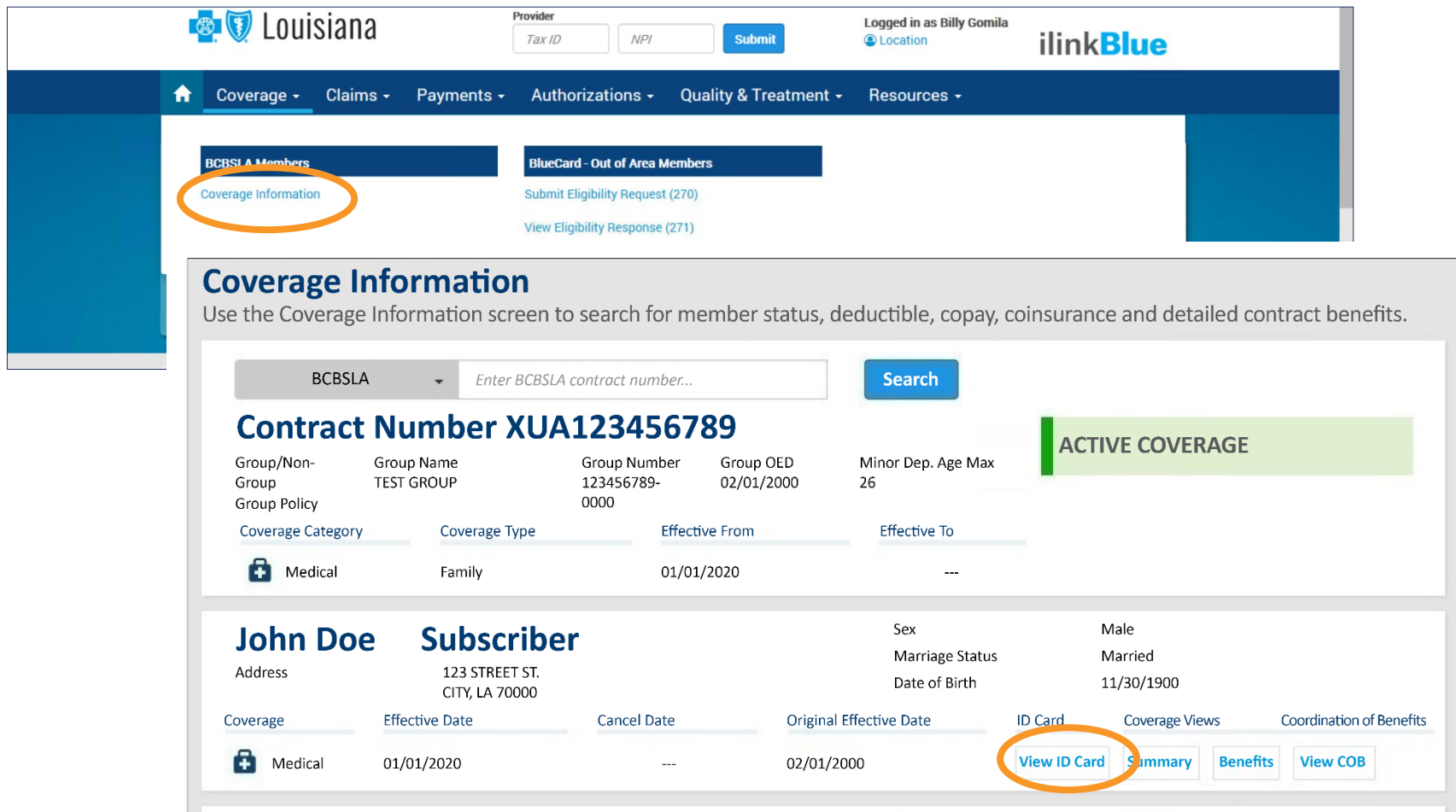


FEP Medical Policy Guidelines can now be found on iLinkBlue (www.bcbsla.com/ilinkblue), under Authorizations.



The screenshot displays the iLinkBlue website interface. At the top left is the Louisiana Department of Health logo, and at the top right is the iLinkBlue logo. A dark blue navigation bar contains a home icon and several menu items: Coverage, Claims, Payments, Authorizations (which is underlined), Quality & Treatment, and Resources. Below this bar, the page is divided into two columns. The left column is titled 'Authorizations - BCBSLA Members' and lists several links: 'Authorization Guidelines – Do I need an authorization?', 'BCBSLA Authorizations', 'Behavioral Health Authorizations', 'AIM Specialty Health Authorizations', 'Authorization/Pre-certification Inquiry', 'Medical Policy Guidelines', and 'FEP Medical Policy Guidelines'. The 'FEP Medical Policy Guidelines' link is circled in orange. The right column is titled 'Authorizations - Out of Area Members' and lists: 'Authorization Guidelines – Do I need an authorization?', 'Out of Area (Pre Service Review – EPA)', and 'Medical Policy Guidelines'.

Digital ID cards are accessible through iLinkBlue as a downloadable PDF. Click the "Coverage Information" menu option, enter the member contract number in the search bar and then click "ID Card."



Louisiana **ilinkBlue**

Provider: Tax ID NPI Submit Logged in as Billy Gomila Location

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

BCBSLA Members BlueCard - Out of Area Members

Coverage Information Submit Eligibility Request (270) View Eligibility Response (271)

Coverage Information

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

BCBSLA Enter BCBSLA contract number... Search

Contract Number XUA123456789

ACTIVE COVERAGE

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26
Group Policy				
Coverage Category	Coverage Type	Effective From	Effective To	
Medical	Family	01/01/2020	---	

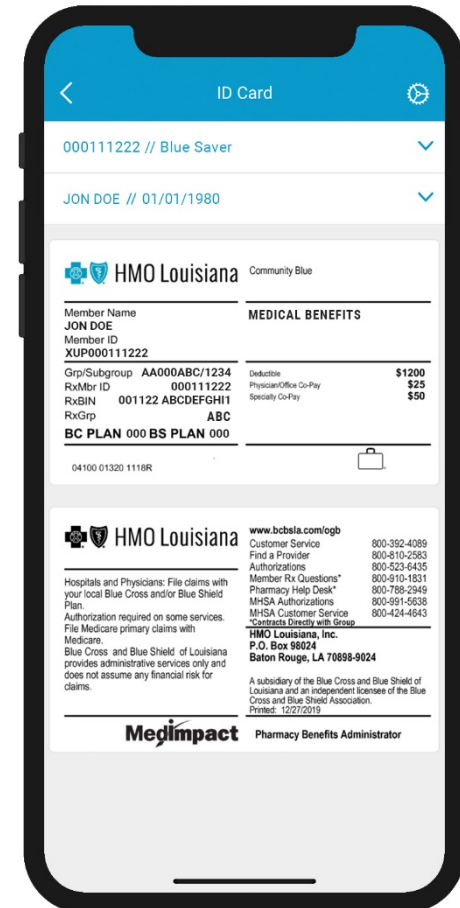
John Doe Subscriber

Address	123 STREET ST. CITY, LA 70000	Sex	Male
		Marriage Status	Married
		Date of Birth	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits View COB

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

- 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.
- Blue Cross member portal: Log into the online member account at www.BCBSLA.com, then 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.

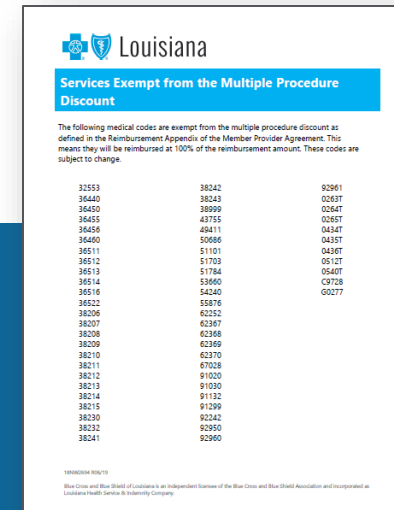




- Applies edits to incoming claims to ensure proper coding and billing based on:
 - Reimbursement
 - Medical policy
 - Benefit rules
 - Industry standard and coding guidelines
- It promotes accurate and consistent payments.
- Manages compliance with standard coding and billing practice between various types of services, such as:
 - Medical
 - Surgical
 - Lab and radiology

Codes exempt from multiple procedure reduction have been updated.

A listing of the codes exempt from Multiple Procedure Reduction can be found on iLinkBlue (www.BCBSLA.com/ilinkblue > Claims > Exempt MPR Codes - Facility).



Louisiana

Services Exempt from the Multiple Procedure Discount

The following medical codes are exempt from the multiple procedure discount as defined in the Reimbursement Appendix of the Member Provider Agreement. This means they will be reimbursed at 100% of the reimbursement amount. These codes are subject to change.

32553	38242	92961
36440	38243	02637
36450	38999	02647
36455	43755	02657
36456	49411	04347
36460		04357
36511	51101	04367
36512	51703	05127
36513	51784	05407
36514	53660	C9728
36516	54240	G0277
36522	55876	
38206	62252	
38207	62367	
38208	62368	
38209	62369	
38210	62370	
38211	67028	
38212	91020	
38213	91030	
38214	91132	
38215	91299	
38230	92242	
38232	92950	
38241	92960	

150600000 10/07/19
Blue Cross and Blue Shield of Louisiana is an independent business of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service, a subsidiary company.



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).

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



- Most edits are based on date processed, **not** date of service.*
- Any claim adjustments processed **after the implementation date** of the new CES system are subject to edits in the new system.
- **Explanation codes and descriptions** on payment register may be different in the new system.
- CARC codes on the 835 may be different. Example: Where you previously saw **CARC 97** for mutually exclusive, incidental and unbundle edits, you will now see CARC 97 for Incidental **AND** Unbundle and 231 for Mutually Exclusive.

*With the exception of **multiple procedure reductions** and **max frequency**.

If you do not understand the way your claim was processed, follow these steps to troubleshoot:

Step 1

- Check that you are following the proper billing guidelines. Refer to resources in your:
 - Provider Manual
 - Code Book
 - Lists provided on iLinkBlue (You can locate these lists at www.BCBSLA.com/ilinkblue >Claims then look under the “Medical Code Editing” section).


Step 2

- 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.
- This tool is located at www.BCBSLA.com/ilinkblue >Claims >Claims Edit System.
- CES edits will appear in lower case.


Step 3

- Submit an Action Request.
- Discussed previously in this presentation about how to submit an Action Request (refer to the “Resolving Claims Issues” section).
- In order to properly route your inquiry please choose “**Code Editing Inquiry**” from the action drop down box when submitting your action request.

If after completing steps 1-3, you still believe your claim did not process appropriately, please refer to the **"A Guide for Disputing Claims"** tidbit.



providerTIDBIT
a guide to understanding our processes



A Guide for Disputing Claims

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

For corrected claims, please review our Corrected Claims Tidbit, available at www.BCBSLA.com/providers > Resources > Tidbits.

Claims Issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denials for insufficient medical information	<ul style="list-style-type: none"> Supporting medical documentation & copy of Blue Cross letter of request for medical records 	<ul style="list-style-type: none"> Provider Dispute Form Claim Form 	BCBSLA - Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
Claim rejected as a duplicate	<ul style="list-style-type: none"> iLinkBlue Action Request Supporting medical documentation 	<ul style="list-style-type: none"> Provider Dispute Form 	www.BCBSLA.com/ilinkblue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Authorization penalty when authorization was obtained	<ul style="list-style-type: none"> iLinkBlue Action Request Call Customer Care Center 	<ul style="list-style-type: none"> Written request 	www.BCBSLA.com/ilinkblue or refer to the customer service number listed on the back of the member ID card
Claim denies for primary carrier's explanation of benefits (EOB)	<ul style="list-style-type: none"> Claim with EOB from primary carrier 	<ul style="list-style-type: none"> Provider Dispute Form Letter of appeal or Appeal Request Form 	www.BCBSLA.com/ilinkblue or BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
Claim denied for a BlueCard* member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none"> Provider Dispute Form* Formal letter of appeal including reason Supporting medical documentation 	<ul style="list-style-type: none"> Claim Form Appeal Request Form 	BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029 or Fax to (225) 297-2727

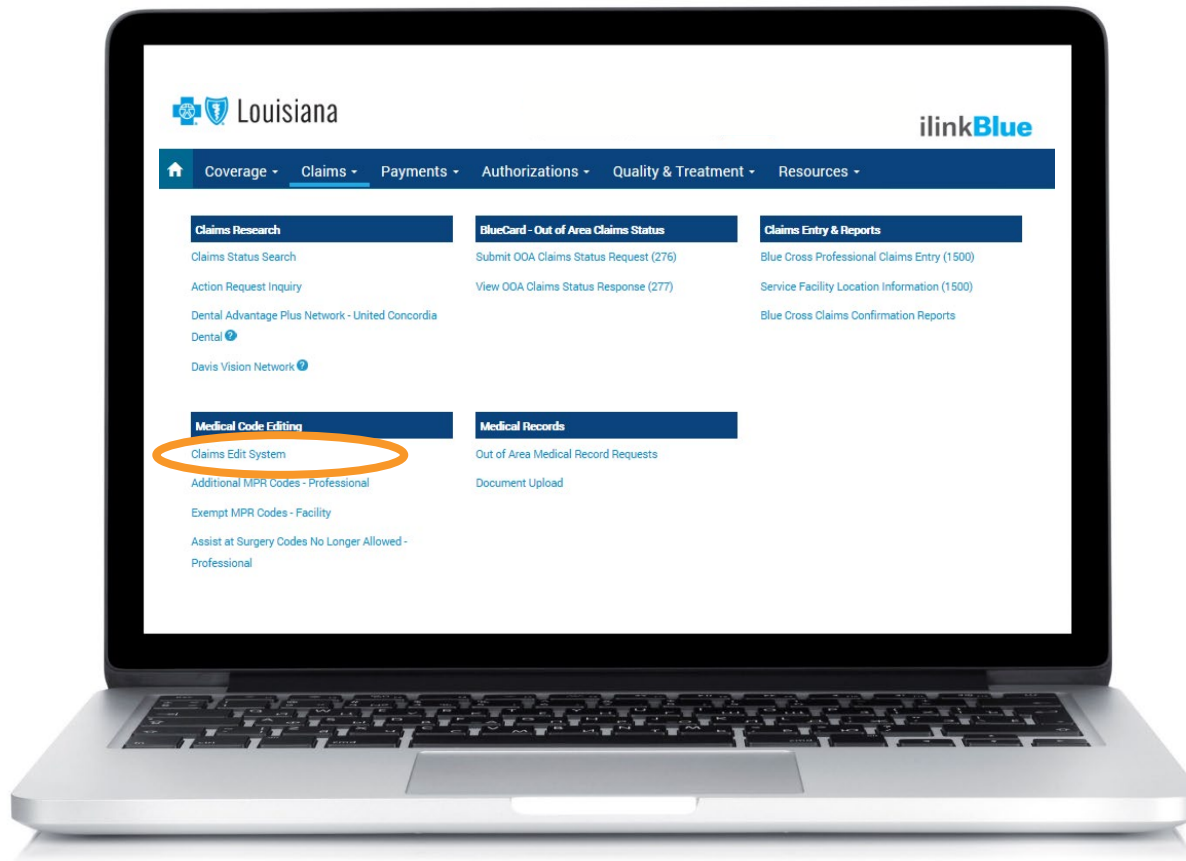
*The Provider Dispute Form is available at www.BCBSLA.com/providers > Resources > Forms. The Medical Appeal or Administrative Appeal request forms are available at www.BCBSLA.com/forms-and-tools.

More →

TB00122013
This publication is provided by the Network Administration Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providercommunications@bcbsla.com, and reference the Tidbit number and title listed on this publication.
18NW0064 88/20
Last reviewed on: 8-04-20
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.

www.BCBSLA.com/providers > Resources > Tidbits

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



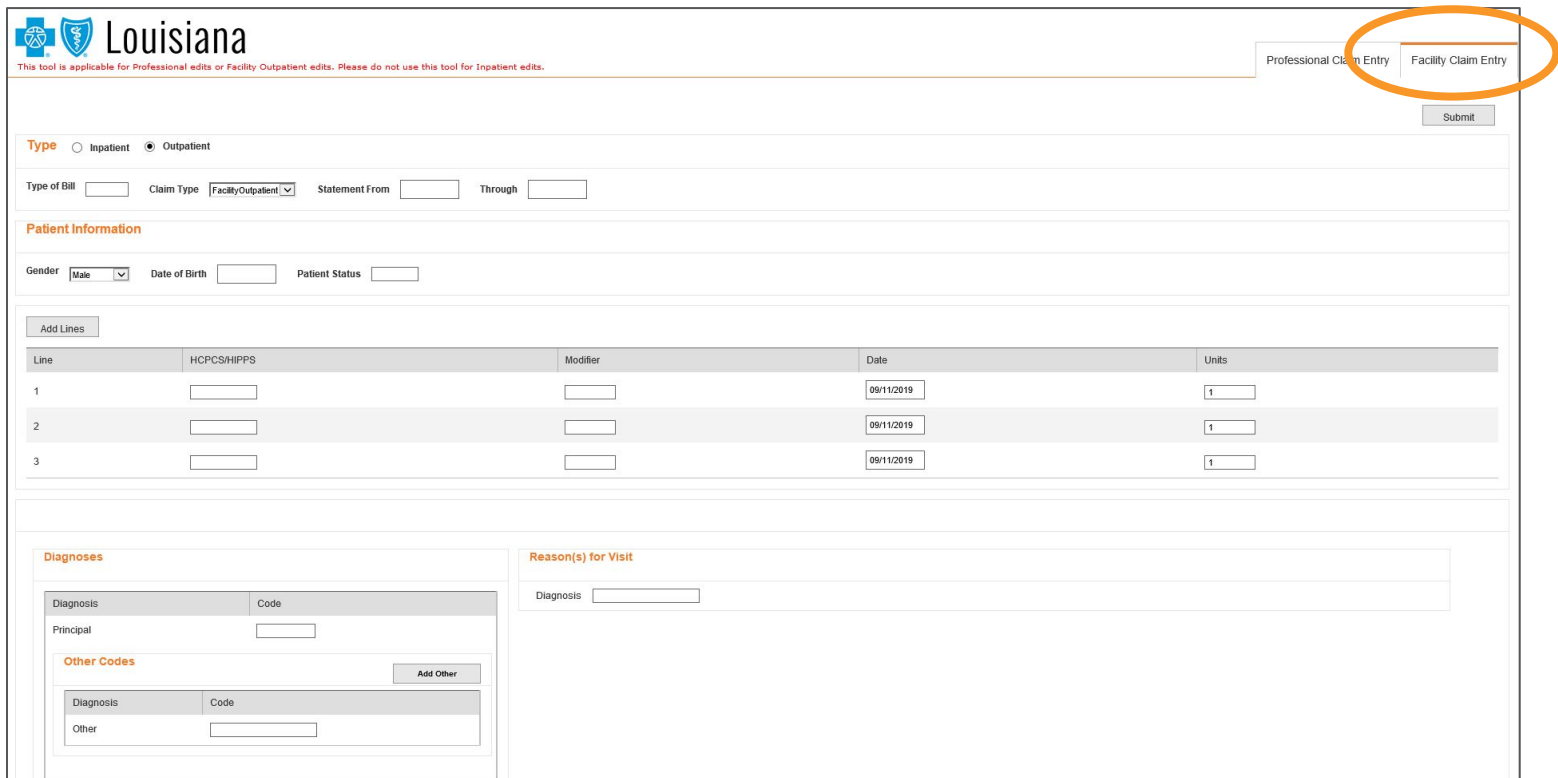
This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

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

- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits



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**

Submit

Type ☐ Inpatient ☒ Outpatient

Type of Bill Claim Type **Facility Outpatient** Statement From Through

Patient Information

Gender **Male** Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	09/11/2019	1
2	<input type="text"/>	<input type="text"/>	09/11/2019	1
3	<input type="text"/>	<input type="text"/>	09/11/2019	1

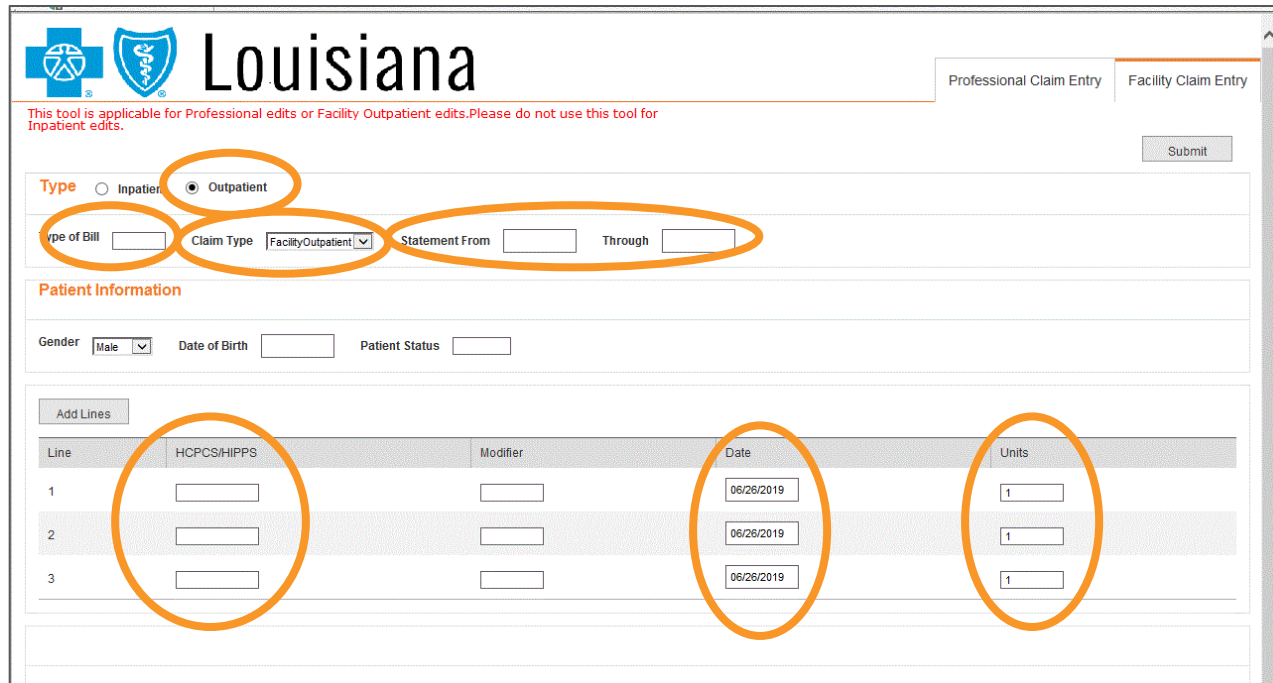
Diagnoses

Diagnosis	Code
Principal	<input type="text"/>
Other Codes	
Diagnosis	Code
Other	<input type="text"/>

Add Other

Reason(s) for Visit

Diagnosis



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

Submit

Type ☐ Inpatient ☒ Outpatient

Type of Bill Claim Type Facility Outpatient Statement From Through


Patient Information

Gender Male Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	06/26/2019	<input type="text"/> 1
2	<input type="text"/>	<input type="text"/>	06/26/2019	<input type="text"/> 1
3	<input type="text"/>	<input type="text"/>	06/26/2019	<input type="text"/> 1

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



Louisiana

Professional Claim Entry
Facility Claim Entry

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

Type: Outpatient

Type of Bill: 131
Claim Type: Facility Outpatient
Statement From: 06/26/2019
Through: 06/26/2019

Patient Information

Gender: M
Birth Year:
Patient Status:

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
CLAIM: CLEAN CLAIM				
1	92250	0	0.0	<div> Flag Description: [DDR BCLA4477] HCPCS code 92250 is inherently bilateral and should not be billed more than once for the same date of service. Flag Status: Deny Dis closure: The 017BP edit fires when an inherently bilateral procedure code occurs on more than one line or with more than one unit for the same date of service. This edit applies unless modifier 76 or 77 is submitted on the second or subsequent line or unit. Condition code 60 will override edit 17 for inherently bilateral codes with a status indicator of "V". This edit is based on a requirement from the Centers for Medicare & Medicaid Services. </div>

Code Type:

Diagnoses

Diagnosis	Code
Principal	


Reason(s) for Visit

Diagnosis

Original Lines

Line	Rev Code	Modifier	Date	Units
1			06/26/2019	2

Bilateral procedure (92250) billed with 2 units.



Louisiana

Professional Claim Entry

Facility Claim Entry

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

Export to PDF

New Claim

Type: Outpatient

Type of Bill 131 Claim Type Facility Outpatient Statement From 06/26/2019 Through 06/26/2019

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

Line ID	Flags
CLAIM	CLEAN CLAIM

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	G0463	0	0.0	<div><div>Flag Description</div><div>[DDR BCLA] 19 FE] Submitted HCPCS code G0463 is not separately reimbursable.</div><div>Flag Status</div><div>Deny</div><div>Disclosure</div></div>

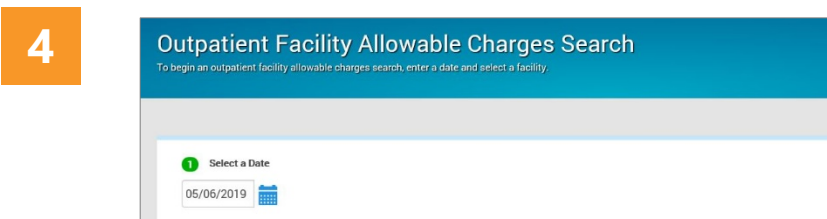
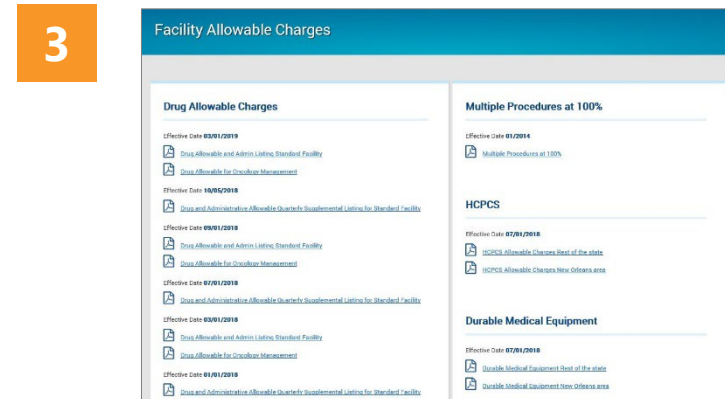
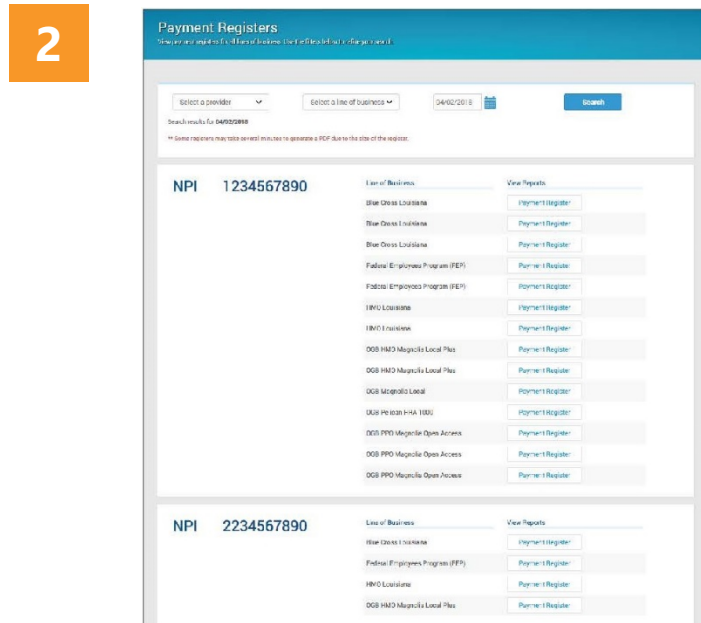
Code Type:

Diagnoses

Reason(s) for Visit

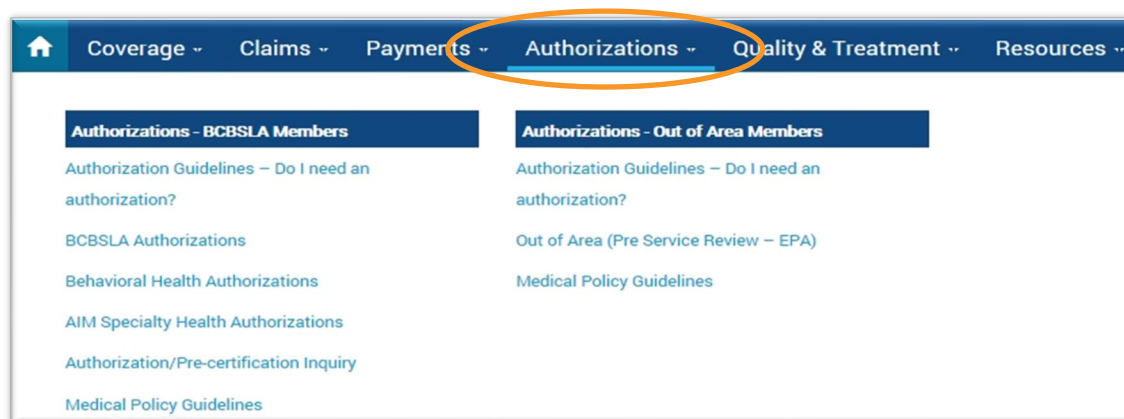
G0463 not separately reimbursable.

Use the “Payments” menu option to view payment registers, EFT notifications and research allowables.

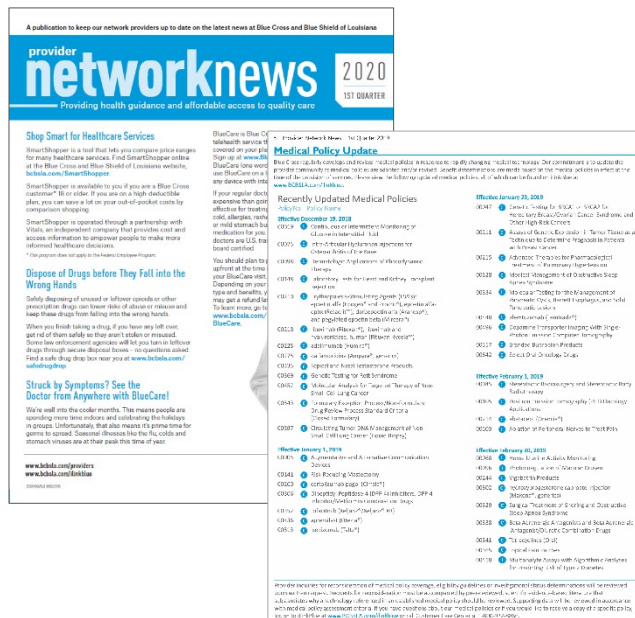


Use the "Authorizations" menu option to access online authorization tools:

- The **BCBSLA Authorizations** tool allows you to submit and research authorizations for BCBSLA members.
- Behavioral health providers must use the New Directions Webpass Portal application, located in the **Behavioral Health Authorizations** link, to submit authorization requests for behavioral 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
- Our network providers can access pre-service information offered by other Blue Plans for BlueCard® (out-of-area) members in the **Out of Area (Pre-service Review - EPA)** application.

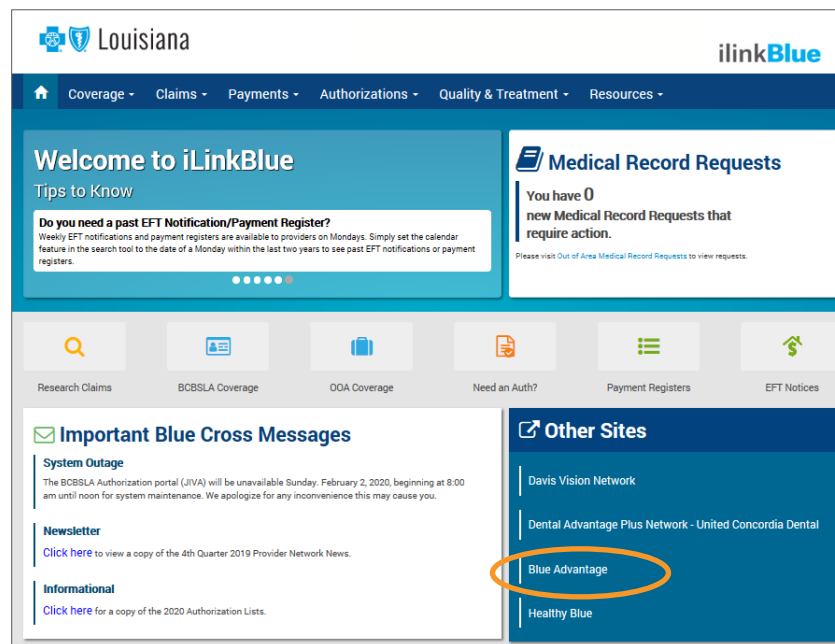


- 1



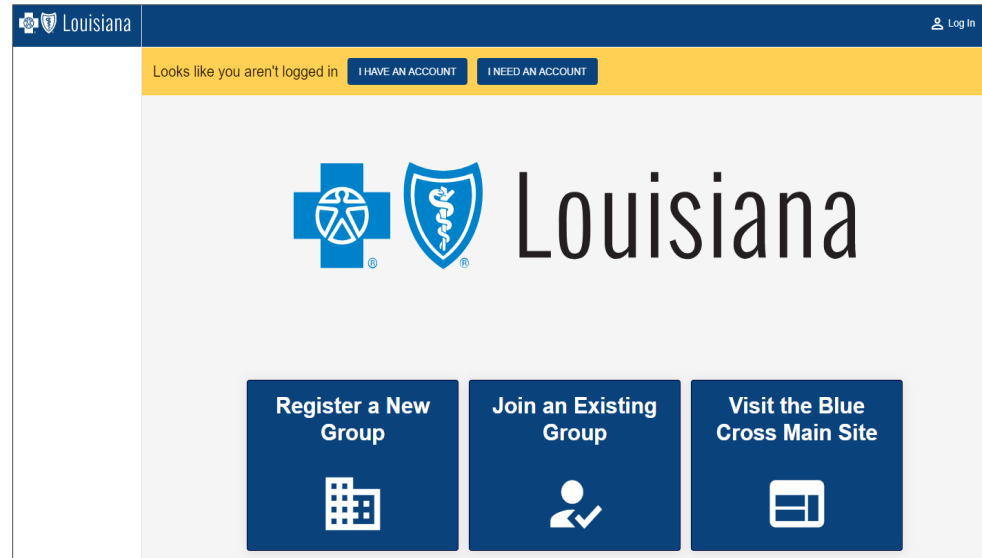
85

- The processes for Blue Advantage (HMO)/Blue Advantage (PPO) differ from our other provider network processes.
- There is a separate portal for these contracted providers to access needed information.
- You can access the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/iLinkBlue.com), under "Other Sites," click "Blue Advantage."
- Access to the Blue Advantage Provider Portal requires a higher level of security that must be assigned to users by your organization's security administrative representative.



The Blue Advantage Provider Portal offers resources such as:

- Office Manuals*
- Guides*
- Forms*
- Eligibility
- Claims & Authorization Inquiries
- Provider & Pharmacy Search feature to refer members to other Blue Advantage network providers



*These resources are also available on the Blue Advantage Resources page at www.BCBSLA.com/providers.

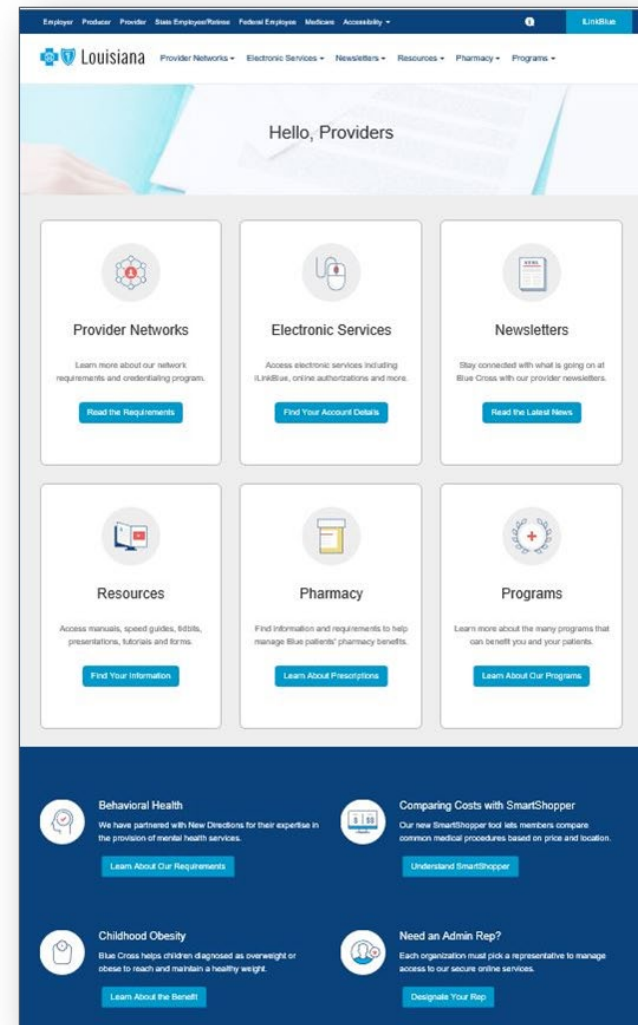
Registration is required to gain access to the Blue Advantage Provider Portal. If you need access, please contact your Group Moderator.

- 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).

The Provider Page is home to online resources such as:

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



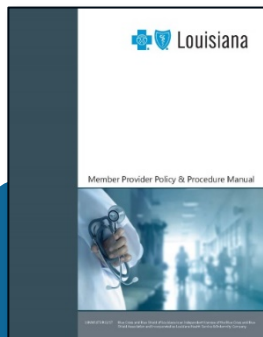
www.BCBSLA.com/providers

Our manuals are an extension of your member provider agreement.

The manuals include the information you need as a participant in our networks:

- Reimbursement Information
- Claims Submission
- Billing Guidelines
- Medical Management
- Appeals and Disputes
- Network Overviews
- Authorization Requirements
- And much more

www.BCBSLA.com/providers
>Resources >Manuals



The *Member Provider Policy & Procedure Manual* (our facility manual) is located only in iLinkBlue at www.BCBSLA.com/ilinkblue >Resources.

Stay connected with what is going on at Blue Cross with our **provider newsletters**.

www.BCBSLA.com/providers > Newsletters



Network News

Our quarterly newsletter for network providers.




Blue Advantage Insight

Our newsletter for our Blue Advantage (HMO) and Blue Advantage (PPO) network providers.

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 offer quick



HMO Louisiana


Signature Blue Network Preferred Locations

This guide will help you quickly locate any 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, while others are contracted to provide services within their network or they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits with your preferred insurance plan.**

Please also visit the Professional Provider Access Manual, which is available online at www.BCSLA.com/Providers - Resources.

Signature Blue Member ID Card

Pres: QBC, QBC QBC and QBS




Signature Blue members are identifiable by the HMO Louisiana logo, logo and Signature Blue member name printed on the member ID Card. Fully-Insured Signature Blue members are issued a physical member card.

Ten benefit plans apply to members of Signature Blue. Please contact the coverage you are in for details. (www.BCSLA.com/Network)

Limiting Claims

- Utilizing CML (1500 only)
- Co-payments

Disclaimer:
 HMO Louisiana
 P.O. Box 90529
 Baton Rouge, LA 70806-9029



Service areas for the Signature Blue Network

New Orleans Area

- Jefferson
- Children

New Orleans Area

- Jefferson
- Children

Admitting Privileges

Members receive a level of benefits when using facilities that are in the Signature Blue Network.

Providers—who are required to have admitting privileges in the Signature Blue Network—must be contracted for at least one of the following facilities to be a part of the Signature Blue Network.

New Orleans Area

- Children's Hospital
- Adult Jefferson General Hospital
- New Orleans East Hospital
- University Medical Center
- University Medical Center

Maternity Admissions

Maternity admissions do not require admission of the patient prior to 48 hours or use the 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.

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

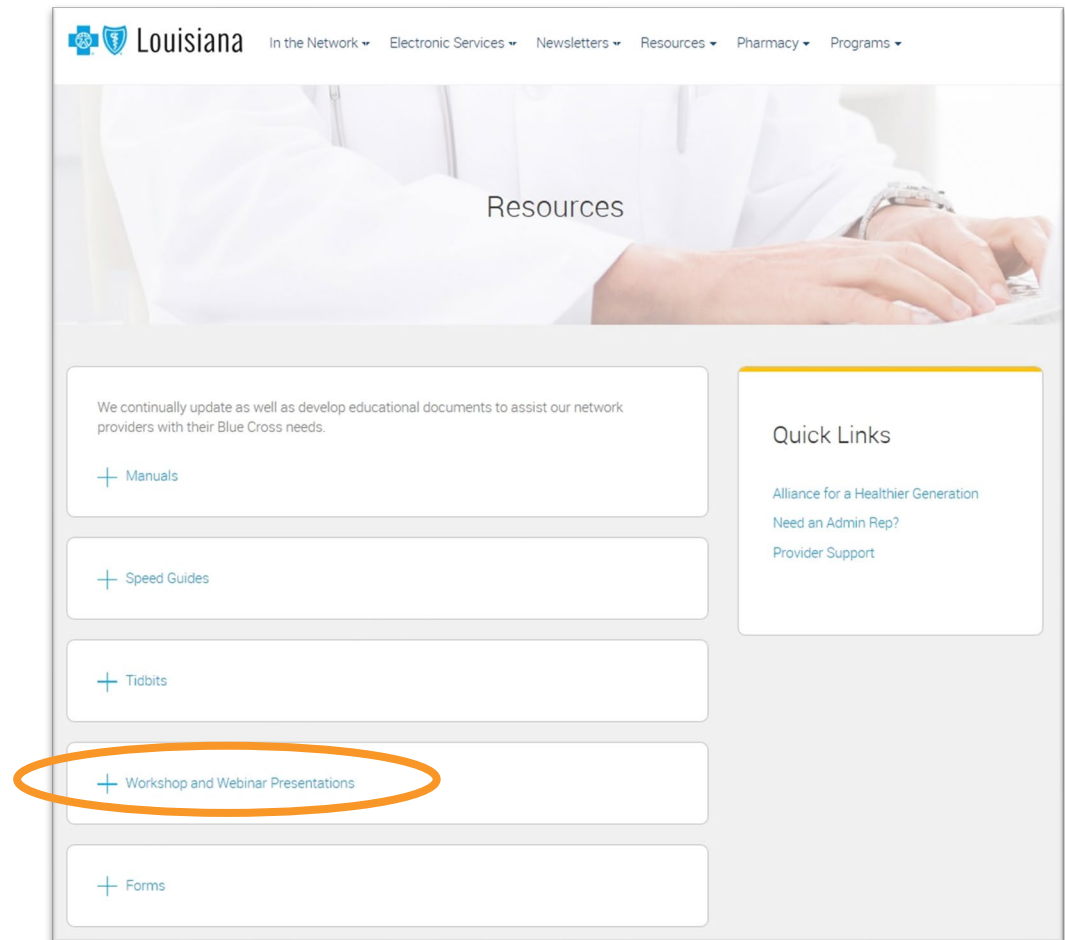
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Provider Tidbits are quick

stay informed of our current

92

- **Provider Workshops and Webinars** are held throughout the year to offer training and updates on Blue Cross policies and procedures.
- Invites to attend these events are sent to providers' correspondence email address.
- PDF copies of our workshops and webinars are available online.

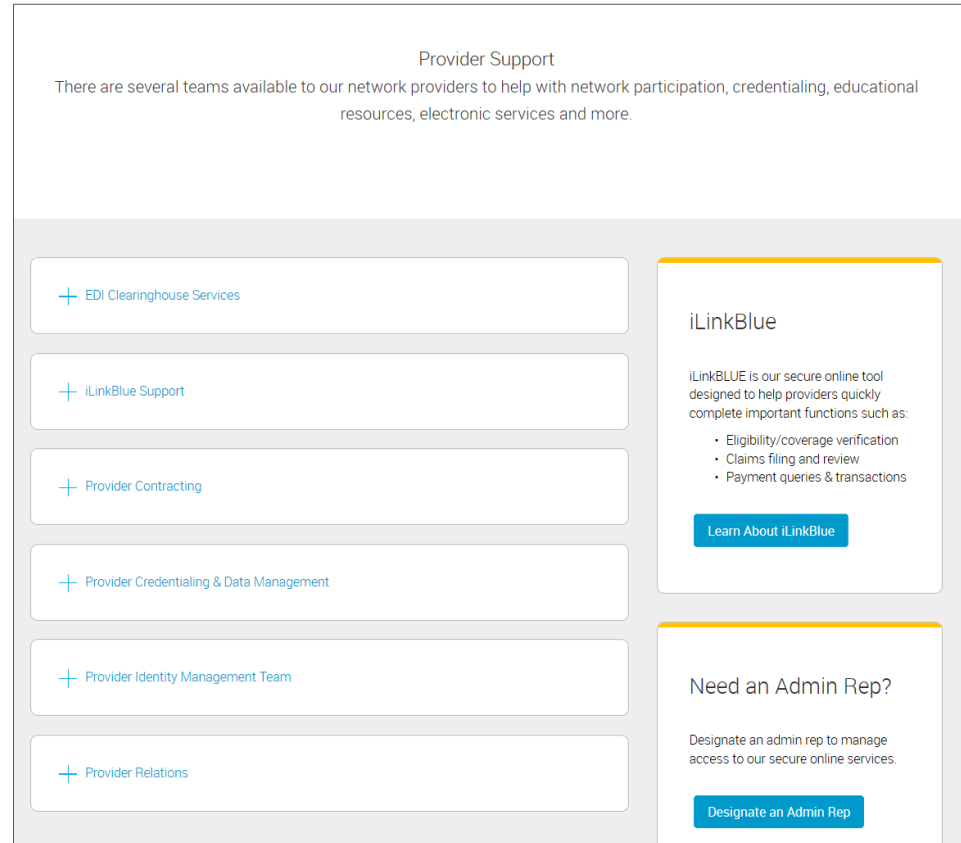


www.BCBSLA.com/providers > Resources > Workshop and Webinar Presentations

We believe supporting our network providers is important.

Our **Provider Support** page can help you find your:

- Provider Credentialing Representative
- Provider Relations Representative
- PCDM assistance with credentialing or demographic changes
- Electronic services support



The screenshot shows the 'Provider Support' page. At the top, it says 'Provider Support' and 'There are several teams available to our network providers to help with network participation, credentialing, educational resources, electronic services and more.' Below this is a list of support teams, each with a plus icon and a link: '+ EDI Clearinghouse Services', '+ iLinkBlue Support', '+ Provider Contracting', '+ Provider Credentialing & Data Management', '+ Provider Identity Management Team', and '+ Provider Relations'. To the right of the list are two sections. The first is 'iLinkBlue', which describes it as a secure online tool for providers to complete functions like eligibility verification, claims filing, and payment queries. It includes a 'Learn About iLinkBlue' button. The second section is 'Need an Admin Rep?', which explains that providers can designate an admin rep to manage access to secure online services. It includes a 'Designate an Admin Rep' button.

Provider Support

There are several teams available to our network providers to help with network participation, credentialing, educational resources, electronic services and more.

- + EDI Clearinghouse Services
- + iLinkBlue Support
- + Provider Contracting
- + Provider Credentialing & Data Management
- + Provider Identity Management Team
- + Provider Relations

iLinkBlue

iLinkBLUE is our secure online tool designed to help providers quickly complete important functions such as:

- Eligibility/coverage verification
- Claims filing and review
- Payment queries & transactions

[Learn About iLinkBlue](#)

Need an Admin Rep?

Designate an admin rep to manage access to our secure online services.

[Designate an Admin Rep](#)

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
Healthy Blue Dual Advantage (HMO) D-SNP	1-844-209-5406

**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 provider record information
- option 3** – for questions regarding iLinkBlue and clearinghouse information
- option 4** – for questions regarding provider relations
- option 5** – for questions regarding administrative representative setup

At this time, we will address the questions you submitted electronically through the webinar platform.





Healthy Blue
Overview

Addendum

Purpose, vision and values

Our mission

Improving Lives and Communities.
Simplifying Healthcare. Expecting More.

Our vision

To be the most innovative, valuable and
inclusive partner.

Our values

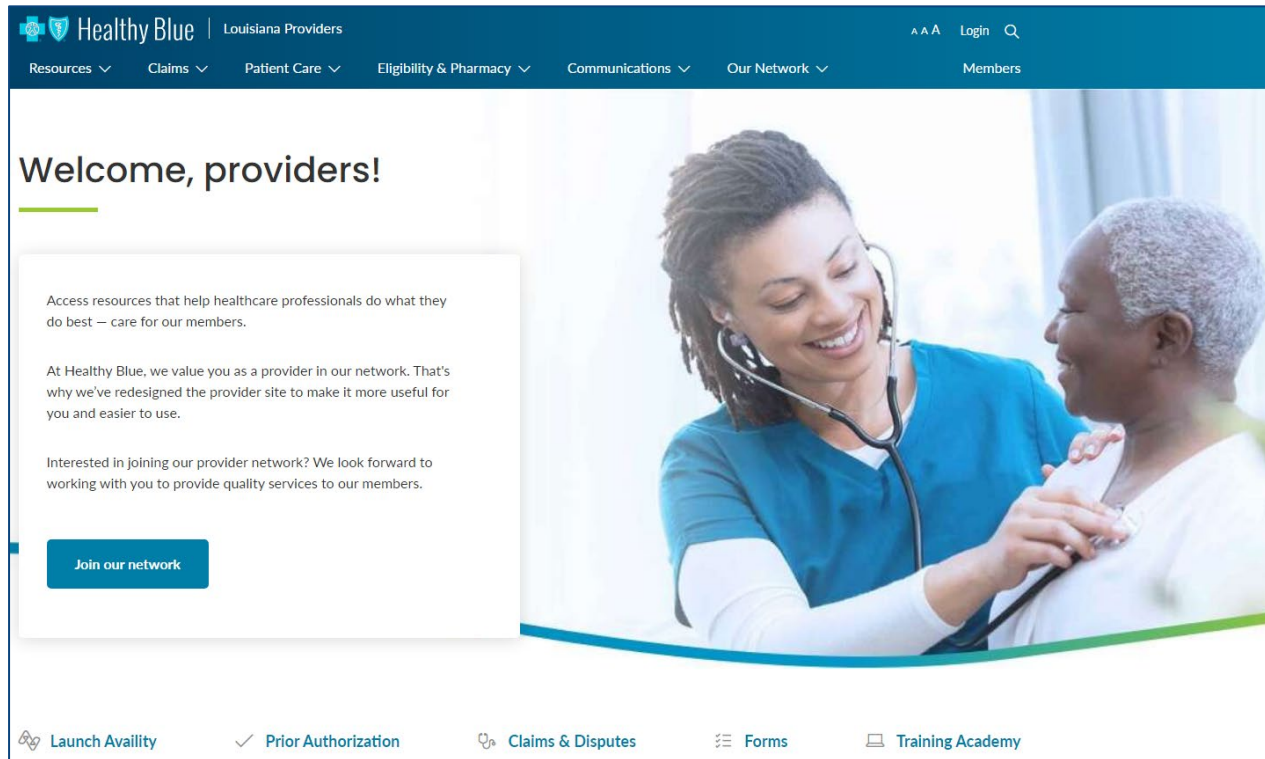
- Leadership
- Community
- Integrity
- Agility
- Diversity



About Healthy Blue

- Began serving members in 2012
- Employs over 200 associates
- Serves over 340,000 members
- Contains over 22,000 providers and over 200 hospitals in the provider network
- Processes claims quickly — less than five days
- Pays claims twice a week
- Provides innovative provider quality incentive programs

Healthy Blue provider website



- The provider website can be found on iLinkBlue (www.BCBSLA.com/ilinkblue), under Other Sites click Healthy Blue.
- It is available to all providers, regardless of participation status.
- The tools on the site allow you to perform key transactions.

Availity Portal

The Availity* Portal (www.availity.com), is an online multipayer portal that gives physicians, hospitals and other health care professionals access to multiple payer information with a single, secure login.

Availity services include:

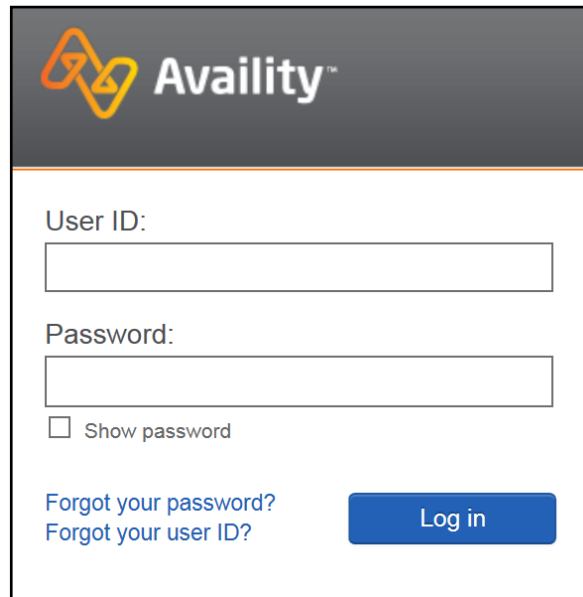
- Eligibility and benefit inquiries.
- Claim submissions and status inquiries.
- A direct link to the Healthy Blue provider website for appeals, panel listings and precertification.

Detailed training on Availity is available.

Availity Portal (cont.)

If you're navigating to the secure Healthy Blue provider website from www.availity.com:

- Enter your Availity ID and password.
- Select **Log in**.

A screenshot of the Availity login portal. The header features the Availity logo, which consists of two interlocking orange and yellow shapes followed by the word "Availity™" in white. Below the header, the form has a white background. It contains two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue button with the text "Log in" in white.

Availity™

User ID:

Password:

☐ Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

Log in

Ongoing credentialing

- Notify us immediately of any changes in licensure, demographics or participation status by calling **1-504-836-8888**.
 - This includes physician additions and deletions to your practice locations.
- Recredentialing occurs every three years or sooner, if required by state law.

Payment disputes

Providers can submit claim payment reconsiderations verbally, in writing or electronically. We encourage providers to submit claim reconsideration requests through the Availity Portal.

For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

Payment disputes (cont.)

Availity Portal functionality includes:

- Acknowledgement of submission at the time of submission.
- Email notification when a reconsideration has been finalized by Healthy Blue.
- A worklist of open submissions to check a reconsideration status.

Additionally, payment disputes may be submitted with a copy of the *Explanation of Payment*, supporting documentation and a letter of explanation to:

Healthy Blue
Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599

Joining our network is easy

You make your patients' lives better. We'll do the same for you.

- Our prior authorization, referrals, claims, and payment processes are streamlined to help you focus on what you do best — caring for your patients.

We support you with:

- A coordinated approach to care with innovative patient outreach and education
- Disease and case management resources
- Patient-centered medical home transformation
- Online self-service tools and live-agent support
- Local Provider Relations staff committed to your success

If you do not have access to the [Provider Enrollment application](#) under Payer Spaces, please contact your Availity administrator.

Join our network via email

- LANetworkDevelopment@healthybluea.com
- Write Request to join network in the subject line

Provider Relations contact info

- Provider Relations Hotline: **1-504-836-8888**
- Provider Relations Inbox: LAinterPR@HealthyBlueLA.com
- Provider Relations Representatives territories and contact information:
 - The provider website can be found on iLinkBlue (www.BCBSLA.com/ilinkblue), under Other Sites click Healthy Blue.
 - Under Resources tab, click “Providers, Manuals and Guides,” and look under “Additional Resources.”



- Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue

<https://provider.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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