

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 Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Welcome to the Blue Cross Network – *Facility Webinar*

February 2022



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

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

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.

Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Our Networks

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:

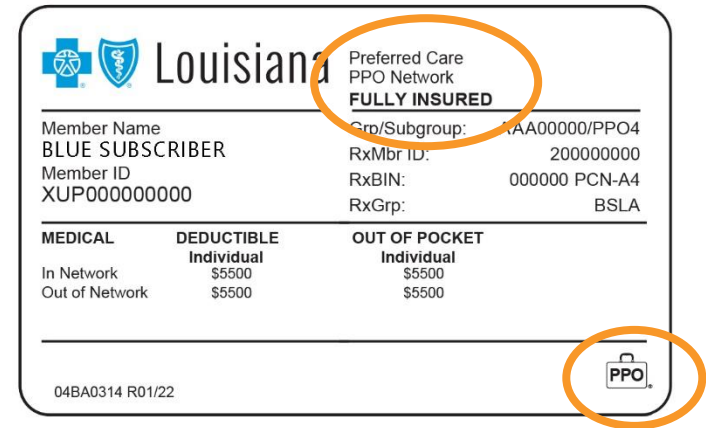
- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- Community Blue
- BlueHPN
- Precision Blue
- Signature Blue
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Healthy Blue Dual Advantage (HMO D-SNP)
- Ochsner Health Network



Always verify the member's 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.

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.





MEDICAL		DEDUCTIBLE	OUT OF POCKET
In Network	Individual	\$5500	Individual
Out of Network		\$5500	\$5500

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

Prefix Varies

- 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		POS Network
FULLY INSURED		
Member Name BLUE SUBSCRIBER	Grp/Subgroup: AAA00FF1/0001	
Member ID XUA000000000	RxMbr ID: 200000000	
	RxBIN: 000000 PCN-A4	
	RxGrp: BSLA	
MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual Family	Individual Family
In Network	\$0 \$0	\$2000 \$4000
Out of Network	\$1750 \$5250	\$4000 \$8000
04100 01320 0122R		Vision 

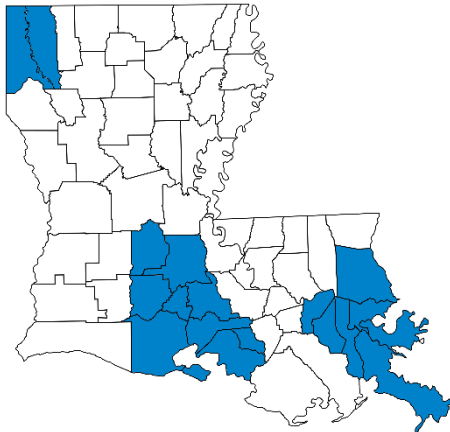


For more information, view the *HMO Louisiana Network Speed Guide*, available online at www.BCBSLA.com/providers >Resources >Speed Guides.

Prefixes: XUF, XUG, XUU and XUV

- Blue Connect is an HMO POS product currently available to groups and individuals residing in 17 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 BLUE SUBSCRIBER	Member ID XUG000000000	Grp/Subgroup: AAA00FF1/0001 RxMbr ID: 200000000 RxBIN: 000000 PCN-A4 RxGrp: BSLA
MEDICAL	DEDUCTIBLE	OUT OF POCKET
	Individual	Individual
In Network	\$0	\$2000
Out of Network	\$1000	\$4000
		Vision
04100 01320 0122R		



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

Prefixes: XUD, XUJ and XUT

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



MEDICAL		DEDUCTIBLE	OUT OF POCKET	PHARMACY
		Individual	Individual	Deductible
In Network		\$4500	\$7900	\$250
Out of Network		\$9000	\$15800	

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

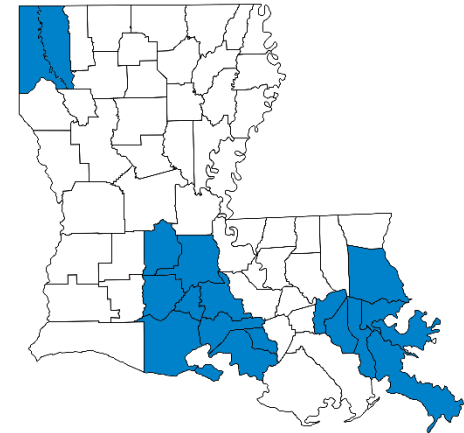
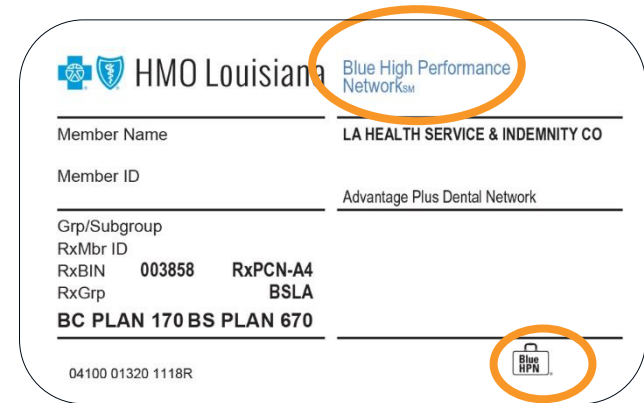
New Orleans area

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 BlueHPN **suitcase logo** in the bottom right-hand corner of the card.



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

Prefixes: FQA, FQT or FQW

Precision Blue is an HMO POS product currently available to groups and individuals residing in 10 parishes.

Baton Rouge area:

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

Greater Monroe/West Monroe area:

Caldwell, Morehouse, Ouachita, Richland, Union parishes

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.

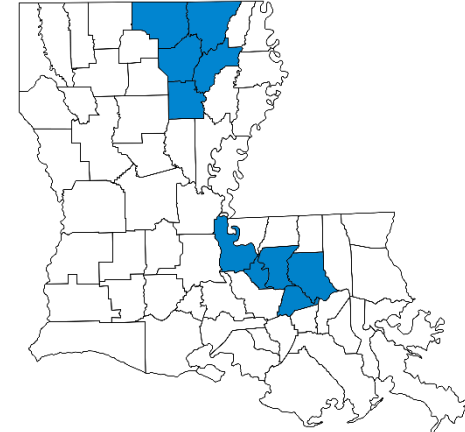
HMO Louisiana

Precision Blue
HMO/POS Network
FULLY INSURED

Member Name BLUE SUBSCRIBER	Grp/Subgroup: AAA0 ERC/0000	
Member ID FQA.000000000	RxMbr ID: 200000000	
	RxBIN: 000000 PCN-A4	
	RxGrp: BSLA	

MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual
In Network	\$2000	\$6350
Out of Network	\$6000	\$19050

04100 01320 0122R



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

Prefixes: QBB, QBE, QBG and QBS

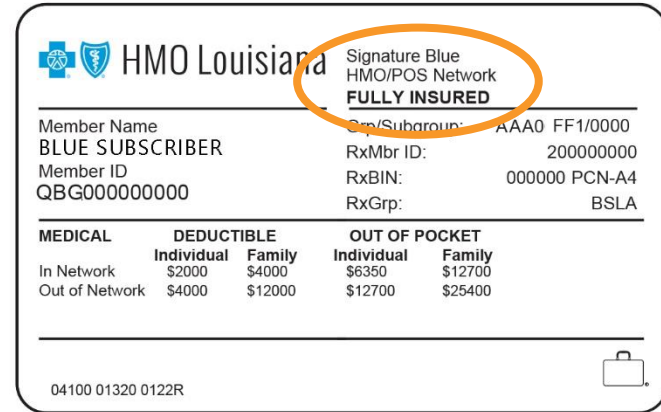
Signature Blue is an HMO POS product that is available to groups and individuals residing in two parishes.

New Orleans area:

Jefferson and Orleans parishes



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.



Signature Blue HMO/POS Network
FULLY INSURED

Member Name: BLUE SUBSCRIBER
Member ID: QBG000000000

Corp/Subgroup: AAA0 FF1/0000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
In Network	\$2000	\$4000	\$6350	\$12700
Out of Network	\$4000	\$12000	\$12700	\$25400

04100 01320 0122R

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



Prefixes: PMV and MDV

- 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.



Louisiana Blue Advantage (PPO)

RxBIN:	003858	PCP Visit	\$ 5
RxPCN:	MD	Specialist Visit	\$ 20
RxGROUP:	MY9A	Emergency Room	\$ 50
EFFECTIVE:	01/01/2022	Major Diagnostic	\$ 150
		Outpatient Surgery	\$ 150
		Outpatient Hospital	\$ 150

Medicare limiting charges apply.

ID: PMV123456789
John T Public

MedicareRx
Prescription Drug Coverage

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:	01/01/2022	Major Diagnostic	\$
		Outpatient Surgery	\$
		Outpatient Hospital	\$

ID: MDV123456789
John T Public

MedicareRx
Prescription Drug Coverage

HMO
MEDICARE ADVANTAGE

www.bcbsla.com/blueadvantage

Prefix: MDV



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

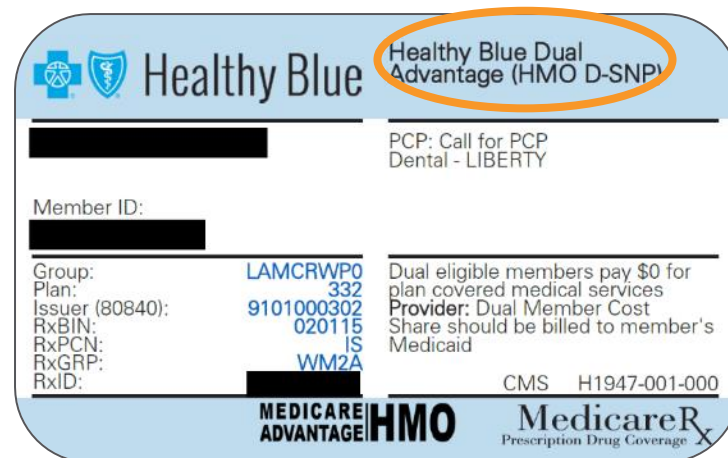


Prefix: JLA

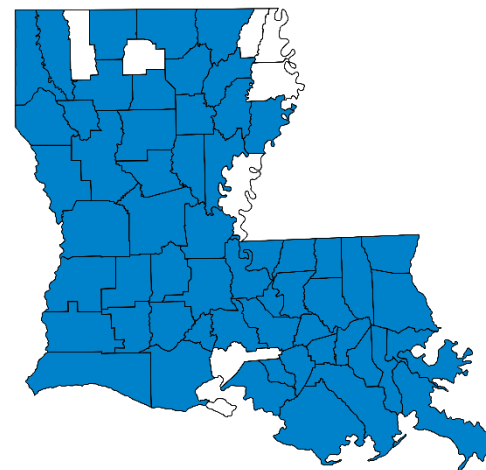
Healthy Blue Dual Advantage (HMO D-SNP) is our Medicare/Medicaid Dual Advantage special needs product currently available to Medicare/Medicaid-eligible members.

Statewide with the exception of the following parishes:

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



Prefix: JLA



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



Effective January 1, 2022, for BCBSLA members.

Ochsner Health Network (OHN) is available statewide to eligible members. This is a select network in which BCBSLA partners with Ochsner Health Plan to manage.



Louisiana Preferred Care PPO Network

Member Name: BLUE SUBSCRIBER Grp/Subgroup: 78T04ERC/0000
Member ID: OCF000000000

MEDICAL	DEDUCTIBLE		OUT OF POCKET		Tier 1 COPAYS After Deductible Primary Care \$25 Specialty \$45
	Individual	Family	Individual	Family	
OchPlus	\$0	\$0	\$3000	\$9000	
BCBSLA PPO	\$5000	\$14000	\$7000	\$14000	
Out of network	\$5000	\$14000	Unlimited	Unlimited	

OCHSNER HEALTH

04BA0314 R01/22

Prefix: OCF

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

		Government-Wide Service Benefit Plan	
Member Name BLUE SUBSCRIBER		www.fepblue.org	
Member ID R00000000		Standard Option Enrollment Code 106	
Effective Date	01/01/2022	Deductible Individual	\$350
RxIIN	610239	Deductible Family	\$700
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	Individual	\$6,000
		Family	\$12,000
		In-Network	\$3,000
		Out-of-Network	\$16,000

✓ In-network

✓ Out-of-network

Basic

		Government-Wide Service Benefit Plan	
Member Name BLUE SUBSCRIBER		www.fepblue.org	
Member ID R00000000		Basic Option Enrollment Code 113	
Effective Date	01/01/2022	Deductible Individual	\$0
RxIIN	610239	Deductible Family	\$0
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	Individual	\$6,500
		Family	\$13,000
		In-Network	\$0
		Out-of-Network	\$13,000

✓ In-network

✗ Out-of-network

FEP Blue Focus

		Government-Wide Service Benefit Plan	
Member Name BLUE SUBSCRIBER		www.fepblue.org	
Member ID R00000000		FEP Blue Focus Enrollment Code 133	
Effective Date	01/01/2022	Deductible Individual	\$500
RxIIN	610239	Deductible Family	\$1,000
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	Individual	\$8,500
		Family	\$17,000
		In-Network	\$8,500
		Out-of-Network	\$17,000

✓ LIMITED in-network

✗ Out-of-network

Prefixes: OGS, LZB or LXS

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
- 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 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

Louisiana Preferred Care PPO Network			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/2040		
Member ID OGS000000000	RxMbr ID: 202201952 RxBIN: 003858 PCN-A4 RxGrp: 2AXA		
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
In Network	Individual N/A Family \$4000	Individual N/A Family \$10000	Primary Care 80%
Out of Network	Individual N/A Family \$8000	Individual N/A Family \$20000	Specialty 60%
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS PELICAN HRA 1000 04BA0314 R01/22			

Pelican HRA 775

Louisiana Preferred Care PPO Network			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/8634		
Member ID OGS000000000	RxMbr ID: 202474492 RxBIN: 003858 PCN-A4 RxGrp: BSLA		
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COINSURANCE
In Network	Individual \$2000 Family \$4000	Individual \$5000 Family \$10000	Preferred 80%
Out of Network	Individual \$4000 Family \$8000	Individual \$10000 Family \$20000	All Other 60%
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS PELICAN HSA 775 04BA0314 R01/22			

Magnolia Local Blue Connect

HMO Louisiana Blue Connect			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/8474		
Member ID LZB000000000	RxMbr ID: 200755730 RxBIN: 003858 PCN-A4 RxGrp: 2AXA		
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
In Network	Individual \$400	Individual \$2500	Primary Care \$25 Specialty \$50
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R			

Magnolia Local Community Blue

HMO Louisiana Community Blue			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/8360		
Member ID LXS000000000	RxMbr ID: 200753011 RxBIN: 003858 PCN-A4 RxGrp: 2AXA		
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
In Network	Individual \$400	Individual \$2500	Primary Care \$25 Specialty \$50
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R			

Magnolia Local Plus

Louisiana Preferred Care PPO Network			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/2032		
Member ID OGS000000000	RxMbr ID: 200997878 RxBIN: 003858 PCN-A4 RxGrp: 2AXA		
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS
In Network	Individual N/A Family \$1200	Individual N/A Family \$8500	Primary Care \$25 Specialty \$50
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL PLUS 04BA0314 R01/22			

Magnolia Open Access

Louisiana Preferred Care PPO Network			
Member Name BLUE SUBSCRIBER	Grp/Subgroup: ST222ERC/2019		
Member ID OGS000000000	RxMbr ID: 201213071 RxBIN: 003858 PCN-A4 RxGrp: 2AXA		
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS MAGNOLIA OPEN ACCESS 04BA0314 R01/22			

For more information about our OGB benefit plans as well as important plan requirements, view the *OGB Speed Guide*, available 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 BlueHPN 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.

(South Carolina Partnership)

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.
- Claims are processed through the BlueCard program.



BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

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

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


NUV

MyHealthToolkitLA.com

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

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

Pharmacy benefits administrator: Contracts separately with group.




BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME _____
 SUBSCRIBER'S LAST NAME _____

Member ID
XXX123456789012

PLAN CODE	380	
RxBIN	003858	
RxGRP	KESA	
RxPCN	A4	

MyHealthToolkitLA.com



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

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...

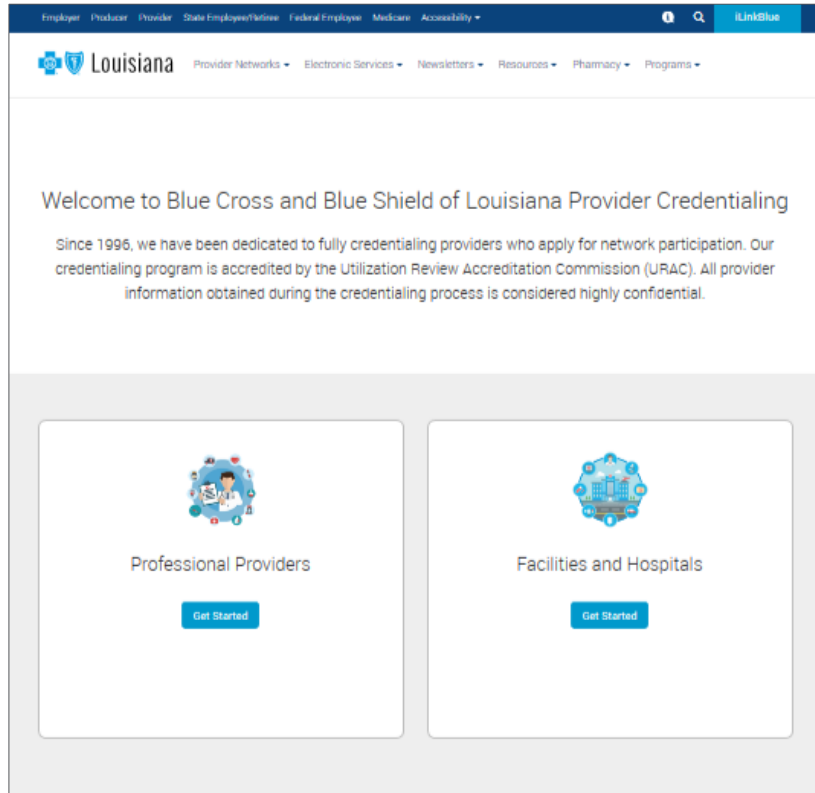
you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.



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

Provider Credentialing & Data Management

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 recredentialled every three years from their last credentialing acceptance date.



You may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at **pcdmstatus@bcbsla.com**.

Blue Cross is pleased to announce its partnership with Vantage Health Plan, Inc. to recredential our network providers. This move will simplify the recredentialing experience for many of our providers.

**Aug.
2021**



Recredentialing for professional providers participating in both the Blue Cross and Vantage networks.

**Nov.
2021**



Expanded to include the recredentialing of all Blue Cross professional providers.

**Feb.
2022**



Expanded to include initial credentialing for professional providers and initial and recredentialing for Blue Cross facility providers.

Use the chart below for the new recredentialing process:

Process initiated by:	Vantage
Form(s) to complete for professional provider recredentialing:	CAQH Application or Louisiana Standardized Credentialing Application (LSCA)
Form(s) to complete for facility reverification:	Facility Credentialing Application, Facility Credentialing Application Checklist and any applicable Facility Information Form Attachments
Where to submit forms:	To Vantage based on instructions included with recredentialing form
Verification Process:	Vantage
Who to contact:	Vantage by emailing rec credentialing@vhpla.com

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.

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**

START

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

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

Authorized representative completing this form on behalf of a

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

Submission Information (form completed by)

Signature Authorized Representative	Date
<input type="text"/>	February 18, 2021

Navigation tool guides you through fields

Instructions correspond to requirement of the active field

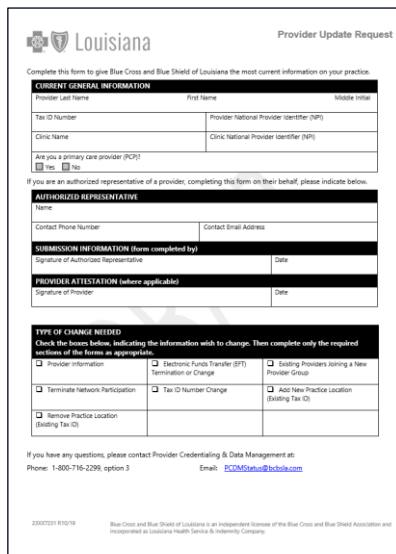
Tooltips provide information about field requirements

Red outline indicates a required field

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

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 screenshot shows the 'Provider Update Request' form from Louisiana. It includes sections for 'CURRENT GENERAL INFORMATION', 'AUTHORIZED REPRESENTATIVE', 'SUBMISSION INFORMATION', 'PROVIDER ATTESTATION', and 'TYPE OF CHANGE NEEDED'. The 'TYPE OF CHANGE NEEDED' section has a grid of checkboxes for various update options.

TYPE OF CHANGE NEEDED		
Check the boxes below, indicating the information wish to change. Then complete only the required sections of the form as appropriate.		
<input type="checkbox"/> Provider Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

- **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.BCSLA.com/providers > Resources > Forms.



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.

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

Louisiana iLinkBlue Service Agreement

THIS AGREEMENT, made and entered into as of this _____ day of _____ 20____ by and between:

—LOUISIANA HEALTH SERVICE ASSOCIATION COMPANY, INC.—

AS/VS BLUE CROSS AND BLUE SHIELD OF LOUISIANA, hereinafter referred to as "HEALTH PLAN", a Louisiana corporation organized in the Parish of East Baton Rouge, herein represented by its duly authorized and designated officer, whose permanent mailing address is located at 500 West Avenue, Baton Rouge, Louisiana 70805; and

Provider Name: _____
 Address: _____
 City, State, Zip: _____

Hereinafter referred to as "PROVIDER", and who are the parties to this AGREEMENT and for the consideration and upon the terms and conditions hereinafter expressed, do hereby agree as follows:

Section 1 Agreement

- HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website in accordance with the Terms of Use and Security Policy that is available on the iLinkBlue log in and welcome screen. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by HEALTH PLAN from time to time under HEALTH PLAN's sole discretion, and that PROVIDER will be bound by such terms as a condition of his use of the iLinkBlue website.
- PROVIDER agrees that in all family, supply, configure, maintain, and service all appropriate and applicable personal computer, network, communications software and hardware, LAN configuration and environment, and Internet connectivity necessary and required to access the electronic services provided by HEALTH PLAN, PROVIDER further agrees that is responsible for maintaining the computer equipment in proper working condition.
- HEALTH PLAN agrees to provide user instruction, network and documentation or correspondence, to assist the PROVIDER in the proper use of the iLinkBlue website. HEALTH PLAN will provide telephone and other PROVIDER support services it deems necessary. Monthly through Friday from 8:00 a.m. - 4:00 p.m. CST, with the exception of HEALTH PLAN office closure due to announced holidays or any unforeseen circumstances.

iLinkBlue Service Agreement

Louisiana Business Associate Addendum to the iLinkBlue Service Agreement

This addendum ("Addendum") is effective upon execution, and amends and is made part of the iLinkBlue Service Agreement ("Agreement") by and between:

Provider Name: _____
 Address: _____
 City, State, Zip: _____

Hereinafter referred to as "PROVIDER",

Business Associate's Name: _____
 Address: _____
 City, State, Zip: _____

Hereinafter referred to as "BUSINESS ASSOCIATE", and

Louisiana Health Service & Indemnity Company, Inc.
 AS/VS Blue Cross and Blue Shield of Louisiana
 550 West Ave.
 Baton Rouge, LA 70805

Hereinafter referred to as "HEALTH PLAN".

WHEREAS, PROVIDER has entered the iLinkBlue Service Agreement with HEALTH PLAN, through which PROVIDER has been granted access to HEALTH PLAN's iLinkBlue website;

WHEREAS, PROVIDER has contracted BUSINESS ASSOCIATE to conduct certain administrative services on PROVIDER's behalf, and as part of BUSINESS ASSOCIATE's responsibilities, PROVIDER needs to provide BUSINESS ASSOCIATE with access to the iLinkBlue website;

WHEREAS, PROVIDER and HEALTH PLAN are both Covered Entities and the information to be exchanged between BUSINESS ASSOCIATE is falling on PROVIDER's behalf and HEALTH PLAN through the iLinkBlue website is confidential and protected health information under the terms of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act, as implemented by the American Recovery and Reinvestment Act of 2009 ("HITECH"), and their respective regulations and administrative guidelines.

Business Associate Addendum

ALWAYS include NPI/Tax ID on:

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

Louisiana Electronic Funds Transfer (EFT) Enrollment Form

Read this form carefully. It contains important information about the Electronic Funds Transfer (EFT) Enrollment Form. It is your responsibility to ensure that the information you provide is accurate and complete. If you have any questions, please contact your provider.

CONSENT

I, the undersigned, hereby authorize the Louisiana Health Service Association (LHSA) to debit my bank account for the payment of my bills. I understand that this authorization is irrevocable and that I will be responsible for the payment of my bills. I understand that this authorization is subject to the terms and conditions of the LHSAs EFT Enrollment Form.

PROVIDER INFORMATION

Provider Name: _____
 Address: _____
 City, State, Zip: _____

PROVIDER CONTACT INFORMATION

Provider Contact Name: _____
 Provider Contact Title: _____
 Provider Contact Phone: _____
 Provider Contact Email: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____
 Branch Name: _____
 Account Number: _____
 Routing Number: _____

Electronic Funds Transfer Enrollment Form

Louisiana Administrative Representative Registration Form

Complete this form to register for administrative services. Please provide the information requested in the following sections. This information is used for administrative purposes only.

GENERAL PROVIDER INFORMATION

Provider Name: _____
 Address: _____
 City, State, Zip: _____

ADMINISTRATIVE REPRESENTATIVE INFORMATION

Administrative Representative Name: _____
 Title: _____
 Address: _____
 City, State, Zip: _____

MANAGEMENT INFORMATION

Management Information: _____
 Date of Birth: _____

Route Form To: _____
Send To: _____
Send To: _____

Administrative Representative Registration Form

Administrative Representatives

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.





- **May 2022**, we are introducing a new Security Setup Application for administrative representatives that will be available through iLinkBlue only.
 - Replaces the existing Sigma Security Setup Tool used today
 - Gives administrative representatives a better user experience with simpler navigation while maximizing functionality
- We will migrate the data housed in the current tool for your provider organization to the new application.
- You will not need to reload information into the new application. The goal is to create a seamless transition.

We will provide more details as we get closer to May 2022. At that time, if you have questions about these changes, please contact our Provider Relations Department at [**provider.relations@bcbsla.com**](mailto:provider.relations@bcbsla.com).

Miscellaneous

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 Sheldon Evans at shelton.evans@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.

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						
	Preferred Care PPO	Blue Cross	Blue Cross	Community Blue	Preferred Care PPO	Signature Blue	Name and Office Address	Phone Number	Anesthesiology	Emergency Room/Medicine	Neonatology	Pathology	Radiology	Preferred Care PPO	Blue Cross	Community Blue	Preferred Care PPO	Signature Blue	Non-Contracted (Out of Network)
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70463 (985) 345-7246	✓	✓					Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70463	(985) 345-7246	✓					✓	✓				
Advanced Surgical Care of Baton Rouge LLC 7130 Postline Rd Baton Rouge, LA 70808 (225) 236-3100	✓	✓		✓			KJA Anesthesia 6438 Providence Ln Baton Rouge, LA 70808 Pathology Group of Louisiana 5339 O'Donnovan Dr Baton Rouge, LA 70808 Baton Rouge Radiology Group 5422 Dixon 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.

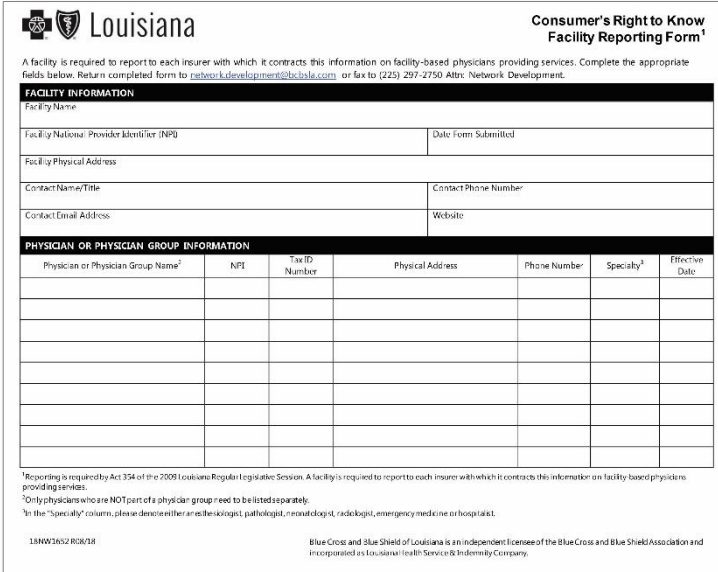
For more information on reading the chart, please refer back to the First A Doctor web page at www.BCBSLA.com.

Reporting is required by the Health Care Consumer Billing and Disclosure Act effective January 1, 2021. A facility is required to report this information to each insurer with which Louisiana.

100N11655 10/2021 Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Intensity Company (HSC) 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 at provider.contracting@bcbsla.com.



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 Altic 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 334 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 denote either an officeologist, pathologist, neurologist, radiologist, emergency medicine or hospitalist.

13NW3262 02/08 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.

Claims



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

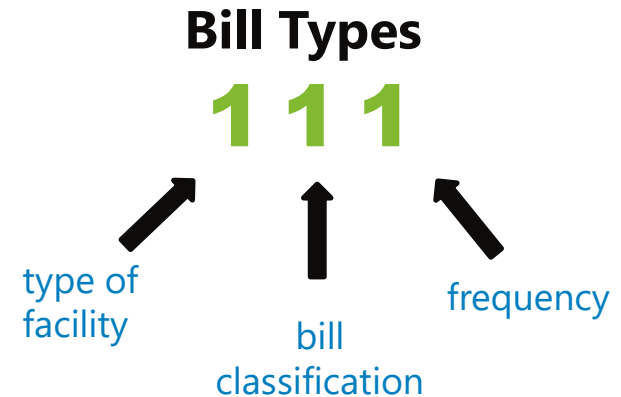
For Healthy Blue Dual Advantage (D-SNP):

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.

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:

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:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	AR
\$0.00	\$0.00	\$101.00	\$59.00	AR

Claim Number 12345678900-1

iLinkBlue Number 12345
NPI 123456789

Action Request

- 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.

Helpful Reminders

- 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.



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.

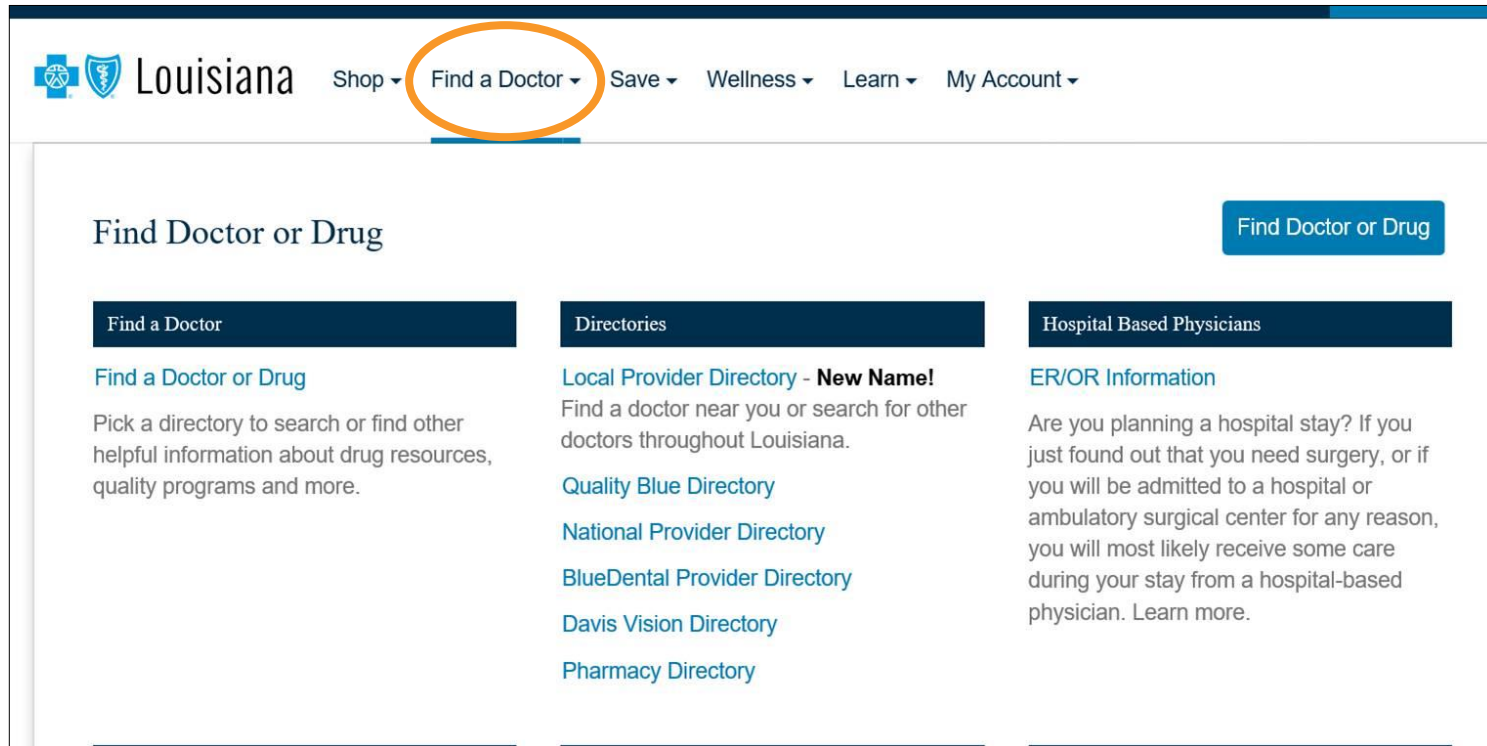


Behavioral health services that require an authorization:

- 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.

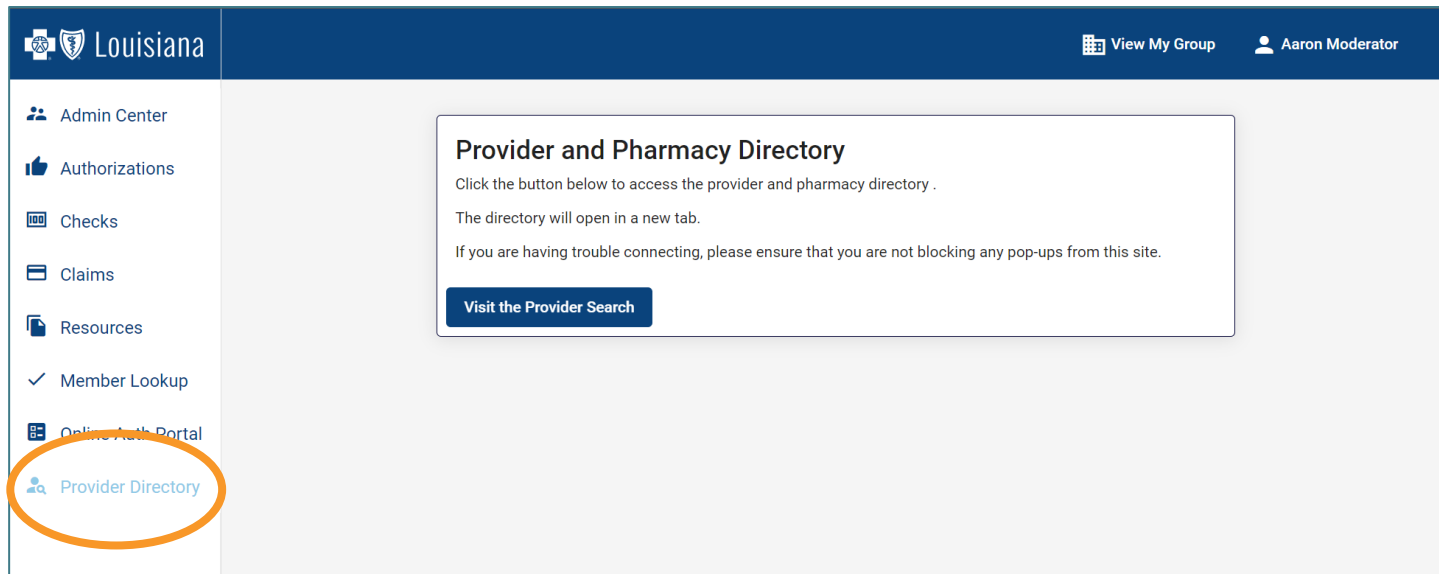
Find network providers in our online provider directories at www.BCBSLA.com > Find a Doctor.



The screenshot shows the top navigation bar of the BCBSLA website. The 'Find a Doctor' link is highlighted with an orange circle. Below the navigation bar, the main content area is titled 'Find Doctor or Drug' and features a blue button labeled 'Find Doctor or Drug'. The content is organized into three columns:

- Find a Doctor**: Includes a sub-link 'Find a Doctor or Drug' and text: 'Pick a directory to search or find other helpful information about drug resources, quality programs and more.'
- Directories**: Includes a sub-link 'Local Provider Directory - **New Name!**' with text 'Find a doctor near you or search for other doctors throughout Louisiana.' and a list of links: 'Quality Blue Directory', 'National Provider Directory', 'BlueDental Provider Directory', 'Davis Vision Directory', and 'Pharmacy Directory'.
- Hospital Based Physicians**: Includes a sub-link 'ER/OR Information' and text: '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).



The screenshot shows the Blue Advantage Provider Portal interface. The top navigation bar includes the Louisiana logo, a 'View My Group' button, and the user name 'Aaron Moderator'. The left sidebar menu lists several options: Admin Center, Authorizations, Checks, Claims, Resources, Member Lookup, Online Access Portal, and Provider Directory. The 'Provider Directory' option is highlighted with an orange circle. The main content area features a 'Provider and Pharmacy Directory' section with the following text: 'Click the button below to access the provider and pharmacy directory . The directory will open in a new tab. If you are having trouble connecting, please ensure that you are not blocking any pop-ups from this site.' Below this text is a blue button labeled 'Visit the Provider Search'.

Preferred laboratories for all specimens
for the Blue Advantage network:



Clinical Pathology Labs (CPL)
Quest Diagnostics
Lab Corp

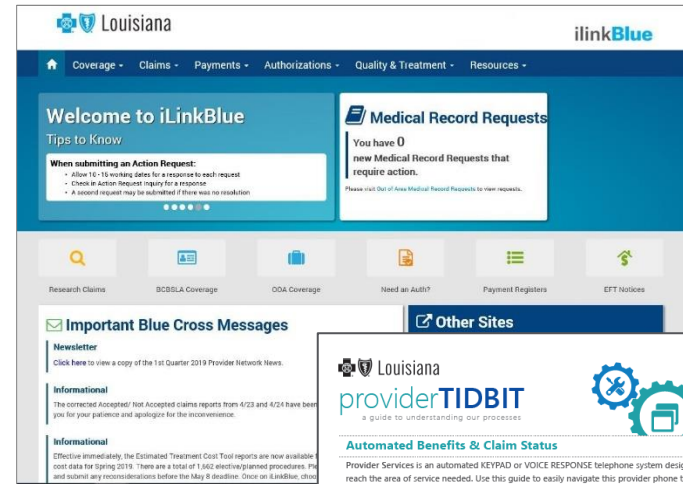
Providers are now required to use our self-service tools for:

- 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



Laboratory Benefit Management Program



Effective **April 1, 2022**, Blue Cross in partnership with Avalon Healthcare Solutions, is implementing a new laboratory benefit management program.

Avalon provides:


- routine testing management services to ensure enforcement of laboratory policies
- automated review of high-volume, low-cost laboratory claims.

Blue Cross will apply Avalon's automated policy enforcement to claims reporting laboratory services performed in office, hospital outpatient and independent laboratory locations.

Note: Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

Providers can now review and research the billing policies and guidelines. Go to **www.BCBSLA.com** and look under the Helpful Links section at the bottom of the page.

We have previously sent out a Laboratory Benefit Management Program Frequently Asked Questions, If you would like a copy, please email provider.relations@bcbsla.com.

**Louisiana**

**Laboratory Benefit Management Program
Frequently Asked Questions**

Blue Cross and Blue Shield of Louisiana has partnered with Avalon Healthcare Solutions (Avalon) to offer a suite of laboratory benefit management services, including lab policies and routine testing management. Avalon is the industry leading comprehensive laboratory benefits manager helping payers, physicians and consumers optimize the cost-effective use of diagnostic laboratory tests.

General Questions

- 1. What does the laboratory benefit management program include?**

The program includes laboratory billing policies, guidelines and reviews for certain laboratory claims.
- 2. Why did Blue Cross partner with Avalon?**

The Avalon laboratory benefit management program promotes appropriate testing to help drive quality and cost-effective medical care.
- 3. What provider types are included in the program?**

The laboratory benefit management program applies for all providers of laboratory services (both referring and performing).
- 4. When is the program effective?**

This program is effective for certain laboratory claims with a date of service on and after April 1, 2022.
- 5. Which places of service are excluded?**

Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.
- 6. Which networks and/or member policies are included in the program?**

Fully insured, Federal Employee Program (FEP) and BlueCard® (out-of-area) members are included in this program. At this time most self-funded members are not enrolled in the program. They may be included at a later date.

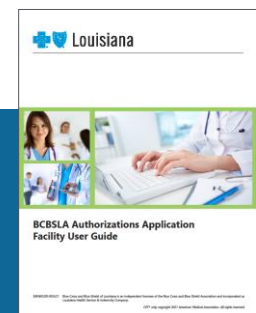
10NW3142 R01/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

In April, we will be hosting an education webinar about this new program. Look for an email invitation or email provider.relations@bcbsla.com for registration information.

Authorizations

We have streamlined the process for requesting prior authorizations

- 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.**

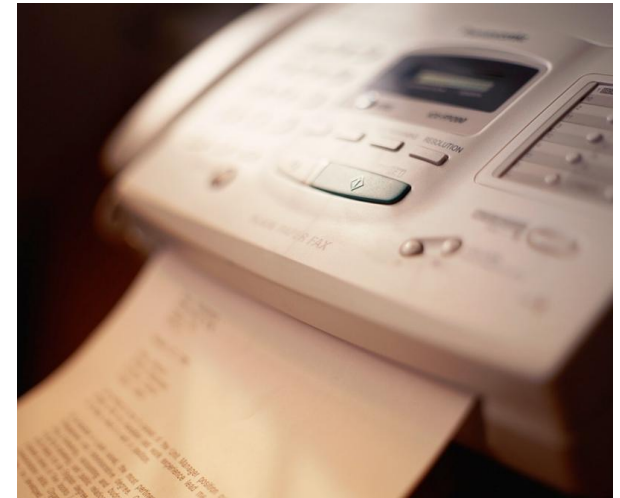


For more information on how to use our BCBSLA Authorizations Tool, the *BCBSLA Authorizations Applications Facility User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals."



Our Medical Management Department has a toll-free retrospective authorization fax number; 1-800-515-1150.

The department also has a local fax number (225-298-2906). **On May 1, 2022, this local fax number will no longer be in service.** Please discontinue using the local number. If you are using the local number, please instead use the toll-free fax number.

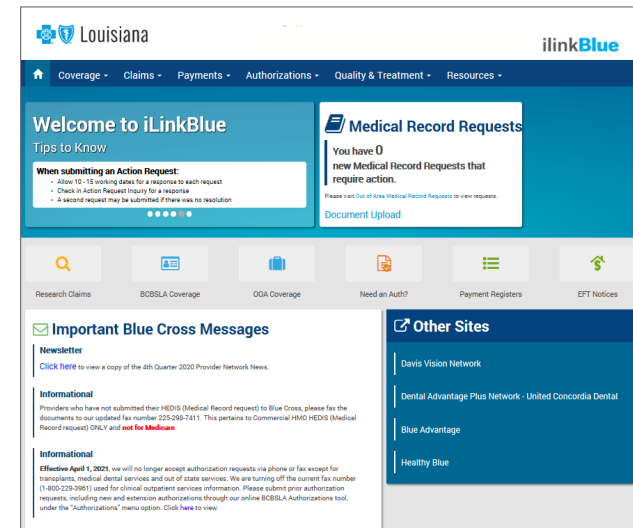


1-800-515-1150

iLinkBlue

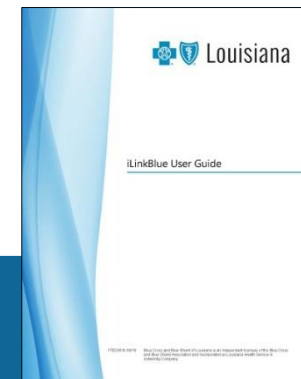
- iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:
 - Coverage & Eligibility
 - Benefits
 - Coordination of Benefits (COB)
 - Claims Status (BCBSLA, FEP and Out of Area)
 - Medical Code Editing
 - Payment Registers/EFT Notifications
 - Allowables Search
 - Authorizations
 - 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."





COMING
SOON

- In **May 2022**, all iLinkBlue users will be required to complete several verification steps before entering iLinkBlue (www.BCBSLA.com/ilinkblue).
- Multi-factor Authentication (MFA) will be in a simplified, convenient and userfriendly self-service interface.
- Choose from various authentication methods, including email, text and smartphone authenticator app.

We will soon provide a a guide for how to complete the registration process.

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, copay, coinsurance and detailed contract benefits.

1 Select Search Criteria

2 Enter Contract or Social Security Number

BCBSLA
 FEP
 Social Security Number

Search

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

BCBSLA Enter BCBSLA contract number... Search

Contract Number XUA123456789 ACTIVE COVERAGE

Group/Non-Group Policy: EST1 GROUP
Group Name: EST1 GROUP
Group Number: 123456789-0000
Group OED: 02/01/2000
Minor Dep. Age Max: 26

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

John Doe Subscriber (Male, Married, 11/30/1900)
Address: 123 STREET ST. CITY, LA 70000

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

Jane Doe Spouse (Female, 11/30/1900)
Address: 123 STREET ST. CITY, LA 70000

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

Jimmy Doe Child (Male, 01/01/1930)
Address: 123 STREET ST. CITY, LA 70000

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	Summary Benefits View COB

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: HMO/PA POS

	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	---	---

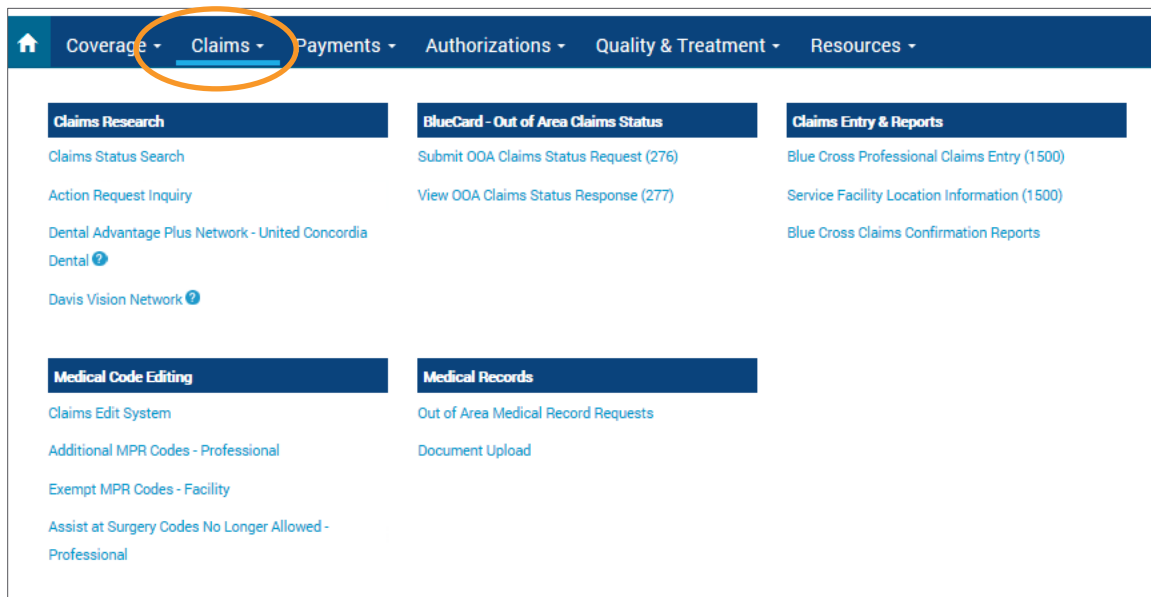
	Par Amounts	Non-Par Amounts	EPO Amounts
Deductible Amount	\$0.00	\$1,750.00	---
Deductible Remaining	\$0.00	\$1,750.00	---
Out-of-Pocket Amount	\$3,000.00	\$6,000.00	---
Out-of-Pocket Remaining	\$3,000.00	\$5,000.00	---

	BCBSLA Coverage	Member Responsibility
Par Percentage	90%	10%
Non-Par 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:

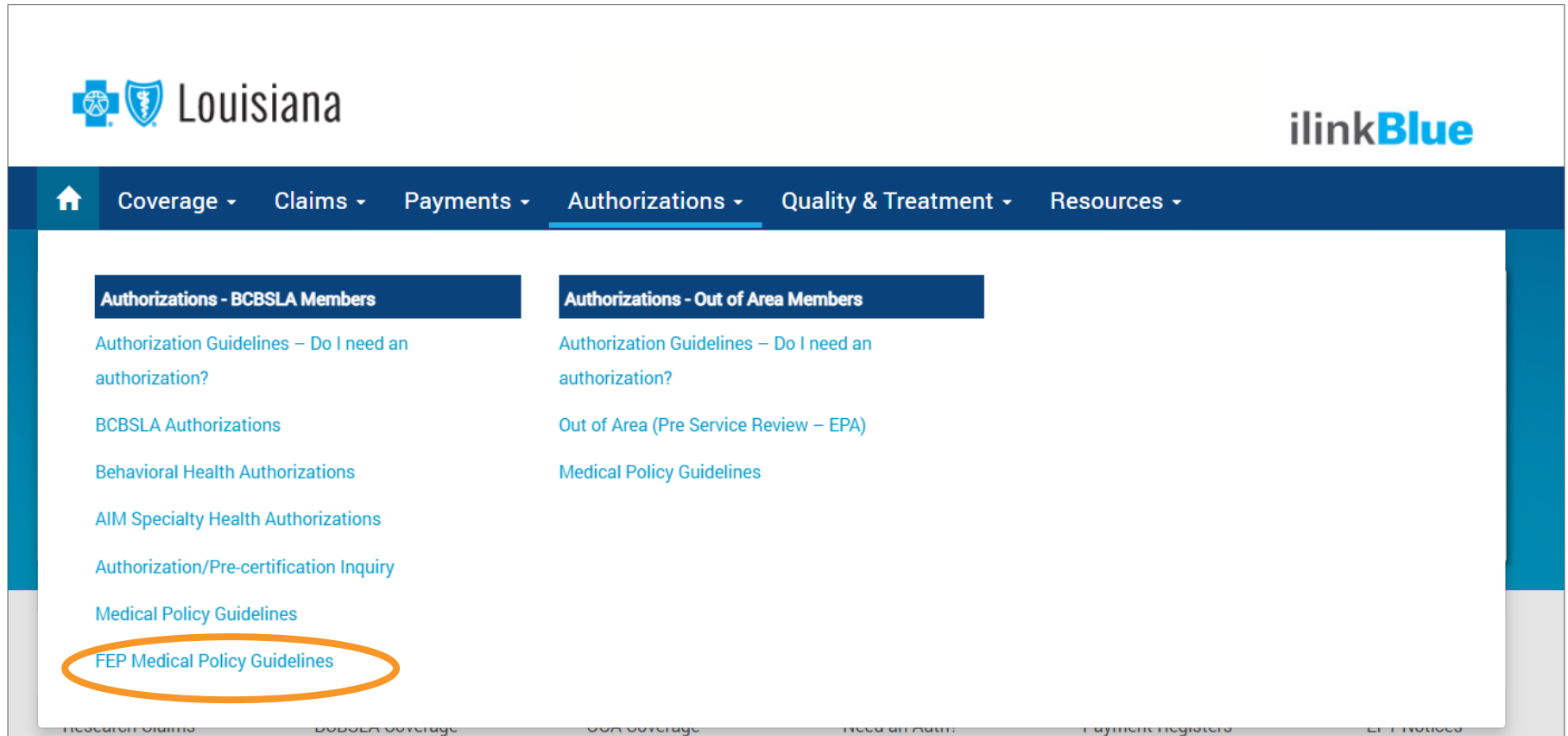
- Perform **Claims Research** on claims that were submitted for processing,
- Submit **BlueCard - Out of Area Claims Status** inquiries for BlueCard (out-of-area) members,
- Check status of claims that were filed electronically (even if they were filed through a clearinghouse) using the **Blue Cross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



The screenshot shows the iLinkBlue navigation menu with the 'Claims' option highlighted by an orange circle. Below the menu, there are six main sections of tools:

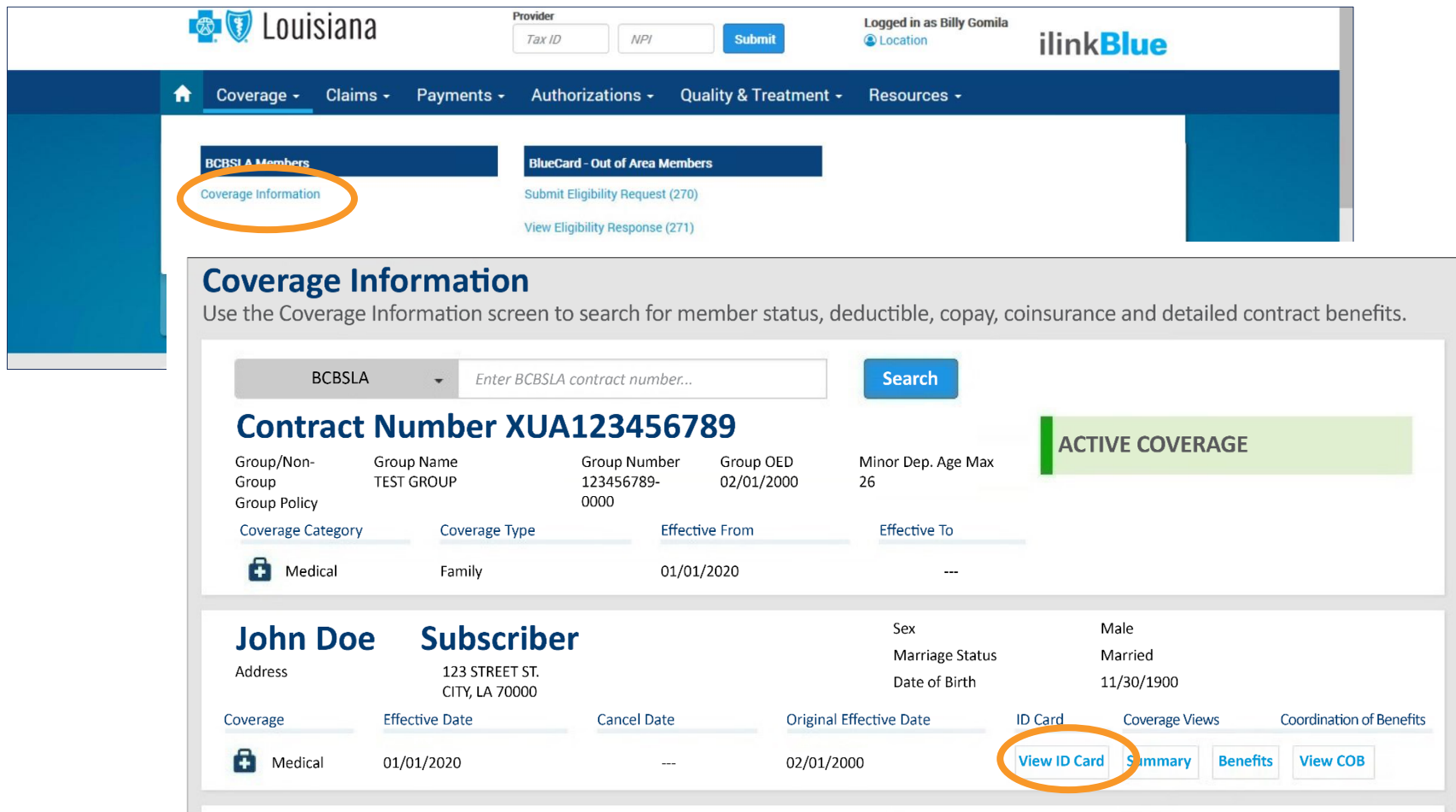
- Claims Research**
 - Claims Status Search
 - Action Request Inquiry
 - Dental Advantage Plus Network - United Concordia Dental ?
 - Davis Vision Network ?
- BlueCard - Out of Area Claims Status**
 - Submit OOA Claims Status Request (276)
 - View OOA Claims Status Response (277)
- Claims Entry & Reports**
 - Blue Cross Professional Claims Entry (1500)
 - Service Facility Location Information (1500)
 - Blue Cross Claims Confirmation Reports
- Medical Code Editing**
 - Claims Edit System
 - Additional MPR Codes - Professional
 - Exempt MPR Codes - Facility
 - Assist at Surgery Codes No Longer Allowed - Professional
- Medical Records**
 - Out of Area Medical Record Requests
 - Document Upload

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



The screenshot shows the iLinkBlue website interface. At the top left is the Louisiana logo with the text "Louisiana". At the top right is the "iLinkBlue" logo. Below the logo is a dark blue navigation bar with a home icon and the following menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The "Authorizations" menu is expanded, showing two columns of links. The left column is titled "Authorizations - BCBSLA Members" and includes links for "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 includes links for "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 Provider Logged in as Billy Gomila Location **ilinkBlue**

[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

Contract Number XUA123456789

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

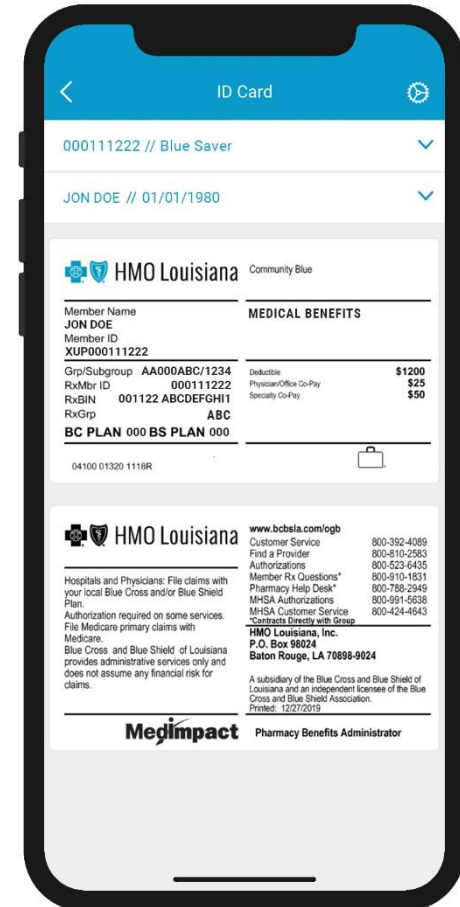
John Doe Subscriber

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.



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

1

The screenshot shows the top navigation bar with the following items: Home, Coverage, Claims, **Payments**, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are two main sections: 'Payment Information' and 'Allowables'. Under 'Payment Information', there are links for 'Payment Registers' and 'EFT Notifications'. Under 'Allowables', there are links for 'Professional Provider Allowable Charges Search', 'Outpatient Facility Allowable Charges Search', 'Facility Allowables (PDFs)', and 'FEP Dental Allowables (PDFs)'.

2

The screenshot shows the 'Payment Registers' search results page. It features a search bar with filters for 'Select a provider' and 'Select a line of business', and a date selector set to '04/02/2019'. Below the search bar, there is a table of results for NPI 1234567890. The table has columns for 'Line of Business' and 'View Reports'. The results include various Louisiana-based providers and programs, each with a 'Payment Register' link.

Line of Business	View Reports
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Blue Cross Louisiana	Payment Register
Federal Employees Program (FEP)	Payment Register
Federal Employees Program (FEP)	Payment Register
HMO Louisiana	Payment Register
HMO Louisiana	Payment Register
008 HMO Magellan Local Plus	Payment Register
008 HMO Magellan Local Plus	Payment Register
008 Medicaid Local	Payment Register
008 Medicaid Local	Payment Register
008 PPO Magellan Open Access	Payment Register
008 PPO Magellan Open Access	Payment Register
008 PPO Magellan Open Access	Payment Register

3

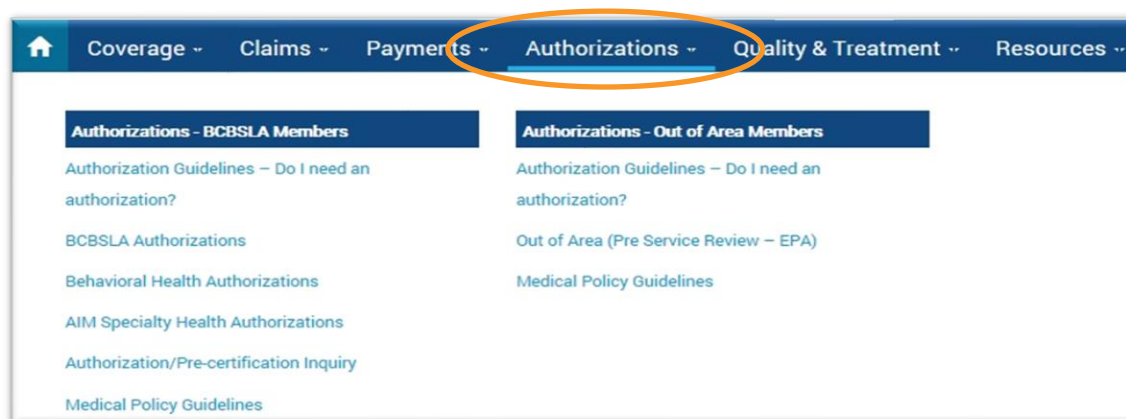
The screenshot shows the 'Facility Allowable Charges' page. It is divided into two main sections: 'Drug Allowable Charges' and 'Multiple Procedures at 100%'. Each section lists various charges with their effective dates and links to detailed information. For example, under 'Drug Allowable Charges', there are entries for 'Drug Allowable and Admin Listing Standard Facility' and 'Drug Allowable for Credential Management' with effective dates ranging from 02/01/2019 to 09/01/2019.

4

The screenshot shows the 'Outpatient Facility Allowable Charges Search' page. It has a heading and a sub-heading: 'To begin an outpatient facility allowable charges search, enter a date and select a facility.' Below this, there is a search form with a 'Select a Date' dropdown menu currently showing '05/06/2019' and a calendar icon.

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

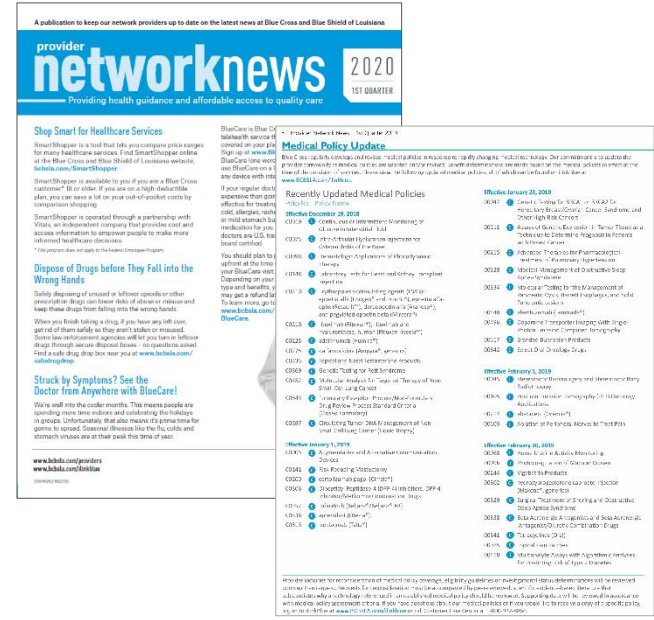
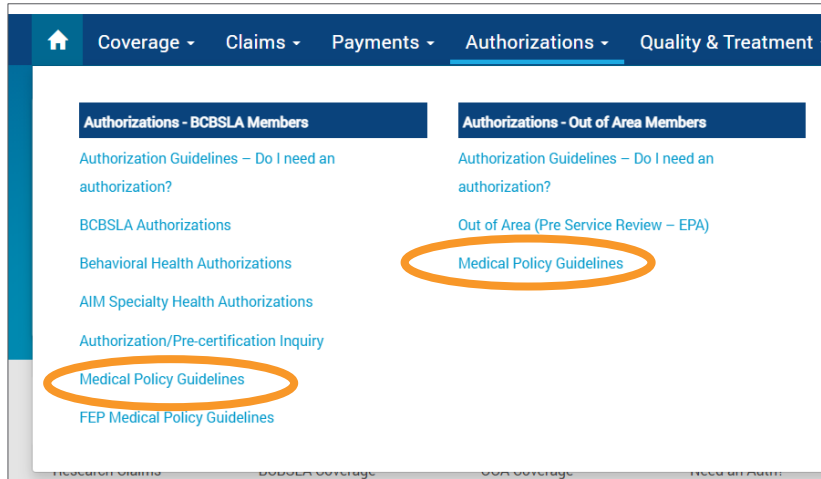
- The **BCBSLA Authorizations** tool allows you to submit and research authorizations for BCBSLA members.
- Behavioral health providers must use the New Directions Webpass Portal application, located in the **Behavioral Health Authorizations** link, to submit authorization requests for behavioral services.
- **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.



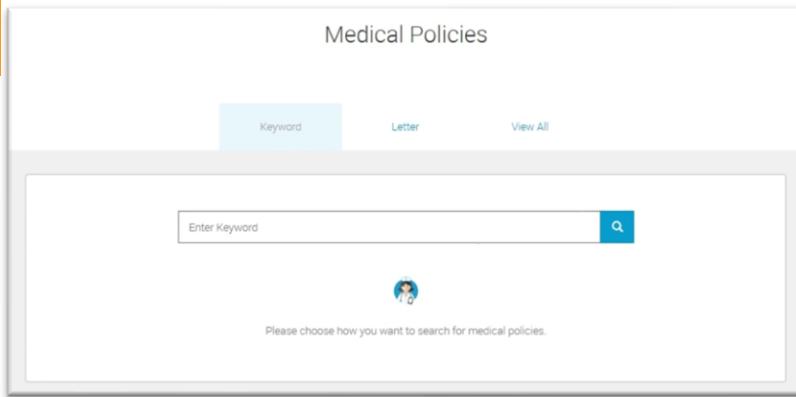


- Use the “Authorizations” menu option to access our **Medical Policy Index**.
- Policies are listed in alpha order or you may search by policy number or procedure code.

1



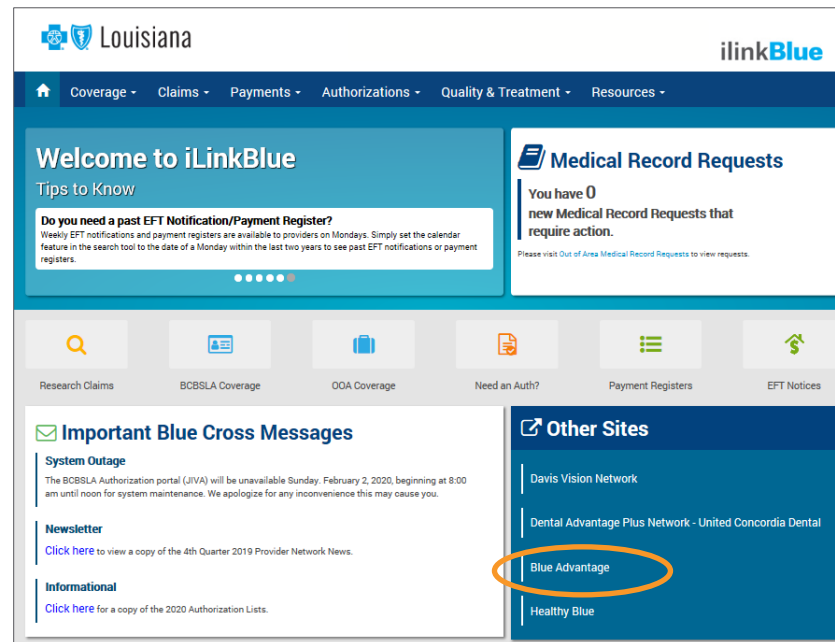
2



Medical policies are reviewed annually and are updated throughout the year as needed. We publish these updates in our quarterly *Provider Network News* newsletters, available online at www.BCBSLA.com/providers > Newsletters.

Blue Advantage

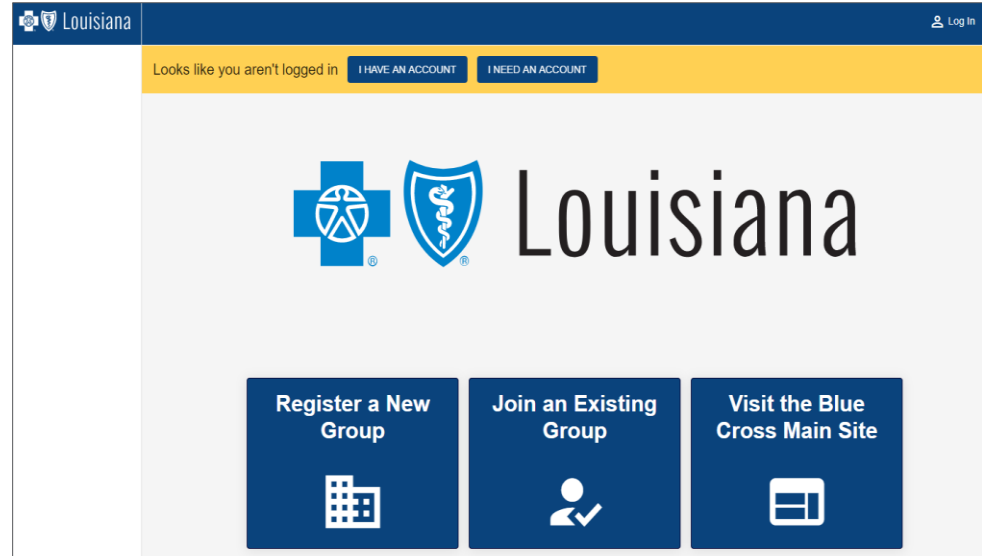
- The processes for Blue Advantage (HMO)/Blue Advantage (PPO) differ from our other provider network processes.
- There is a separate portal for these contracted providers to access needed information.
- You can access the Blue Advantage Provider Portal through iLinkBlue (www.BCBSLA.com/iLinkBlue.com), 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 screenshot displays the iLinkBlue Louisiana provider portal. At the top, there is a navigation bar with the Louisiana logo and the text "Louisiana" and "iLinkBlue". Below the navigation bar, there is a menu with options: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, there is a "Welcome to iLinkBlue" section with "Tips to Know" and a "Do you need a past EFT Notification/Payment Register?" section. On the right, there is a "Medical Record Requests" section showing "You have 0 new Medical Record Requests that require action." Below these sections, there is a row of icons for "Research Claims", "BCBSLA Coverage", "OOA Coverage", "Need an Auth?", "Payment Registers", and "EFT Notices". At the bottom, there is an "Important Blue Cross Messages" section with "System Outage", "Newsletter", and "Informational" sub-sections. To the right of this is an "Other Sites" section with links for "Davis Vision Network", "Dental Advantage Plus Network - United Concordia Dental", "Blue Advantage" (circled in orange), and "Healthy Blue".

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 to **Vantage Health Plan**, a Louisiana-based company.

Submit claims to Vantage Health Plan (Payor ID 72107)

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

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).

Claims Editing



- 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

Effective May 1, 2022, codes exempt from multiple procedure reduction have been updated.

Blue Cross and Blue Shield of Louisiana
HMO Louisiana

Services Exempt from the Multiple
Procedures Discount

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

32553	38230	67028
36440	38232	91030
36450	38241	91030
36455	38242	91132
36456	38243	91299
36400	38999	92242
36511	43755	92950
36512	49411	92960
36513	50686	92961
36514	51101	0263T
36516	51703	0264T
36522	51784	0265T
38206	53660	0434T
38207	54240	0435T
38208	55876	0436T
38209	62252	0512T
38210	62367	0540T
38211	62368	0568T
38212	62369	C9728
38213	62370	C9780
38214	66989	G0277
38215	66991	

Updated list is effective May 1, 2022.

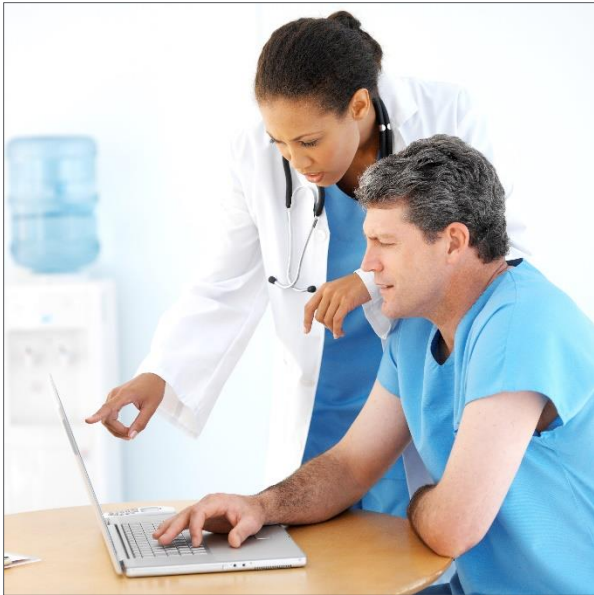
Please note: This list is subject to change as medical codes are updated and deleted. For a current copy of the "Services Exempt from Multiple Procedure Discount," contact Provider Contracting at 1-800-716-2299, option 1.

18NW1403 R02/22
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Blue Cross and Blue Shield of Louisiana is a member of Louisiana Health Service & Insurance Company, INC., a subsidiary of Blue Cross and Blue Shield of Louisiana, both companies are licensed members of the Blue Cross and Blue Shield Association.

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



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.

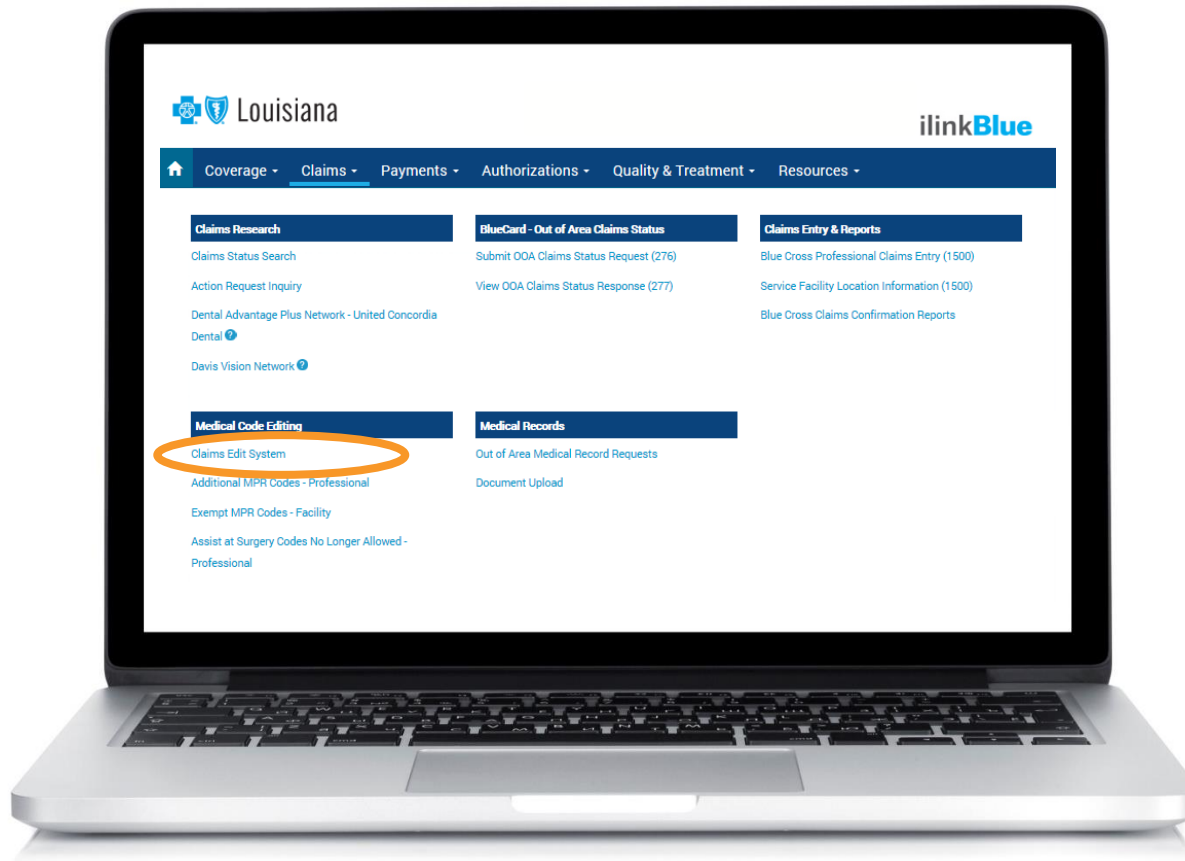
Claims Issue	What to Submit	What NOT to Submit	Where to Send
Medical records requested or denials for insufficient medical information	<ul style="list-style-type: none"> • Supporting medical documentation & copy of Blue Cross letter of request for medical records 	<ul style="list-style-type: none"> • 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 denials 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](#) →

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ISBN#2064 88/20 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.
Last reviewed on: 8-04-20

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.



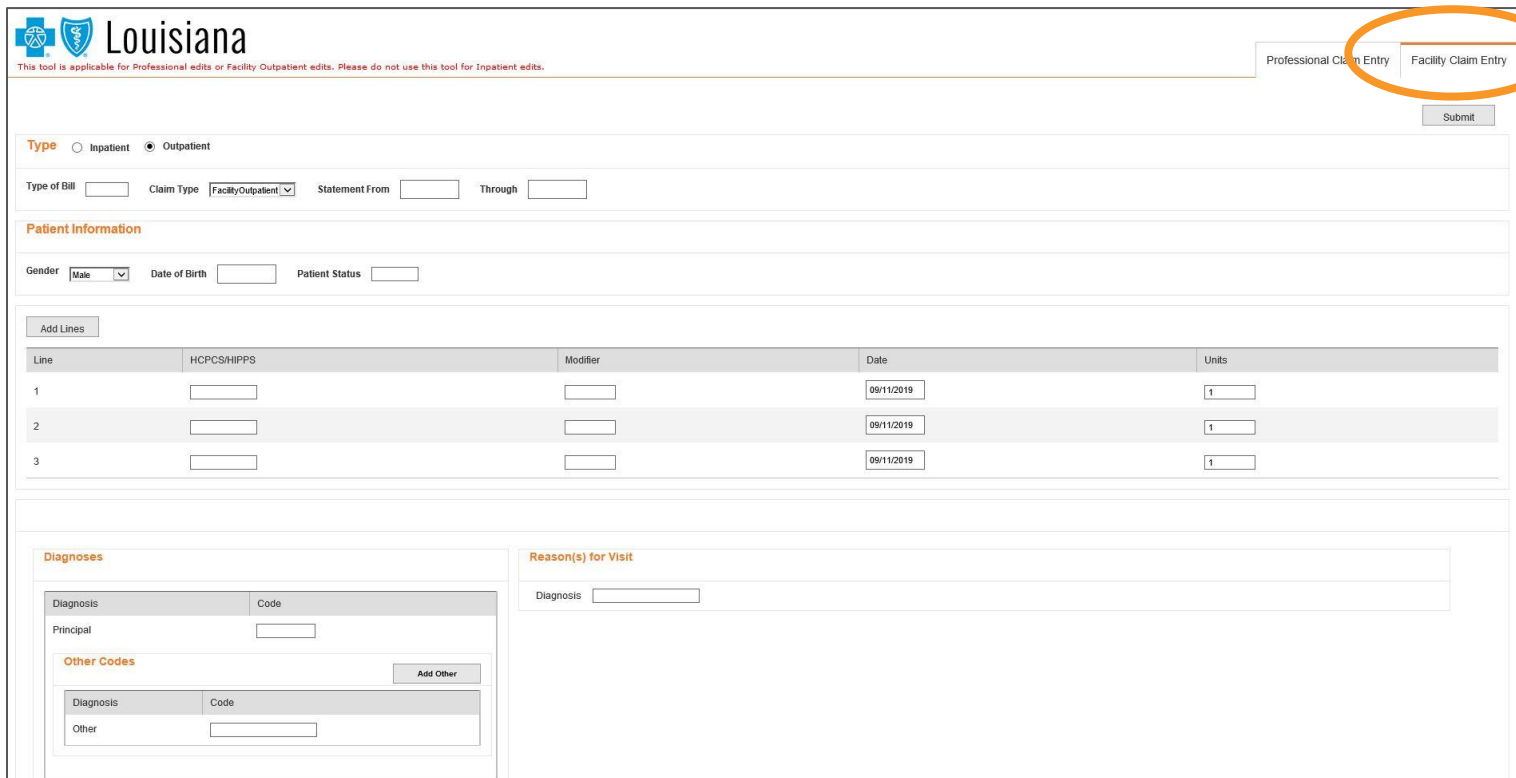
This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

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 **FacilityOutpatient** 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

Other Codes Add Other

Diagnosis Code

Other

Reason(s) for Visit

Diagnosis

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.

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	HPCPS/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.

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	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
CLAIM: CLEAN CLAIM				
1	92250	0	0.0	

Flag Description	Flag Status	Dis closure
[DDR BCLA4477] HCPCS code 92250 is inherently bilateral and should not be billed more than once for the same date of service.	Deny	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 "N". This edit is based on a requirement from the Centers for...

Code Type:

Diagnoses

Diagnosis	Code
Principal	


Reason(s) for Visit

Diagnosis

Original Lines

Line	Rev Code	Modifier	Date	Units
			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	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	G0463	0	0.0	[DDR BCLA19 FE] Submitted HCPCs code G0463 is not separately reimbursable.

Code Type:

Diagnoses

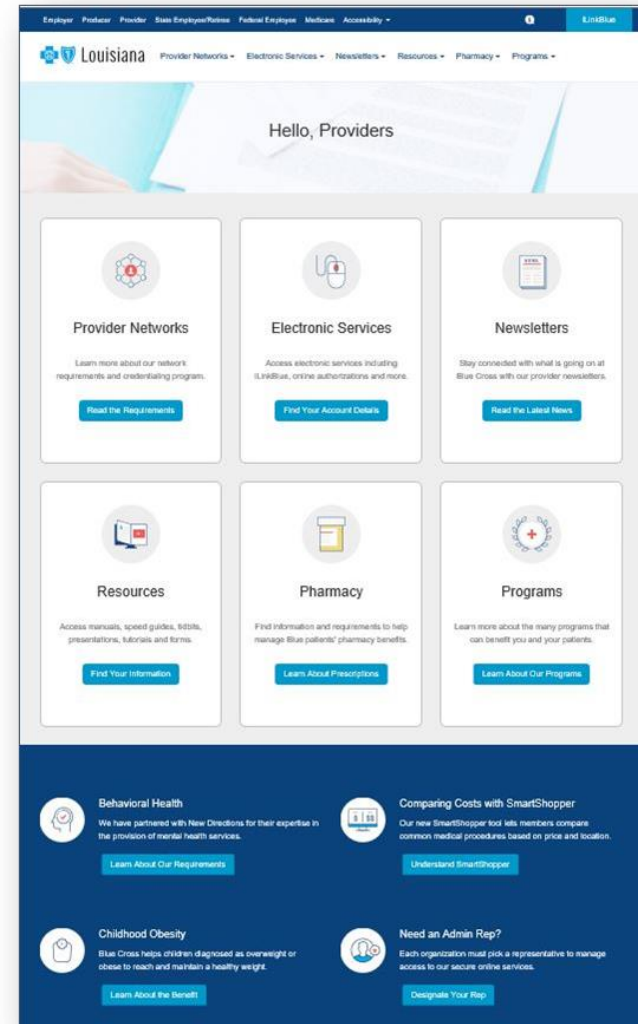
Reason(s) for Visit

G0463 not separately reimbursable.

Resources

The Provider Page is home to online resources such as:

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



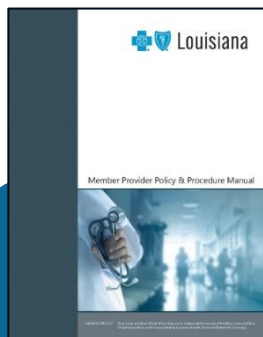
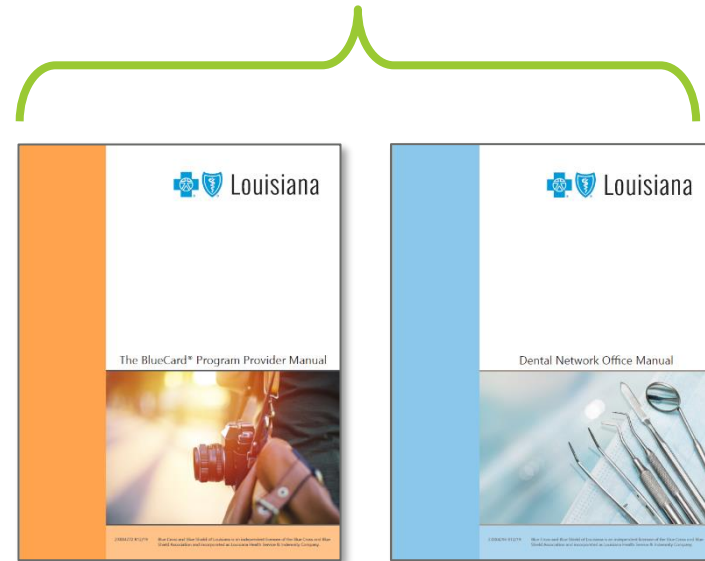
www.BCBSLA.com/providers

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?

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 reference to network authorization requirements, policies and billing guidelines.

Louisiana Preferred Care PPO Preferred Reference Lab Guide

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

Lab Program Requirements
Laboratory services provided to Preferred Care PPO members must be submitted to a preferred reference laboratory in the member's network if not performed in your office. (See list on the right or our online provider directory, available at www.BCBSLA.com.)
Contact preferred reference labs directly to obtain the necessary forms for submitting lab services.
Prepayment lab services rendered before an inspection visit or independent inspection may be performed by Preferred Care PPO participating hospitals or the member's selected hospital but otherwise should be sent to a preferred reference lab.
If you perform laboratory testing procedures in your office, you must bill claims in accordance with your Clinical Laboratory Improvement Act (CLIA) certification.
For complete lab billing guidelines, refer to our member/provider Provider Office Manual, available online at www.BCBSLA.com/providers.
- Resources -

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

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

Statewide Labs	Metairie Region
<ul style="list-style-type: none"> Chloro Reference Labs Laboratory Corporation of America (LabCorp) Quest Diagnostics 	<ul style="list-style-type: none"> Clinical Reference Laboratories (1510) 886-5143 Stanbury Drug Testing, LLC (1510) 416-9800
Regional Labs	New Orleans Region
<ul style="list-style-type: none"> Bayou Regional Reference Lab (507) 738-5123 Bayou Range Hospital (225) 824-8278 LabQuest Laboratory, LLC (225) 782-0945 Lafayette Region Acadia Laboratory, LLC (225) 483-0845 Evans Medical Laboratory, Inc. (225) 483-1543 Evans Subgroup, LLC (225) 782-0929 Protonix Laboratory (225) 786-4026 Protonix Laboratory Services (318) 400-3771 	<ul style="list-style-type: none"> Protonix Group Laboratories, LLC (866) 877-5572 Quest Clinical Laboratories (844) 748-8227
Shreveport and Alexandria Region	<ul style="list-style-type: none"> Wellspring Outpatient Lab Services (504) 224-4032

Please note: This is the current list of preferred statewide and regional reference labs as of the date this guide was published. To view the most current list of preferred reference labs, visit www.BCBSLA.com/providers. There is also a "Prefer a Lab" button on the member ID card to select the lab, print a "3P form" or to quickly to request the lab search.

HMO Louisiana Signature Blue Network Speed Guide

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

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

Signature Blue Member ID Card
Preferred Care, CMS and QMS

Service areas for the Signature Blue Network

New Orleans Area

- Jefferson
- Cadillac

Admitting Privileges
Members receive a base level of benefits when using a facility that is not in the Signature Blue Network.
Providers who are required to have admitting privileges must have admitting privileges to the best use of the following hospitals to be a part of the Signature Blue Network:
New Orleans Area

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

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

Submitting Claims
E-Submission

- LabBlue CMS-1500 only
- CleanClaims

Mail Stop:
HMO Louisiana
P.O. Box 18029
Baton Rouge, LA 70816-9029

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

Louisiana providerTIDBIT

a guide to understanding our providers

Identification Card Guide

Identification (ID) cards are work tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Benefits will be a copy of the member ID card. Please always verify the member's eligibility and benefits prior to providing services. To do this, visit www.BCBSLA.com/providers.

Preferred Care PPO
Profile View

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

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and Preferred Care PPO member ID card. The ID card is a copy of the member ID card. The ID card also identifies the network Blue Cross Programs. For more information, visit the Preferred Care PPO Network Speed Guide, available online at www.BCBSLA.com/providers.

Preferred Care PPO ID cards are issued to each member on the policy. When the member has Advantage Plus Dental or Advantage Plus 2P Dental Network coverage, it is indicated on the member ID card.

HMO Louisiana, Inc.
Profile View

HMO Louisiana, Inc. is a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana. The HMO Louisiana provider network is a select group of physicians, hospitals and other providers who provide services to individuals and employee groups enrolled in hospital and medical benefit plans. The HMO Louisiana network is offered as follows:

- HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Members pay a lower co-payment when they receive services from primary care providers (PCPs). For more information, visit the HMO Louisiana, Inc. Network Speed Guide, available online at www.BCBSLA.com/providers.
- The main identifier of an HMO Louisiana member is the HMO Louisiana logo on the top left corner of the ID card. Cards also indicate the product type as either an HMO or POS/POS plan.

How to Use

This document is provided to the member, dependent or beneficiary. It is not a contract. For a complete guide regarding this document, visit www.BCBSLA.com/providers or contact your provider for more information.

Member ID Card
Blue Cross and Blue Shield of Louisiana is an independent member of the Blue Cross and Blue Shield of Louisiana and is not affiliated with the Louisiana Department of Insurance.

Louisiana providerTIDBIT

a guide to understanding our providers

Automated Benefits & Claim Status

Provider services are automated (EVIDENCE) by the EVIDENCE (Evidence) system designed to help providers reach the area of service needed. Use this guide to quickly navigate this provider portal.

Customer Care Center 1-800-922-8866

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

Please have the following information ready when calling:

- Provider's HPI
- Provider's Tax ID
- Provider's ZIP Code
- Member ID Number
- Member's In-Plan Date of Birth
- Date of service

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

- Medical
- Dental
- Dental
- Life

Please fax to us or key in a policy type!
 Please fax or enter postal 10-digit ZIP. Please fax to us or key in HPI.
 Please fax or enter your rate-digit Tax ID. Please fax to us or key in Tax ID.

Notes: If you log on as a claim policy, you will need EVIDENCE ID to receive your coverage, such as an open service, prescription, plan, or network. Always "yes" to most your call to be appropriate representative. Always "no" to receive the most accurate results in your service.

Provider Menu

Provider menu: Which are you calling about?

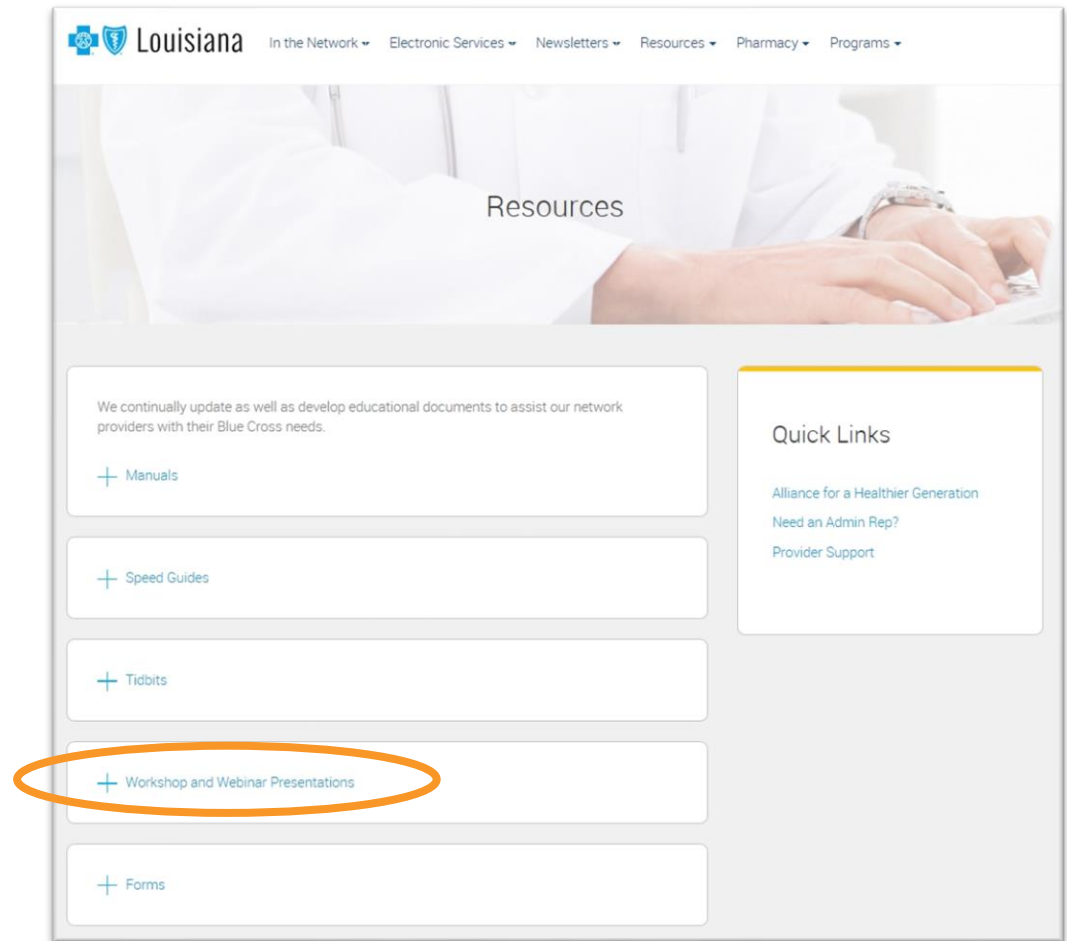
- Benefits
- Claims
- Authorizations
- Out-of-State Policy
- Payment Request Fax
- None of the Above

Resources
 This document is provided to the Member, dependent or beneficiary. It is not a contract. For a complete guide regarding this document, visit www.BCBSLA.com/providers or contact your provider for more information.

Member ID Card
 Blue Cross and Blue Shield of Louisiana is an independent member of the Blue Cross and Blue Shield of Louisiana and is not affiliated with the Louisiana Department of Insurance.

Provider Tidbits are quick guides designed to help you stay informed of our current business processes.

- **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.

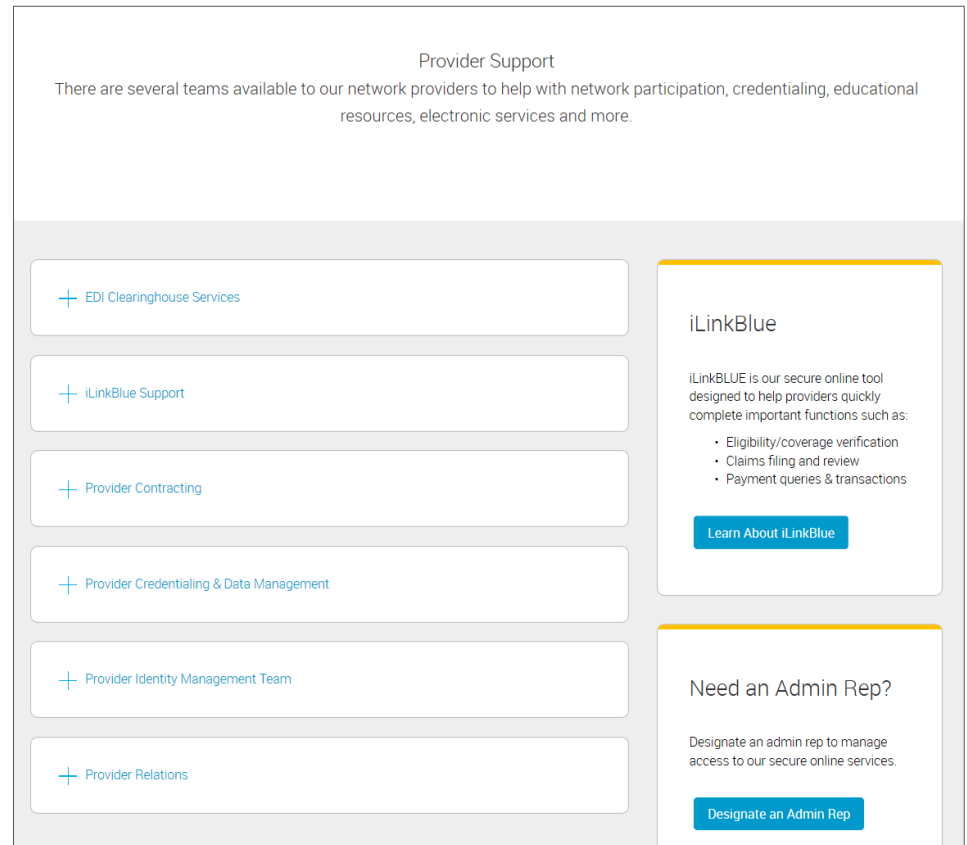


www.BCBSLA.com/providers > Resources > Workshop and Webinar Presentations

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 a web page titled "Provider Support". Below the title, there is a paragraph: "There are several teams available to our network providers to help with network participation, credentialing, educational resources, electronic services and more." The page features a vertical list of six service categories, each with a blue plus icon and text: "EDI Clearinghouse Services", "iLinkBlue Support", "Provider Contracting", "Provider Credentialing & Data Management", "Provider Identity Management Team", and "Provider Relations". To the right of this list, there are two highlighted boxes. The top one is titled "iLinkBlue" and contains the text: "iLinkBLUE is our secure online tool designed to help providers quickly complete important functions such as:" followed by a bulleted list: "• Eligibility/coverage verification", "• Claims filing and review", and "• Payment queries & transactions". Below this list is a blue button labeled "Learn About iLinkBlue". The bottom box is titled "Need an Admin Rep?" and contains the text: "Designate an admin rep to manage access to our secure online services." Below this text is a blue button labeled "Designate an Admin Rep".

www.BCBSLA.com/providers > Provider Networks > Provider Support

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

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 4 – for questions regarding provider relations

option 5 – for questions regarding security access to online services

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

