BCBSLA Authorizations Application Overview

1. **Is Blue Cross making changes to its BCBSLA Authorizations application?**

   Yes. We are replacing the existing BCBSLA Authorizations application with a new application powered by **Epic Systems Corporation (Epic)**.

   This change does not affect the Behavioral Health Authorizations and Carelon Authorizations applications.

2. **Do I need to register for the new BCBSLA Authorizations application?**

   This transition requires no registration for existing iLinkBlue users. Login information will be carried over to the new BCBSLA Authorizations application.

3. **When will the new BCBSLA Authorizations application be available?**

   The new application will be available in iLinkBlue on April 22 at 7 a.m. as a new link in iLinkBlue titled **BCBSLA Authorizations – Submit New – Epic**.

4. **Will the retired application still be available for use?**

   The retired application will change to read-only use on April 19 at 6 p.m. and will be retitled **BCBSLA Authorizations – Historical (Read Only)**. Users will no longer be able to submit or update existing authorization requests using this link. It will temporarily be available as read-only for research and review. Users will continue to receive alerts when Blue Cross has rendered an approval decision.

   After May 31, the retired application will no longer be available. Thereafter, if you have questions regarding historical authorizations, please contact Customer Service using the number on the member ID card.

5. **What happens to my existing authorization requests in the retired application?**

   Existing authorization requests will be processed and do not need to be re-entered in the new authorizations application.

   - Inpatient acute, rehab, skilled nursing or long-term acute cases will continue to process until a change in level of care or May 31, whichever occurs first.

   - Clinical submission for existing inpatient authorizations reviews, concurrent requests and/or discharge dates will need to be faxed to 1-800-821-2740.

   - Outpatient requests in a pending status will be completed in that system. Required clinical information will need to be faxed to 1-800-586-2299.

   - Beginning April 22, extensions of outpatient services must be requested in the new BCBSLA Authorizations application.

6. **Can I research coverage information in the new BCBSLA Authorizations application?**

   No. Use the Coverage Information option in iLinkBlue (www.bcbsla.com/ilinkblue) to check patient's coverage, eligibility, benefits and authorization requirements prior to initiating authorization requests. The new authorization application displays some patient coverage details; however, it is basic eligibility and subscriber information only.

Entering Authorizations in the BCBSLA Authorizations

7. **How do I access the BCBSLA Authorization application to submit authorization requests?**

   The BCBSLA Authorizations application can be accessed through iLinkBlue (www.bcbsla.com/ilinkblue). Your organization's administrative representative must grant a user **additional** access to the BCBSLA Authorizations application before an authorization can be submitted.

8. **What provider types cannot access the BCBSLA Authorizations application?**

   Providers and facilities that do not presently, and will not in the future, have access to the Authorizations application (i.e., dentists, behavioral health providers, opticians, optical dispensary, emergency room physicians, urgent care clinics, individual practice association, retail health clinics, medical service vendors and personal care home helpers, etc.). They should continue to follow their normal authorization processes.

9. **How do I request an authorization for a NICU baby?**

   Authorizations for NICU babies cannot be entered through the BCBSLA Authorizations application. Please fax the request to the BCBSLA Authorizations Department at 1-800-821-2740. Blue Cross will load the authorization request (for the baby) into the application. A determination letter will be sent to the provider's In Basket.

10. **What members can I enter authorizations for in the BCBSLA Authorization application?**

    The authorization application is for Blue Cross and Blue Shield of Louisiana (BCBSLA) and Federal Employee Program (FEP) members receiving services in Louisiana.

11. **How do I request access to the BCBSLA Authorization application?**

    Please work with your organization's administrative representative, who grants access to the BCBSLA Authorization application. Access is granted within one hour after an administrative representative submits the request.

    To set up an administrative representative go to www.bcbsla.com/providers >Electronic Services >Admin Reps for the Administrative Representative Registration Packet. You may also contact our Provider Identity Management (PIM) team at PIMteam@bcbsla.com with questions.

12. Who is considered the "Referral By" Provider and Location/POS in the new BCBSLA Authorizations application?

Referral By denotes the provider (physician or allied health) or the location/POS (facility) **requesting** the service in an authorization request. The Referral To and the Referral By can be the same.

13. Who is considered the "Referral To" Provider and Location/POS in the new BCBSLA Authorizations application?

Referral To denotes the provider (physician or allied health) or the location/POS (facility) **performing** the service in an authorization request. The Referral To and the Referral By can be the same.

14. Once a prior authorization request has been submitted, how long does it take to get a response?

For non-urgent services, Blue Cross has up to 15 days to complete but will be completed as soon as possible. Most are completed within five days. Blue Cross has up to 72 hours to complete urgent/emergent cases but will be completed as soon as possible. Most are completed within 24 hours.

15. Can a provider see when an authorization was requested and the authorization approval timeframe?

The provider can see when the authorization was created. When an approval or denial determination is made a letter will be sent to the provider's BCBSLA Authorizations application In Basket and will have a date/time stamp in the notification.

16. How do we notify Blue Cross if the case is stat or urgent?

For urgent requests that will occur within 72 hours choose the "Urgent/Preservice" Priority type when submitting the authorization request. If the request is within 24 hours, then also use the Add Referral Note feature in the application and enter "STAT NOTE" in the summary field.

17. If something is stat/urgent and it pends for review, do we have the option to speak to a representative?

The provider should continue to rely on the application for authorization updates. If the service is the same day or following day and you have not received a response, call 1-800-523-6435. If your service is not the same day or following day you will be referred back to the application.

18. Can the prior authorization department at a facility request a date change or does the provider's office have to request the change?

Yes, both the facility and provider can request a date change through the application, if they are attached to the authorization request, using the Add Note/Attachment feature to request the change.

19. Can a document be deleted once it is uploaded?

An attached document can be deleted prior to submitting the document; however, once the request is submitted the document cannot be deleted.

20. Are any requests immediately approved or do they all start off as pending for review?

Yes, some requests are immediately approved.

21. When submitting an authorization, if an admission is the same day, would we need to expedite the request?

Select the "Urgent/Preservice" priority if the condition requires the patient be seen immediately or the service is expected to happen within the next 72 hours. Selecting "Urgent/Preservice" outside of these parameters may cause unnecessary delays for true urgent requests. If the request is same day, then also use the Add Referral Note feature in the application and enter "STAT NOTE" in the summary field.

22. How do I change the Location/POS from what was initially submitted?

The change of location/POS can be updated by using the Add Note/Attachment feature to request the change.

23. If an authorization is not required for a service, will the application indicate that after submitting the request?

Yes. The authorization status will indicate "No Authorization Required" for the service. In some cases, the request will pend for review before receiving a "No Authorization Required" notice.

24. When logged into the BCBSLA Authorizations application, can you change providers without exiting completely out of the program?

Yes, users may view and load authorizations for multiple providers during a single session. The provider NPI:Tax ID must be linked to your iLinkBlue user account for this option.

25. Since we have an electronic health records (EHR) system, instead of loading documents, would we have to use the note function to copy information from the EHR to iLinkBlue?

Yes, you will need to use the note feature to add information in iLinkBlue. Blue Cross does not access your electronic health records to perform authorizations.

26. How will I access authorization determination (approval/denial) letters in the new BCBSLA Authorizations application?

The new BCBSLA Authorizations application includes an In Basket feature that allows the Referred to Location/POS and Referred To providers access determination letters. All providers attached to the case can find the determination letters in the Referral details screen.

Application Support

27. Who can I reach out to for questions/support about the BCBSLA Authorizations application?

Provider support is available during our normal business hours of Monday – Friday, 8 a.m. to 4:30 p.m. CT (except holidays).

To report a security breach or if you have questions about accessing the BCBSLA Authorizations application, please contact the EDI Services at 1-800-716-2299, option 3 or send an email to EDIservices@bcbsla.com.

For concerns related to technical issues:

- Internal server error message:
  - Call 1-800-716-2299, option 3
- Internet errors on provider landing page:
  - Call 1-800-716-2299, option 3
- Unable to submit or locate a submitted authorization:
  - Call 1-800-716-2299, option 4
- Internet errors within the BCBSLA Authorizations application:
  - Email provider.relations@bcbsla.com
  - Include screenshot of error if possible

Education and Resources

28. Where can I find instructions for entering authorization requests in the new BCBSLA Authorization application?

The BCBSLA Authorizations Application User Guide will be available in iLinkBlue (www.bcbsla.com/ilinkblue) by April 22. Access the guide under Resources, then Manuals. It gives step-by-step instructions for entering authorizations in the new application. How-to videos will also be available for inpatient and outpatient authorizations and are also available under the Resources menu in iLinkBlue.

29. I have reviewed the online resources and still have questions. Who should I contact?

Our Provider Relations team is available to help during our normal business hours of Monday – Friday, 8 a.m. to 4:30 p.m. CT (except holidays). They can be reached at 1-800-716-2299, option 4 or by email at provider.relations@bcbsla.com.