Welcome to the Louisiana Blue Network

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.

LOUISIANA BLUE

Welcome to the Louisiana Blue Network

Facility Webinar

March 2025

Presented by Marie Davis
Senior Provider Relations Representative

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.

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

Lucet 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.

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Welcome to Louisiana Blue!

As a new to Louisiana Blue provider or new staff member for an existing provider, we want to make sure you have the tools and resources you need when doing business with Louisiana Blue. Today we will discuss:

- ✓ network participation
- ✓ network maintenance
- ✓ online resources
- ✓ using iLinkBlue
- ✓ Louisiana Blue policies and procedures
- ✓ authorization information
- ✓ claims
- ✓ claims editing
- ✓ provider support

Credentialing, Recredentialing & Updating Your Information

Credentialing is Required for Network Participation

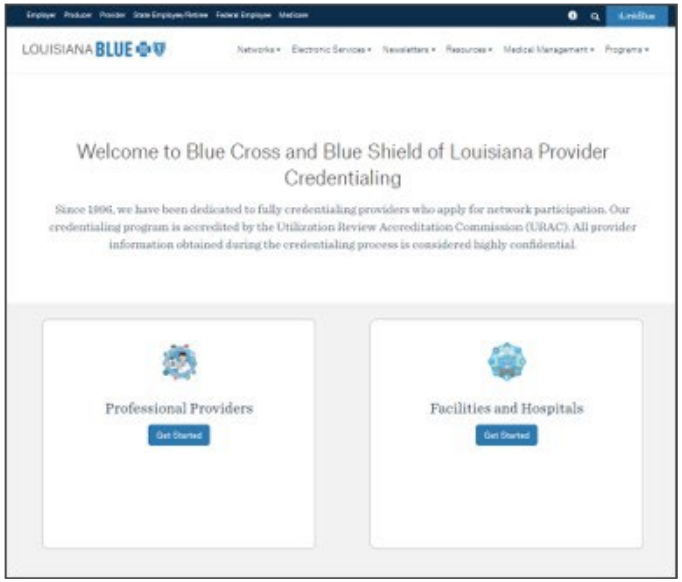
Louisiana Blue credentials all practitioners and facilities that participate in our networks.

We partner with **symplrCVO** to conduct credentialing verification processes for our commercial networks.

Network Participation

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

- Go to the **Join Our Networks** page then, select **Professional Providers** or **Facilities and Hospitals** to find:
  - Credentialing packets
  - Quick links to the Provider Update Request Form
  - Credentialing criteria for professional, facility and hospital-based providers
  - Frequently asked questions (FAQs)



www.lablue.com/providers >Network Enrollment >Join Our Networks

Facility Network Availability

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

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services
- Dialysis Facility
- DME Supplier
- 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 types at **www.lablue.com/providers** >Network Enrollment >Join Our Networks >Facilities and Hospitals >Credentialing Process.

Hospital Based Providers

A hospital-based provider is defined as a provider that **only** sees patients as a result of their being admitted or directed to the hospital.

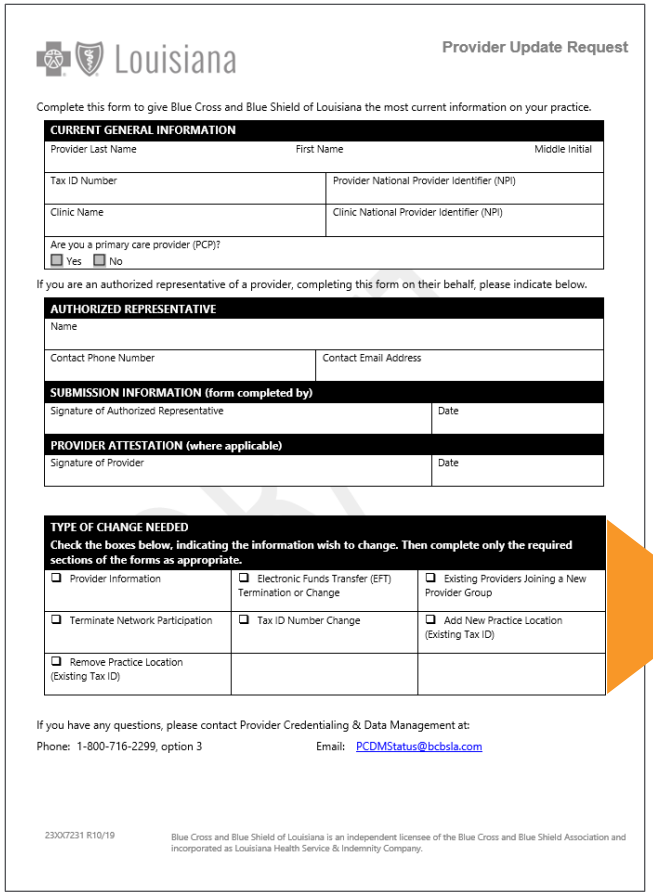
- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.

A provider is **NOT considered hospital-based** if they have patients referred directly to them from another physician or organization or if the member can make an appointment with the physician.

Updating Your Information

It is important that we always have your most current information!

Our **Provider Update Request Form** accommodates all your change requests, which are handled directly by our Provider Data Management team.



Louisiana

Provider Update Request

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice.

CURRENT GENERAL INFORMATION

Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Clinic Name	Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? ☐ Yes ☐ No		

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

AUTHORIZED REPRESENTATIVE

Name	
Contact Phone Number	Contact Email Address

SUBMISSION INFORMATION (form completed by)

Signature of Authorized Representative	Date

PROVIDER ATTESTATION (where applicable)

Signature of Provider	Date

TYPE OF CHANGE NEEDED

Check the boxes below, indicating the information wish to change. Then complete only the required sections of the forms as appropriate.

❑ Provider Information	❑ Electronic Funds Transfer (EFT) Termination or Change	❑ Existing Providers Joining a New Provider Group
❑ Terminate Network Participation	❑ Tax ID Number Change	❑ Add New Practice Location (Existing Tax ID)
❑ Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:

Phone: 1-800-716-2299, option 3 Email: PCDMStatus@bcbsla.com

23XX7231 R10/19

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

This form allows you to make any of the following changes. Simply check the appropriate box(es) to indicate the type of change needed. You may select more than one option.

TYPE OF CHANGE

Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

The form is available online at **www.lablue.com/providers** >Resources >Forms.

Updating Your Information

It is important that we always have your most current information!

- Indicate on the Provider Request Form they type of change you are requesting.
- You will **only** need to fill out the section of this form that needs updating. Completing the entire form is not required.

TYPE OF CHANGE **Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.**		
☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

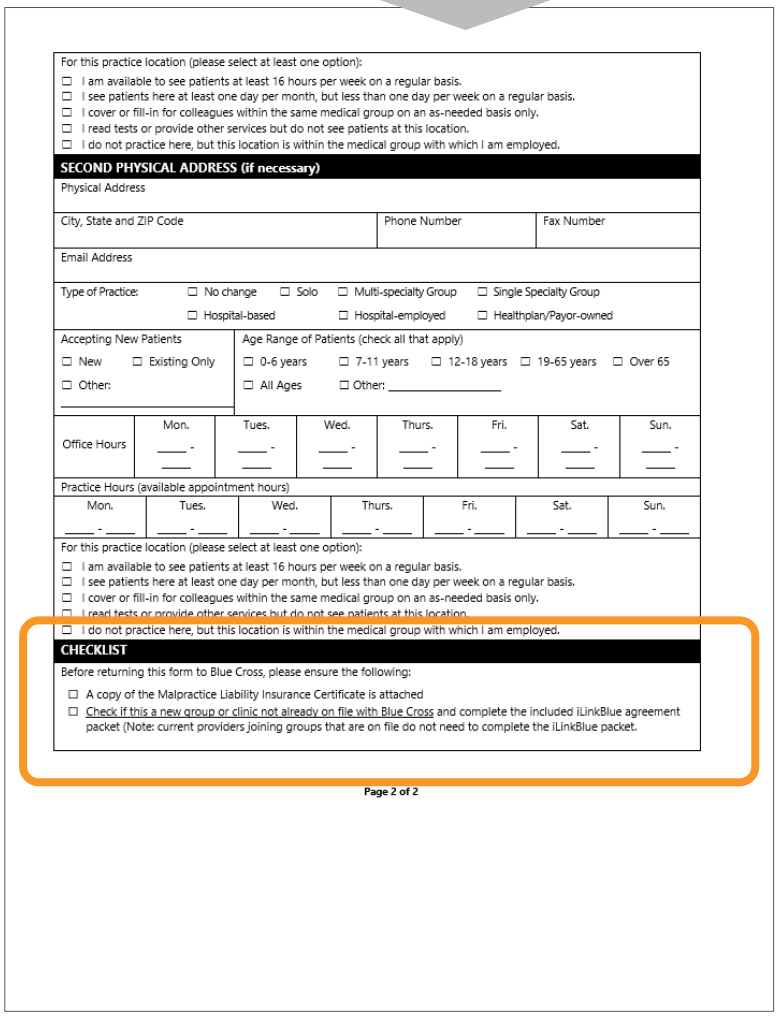
Updating Your Information

It is important that we always have your most current information!

Some change selections on the **Provider Update Request Form** include a checklist of required supporting documentation needed to complete your request.

- Complete the checklist.
- Ensure all requested items on the checklist are included or completed before submitting.

Submissions that are missing checklist items will be returned.



For this practice location (please select at least one option):

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

SECOND PHYSICAL ADDRESS (if necessary)

Physical Address

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

Email Address

Type of Practice: ☐ No change ☐ Solo ☐ Multi-specialty Group ☐ Single Specialty Group ☐ Hospital-based ☐ Hospital-employed ☐ Healthplan/Payor-owned

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

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

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

Practice Hours (available appointment hours)

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____

For this practice location (please select at least one option):

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☐ I read tests or provide other services but do not see patients at this location.
☐ I do not practice here, but this location is within the medical group with which I am employed.

CHECKLIST

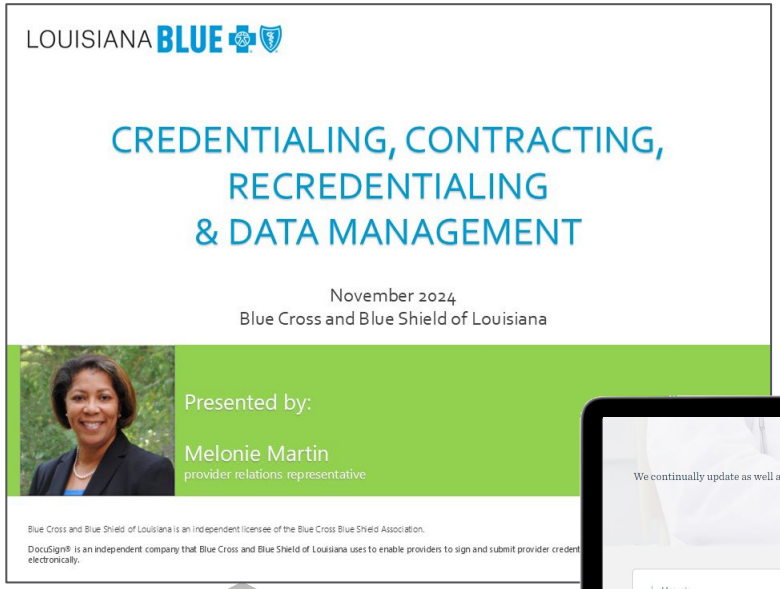
Before returning this form to Blue Cross, please ensure the following:

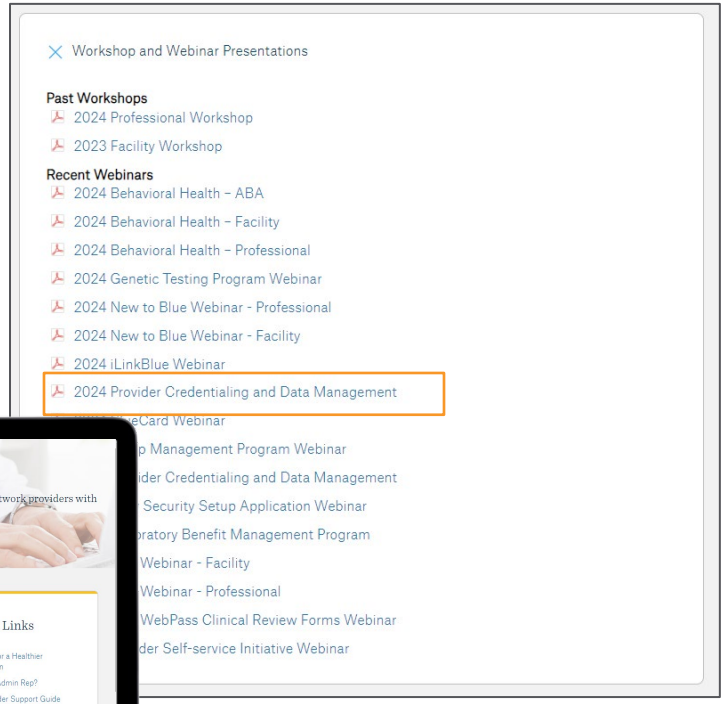
☐ A copy of the Malpractice Liability Insurance Certificate is attached
☐ Check if this a new group or clinic not already on file with Blue Cross and complete the included iLinkBlue agreement packet (Note: current providers joining groups that are on file do not need to complete the iLinkBlue packet.

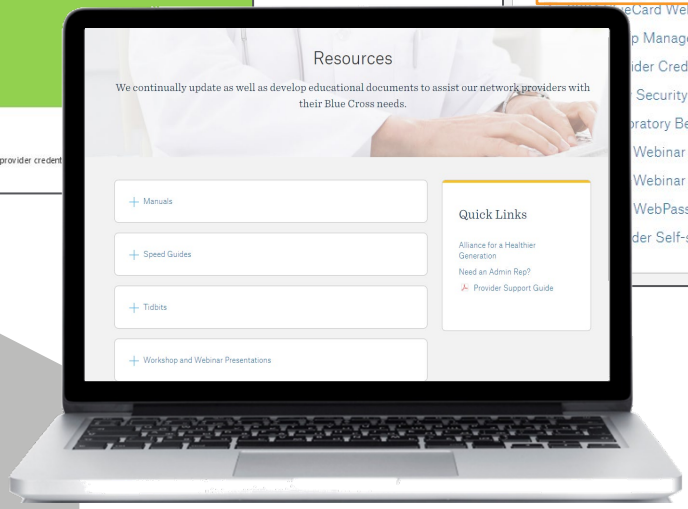
Page 2 of 2

Learn More About Credentialing and Recredentialing

For more information on how to complete the credentialing/recredentialing processes, view our **Provider Credentialing & Data Management Webinar** presentation. It is available online at **www.lablue.com/providers** >Resources >Workshops and Webinar Presentations.







To attend this webinar in May, register using the link in our upcoming Provider Weekly Digests.

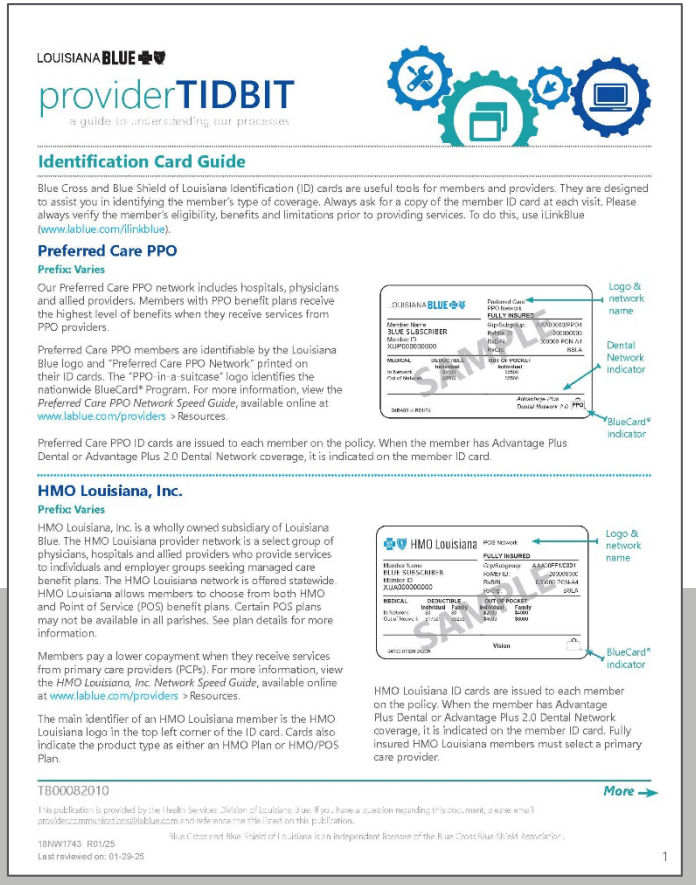
Our Networks

Louisiana Blue's Provider Networks

Louisiana Blue offers several provider networks that are tied to our members' benefit plans. These networks include:

- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- BlueHPN
- Community Blue
- Precision Blue
- Signature Blue (Extended Parishes)
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Ochsner Health Network
- Federal Employee Program (FEP)

Our Identification Card Guide Provider Tidbit is a guide to identify members' applicable networks when looking at the ID card. Go to **www.lablue.com/providers**, click "Resources," then "Provider Tidbits."



LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Identification Card Guide

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

Preferred Care PPO

Prefix: Varies

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

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

Logo & network name

Dental Network indicator

BlueCard® indicator

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

HMO Louisiana, Inc.

Prefix: Varies

HMO Louisiana, Inc. is a wholly owned subsidiary of Louisiana Blue. The HMO Louisiana provider network is a select group of physicians, hospitals and allied providers who provide services to individuals and employer groups seeking managed care benefit plans. The HMO Louisiana network is offered statewide. HMO Louisiana allows members to choose from both HMO and Point of Service (POS) benefit plans. Certain POS plans may not be available in all parishes. See plan details for more information.

Members pay a lower copayment when they receive services from primary care providers (PCPs). For more information, view the *HMO Louisiana, Inc. Network Speed Guide*, available online at www.lablue.com/providers > Resources.

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

Logo & network name

BlueCard® indicator

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

TB00082010

More →

This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, please email providercommunications@lablue.com and reference the title listed on this publication.

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18NW1743 R01/25

Last reviewed on: 01-29-25

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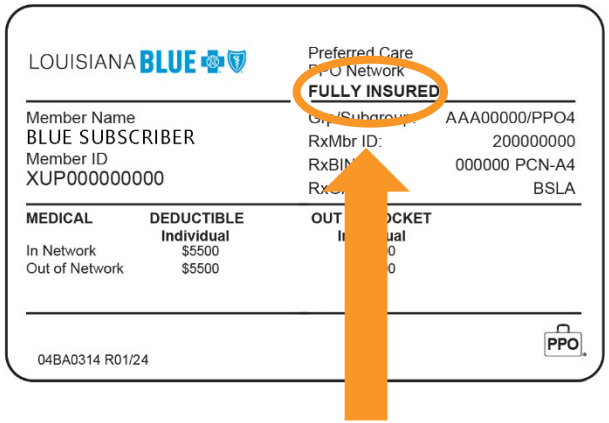
Fully Insured & Self Funded

FULLY INSURED

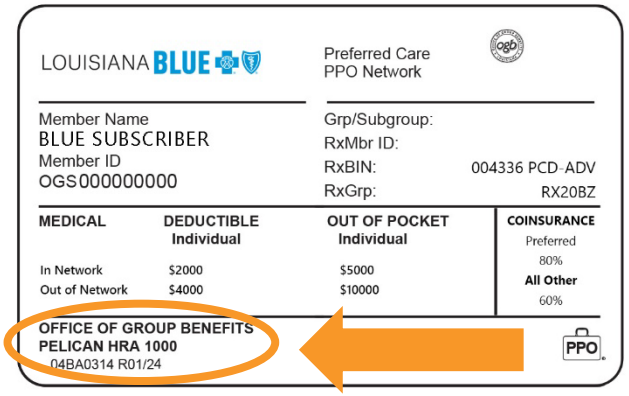
Group and individual policies issued by Louisiana Blue/HMOLA, and claims are funded by Louisiana Blue/HMOLA.



"Fully Insured" notation

SELF FUNDED

Group policies issued by Louisiana Blue/HMOLA, but claims payments are funded by the employer group, not Louisiana Blue/HMOLA.

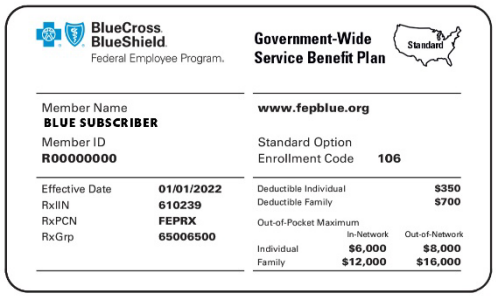


- **"Fully Insured" NOT noted**
- **Self-funded group name listed**

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

Federal Employee Program (FEP)

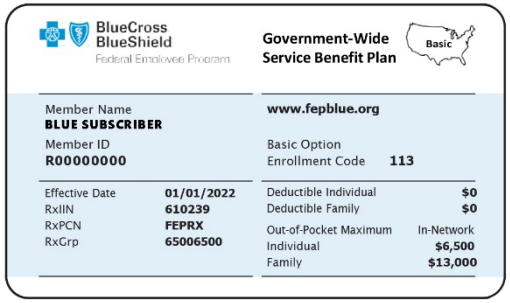
- **Prefix: R (followed by 8 digits)**
- The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.



Standard

In-network benefit

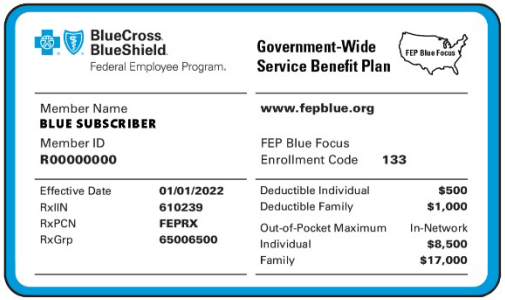
Out-of-network benefits



Basic

In-network benefits

No out-of-network benefits



Blue Focus

Limited in-network benefits

No out-of-network benefits

BlueCard® Program (out-of-area) Members

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 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.

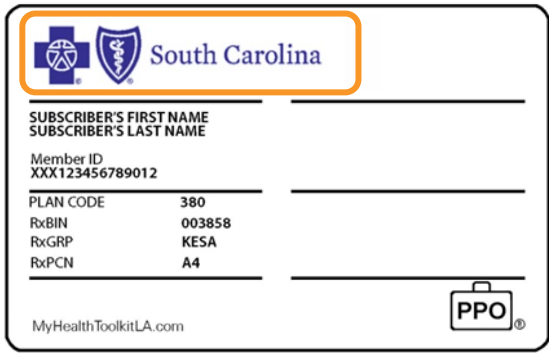
The PPO suitcase indicates the member is enrolled in a Blue Plan PPO or EPO product.

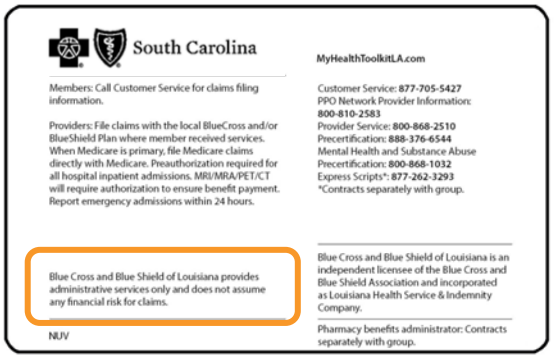
The empty suitcase indicates the member is enrolled in a Blue Plan traditional, HMO, POS or limited benefits product.

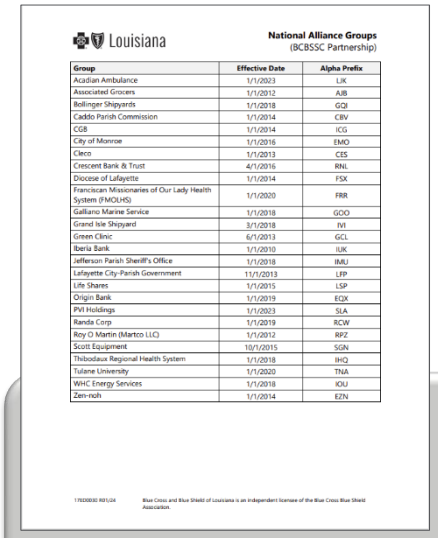
The HPN suitcase logo indicates the member is enrolled in a Blue High Performance Network® (BlueHPN®) product.

National Alliance Members *(South Carolina Partnership)*

- National Alliance groups are administered through Louisiana Blue's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- Louisiana Blue 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.







Louisiana

National Alliance Groups
(BCBSSC Partnership)

Group	Effective Date	Alpha Prefix
Acadian Ambulance	1/1/2023	LJK
Associated Grocers	1/1/2012	AJB
Bollinger Shipyards	1/1/2018	GQI
Caddo Parish Commission	1/1/2014	CBV
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cleco	1/1/2013	CES
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMOLHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyard	3/1/2018	IVI
Green Clinic	6/1/2013	GCL
Iberia Bank	1/1/2010	IUK
Jefferson Parish Sheriff's Office	1/1/2018	IMU
Lafayette City-Parish Government	11/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EQX
PVI Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	IHQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	KIU
Zen-noh	1/1/2014	EZN

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

We publish a list of these groups (with prefixes) in iLinkBlue (**www.lablue.com/ilinkblue**) under the "Resources" section.

Member Referrals

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 Louisiana Blue 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.

Referring Members Out-of-network

You can find network providers to refer members to in our online provider directories at www.lablue.com >Find a Doctor.

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

- Higher cost shares (deductibles, coinsurances, copayments)
- No benefits for some members
- Balance billing to member for all amounts not paid by Louisiana Blue if the provider is non-participating

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

Laboratory Referrals

- 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.
- Louisiana Blue 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.lablue.com/providers** >Resources >Speed Guides.

Online Resources

Online Provider Directories

Keeping your information updated is extremely important to help our members find you.

We publish demographic information in our online provider directory. The directory is available on our website at **www.lablue.com**.

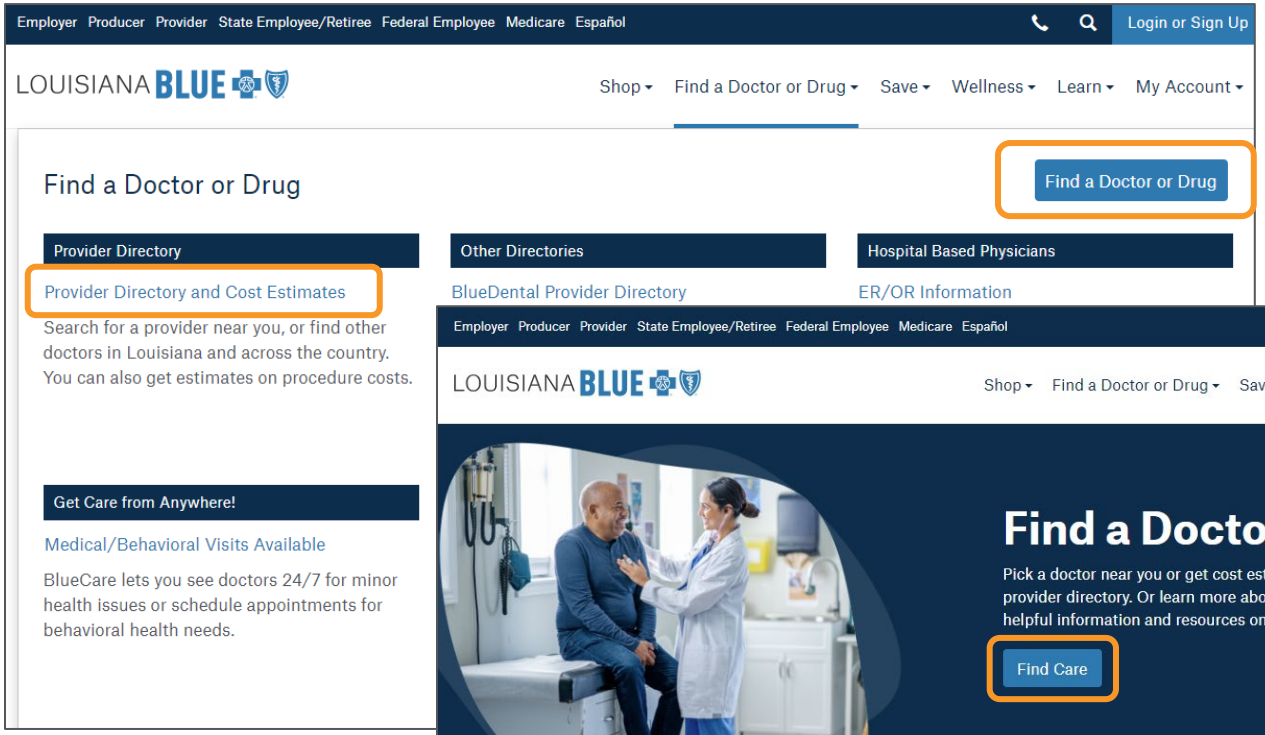
- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services

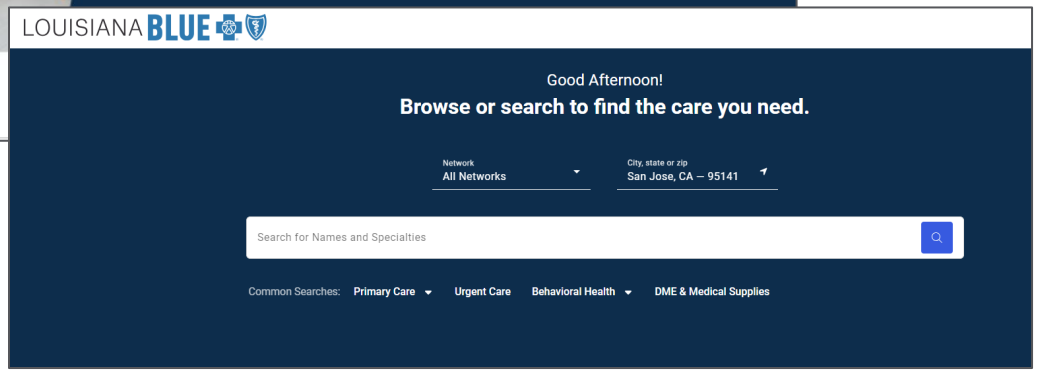
For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.

It is the contractual responsibility of all participating providers keep their information current with Louisiana Blue. To report changes in your information, use the **Provider Update Request Form**. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

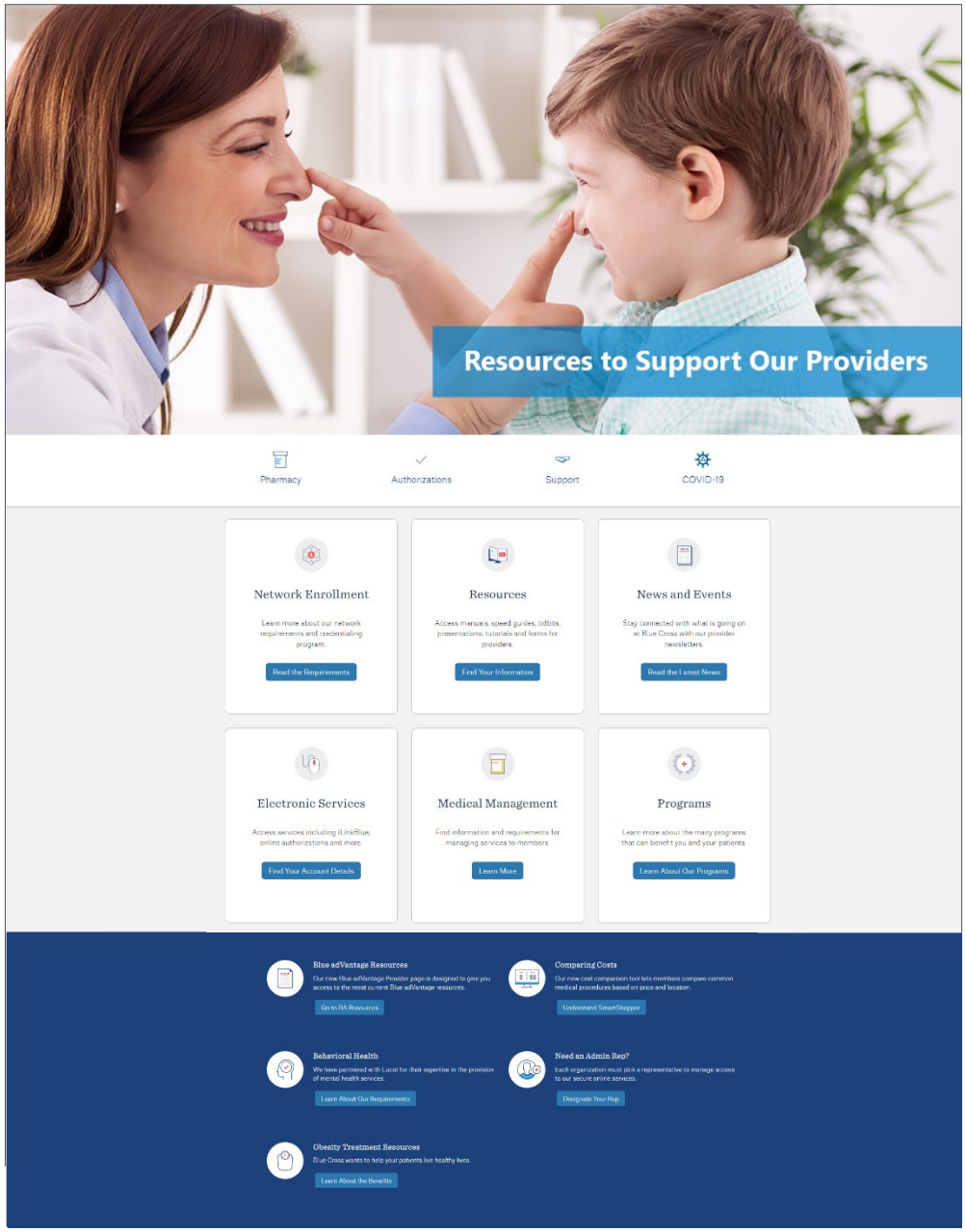
Online Provider Directories

www.lablue.com >Find a Doctor or Drug >Provider Directory and Cost Estimates >Find Care



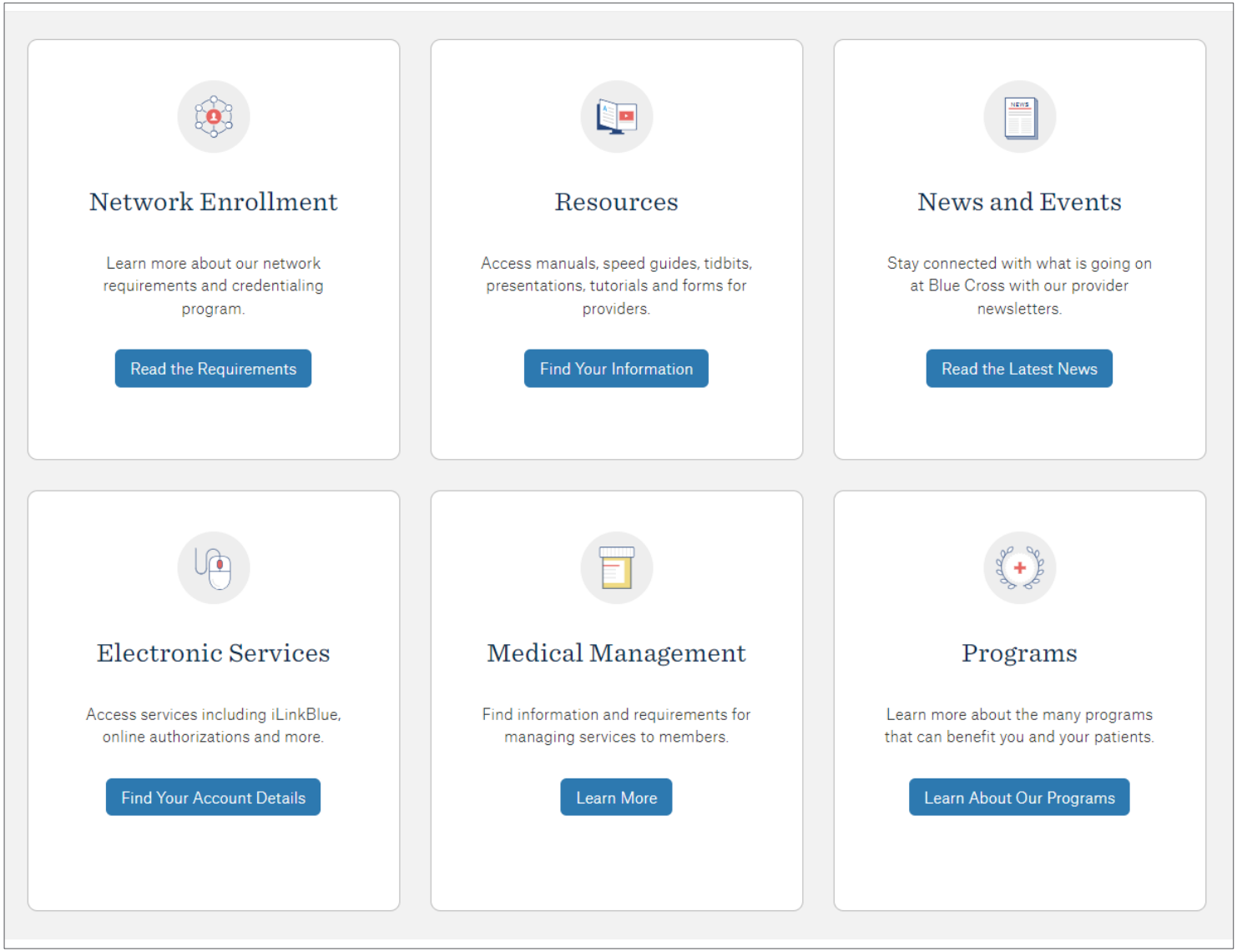


The Provider Page www.lablue.com/providers



The Provider Page

www.lablue.com/providers

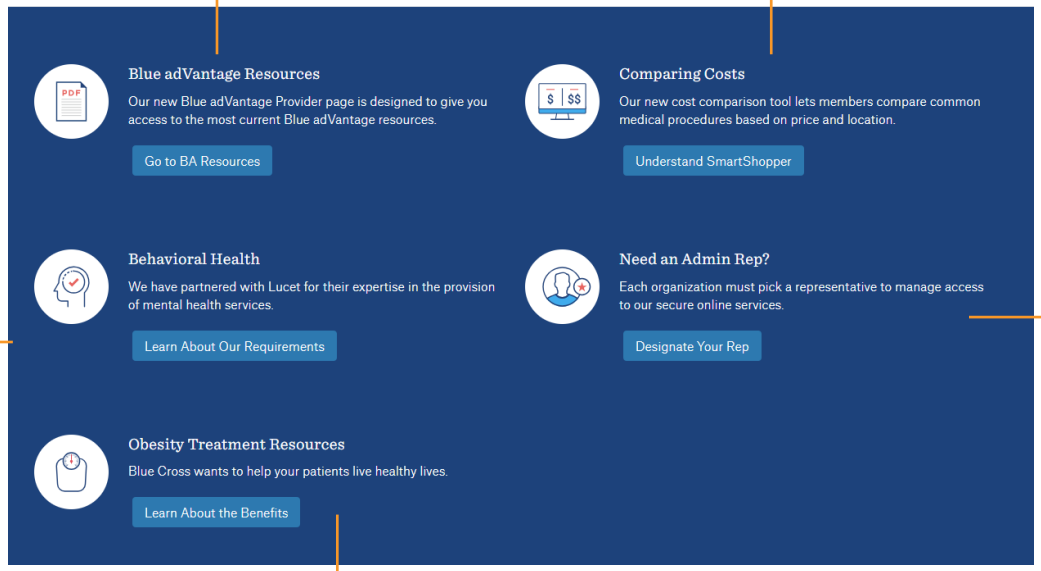


The Provider Page

www.lablue.com/providers

Blue Advantage Resources
Our Blue Advantage Provider page is designed to give you access to the most current Blue Advantage resources.

Comparing Costs
Our cost comparison tool lets members compare common medical procedures based on price and location.



Behavioral Health
We have partnered with Lucet for their expertise in the provision of mental health services.

Need an Admin Rep?
Each organization must pick a representative to manage access to our secure online services.

Obesity Treatment Resources
Louisiana Blue wants to help your patients live healthy lives.

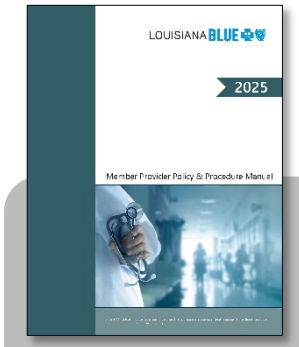
Provider Manuals

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.lablue.com/providers
>Resources >Manuals

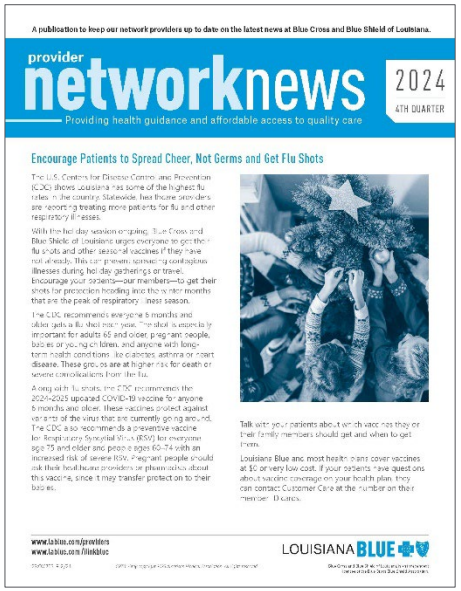


The *Member Provider Policy & Procedure Manual* (our facility manual) is located only in iLinkBlue at **www.lablue.com/ilinkblue** >Resources.

Newsletters

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

www.lablue.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@lablue.com**. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

Weekly Digest

The Weekly Digest is a consolidated communication that is emailed every Thursday to the correspondence email on file, as well as iLinkBlue users and administration representatives.

It includes:

- General announcements
- Billing guidelines
- Medical policy updates
- Quick tips
- Webinar/workshop event information and registration

LOUISIANA BLUE

provider communications

WEEKLY DIGEST

PROVIDER NOTICES

Lab Reimbursement Policy Update

Audience: All professional and facility providers should read this message.

Part of the Blue Cross and Blue Shield of Louisiana Laboratory Benefit Management Program requires routine reviews, updates and implementations of laboratory reimbursement policies as needed. As a result of our most recent review, we revised the below lab reimbursement policy, effective November 15, 2024.

Provider Letter
Revised Policy No. G2022: Biomarker Testing for Autoimmune Rheumatic Disease

UPCOMING EVENTS

Register Today!

Louisiana Blue offers training events for our providers that focus on Louisiana Blue processes, programs and resources. Please pre-register for the event(s) you wish to attend. Once registered, you will receive an email with information and instructions on how to join the webinar.

Risk Adjustment 101 Webinar

The Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) use Risk Adjustment to ensure health plans are able to appropriately provide benefits and access to care for enrollees. Proper documentation of conditions, and thus coding accuracy, play a crucial role in the risk adjustment process. We will discuss documentation best practices, miscoded conditions that we see in our audits, as well as conditions typically seen in the Office of Inspector General's (OIG's) audits.

Who should attend?
Your organization's medical and coding staff.

Date: August 20, 2024
Time: 12 - 1 p.m.

Register

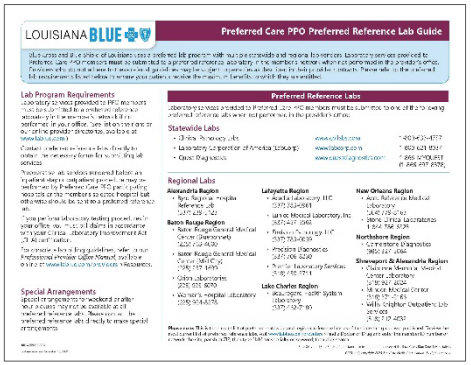
Important information to share with others at your organization!

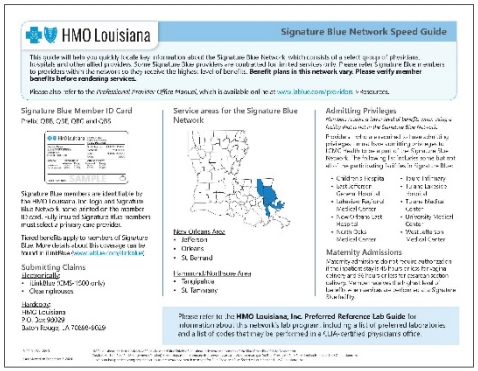
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

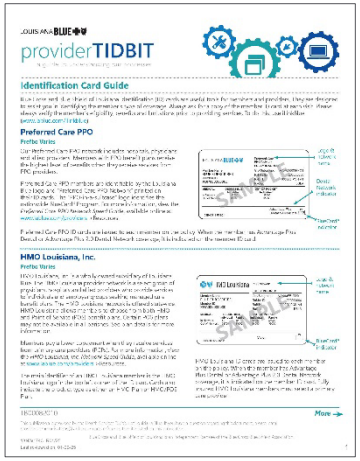
Speed Guides & Tidbits

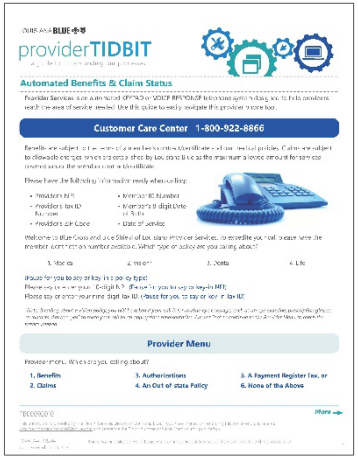
Speed Guides offer quick reference to network authorization requirements, policies and billing guidelines.

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


LOUISIANA BLUE
Preferred Care PPO Preferred Reference Lab Guide
Lab Program Requirements
Preferred Reference Labs
Statewide Labs
Regional Labs
Special Arrangements


HMO Louisiana
Signature Blue Network Speed Guide
Signature Blue Member ID Card
Service areas for the Signature Blue Network
Admitting Privileges
Submitting Claims
Maternity Admissions


providerTIDBIT
Identification Card Guide
Preferred Care PPO
HMO Louisiana, Inc.


providerTIDBIT
Automated Benefits & Claim Status
Customer Care Center 1-800-922-8866
Provider Menu

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

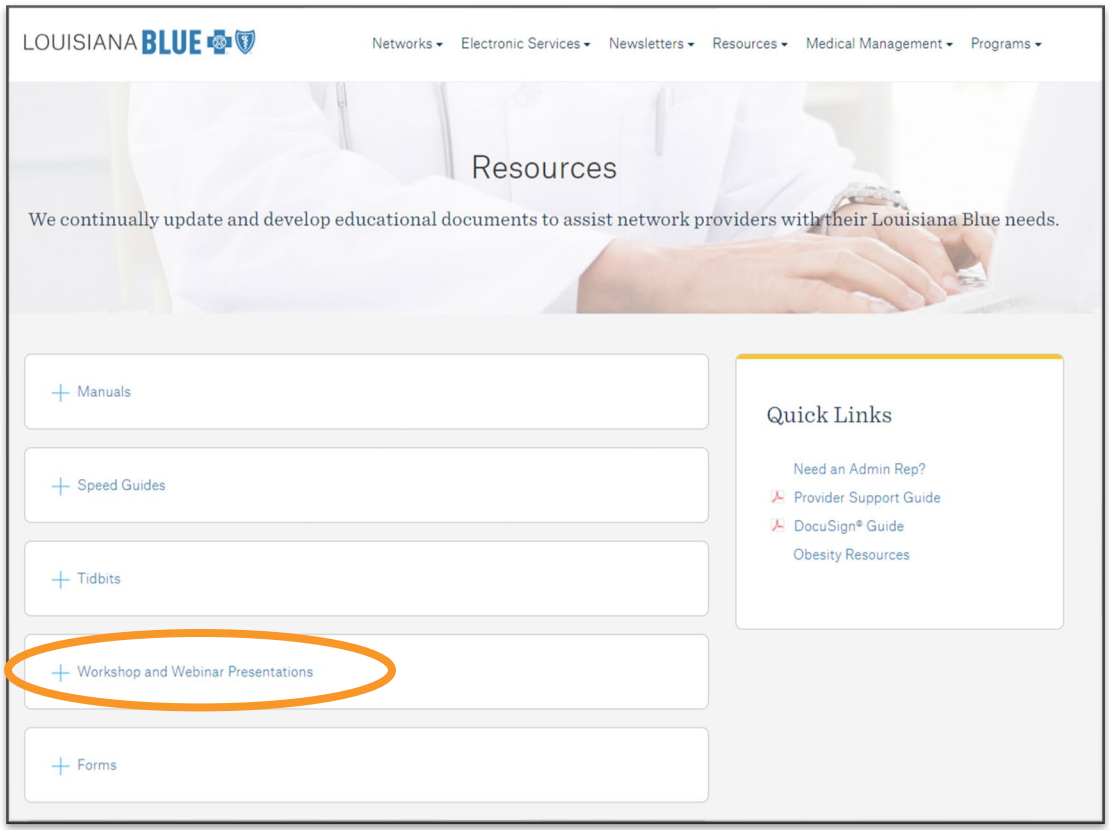
www.lablue.com/providers
>Resources >Tidbits

Workshops and Webinars

Provider Workshops and Webinars are held throughout the year to offer training and updates on Louisiana Blue policies and procedures.

Invites to attend these events are sent to the providers' correspondence email address.

PDF copies of our workshops and webinars are available online.



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

Using iLinkBlue

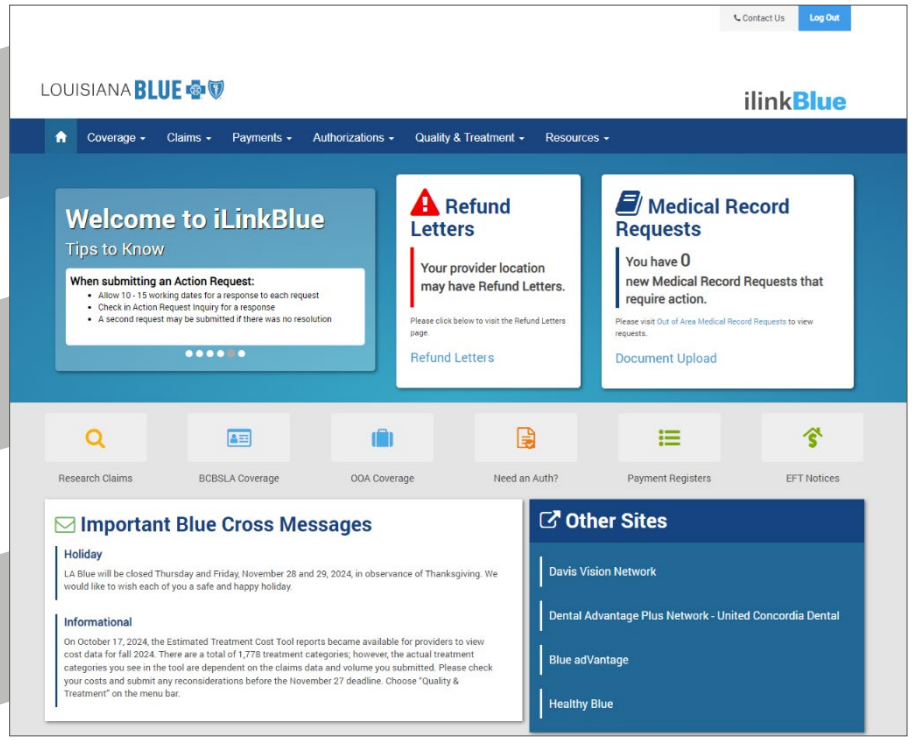
What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.

no cost to providers

user-friendly navigation

secure auth applications



www.lablue.com/ilinkblue

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission
- Refund Request Letters
- Inpatient Unbundling Reports

The Administrative Representative Role

What is an Administrative Representative?

- An administrative representative is a person at your organization who has registered with Louisiana Blue to designate user access to our secure online services.
- They only grant access to those employees who legitimately must have access to fulfill their job responsibilities.
- Your administrative representative must grant a user access to the following:
  - iLinkBlue
  - BCBSLA Authorizations
  - Behavioral Health Authorizations
  - 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 Louisiana Blue, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page (**www.lablue.com/providers**).

Accessing iLinkBlue

Louisiana Blue requires that provider organizations have at least one **administrative representative** to manage our secure online services.

Louisiana

Instructions for Accessing Our Secure Online Services

Blue Cross offers many online services that require secure access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)

To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.

   Email: PIMTeam@bcbsla.com Fax: 1-800-515-1128 Attn. Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?

If you have questions regarding the administrative representative setup process, please contact our PIM Team.

Email: PIMTeam@bcbsla.com

Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross' guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.

16NW2367 R06/22

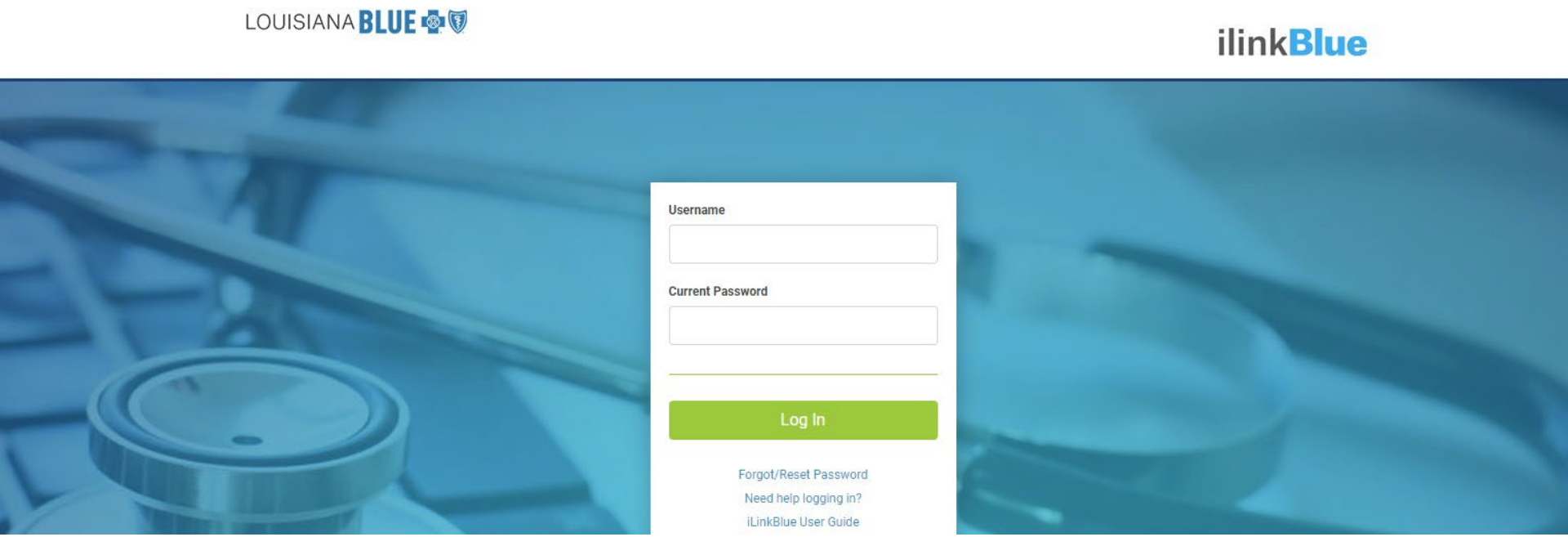
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative representative duties include:

- ✓ Identify users at your organization who will need access to our secure online services.
- ✓ Assign individual users the appropriate access to applications.
- ✓ Manage users and terminate user access when it is no longer needed.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at **www.lablue.com/providers** >Electronic Services >Admin Reps.

Accessing iLinkBlue



Logging in for the first time:

- Password must be reset.
- Click on the "Forgot/Reset Password" button.
- Follow the prompts, enter your username and click the "Request Password" button.
- The system will send you an email to reset your password. Click on the link in the email. Follow the prompts.

Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @#$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.

iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. **Reach out to your administrative representative to have your account reset.**

If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

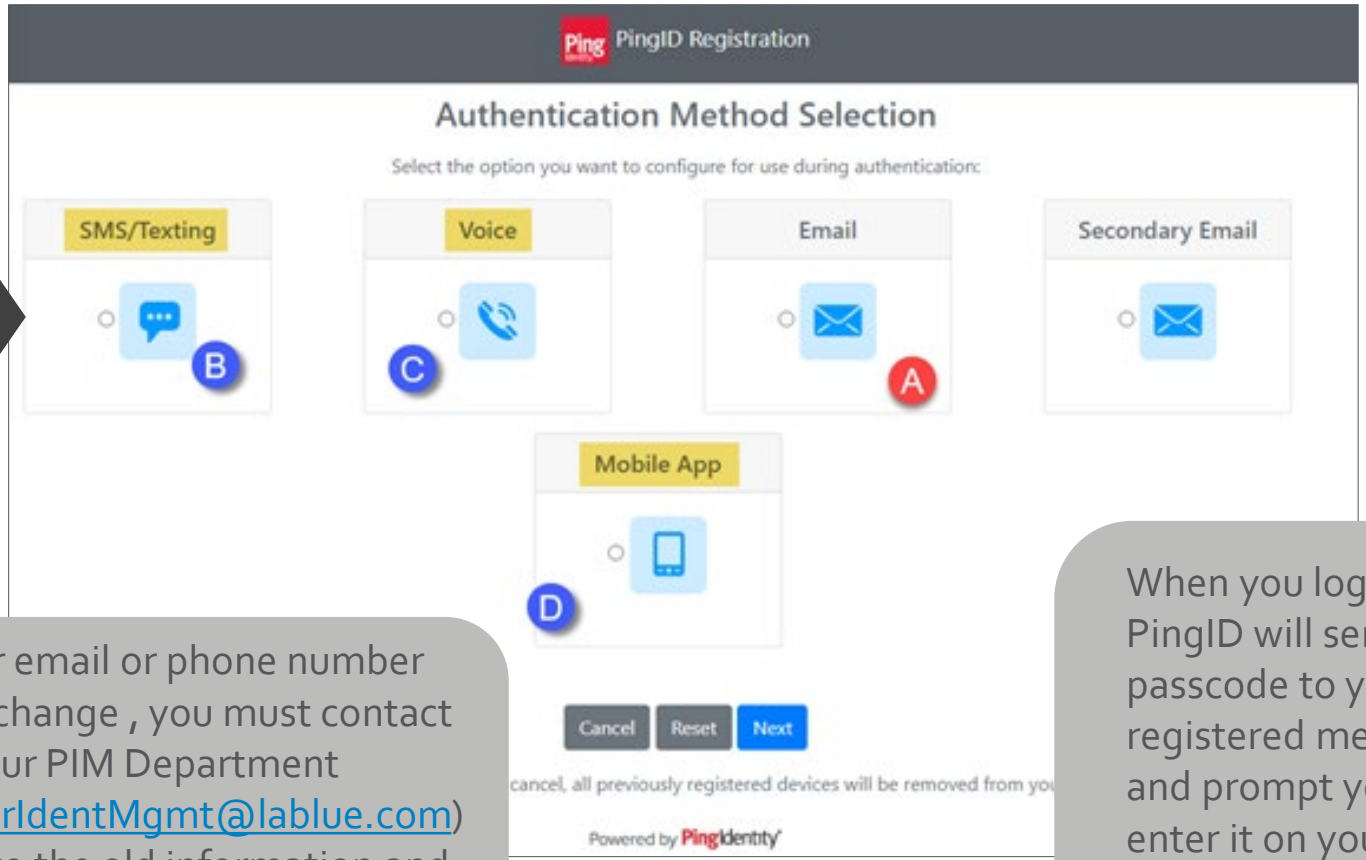
Phone: 1-800-716-2299, option 5
Monday – Friday 7:30 a.m. to 4 p.m.

Email: **PIMteam@lablue.com**

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

We recommend registering **two or more** options for account recovery.



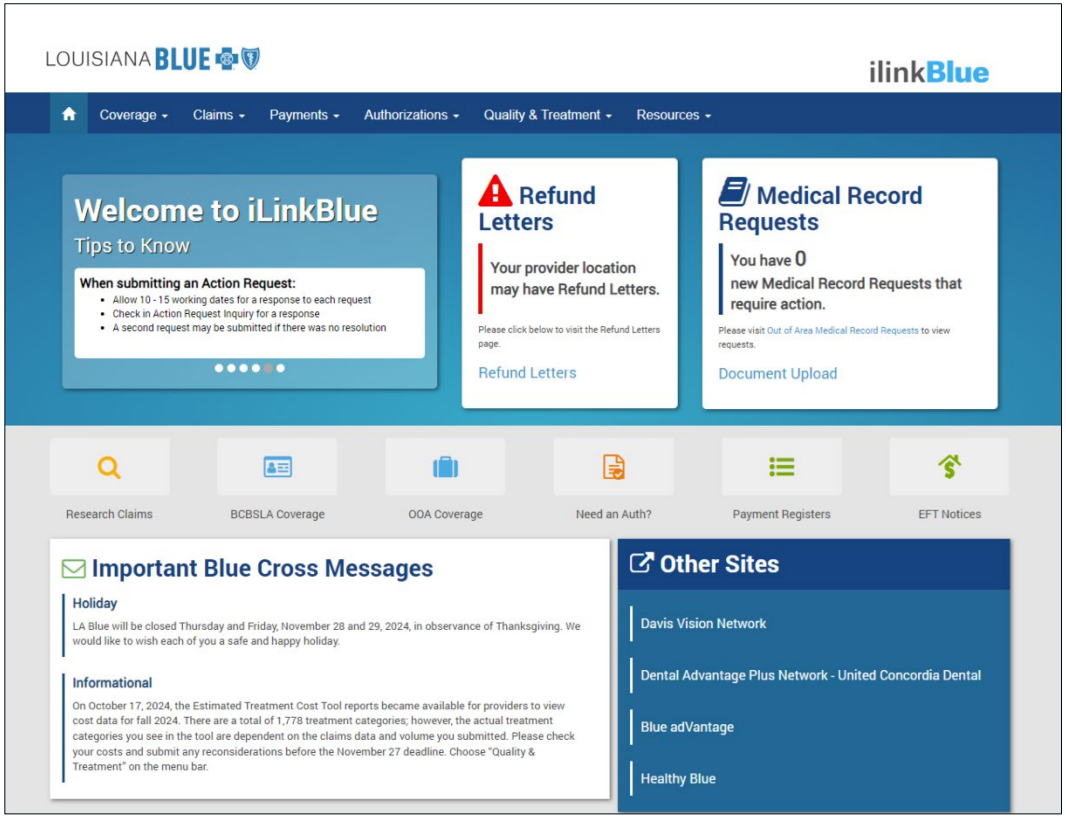
If your email or phone number should change , you must contact our PIM Department (ProviderIdentMgmt@lablue.com) to delete the old information and add the new.

When you log in, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

Navigating iLinkBlue

Top Navigation
The top navigation streamlines the iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Refund Letters
Providers now have a shortcut to check/search for Refund Request Letters.



Quick Links
This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board
Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Medical Record Requests
You receive an alert when you have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the "Out of Area Medical Record Requests" link on the alert. This does not include medical record requests for BCBSLA members. To upload medical records and other documents, click the "Document Upload" link.

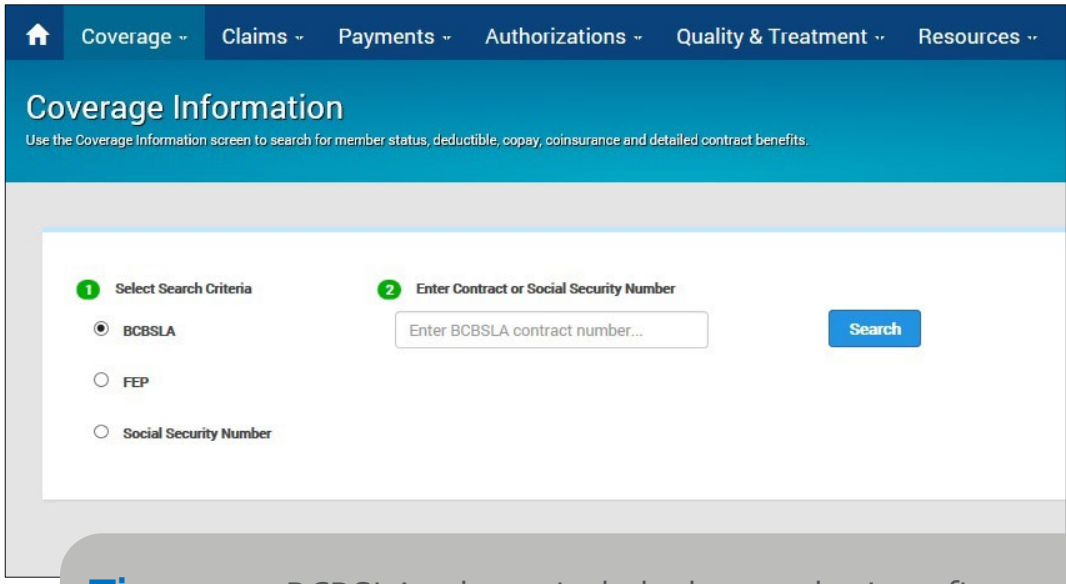
Other Sites
We provide quick access to other sites a provider might need to access.

Verifying Member Benefits in iLinkBlue

Use iLinkBlue (**www.lablue.com/ilinkblue**) to lookup a member's coverage information.

Choose the "Coverage" menu option. Enter them member ID number to view coverage information for:

- BCBSLA (including HMO Louisiana, Inc.) members
- FEP members. This section is not used for out-of-area members.



Tips

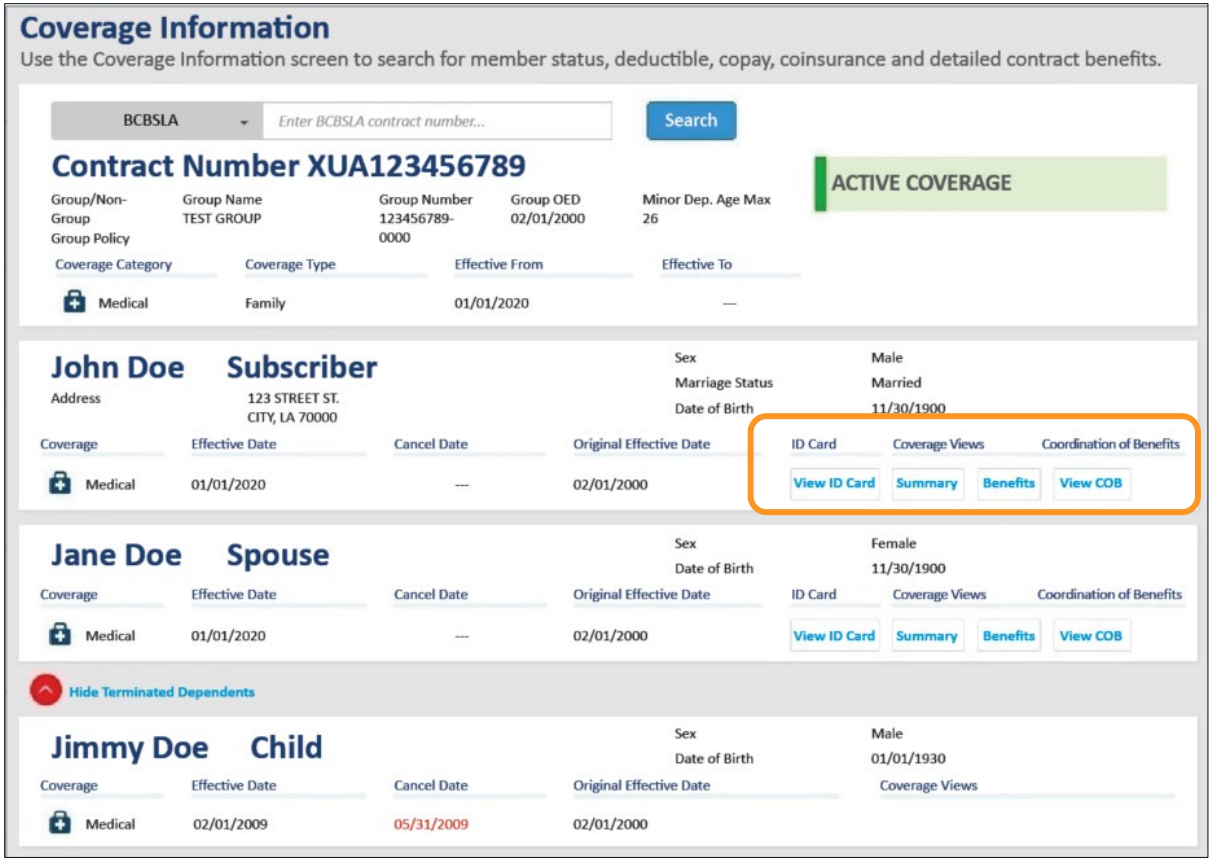
- BCBSLA – do not include the member's prefix.
- FEP – must include the letter "R"
- A different application is used for BlueCard (out-of-area) members

If you do not have the member ID number, you can search using the subscriber's Social Security Number (SSN), when available. iLinkBlue will return search results with the member ID number. An error message will display if searching by a dependent's SSN. It must be the SSN of the policy holder.

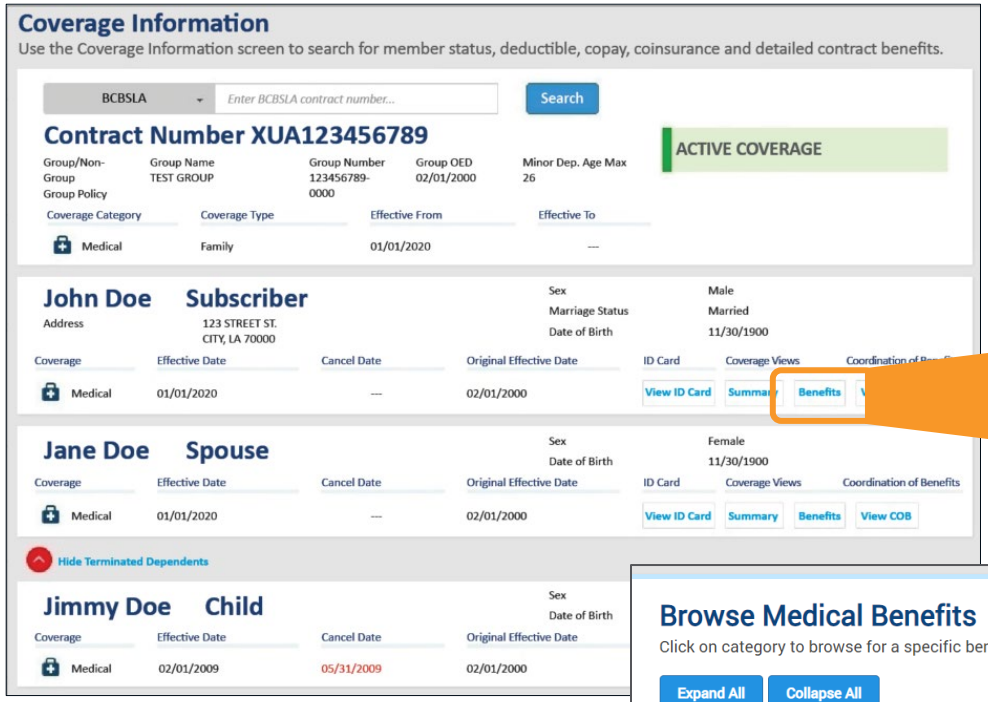
Coverage Information

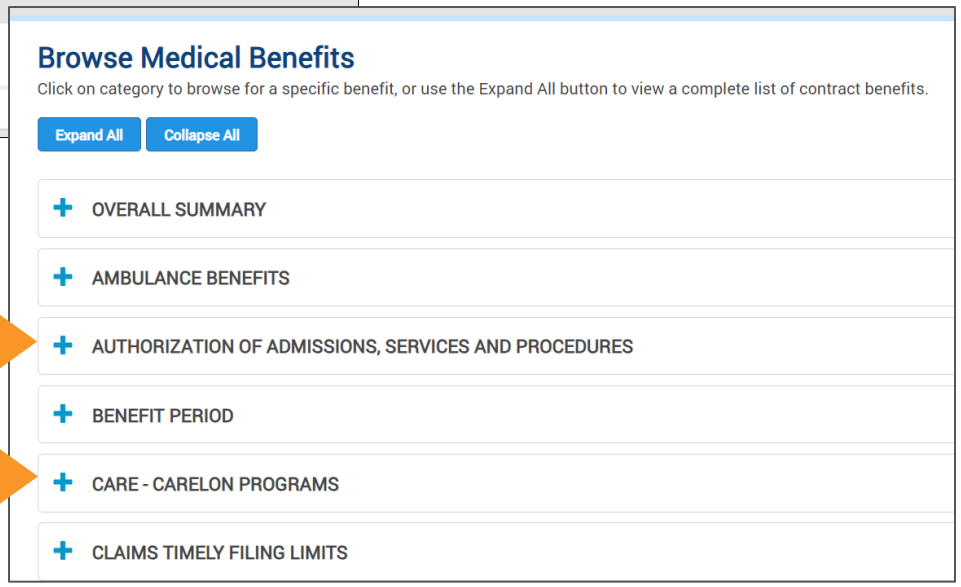
This screen identifies members covered on a policy, effective date and the status of the contract (active, pended, cancelled).

- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the coverage details of the member's benefits plan.
- The **View COB** button allows you to view coordination of benefits information.



Verifying Benefits for Members

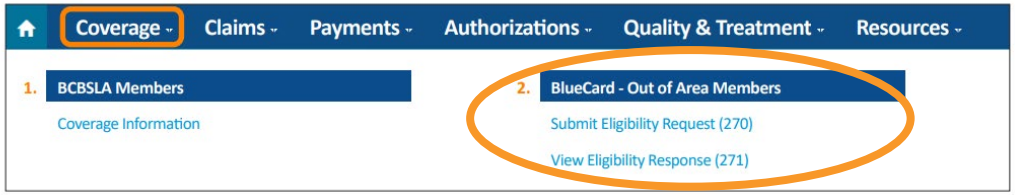


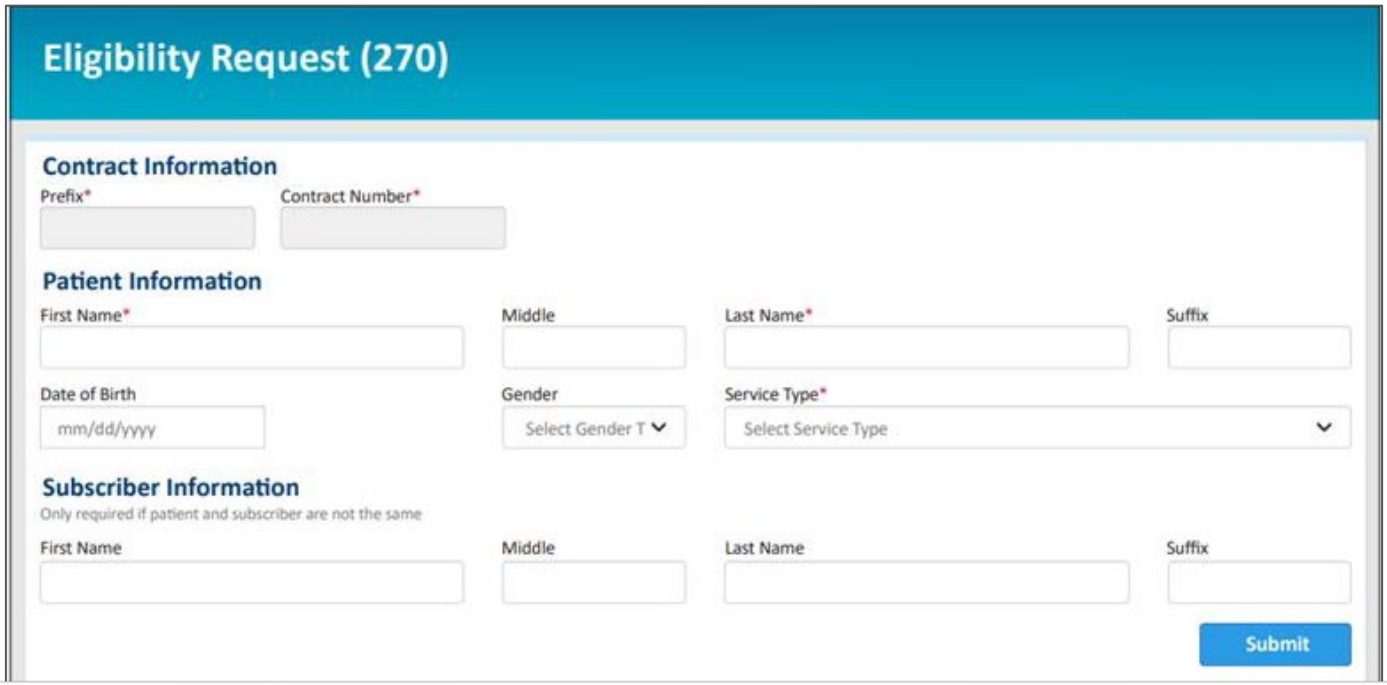


Click on **Benefits** to open the list of services covered under the member's policy. Also be sure to verify limitations and exclusions, as benefits vary by policy.

Verifying Benefits for BlueCard Members

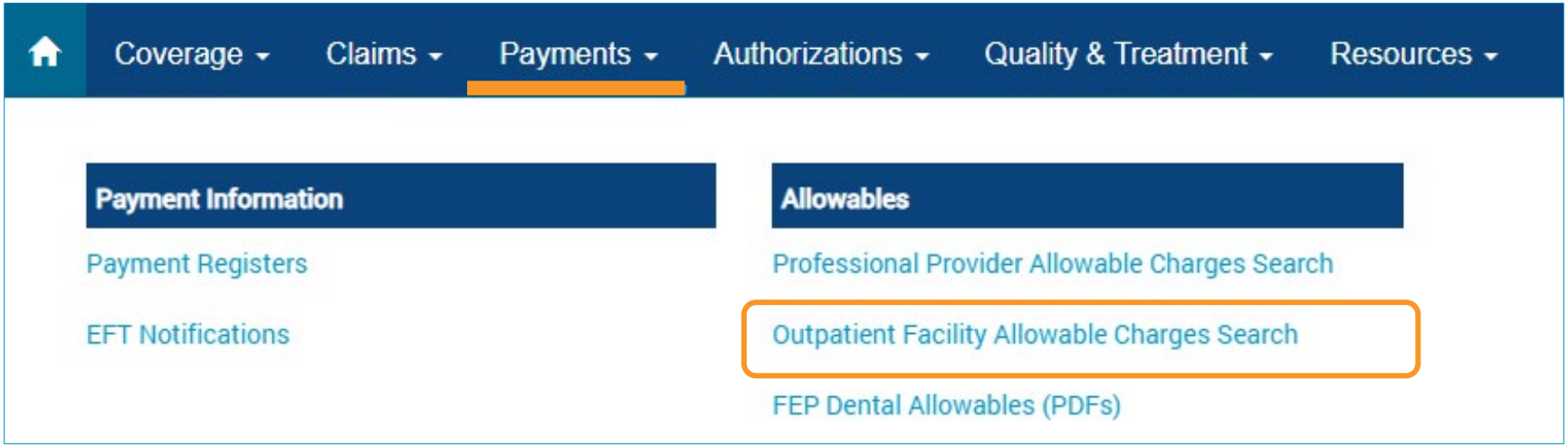
Use the "Coverage" menu option to research a BlueCard (out-of-area) member (insured through a Blue Plan other than Louisiana Blue).





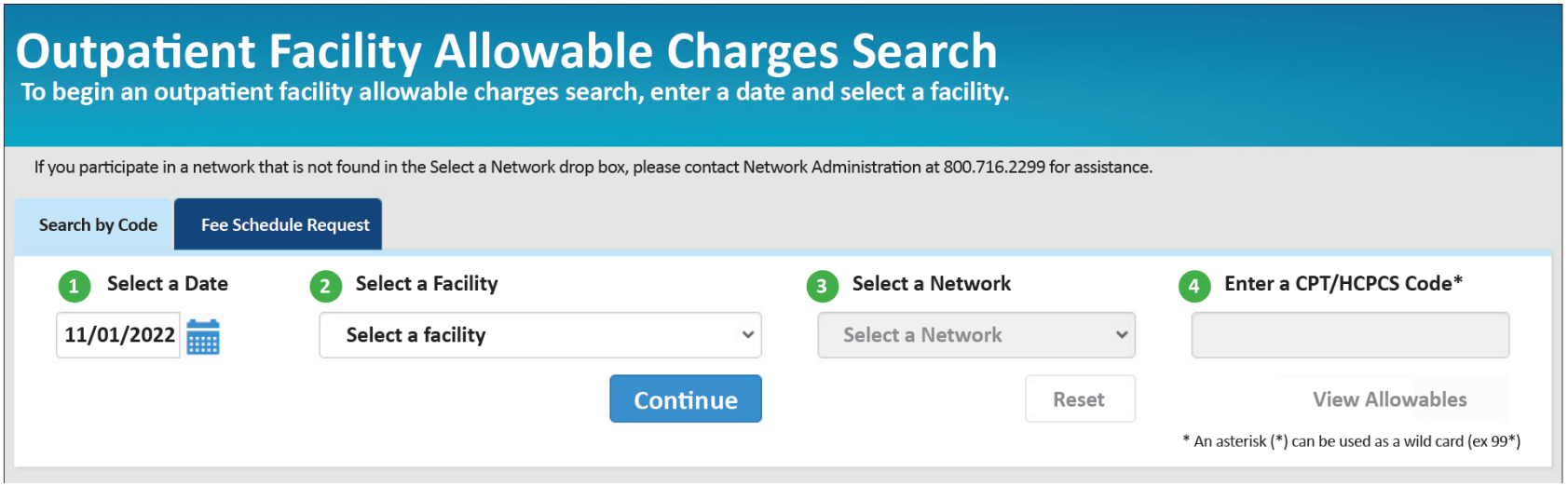
More information on BlueCard Eligibility and Benefits is available online at **www.lablue.com/providers** >Resources >Speed Guides.

Allowables Research



iLinkBlue includes an application facilities can use to research Louisiana Blue allowables:

- **Outpatient Facility Allowable Charges Search**



Outpatient Facility Allowable Charges Search

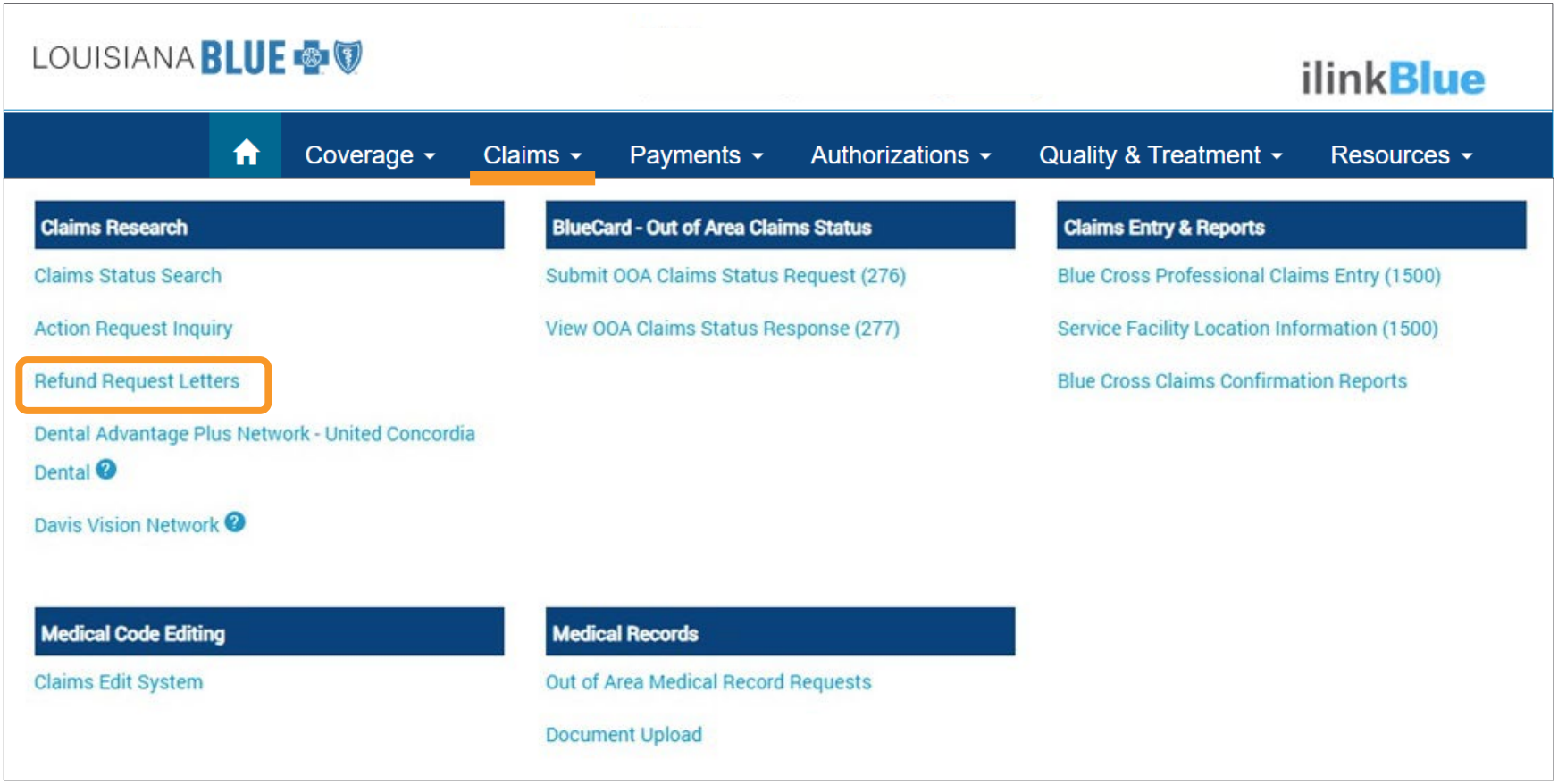
This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

- When searching for an allowable charge enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.

Refund Request Letters

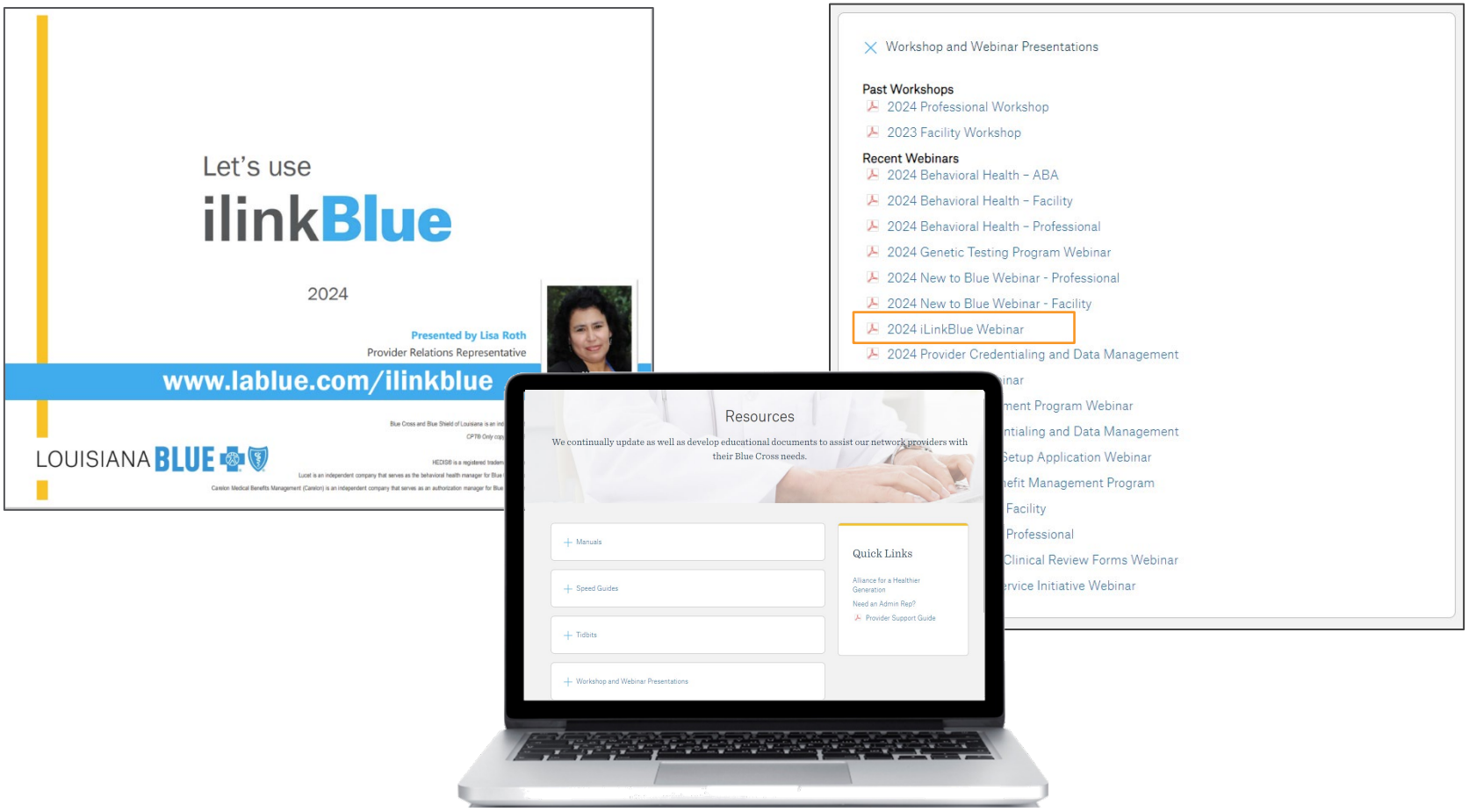
Providers now have access to electronic copies of Refund Request letters in iLinkBlue.

- The letters are accessible for 24 months from their issue date.
- We will continue to grow this feature to include other types of letters in the future.



Learn More About iLinkBlue

For full information on the features of iLinkBlue, view our **iLinkBlue Webinar** presentation. It is available online at **www.lablue.com/providers** >Resources >Workshops and Webinar Presentations.



Louisiana Blue Policies and Procedures

Laboratory Benefit Management Program

Louisiana Blue has partnered with Avalon Healthcare Solutions to manage our 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.

Louisiana Blue applies 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 review and research laboratory policies and guidelines online at **www.lablue.com/providers**, click on "Medical Management," then "Lab Management."

Laboratory Benefit Management Denials

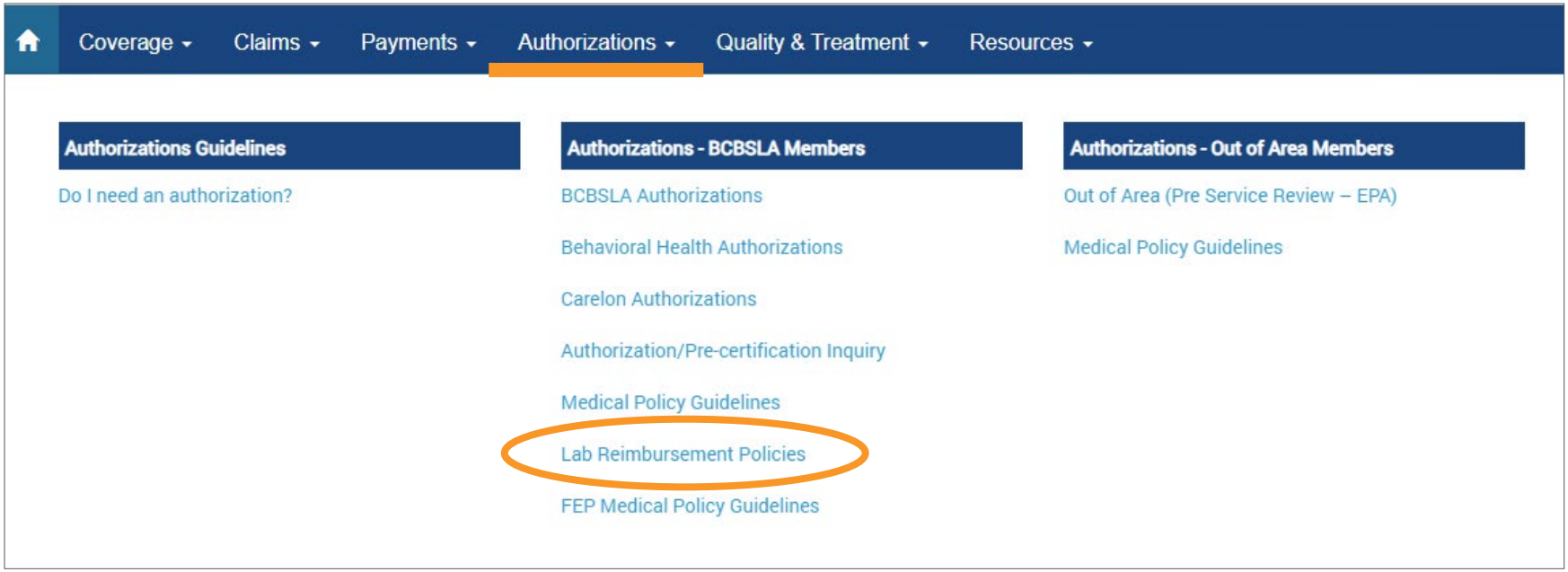
- If services were denied due to an Avalon policy, the policy number will appear on the provider payment register.
- You can then access our policies and procedures, put the policy number in the search field and it will display the policy and criteria.

SUBSCRIBER, JOE XUP20000000 1 7/2/2022 7/2/2022 22000080061 $137.98 $137.98 $0.00
Lab Policy #G2050, Procedure Code: 80061, Decision: D06R - 1 per 1 Yr

- If you are billing in accordance with how the policy reads and you feel there is a systemic or configuration issue present that caused the claim to deny you may submit your findings to **provider.relations@lablue.com** for review.
- If you believe our published policy does not indicate coverage for your claim and/or you are disputing the policy itself, submit your case using our Provider Dispute Form. Please include clinically published documentation. Louisiana Blue will not process dispute cases submitted without published documentation.

The Provider Disputes Form can be found on our Provide page at **www.lablue.com/providers** >Resources >Forms.

Laboratory Reimbursement Policies



Our medical policies can also be found online at **www.lablue.com/provider** >Medical Management >Medical Policies.

Laboratory Policies

Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

Blue Cross and Blue Shield of Louisiana (BCBSLA) has partnered with Avalon Healthcare Solutions for Laboratory Benefits Management (LBM) in order to administer Avalon's Routine Testing Management (RTM), a post-service pre-payment clinical claim editing program. The laboratory testing policies for the RTM program are accessible through the links below. These policies are specific to BCBSLA network and product requirements and in alignment with its policies, rules, and/or state and federal contracts. In the event of a conflict, BCBSLA's policies, rules, and/or state and federal contracts will take precedence.

The RTM policies below are effective for claims with a date of service of May 15th, 2022, and later.

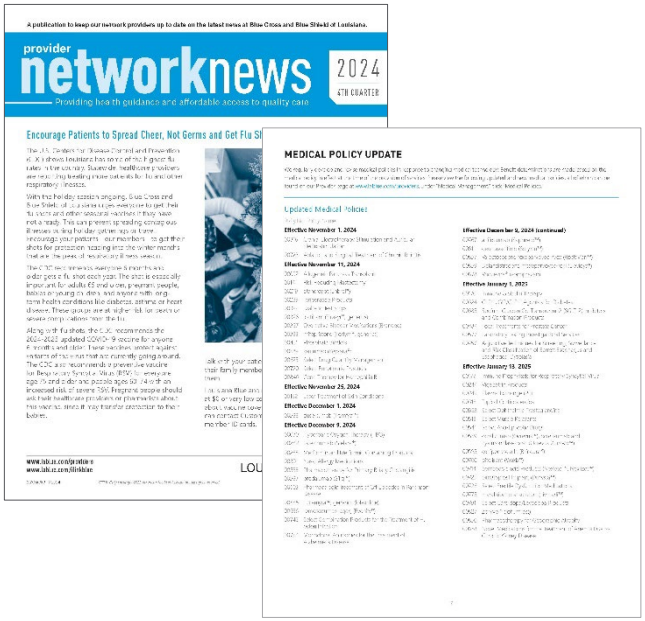
Search...

- F2019: Flow Cytometry
- G2002: Cervical Cancer Screening
- G2005: Vitamin D Testing
- G2006: Diabetes Mellitus Testing
- G2007: Prostate Biopsies
- G2008: Prostate Specific Antigen (PSA) Testing
- G2009: Preventive Screening in Adults
- G2011: Diagnostic Testing of Iron Hemostasis and Metabolism
- G2013: Testosterone

Accessing Medical Policies in iLinkBlue

- 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



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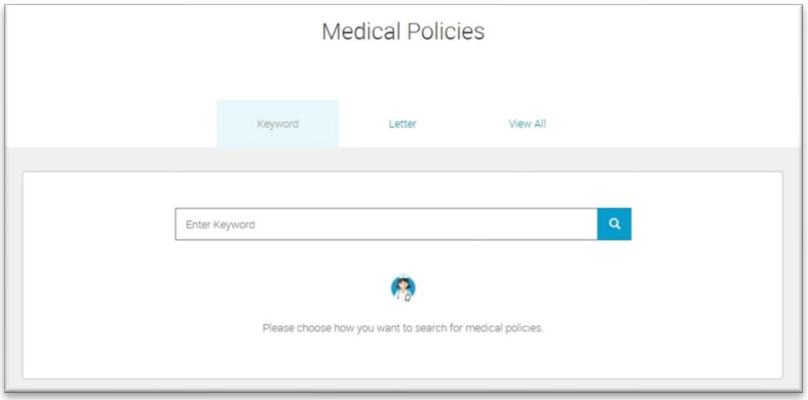


Medical policies are reviewed annually and are updated throughout the year as needed. We publish these updates in our quarterly *Provider Network News* newsletters, available online at **www.lablue.com/providers** >Newsletters.

Medical Policies

Louisiana Blue regularly revises and develops medical policies in response to rapidly changing medical technology.

Benefit determinations are made based on the medical policy in effect at the time of the provision of services.

Medical policy changes are also published in our quarterly Network News provider newsletter.

Search for policies alphabetically by title or use the search bar to look by keywords or codes.

MEDICAL POLICY UPDATE

We regularly develop and revise medical policies in response to changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on our Provider page at www.lablue.com/providers, under "Medical Management," click "Medical Policies."

Updated Medical Policies

Policy No. Policy Name

Effective November 1, 2024

00316 Cranial Electrotherapy Stimulation and Auricular Electrostimulation

00323 Ablation and Surgical Treatment of Chronic Rhinitis

Effective November 11, 2024

00082 Allogeneic Pancreas Transplant

00141 Risk-Reducing Mastectomy

00279 etanercept (Enbrel®)

00293 Implantable Insulin Pumps

00357 Diabetic Test Strips

00506 Ivabradine (Corlanor®, generic)

00507 Overactive Bladder Medications (Branded)

00583 mifepristone (Korlym®, generic)

00631 Prosthetic Eyelashes

00639 ranolazine (Ranexa®)

00675 Select Drug Quantity Management

00720 Select Tenofovir Products

00845 Gene Therapy for Hemophilia B

Effective November 25, 2024

00162 Laser Treatment of Skin Conditions

Effective December 1, 2024

00588 guselkumab (Tremfya®)

Effective December 9, 2024

00070 Hyperbaric Oxygen Therapy (HBO)

00242 risankizumab (Skyrizi®)

00295 Methemoglobin and Methemoglobin Containing Products

00308 Nasal Allergy Medications

00539 Pharmacotherapy for Primary Biliary Cholangitis

00587 brodalumab (Siliq™)

00608 Pharmacologic Treatment of Off Episodes in Parkinson Disease

00643 Tuzeneys™, generics (brexidine)

00686 ranolazine-sacagg (Zeanity®)

00705 Select Combination Products for the Treatment of H. pylori Infection

00754 Monoclonal Antibodies for the Treatment of Alzheimer's Disease

Effective December 9, 2024 (continued)

00767 amifampridine (Firdapse®)

00911 obeticholic acid (Ocaliva®)

00967 Valsartan, sacubitril, and valsartan/sacubitril mix (Kedarian™)

00969 Dolasetron mesylate/sevoflurane (Elevidys®)

00970 Vaccinia® (Acambis®)

Effective January 1, 2025

00170 Immune Globulin Therapy

00304 GLP-1 GIP RAI Agonists for Diabetes

00305 Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products

00484 Focal Treatments for Prostate Cancer

00577 Laboratory Testing, Investigational Services

00797 Adjunctive Techniques for Screening, Surveillance and Risk Classification of Barrett Esophagus and Esophageal Dysplasia

Effective January 13, 2025

00777 Immune Prophylaxis for Respiratory Syncytial Virus

00044 Vaginal Pessaries

00048 Pancreatic Enzyme (PERT)

00315 Topical Corticosteroids

00362 Select Opthalmic Prostaglandins

00516 Select Muscle Relaxants

00541 Select Anti-Epileptic Drugs

00559 bone zumab (Boravus™), romosozumab and hyaluronidase-oysc (Evenity Evnovo™)

00595 cariprazine (Vraylar®)

00600 pilocarpine (Salagen®)

00714 benzocaine Products (Nexxted™, Nexxen™)

00725 bimatoprost implant (Durysta™)

00726 Select Erectile Dysfunction Medications

00775 miraclebat oral solution (Jaimarl™)

00791 Select Orally Ingested Levocarnitine Products

00827 Zorveyx™ (ifuban ast)

00850 Pharmacotherapy for Geographic Atrophy

00900 Novel Medications for the Treatment of Anemia Due to Chronic Kidney Disease

7

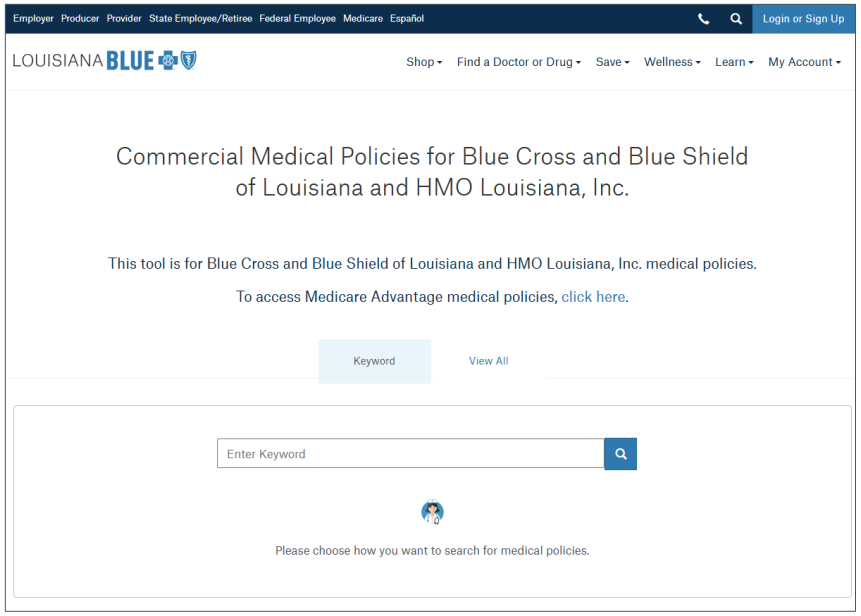
Our medical policies can be found online at **www.lablue.com/provider** >Medical Management >Medical Policies.

FEP Medical Policy Guidelines in iLinkBlue

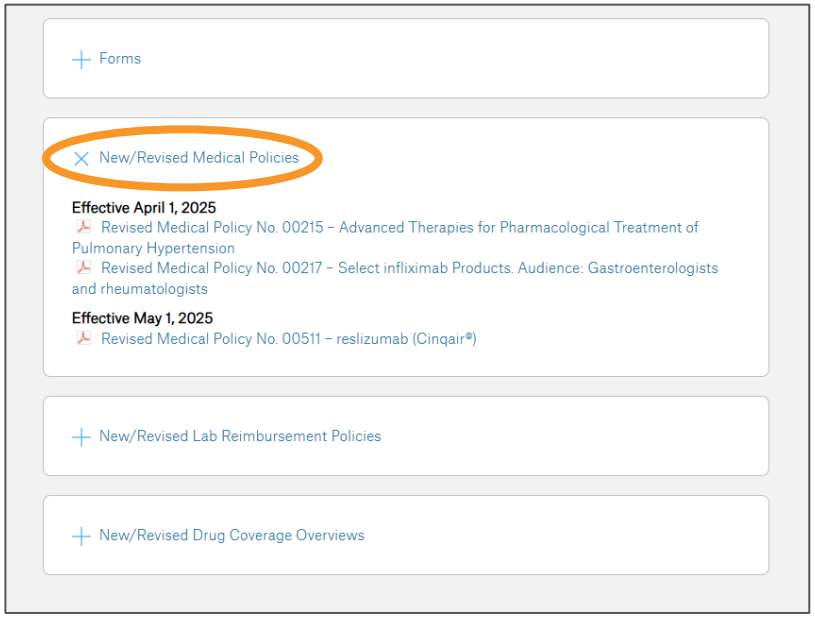
FEP Medical Policy Guidelines can be found on iLinkBlue (**www.lablue.com/ilinkblue**) under Authorizations.

Medical Policies

All **current medical policies** can be found on the Provider page (**www.lablue.com**), under Medical Management, then Medical Policies.



All **future effective medical policies** can be found on the Provider page (**www.lablue.com**), under Resources, then New/Revised Medical Policies.

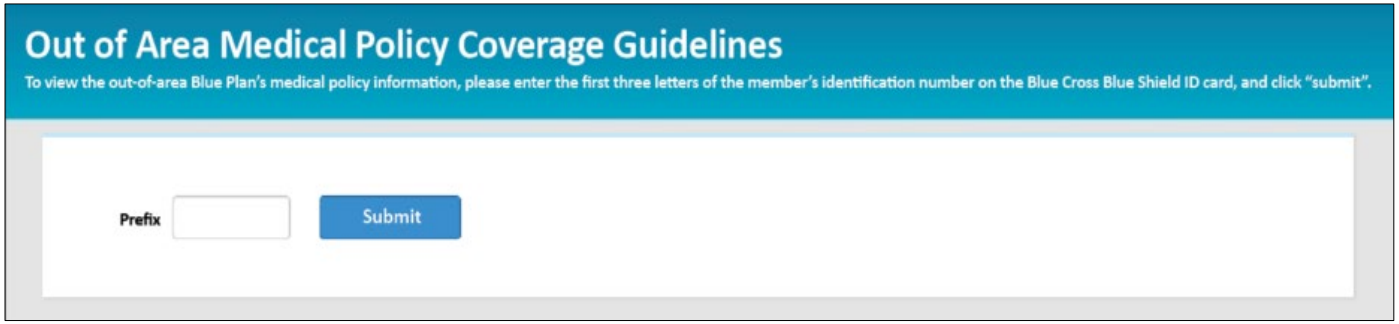


Out of Area Members

Medical Policy Guidelines

Just as Louisiana Blue publishes medical policies for services provided to our members, it is the same for other Blue Plans. Use this application to access medical policies for BlueCard (out-of-area) members.

Enter the member ID prefix to be routed to the member's Blue Plan to research applicable medical policy information.



Readmissions Policy

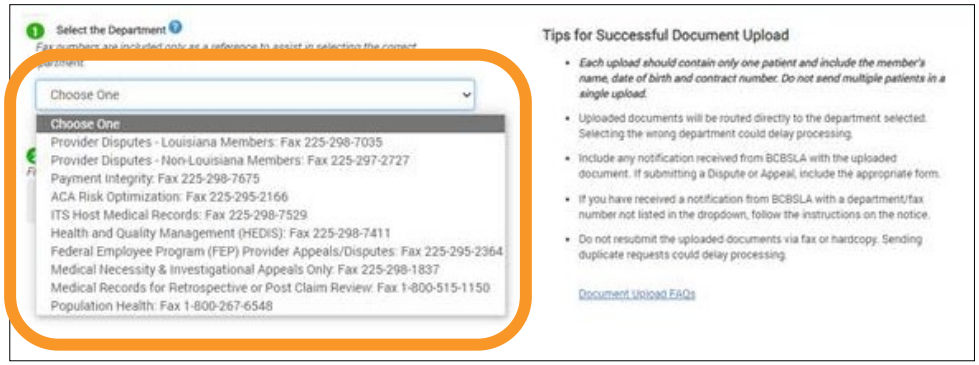
- **Effective August 1, 2024,** Louisiana Blue began auditing readmissions to the **same or affiliated facility for the same condition, similar condition or a complication of the original condition within 30 days** of discharge when the patient is discharged from the first admission to home or home health.
    - Louisiana Blue began excluding admissions related to Sickle Cell Disease from our Readmissions Policy. For a list of other exclusions, please see the Inpatient section (5.13) of the *Member Provider Policy & Procedure Manual.*
- Readmissions to the same or an affiliated facility for the same condition, similar condition or a complication of the original condition within 30 days of discharge will not be reimbursed.
- The first admission payment will encompass full reimbursement for treatment of the condition and/or any related complications.
- Providers cannot bill members for service recouped as a result of this policy.
- EXCD codes related to our provider integrity audits will appear on the payment register for the Louisiana Blue (excludes FEP and BlueCard claims) members only. Readmissions will be identified by the code **"VT8."**

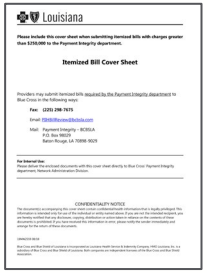
To view the full Louisiana Blue readmissions policy, refer to our Member Provider Procedure & Policies Manual, available in iLinkBlue (**www.lablue.com/ilinkblue**) under the "Resources" menu option.

Pre-pay Itemized Bill Review

$100,000 minimum, please follow these guidelines:

- File the claim using your usual process for filing claims; in addition, please submit an itemized bill and include the Itemized Bill Cover Sheet.
- If the itemized bill is sent via fax or email, you will receive an acknowledgement of receipt.
- We highly recommended that you send itemized bills immediately after filing the claim or before filing the claim. Claims received with a billed amount of greater than $100,000 without itemized bill information may be denied or result in delayed reimbursement.
- The itemized bill must list each service and item supplied to the member and match the dollar amount and dates of service.
- If you have questions about this claim review process, please email the Payment Integrity department at **PIIHBillReview@lablue.com**.
- Submit your Itemized Bill Cover Sheet to Payment Integrity via the Document Upload feature on iLinkBlue **(www.lablue.com/ilinkblue)**.




Louisiana

Itemized Bill Cover Sheet

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

Inpatient Unbundling Policy

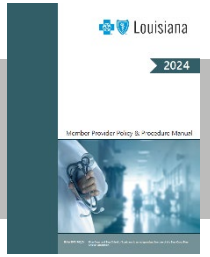
The inpatient unbundling policy is effective for all inpatient acute care claims.

Louisiana Blue has expanded this policy effective August 1, 2024. This policy expansion includes more items that will now be considered routine supplies and services under our Inpatient Unbundling Policy. Some of these items include, but are not limited to kits, trays, packs, sutures, staplers, wound vacs, blades, connectors, hemostats, sealants, skin adhesives, lidocaine, nerve blocks, blood storage, tubes, lines and catheters.

- The policy identifies supplies, items and services that should bundle with room and board charges in an inpatient setting, according to CMS guidelines. The services and supplies identified in the inpatient unbundling policy are not separately reimbursable by Louisiana Blue and are not billable to our members.
- All Louisiana Blue inpatient acute care claims and itemized bills could be subject to review under this policy. Upon discovery of a supply, item or service identified by the policy, the associated charge will be deemed non-covered/ineligible. Should an adjustment be required to your claim, it will be reflected on your remittance advice.
- EXCD codes related to our provider integrity audits will appear on the payment register for the Louisiana Blue (excludes FEP and BlueCard claims) members only. Inpatient unbundling will be identified by the code **"VAS."**

Louisiana Blue will not separately reimburse for over-the-counter medications that are part of inpatient acute-care claims.

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



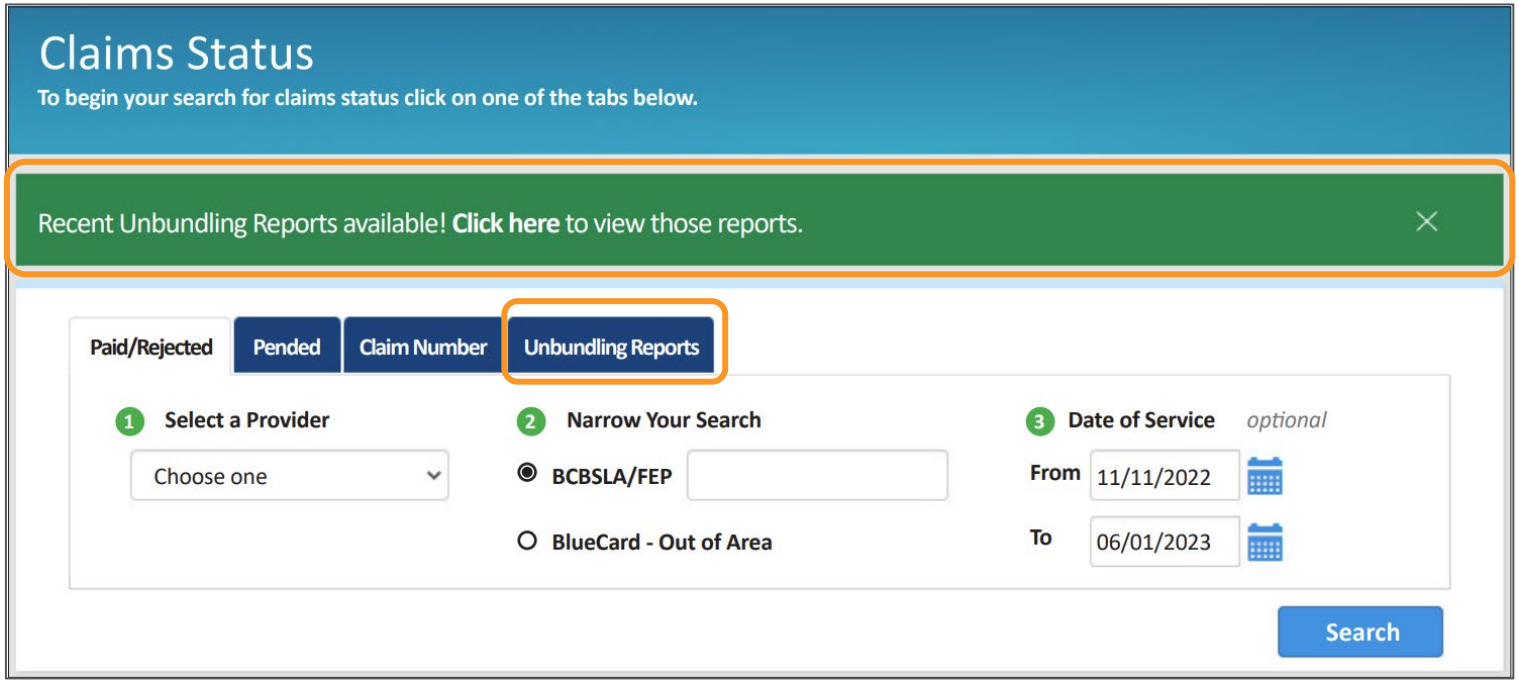
Inpatient Unbundling Reports

Louisiana Blue reviews inpatient acute care claims for billing accuracy based on the inpatient unbundling policy.

Participating acute facilities can use iLinkBlue to review automatically generated reports on how inpatient claims were unbundled and reprocessed.

To access the reports, visit the Claims Status Search application and click on:

- The "Click here" link in the green alert banner to view the previous 28 days of unbundling reports; or
- The blue "Unbundling Reports" tab to view all available reports. Reports will be retained within iLinkBlue for 16 months from the date of generation.



Genetic Testing Program

Carelon is responsible for the review of authorizations for genetic testing.

- As a provider of genetic testing, Louisiana Blue requires that you participate in the new program and submit prior authorization reviews to Carelon for all outpatient genetic testing.
- This program is for all fully insured and self-funded members, including Office of Group Benefits (OGB) members. At this time, Federal Employee Program (FEP) members are not included in the program.
- Labs will not be able to submit pre-service authorization requests. The request must come from the ordering provider.

Genetic Testing Authorizations

Ordering providers can submit requests for review or verify order numbers using one of the following methods:

Online	Use iLinkBlue (**www.lablue.com/ilinkblue**), to access the Carelon MBM Provider Portal. Choose the "Authorizations" iLinkBlue menu option, then click on "Carelon Authorizations" application. The portal is available 24 hours a day, 7 days a week. If you do not have access to this application, please consult with your organization's administrative representative.
By Phone	Call Carelon Medical Benefits Management at 1-866-455-8416, Monday – Friday, 8 a.m.-5 p.m. (CT).

Intra-operative Monitoring Services

We require all intra-operative monitoring (IOM) services to be contracted with Louisiana Blue.

- When our members receive care provided in your facility by a non-contracted IOM, the members have higher out-of-pocket costs.
- When approached by an IOM to request privileges at your facility, please verify that they are in network with Louisiana Blue.

Provider Contracting Team

1-800-716-2299, option 1

provider.contracting@lablue.com

Authorizations

Authorizations

Behavioral Health Authorizations – behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically. This web-based application is facilitated by Lucet.

Carelon Authorizations – submit and research authorizations for outpatient high-tech radiology, diagnostic, cardiology services, musculoskeletal (MSK) joint surgery, spine surgery, spine pain management, radiation oncology, sleep study and genetic testing authorizations. This web-based application is facilitated by Carelon.

Authorization/Pre-certification Inquiry – view a provider's inpatient or outpatient authorizations on file with Louisiana Blue.

BCBSLA Authorizations Application

- Louisiana Blue replaced the BCBSLA Authorizations application in iLinkBlue. The new application is powered by **Epic Systems Corporation** (Epic) and designed to be more user friendly and efficient for providers and their staff.
- The application allows providers to request authorizations 24 hours a day, seven days a week, in real time.
- **If the requested services 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 in iLinkBlue.**
- Louisiana Blue no longer accepts authorization requests via phone or fax, with a few exceptions including transplants, dental medical, out-of-state services, and NICU newborn babies.

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

Adding Notes to an Authorization Request

Adding notes to your authorization request/referral is not mandatory. In fact, adding notes when not needed may cause delays to your request.

- Notes are not mandatory in the BCBSLA Authorizations application. Only add a note if you have pertinent information to share.
    - For example, you do not have to send a note indicating clinicals will follow.
    - Notes are not needed for requests that are automatically approved or when no authorization is required. To see the status of your submission, refresh the Referral Details page. The record is usually updated instantly but could take up to three minutes for providers to receive the case pending, automatic approval or no authorization is required.
- The BCBSLA Authorizations application does not interface with a provider's Epic-powered EMR system.
    - Please do not add notes instructing us to reference MRN numbers as the application does not utilize MRN numbers.

For more information about adding notes, review Page 51 of the *BCBSLA Authorizations Application User Guide*, found on iLinkBlue (**www.lablue.com/ilinkblue**), under Resources, then Manuals.

Provider Note Type

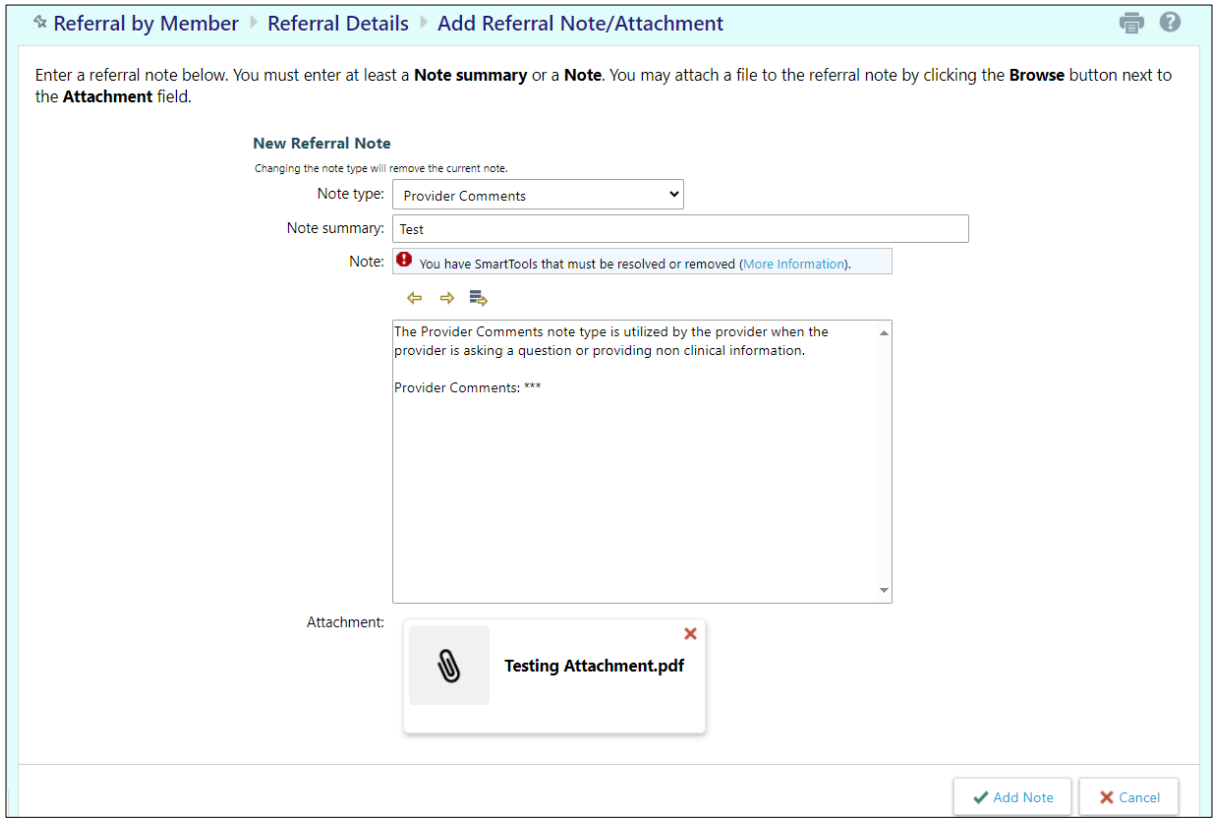
When adding a note, select the appropriate Note Type that fits your need. Selecting the incorrect type can delay processing of your authorization request.

- **Provider Non-clinical Comments**: Select when asking a question, providing a non-clinical information or sending a non-medical record communication to Louisiana Blue that is not one of the below options.
- **Provider IQ Note**: Select when submitting an InterQual (IQ) review via notes.
- **Provider IP Extension/Concurrent Request**: Select when requesting additional inpatient bed days only. This is not for outpatient services.
- **Provider Clinical Information**: Select when submitting medical records and additional clinical information for review.
- **Provider Peer to Peer**: Select when requesting a peer-to-peer review after a service has been denied.
- **Provider Reconsideration Request**: Select when submitting additional information for review after a service has been denied.
- **Provider IP Discharge Notification**: Select to submitting an inpatient discharge date and discharge disposition.
- **Provider Additional Service Request**: Select when the provider is requesting additional units/visits/hours/days on present outpatient services or requesting additional service codes for either inpatient or outpatient.

Adding Notes to an Authorization Request

The **Note** text field will allow you to enter a message and select an attachment.

If you need to include additional attachments, create a new note for each attachment.



Finding Authorization Information

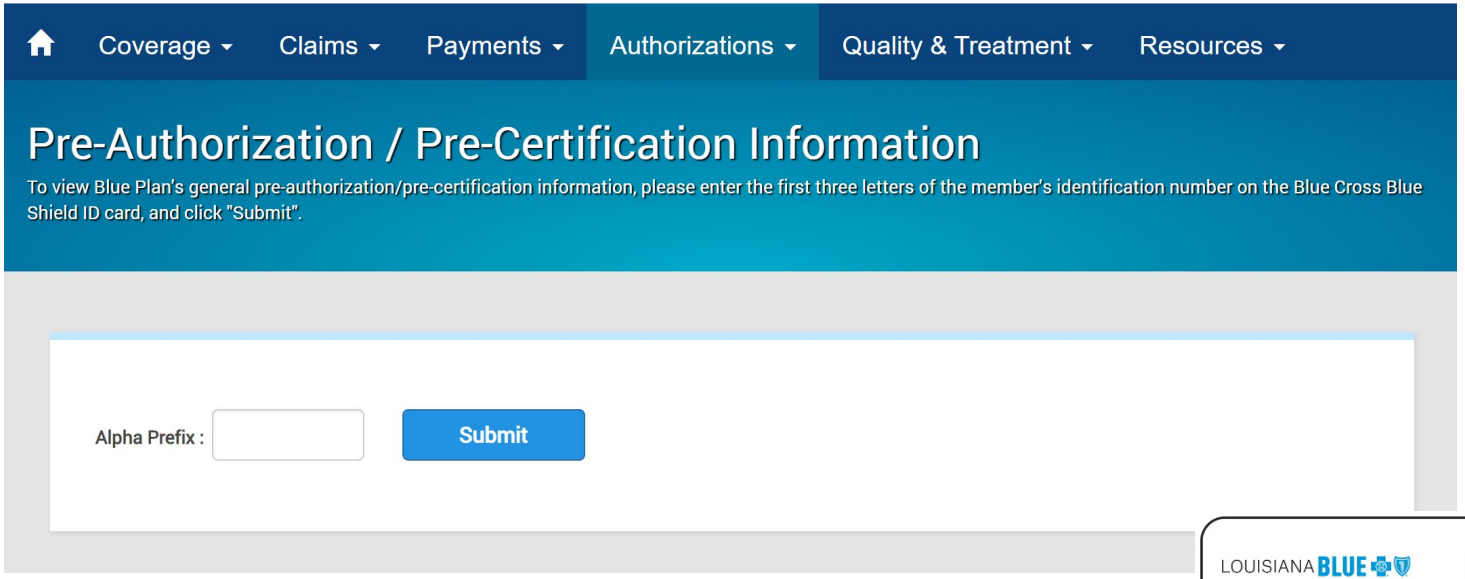
The Authorizations section of iLinkBlue includes resources and applications for both **BCBSLA Members** and **Out of Area Members**.

Many of the applications in this section require a higher level of security access.

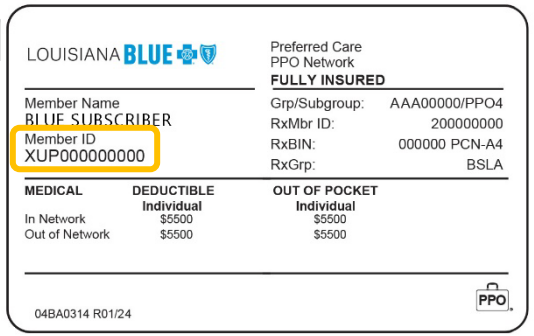
- If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.
- Providers are responsible for checking member eligibility and benefits.

Finding Authorization Information

Authorizations Guidelines - Do I need an authorization? – This application lets you research and view authorization requirements based on the member ID prefix.



Enter the member's prefix to access general pre-authorization/ pre-certification information.

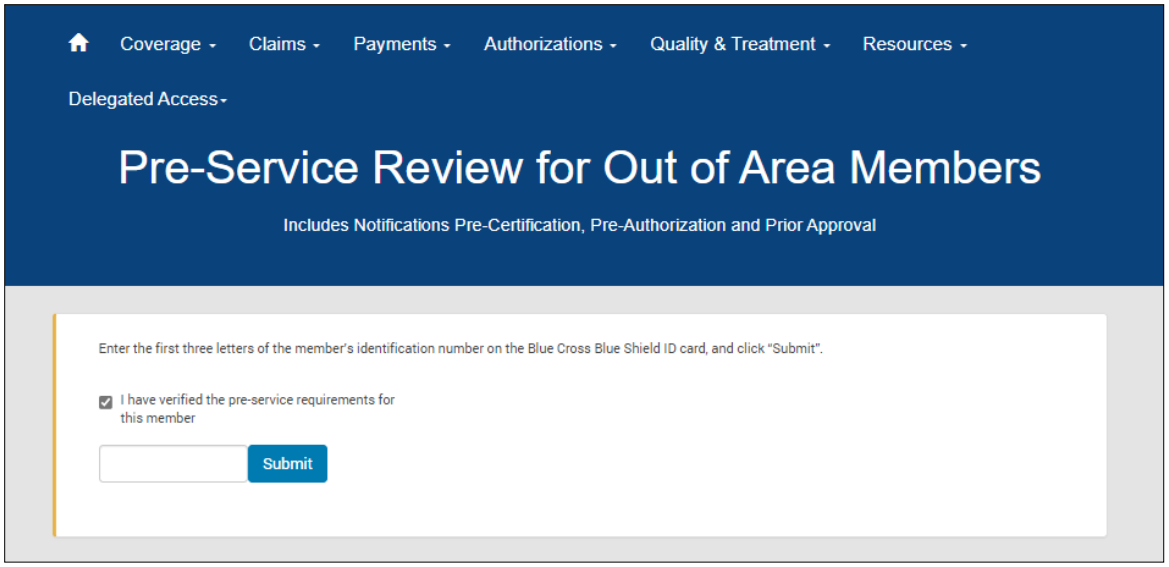


Out of Area Members

Out of Area (Pre-Service Review – EPA)

This application routes you to the BlueCard member's Blue Plan.

Enter the member ID prefix into the application to access pre-service capabilities, processes and requirements for your BlueCard patient.



Gold Card Program

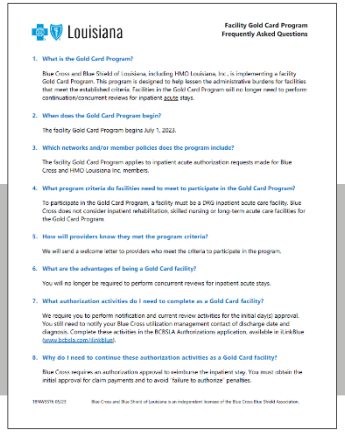
Facilities that meet the program criteria are enrolled in the Gold Card Program and receive the following benefits:

Provider Type	Gold Card Program Benefit	Participation Criteria
Facilities	Will no longer need to perform continuation/concurrent reviews for acute inpatient stays.	• Is a DRG inpatient acute care facility; or • Is an inpatient acute care facility that has a percent of billed charges agreement with Louisiana Blue

Louisiana Blue does not consider the following facilities for the Gold Card Program:

- Per diem inpatient acute care
- Inpatient rehabilitation
- Skilled nursing
- Long-term acute care

If you have questions or would like to request the Gold Card Program FAQs email **provider.relations@lablue.com**.


Louisiana

Facility Gold Card Program
Frequently Asked Questions

1. What is the Gold Card Program?

Blue Cross and Blue Shield of Louisiana, including HMO Louisiana, Inc., is implementing a facility Gold Card Program. This program is designed to help lessen the administrative burdens for facilities that meet the established criteria. Facilities in the Gold Card Program will no longer need to perform continuation/concurrent reviews for inpatient acute stays.

2. When does the Gold Card Program begin?

The facility Gold Card Program begins July 1, 2023.

3. Which networks and/or member policies does the program include?

The facility Gold Card Program applies to inpatient acute authorization requests made for Blue Cross and HMO Louisiana Inc members.

4. What program criteria do facilities need to meet to participate in the Gold Card Program?

To participate in the Gold Card Program, a facility must be a DRG inpatient acute care facility. Blue Cross does not consider inpatient rehabilitation, skilled nursing or long-term acute care facilities for the Gold Card Program.

5. How will providers know they met the program criteria?

We will send a welcome letter to providers who meet the criteria to participate in the program.

6. What are the advantages of being a Gold Card facility?

You will no longer be required to perform concurrent reviews for inpatient acute stays.

7. What authorization activities do I need to complete as a Gold Card facility?

We require you to perform notification and current review activities for the initial elective approval. You still need to notify your Blue Cross utilization management contact of discharge date and diagnosis. Complete these activities in the BCBSLA Authorizations application, available in iLinkBlue (www.bcbsla.com/ilinkblue).

8. Why do I need to continue these authorization activities as a Gold Card facility?

Blue Cross requires an authorization approval to reimburse the inpatient stay. You must obtain the initial approval for claim payments and to avoid "failure to authorize" penalties.

Claims

Timely Filing

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

Policy Type	Filing Requirements
• Preferred Care PPO • HMOLA (including Blue Connect, Community Blue, Precision Blue, Signature Blue) • BlueHPN	Claims must be filed within 15 months *(or length of time stated in the member's contract)* of date of service.
• Federal Employee Program (FEP)	Louisiana Blue FEP Preferred Provider claims must be filed within 15 months from date of service. Members/ Non-preferred providers have no later than December 31 of the year following the year in which the services were provided.
• Blue Advantage	Claim must be filed within 12 months of date of service. Claims must be resubmitted or corrected within 12 months of the date the claim was processed (remit date).
• Office of Group Benefits (OGB)	Claim must be filed within 12 months of the date of service. Claims reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.
• Self-funded Groups • BlueCard (out-of-area)	Timely filing standards may vary. Always verify the member's benefits (including timely filing standards).

Electronic Claims

Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims.
- Louisiana Blue's 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 Louisiana Blue clearinghouse in a system-to-system arrangement.
- Louisiana Blue does not charge a fee for electronic transactions.
- You can send your transactions to Louisiana Blue via indirect submission through a clearinghouse or through direct submission to the Louisiana Blue EDI Clearinghouse.

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

Submitting Claims

Electronic Transmission

Louisiana Blue accepts electronic claims transmitted via HIPAA 837P and 837I submitted electronically through your clearinghouse.

We do not charge a fee for electronic transactions.

Providers can submit transactions directly to us or indirectly through a third-party clearinghouse.

For more information on how to submit electronic claims to Louisiana Blue, visit **www.lablue.com/providers** >Electronic Services >Clearinghouse Services.

or

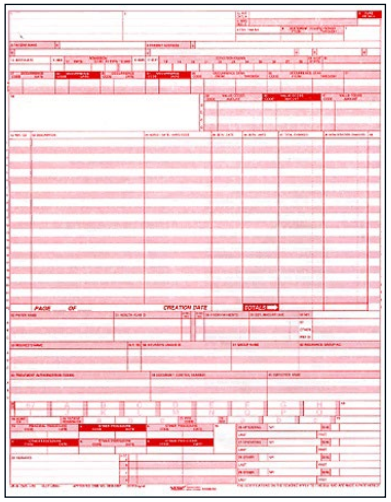
Hardcopy

For Louisiana Blue, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, BlueHPN, Signature Blue, OGB and BlueCard Claims:

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

For FEP Claims:

Louisiana Blue
P.O. Box 98028
Baton Rouge, LA 70898



For Blue Advantage Claims:

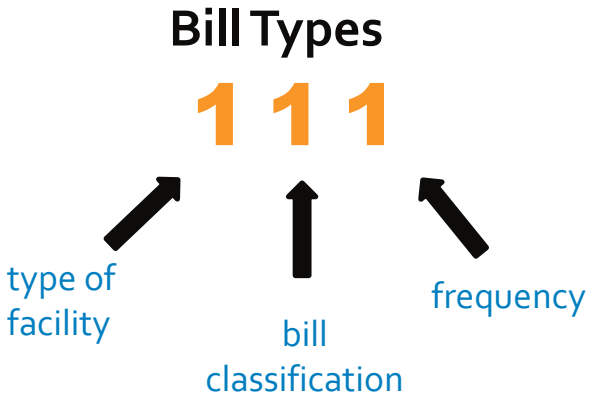
Blue Advantage
130 DeSiard St, Ste 322
Monroe, LA 71201

UB-04 (facility)

Facility Billing Guidelines

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.

Louisiana Blue 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	Louisiana Blue 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.lablue.com/ilinkblue**) under the "Resources" section.

Revenue Code 250 Requirements

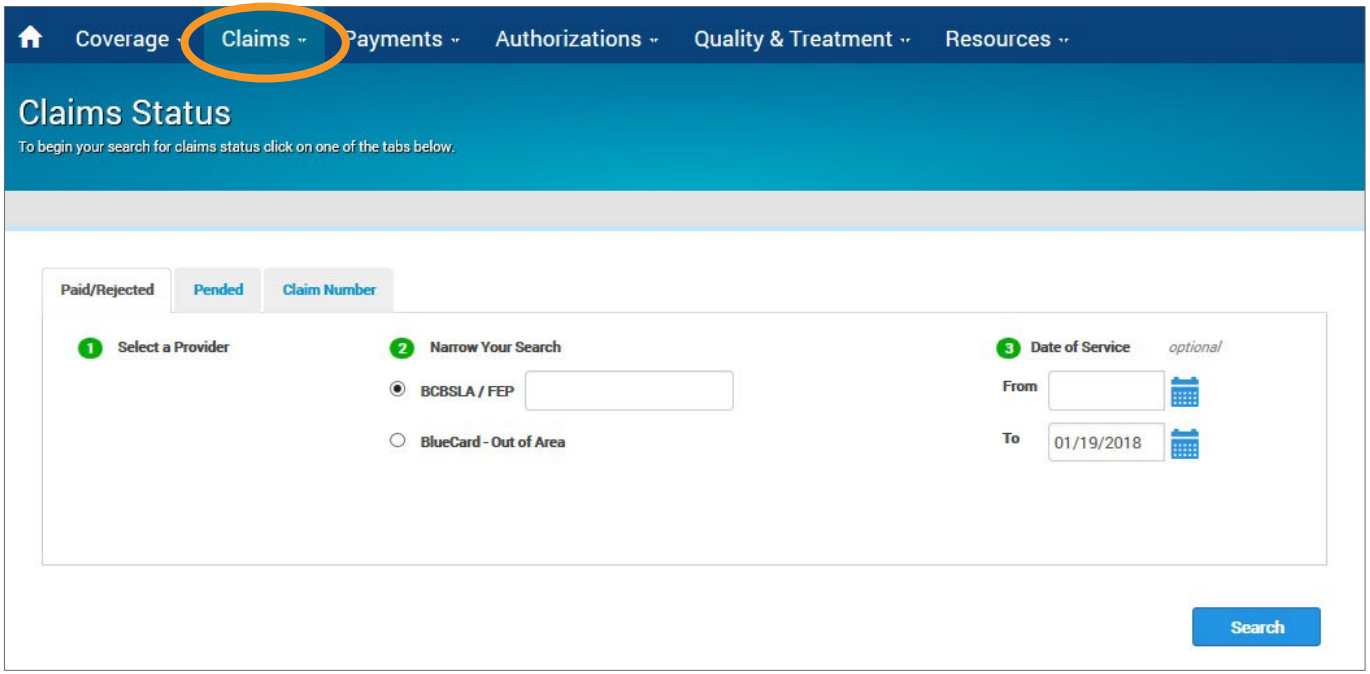
For claims submitted on a UB-04:

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**.

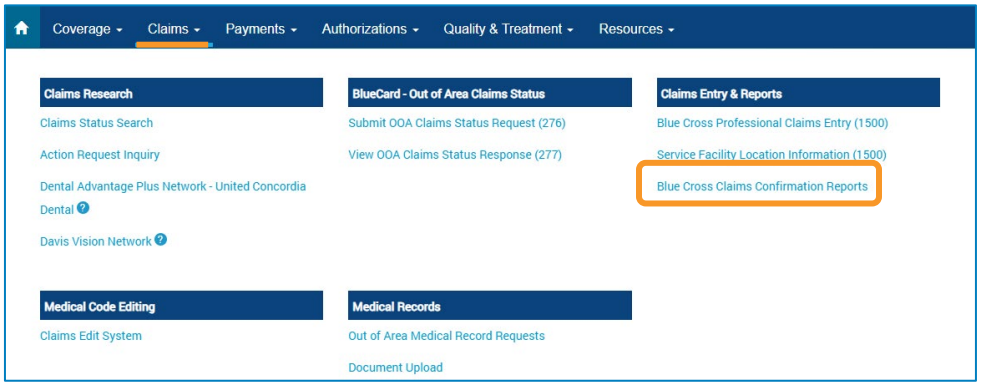
Claims Research



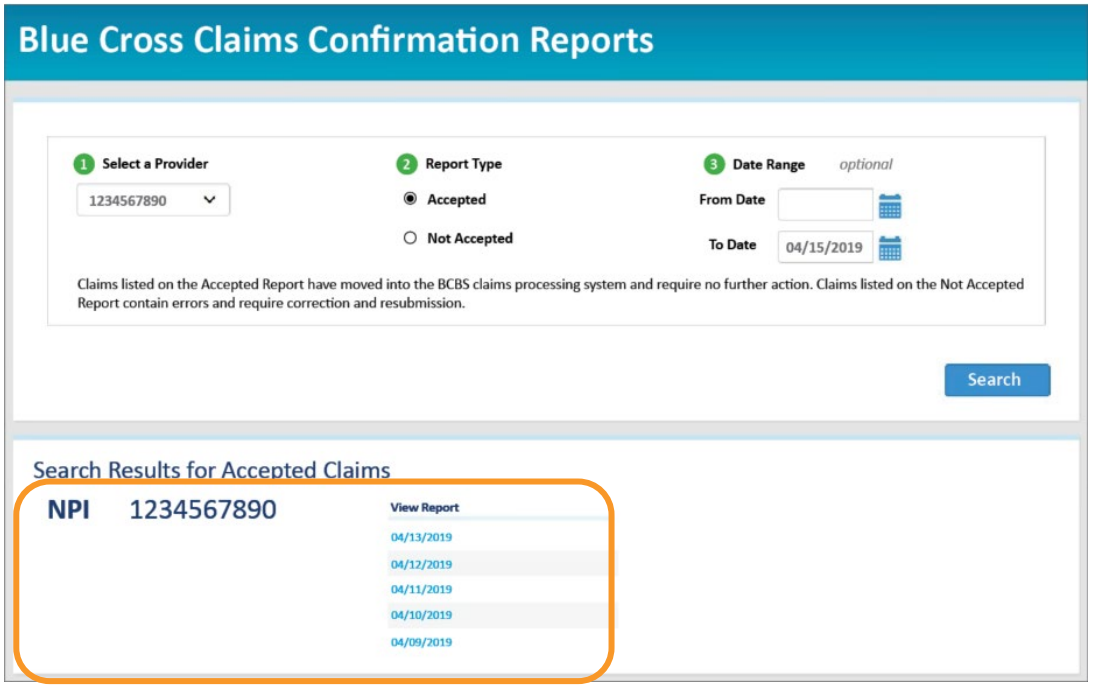
- Use the "Claims" menu option to research paid, rejected and pended claims.
- You can research BCBSLA, FEP and BlueCard-Out of Area claims submitted to Louisiana Blue for processing.

Verifying Receipt of Claims

Confirmation Reports are generated in iLinkBlue and allow providers to electronically research submitted claims. Daily reports confirm acceptance of claims submitted directly through iLinkBlue, billing agency or clearinghouse.



- ✓ Reports are available within 24 hours of submitting claims (prior to 3 p.m.).
- ✓ Reports are available up to 120 days.
- ✓ Reports are displayed by date.



Sample Confirmation Reports

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

Accepted Report Example

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

SUBMITTER NUMBER: P0123456789
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE:
PAGE 1

837P ACCEPTED REPORT

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

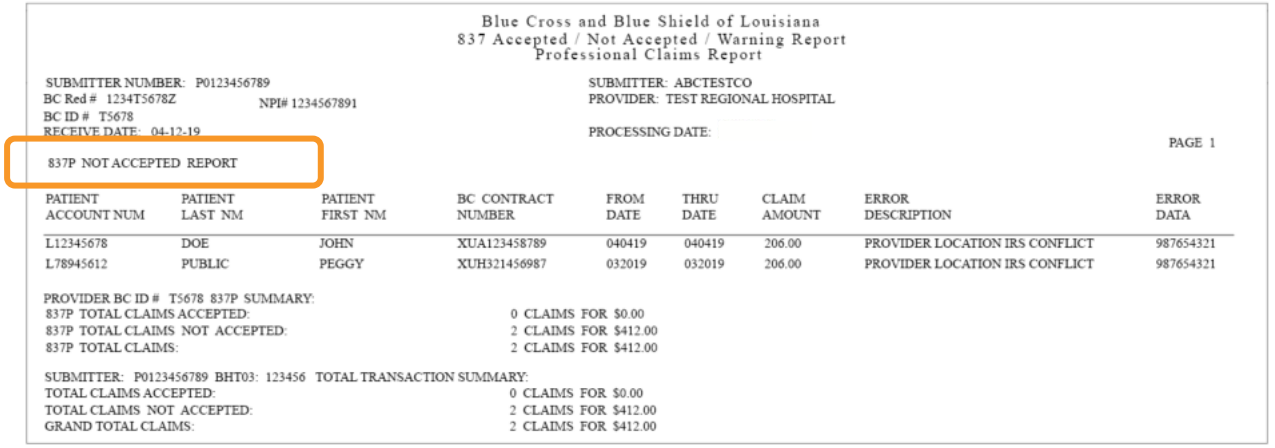
PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:	1 CLAIMS FOR	$125.00
837P TOTAL CLAIMS NOT ACCEPTED:	0 CLAIMS FOR	$0.00
837P TOTAL CLAIMS:	1 CLAIMS FOR	$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:	1 CLAIMS FOR	$125.00
TOTAL CLAIMS NOT ACCEPTED:	0 CLAIMS FOR	$0.00
GRAND TOTAL CLAIMS:	1 CLAIMS FOR	$125.00

Not Accepted Report Example



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

SUBMITTER NUMBER: P0123456789
BC Red # 1234T5678Z
BC ID # T5678
RECEIVE DATE: 04-12-19
NPI# 1234567891
SUBMITTER: ABCTESTCO
PROVIDER: TEST REGIONAL HOSPITAL
PROCESSING DATE:
PAGE 1

837P NOT ACCEPTED REPORT

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

PROVIDER BC ID # T5678 837P SUMMARY:

837P TOTAL CLAIMS ACCEPTED:	0 CLAIMS FOR	$0.00
837P TOTAL CLAIMS NOT ACCEPTED:	2 CLAIMS FOR	$412.00
837P TOTAL CLAIMS:	2 CLAIMS FOR	$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:

TOTAL CLAIMS ACCEPTED:	0 CLAIMS FOR	$0.00
TOTAL CLAIMS NOT ACCEPTED:	2 CLAIMS FOR	$412.00
GRAND TOTAL CLAIMS:	2 CLAIMS FOR	$412.00

Payment Information

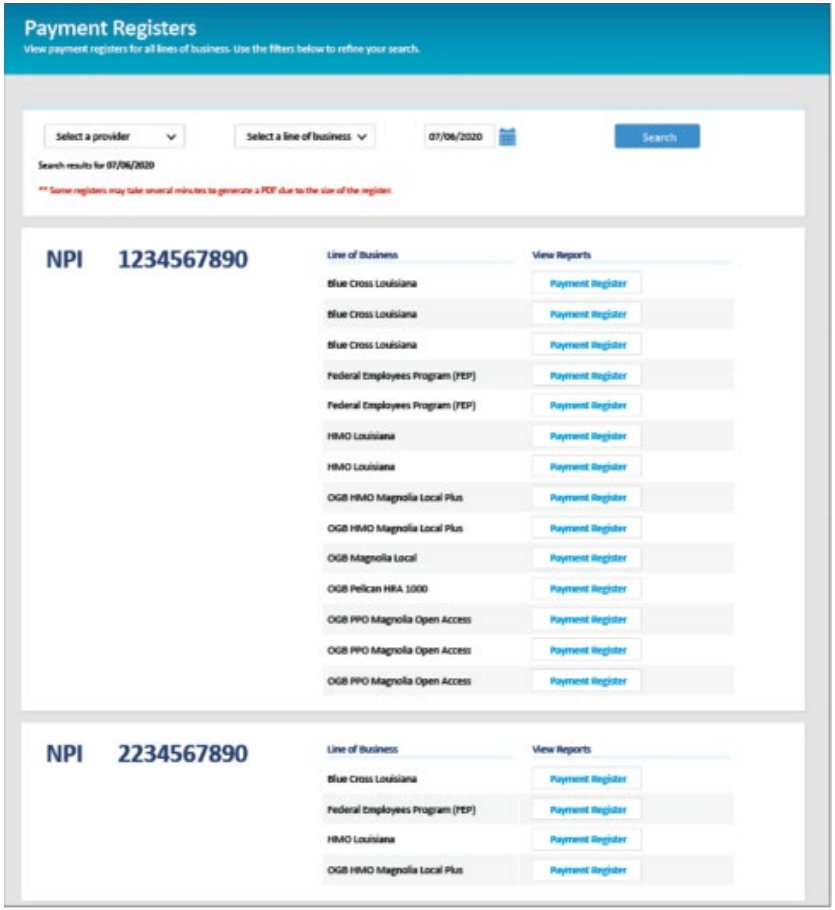
Use this section to access your Louisiana Blue payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

Need a past EFT Notification/Payment Register?

Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

Set the calendar feature in the search feature to the date of a Monday within the last two years. This allows you to see past EFT notifications or payment registers.



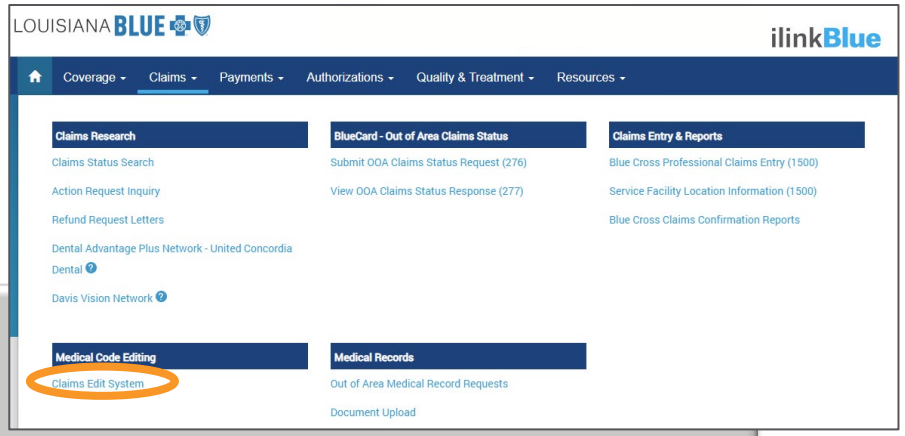
Submitting Action Requests

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

Common reasons to submit an Action Request

- Claims
  - Questioning non covered charges or specific denial
  - No record of membership (make sure to check member's ID)
  - Denied as duplicate (ex. Medicare crossover)
  - Coordination of benefits
- Refund request

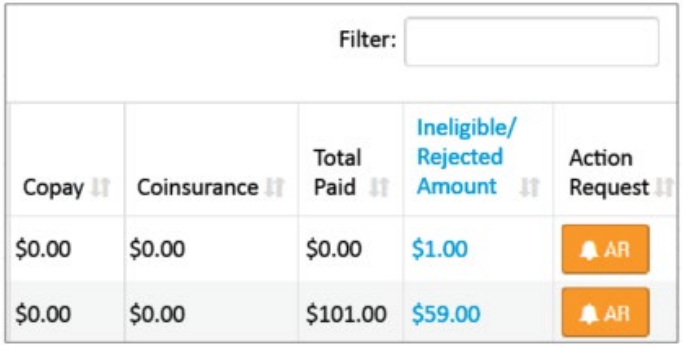
Action Requests do not allow you to submit documentation regarding your claims review.



Use Claims Edit System tool for bundled codes instead of Action Requests.

Submitting Action Requests

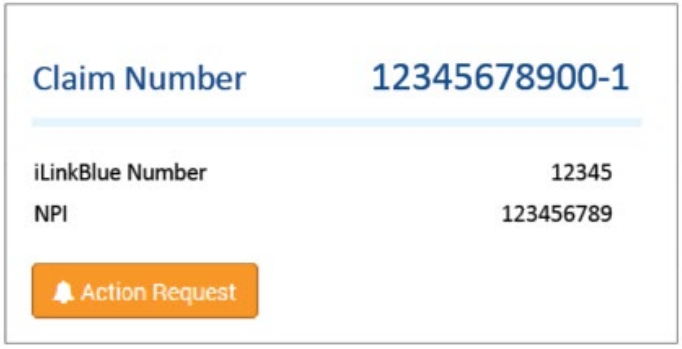
In iLinkBlue, on each claim, there is an **Action Request** button. It opens an electronic form that prepopulates with information on the specific claim. There are multiple places within iLinkBlue that include the action request buttons.



on the **Paid/Rejected Claims Results** screen

and

on the **Pended Claims Results** screen

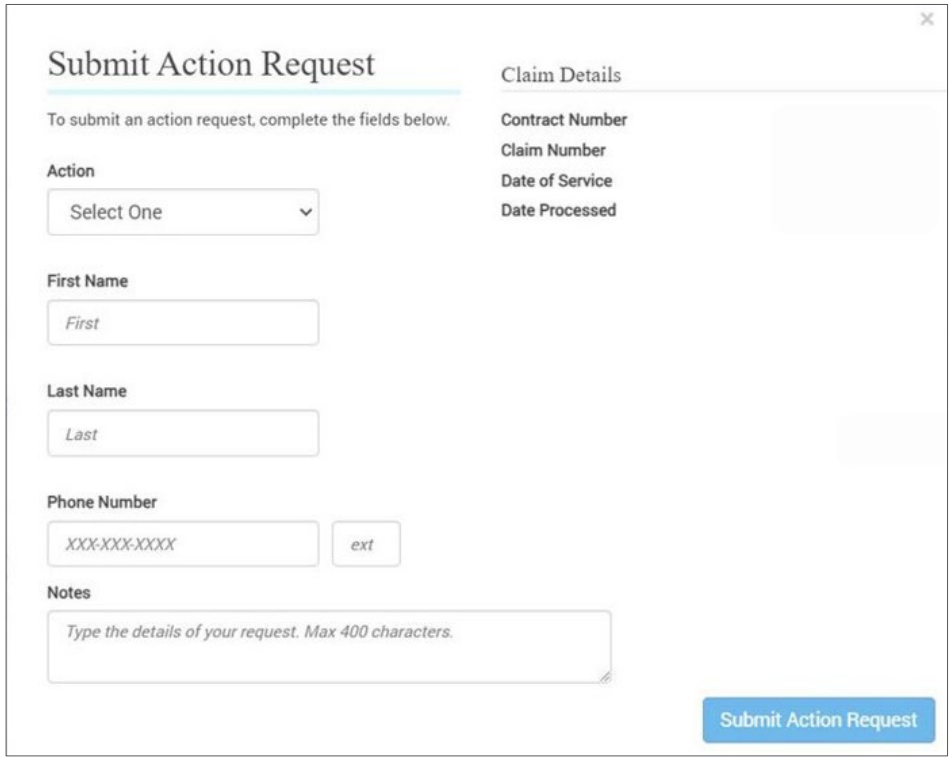


on the **Claims Detail** screen

Submitting Action Requests

When submitting an Action Request:

- Include your contact information.
- Be specific and detailed but **be mindful of character limit**.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Don't submit an Action Request immediately following document upload.



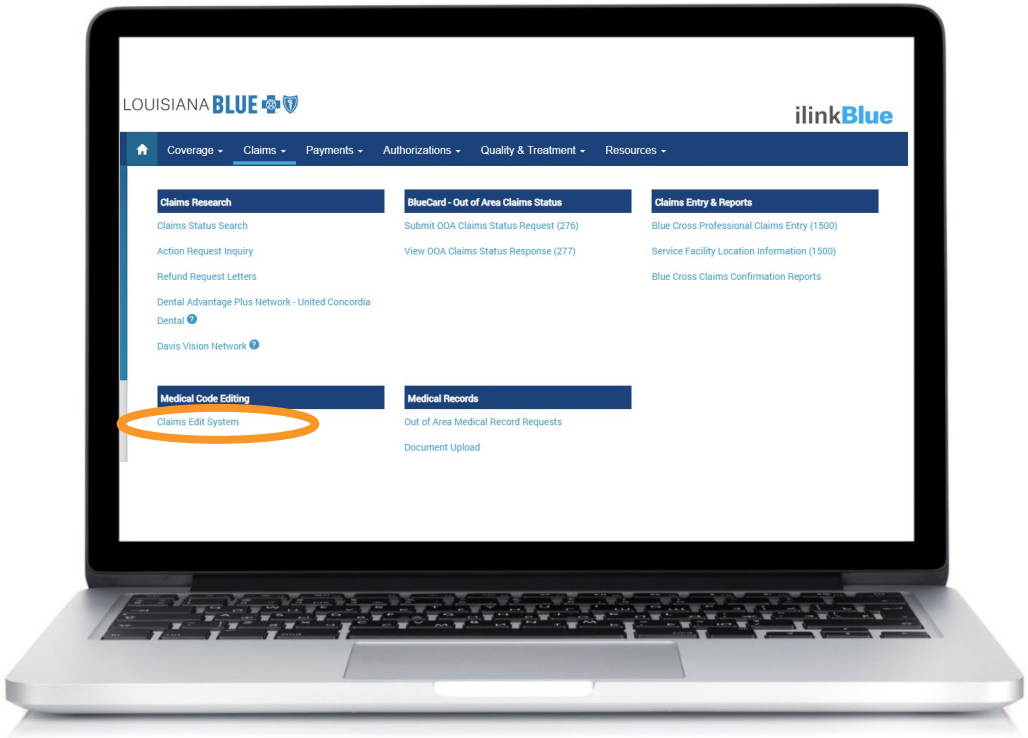
Note: Please only submit one Action Request per claim; not one Action Request per line item of the claim.

Claims Editing

Claims Editing System Application

Use this section to evaluate code combinations to help reduce time-consuming disputes.

- **Claims Edit System (CES)** – This is an easy-to-use code-auditing reference application designed to help providers determine claim edit outcomes.
- The CES application in iLinkBlue is not a pricing or a claims processing application. It is a research application designed to evaluate code combinations in the Louisiana Blue claims-editing system.



Claims Editing System Application

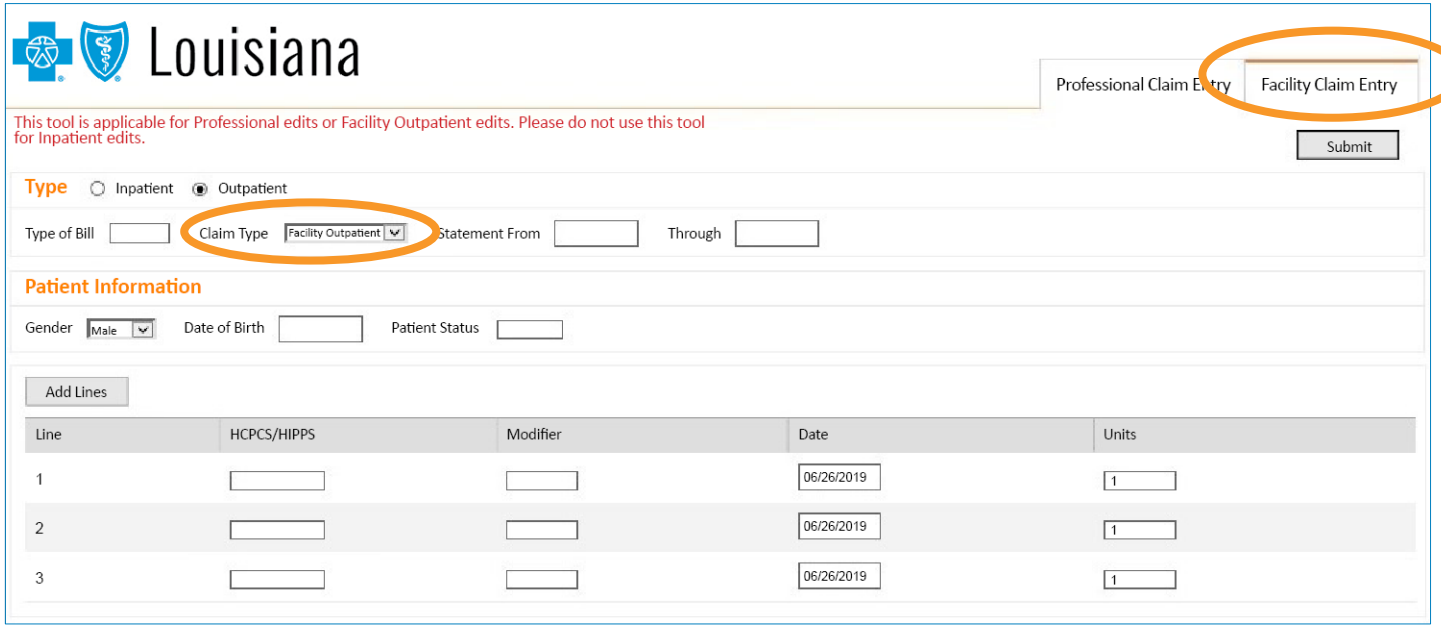
This tool applies to **hospital outpatient & ambulatory surgery center claims only** and does not guarantee claims payment.

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

CES Application

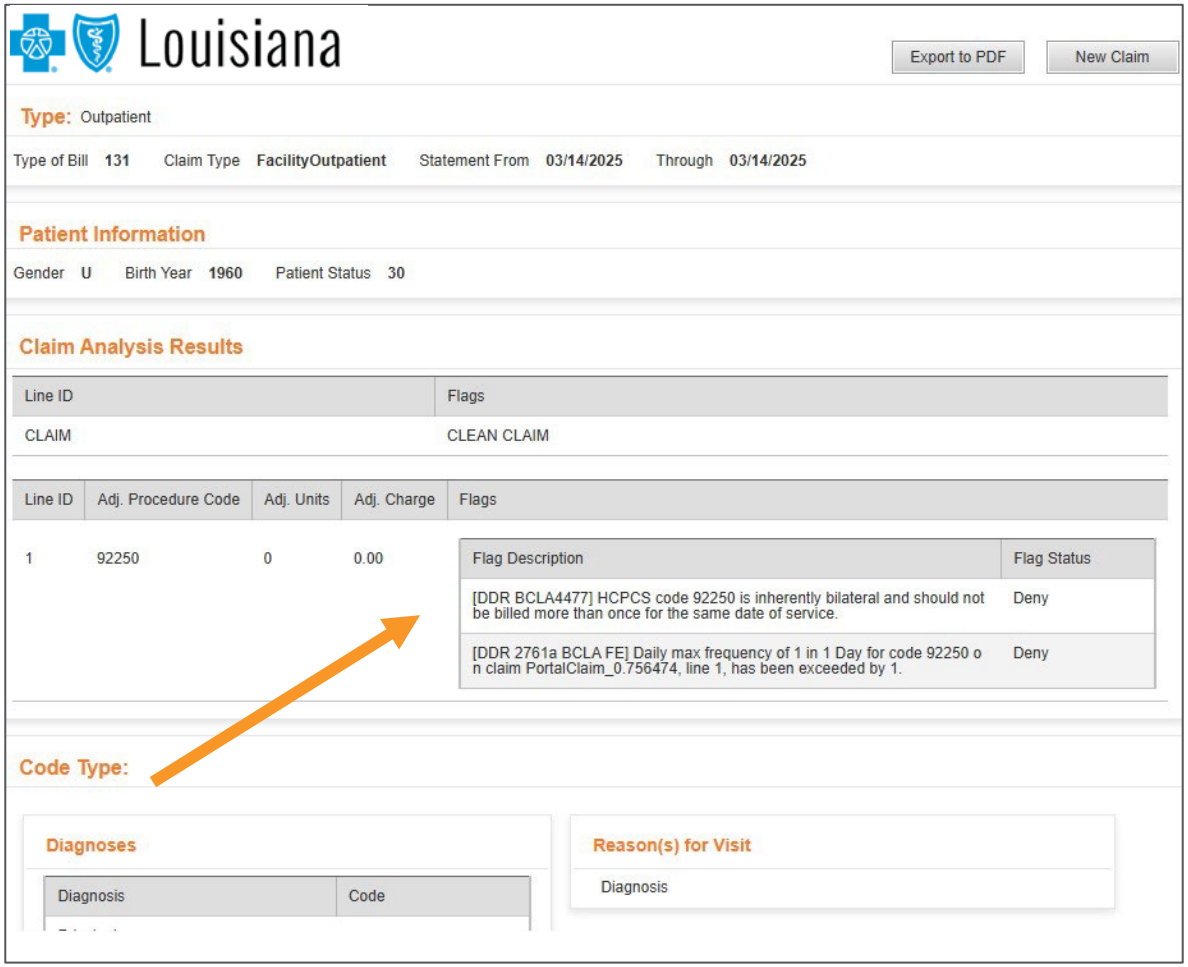
The **Facility Claim Entry** screen is for entering codes for hospital outpatient and ambulatory surgery center (ASC) claims. **Do not use for inpatient claim edits.**



Required Fields:

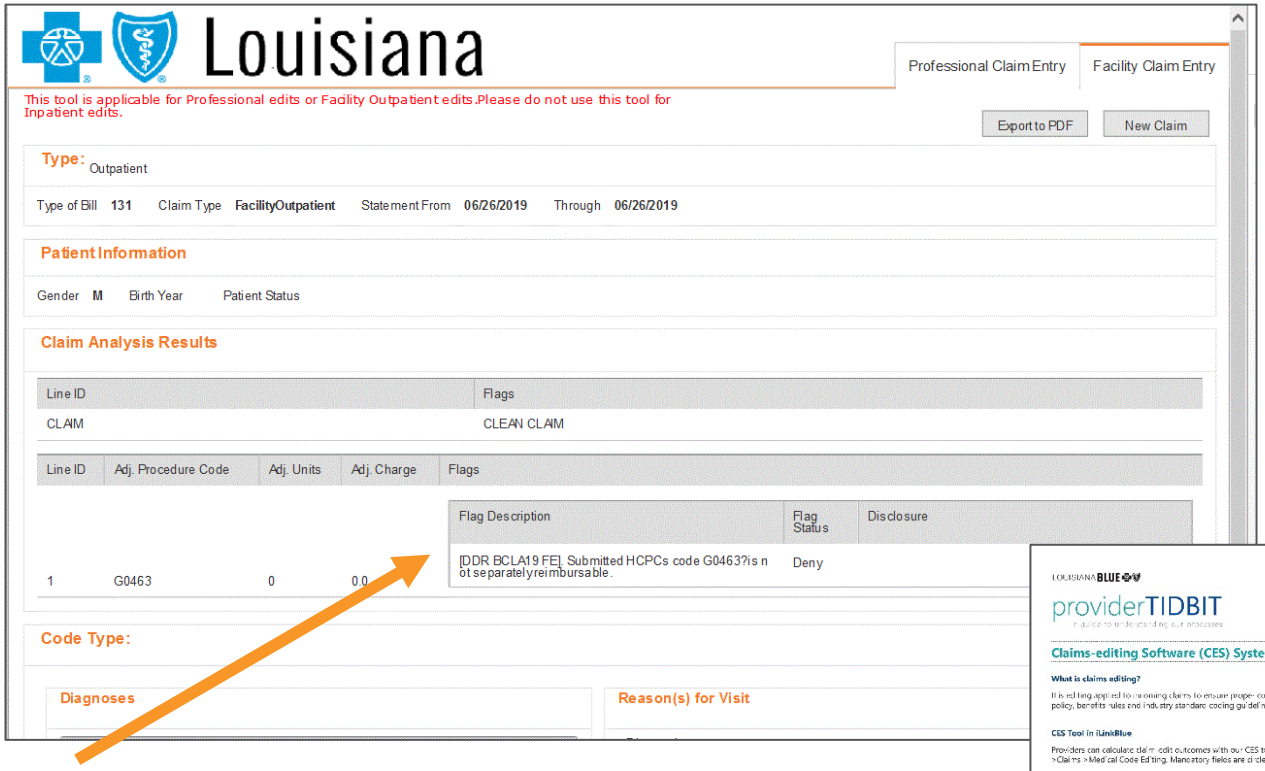
- Type – select outpatient
- Type of Bill – enter an appropriate 3-digit type of bill
- Claim Type – select Facility Outpatient
- Statement From/Through – date range of the procedure
- Gender – this field defaults to Male
- Date of Birth
- Patient Status – enter appropriate 2-digit patient status
- HCPCS/HIPPS – enter the valid CPT/HCPCS code
- Modifier – appropriate modifier for this CPT code
- Units – enter the number of units, this field defaults to a value of one

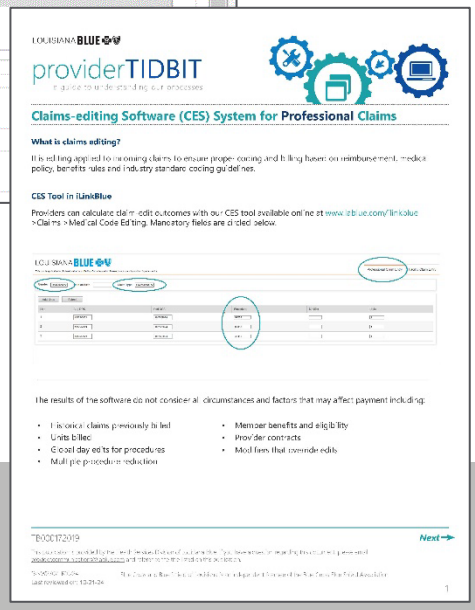
CES Application Outputs



Bilateral procedure (92250) billed with 2 units.

CES Application Outputs





G0463 not separately reimbursable.

The CES Provider Tidbit can be found online at **www.lablue.com/providers**, click on "Resources," then "Tidbits."

Troubleshooting

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.lablue.com/ilinkblue** >Claims then look under the "Medical Code Editing" section).

Step 2

- Check the CES provider portal tool to determine if the CES system is processing according to the edits based on the rejection code.
- This tool is located at **www.lablue.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.

Helpful Reminders

Benefits of Proper Clinical Documentation

- 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 Louisiana Blue
- Reduces costs associated with submitting corrected claims

Coding to the Highest Level of Specificity

- 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 is **controlled** or **uncontrolled** to document the current status of condition/how it is being managed.
- Clarify the **type of diabetes** (if applicable).

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.

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

Medical Record Requests

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.

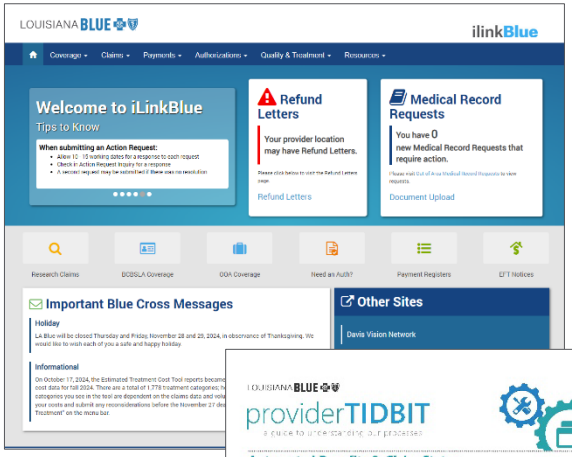
- Per your Louisiana Blue network agreement, **providers are not to charge a fee** for providing medical records to Louisiana Blue or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without 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 Louisiana Blue subscriber contract allows for the release of the information to Louisiana Blue or its designee.
- iLinkBlue has a Document Upload feature allowing documents, including medical records for retrospective or post claim review, to be uploaded that would otherwise be faxed, emailed or mailed.

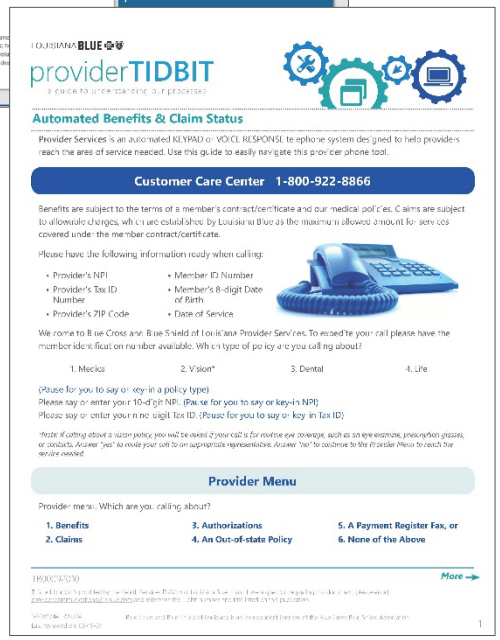
Provider Self-service

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

- Member eligibility
- Claim status inquiries
- Professional 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.lablue.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.lablue.com/providers** >Resources >Tidbits.
- HIPAA 27x transactions

Support

Customer Care Center

Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-866-508-7145

For information NOT available on iLinkBlue

Other Provider Phone Lines

BlueCard Eligibility – 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

Provider Relations

Jami Zachary Director

Paden Mouton Provider Relations Manager

Mary Reising Health System Representative

Brittney Brooks
Acadia, Allen, Cameron, Evangeline, Iberia, Jefferson Davis, St. Charles, St. Mary, St. John the Baptist, St. Landry, Vermillion

Marie Davis Senior Provider Relations Representative
Avoyelles, Beauregard, Caldwell, Catahoula, Concordia, East Carroll, Franklin, LaSalle, Madison, Morehouse, Ouachita, Rapides, Richland, Tensas, Vernon, West Carroll

Brittany Fields
Iberville, Jefferson, Orleans, Plaquemines, St. Bernard, St. James

Mary Guy
East Feliciana, Lafourche, Livingston, Pointe Coupee, St. Helena, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Washington, West Feliciana

Melonie Martin
Ascension, East Baton Rouge, West Baton Rouge

Lisa Roth
Online Portal Training

Amber Strahan
Assumption, Bienville, Bossier, Caddo, Claiborne, Desoto, Grant, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn

Mary Catherine Vial
Calcasieu, Lafayette

provider.relations@lablue.com | 1-800-716-2299, option 4

Provider Contracting

Jason Heck, Director – jason.heck@lablue.com

Diana Bercaw, Lead Provider Network Development Representative – diana.bercaw@lablue.com
Jefferson, Orleans, Plaquemines and St. Bernard parishes

Jordan Black, Sr. Provider Network Development Representative – jordan.black@lablue.com
Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes

Sue Condon, Lead Network Development & Contracting Representative – sue.condon@lablue.com
West Feliciana, East Feliciana, St. Helena, Pointe Coupee, West Baton Rouge, East Baton Rouge, Livingston, Ascension and Iberville parishes

Kim Jones, Provider Network Development Representative – kim.jones@lablue.com
Caddo, Bossier, Webster, Claiborne, Desoto, Red River, Bienville, Sabine, Natchitoches and Winn parishes

Cora LeBlanc, Sr. Provider Network Development Representative – cora.leblanc@lablue.com
Assumption, St. John The Baptist, Terrebonne, St. Mary, Lafourche, St. Charles, St. James, St. Tammany, Tangipahoa and Washington parishes

Dayna Roy, Sr. Provider Network Development Representative – dayna.roy@lablue.com
Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Grant, Jefferson Davis, Rapides and Vernon parishes

Lauren Viola, Provider Network Development Representative – lauren.viola@lablue.com
Jackson, Lincoln, Tensas, Madison, East Carroll, West Carroll, Franklin, Richland, Morehouse, Ouachita, Caldwell, Union, Concordia, Catahoula and Lasalle parishes

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

Provider Credentialing & Data Management

Provider Network Setup, Credentialing, Contracting & Demographic Change

Sam Measels, Director, Provider Credentialing and Information
sam.measels@lablue.com

Kaci Guidry, Manager, Provider Data Management & PCDM Status
kaci.guidry@lablue.com

Kristin Ross, Manager, Provider Contract Administration
kristin.ross@lablue.com

If you would like to check the status on your credentialing application or provider data change or update, please contact the Provider Credentialing & Data Management Department.

PCDMstatus@lablue.com | 1-800-716-2299, option 2

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

Appendix

Electronic Payment Registers

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 Louisiana Blue 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 Louisiana Blue weekly Remittance Advice/Payment Register at no charge.

For more information, please contact Louisiana Blue EDI Services at **EDIservices@lablue.com** or **1-800-716-2299, option 3**.

National Drug Code (NDC) Required on Drug Claims

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.

Reporting NDCs on Facility Claims

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.

Reporting NDCs on Facility Claims

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.

Closed Formulary

- 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.lablue.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.lablue.com/covereddrugs**.

Provider's Role in Documenting

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.

Blue Distinction Specialty Care

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.

Blue Distinction Level Comparison

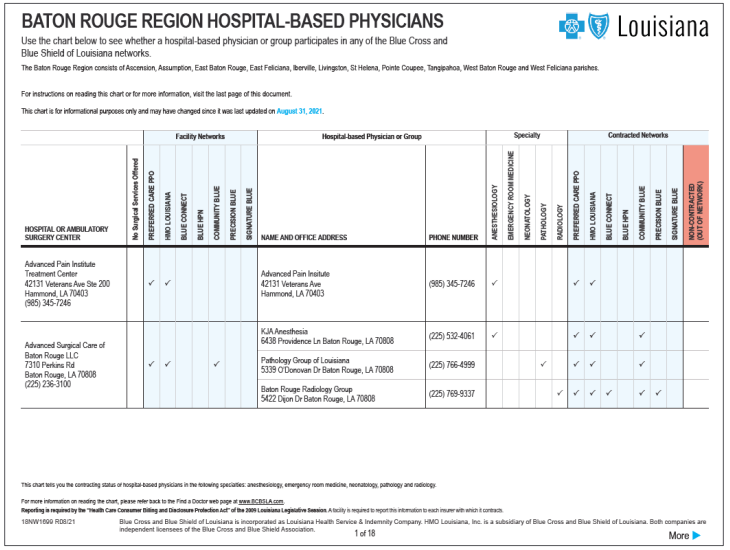
Evaluation Criteria for Participation Focused on:	Blue Distinction® Center healthcare facilities recognized for their **expertise** in delivering specialty care	Blue Distinction® Center+ healthcare facilities recognized for their **expertise** and **efficiency** in delivering specialty care
Identifying 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		✓

Hospital-based Providers

The **healthcare 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

Louisiana

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.

		Facility Networks							Hospital-based Physician or Group		Specialty				Contracted Networks							
HOSPITAL OR AMBULATORY SURGERY CENTER	No Surgical Services Offered	PREFERRED CARE PPO	HMO LOUISIANA	BLUE CONNECT	BLUE HPN	COMMUNITY BLUE	PRECISION BLUE	SIGNATURE BLUE	NAME AND OFFICE ADDRESS	PHONE NUMBER	ANESTHESIOLOGY	EMERGENCY ROOM MEDICINE	NEONATOLOGY	PATHOLOGY	RADIOLOGY	PREFERRED CARE PPO	HMO LOUISIANA	BLUE CONNECT	BLUE HPN	COMMUNITY BLUE	PRECISION BLUE	SIGNATURE BLUE	NON-CONTRACTED (OUT OF NETWORK)
Advanced Pain Institute Treatment Center 42131 Veterans Ave Ste 200 Hammond, LA 70403 (985) 345-7246		✓	✓						Advanced Pain Institute 42131 Veterans Ave Hammond, LA 70403	(985) 345-7246	✓					✓	✓						
Advanced Surgical Care of Baton Rouge LLC 7310 Perkins Rd Baton Rouge, LA 70808 (225) 236-3100		✓	✓			✓			KJA Anesthesia 6438 Providence Ln Baton Rouge, LA 70808	(225) 532-4061	✓					✓	✓			✓			
									Pathology Group of Louisiana 5339 O'Donovan Dr Baton Rouge, LA 70808	(225) 766-4999				✓		✓	✓			✓			
									Baton Rouge Radiology Group 5422 Dijon Dr Baton Rouge, LA 70808	(225) 769-9337					✓	✓	✓	✓		✓	✓		

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

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

Reporting is required by the "Health Care Consumer Billing and Disclosure Protection Act" of the 2009 Louisiana Legislative Session. A facility is required to report this information to each insurer with which it contracts.

18NW1690 R08/21

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

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More ▶

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

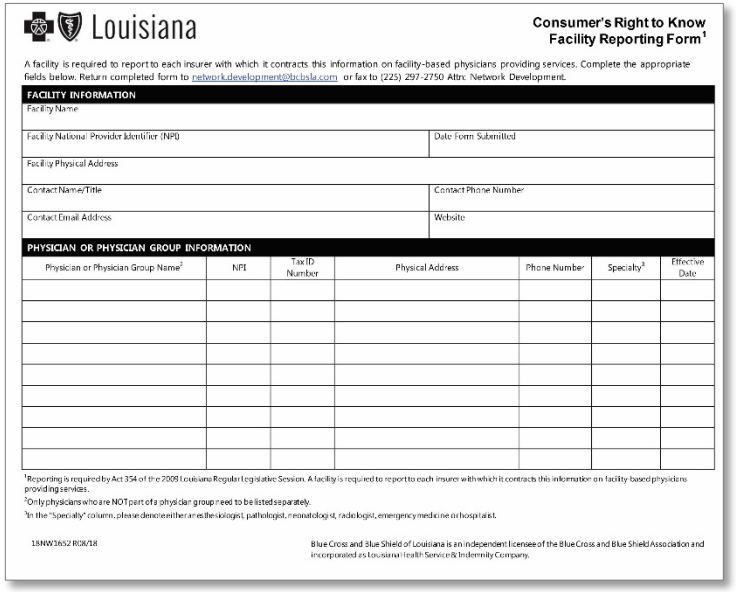
Hospital-based Providers

- A hospital-based provider is defined as a provider that **only** sees patients as a result of their being admitted or directed to the hospital.
- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.
- Reimbursement effective date is based on the provider's start date.

A provider is NOT considered hospital-based if you have patients referred directly to you from another physician or organization or if the member can make an appointment with the physician.

Submitting Hospital-based Providers Changes

- Louisiana Blue 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@lablue.com**.



Louisiana

Consumer's Right to Know Facility Reporting Form[1]

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

FACILITY INFORMATION

Facility Name	
Facility National Provider Identifier (NPI)	Date Form Submitted
Facility Physical Address	
Contact Name/Title	Contact Phone Number
Contact Email Address	Website

PHYSICIAN OR PHYSICIAN GROUP INFORMATION

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

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

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

[3] In the "Specialty" column, please denote either anesthesiologist, pathologist, neonatologist, radiologist, emergency medicine or hospitalist.

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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.lablue.com/providers** >Resources >Forms.