Louisiana

Blue adVantage (HMO) | Blue adVantage (PPO)

A Medicare Advantage Plan

Blue Advantage Provider Portal User Guide

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Blue adVantage (HMO) | Blue adVantage (PPO)

Blue Advantage Provider Portal User Guide

The Blue Advantage Provider Portal is your one-stop electronic resource for information and is available through iLinkBlue (www.bcbsla.com/ilinkblue), then click Blue Advantage under the "Other Sites" section. This portal requires separate account access from iLinkBlue.

The Blue Advantage Provider Portal is available for in-network providers only.

This guide is designed to provide detailed instructions on how to access and register for the portal and use its features. This guide is available on the Blue Advantage Provider Portal under the "Resources" section.

For technical questions relating to registration or login access, please call 1-866-508-7145.

Please Note:

This guide contains general instructions. It is provided for informational purposes only. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

All patient data included in this document is fictious. Information in this document is subject to change without notice.

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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Levels of Portal Access

Providers in our Blue Advantage networks must login to access the Blue Advantage Provider Portal through iLinkBlue (www.bcbsla.com/ilinkblue), then click on **Blue Advantage** under the **Other Sites** section. We recommend using Google Chrome to access the Blue Advantage Provider Portal.

There are two levels of access that a person can have to the Blue Advantage Provider Portal:

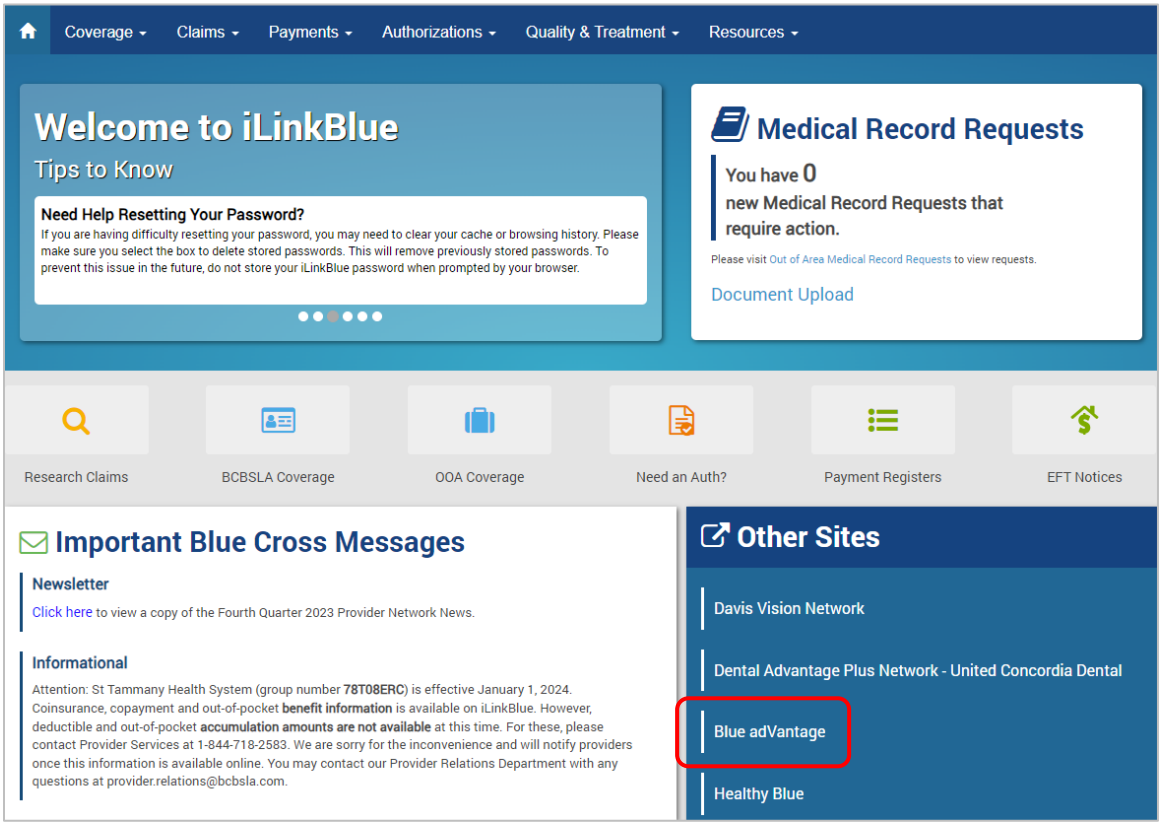
- Group Moderator:

  Person within the provider organization who is designated to complete the initial group registration and thereafter grants access of the user(s) to the Blue Advantage Provider Portal.

  Blue Advantage requires that each group designates at least one Group Moderator to self-manage user access to the provider portal for your organization. New group registration must be completed by the Group Moderator.

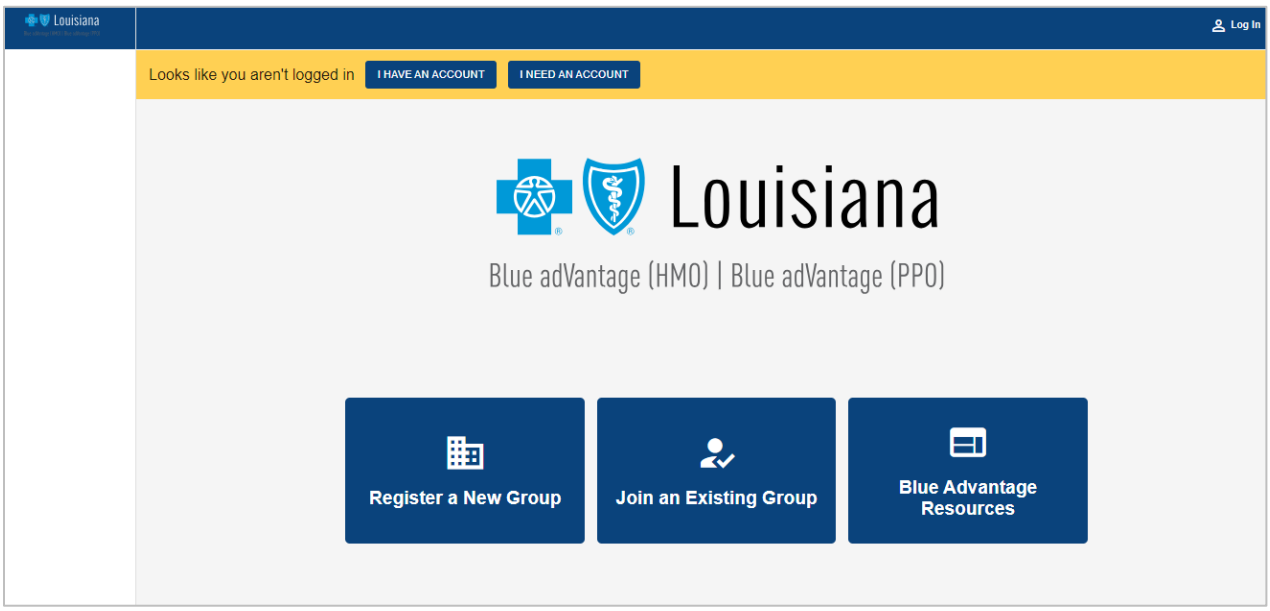
- User:

  Person(s) at the provider organization who is granted security access by the Group Moderator and thereafter can self-manage their own portal access only.



Blue Advantage Provider Portal Homepage

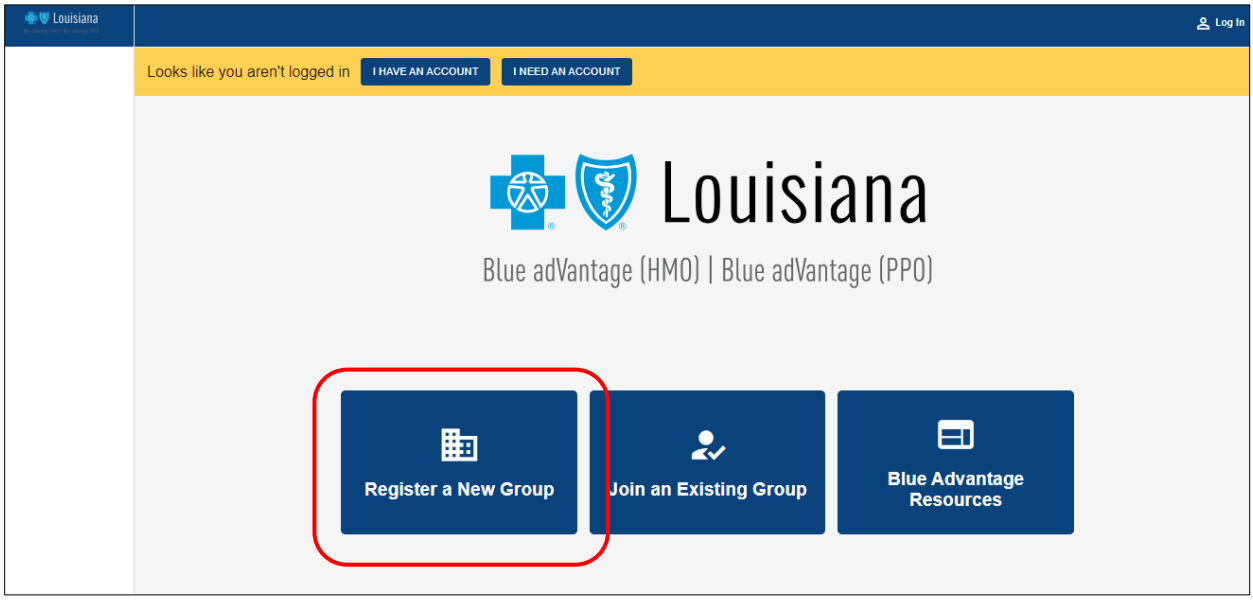
- If you already have a portal account, click **I Have an Account** or **Log In** on the homepage to log into your account.
- If the group you are affiliated with has already registered and you need to join the group, please refer to the **Portal Registration – Join an Existing Group** section of this guide.
- If the group you are affiliated with is not currently registered, please refer to the **Portal Registration – Register a New Group** section of this guide.



Portal Registration – Register a New Group

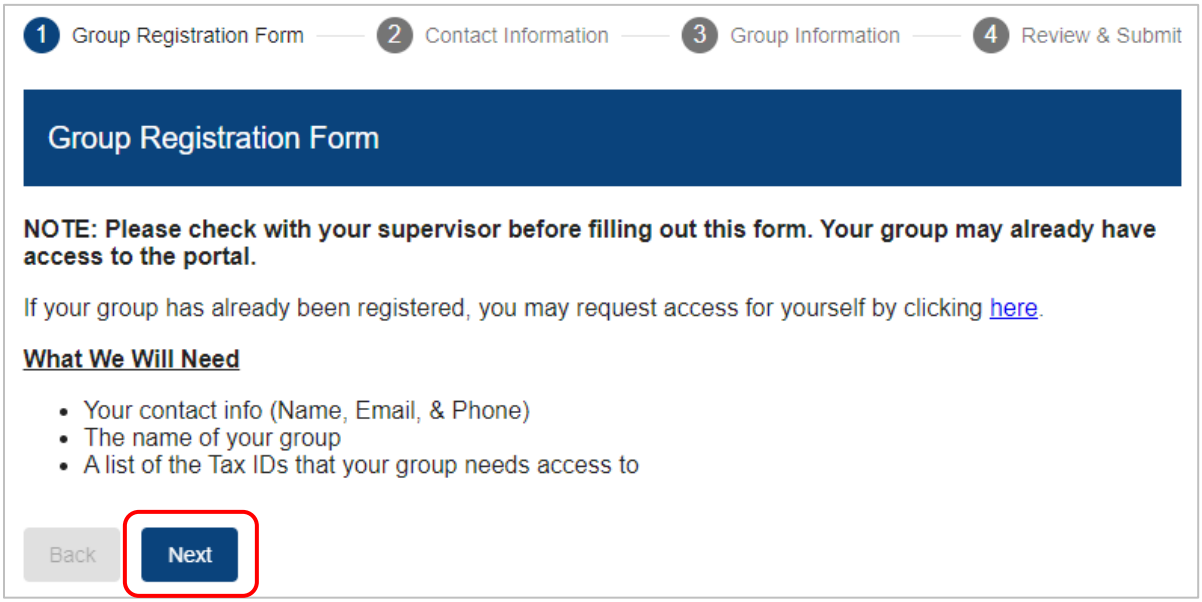
To gain portal access, the Group Moderator must first register the group by completing the steps below:

- Log on to iLinkBlue (www.bcbsla.com/ilinkblue).
- Click Blue Advantage under the **Other Sites** section.
- Click Register a New Group.

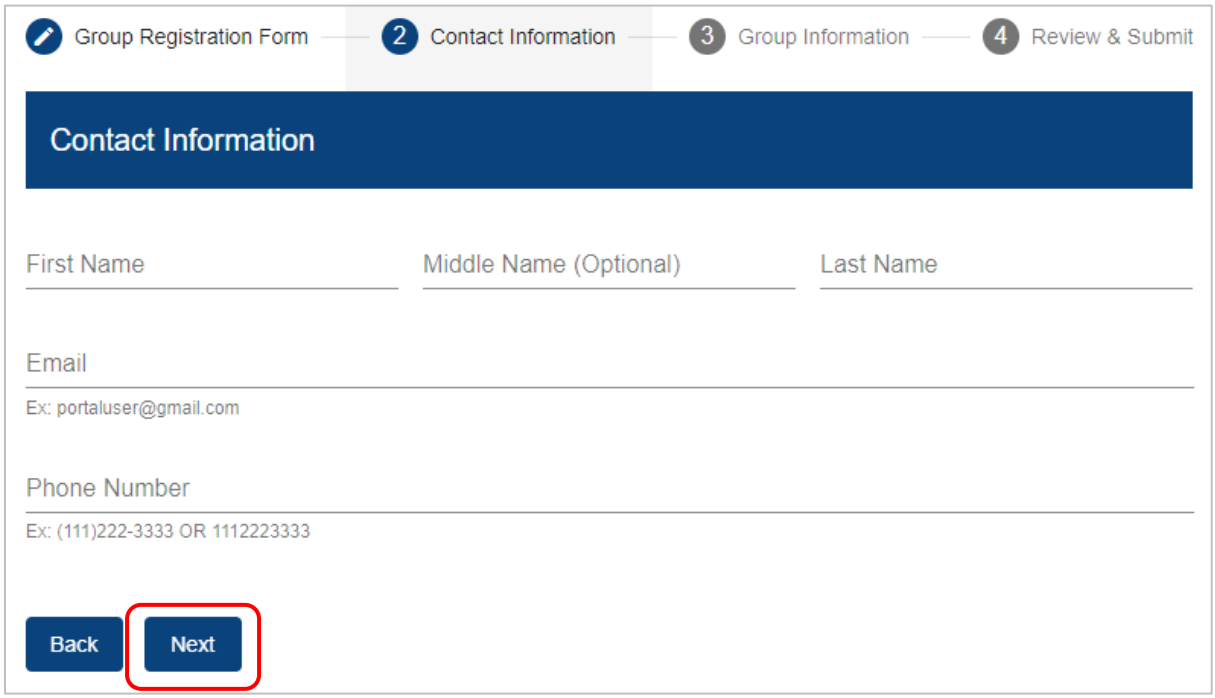


- The following information is needed to complete the group registration process:
  - Your contact information (name, email and phone number)
  - The name of your group
  - A list of the Tax IDs that your group needs access to (If you need to add or remove a Tax ID number from your group after registration is complete, you must contact Blue Advantage at 1-866-508-7145.)

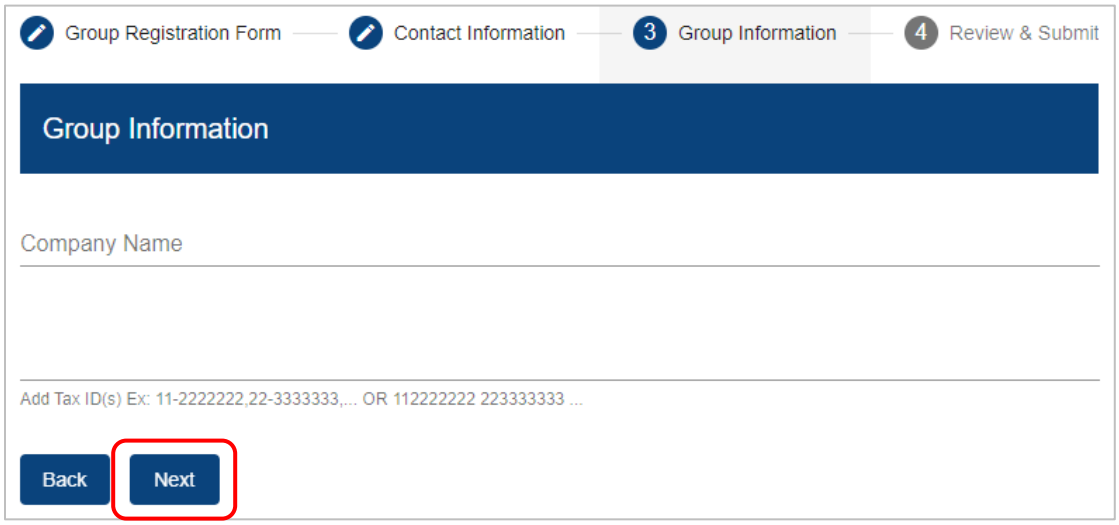
- Once you have gathered all the information above, click **Next**.



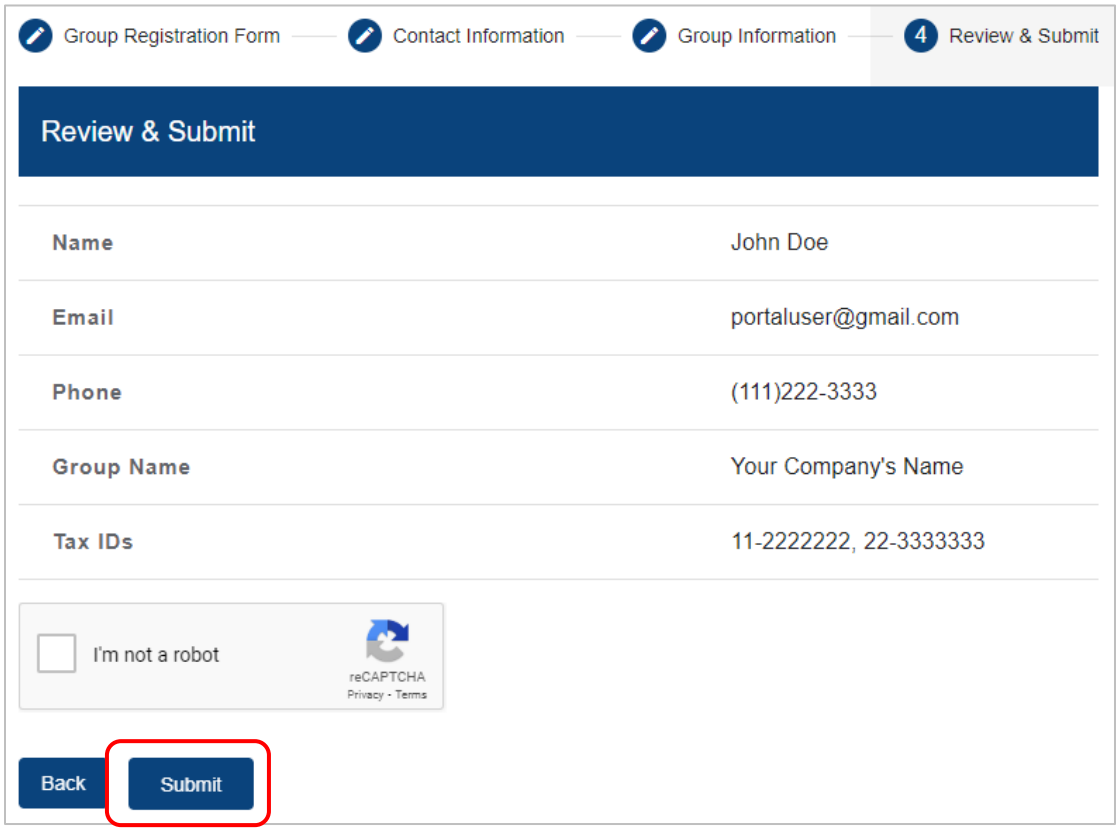
- Fill in your required contact information: First Name, Last Name, Email and Phone Number. Then click Next.



- Fill in the required group information – Company Name and Tax ID. Multiple Tax ID numbers can be entered by separating with a comma or a space.
- Then click Next.

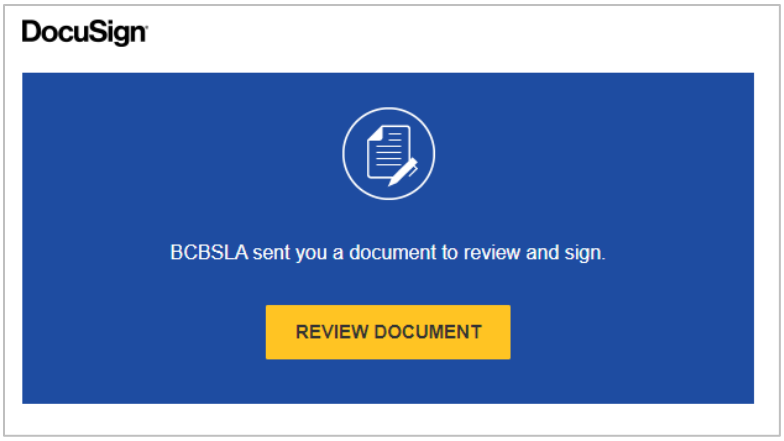


- Review your information. If all information is correct, click Submit.



Next Steps After Submitting the Group Registration Form

Now that the **Portal Registration Form** has is submitted, the requestor will receive an email from Blue Advantage via DocuSign® (dse_NA3@docusign.net) containing the **Blue Advantage Portal User Agreement**. Click **Review Document** in the email to review and sign this document via DocuSign.



Once you have signed the user agreement, your request is then reviewed by Blue Advantage before portal access is granted. You may be contacted by a Blue Advantage employee to verify the information you have provided. If Blue Advantage:

Approves the request	the requestor will receive an email from Auth0 Mail (auth0mail@blueadvantage.bcbsla.com) to reset their password. Once reset, the Group Moderator can now access the Blue Advantage Provider Portal.
Denies the request	the requestor will receive an email from Blue Advantage (noreply@automailer.blueadvantagela.com) notifying them that the request was denied and the reason for the denial. The Group Moderator may call Blue Advantage Customer Service
IMPORTANT: Once the group registration has been approved, the user who submitted the registration request will be granted Group Moderator access.	

Group Moderator Access FAQs

Q. Do you need to set up additional users within your group?

A. Refer to the **Portal Registration – Join an Existing Group** section in this guide for more information.

Q. Do you need to set up additional Group Moderators for your group?

A. Refer to the **Account Details** section in this guide for more information.

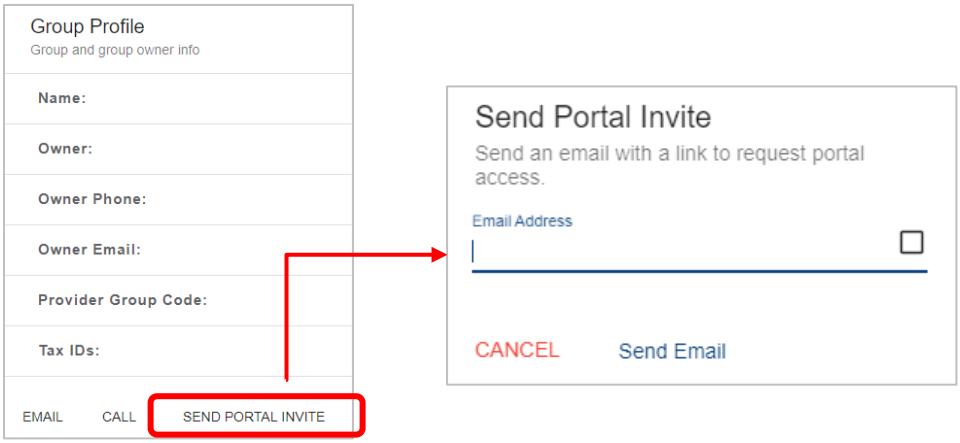
Q. Did not receive a password reset email?

A. Refer to the **Troubleshooting** section in this guide for more information.

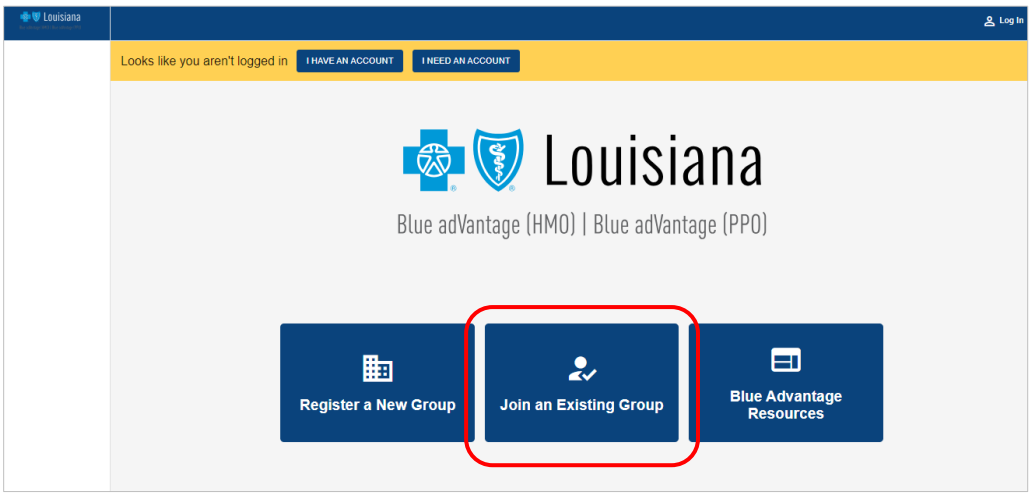
Portal Registration – Join an Existing Group

If you need to join a group that has already been registered on the Blue Advantage Provider Portal, you must complete user registration. To begin the user registration process, there are two options:

- Option 1: The Group Moderator can invite additional users to join their group on the portal by clicking View My Group at the top of the portal screen. On the Group Profile page, click Send Portal Invite. Enter the user's email address and click Send Email. The user will receive an email containing a link to the user registration form as well as the group code they will need to complete registration.



- Option 2: Users may initiate the request themselves to join an existing group on the Blue Advantage Provider Portal by going logging onto iLinkBlue (www.bcbsla.com/ilinkblue) and click Blue Advantage under the "Other Sites" section, then click Join an Existing Group.

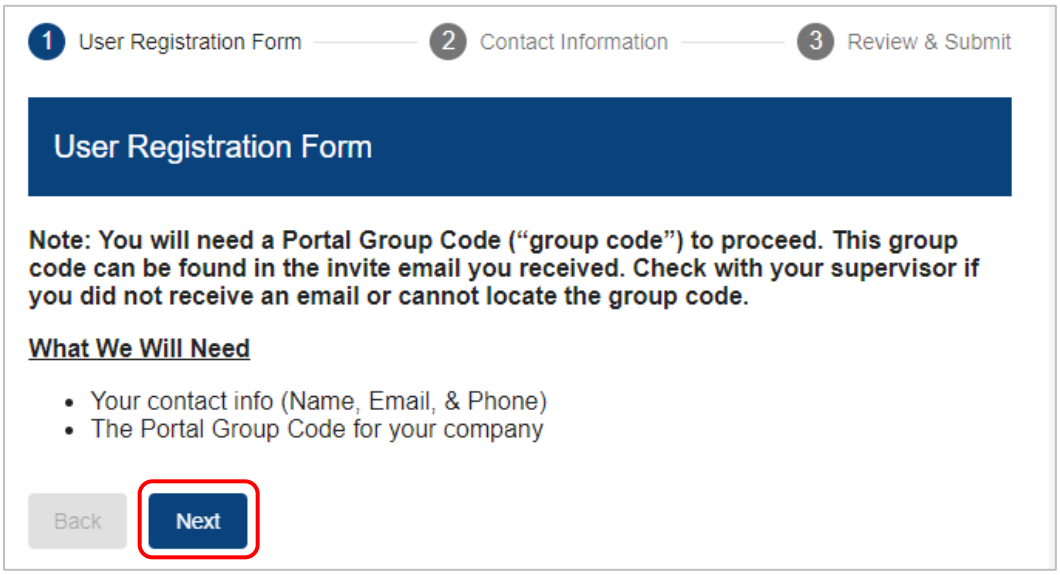


Completing either Option 1 or Option 2 will take users to the **User Registration Form**. To complete user registration, follow the steps below:

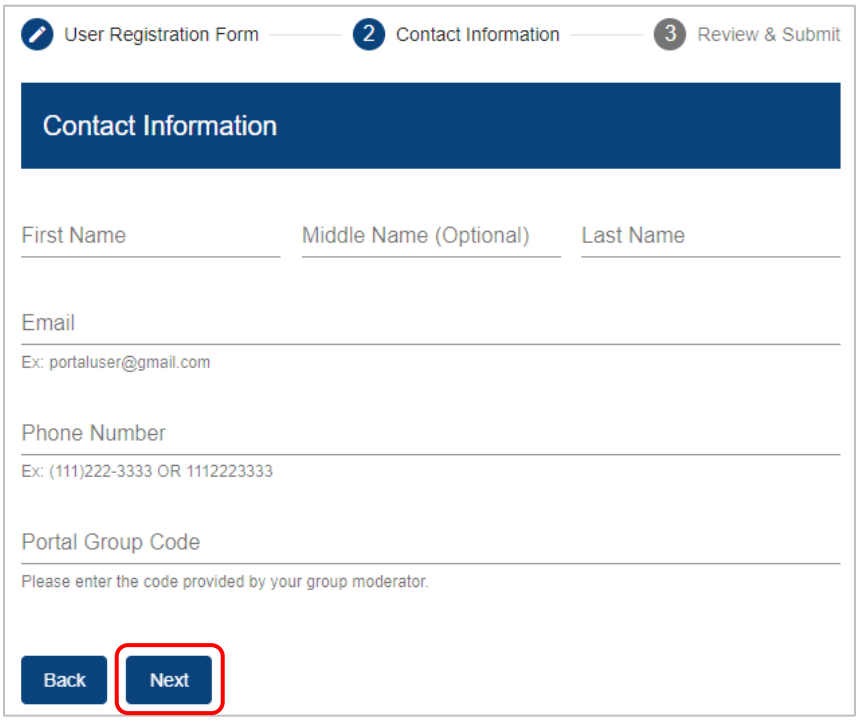
- The following information is needed to complete the user registration process:
  - Your contact information (**Name**, **Email Address** and **Phone Number**)
  - The Portal Group Code for your company/group

NOTE: The Group Moderator for your group can provide the Portal Group

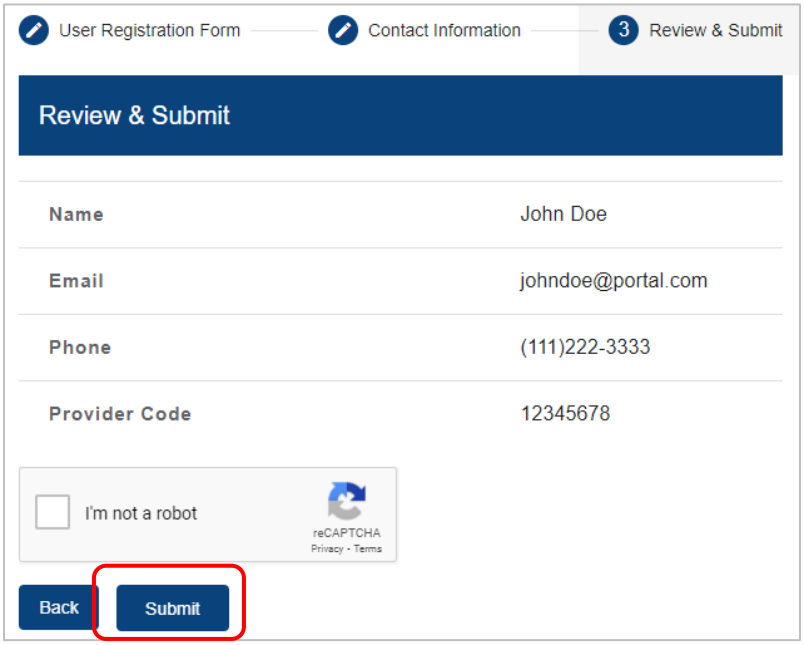
- Once all needed information is gathered, click **Next.**



- Fill in the required contact information: **First Name**, **Last Name**, **Email**, **Phone Number** and **Portal Group Code**. Then click **Next**.



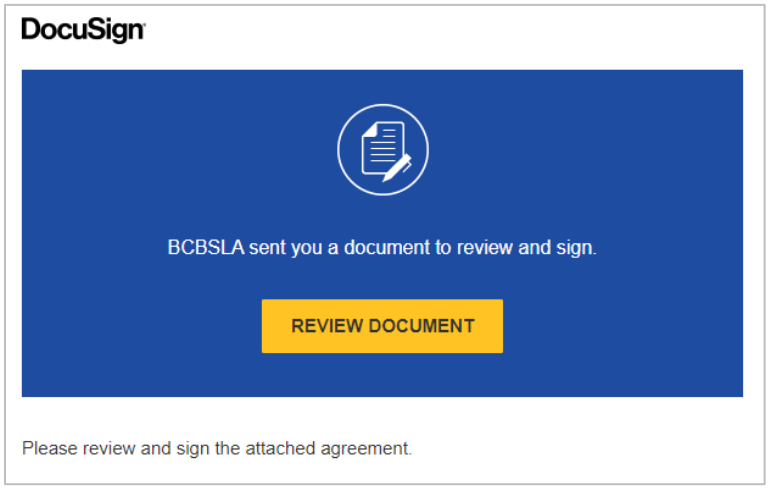
- Review your information. If all information is correct, check the I'm not a robot checkbox and click Submit to send the registration for approval.



Next Steps After Submitting the User Registration Form

Now that the **User Registration Form** has been submitted, the user will receive an email from Blue Advantage via DocuSign (dse_NA3@docusign.net) containing the Blue Advantage Portal User Agreement. Click **Review Document** in the email to review and sign this document via DocuSign. You will need to review and sign this document before your request can be approved.

Once you have signed the agreement, your request must be reviewed by the Group Moderator before the user is granted access to the portal. (Group Moderators: refer to the **Admin Center** section of this guide for how to approve or deny requests for portal access.)



- **If the Group Moderator approves the request**, the user will receive a notification email that access was approved. The user will also receive an email from Auth0 Mail (auth0mail@blueadvantage.bcbsla.com) to reset their password. Once reset, the user can now access the Blue Advantage Provider Portal. Users will **not** receive a password reset email until the Group Moderator has approved the user's request to join the group.
- **If the Group Moderator denies the request**, the user will receive an email from noreply@automailer.blueadvantagela.com notifying them that the request was denied and the reason for the denial. The user should contact the Group Moderator if they believe the request was denied in error.

Account Details

To view your personal portal profile, click the icon at the top right of the portal screen and then select **My Profile**. This will open the **Account Details** screen where you can review and update profile information.

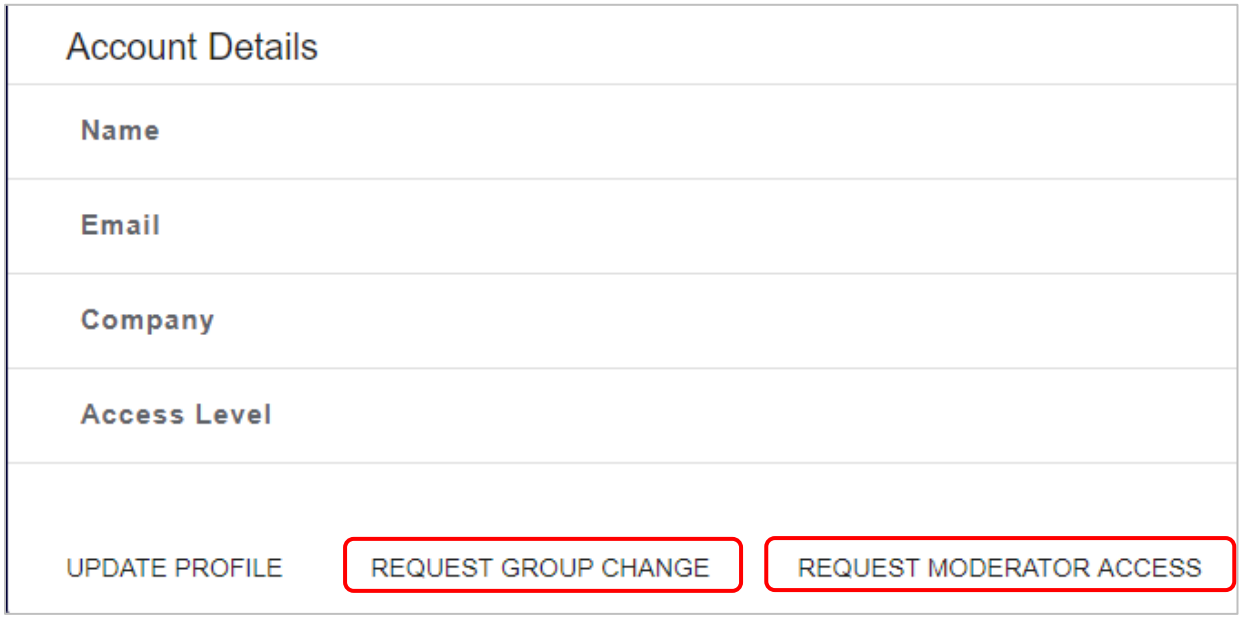
Request Group Change

You can submit a request to join a different group from this screen by selecting **Request Group Change**. You will need the group code associated with the group you are joining to complete this request. The Group Moderator for your group will be able to provide the group code.

Once you've submitted the group change request, the Group Moderator for the group you are requesting to join must approve the request before you can join the group.

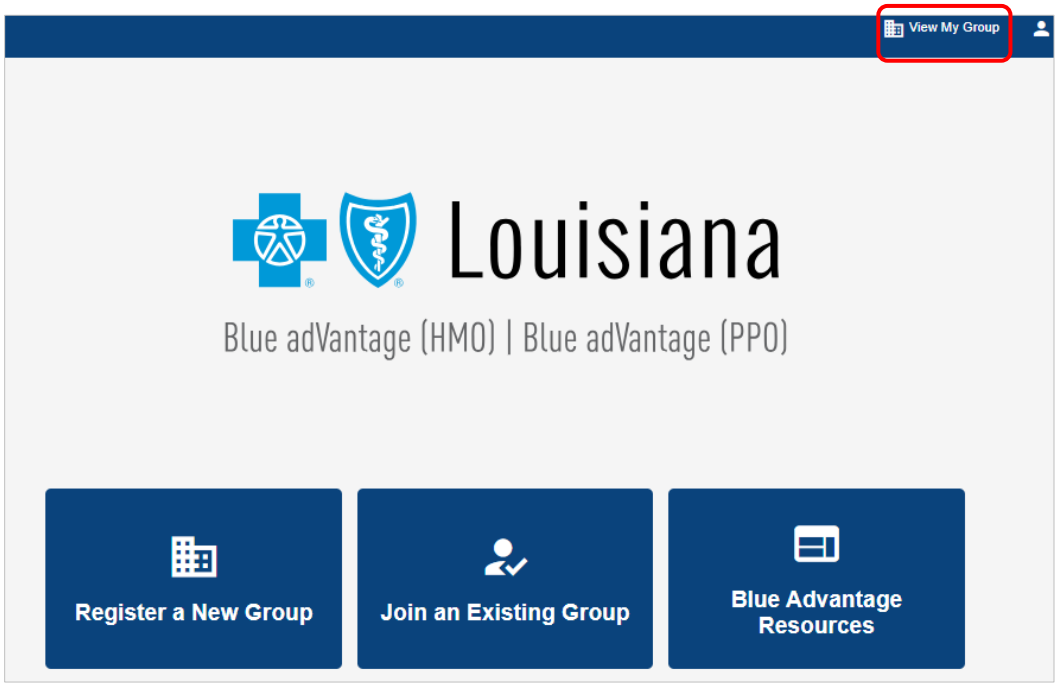
Request Group Moderator Access

If your group has more than one Group Moderator, additional users within your group may request Group Moderator access by selecting **Request Moderator Access** on the **Account Details** screen.

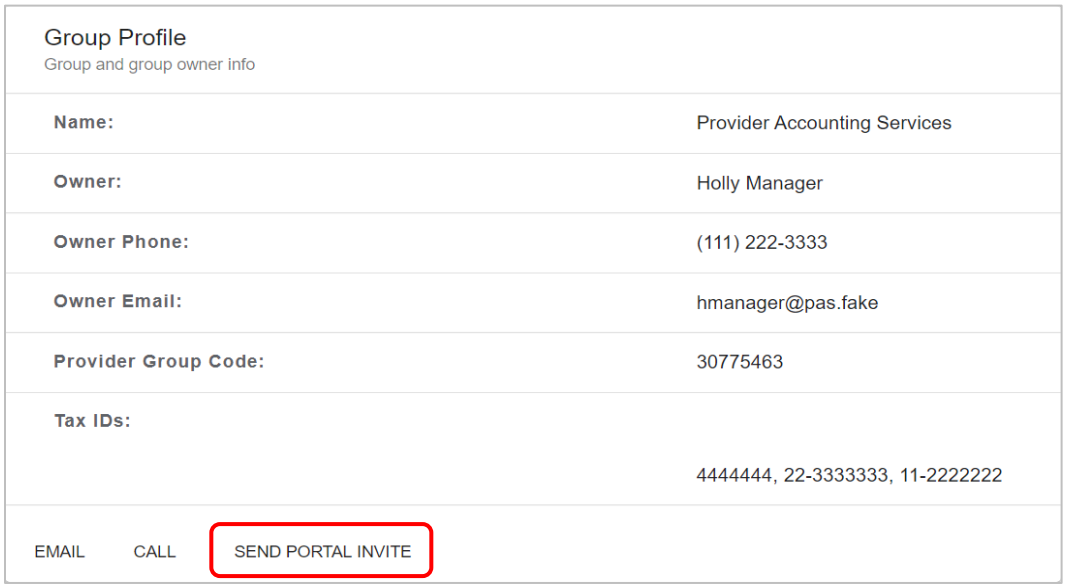


Group Profile

To view group profile information, click **View My Group** at the top right of the portal screen.

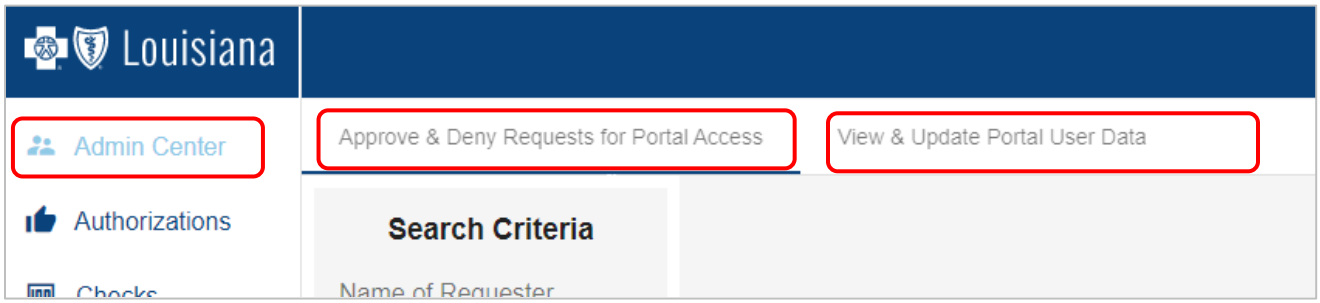


Only Group Moderators will have the option to send portal invites from this screen.



Admin Center

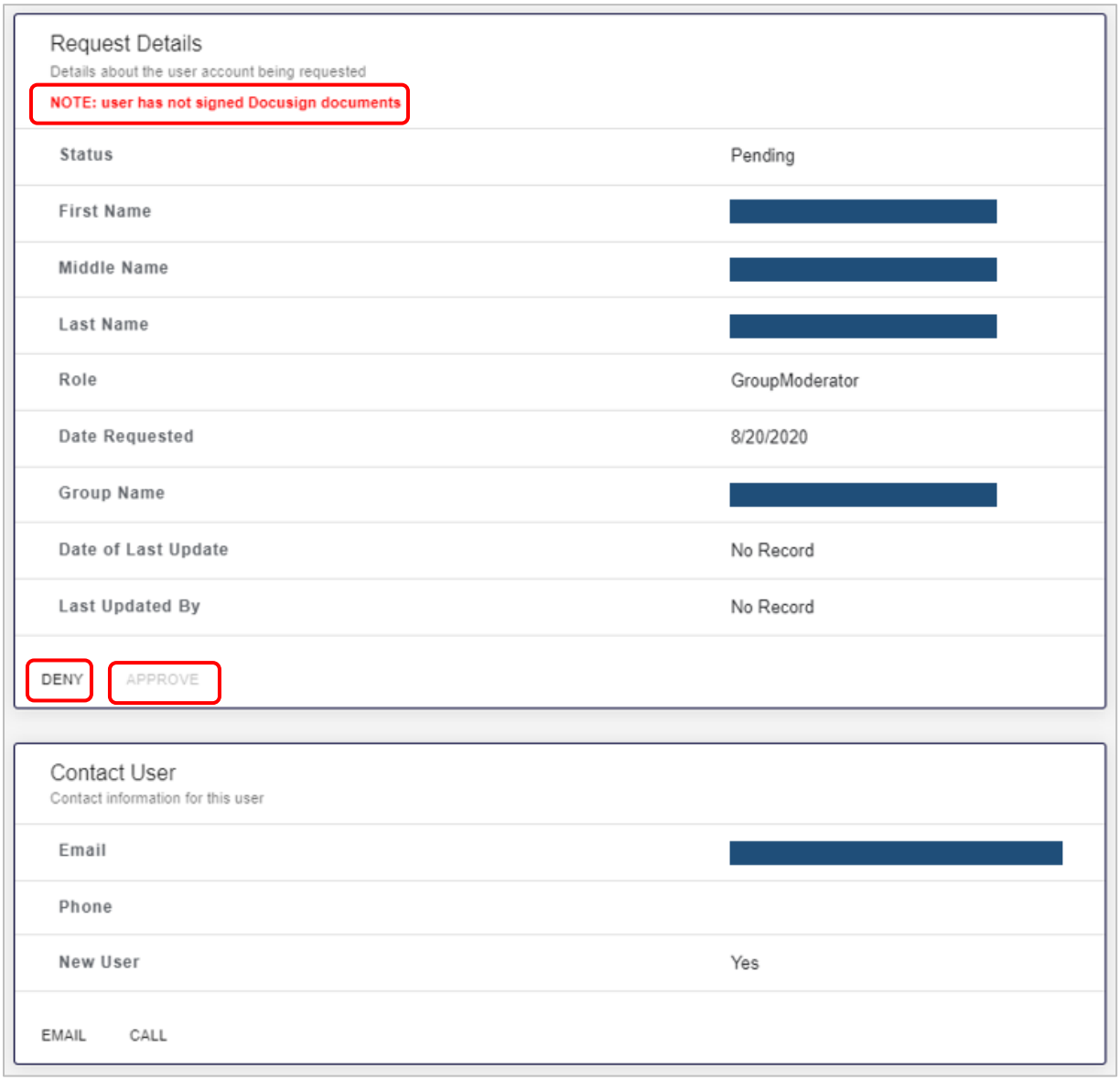
The Admin Center is only visible and accessible for Group Moderators. Within Admin Center, Group Moderators to **Approve & Deny Requests for Portal Access**, as well as **View & Update User Data**.



- Approve and Deny Requests for Portal Access
- Within Admin Center, Group Moderators can approve or deny user requests to join their portal group. To view all requests for portal access for your group, click **Admin Center** and then click **Approve & Deny Group Requests for Portal Access**.
- If you do not enter in any search criteria, by default, it will show only the pending access requests. To search for additional requests (i.e., such as those that have been approved or denied) or narrow down the list of requests by entering in a **Name, Company Name**, **Requested Role**, **Request Date** or **Request Status**. All requests, meeting the criteria entered, will appear on the screen.
- Click on a request within the list to view the request details.

The Group Moderator can approve or deny the request on the **Request Details** page.

In the example below the **Approve** button is grayed out. This is because the user has not yet signed the **Blue Advantage Portal User Agreement**, which is indicated by the alert in red below (**NOTE**: user has not signed DocuSign documents). The user should have received an email containing the portal user agreement. The user must review and sign this document before access can be approved. When the user has signed the agreement, the alert in red below is removed and the **Approve** button will become available.



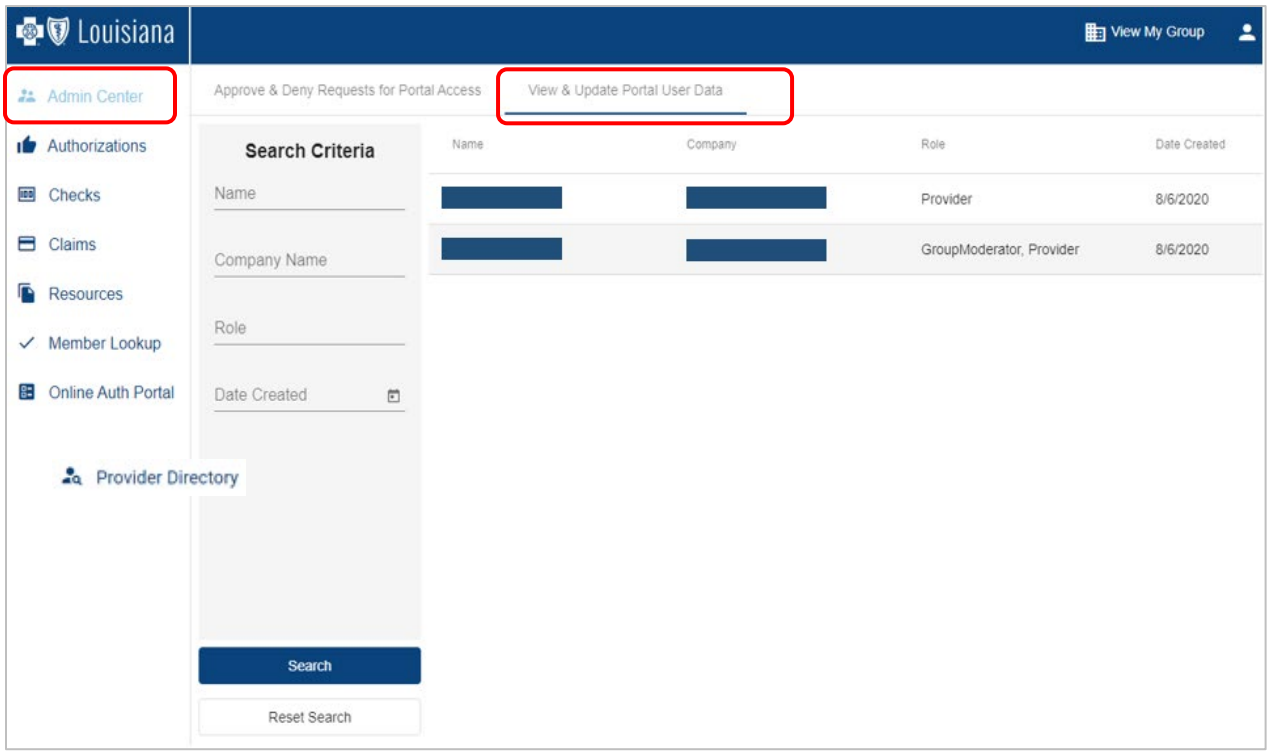
Once the Group Moderator approves the request, the user will receive a notification email that their access request was approved. The user will also receive an email from Auth0 Mail (no-reply@auth0user.net) requesting that they reset their password. Once reset, the user will be able to access the Blue Advantage Provider Portal.

View and Update Portal User Data

Within the **Admin Center**, Group Moderators can view and update user data within the portal group.

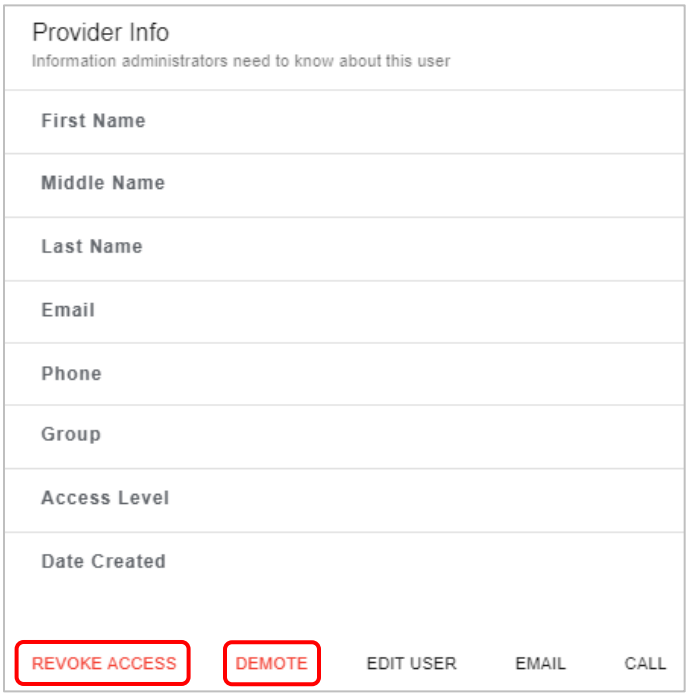
To view a list of the users within your group, click **Admin Center** then click **View & Update Portal User Data**. If you do not enter any search criteria, you will see the full list of users within your provider group. You may narrow down the user list by entering in a Name, Company Name, Role or Date Creation. All users, meeting the criteria entered, will appear on the screen.

Click on a user within the list to view more details.



Group Moderators are responsible for promptly revoking user access when an employee's role change or employment is terminated.

- To revoke user access completely, click **Revoke Access**. This user will no longer be able to access the Blue Advantage Provider Portal.
- To remove a user's Group Moderator access only, click **Demote**. This user will still have access to the Blue Advantage Provider Portal, but they will no longer be a Group Moderator for the group.



Authorizations

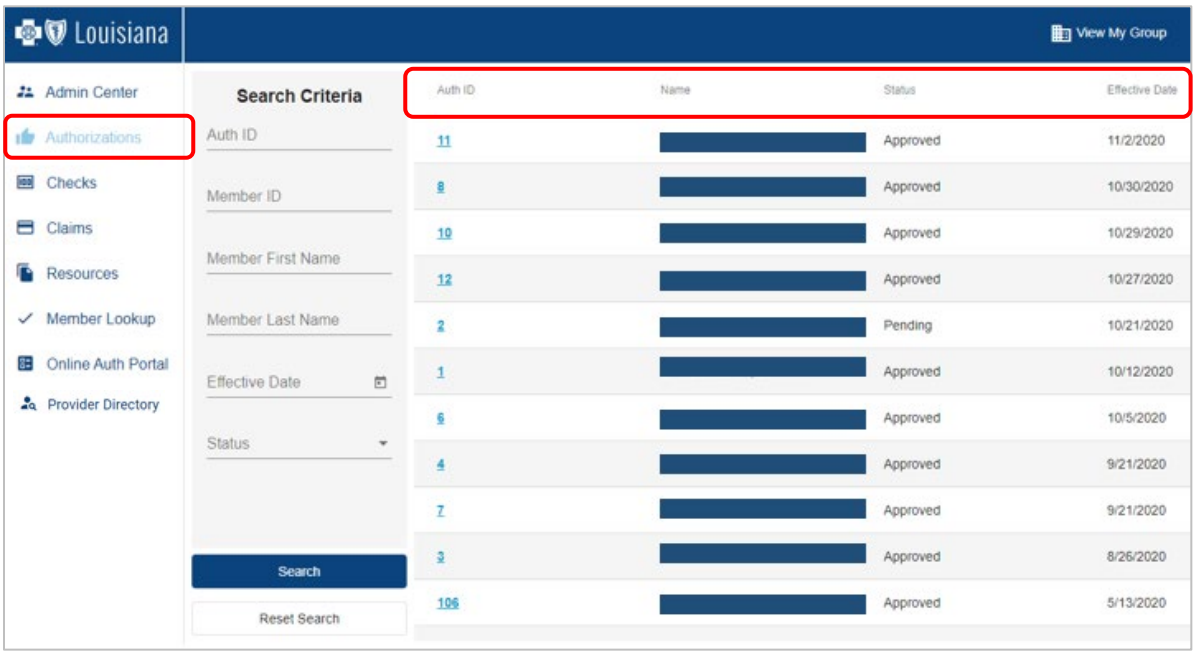
Users can view the status of a member's authorization by selecting the **Authorizations** feature. To pull up a specific authorization, enter the following criteria and click **Search**.

- Auth ID
- Member ID
- Member Name
- Effective Date
- Status

All authorizations, meeting the criteria entered, will display on the screen and one of the following authorizations status options will appear:

- Approved
- Processing: member in an inpatient facility and has not been discharged
- Pending: a decision is still pending
- Denied
- Closed: no decision was rendered

The results can be sorted by clicking the column headers at the top of the table.



Click on a specific authorization within the results table to view additional details for that authorization. The **Authorization Details** screen will display additional details surrounding the authorization, as well as diagnosis details and service groups, as shown below.

Authorization Detail

Authorization

Auth#:	12
Member Name:	[redacted]
Status:	APPROVED
Card #:	[redacted]
Refer From:	[redacted]
Refer To:	[redacted]
Effective Date:	10/27/2020
Term Date:	11/26/2020
Auth Description:	Outpatient Services in Physician Office

Diagnosis Details

Diagnosis Code	Description
G71.0	Muscular dystrophy

Items per page: 15 1 – 1 of 1

Service Groups

Service Group	Status
A: Outpatient/Office Physician Services	APPROVED

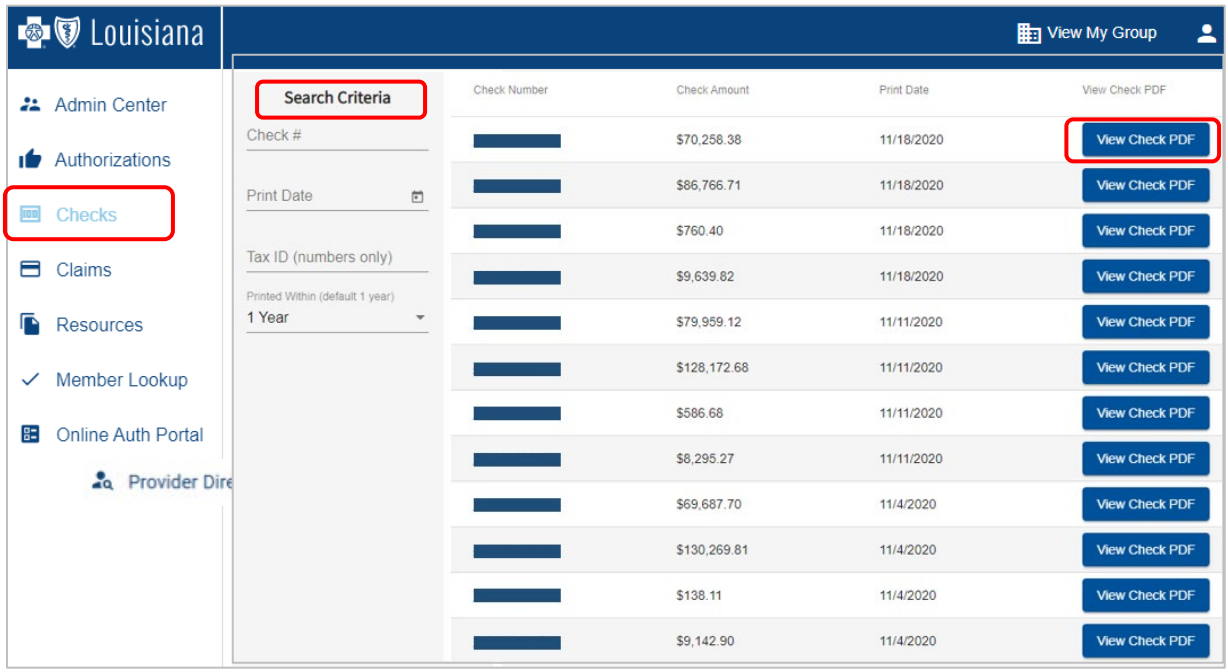
Items per page: 15 1 – 1 of 1

Checks

Users can view provider payment registers by selecting the **Checks** section of the portal. You may search by entering in any of the following criteria: **Check #**, **Print Date**, **Tax ID** or **Printed Within** time period. Then click **Search**. All checks meeting the criteria entered will appear on the screen.

The results can be sorted by **Check #** or **Print Date** by clicking the column headers at the top of the table.

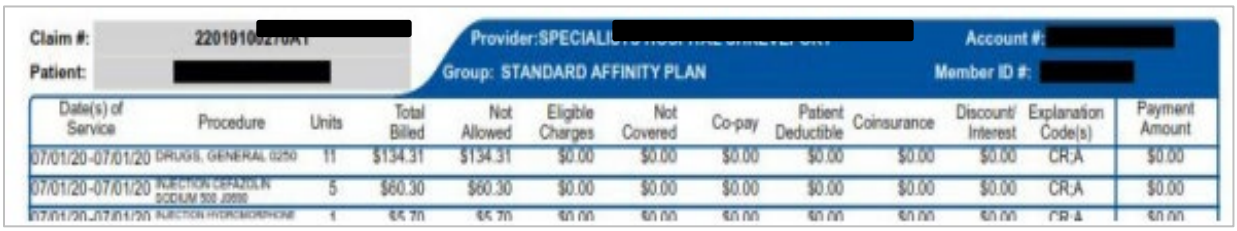
To see all claims associated with a specific payment, click the **Check #** within the results table. This will take users to the **Claims** page to view this information.



To determine if a payment was an electronic or paper check, look at the check number:

- Paper check numbers always start with 311.
- Electronic check numbers always start with 322.

To download a PDF version of the remittance advice and check, click **View Check PDF** within the results table.

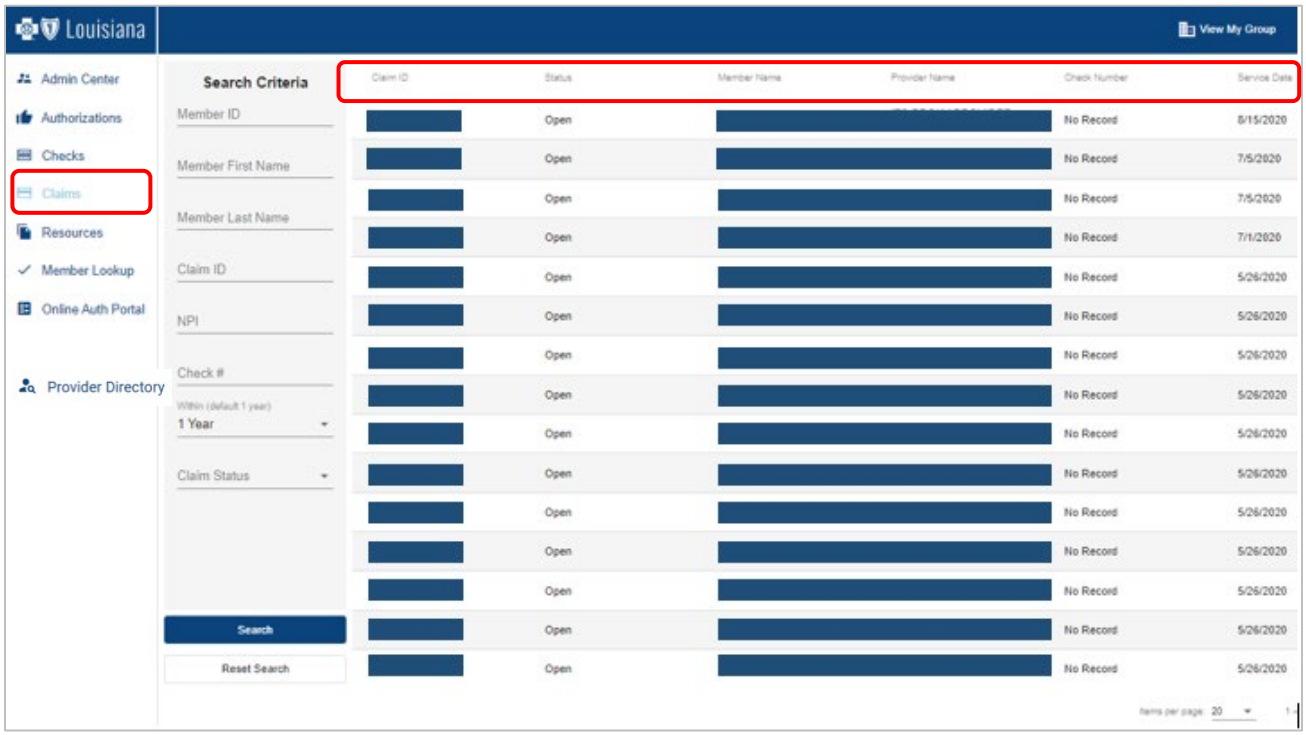


Claims

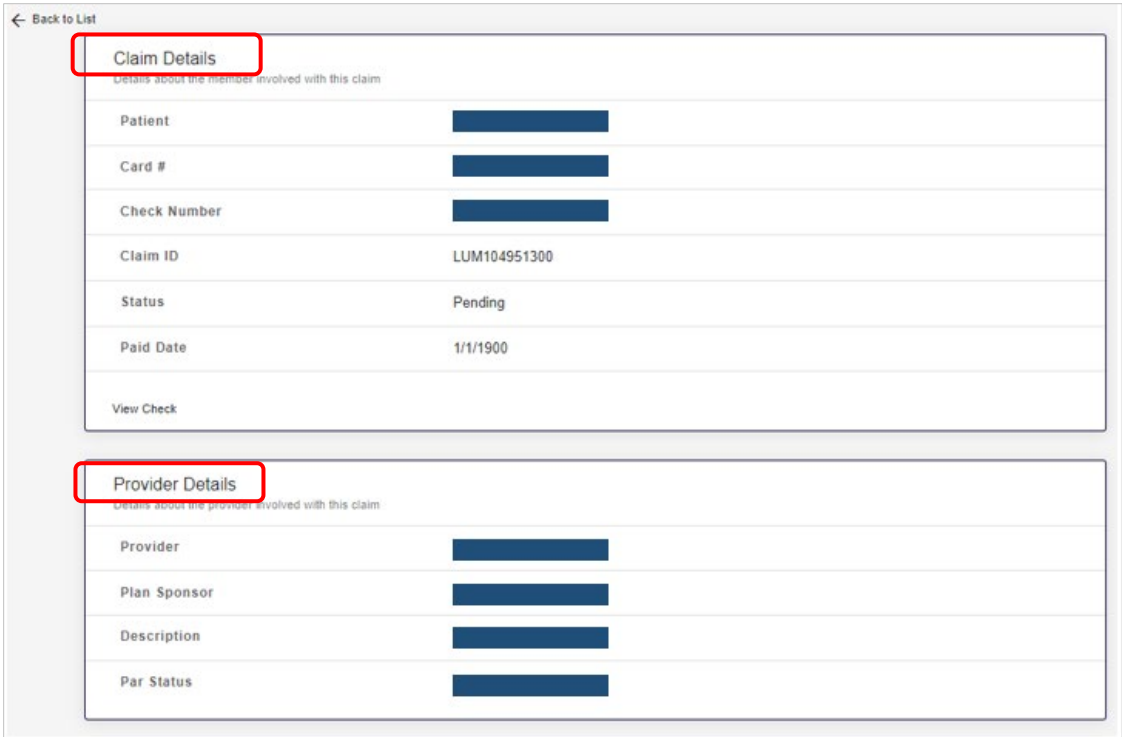
Users can view claims associated with their group within the **Claims** section of the portal. You may search by entering in any of the follow criteria: Member ID, Member Name, Claim ID, NPI, Check #, Within (time period) or Claim Status. Then click Search. All claims meet the criteria entered will appear on the screen. Then click **Search**.

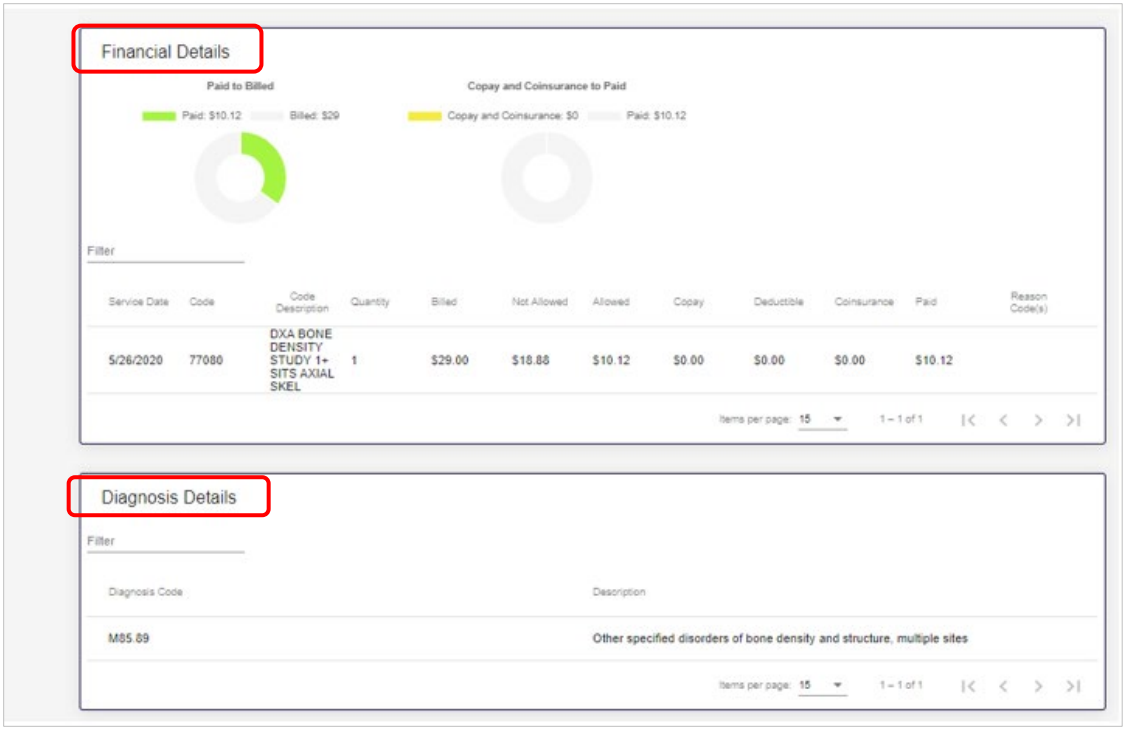
All claims, meeting the criteria entered, will display. To sort results, click the preferred column header at the top of the table.

Click on a specific claim within the results table to view additional details.



The **Claim Details** screen will display additional information including the claim, provider, financial and diagnosis details.

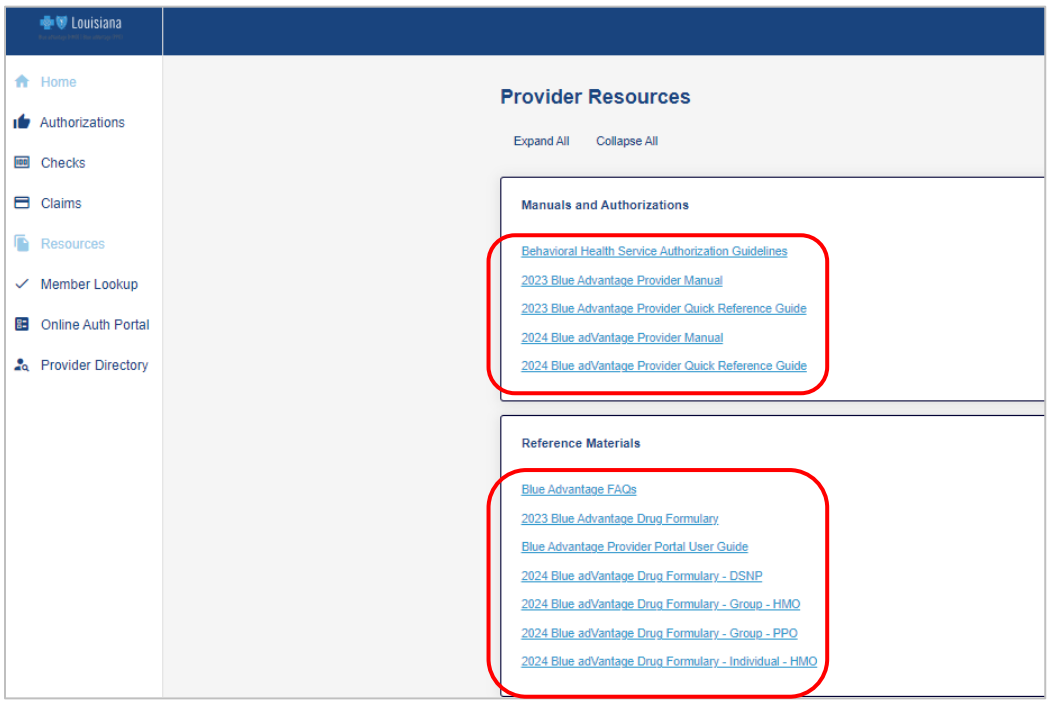




Resources

The Resources section is designed to give users access to the most current Blue Advantage resources, such as manuals, guides, forms, webinar and workshop presentations, newsletters and more.

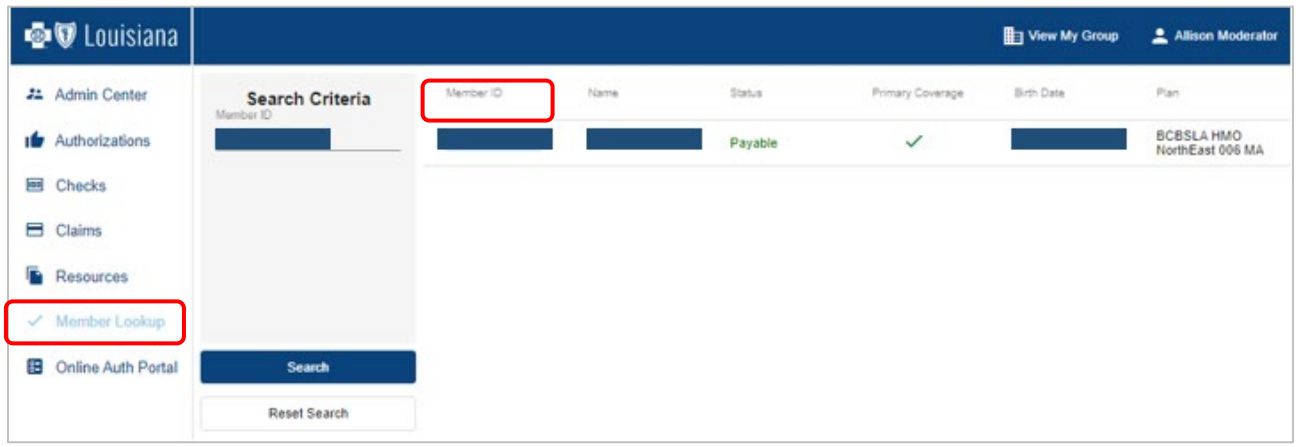
To view available resources within each category, click on the folder title. To access a specific resource within each folder, click on the appropriate link.



Member Lookup

Users can search for a member by selecting the **Member Lookup** feature, entering the **Member ID** and then clicking **Search**.

Users can only view one member's information at a time. Click on the member ID within the results table to view additional details.



The **Member Information** screen includes additional details such as plan snapshot, documents, accumulators and coinsurance and copays.

Member Information

Users can view a member's name, date of birth (DOB), coverage status, primary care provider and ID card, as well as view claims and authorizations associated with a member.

Member Information
Member contract and coverage status

Name:	[redacted]
DOB:	[redacted]
Coverage Status:	Active
Primary Care Provider:	[redacted]

VIEW CLAIMS VIEW AUTHS VIEW ID CARD

Plan Snapshot

Users can view a summary of the member's enrollment information, including plan, member ID number (Card #), plan year, program, effective date and term date.

Plan Snapshot
A quick summary of this enrollment

Plan:	BCBSLA HMO North Shore 009 Seg 002 MA
Card #:	[redacted]
Plan Year:	2020
Program:	BCBS LA HMO INDIVIDUAL
Effective Date:	1/1/2020
Term Date:	12/31/2078

Documents and Accumulators

Users can view plan-specific documents and updated accumulator amounts for a member. Accumulator amounts are updated as claims are received and processed.

Documents

2021 Annual Notice of Changes

2021 Summary of Benefits

2021 Evidence of Coverage

Accumulators

Coinsurance and Copays

Users can view a member's coinsurance or copayment (copays) amounts by description (service type). Day span and amount is displayed for each description type.

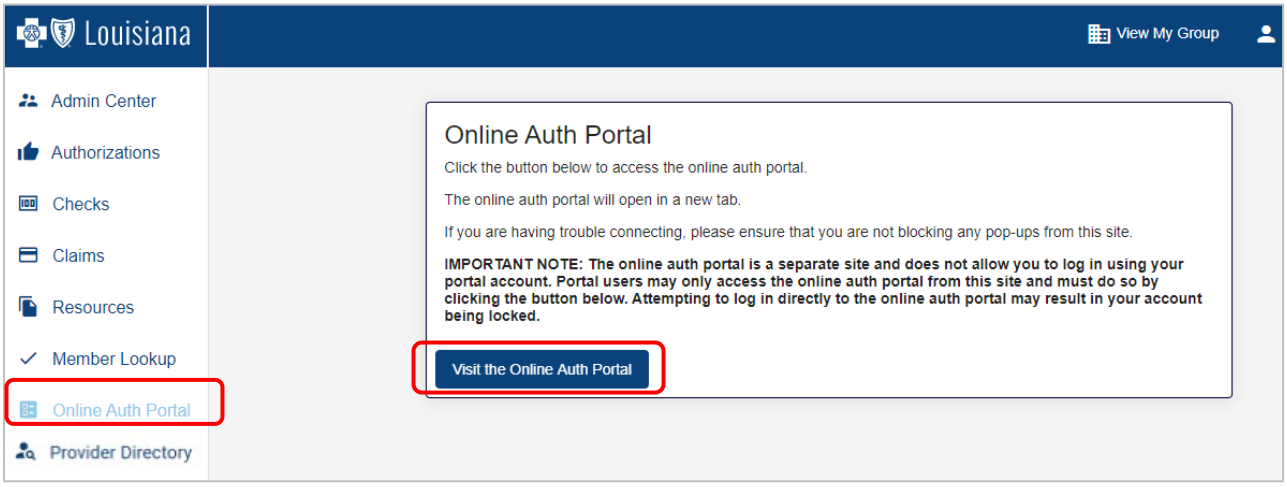
Coinsurance and Copays

Filter

Description	Day Span	Amount
Inpatient - Acute	Days 1 - 10	$175
Inpatient - Acute	Days 11 - 90	$0
Inpatient - Mental Health Care	Days 1 - 8	$195
Inpatient - Mental Health Care	Days 9 - 90	$0
Inpatient - Rehab	Days 1 - 10	$175
Inpatient - Rehab	Days 11 - 90	$0
Inpatient - Substance Abuse	Days 1 - 8	$195
Inpatient - Substance Abuse	Days 9 - 90	$0
Skilled Nursing Facility	Days 1 - 20	$0
Skilled Nursing Facility	Days 21 - 100	$165

Online Auth Portal

Users can access the online authorization portal by selecting the **Online Auth Portal** feature then visit the **Online Auth Portal**. This feature will open in a new window.



A prior authorization request can be submitted online for the following outpatient service types:

- **OPMD** – A procedure performed in the office setting.
- **OPFAC** – A procedure performed in an outpatient facility setting.
- **ASU** – A procedure performed in an ambulatory surgical setting.
- **POC** – Authorization for post-op care for surgeries with 90-day global periods.

Note: Authorizations that are submitted through the Online Auth Portal may not be visible in the Authorization search immediately. Providers should allow time for authorizations to show through the search feature.

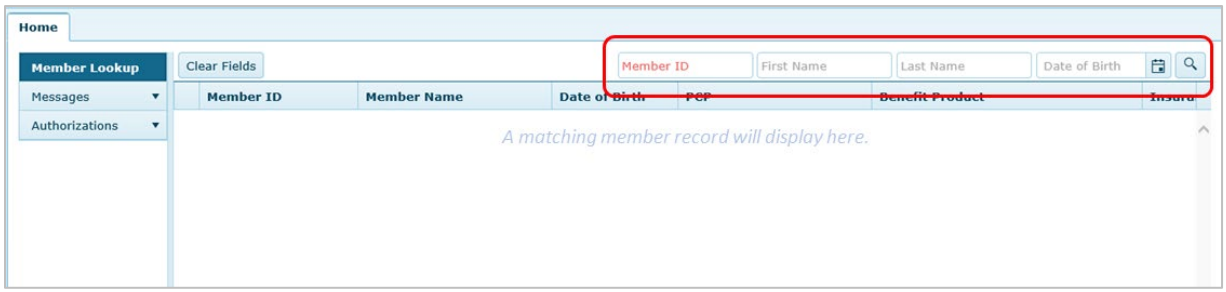
The following authorization types cannot be entered through the online auth portal. Please call 1-866-508-7145 or fax these types of requests to the respective fax numbers listed below:

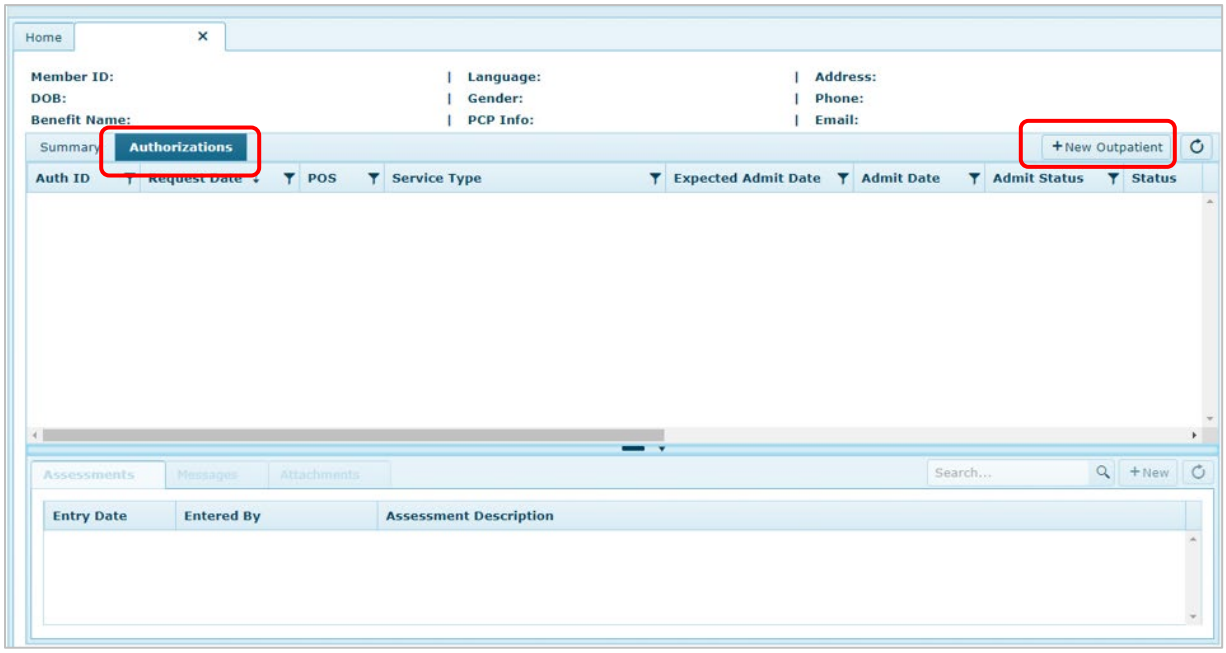
Type of Service	Fax Number
• Inpatient	1-877-528-5818
• Wound Care • Therapy • Durable Medical Equipment (DME) • Transplants • Ambulance Transports	1-877-528-5816
• Home Health	(318)-812-6265
• Part D Drugs	1-877-328-9799 or 1-855-964-0556

Creating a New Outpatient Authorization Request

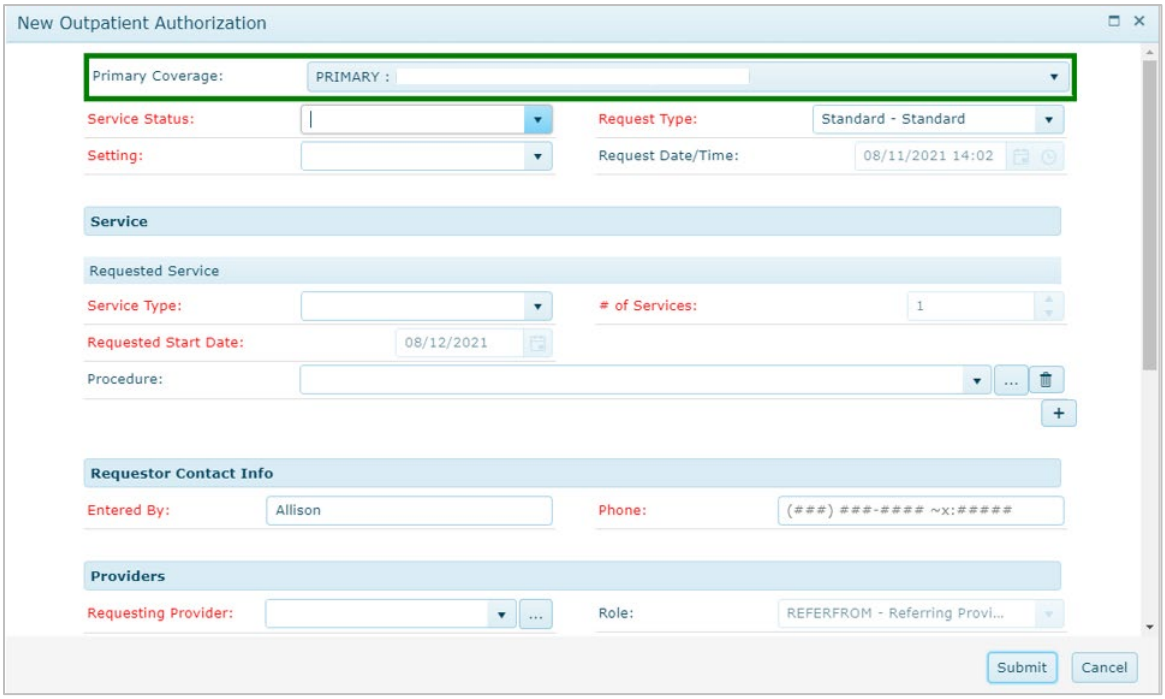
(Inpatient services cannot be submitted through the portal at this time. For behavioral health services, see the Creating a New Outpatient Behavioral Heath Authorization Request section of this guide.)

- To request an outpatient authorization, locate the member record by entering the **Member ID** and either the member's **First and Last Name** or the member's **Date of Birth**.
- Click on the desired member record to display the **Member Summary** screen.
- Click on the second tab, labeled **Authorizations**.
- Click on the button labeled **+ New Outpatient**.





Users must complete the **New Outpatient Authorization** form and include all necessary documentation. **Red** fields are required and must be completed to successfully complete the authorization request.



Required Fields

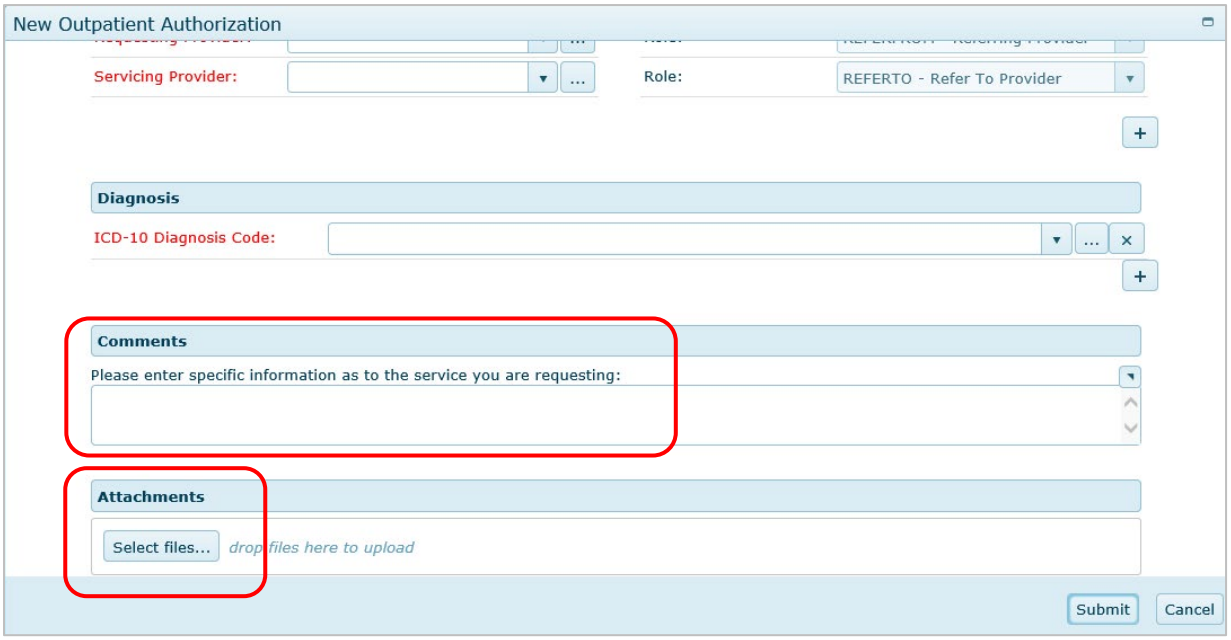
- **Service Status**:
  - Initiated – indicates that the service has already been performed.
  - Expected – indicates that the request is prior to the service being performed.
- **Request Type**:
  - Standard – request to be processed within the standard timeframe of 14 days.
  - Expedited – request to be processed within the 72 hours because applying the standard review timeframe may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.
- **Setting**:
  - BH – Behavioral Health
  - Non-BH – Non-Behavioral Health
- **Request Date & Time**: this is a required field, but it will automatically populate for you.
- **Service Type**: setting in which the service will be performed, see the Service Types section below for additional information.
- **# of Services**: reflects the number of units that will be billed for each CPT code.

- **Requested Start Date**: date the service will be performed. This field will default to the present day but should be changed to the actual date that the service will be performed.
- **Procedure**: enter the appropriate CPT codes in this field. If you have multiple CPT codes for one request, use the + button to enter up to nine additional codes.
- **Entered By**: this will automatically populate the name of the person entering the authorization.
- **Phone #**: number to contact users if Blue Advantage Medical Management team has additional questions.
- **Requesting Provider**: name of provider ordering the service.
- **Servicing Provider**: name of provider/facility where the service will be performed.
- **ICD-10 Diagnosis Code**: enter the ICD-10 diagnosis associated with the request.

Additional Fields

- **Comments**: is not a mandatory field. Users can provide additional information about the authorization request in this field.
  - Example: MRI of right knee, EMG of bilateral upper extremities.
- **Attachments**: any additional documentation about the authorization request. This field is not mandatory but should be included if available.
  - Example: Could include clinical files such as: office visit notes, labs, X-rays or MRIs. Users may select files from their file system or drag and drop files from their computer. There is no limit on the number of attachments that can add to a request. Attachments can also be viewed by the Blue Advantage Medical Management team.

Once the authorization request is submitted, based on the criteria included for the services, the request may be automatically approved. If the request is not approved, it will be suspended to the Blue Advantage Medical Management team for review. Users may return to the **Authorization** browse screen to check on the status of the request.



Outpatient Service Types

- **OPMD** – a procedure performed in the office setting, including Behavioral Health services. (See the **Creating a New Outpatient Behavioral Health Authorization Request** section of this guide.)
- **OPFAC** – a procedure performed in an outpatient facility setting, including Behavioral Health services. (See the **Creating a New Outpatient Behavioral Health Authorization Request** section of this guide.)
- **ASU** – a procedure performed in an ambulatory surgical setting.
- **POC** – authorization for post-op care for surgeries with 90-day global periods.

Date of Service Ranges

- **OPMD/OPFAC** – These auth types will have a 30-day date range. If the dates of service need to be extended, please send a message or add this information to the **Comments** section on the authorization.
- **ASU** – This authorization type will have a 30-day date range. **Dates cannot be extended.** However, if the date of service for the procedure needs to be changed, please send a message to the Blue Advantage Medical Management team.

- **POC** – This authorization type will have a 90-day date range.

Examples

- **Diagnostic Imaging**
  - If performed in office:
    - Service Type = OPMD (Services performed in MD office)
    - Requesting Provider = name of ordering provider
    - Servicing Provider = name of provider rendering services
  - If performed in facility:
    - Service Type = OPFAC (Services performed in Outpatient Facility)
    - Requesting Provider = name of ordering provider
    - Servicing Provider = name of facility
- **Outpatient Surgeries**
  - If performed in facility:
    - Service Type = ASU (Services performed in Outpatient/Surgical Unit)
    - Requested Start Date= date of surgery
    - Requesting Provider = name of provider rendering services
    - Servicing Provider = name of facility
- **POC**
  - Post-op care in the office for surgeries that have a 90-day global period:
    - Service Type = POC
    - # of Services = will default to 1, but this is not required for this type of authorization
    - Requested Start Date = date of the member's surgery. This authorization will be good for 90 days.
    - Requesting Provider = name of MD/surgeon
    - Servicing Provider = name of MD/surgeon

Additional Tips

For any injections (Part B) being administered in the office/facility, but the member is obtaining the medication from the pharmacy, send a message on the online authorization portal to inform the Medical Management team.

Creating a New Outpatient Behavioral Health Authorization Request

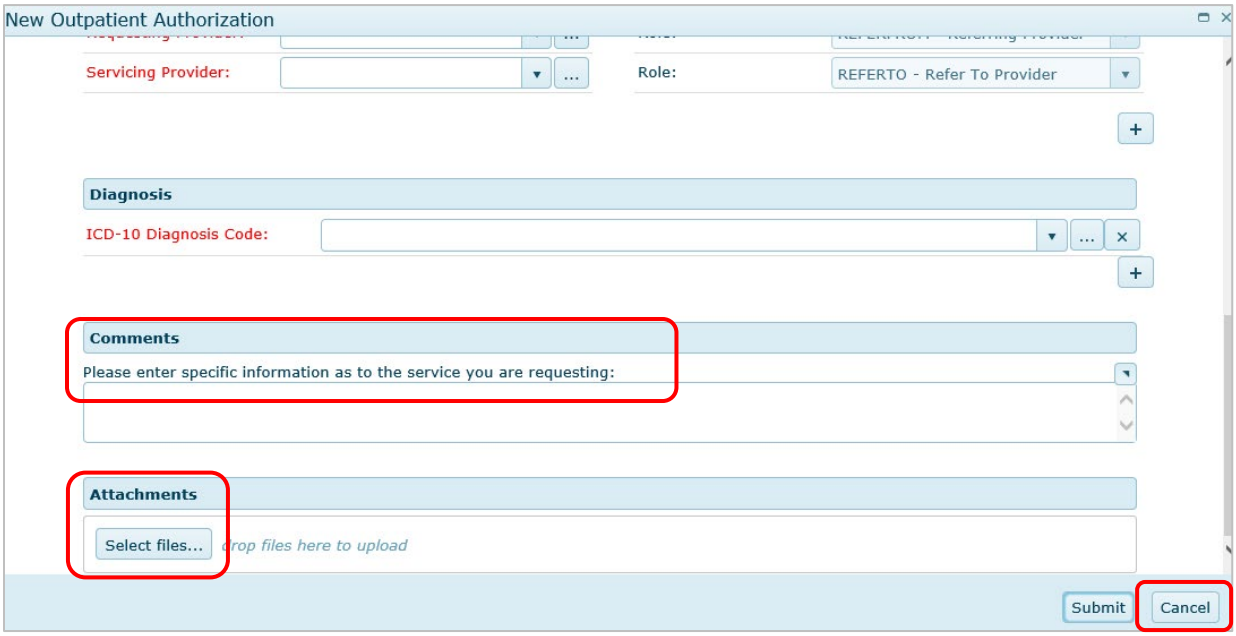
In addition to the steps outlined in the previous section **Creating a New Outpatient Authorization Request**, user must complete the following additional steps to submit a Behavioral Health authorization request.

- **Comments** – this is not a mandatory field but can be used to submit the following information:
  - A working fax number.
  - List of service types being requested. (e.g., MRI of right knee, EMG of bilateral upper extremities)
- **Attachments** – please include additional documentation about the authorization request. This field is not mandatory but should be completed when details are available.

For example, intensive outpatient program (IOP) or partial hospitalization program (PHP) clinical files such as: psychosocial evaluation, psychiatric evaluation, MD progress notes, treatment plan and group notes should be included. Referrals, initial evaluation and number of units needed for testing for psychological testing can also be reported here.

Users may select and upload files or drag and drop them from their computer. There is no limit on the number of attachments that can add to a request. Attachments can be viewed by the Blue Advantage Medical Management team.

Once the authorization request is submitted, it will be sent to the Blue Advantage Medical Management team for review. If medical necessity criteria are met, the request will be approved. Users will be contacted via phone or fax with the decision. If additional information is needed, you will receive specific instructions. Users may return to the **Authorization** browse screen to check on the status of the request.



Behavioral Health Outpatient Service Types:

- OPFAC – services performed in an outpatient facility setting
  - Intensive Outpatient Program (IOP)
  - Partial Hospitalization Program (PHP)
- OPMD – services performed in the office setting
  - Psychological Testing

Date of Service Ranges:

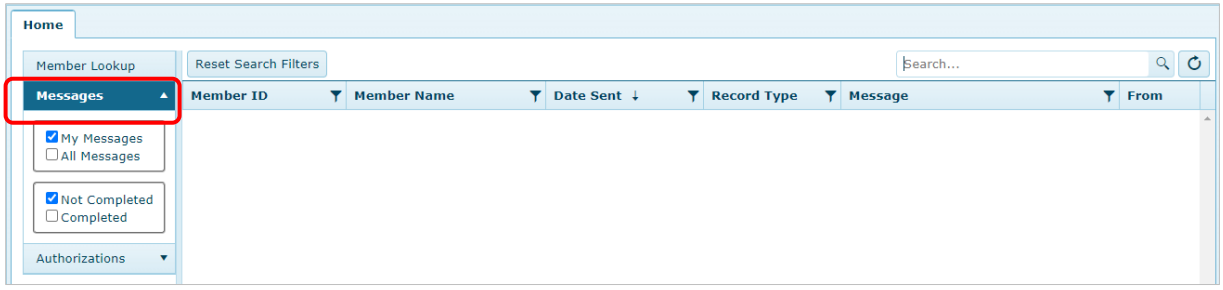
- OPFAC – Services are reviewed every 1-2 weeks. Concurrent review during the episode of care is required.
- OPMD – Typically, one month. If longer is needed, users may request the appropriate time frame using the **Comments** section.

Messages

Users can communicate back and forth with the Blue Advantage Medical Management team about a specific member or member service in the **Messages** feature.

Example: If a user submits an authorization request and Blue Advantage requires additional information, a message is sent to the user from Blue Advantage. Users can send messages to Blue Advantage with questions about an authorization or changes to an authorization such as the place of service or the date the service will be performed.

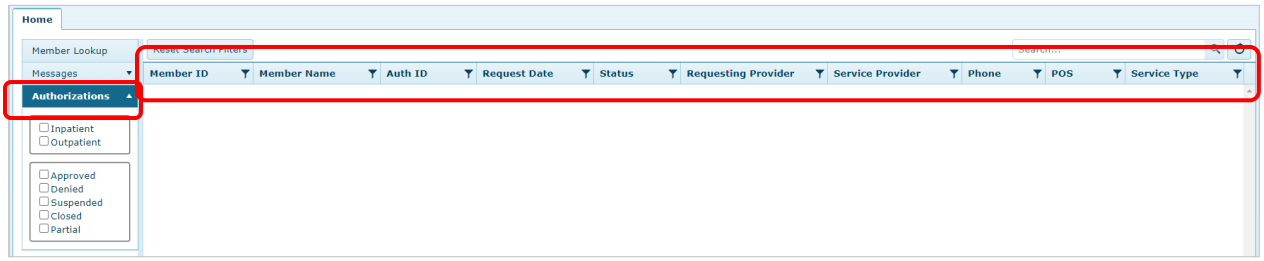
Check message on a routine basis.



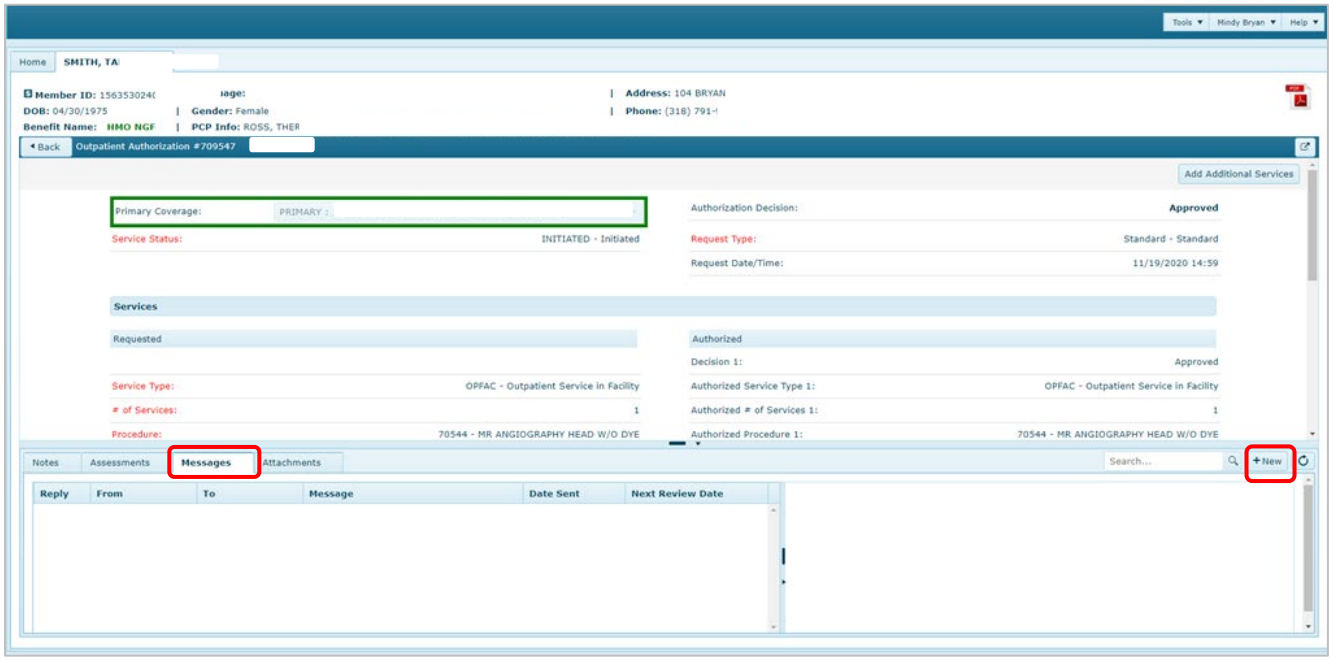
Creating a New Message

Users can create a new message by completing the following steps:

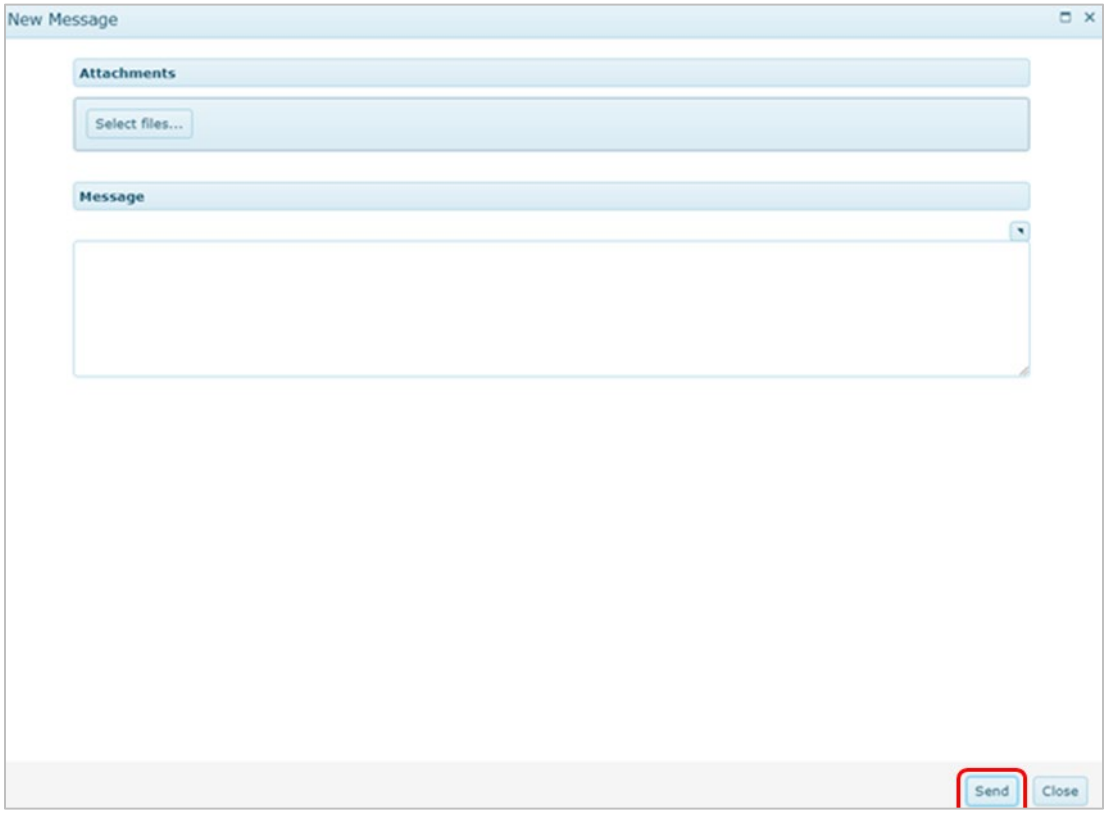
- Click the **Authorizations** tab to search for a specific authorization. (Users can enter any of the criteria listed at the top of the screen such as **Member ID**, **Member Name**, **Auth ID**, etc., to locate an authorization.)



2. Click on the desired authorization in the results list.
3. Click **Messages** and then click **New**.

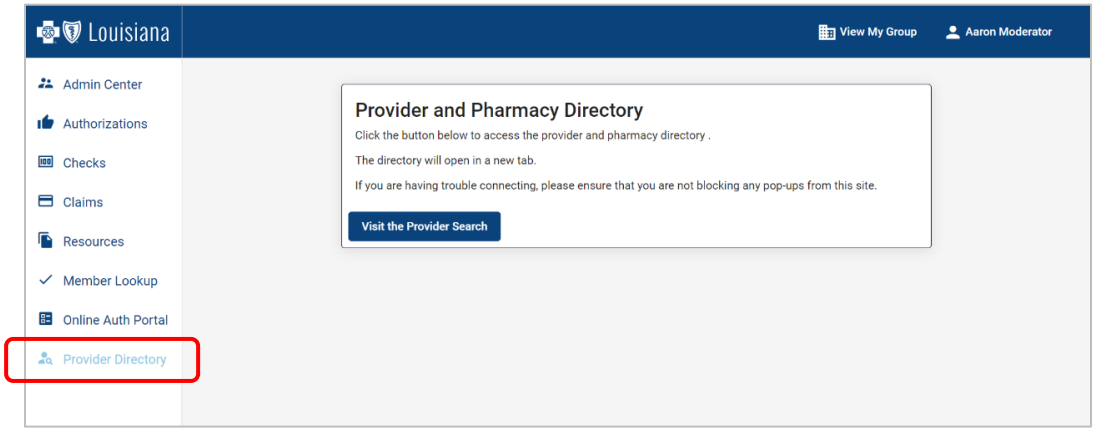


4. Enter message and add all needed attachments, then click **Send**.

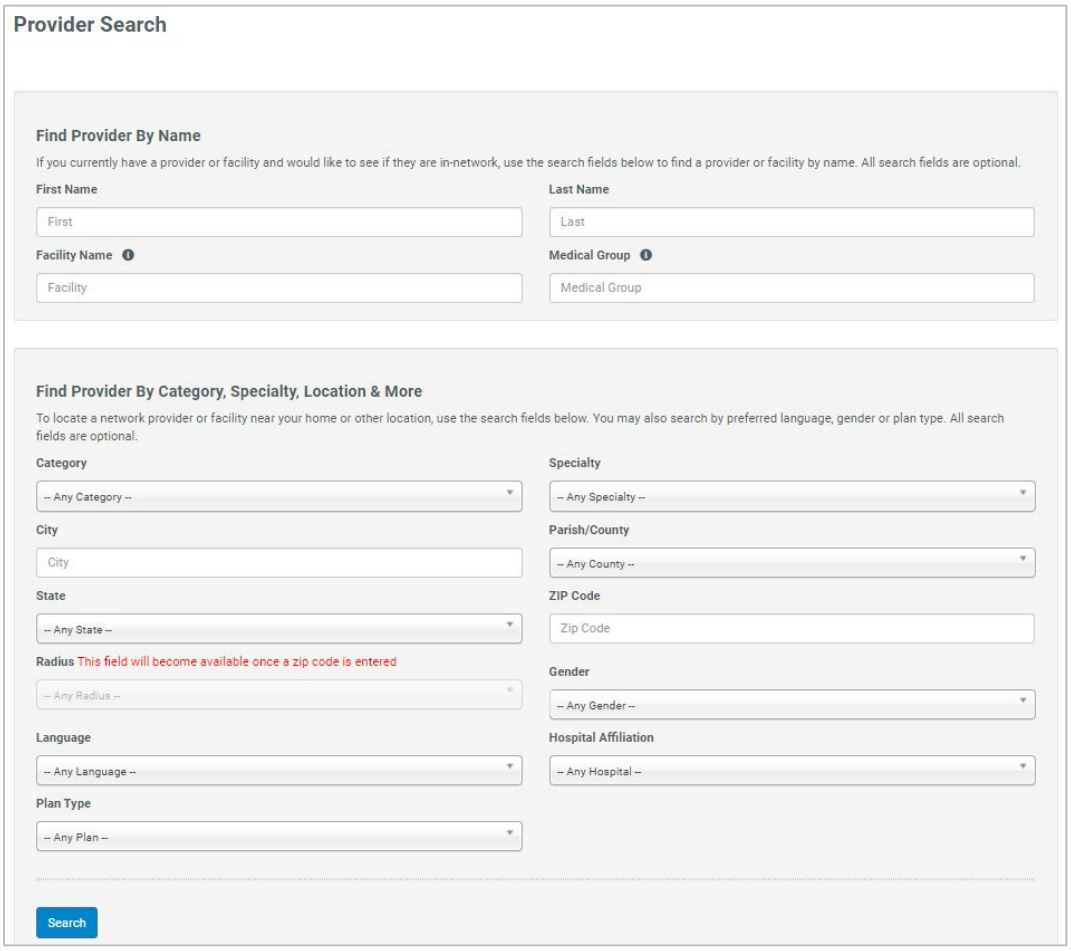


Provider Directory

Users can look up other providers within a member's network by selecting the **Provider Directory** feature and then clicking **Visit the Provider Search**.



The online provider search will open in a new window.

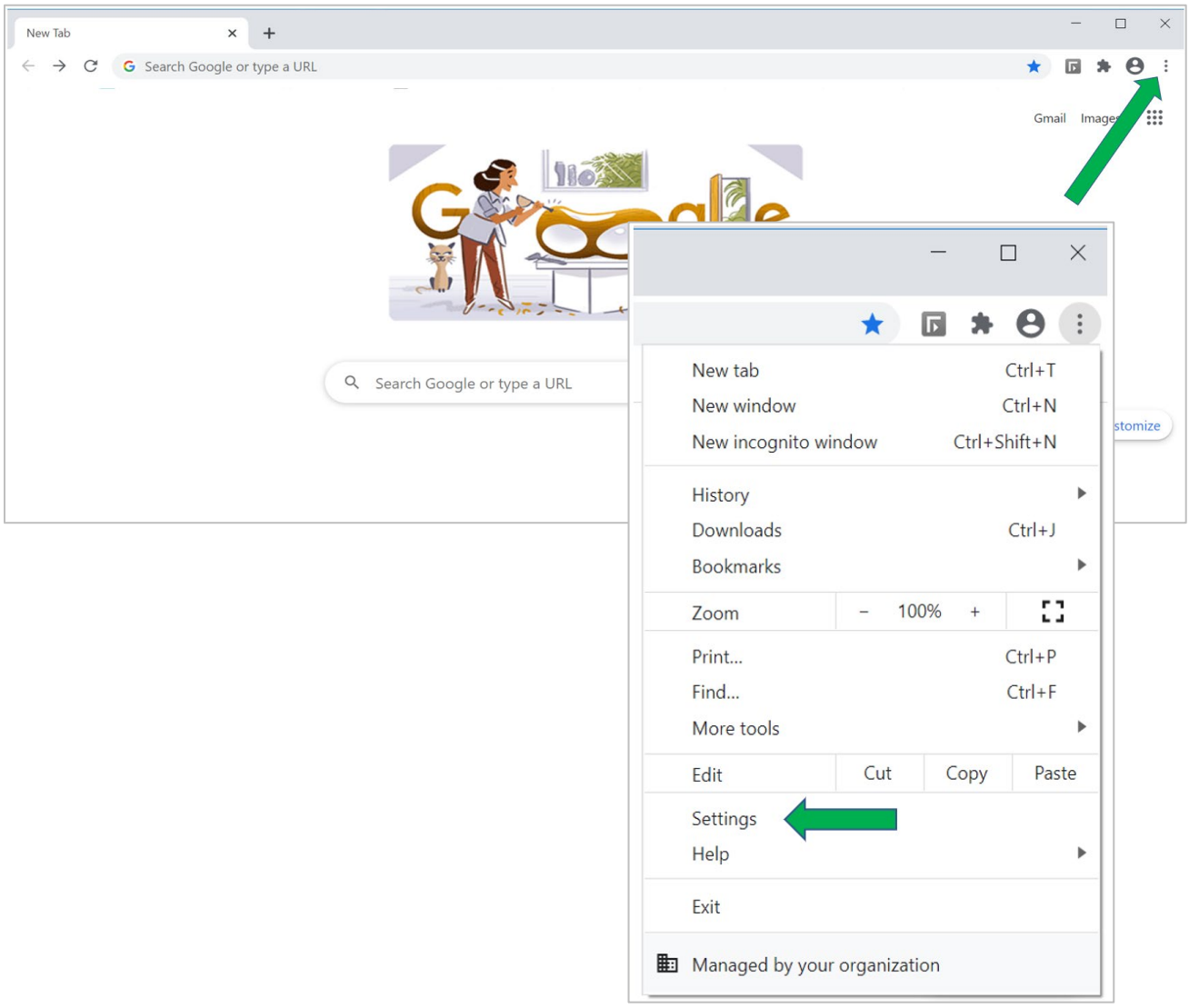


Troubleshooting

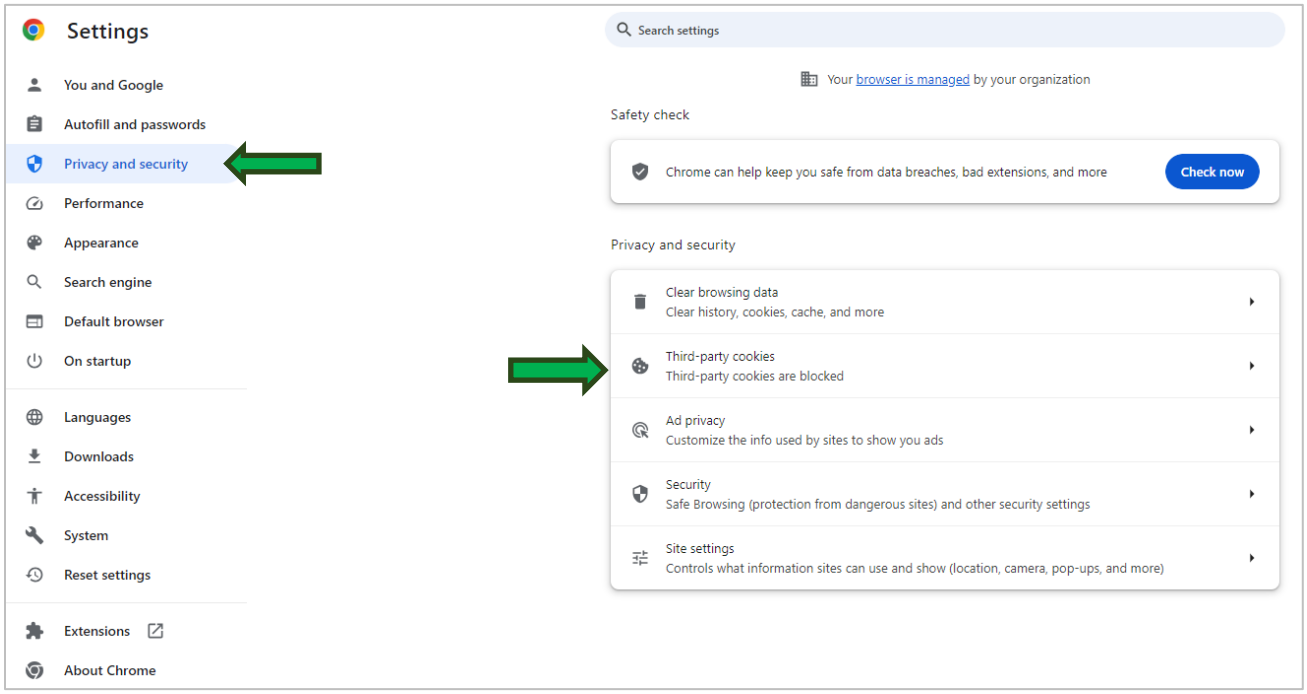
The new Blue Advantage Provider Portal site uses cookies to remember your login information. You **must** enable cookies for our portal site to log in and access all its features.

If you are accessing the Blue Advantage Provider Portal via **Google Chrome**, your browser settings **must** allow the use of cookies on our portal site. To update your settings, follow the instructions below:

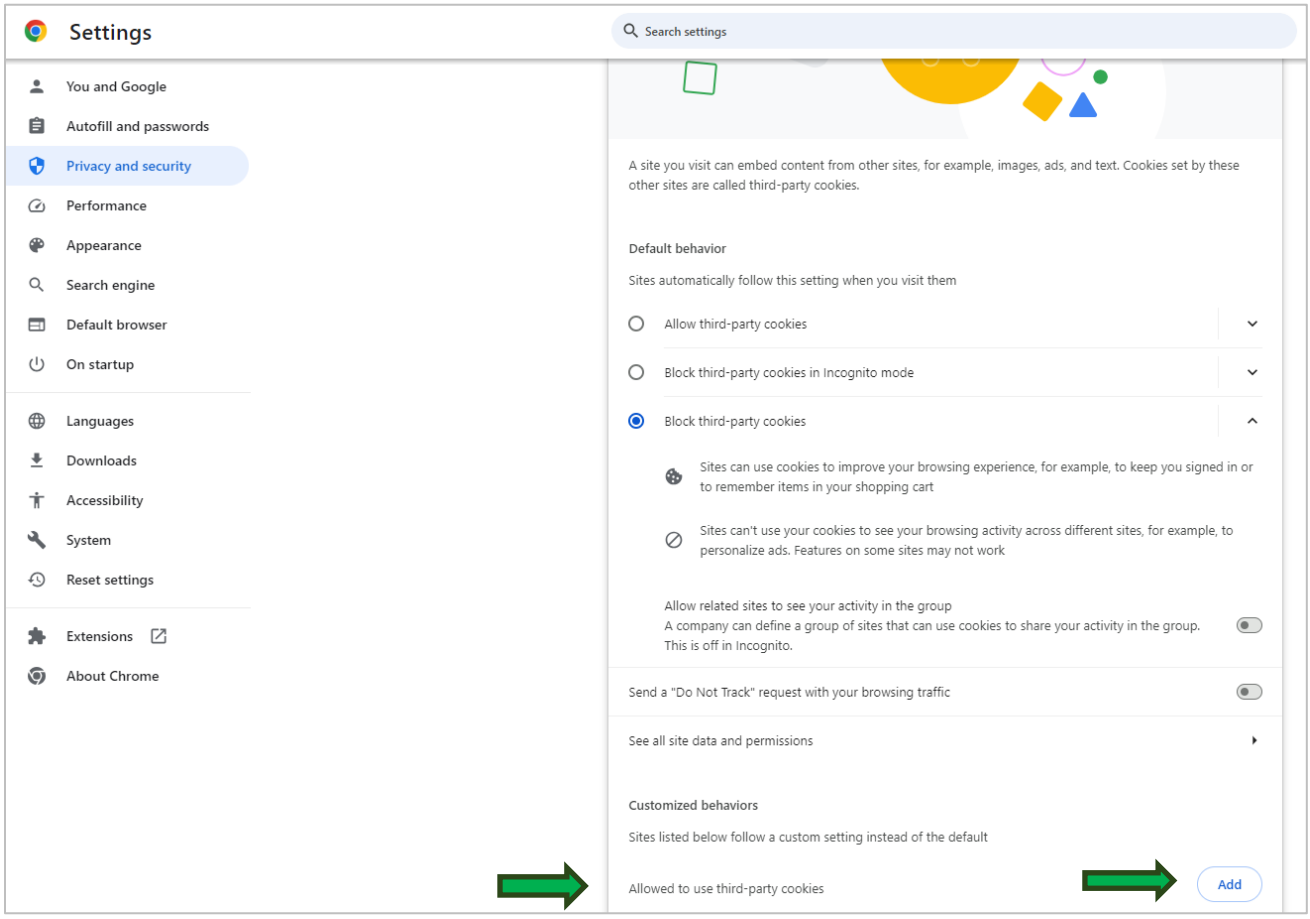
- On your computer, open **Google Chrome**.
- Click the ⋮ icon at the top right of the screen and then click **Settings**.



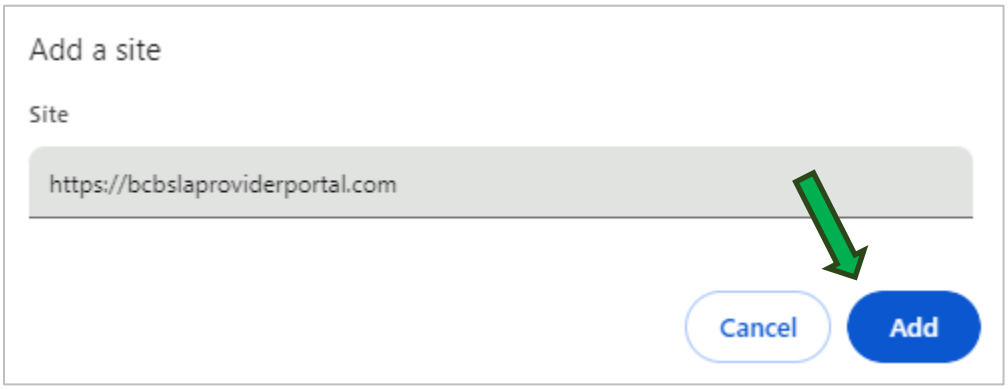
- Click **Privacy** and security and then click **Third party cookies**.



- Scroll down the page until you see **Allowed to use third-party cookies** and click **Add**.



- Copy and paste this web address into the **Site** field: https://bcbslaproviderportal.com. Please do not include any leading or trailing blanks. Then, click **Add**.



- You should see https://bcbslaproviderportal.com listed under **Allowed to use third-party cookies**.

- Your setting updates are now complete. Please close all Google Chrome browser windows. You can now log into the provider portal site.

Did Not Receive a Password Reset Email?

If you did not receive a password reset email from auth0mail@vhpla.onmicrosoft.com, please check your spam/junk folder. If you are still unable to locate the email, return to the provider portal and reset your password by clicking **Login** then **Forgot Password?**

If you do not receive a new email, you may need to contact your organization's IT department:

- To whitelist the Auth0 email address in the organization's email security platform; or
- Run a message trace to investigate what is blocking the email.

Multiple Users Logging into the Same Computer

When multiple users share the same computer, they must complete the following steps to successfully login to the Blue Advantage Provider Portal.

- Clear the browser cache. Once the first user has logged out of the portal, the browser cache must be cleared before the next user can complete the login process. Complete the following steps to clear the browser cache.
  - Open Chrome and click the ⋮ in the top right corner
  - Select "More tools" then click "Clear browsing data…"
  - Choose the time range from the top menu and select "Cookies and other site data"
  - Then click "Clear data"

  OR

- Each user has a unique Windows account on the same computer. The current user who is logged in under their account must logout of the portal and then their Windows account before the next user can log in using their own Windows account and thereafter access the portal under their own portal user ID and password.

For Additional Assistance Not Outlined in this Guide

If you have questions regarding the portal registration process, please email our Provider Relations team at provider.relations@bcbsla.com.

Frequently Asked Questions

Q: How do I get access to the provider portal?

A: Check with your Group Moderator to receive an invitation to join the portal or see the **Registration – Join an Existing Group** section of this guide for step to initiate registration. If your organization has not registered for the portal and you do not have a Group Moderator, please see the **Registration – Register a New Group** section of this guide.

Q: I submitted my request for portal access. What is next?

A: You should have received an email from DocuSign (dse_NA3@docusign.net) containing your Portal User Agreement. You will need to review and sign this document before your request can be approved.

Q: What if I do not receive the DocuSign document?

A: Check your inbox and spam folders for an email from BCBSLA via DocuSign (dse_NA3@docusign.net) with the subject line Blue Advantage Portal [User or Group Moderator] Agreement. If you are still unable to locate the agreement, you can re-submit your request to have a new one sent to you.

Q: My group was approved, and I can log in to the provider portal. How do I get access for my employees?

A: Option 1: You can send them an invitation email, via the Group Profile page, that includes a link to the request form as well as the group code they will need to finish registration. On the Group Profile page, click Send Portal Invite. Enter the user's email address and click Send Email.

Option 2: The user can submit a request to join your group from the portal. You will need to provide the user with the group code which can be found on the Group Profile page.
Once the user completes the sign-up process, the Group Moderator can visit the Admin Center and approve their request to join your group.

Q: How do I get access to a different group once I've signed up?

A: You can submit a request to join a different group by visiting your profile page and selecting **Request Group Change**. You will need the group code associated with the group you are joining in order complete this request.

Q: How can I become a Group Moderator for my provider portal group?

A: You can submit a request for Group Moderator access by visiting your profile page and selecting **Request Moderator Access**.

Q: How do I reset my password?

A: From the home page of the provider portal, select **Log In**, then select **Forgot password?**. Enter the email address used to sign into your account and select **Continue**. You should receive an email with instructions to reset your password.

Summary of Changes

Below is a summary of changes to the *Blue Advantage Provider Portal User Guide*. Minor revisions not detailed in this summary include modifications to the text for clarity and uniformity, grammatical edits and updates to web links referenced in the document.

January 2024

Blue Advantage Provider Portal Homepage

- Portal Registration – Register a New Group – updated screenshot
- Portal Registration – Join an Existing Group – updated screenshot and instructions

Portal Registration – Join an Existing a Group

- Updated registration instructions

Member Lookup

- Updated screenshot and wording for Member Information

Online Auth Portal

- Updated phone prompts for Technical Support

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

1-866-508-7145
TTY users call 711

8 a.m. to 5 p.m., Monday through Friday

Visit our website at:
www.bcbsla.com/ilinkblue >Blue Advantage under the “Other Sites” section.