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Blue adVantage (HMO) | Blue adVantage (PPO)

A Medicare Advantage Plan

Blue Advantage Provider Portal User Guide

Blue Advantage Provider Portal User Guide

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

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 fictitious. Information in this document is subject to change without notice.

Table of Contents

Levels of Portal Access

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

1. Group Moderator:
   a. 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.
   b. Blue Advantage requires that each group designates at least one Group Moderator to self-manage user access to the provider portal for your organization. <u>New group registration must be completed by the Group Moderator</u>.
2. User:
   a. Person(s) at the provider organization who has been granted security access by the Group Moderator and thereafter can self-manage their own portal access only.
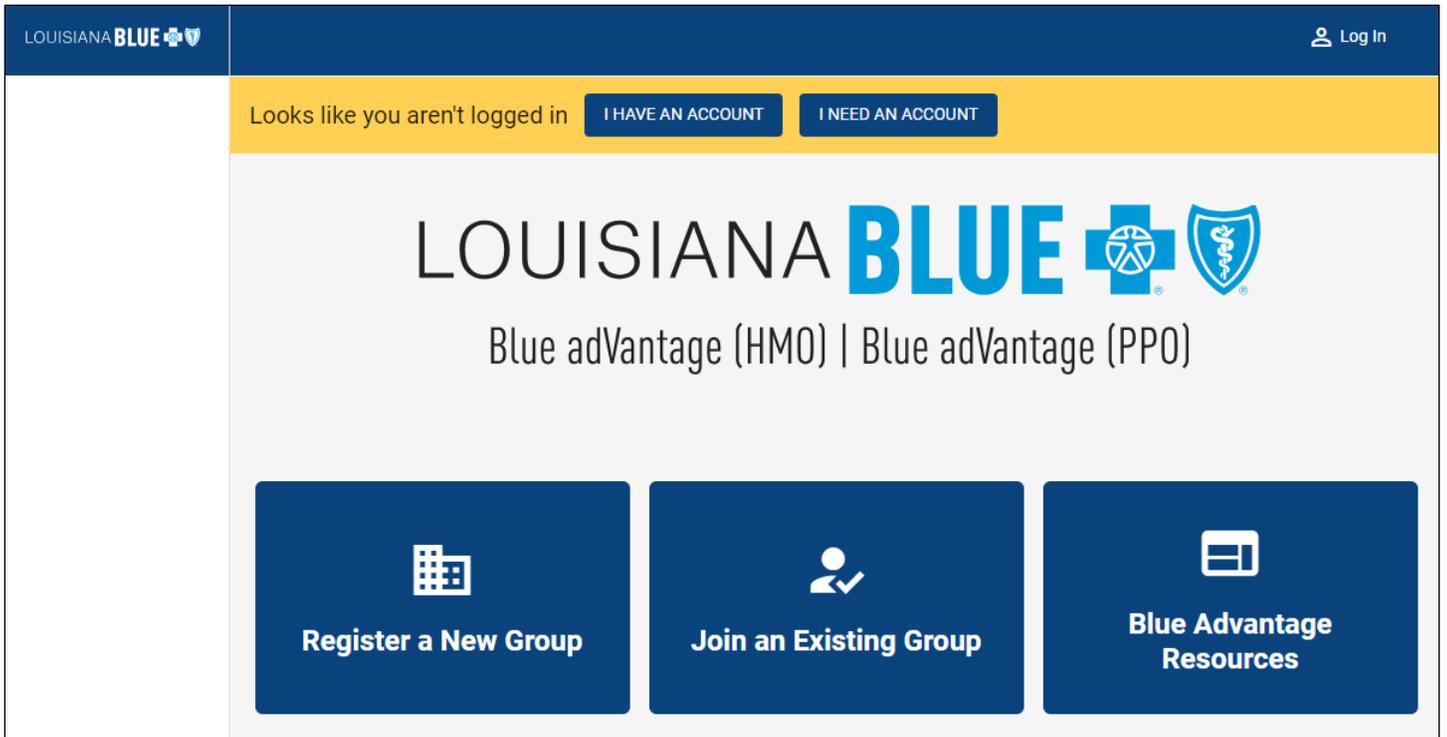
How to Access the Portal

Providers in our Blue Advantage networks must access the Blue Advantage Provider Portal through iLinkBlue (www.lablue.com/ilinkblue), then click on **Blue Advantage** under the **Other Sites** section.
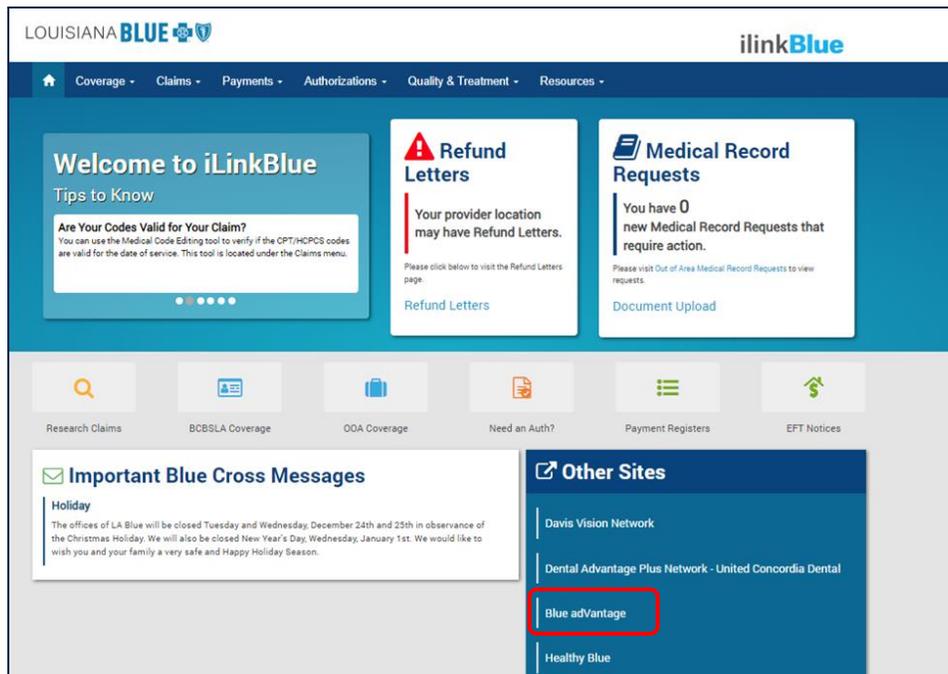
# Blue Advantage Provider Portal Homepage

- 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 been 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.

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     Log In

Looks like you aren't logged in   **I HAVE AN ACCOUNT**   **I NEED AN ACCOUNT**

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Register a New Group

Join an Existing Group

Blue Advantage Resources

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.lablue.com/ilinkblue).

- Click **Blue Advantage** under the Other Sites section.

- Click **Register a New Group**.
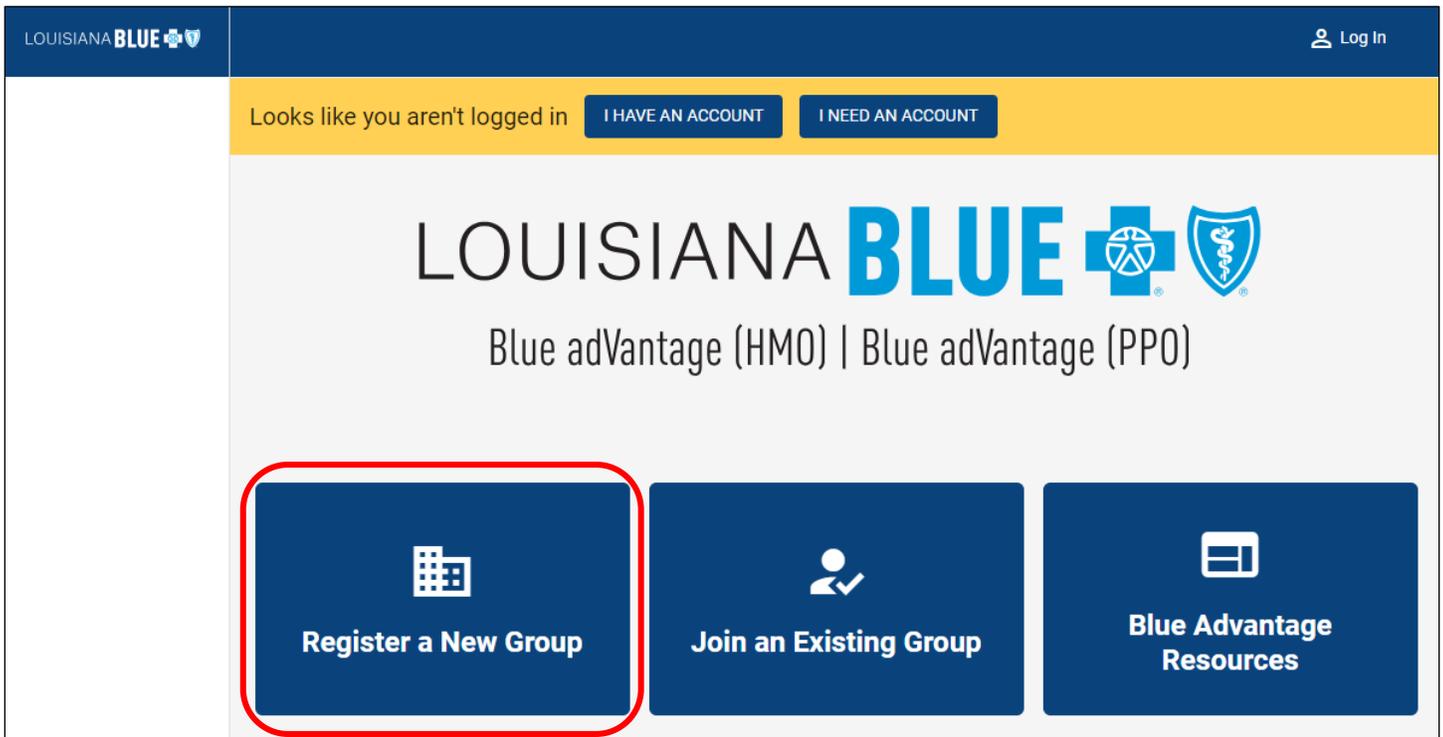
- The following information is needed to complete the group registration process:

  – 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(s). 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, check the **I'm not a robot** checkbox and click **Submit**.

Next Steps After Submitting the Group Registration Form

- Once the registration form has been submitted, the Group Moderator will receive an email from BCBSLA via DocuSign® (dse_NA3@docusign.net) containing the Blue Advantage Portal Moderator Agreement. The Group Moderator should click **Review Document** in the email to review and sign this document via DocuSign before their request can be approved.
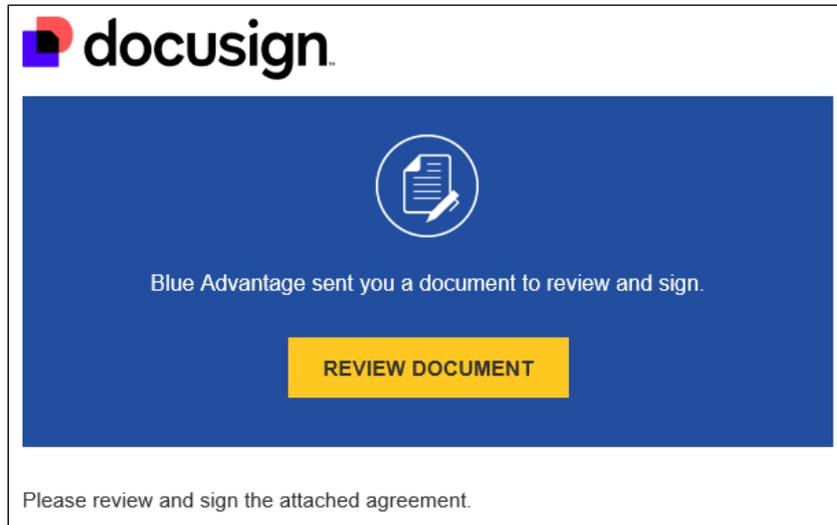
- The Group Moderator's request is then reviewed by Blue Advantage before portal access is granted.
  - If Blue Advantage approves the request, the Group Moderator will receive an email from auth0mail@blueadvantage.bcbsla.com to reset their password. Once reset, the Group Moderator can now access the Blue Advantage Provider Portal.
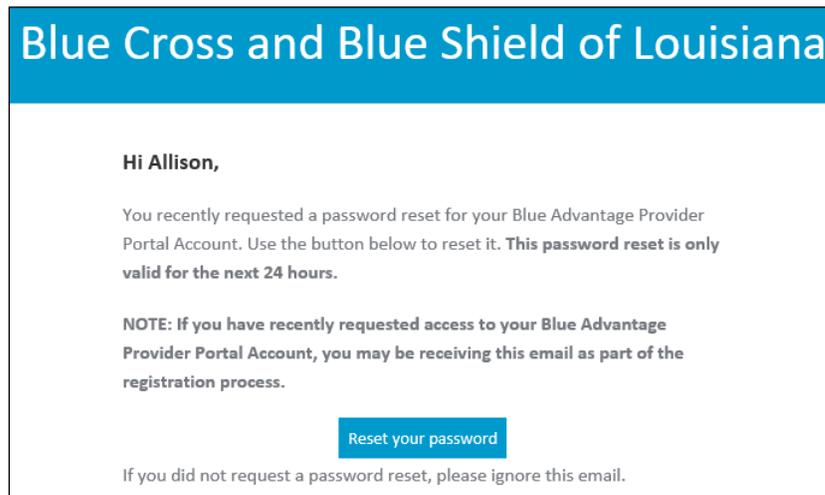
- If Blue Advantage denies the request, the Group Moderator will receive an email from noreply@automailer.blueadvantagela.com notifying them that the request was denied and the reason for the denial. The Group Moderator may call Blue Advantage Customer Service at 1-866-508-7145 if they need further assistance or believe their request was denied in error.

IMPORTANT: Once the group registration has been approved, the person who submitted the registration request will be granted Group Moderator access.

Need to set up additional users within your group?

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

Need to set up additional Group Moderators for your group?

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

**Did not receive a password reset email?**

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

Portal Registration – Join an Existing Group

To gain user access to the provider portal, there are two options:
(group registration must be completed before users can register)

Option 1 – The Group Moderator can invite users to register for security access to the Blue Advantage Provider Portal:

- Click **View My Group** at the top of the portal screen.

- Select **Send Portal Invite**.

- Enter the user's email address and click **Send Email**.
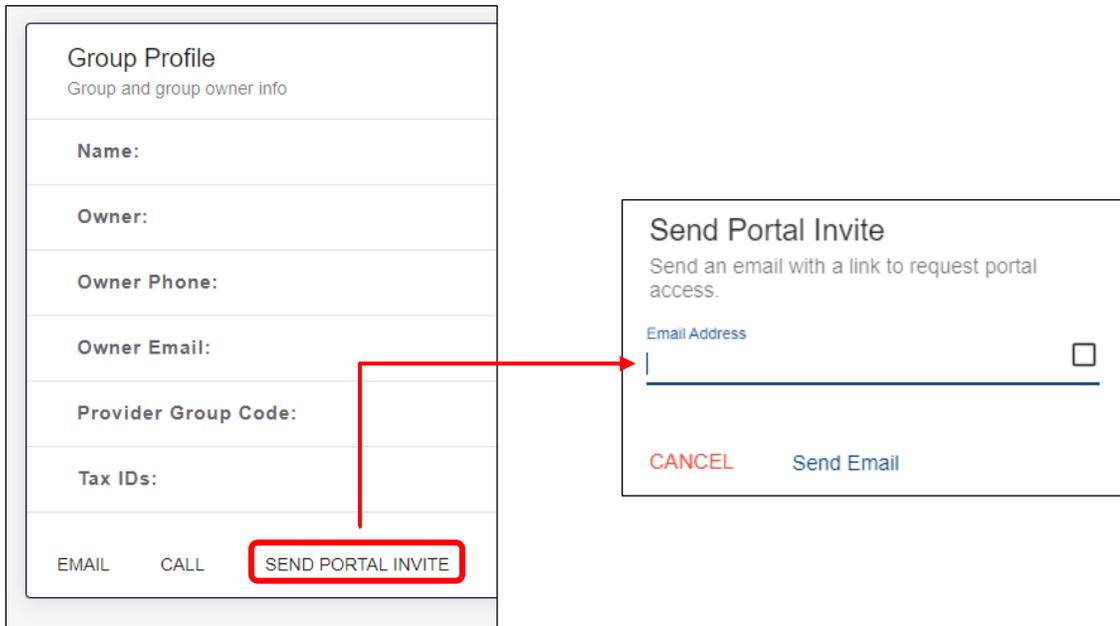
- The user will receive an email containing a link to the user registration form as well as the group code they will need to complete registration.

Option 2 – Users may initiate the request themselves to join an existing group on the Blue Advantage Provider Portal:

- Log onto iLinkBlue (www.lablue.com/ilinkblue).
- Click **Blue Advantage** under the Other Sites section.
- Click **Join an Existing Group**.
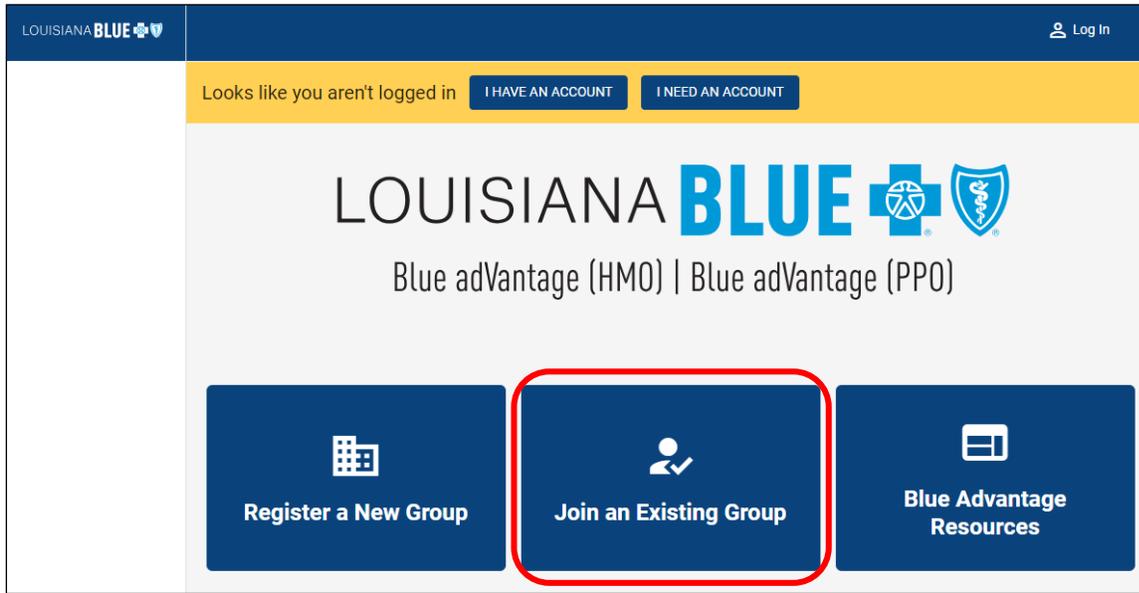
- Completing Option 1 or Option 2 will take users to the User Registration Form. The following information is needed to complete the user registration process:
  - Your contact information (name, email and phone number)
  - The Portal Group Code for your company/group
- Once you have gathered all the above information, click **Next**.
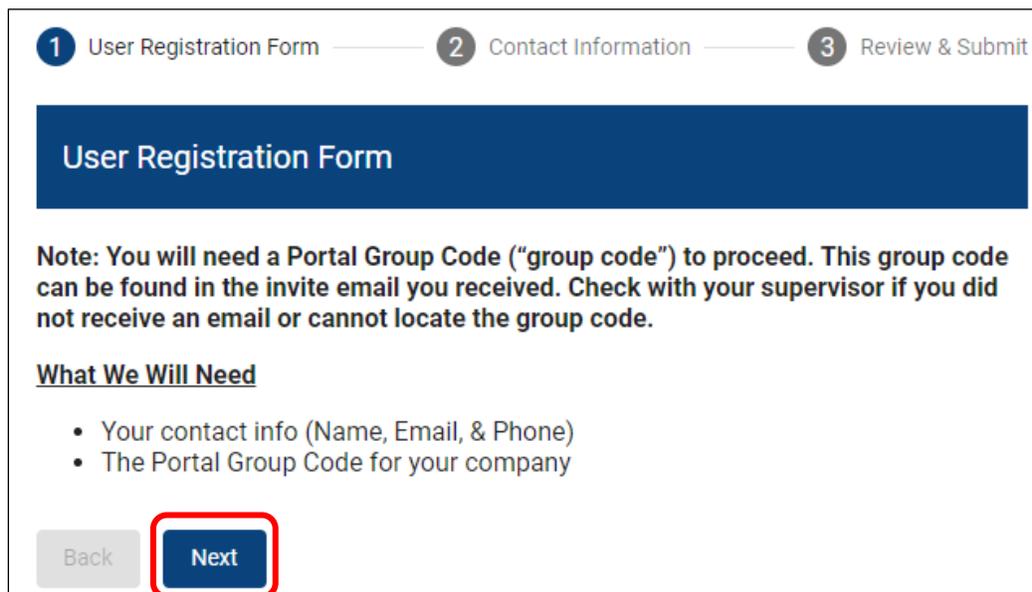
Fill in the required contact information: **First Name**, **Last Name**, **Email**, **Phone Number** and **Portal Group Code**.

- Click **Next**.

- Review your information. If all information is correct, check the **I'm not a robot** checkbox and click **Submit**.

**Next Steps After Submitting the User Registration Form**

- Once the registration form has been submitted, the user will receive an email from BCBSLA via DocuSign® (dse_NA3@docusign.net) containing the Blue Advantage Portal User Agreement. The user should click **Review Document** in the email to review and sign this document via DocuSign before the request can be approved.
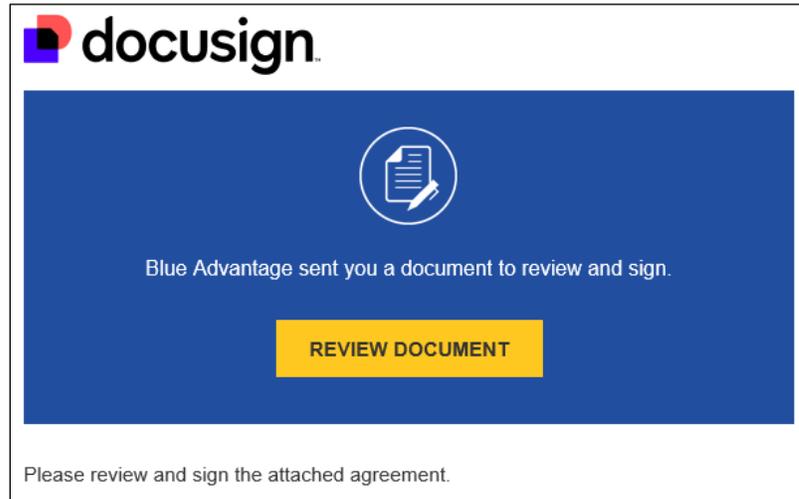
The user's request is then reviewed by the Group Moderator before the user is granted access to the portal. (Group Moderators: refer to the **Admin Center** section of this guide for how to approve or deny requests for portal access.)

– 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 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.**
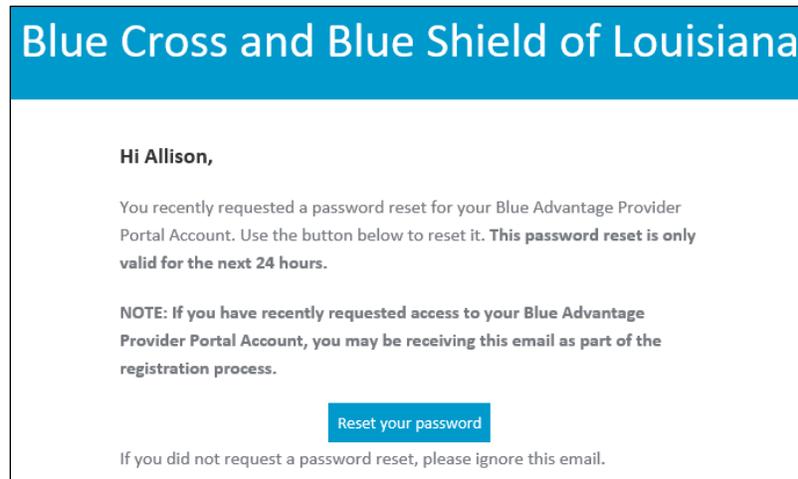
– If the Group Moderator denies the request, the user will receive an email from noreply@automailer.blueadvantagela.com notifying them that the request was denied and the reason for the denial. The user should contact the Group Moderator if they believe the request was denied in error.

My Profile

Users can view their personal portal profile by clicking the icon at the top right of the portal screen, then select **My Profile**. This will open the **Account Details** screen where users 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 in order complete this request. Your Group Moderator will be able to provide the group code.

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.

Account Details
Name
Email
Company
Access Level
[UPDATE PROFILE]   [REQUEST GROUP CHANGE]   [REQUEST MODERATOR ACCESS]

Group Profile

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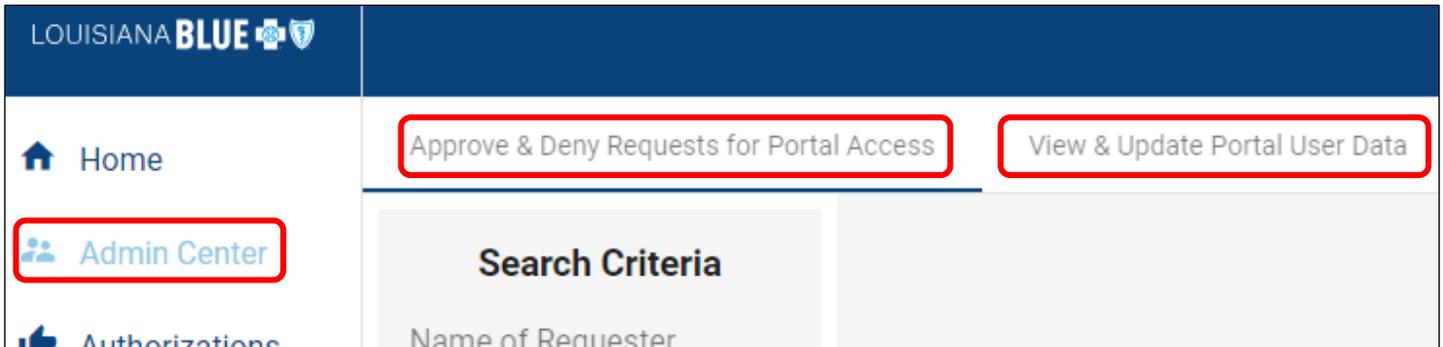

Only Group Moderators will have the option to send portal invites from this screen.

Admin Center

The Admin Center is only visible and accessible for Group Moderators. This feature allows Group Moderators to approve and deny requests for portal access, as well as view and update users' data.

Approve and Deny Requests for Portal Access

If you leave the search criteria blank, by default, you will see just the pending access requests. You can search for additional requests (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.
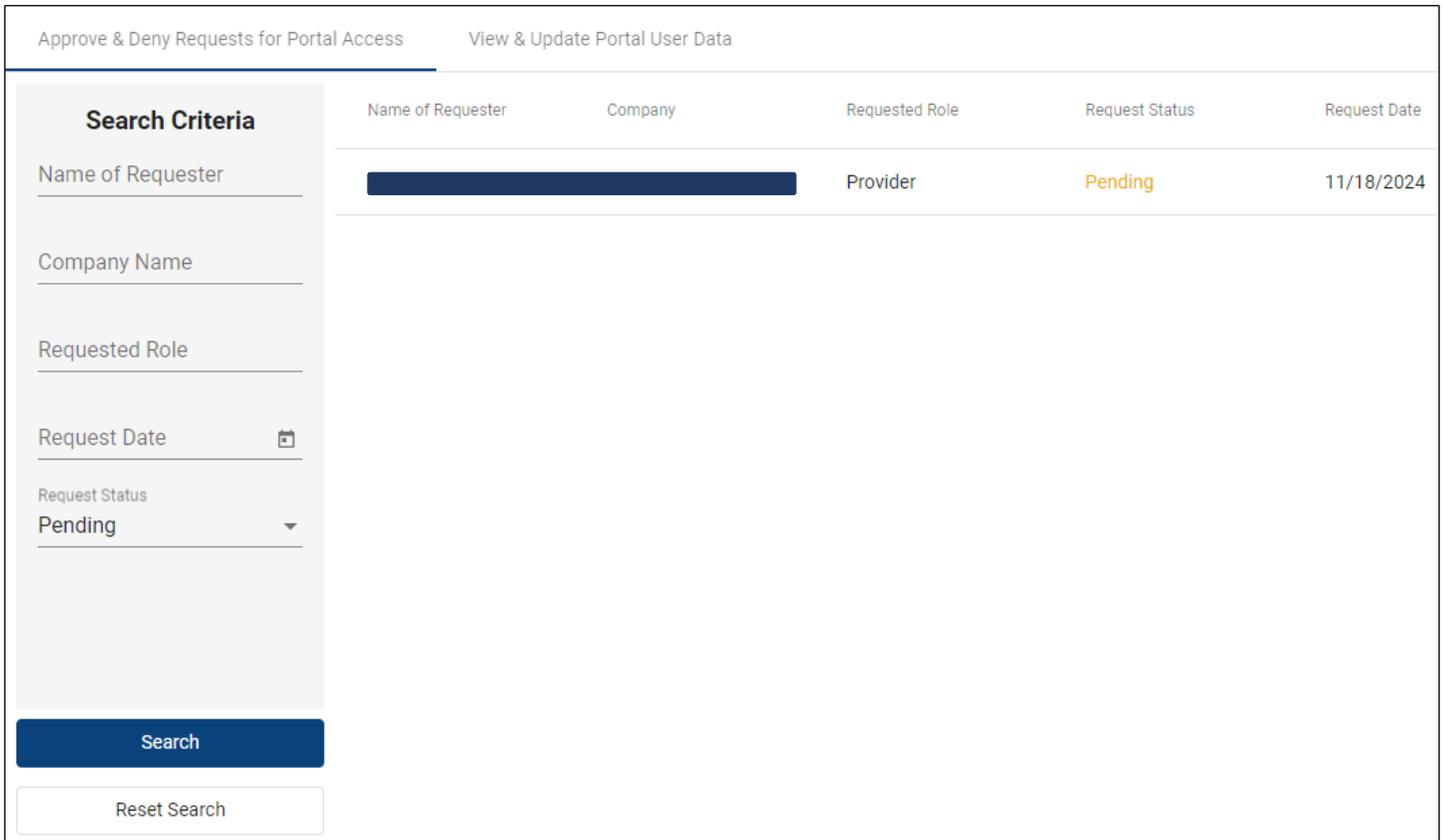
- The Group Moderator can approve or deny the request on the **Request Details** page.

- Notice in the example below that 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 will be 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 auth0mail@blueadvantage.bcbsla.com to reset their password. Once reset, the user will be able to access the portal.

View and Update Portal User Data

In the **Admin Center**, Group Moderators can view and update users' 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 leave the search criteria blank, 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 creation date. 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 changes 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.

Provider Info
Information administrators need to know about this user

First Name

Middle Name

Last Name

Email

Phone

Group

Access Level

Date Created

REVOKE ACCESS   EMAIL   CALL

Authorizations

Users can view the status of a member's authorization by selecting the **Authorizations** feature. To pull up a specific authorization, enter any of 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: the authorization was approved

- Processing: member is in an inpatient facility and has not been discharged

- Pending: a decision is still pending

- Denied: the authorization was 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.
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#:	310907
Member Name:	▬▬▬▬▬
Status:	APPROVED
Card #:	▬▬▬▬▬
Refer From:	▬▬▬▬▬
Refer To:	▬▬▬▬▬
Effective Date:	11/14/2024
Term Date:	12/14/2024
Auth Description:	Outpatient Services at Facility PAR

Diagnosis Details

Diagnosis Code	Description
M25.511	Pain in right shoulder

Service Groups

Service Group	Status
A: Radiology - Diagnostic Imaging->A: Upper Extremities->A: MRI	APPROVED

Checks

Users can view provider payment registers by selecting the **Checks** feature. To pull up a specific check, enter any of the following criteria and click **Search**.

- Check #

- Print Date

- Tax ID

- Printed Within time period

All checks meeting the criteria entered will be displayed. To sort results by **Check #** or **Print Date** click the column header at the top of the table.

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

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 by selecting the **Claims** feature. To search for a specific claim, enter any of the following criteria and click **Search**.

- Member ID

- Member First Name

- Member Last Name

- Claim ID

- NPI

- Check #

- Within (time period)

- Claim Status

All claims, meeting the criteria entered, will be displayed. 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, as shown below.

Claim Details
Details about the member involved with this claim

Patient	▬▬▬▬▬▬▬
Card #	▬▬▬▬▬▬▬
Check Number	▬▬▬▬▬▬▬
Claim ID	▬▬▬▬▬▬▬
Status	PAID
Paid Date	10/24/2024

View Check

Provider Details
Details about the provider involved with this claim

Provider	▬▬▬▬▬▬▬
Plan Sponsor	▬▬▬▬▬▬▬
Description	ADV PRAC REG NURSE (APRN)
Par Status	Par Provider

Financial Details

Paid to Billed

■ Paid: $19.35   Billed: $48

Copay and Coinsurance to Paid

■ Copay: $0   Paid: $19.35

Filter

Service Date	Code	Code Description	Quantity	Billed	Not Allowed	Allowed	Copay	Deductible	Coinsurance	Paid	Reason Code(s)
10/15/2024	98967	NONPHYSICIA TELEPHONE ASSESSMENT 11-20 MIN	1	$48.00	$28.31	$19.69	$0.00	$0.00	$0.00	$19.35	Par Provider Paid at Contracted Allowable - Do Not Bill Member
10/15/2024	1111F	DISCHRG MEDS RECONCILED W/ CURRENT MED LIST	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Paid In Global - Par Provider Do Not Bill Member

Items per page: 15 ▼   1 – 2 of 2 |< < > >|

Diagnosis Details

Filter

Diagnosis Code	Description
E78.5	Hyperlipidemia, unspecified
I10	Essential (primary) hypertension
M81.0	Age-related osteoporosis without current pathological fracture
S72.001D	Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing

Items per page: 15 ▼   1 – 4 of 4 |< < > >|

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.

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- 🏠 Home
- 👥 Admin Center
- 👍 Authorizations
- 🔢 Checks
- 💳 Claims
- 📄 Resources
- ✓ Member Lookup
- 📇 Online Auth Portal
- 👤 Provider Directory

Provider Resources

Expand All   Collapse All

Manuals and Guides	⌄
Reference Materials	⌄
Forms	⌄
Webinars and Workshops	⌄
Newsletters	⌄
Compliance	⌄
Helpful Links	⌄

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.
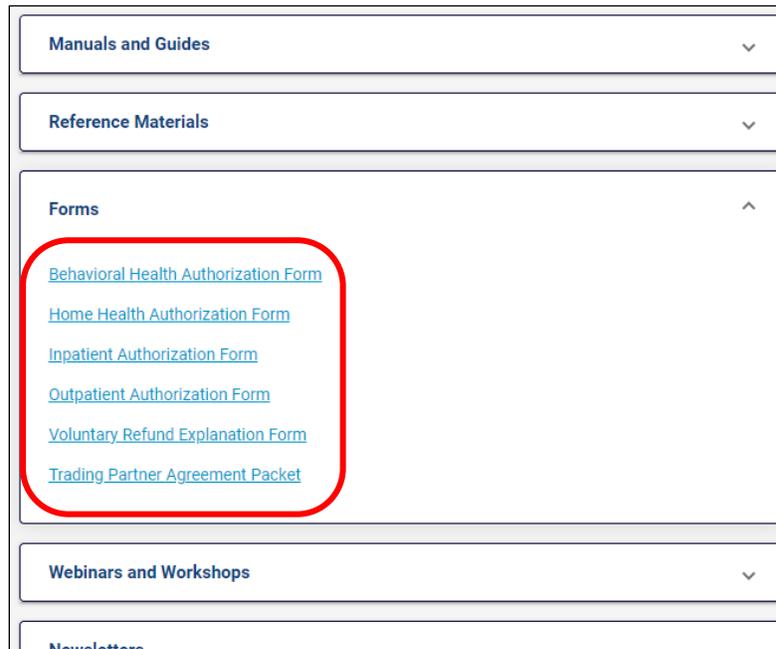
Member Lookup

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.
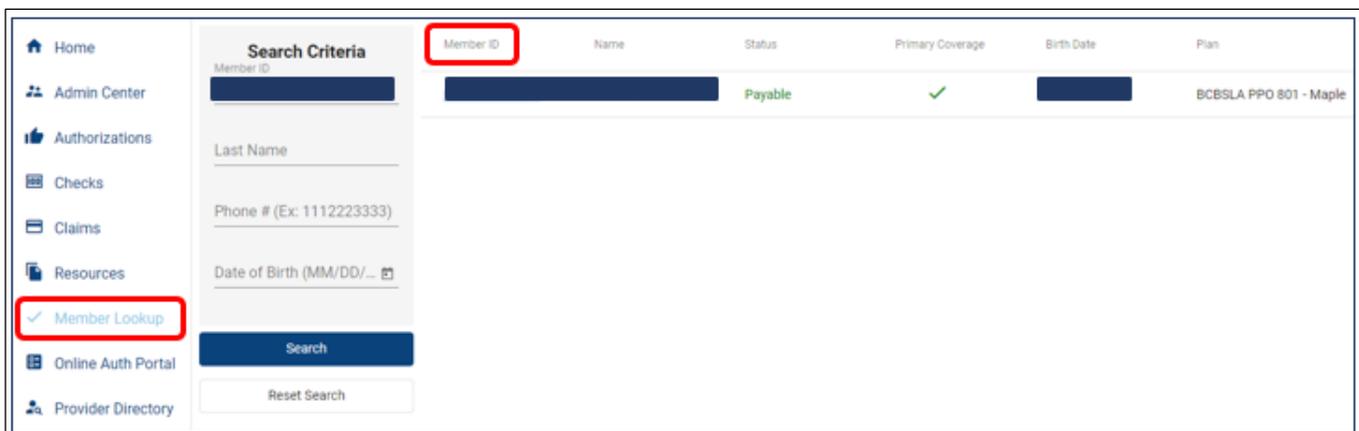
The **Member Information** screen includes additional details such as:

- Member information
- Plan snapshot

- Documents
- Accumulators
- Coinsurance and copays

Member Information

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

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.

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

2024 Evidence of Coverage

2024 Summary of Benefits

2024 Annual Notice of Changes

2025 Annual Notice of Changes

Accumulators

In Network OOP

Used: $0.00   Unused: $1000.00

$0 $1000

Only Part B Drugs apply to the OOP Max
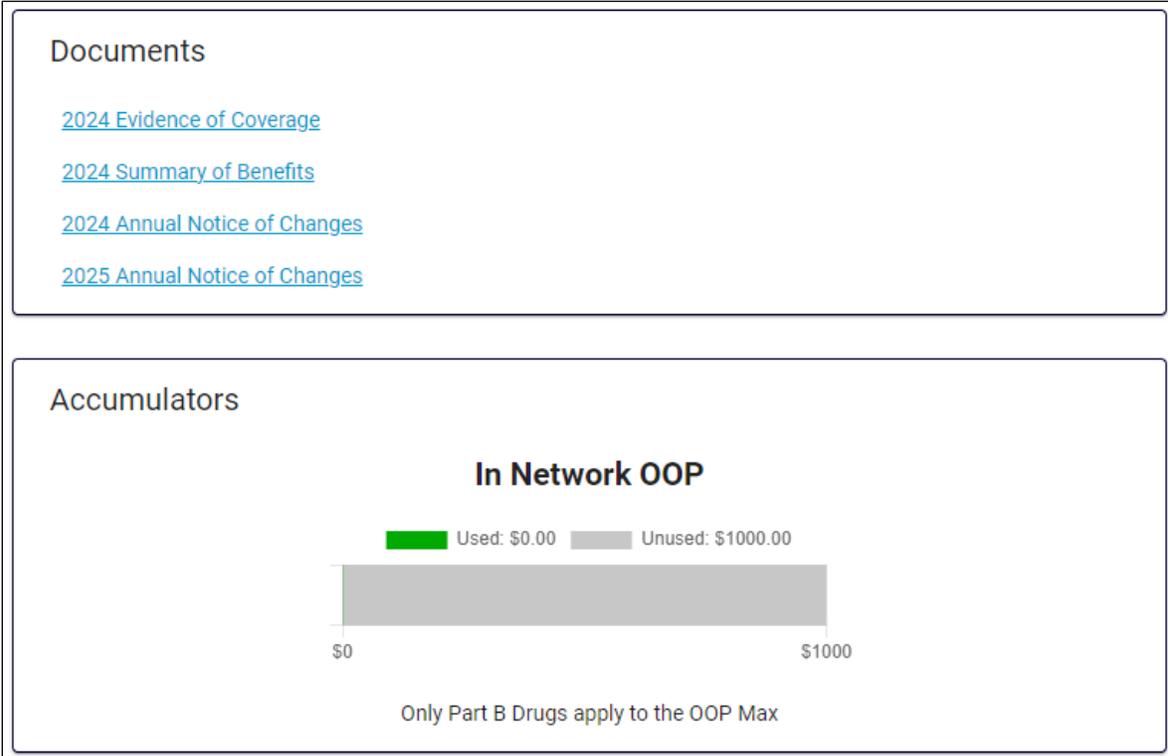
Coinsurance and Copays
Users can view a member's coinsurance or copayment (copays) amounts by description (service type). Day span and amount is displayed for each description type.

Coinsurance and Copays

The Copays (dollar amounts) and Coinsurances (percentages) shown below are the member's financial responsibility.

This is not an all-inclusive list of copays and coinsurance. Complete coverage details are available in the plan documents under the "Documents" section.

Filter

Description	Day Span	Amount
Acupuncture		0%
Air Ambulance		$0
Ambulance		$0
Ambulatory Surgical Center		$0
Blood Services		$0
Chemo/Radiation/Nuclear Medicine		$0
Chiropractic		$0
Diabetes Self Management Training		$0
Diabetic Shoes or Inserts		$0
Diabetic Supplies		0%

Items per page: 10 ▼   1 – 10 of 77 |< < > >|

Online Auth Portal

Users can access the online authorization portal by selecting the **Online Auth Portal** feature then clicking **Visit the Online Auth Portal**. This feature will open in a new window.
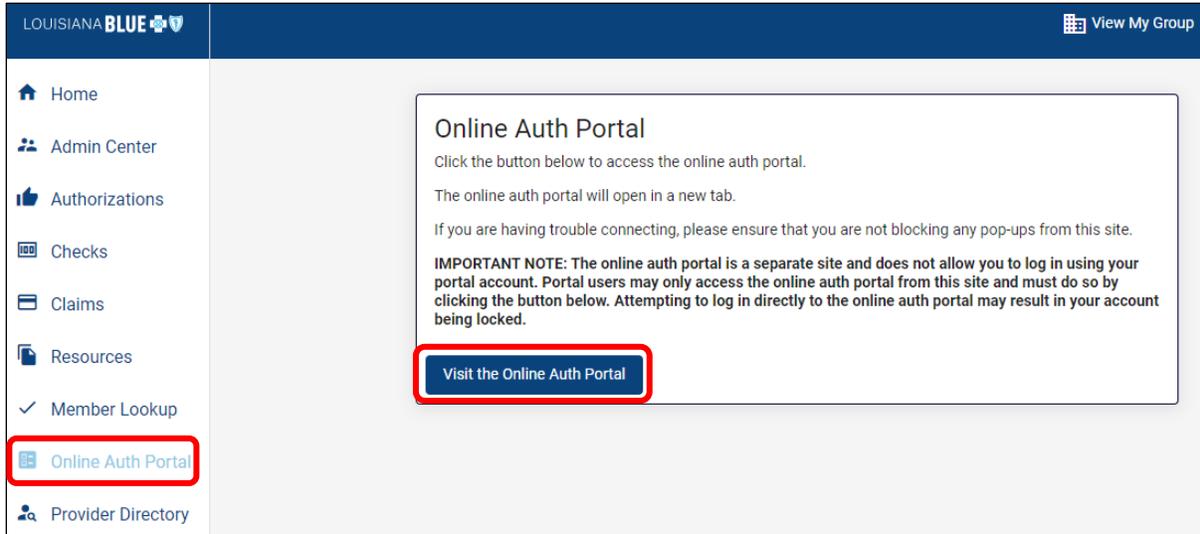
A prior authorization request can be submitted online for the following outpatient service types:

- **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. The authorization request forms can be found on the Resources page of the Blue Advantage Provider Portal.

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	See next page

To request a coverage determination for a Part D drug, contact Express Scripts, Inc. using one of the following methods:

Phone:	1-800-935-6103/TTY:711
Fax:	1-877-251-5896
Mail	ESI – Attn: Medicare Reviews
	P.O. Box 66571
	St. Louis, MO 63166-6571
Online:	www.covermymeds.com
	www.express-path.com

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**. Then click enter or the magnifying glass icon to search.

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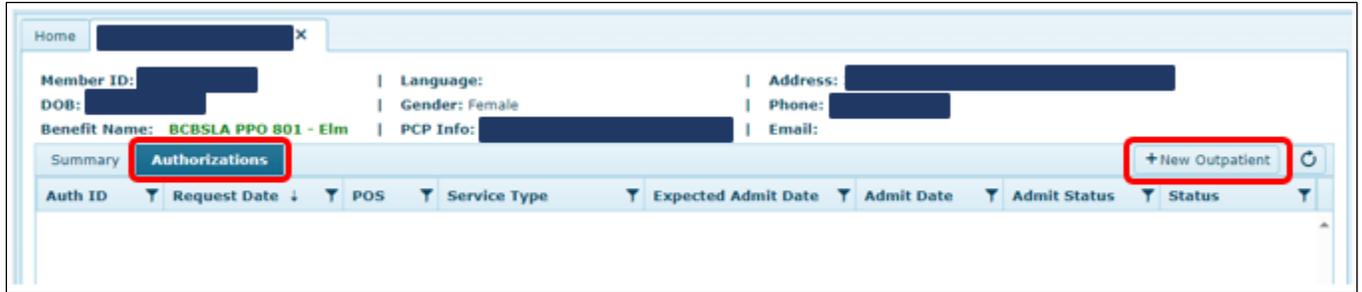
Users must complete the **New Outpatient Authorization** form and include all necessary documentation. **Red** fields are required and must be completed to successfully complete the authorization request.

<u>Required Fields</u>

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 if the 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.

<u>Additional Fields</u>

- **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.

  – For example, 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 be added to a request. Attachments can also be viewed by the Blue Advantage Medical Management team.
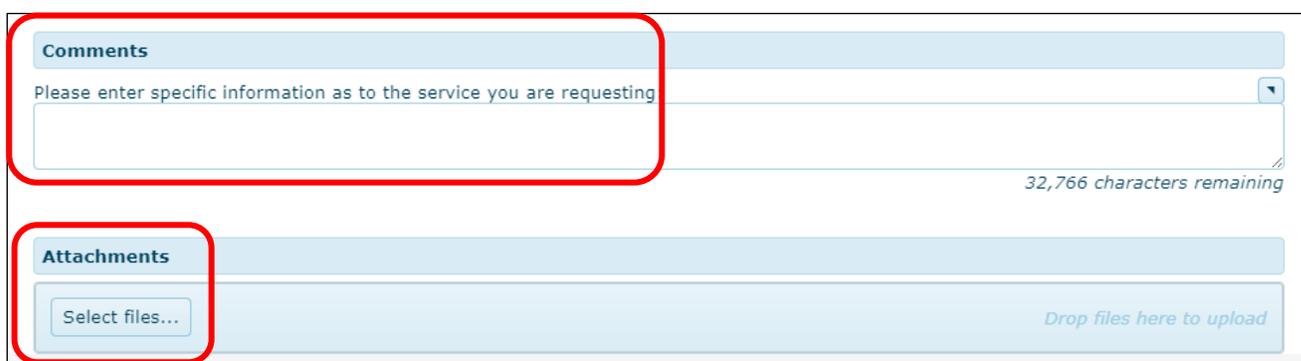
Once the authorization request has been submitted, based on the criteria included for the services, the request may be automatically approved. If the request is not approved, it will be suspended to the Blue Advantage Medical Management team for review. Users may return to the **Authorization** browse screen to check on the status of the request.

<u>Outpatient Service Types</u>

- **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.

<u>Date of Service Ranges</u>

- **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 be added to a request. Attachments can be viewed by the Blue Advantage Medical Management team.

Once the authorization request has been 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.

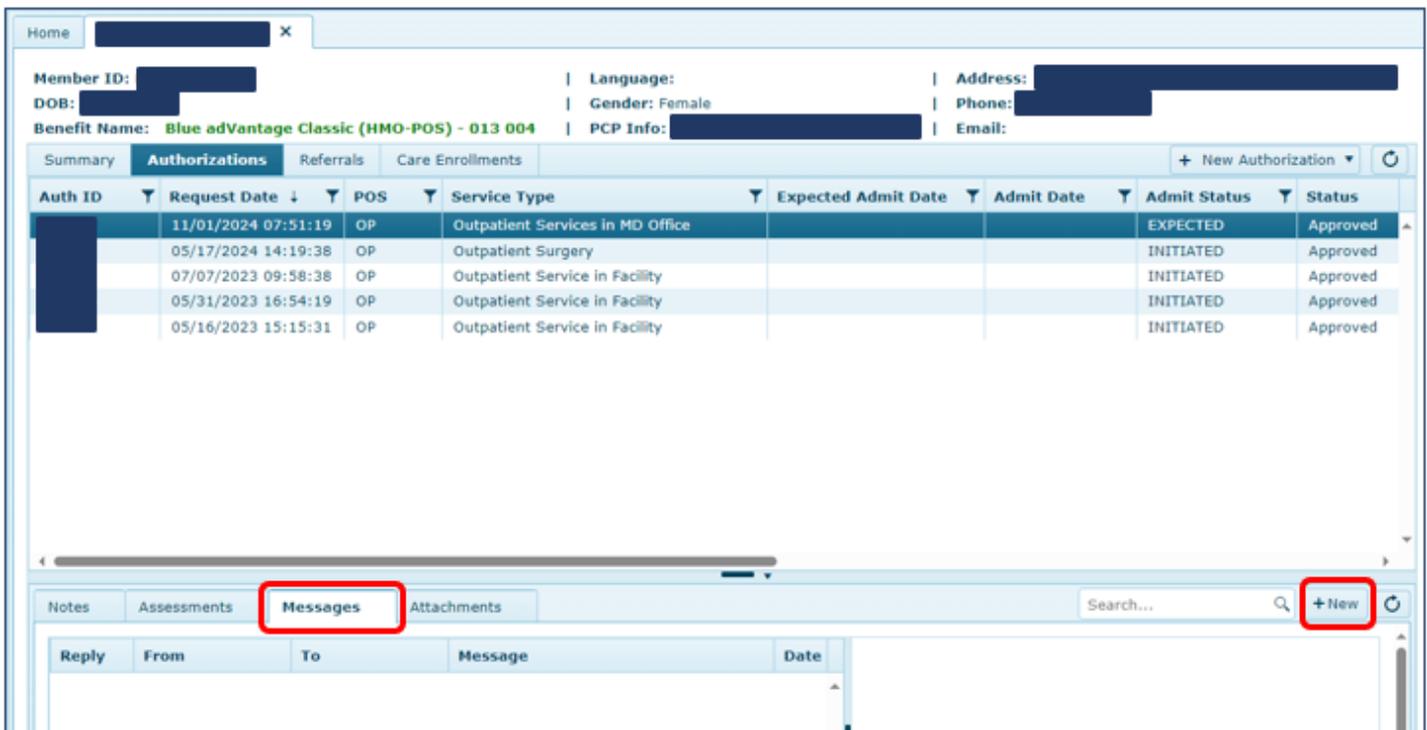 Example: If a user submits an authorization request and Blue Advantage requires additional information, a message will be sent to the user from Blue Advantage. Users can send messages to Blue Advantage with questions about an authorization or changes to an authorization such as the place of service or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

  Messages should be checked on a routine basis.
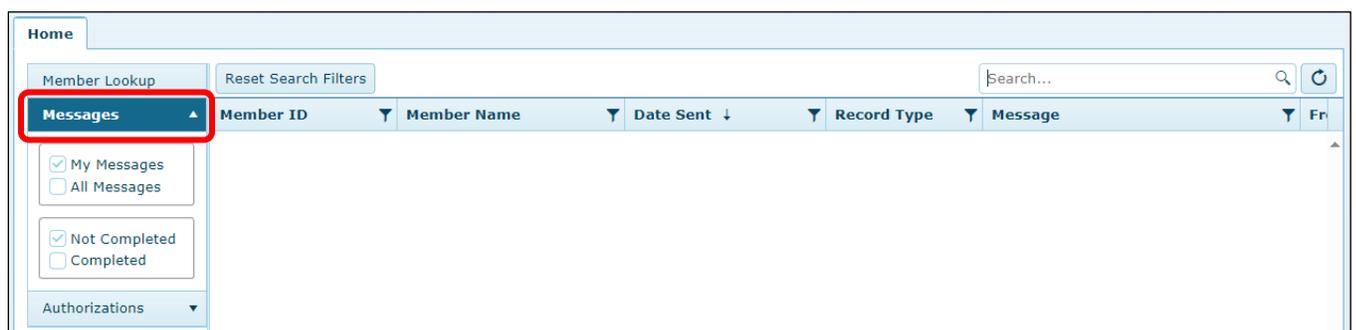
- Creating a New Message
  - Users can create a new message by completing the following steps:
    - Click the **Authorizations** tab to search for a specific authorization. (Users can enter any of the criteria listed at the top of the screen such as Member ID, Member Name, Auth ID, etc., to locate an authorization.)
    - Double-click on the desired authorization in the results list. Click **Messages** and then **+New**.

- Add all needed attachments and type message. 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**.
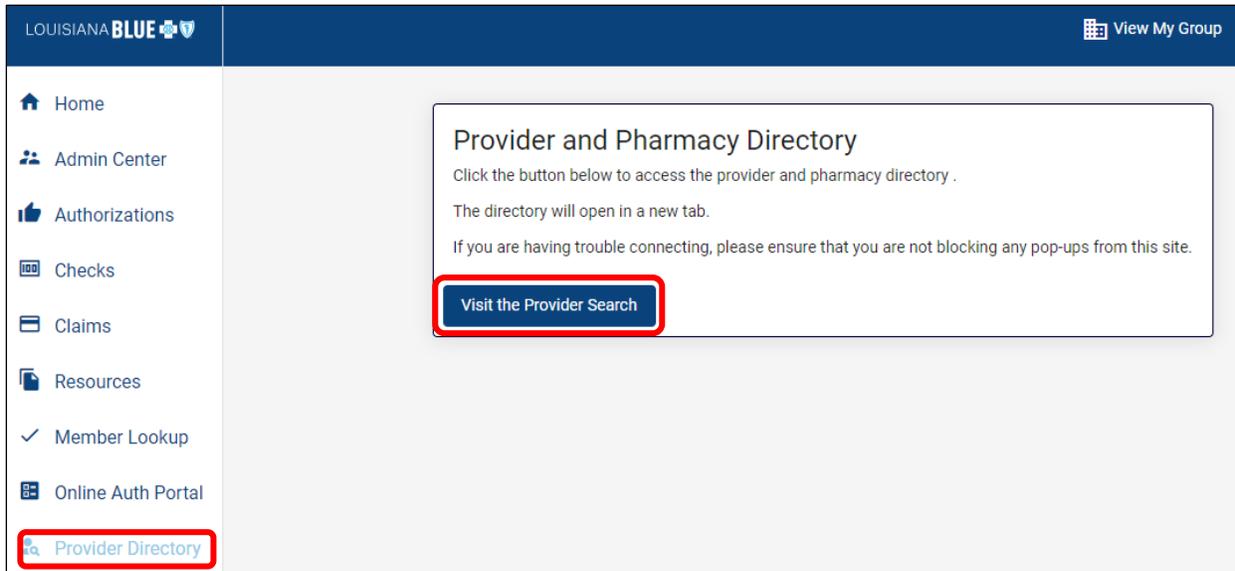
The online provider search will open in a new window.

Troubleshooting

The 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**.
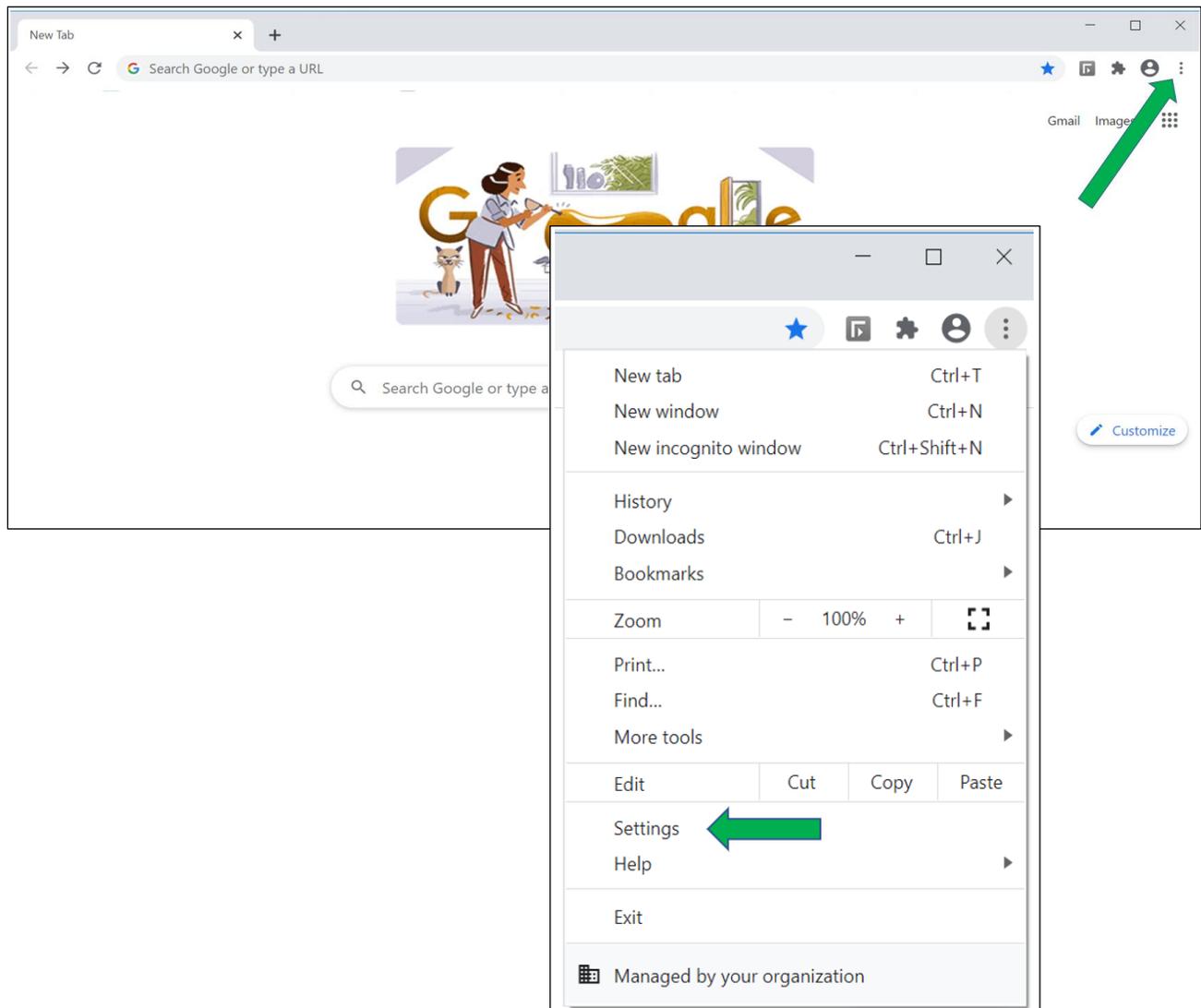
- Click **Privacy and security** and then click **Third-party cookies**.
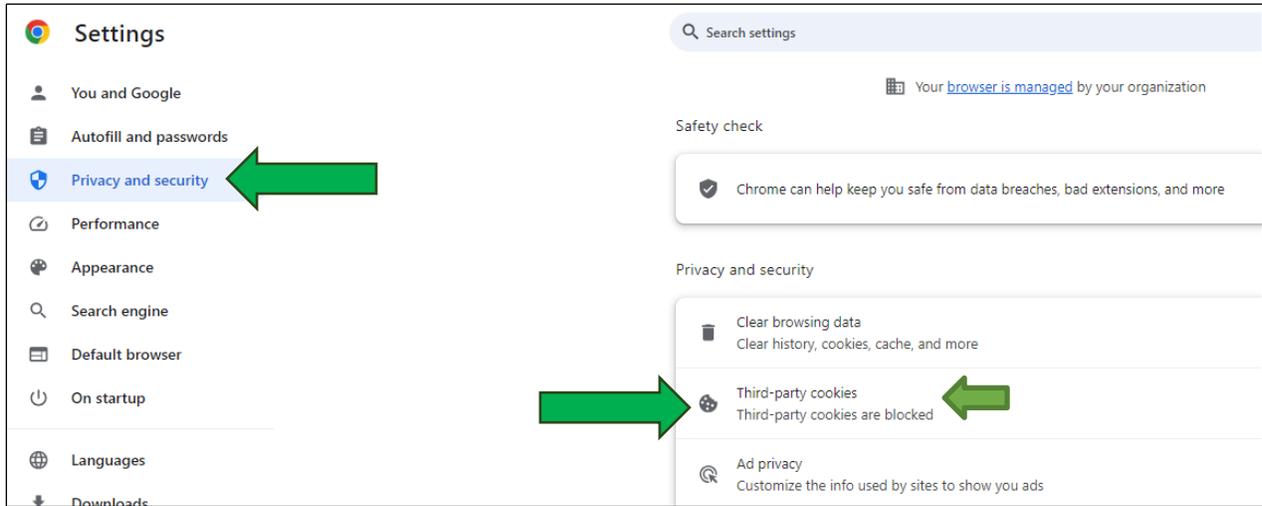
- Scroll down the page until you see **Sites allowed to use third-party cookies** and click **Add**.
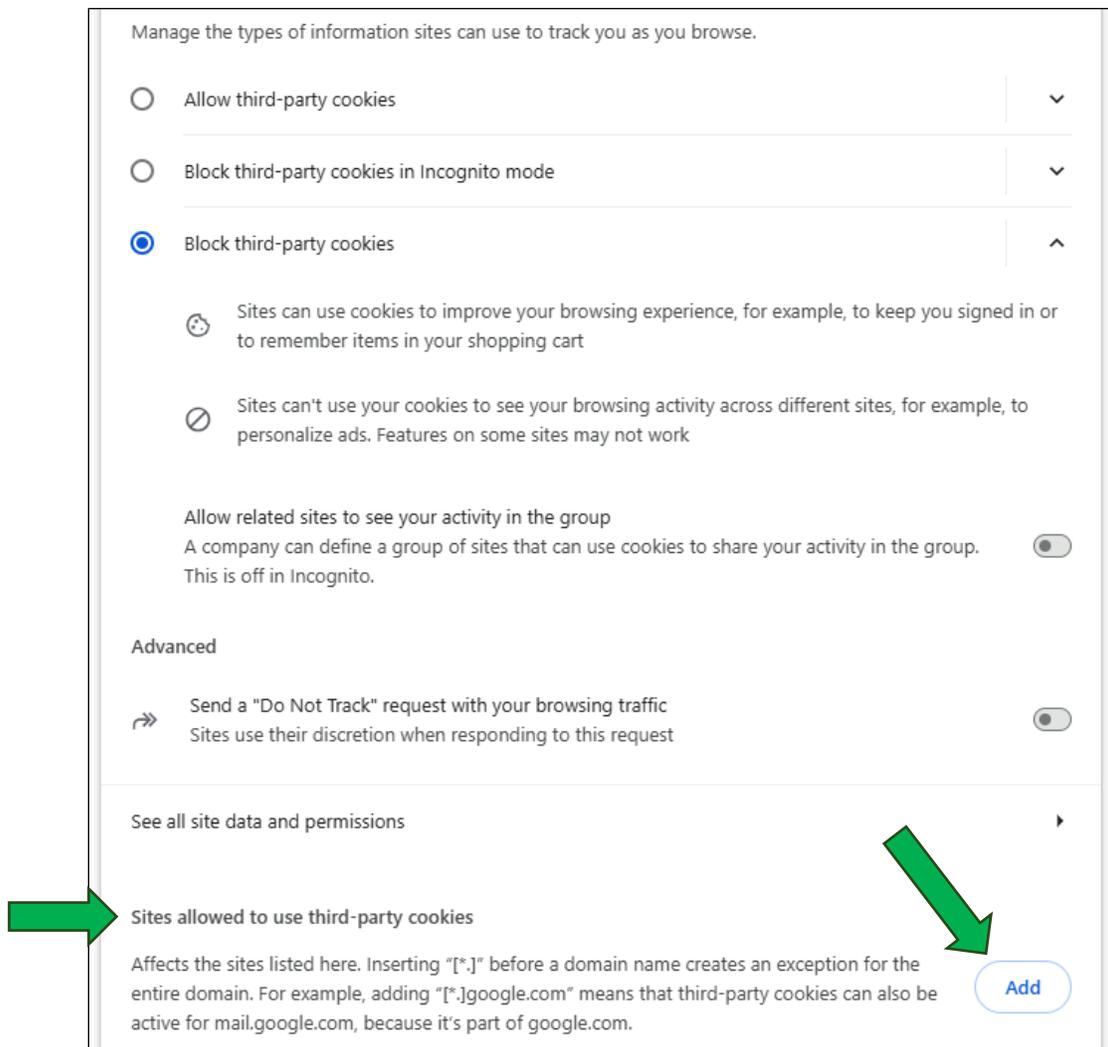
- Copy and paste this web address into the **Site** field: https://bcbslaproviderportal.com. Please do not include any leading or trailing blanks. Then, click **Add**.
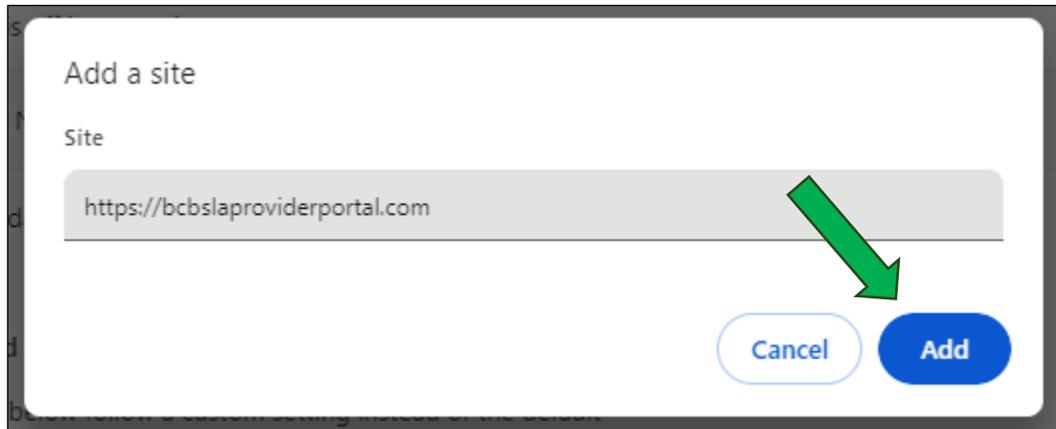
- You should see https://bcbslaproviderportal.com listed **under Sites allowed to use third-party cookies**.
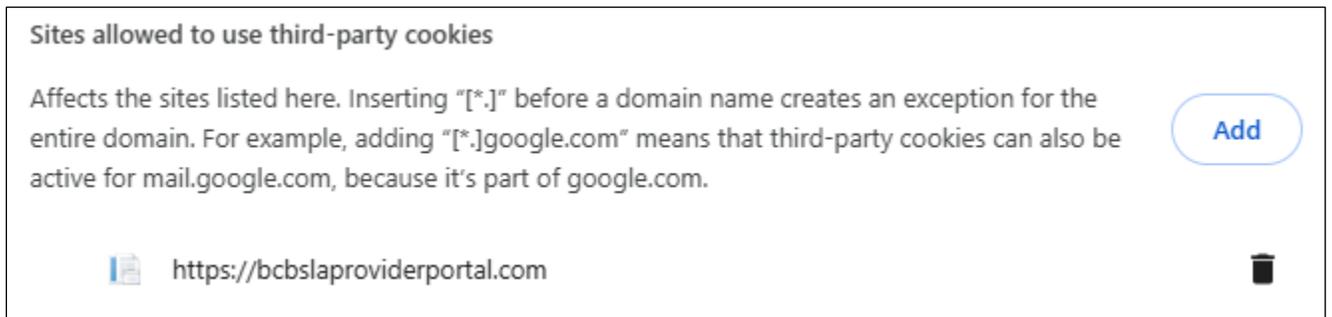
- Your setting updates are now complete. Please close **all** Google Chrome browser windows. You can now log into the provider portal site.

Did Not Receive a Password Reset Email?

If you did not receive a password reset email from auth0mail@blueadvantage.bcbsla.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 log into 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 "**Delete browsing data…**".
    - Choose the time range from the top menu and select "**Cookies and other site data**".
    - Then click "**Delete 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.

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 BCBSLA via DocuSign (dse_NA3@docusign.net) containing your Portal Moderator/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'll 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. General style changes are not noted in this Summary of Changes.

January 2025

Portal Registration
- How to Access the Portal – updated the iLinkBlue screenshot
- Register a New Group – updated registration instructions and screenshots
- Join an Existing Group – updated instructions and screenshots
- Group Profile – updated instructions and screenshots

Online Auth Portal
- Authorizations – updated instructions and screenshots
- Checks – updated instructions and screenshots
- Claims – updated instructions and screenshots
- Resources – updated screenshots
- Member Lookup – updated screenshots
- Creating a New Outpatient Authorization Request – updated instructions and screenshots
- Creating a New Outpatient Behavioral Health Authorization Request – updated screenshots

Provider Directory
- Updated screenshots

Troubleshooting
- Updated instructions and screenshots

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www.lablue.com/ilinkblue > Blue Advantage under the "Other Sites" section.