



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.





Complete this form for each administrative representative at your organization. Please include the information for the provider the administrative representative is servicing, as well as contact information for both the administrative representative and the administrative representative's manager.

GENERAL PROVIDER INFORMATION		
Provider Group or Facility Name		
Address		
Phone Number	Provider Group or Facility National Provider Identifier (NPI)	
Individual Provider Name (if applicable)	Individual Provider NPI (if applicable)	
Tax ID	Is the Behavioral Health Authorizations Application needed?	
ADMINISTRATIVE REPRESENTATIVE INFORMATION		
Administrative Representative Name	Title	Date of Birth
Contact Phone Number	Email Address <i>(this will be used for your unique username)</i>	
Additional Phone Number	Additional Email Address	
MANAGER/OWNER INFORMATION		
Manager/Owner's Name <i>(other than the administrative representative)</i>	Title	Date of Birth
Contact Phone Number	Email Address	

Return Form To:

Email: PIMTeam@bcbsla.com

Fax: 1-800-515-1128

Attn. Provider Identity Management



Administrative Representative Acknowledgment Form

I understand that I have been designated by my employer/organization (the Organization) as the Administrative Representative for the Organization for the purpose of obtaining and granting access to other Organization employees to Blue Cross and Blue Shield of Louisiana's (BCBSLA) secure online services (the Secure Services). As such, I am responsible for delegating access to the Secure Services to appropriate users within my Organization and adhering to BCBSLA's guidelines regarding such access and delegation.

I agree that Secure Services access will be granted by me and the Organization only to those employees within the Organization who legitimately must have access to the Secure Services in order to fulfill their job responsibilities and only to the extent necessary to fulfill those job responsibilities, all as further described by BCBSLA's guidelines. I am also responsible for terminating Organization employee access to the Secure Services at such time as the employee changes roles or terminates employment with my organization, as applicable. I agree to implement procedures that will ensure that such terminations will be addressed promptly and in accordance with BCBSLA's guidelines.

As the Administrative Representative, I understand and agree that the Secure Services are assets of BCBSLA. Any misuse, personal use or use of the Secure Services for any business other than which I am authorized to perform on behalf of the Organization, or other than as set forth in BCBSLA guidelines, is strictly prohibited. I acknowledge that violation of this paragraph may result in criminal prosecution of the violator under federal and state laws, including, but not limited to, HIPAA. I further acknowledge that I must at all times, respect the confidentiality of all member (patient) information or data that I am working with or may have access to in the Secure Services or otherwise on BCBSLA's electronic computer systems. In addition, I agree that I am obligated to protect the assets and/or confidential information in the Secure Services and on BCBSLA's electronic computer systems by maintaining complete secrecy over my username and password that I use to access the Secure Services. Under no conditions shall I reveal my username or password to anyone or allow anyone else access to or use of the Secure Services under my username.

I understand that if my role in the Organization changes or if my term of employment ends with the Organization, it is my responsibility to ensure that my duties and access to the Secure Services immediately terminate as well. On behalf of the Organization, I acknowledge and agree that the Organization shall notify BCBSLA immediately of any breach of confidentiality, fraud, or suspected fraud or abuse of which it becomes aware relating to the BCBSLA Secure Services or any member(patient) or other information contained in the Secure Services. In addition, I shall also immediately notify my Organization and BCBSLA of any such breach of confidentiality, fraud, or suspected fraud or abuse. I further understand that BCBSLA monitors the Secure Services and the access of users thereto. BCBSLA shall report to the Organization any suspected unauthorized access or abuse arising from the Organization's access to the Secure Services and, as a result, may also rescind my access to the Secure Services and/or take legal action as deemed necessary by BCBSLA in its sole discretion.

This Acknowledgment may be validly executed via facsimile transmission or through other electronic means showing the signature of the party and each such reproduced copy of this Acknowledgment shall constitute an original Acknowledgment for all purposes. Administrative Representative agrees that a facsimile or electronic scanned copy of this document with facsimile or scanned signatures may be treated as an original and will be admissible as evidence in a court of law.

Note: Usernames with no sign-on activity for 180 days will automatically be locked. The administrative representative will need to contact the Provider Identity Management (PIM) Team at PIMTeam@bcbsla.com or 1-800-716-2299, option 5 to reactivate the account. iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your user account, the Administrative Representative will need to contact the PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet. The packet is available on our website at www.bcbsla.com/providers.

SIGNATURE PAGE FOLLOWS

By signing my name in the blank below and completing the information required on this Acknowledgment, I certify that I understand and agree to the responsibilities outlined above.

Print name of Administrative Representative

Signature of Administrative Representative

Date

Print name of Manager

Signature of Manager

Date

Tax ID and Organization Name