



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 Team.

Email: PIMTeam@bcbsla.com

Mail: BCBSLA - Provider Identity Management
P.O. Box 98029
Baton Rouge, LA 70898-9029

Fax: 1-800-515-1128
Attn. Provider Identity Management

3. Once your administrative representative is set up, we will send an email with detailed instructions on how to log into our Security Setup Tool.

Need Help?

If you have questions regarding the administrative representative setup process, please contact our Provider Identity Management 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		
Practice or Facility Name		
Address		
Phone Number	National Provider Identifier (NPI)	
Tax ID	Is the Behavioral Health Authorizations Application needed?	
ADMINISTRATIVE REPRESENTATIVE INFORMATION		
Administrative Representative Name	Title	Date of Birth
Contact Phone Number	Email Address	
Additional Phone Number	Additional Email Address	
Is the administrative representative also an iLinkBlue user?		
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

Mail: BCBSLA - Provider Identity Management

P.O. Box 98029

Baton Rouge, LA 70898-9029



Administrative Representative Acknowledgment Form

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

I agree that access will be granted only to those employees who legitimately must have access in order to fulfill their job responsibilities and only when indicated by BCBSLA's guidelines. I am also responsible for terminating employee access to BCBSLA's secure online services, as applicable and at such time as the employee changes roles or terminates employment with my organization. I agree to implement procedures that will ensure that such terminations will be addressed promptly in accordance with the information outlined in BCBSLA's Security Setup Guide.

As the Administrative Representative, I understand that secure online services are assets of BCBSLA. Any misuse, personal use or use of these assets for any business other than which I am authorized to perform is strictly prohibited and may be subject to criminal prosecution under federal and state laws. 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 on the BCBSLA system. In addition, I am obligated to protect these assets by maintaining complete secrecy over my Login ID and Password. Under no conditions can I reveal these to anyone or allow anyone else use of the system under my Login ID. I understand that if my role in the organization changes or if my term of employment ends with my current organization, it is my responsibility to contact my employer and let him or her know that my duties and access as Administrative Representative must terminate as well. My employer shall notify BCBSLA immediately of any breach of confidentiality.

It is my responsibility to report any fraud, suspected fraud or abuse, or privacy or confidentiality concerns related to BCBSLA assets to my employer (Hospital or Clinic management) and to BCBSLA. I further understand that BCBSLA monitors the system and any case where abuse is detected will be reported to my management and may result in either the loss of access for my Logon ID and/or legal action.

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: Login ID's with no sign on activity for 90 days will automatically be disabled. Administrative Representatives will be required to create a new password in order to reactivate their Login ID.

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