



**Blue Cross Blue Shield
of Louisiana**

An independent licensee of the
Blue Cross and Blue Shield Association.

www.bcbsla.com/OGB

provider OGBnews

February 2015

OGB News is a special edition publication for network providers from the Network Administration Division of Blue Cross and Blue Shield of Louisiana

2015 Benefit Changes for Office of Group Benefits (OGB)

Blue Cross and Blue Shield of Louisiana administers the Office of Group Benefits' (OGB's) healthcare benefits for the state of Louisiana employees, retirees and dependents.

OGB's 2015 annual enrollment began **Oct. 1** and ended **Dec. 7**. During that period, OGB members were able to choose from multiple plan offerings. The new 2015 benefits will be **effective Mar. 1, 2015**.

While none of the 2015 plans are exactly the same as the plans offered in 2014, some of the choices are very similar. State of Louisiana employees and retirees had the opportunity to choose from several different benefit plans. Each plan utilizes a Blue Cross or HMO Louisiana, Inc. network that is already in place. There are no new networks providers must join to be in-network for OGB members. The three OGB benefit plans in place for 2014 and through the end of February 2015 will no longer be **available as of Mar. 1, 2015**.

The information in this newsletter is intended to help you better understand the OGB benefit changes that will begin on **Mar. 1, 2015**, and includes more details about each new 2015 benefit plan, authorization

requirements, behavioral health, pharmacy, care management and more. OGB information is also available in our provider manuals and the OGB speed guide, which will be updated to include the 2015 changes before Mar. 1, 2015 (available online at www.bcbsla.com/providers >Education on Demand).



It is important that you **obtain a copy of your OGB patients' most current ID cards, especially on and after Mar.1, 2015**.

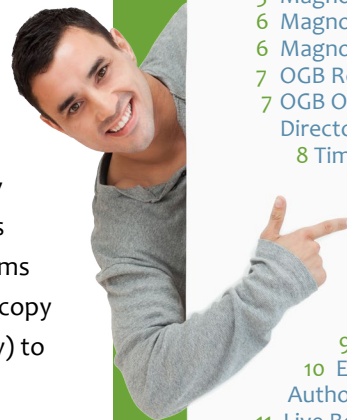
It is equally important that you **verify OGB members' new benefits prior to rendering services**. Use the iLinkBLUE Provider Suite (www.bcbsla.com/ilinkblue/) to verify eligibility and benefits as it always has the most up-to-date information. Claims should be filed electronically (or hardcopy only when unable to file electronically) to Blue Cross; not OGB.



Blue Cross and Blue Shield of Louisiana (BCBSLA) administers benefits for Office of Group Benefits (OGB) for their benefit plans. OGB's benefit plans are self-insured plans that utilize our networks of doctors, hospitals and other medical care providers as well as Blue providers nationwide.

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Blue Cross' OGB-dedicated Customer Service: 1.800.392.4089

2015 OGB benefit plans being offered:

Benefit Plan Name	Provider Network	Style of Member Benefits
Pelican HRA 1000	OGB Preferred Care *	CDHP with HRA (consumer driven health plan with health reimbursement arrangement)
Pelican HSA 775	OGB Preferred Care*	CDHP with HSA (consumer driven health plan with health savings account)
Magnolia Local: Baton Rouge <i>(Ascension, East Baton Rouge & West Baton Rouge Parishes)</i> New Orleans <i>(Jefferson & Orleans Parishes)</i> Shreveport <i>(Bossier & Caddo Parishes)</i>	Community Blue BlueConnect Community Blue	HMO
Magnolia Local Plus	OGB Preferred Care*	HMO benefit design on PPO network
Magnolia Open Access	OGB Preferred Care*	PPO

**The OGB Preferred Care network is Blue Cross' Preferred Care PPO network of doctors and hospitals.*

HRA vs. HSA: How are they different?

	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
Funding	<ul style="list-style-type: none"> Employer funds HRA. Funds stay with the employer if an employee leaves an OGB-participating employer. Contributions are not taxable. Only employers may contribute. 	<ul style="list-style-type: none"> Employer and employee fund HSA. Funds go with the employee when he/she leaves an OGB-participating employer. Contributions are made on a pre-tax basis. Employers or employees may contribute.
Flexibility	<ul style="list-style-type: none"> Employer selects maximum contribution. Must be paired with the Pelican HRA 1000. Contributions are the same for each employee. May be used with a General-purpose FSA. 	<ul style="list-style-type: none"> IRS determines maximum contribution. Must be paired with the Pelican HSA 775. Contributions are determined by employee and employer. May be used only with a Limited-purpose FSA.
Simplicity	<ul style="list-style-type: none"> HRA claims processed by Blue Cross and Blue Shield of Louisiana. 	<ul style="list-style-type: none"> Employee manages account and submits expenses to the HSA trustee for reimbursement.

No New Networks to Join

The OGB Preferred Care network **IS** our Preferred Care PPO Network.

PELICAN HRA 1000

Actives, Retirees with and without Medicare

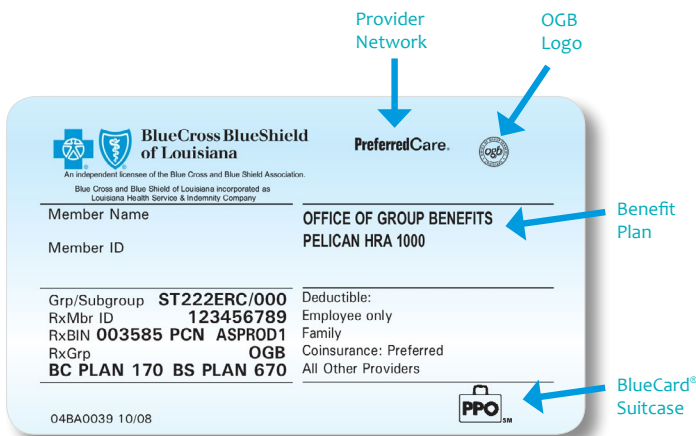
OGB will now offer a **new** consumer-driven benefit plan for 2015 that is paired with a health reimbursement arrangement (HRA). This benefit plan utilizes the **OGB Preferred Care** network, which is Blue Cross' Preferred Care PPO network of doctors and hospitals.

PREVENTIVE SERVICES

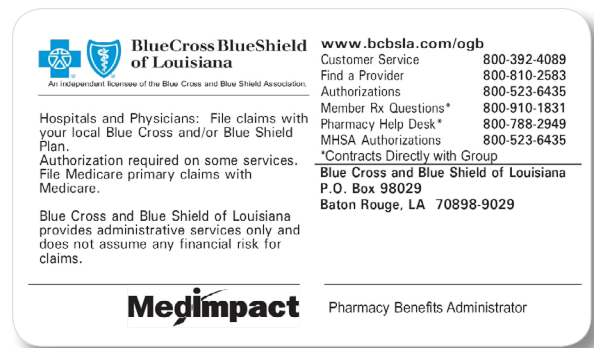
Preventive services are covered at 100 percent of the allowable charge. This includes screenings to detect illness or health risks during a physician office visit. All strains of flu shots are covered as preventive services.

PHARMACY

MedImpact is the pharmacy carrier for OGB's Pelican HRA 1000 benefit plan. Members have retail and mail-order coverage options. Providers should directly contact MedImpact for pharmacy authorizations: **1.800.788.2949**.



sample front of ID card



sample back of ID card

HOW THE HRA WORKS

The Pelican HRA 1000 includes an employer contribution of \$1000 for employee-only plans and \$2000 for family plans.

Pelican HRA 1000 members will:

- not be issued debit cards or checks
- not have direct access to their funds
- the member out-of-pocket portion of the claim will be paid directly by Blue Cross from the member's account.

Providers should NOT collect out-of-pocket expenses from Pelican HRA 1000 members until each member's HRA funds are exhausted at which time the member will be responsible for the out-of-pocket portion of medical claims. The HRA funds are not eligible for use on:

- wellness claims (*covered at 100 percent*)
- pharmacy claims
- dental and vision claims

Example:

	HRA Funds Available	HRA Funds Exhausted
Claim Billed Amount	\$120.00	\$120.00
Blue Cross Allowed	\$100.00	\$100.00
Member Deductible Applied	\$100.00	\$100.00
Blue Cross Pays	\$100.00	\$ 0.00

out-of-pocket paid by Blue Cross / do NOT collect from member

out-of-pocket NOT paid by Blue Cross / collect from member

The iLinkBLUE coverage summary and claims status screens, provider remittance advices, the 270/271 eligibility transaction and the 835 electronic remittance advice will be changed to reflect HRA balances and provider payments issued from members' HRA accounts.

PELICAN HSA 775

Active Employees Only

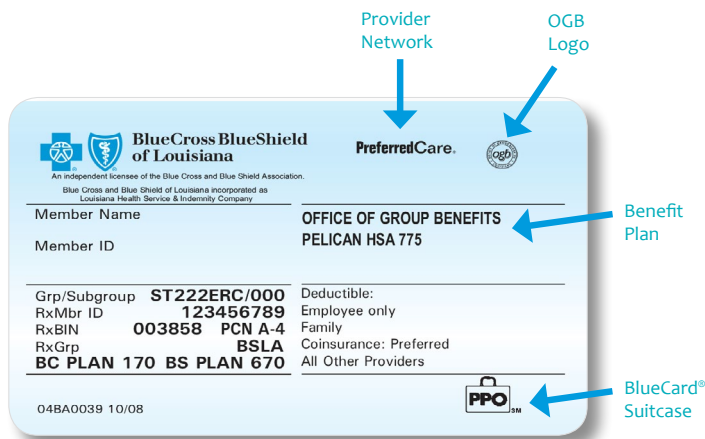
OGB will continue to offer a consumer-driven benefit plan for 2015 that is paired with a health savings account (HSA) option. The **Pelican HSA 775** benefit plan utilizes the **OGB Preferred Care** network, which is Blue Cross' Preferred Care PPO network of doctors and hospitals.

PREVENTIVE SERVICES

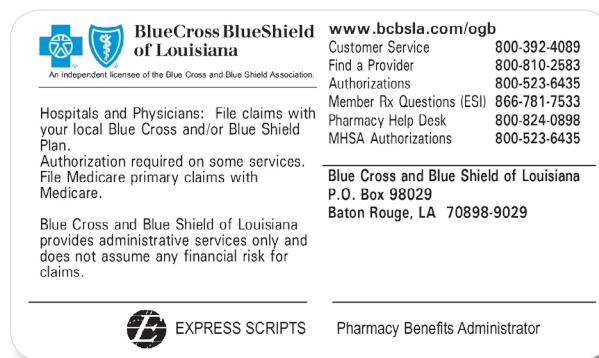
Preventive services are covered at 100 percent of the allowable charge. This includes screenings to detect illness or health risks during a physician office visit. All strains of flu shots are covered as preventive services.

PHARMACY

Express Scripts, Inc. (ESI) is the pharmacy carrier for OGB's Pelican HSA 775 benefit plan. Members have retail and mail-order coverage options. Providers should directly contact Express Scripts for pharmacy authorizations: **1.866.781.7533**.



sample front of ID card



sample back of ID card

HOW THE HSA WORKS

Employees who choose the Pelican HSA 775 benefit plan have the option to open an HSA and use pre-tax dollars to make contributions to the HSA. The HSA can be used to pay eligible medical and pharmacy expenses or saved for future healthcare expenses. Pelican HSA 775 members are issued a Bancorp MySmart\$aver HSA bank card to be used for paying their healthcare expenses.



MAGNOLIA LOCAL

Actives, Retirees with and without Medicare

OGB will now offer a **new** benefit plan for 2015 that utilizes our **BlueConnect** or **Community Blue** provider network. **Magnolia Local** is an HMO Point of Service product that allows members to choose each time they need care—at the point of service—whether to use a PCP or a specialist without a referral. This benefit plan is only available to state of Louisiana employees, retirees and dependents located in select parishes as follows:



(New Orleans Area)

Jefferson and Orleans Parishes



(Baton Rouge & Shreveport Areas)

Ascension, Bossier, Caddo, East Baton Rouge and West Baton Rouge Parishes

Magnolia Local members in Jefferson and Orleans parishes do not have coverage if they choose to see Community Blue providers just as Magnolia Local members in the Community Blue parishes do not have coverage if they choose to see BlueConnect providers. **With this benefit plan, there is no coverage for services performed by non-network providers.** Please refer your patients to providers within their network to ensure they receive the highest level of benefits available.

LABORATORY SERVICES

BlueConnect and Community Blue network physicians may ONLY perform select laboratory tests in their offices as outlined in the *Professional Provider Office Manual*, available online at www.bcbsla.com/providers >Education on Demand. Physicians who do not collect specimens in their office must send OGB Magnolia Local members to their network labs as follows:

BLUECONNECT LAB SERVICES

- Quest Diagnostics - www.questdiagnostics.com or 1.866.MYQUEST (1.866.697.8378)

COMMUNITY BLUE LAB SERVICES

BATON ROUGE AREA

- LabCorp - www.labcorp.com or 1.800.621.8037

SHREVEPORT AREA

- Omega Diagnostics - www.omegadiagnosticslab.com or 1.888.318.6539

PREVENTIVE SERVICES

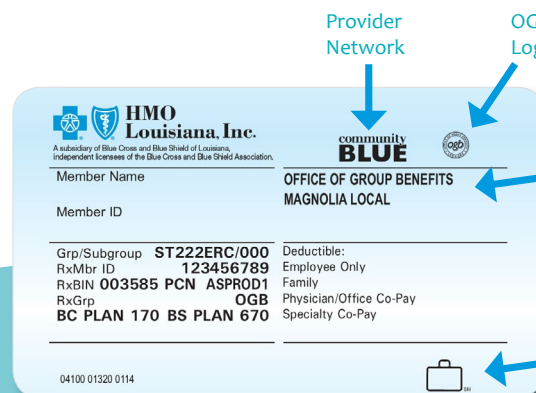
Preventive services are covered at 100 percent of the allowable charge. This includes screenings to detect illness or health risks during a physician office visit. All strains of flu shots are covered as preventive services.

PHARMACY

MedImpact is the pharmacy carrier for OGB's Magnolia Local benefit plan. Members have retail and mail-order coverage options. Providers should directly contact MedImpact for pharmacy authorizations: **1.800.788.2949**.



sample front of ID card

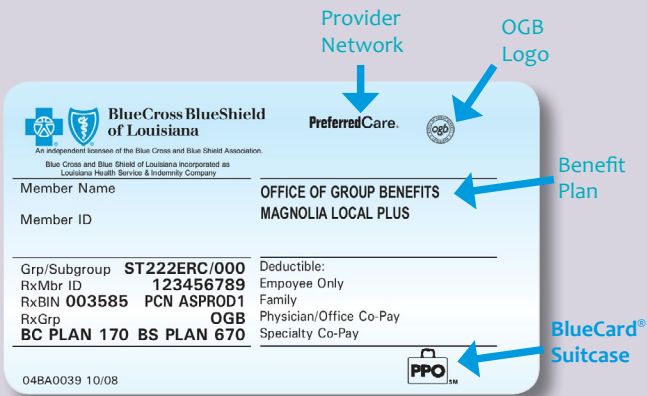


sample front of ID card

MAGNOLIA LOCAL PLUS

Actives, Retirees with and without Medicare

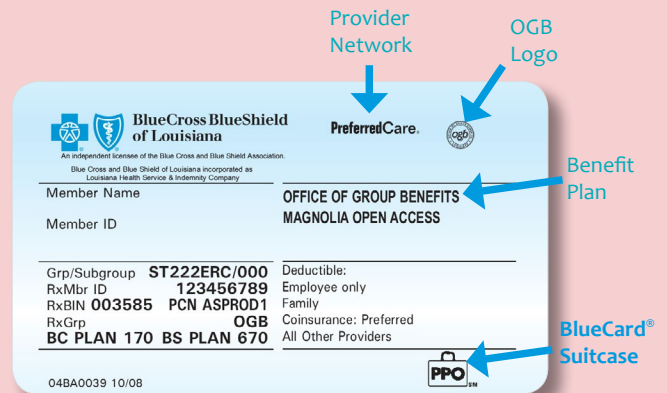
Not to be confused with OGB's Magnolia Local benefit plan, the **Magnolia Local Plus** benefit plan has an HMO benefit design but through a PPO network. Members with this benefit plan are not limited to a local-area only network. Members who choose the Magnolia Local Plus benefit plan will instead have access to the **OGB Preferred Care** network, which is Blue Cross' statewide Preferred Care PPO network of doctors and hospitals. With this benefit plan, there is no coverage for services performed by non-network providers. Please refer your patients to providers within their network to ensure they receive the highest level of benefits available.



MAGNOLIA OPEN ACCESS

Actives, Retirees with and without Medicare

The **Magnolia Open Access** benefit plan is OGB's PPO benefit plan. Members with this benefit plan have access to the **OGB Preferred Care** network, which is Blue Cross' statewide Preferred Care PPO network of doctors and hospitals.



PREVENTIVE SERVICES


Preventive services are covered at 100 percent of the allowable charge. This includes screenings to detect illness or health risks during a physician office visit. All strains of flu shots are covered as preventive services.

PHARMACY

MedImpact is the pharmacy carrier for OGB's Magnolia Local Plus and Magnolia Open Access benefit plans. Members have retail and mail-order coverage options. Providers should directly contact MedImpact for pharmacy authorizations: **1.800.788.2949**.

A list of services that require prior authorization is available online in our provider manuals and the OGB speed guide.

Pharmacy Carrier



Blue Cross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association.

Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan.
Authorization required on some services.
File Medicare primary claims with Medicare.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

MedImpact
Pharmacy Benefits Administrator

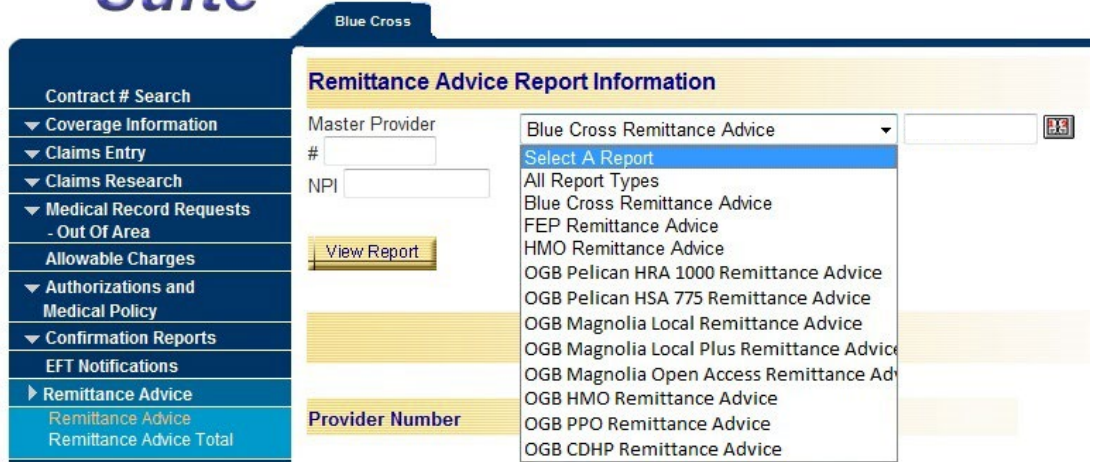
www.bcbsla.com/ogb
Customer Service 800-392-4089
Find a Provider 800-810-2583
Authorizations 800-523-6435
Member Rx Questions* 800-910-1831
Pharmacy Help Desk* 800-788-2949
MHSA Authorizations 800-523-6435
*Contracts Directly with Group
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

Contact Information for Customer Service, Authorizations, Pharmacy, Mental Health and more.

Claims Mailing Address for when unable to file electronically

OGB Remittance Advices

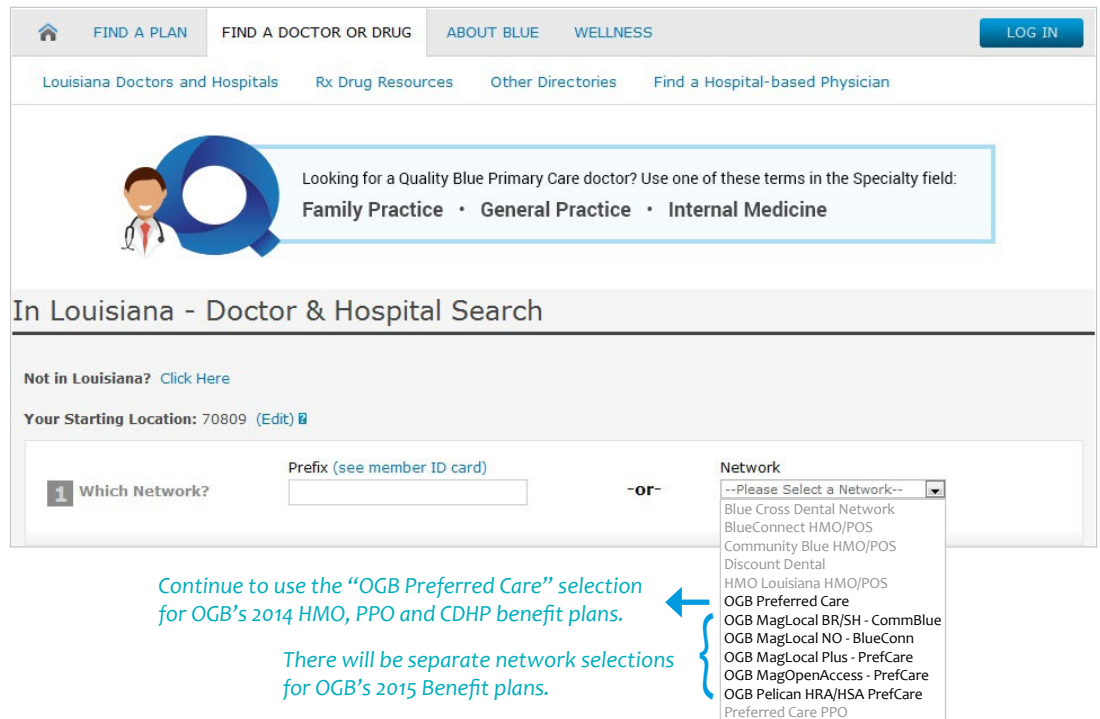
Remittance advices (commonly called payment registers) are reports that are issued every Monday through our iLinkBLUE Provider Suite (www.bcbsla.com/ilinkblue/) and may be viewed and/or printed. A remittance advice summarizes each claim and itemizes patient liability, the amount above the allowable charge and other payment information. Remittance advices for the current week appear at the bottom of your



remittance listing. Separate reports are issued for each applicable line of business; Blue Cross, HMO, OGB and FEP. Furthermore, Blue Cross will issue separate weekly payment registers for each OGB benefit plan. We will also continue to have access to the 2014 OGB HMO, PPO and CDHP remittance advices until the run-out time periods are completed for each.

OGB Online Provider Directories

OGB's Pelican HRA 1000, Pelican HSA 775, Magnolia Local Plus and Magnolia Open Access benefit plans all utilize the OGB Preferred Care network, which is Blue Cross' statewide Preferred Care PPO network of doctors and hospitals. However, to lessen any confusion of selecting the correct OGB network for the correct OGB benefit plan, we have enhanced our online provider directory tool to show a network selection for each benefit plan. This will make it easy for OGB members



to identify and select the appropriate provider network tied to their healthcare coverage. Likewise, OGB's Magnolia Local benefit plan utilizes two different provider networks; BlueConnect or Community Blue, depending on where the member is located. This benefit plan is represented by two separate directory selections, based on area and network.

Timely Filing

Blue Cross claims for OGB members must be filed within 12 months of the date of service. Claims received after 12 months will be denied and the OGB member and Blue Cross should be held harmless. Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

Appeals

OGB member appeals are handled by Blue Cross and Blue Shield of Louisiana.

BCBSLA - Appeals and Grievance Unit
P.O. Box 98045
Baton Rouge, LA 70898-9045



Subrogation

Please file claims related to a subrogation case directly to Blue Cross. Blue Cross makes claims payments as applicable and thereafter, Blue Cross pursues recovery of claims payments related to a subrogation case.

Maternity & Newborn

Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery.

Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

iLinkBLUE Reflects Pelican HRA 1000 Differences

We have enhanced our iLinkBLUE *Provider Suite* so that you have the information you need for OGB's Pelican HRA 1000 benefit plan as follows:

- Claims Status Paid/Rejected Results - the Claims Status Paid/Rejected screen will display a red asterisk (*) in the Amount Paid column if there is an HRA disbursement on the claim. The * will refer to a notation at the bottom of the grid with the following verbiage:
**This amount includes a payment from the member's health reimbursement arrangement (HRA). Click on the claim to view details.*
- Claims Status Details Screen - the Claims Status Details screen will display a new field named "HRA Paid Amount." The Amount Paid field will be renamed to Total Amount Paid.
- Eligibility Health Care Benefits Summary Screen - there will be a new section titled Health Reimbursement Arrangement (HRA) on the Eligibility Health Care Benefits Summary screen. The HRA remaining balance will appear here along with a notation:

Health Reimbursement Arrangement (HRA) remaining balance. BCBSLA will pay HRA funds directly to provider. Do not collect from patient until HRA balance is exhausted.

There will be no changes to claims processing or frontend editing for OGB claims.

Care Management

Care Management programs for OGB members are administered by Blue Cross and Blue Shield of Louisiana. Please encourage your patients to take advantage of these resources.

Disease Management - 1.800.363.9159 OGB members (OGB retirees with Medicare are not eligible for this program) diagnosed with one or more of these conditions (diabetes, coronary artery disease, heart failure, asthma or chronic obstructive pulmonary disease) are eligible to participate in Blue Cross' disease management program. This program provides access to a personal nurse or healthcare professional who can—along with the member's physician and other healthcare professionals—help them address their current health status as well as their long term health.

Case Management - 1.800.317.2299 Physicians may refer patients for our case management program, which is designed to help members with complex health issues through education and coordination of services and resources to reduce barriers for good health outcomes.

More information about our Case and Care Management programs is available online at www.bcbsla.com/OGB >InHealth Programs.

Behavioral Health

The behavioral health benefits are not the same for all OGB members. Benefits are administered and claims are processed based on the member's benefit plan. The benefits, claims and the provider network for OGB's Pelican HRA 1000, Pelican HSA 775, Magnolia Local Plus and Magnolia Open Access benefit plans are handled directly by Blue Cross. Whereas, benefits, claims and the provider network for OGB's Magnolia Local benefit plan are handled directly by Magellan Health Services, Inc.

Pelican HRA 1000
Pelican HSA 775
Magnolia Local Plus
Magnolia Open Access

Provider Network:

OGB Preferred Care Network of behavioral health providers, which is Blue Cross' Preferred Care PPO network.

Benefits:

Call Blue Cross' OGB-dedicated Customer Service at **1.800.392.4089**.

Claims:

Submit electronically through iLinkBLUE or your clearinghouse directly to Blue Cross.

Submit claims hardcopy to:

BCBSLA - OGB
P.O. Box 98029
Baton Rouge, LA 70898-9029

Authorizations:

Magellan Health Services, Inc. handles the authorizations only for these OGB members. Call Magellan directly at **1.800.991.5638**.

Magnolia Local

Provider Network:

Magellan Health Services, Inc.'s network of behavioral health providers

Benefits:

Call Magellan directly at **1.800.424.4643**.

Claims:

Submit electronically to Magellan through their standard processes.

Submit claims hardcopy to:

Magellan Health Services - OGB
P.O. Box 1959
Maryland Heights, MO 63043

Authorizations:

Call Magellan directly at **1.800.991.5638**.



SERVICES ADDED TO THE EXCLUSION LIST

Effective March 1, 2015, the following services are being added to the exclusion list for all OGB benefit plans:

- Acupuncture
- Infertility Services
- Routine Vision Exams
- Services performed as a result of a complication (complications for Heads Up participants are covered)
- Temporomandibular Joint Disorders (TMJ)

For the complete list of excluded services for OGB members, view their benefits and eligibility information on iLinkBLUE.

SERVICES THAT REQUIRE PLAN APPROVAL

The following services require Plan approval. Providers may request authorization by calling 1.800.523.6435 or fax request to 1.800.586.2299. The authorization requirements for the following services apply for all OGB benefit plans, effective September 30, 2014:

INPATIENT

- Inpatient Hospital Services (except routine maternity stays) including continued stay review (CSR)
- Mental Health/Substance Abuse Services (including residential treatment center and partial hospitalization program services)
- Skilled Nursing Facility
- Transplant Services (organ, tissue, bone marrow)

OUTPATIENT

- Air Ambulance (non-emergency)
- Applied Behavioral Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- Day Rehabilitation Programs
- Dialysis
- DME greater than \$300 (including electric & custom wheelchairs)
- Genetic Testing
- High-tech Diagnostic Imaging Services (including but not limited to CT/CAT Scan, MRI/MRA, Nuclear Cardiology and PET Scan) *
- Home Health Care
- Hospice Care
- Hyperbarics
- Implantable Medical Devices over \$2000 including but not limited to defibrillators and insulin pumps
- Infusion Therapy (includes home and facility administration) Exception: Infusion therapy performed in a physician's office (the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- Oral Surgery (not required when performed in the physician's office)
- Orthotic Devices greater than \$300
- Outpatient Non-Surgical Procedures (other than x-rays, labwork, physical therapy, occupational therapy, speech therapy and chiropractic services). Non-surgical procedures performed in a physician's office do not require authorization
- Outpatient Pain Rehabilitation/Pain Control Programs
- Outpatient Surgical Procedures (not performed in the physician's office)
- Partial Hospitalization Programs
- Physical/Occupational Therapy for visits over the combined benefit limit. Massage therapy services performed by a licensed massage therapist are not covered.
- Private Duty Nursing
- Prosthetic Appliances greater than \$300
- Residential Treatment Centers
- Sleep Studies
- Specialty Pharmacy (see billing guidelines in the Professional Provider Office Manual, available online at www.bcbsla.com/providers >Education on Demand.)
- Stereotactic Radiosurgery including but not limited to gamma knife & cyberknife
- Transplant Evaluations and Procedures (organ, tissue, bone marrow)
- Vacuum Assisted Wound Closure Therapy

* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for Cesarean section delivery.

**Requests for prior authorization for these services may be completed online through iLinkBLUE (www.bcbsla.com/ilinkblue/) using AIM's Provider Portal. For more information on Imaging Authorizations, visit www.bcbsla.com/providers >Imaging Authorizations.

Failure to obtain prior authorization
will result in the denial of payments for services



Live Better Louisiana is a program recently launched by Office of Group Benefits (OGB) to be **Our Game Plan for Better Health**. Live Better Louisiana is designed to give OGB's Blue Cross and Blue Shield of Louisiana members resources to help them better monitor their health, understand their risk factors and make educated choices that keep them healthier. Two key features of OGB's Live Better Louisiana program may involve your patients:

1 Preventive Health Checkups – OGB is offering worksite Preventive Health Checkups to their employees through Catapult Health. These checkups focus on the most common and costly chronic diseases. Catapult Health provides lab-accurate biometric measurements combined with clinical risk assessments and counseling by a licensed nurse practitioner. Participants provide Catapult Health with the name of their primary care provider (PCP) prior to receiving services. This allows Catapult to communicate lab results to the participant's PCP.

Catapult Health (www.CatapultHealth.com):

- Provides a comprehensive full-color Personal Health Report onsite to each participant.
- Sends individual lab values E-FAXED to each participant's PCP.

- Provides a Population Health Report with aggregate results to the participant's employer.
- Connects participants back to their PCPs for any needed follow-up visits, prescription refills and/or medication management. Catapult does not prescribe medications.

Catapult Health's tests are designed to aid the participant's PCP. The screenings consist of blood pressure, waist circumference and BMI, and a blood test for glucose, cholesterol, triglycerides and liver enzymes. For those employees who provide the name of their healthcare provider, Catapult will E-FAX lab results directly to that provider. Members who do not have a PCP are educated on why everyone needs a personal physician and will get help selecting a PCP who participates in a Blue Cross network.

2 The Prevent Program – Prevent is a diabetes prevention program provided by Omada Health. OGB members who have been identified during a Catapult worksite health checkup to have prediabetes will be directly contacted by Omada Health requesting they join the Prevent program. OGB's Blue employees may also use this program based on provider referrals and/or the predictive model used by our own health informatics team and disease management nurses.

Prevent (www.preventnow.com/ogbrefer):

Prevent is a 16-week online program based on the CDC-sponsored National Diabetes Prevention Program. Prevent is designed to help people with pre-diabetes lose weight and reduce their risk of developing type 2 diabetes by adopting modest, sustainable lifestyle changes. This program includes virtual tools and resources, such as a personal health coach, a small peer group for support, weekly online lessons, and a wireless scale and pedometer to track success. Prevent program has seen very high engagement rates. Approximately 80 percent of participants complete the program with an average 6.2

percent weight loss after the 16 weeks and 6.8 percent weight loss after six months.

Prevent is offered to OGB's eligible employees at no charge. They must meet the following criteria:

- Must be age 18 or older
- Must have a BMI of 24 or more (22 or more for people of Asian descent)
- Must have at least one of the following biometrics confirming pre-diabetes:
 - a. Fasting glucose 100 – 125 or
 - b. Non-fasting glucose 140 – 199 or
 - c. HbA1c 5.7 – 6.4 or
 - d. Self-reported pre-diabetes treated with Metformin

Members may not enroll if they are diagnosed with the following:

- Type 1 diabetes or type 2 diabetes
- Malignancy (recent diagnosis or current treatment)
- Pregnancy (or within six weeks of giving birth)

More online at www.bcbsla.com/OGB
including Live Better Louisiana patient forms



BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

P. O. BOX 98029 • BATON ROUGE, LA 70898-9029

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What's on the Web

www.bcbsla.com/OGB

www.bcbsla.com/providers

- >Education on Demand
- >News
- >OGB

Get This Newsletter Electronically:

Your correspondence email address allows us to electronically keep you abreast of the latest Blue Cross news and some communications that are sent via email only.

Email provider.communications@bcbsla.com and please include a contact name, phone number and your provider number in your email.

Have an Idea?

Our newsletters are designed to serve you, our valued network providers. The views of our readership are important to us. If you have ideas for articles or suggestions about how we can improve this newsletter, please email us at provider.communications@bcbsla.com.

OGB News

OGB News is a special edition newsletter for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

View this newsletter online at www.bcbsla.com > I'm a Provider > News

Important Contact Information

Blue Cross' OGB-Customer Service

ph. : 1.800.392.4089
fax: 1.225.298.7772
email: ogbhelp@bcbsla.com

Medical Authorizations
1.800.586.2299

Behavioral Health Authorizations by Magellan Health Services
1.800.991.5638

MedImpact
1.800.788.2949

Express Scripts, Inc. (ESI)
1.866.781.7533

Claims Filing
P.O. Box 98029
Baton Rouge, LA 70898

EDI Clearinghouse
1.225.291.4334
EDICH@bcbsla.com

iLinkBLUE & EFT
1.800.216.BLUE (2583)
iLinkBLUE.ProviderInfo@bcbsla.com

Please share this newsletter with your insurance and billing staff!