

iLinkBlue NEWS

A special edition newsletter for Blue Cross and Blue Shield of Louisiana network providers.

March 2017

Welcome to the New iLinkBlue!

Blue Cross and Blue Shield of Louisiana's iLinkBlue has received an improved redesign. This *iLinkBlue News* will take you through each aspect of the new site and highlight some of the significant redesign enhancements.

The newly designed iLinkBlue is under a higher level of security to ensure your information remains safe. Users will only be able to use iLinkBlue if granted access by a security administrative representative.

One enhancement is that we can now support more Internet browsers. You may use Internet Explorer 10 or 11, Safari, Google Chrome and Microsoft Firefox to view the new iLinkBlue.

You will access the new iLinkBlue using the same URL www.bcbsla.com/ilinkblue.

The improved secure online tool is designed to quickly complete important functions such as eligibility and coverage verification, claims filing and review, and payment queries and transactions.

The screenshot shows the iLinkBlue website interface. At the top, there is a navigation bar with links for Coverage, Claims, Payments, Clinical Resources, Quality & Treatment, and Resources. Below this is a 'Welcome to iLinkBlue' section with a message from Blue Cross Blue Shield of Louisiana. The main content area is divided into two columns. The left column contains 'Important Blue Cross Messages' with sections for 'Informational' (New iLinkBlue), 'New Logon Procedures' (14 Days Until the New iLinkBLUE), and 'Newsletter'. The right column features four circular icons for 'View Member Coverage', 'Research Claims', 'View Payment', and 'View EFT Notices'. Below these is an 'Other Sites' section listing 'Davis Vision Network', 'Dental Advantage Plus Network - United Concordia Dental', and 'Blue Advantage'. At the bottom, there is a 'Resources' section with links for Manuals, Speed Guides, Tidbits, Tutorials, Forms, and Drug Alerts.

iLinkBlue Features

With iLinkBlue, providers have access to features such as:

- Coverage information
- Claims entry
- Claims research
- Allowable charges
- Authorizations
- Remittance advice/electronic funds transfer (EFT)
- BlueCard® (out-of-area network)
- Manuals
- Medical policies
- Medical code editing
- Estimated treatment costs
- and MORE!

www.bcbsla.com

www.bcbsla.com/ilinkblue

18NW2408 03/17



Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

Logging into iLinkBlue

Access to the redesigned iLinkBlue uses the same URL of www.bcbsla.com/iLinkBlue. Logging in is similar to the process you are already accustomed to with the old iLinkBlue.

When iLinkBlue users log in for the first time, they must enter their username (the email address the administrative representative used to set up the user) and click on the “Forgot/Reset Password” button to obtain a new password. A temporary password will be emailed to you. Once logged in using your temporary password, you will be prompted to set up a permanent password. User passwords expire every 60 days.

Login information from the previous iLinkBlue (including usernames and passwords) will not work in the new version.

Administrative Representative

An administrative representative is the person at your organization who is registered with Blue Cross to grant employees access to our secure online portals, such as iLinkBlue, BCBSLA Authorizations and Behavioral Health Authorizations. They serve as the key contact for their iLinkBlue users.

Contact your administrative representative when you:

- Need access to iLinkBlue
- Need access to the Authorizations Portal
- Have problems logging into iLinkBlue

If your organization does not have an administrative representative registered with us, please fill out and submit the Administrative Representative Registration Packet, which can be found on our website, www.bcbsla.com/providers.

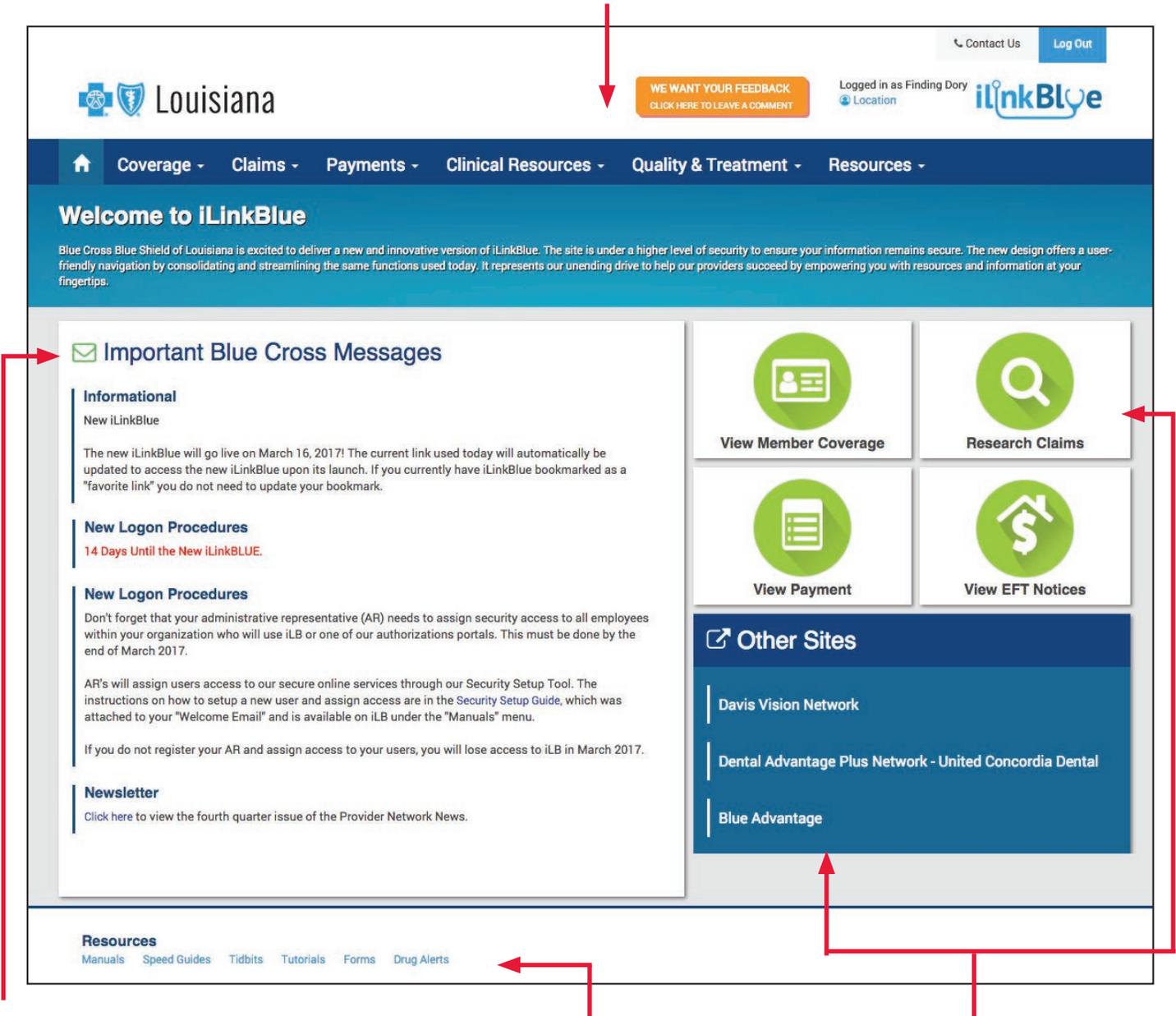


Welcome to the Home Page

The first thing you will notice about the new iLinkBlue is the redesigned home page. The screenshot below is the new iLinkBlue home page. It has a new navigation menu and shortcuts to frequently used items.

Top Navigation

One change you will notice is that the old menu bar is gone and in its place is a new top navigation menu that streamlines all of the iLinkBlue functions under six navigation menus. When you click a selection, a sub-menu appears that includes relevant features and options.



Message Board

This area contains up-to-the-minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Resources

This area contains quick links to all of our provider resources, including manuals, speed guides, tidbits, etc. This bottom footer will be on many pages throughout iLinkBlue.

Quick Links

These two areas contain quick links to the four most used items on iLinkBlue. We also provide quick access to other commonly used sites.

On the next few pages, we will walk you through the new menu and sub-menu options. Many of the previous iLinkBlue functions are available in the redesigned tool, they are just more streamlined and consolidated. The new look and feel offers a user-friendly navigation that allows easy access to the tools provided.



Under the [Coverage](#) menu option, there are two sub-menus containing links for [BCBSLA Members](#) and [BlueCard - Out of Area Members](#).

BCBSLA Members

Use this section to view coverage status, coordination of benefits (COB) and benefit information for BCBSLA members.

Under [Coverage Information](#), you can search for a member's coverage information by entering a BCBSLA or FEP member ID number.

If you do not have the member ID number, you may also search using the member's Social Security number. iLinkBlue will return search results with the member ID number.

BlueCard - Out of Area Members

Use this section for eligibility inquiries for out-of-area Blue Plan members. Each query submits an electronic request to the member's Blue plan. Though not immediate, out-of-area responses are transmitted back usually within less than a minute.

BCBSLA Members (cont.)

After you select a member from the coverage information search, the **Coverage Information** screen will display. This screen provides information on who is covered on the member's policy, including the effective date and the status of the contract (active, pending, cancelled).

You may click the **Summary** button to view the member's **Medical Benefits Summary** (a detailed health benefit summary that includes deductible and out-of-pocket amounts that have been met) and COB (coordination of benefits) information to verify if the member has coverage with another carrier.

Coverage Information

Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA Search

Contract Number XUA123456789 ACTIVE COVERAGE

Group/Non-Group Policy	Group Name	Group Number	Group OED	Minor Dep. Age Max
	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2017	---

John Doe Subscriber

Address: 123 STREET ST. CITY, LA 70000

Sex: Male
Marriage Status: Married
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2017	---	02/01/2000

[Summary](#) [Benefits](#)

Jane Doe Spouse

Sex: Female
Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2017	---	02/01/2000

[Summary](#) [Benefits](#)

Scott Doe Child

Sex: Male
Date of Birth: 01/01/1920

Coverage	Effective Date	Cancel Date	Original Effective Date
Medical	01/01/2017	---	02/01/2000

[Summary](#) [Benefits](#)

Medical Benefits Summary

Contract Number: XUA123456789
Medical Effective Date: 01/01/2017

Subscriber Name	Member Name	Member Date of Birth	Relation to Subscriber	Sex	Contract Type
John Doe	John Doe	11/30/1900	Self	Male	HMO/PA POS

Copays		EPO Copays	QSPIC Copays
Office Visit	\$30.00	---	\$15.00
Office Visit Specialist	\$40.00	---	---
Outpatient Surgical	\$500.00	---	---
Emergency Room	\$100.00	---	---
Inpatient Hospital (Inpatient)	\$500.00	---	---
Inpatient Hospital (Maternity)	\$1,000.00	---	---
Inpatient Hospital (Outpatient)	---	---	---
Outpatient Physical Therapy	\$30.00	---	---
Outpatient Speech Therapy	\$30.00	---	---
Cardiac Rehab	\$30.00	---	---
Vision Services	\$30.00	---	---
Supervisor Professional	---	---	---

Accumulations			Coinsurance	
	Par Amounts	Non-Par Amounts	BCBSLA Coverage	Member Responsibility
Deductible Amount	\$0.00	\$1,750.00	Par Percentage 90%	10%
Individual Responsibility	\$0.00	\$1,750.00	Non-Par Percentage 70%	30%
Out of Pocket Amount	\$0.00	\$6,000.00	EPO Percentage	---
Out of Pocket Remaining	\$0.00	\$6,000.00	QSPIC Percentage	---

Health Reimbursement Arrangement
Not Applicable

Wellness

	Par Benefits	Non-Par Benefits	EPO Benefits
Copay	---	---	---
Coinsurance	100%	70%	---
Cost Share	---	---	---

For a detailed listing of services that are considered Wellness & Preventive, please view the 'Contract Benefits' section of LineItem.

Telemedicine
Member has telemedicine benefits. Please refer to the office visit copay, specialist copay or deductible amounts listed in the Medical Benefits Summary.

APTC Grace Periods

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) for the purpose of lowering the customer's premium out-of-pocket costs.

On the member's **Coverage Information** screen, there is a box to the left that shows the member's APTC premium status, including any grace period beginning and ending dates. The APTC Extended Grace Period Notice can also be printed for your records.

ACTIVE PENDING PREMIUM PAYMENT

Grace Period Begin Date
01/01/2017

Grace Period End Date
03/31/2017

[APTC Extended Grace Period Notice](#)

[APTC Grace Period Guide](#)

Home Coverage - **Claims -** Payments - Clinical Resources - Quality & Treatment - Resources -

Claims Research

Claims Status Search

Action Request Inquiry

Dental Advantage Plus Network - United Concordia Dental ?

Davis Vision Network ?

BlueCard - Out of Area Claims Status

Submit OOA Claims Status Request (276)

View OOA Claims Status Response (277)

Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Institutional Claims Entry (UB04)

Blue Cross Claims Confirmation Reports

Medical Code Editing

Clear Claims Connection

Under the [Claims](#) menu option, there are four sub-menus containing multiple links categorized under [Claims Research](#), [Medical Code Editing](#), [BlueCard - Out of Area Claims Status](#) and [Claims Entry & Reports](#).

Claims Research

Use this section to research BCBSLA, FEP and Out of Area claims that were submitted to BCBSLA for processing. In addition to checking the status of a claim (screenshot below), you can submit an action request inquiry, which allows you to electronically communicate with Blue Cross on specific claims.

Claims Entry & Reports

This section is where applicable providers can submit UB-04 and CMS-1500 claims electronically through iLinkBlue to Blue Cross. You can access daily reports that confirm claims were accepted or not accepted by the Blue Cross editing system. Reports are available for up to 120 days.

BlueCard - Out of Area Claims Status

Use this section for claims status inquiries for out-of-area Blue Plan members. Each query submits an electronic request to the member's Blue plan. Though not immediate, out-of-area responses are transmitted back usually within less than a minute.

Medical Code Editing

[Medical Code Editing](#) is home to the Clear Claim Connection (C3) tool. You can use C3 to evaluate code combinations and see if a CPT®, Modifier or CPT/Modifier combination is valid for the date of service entered on the inquiry.



Under the [Payments](#) menu option, there are two sub-menus containing links for [Payment Information](#) and [Allowables](#).

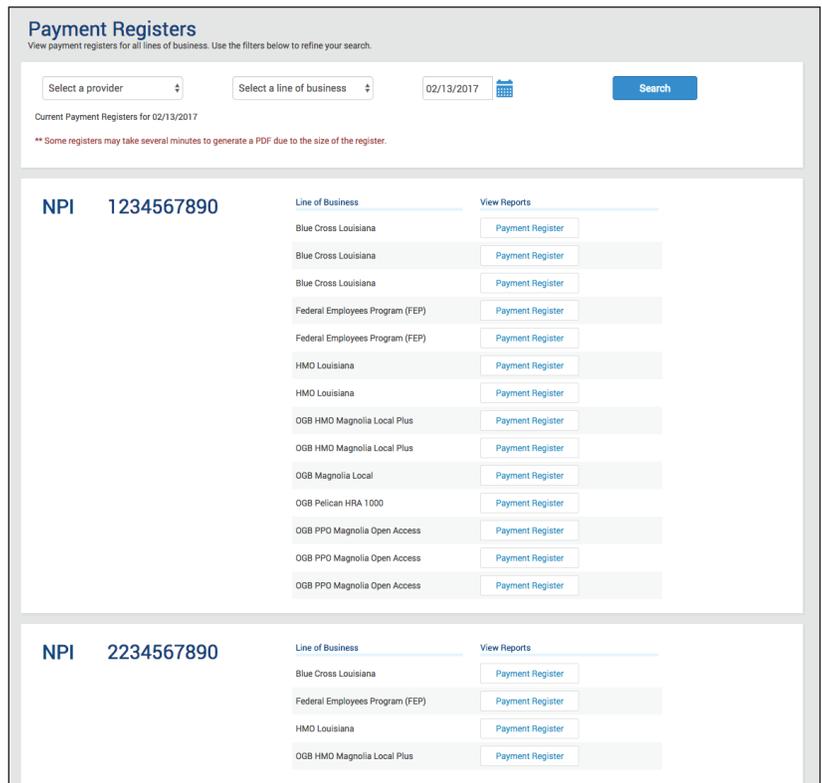
Payment Information

This is where you can access Blue Cross payment information.

You may view, print or save your payment registers using the [Payment Registers](#) selection. If you have access to multiple NPIs, registers will be available for each. Reports appear in order of least current to most current. Separate reports are published for each applicable line of business; Blue Cross, HMO, OGB and FEP.

The [EFT Notifications](#) menu item allows you to access EFT Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

Two years of Payment Registers and EFT notifications are available in iLinkBlue. Notifications for the current week appear at the bottom of the screen.



Allowables

Use the [Allowables](#) sub-menu to find your allowable charges.

Facility providers can view and print PDF listings for the two most recent Facility Drug Allowable Charge updates under the [Facility Allowables](#) option.

To look up a professional allowable charge, use the tool in the [Professional Allowable Search](#). You can search by network, date of service, individual code or code ranges. When searching for an allowable charge make sure to enter the date of service, appropriate network and the code. The date of service is important because you can search current, past or future (when available) allowable charges.

The image shows two screenshots from a web application. The top screenshot is the 'Professional Allowable Search' tool. It has a title 'Professional Allowable Search' and a subtitle 'To begin an allowable charges search, enter a date and select a provider.' Below this are four numbered steps: 1. Select a Date (with a date picker showing 02/13/2017), 2. Select a Provider (with a dropdown menu), 3. Select a Network (with a dropdown menu), and 4. Enter a CPT Code* (with a text input field). There are 'Continue', 'Reset', and 'View Allowables' buttons. A note at the bottom right says '* An asterisk (*) can be used as a wild card (ex. 99*)'. The bottom screenshot is the 'Facility Allowable Charges' page. It has two columns. The left column is titled 'Drug Allowable Charges' and lists three entries with effective dates: 09/01/2016, 03/01/2016, and 03/01/2015. Each entry has a PDF icon and a link to the document. The right column is titled 'Multiple Procedures at 100%' and has one entry with an effective date of 01/2014, also with a PDF icon and a link.

Did You Know...

You can research allowable charges for multiple codes at once in the [Professional Allowable Search](#) tool. In the search box, enter only the first few numbers of the code followed by an asterisk. The example chart (at right) shows how to search for multiple codes.

Allowable Research Examples:

- 99214** only shows the allowable for 99214
- 992*** generates a list of all codes starting with 992
- 99*** generates a list of all codes starting with 99
- 9*** generates a list of all codes starting with 9

Home Coverage - Claims - Payments - **Clinical Resources** - Quality & Treatment - Resources -

Authorizations - BCBSLA Members

[Authorization Guidelines – Do I need an authorization?](#)

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[AIM Specialty Health Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy](#)

Authorizations - Out of Area Members

[Authorization Guidelines – Do I need an authorization?](#)

[Out of Area \(Pre Service Review – EPA\)](#)

[Medical Policy](#)

The [Clinical Resources](#) menu option is where you will find all information related to authorizations. There are two sub-menus with links for [Authorizations for BCBSLA Members](#) and [Authorizations for Out of Area Members](#).

Authorizations - BCBSLA Members and Authorizations - Out of Area Members

There are [Authorization Guidelines](#) tools for both BCBSLA and Out of Area members. Each tool works essentially the same. It allows providers to research and view authorization requirements for BCBSLA or BlueCard (out-of-area) members. Simply enter the members's alpha prefix to access authorization requirements.

Pre-Authorization / Pre-Certification Information

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Alpha Prefix :



Louisiana

Preferred Care
PPO Network

Member Name
[John Q. Smith]

MEMBER ID
[ABC123456789]

[Grp/Subgroup **12345XX6/000**
RxMbr ID **123456789**
RxBIN **003858 RxPCN-A4**
RxGrp **BSLA]**
BC PLAN 170 BS 670



Authorizations - BCBSLA Members

This section has the tools you need to submit authorizations for BCBSLA members under this sub-menu.

The [BCBSLA Authorizations](#) application allows network providers to submit and research authorizations as well as provide clinical information for BCBSLA members. The BCBSLA Authorizations application is available to select network providers and only with security access from your administrative representative.

Behavioral health providers must use the Webpass Portal application, located in the [Behavioral Health Authorizations](#) link, to submit authorization requests for behavioral services. This application is a web-based tool offered by New Directions.

The [AIM Specialty Health Authorizations](#) application allows providers to submit and receive pre-authorizations for certain outpatient high-tech diagnostic services over the web on a real-time basis.

Authorizations - Out of Area Members

Under this sub-menu you will find [Out of Area \(Pre Service Review - EPA\)](#), which is an application to research pre-service information for BlueCard® (out-of-area) members. It is designed to allow Blue Cross and Blue Shield of Louisiana network providers access to pre-service information offered by other Blue Plans. The application uses the alpha prefix associated with the member's ID number (the first three positions of the member ID) to route you to the member's Blue Plan. Each Blue Plan uses its landing page to communicate its pre-service capabilities, processes and requirements.

You can also view services that require an authorization for BlueCard members and view their Blue plan's medical policies, which we will expand on in the section below.

Authorizations - BCBSLA Members and Authorizations - Out of Area Members

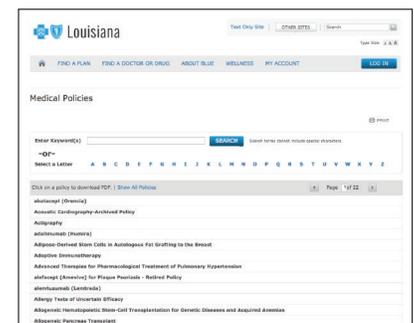
Medical policies are available in iLinkBlue for BCBSLA and Out of Area members. Using the [Medical Policy](#) menu options, you may view medical policies.

BCBSLA members

You can easily research medical policies for BCBSLA members using an index that lists policies in alphabetical order. Each month, we add newly approved and/or revised medical policies to iLinkBlue. Because medical technology is constantly evolving, our medical policies are regularly reviewed, often resulting in updates or revisions, so check iLinkBlue frequently for the latest and most current policies.

BlueCard (out-of-area) members

To view medical policies for BlueCard (out-of-area) members, you must know the member's alpha prefix. After entering the member's alpha prefix, you will be routed to the member's Blue Plan to access their medical policy information. The format for researching medical policies varies from Blue Plan to Blue Plan.



Out of Area Medical Policy Coverage Guidelines

To view the out-of-area Blue Plan's medical policy information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Alpha Prefix:



The [Quality & Treatment](#) menu option, contains the [Estimated Treatment Cost Reports](#) and reference materials needed to understand the reports.

Estimated Treatment Cost Reports

Blue Cross and Blue Shield Association offers an estimated treatment cost tool that allows members to view information about the value you bring to the healthcare community, enabling them to be more active in managing their own healthcare choices.

Twice a year (spring and fall), we update your provider cost data. When this occurs, we give you 30 days from the date of notice to review your cost data and request any reconsiderations, as needed.

The [View Reports](#) option is where you go to view the most recent report that contains the cost ranges calculated for your facility or practicing location, as well as an overview of the methodology used to develop these cost ranges. To submit a reconsideration, click on the specific treatment description in question.

View Cost Reports

Begin viewing cost reports by selecting a name from the listing.

1 Select Provider

2 Select Methodology

Blue Cross and Blue Shield of Louisiana Estimated Treatment Cost Report

Provider Name: TEST PROVIDER
 Provider Number: 12345
 Provider NPI Number: 1234567890
 Provider Address: 123 STREET ST, BATON ROUGE, LA 708080000

Reporting Period: 01/01/9999 TO 12/31/9999
 Data Type: Professional OfficeVisit

Estimates include but are not limited to allowed claims for Facility, Ancillary, Physician, Lab, Radiology, and Diagnostic services.

[Cost Data Methodology](#)

To submit a reconsideration on a specific cost, select a Treatment Description below.

Search:

Treatment Category	BCBSLA Procedure Volume	Low Allowable Estimate	High Allowable Estimate	Typical Allowable
Established patient, low complexity, 15 minutes	63	\$69	\$69	\$69
Established patient, moderate complexity, 25 minutes	10	\$103	\$103	\$103
Existing Patient Preventative Checkup for an Adult (Age 18-64)	5	\$106	\$112	\$110
Flu Vaccine (Age 3+)	5	\$12	\$18	\$16
Influenza vaccine, preservative free, individuals age 3+	4	\$18	\$18	\$18
New patient, moderate complexity, 30 minutes	8	\$104	\$104	\$104
Physician Care Existing	75	\$60	\$86	\$73
Physician Care New Patient	8	\$104	\$104	\$104
Preventive exam: established patient, age 40-64 years	4	\$112	\$112	\$112
Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine (Age 7+)	4	\$36	\$36	\$36

Print Date: 02/13/2017



Under the [Resources](#) menu option, there is a sub-menu of links to provider resources.

Resources

The links under the [Resources](#) tab link to our various provider resources. These resources are designated to support you as a network provider.

Our most utilized resources are our provider manuals. You can access these manuals by clicking on the [Manuals](#) link.

The [Member Provider & Procedure Manual](#) (our facility manual) is located only in iLinkBlue.

The [Blue Cross Professional 1500 Manual](#) provides instructions on how to submit a 1500 claim form through iLinkBlue.

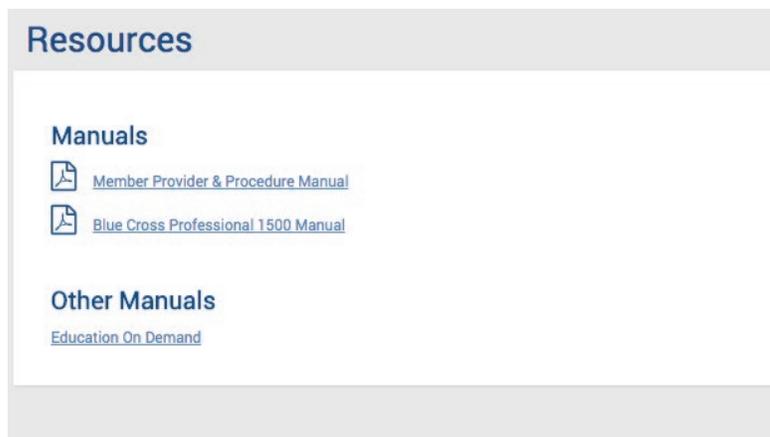
The [Education on Demand](#) link under Other Manuals brings you to our Provider website (www.bcbsla.com/providers). There you will have access to the Professional Provider, HMO Louisiana, Dental, BlueCard® and other manuals.

[Speed Guides](#) are brief guides to our networks or special programs. They are a quick reference guide for you to use to find the information you need about a specific network.

If you have a question or need information about our current Blue Cross business processes or practices, you can utilize our [Tidbit](#) section. Each tidbit is focused on a single topic in order to help better serve you.

You can access our online Authorizations Portal tutorials when you click on the [Tutorials](#) link. These tutorials help walk you through submitting and authorizations through our portals.

[Drug Alerts](#) are educational sheets for providers on high-cost drugs and the alternatives. These alerts are designed to help reduce prescription costs for our members.





iLinkBlue Crosswalk

iLinkBlue Crosswalk Guide



Use this guide as a tool to help you locate the most used functions in the new iLinkBlue.

Authorizations	
BCBSLA Authorizations	Clinical Resources > Authorizations - BCBSLA Members > BCBSLA Authorizations
Behavioral Health Authorizations	Clinical Resources > Authorizations - BCBSLA Members > Behavioral Health Authorizations
AIM Authorizations	Clinical Resources > Authorizations - BCBSLA Members > Hi-Tech Radiology Authorizations
Claims	
Claims Status - Paid Claims	Claims > Claims Research > Claims Status Search > Paid/Rejected Tab
Claims Status - Pended Claims	Claims > Claims Research > Claims Status Search > Pended Tab
Claims Status - Out of Area members	Claims > Claims Research > Claims Status Search > Paid/Rejected Tab > Choose "BlueCard - Out of Area"
Claims Entry 1500	Claims > Claims Entry & Reports > Blue Cross Professional Claims Entry (1500)
Claims Entry UB04	Coming Soon!
Coverage/Eligibility	
Deductible/ Coinsurance	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Summary Button
Coverage Summary	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Summary Button
Benefits Details	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number > Benefits Button
Coverage/Benefits FEP	Coverage > BCBSLA Members > Coverage Information > Select FEP from drop down > Enter Contract Number > Summary and Benefits Button
Effective Dates of Coverage	Coverage > BCBSLA Members > Coverage Information > Enter Contract Number
Coverage - Out of Area	Coverage > BlueCard-Out of Area Members > Submit Eligibility Request (270)
Payment	
Allowables - Professional	Payments > Allowables > Professional Provider Allowable Charges Search
Payment Registers	Payment > Payment Information > Payment Registers
EFT Notifications	Payment > Payment Information > EFT Notifications





Louisiana

For the latest provider information, visit us online at www.BCBSLA.com/providers.

iLinkBlue News

iLinkBlue 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/providers, then click on News.

Important Contact Information

Authorization

See member's ID card

BlueCard® Eligibility

1-800-676-BLUE
(1-800-676-2583)

EDI Clearinghouse

(225) 291-4334
EDICH@bcbsla.com

FEP

1-800-272-3029

iLinkBlue & EDI

1-800-216-BLUE (1-800-216-2583)*
iLinkBlue.ProviderInfo@bcbsla.com

Network Administration

1-800-716-2299 Fax: (225) 297-2750
network.administration@bcbsla.com

Provider Services Call Center

1-800-922-8866

Provider Identity Management Team

1-800-716-2299 (option 5)
ProviderIdentMgmt@bcbsla.com

Claims Filing Address

P.O. Box 98029
Baton Rouge, LA 70898

**Listen carefully to menu options, as they have been updated*

www.bcbsla.com/iLinkBlue

Please share this newsletter with your office staff. An electronic copy of this newsletter can be found on iLinkBlue or on our website (www.bcbsla.com/providers > News).