

Provider Self-service Initiative Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly

- This helps prevent background noise (e.g. unmuted phones or phones put on hold) during the webinar
- This also means we are unable to hear you during the webinar
- Please submit your questions directly through the webinar platform only



How to submit questions:

- Open the chat feature at the top of your screen to type your question related to today's training webinar
- In the "Send to" field, select "Webinar Host"
- Once your question is typed in, hit the "Send" button to send it to the presenter
- We will address submitted questions at the end of the webinar



Provider Self-service Initiative Webinar

January and February 2018

Presented by Kelly Smith
Provider Relations Department
Blue Cross and Blue Shield of Louisiana



Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.



On **March 1, 2018**, providers will be required to use our self-service tools for the following services:

- member eligibility (**does not include benefits**)
- claim status inquiries
- professional allowable charge searches
- medical policy searches

These services will no longer be handled directly by our Customer Care Center

As we gear up for the provider self-service mandate, we know you might have some questions

Included on the next slides are brief overviews of our self-service tools to help answer the questions you may have

Why the change?



- Our Customer Care Center currently takes more than 870,000 provider calls annually
- Our self-service initiative is part of an ongoing effort to shorten hold times for providers
- By using our self-service tools listed below, providers receive the information in a more time efficient manner
- You will also notice these tools offer more services than just those listed as part of self-service initiative



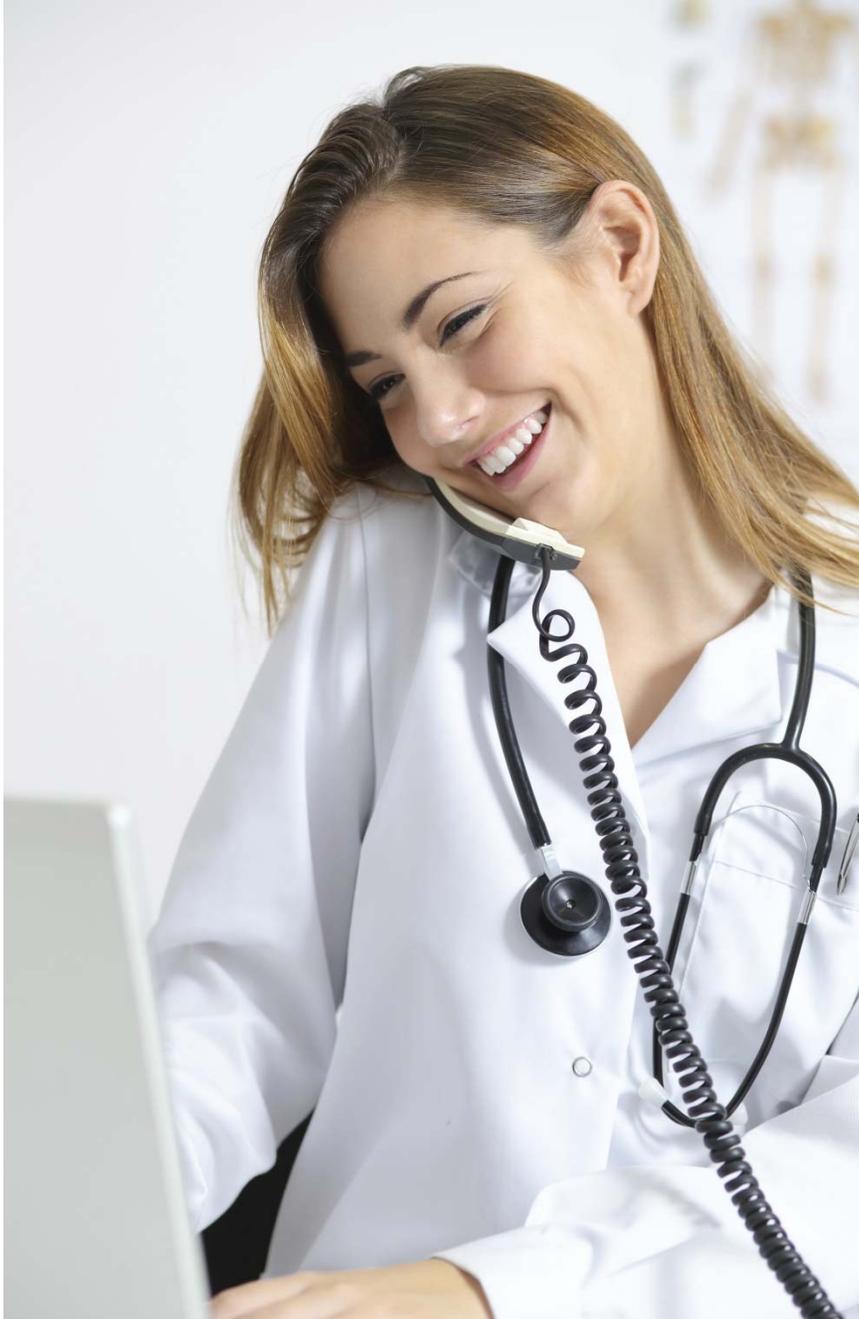
Our Self-service Tools

- iLinkBlue* (www.BCBSLA.com/ilinkblue)
- Interactive Voice Recognition (IVR) system (**1-800-922-8866**)
- HIPAA 27x transactions

Make these options your one-stop resource tools for the services you need!

*Professional allowable charges and medical policies are only available on iLinkBlue

What if I need more information?



- If you have additional questions regarding member eligibility and claim status, then you may call our Customer Care Center
- You will be asked for information to verify that you have attempted to use the self-service tools first
- If you are unable to provide the requested information, our Customer Care Center representative will assist you with gaining access to iLinkBlue

We will highlight where you can find the **requested information** in iLinkBlue

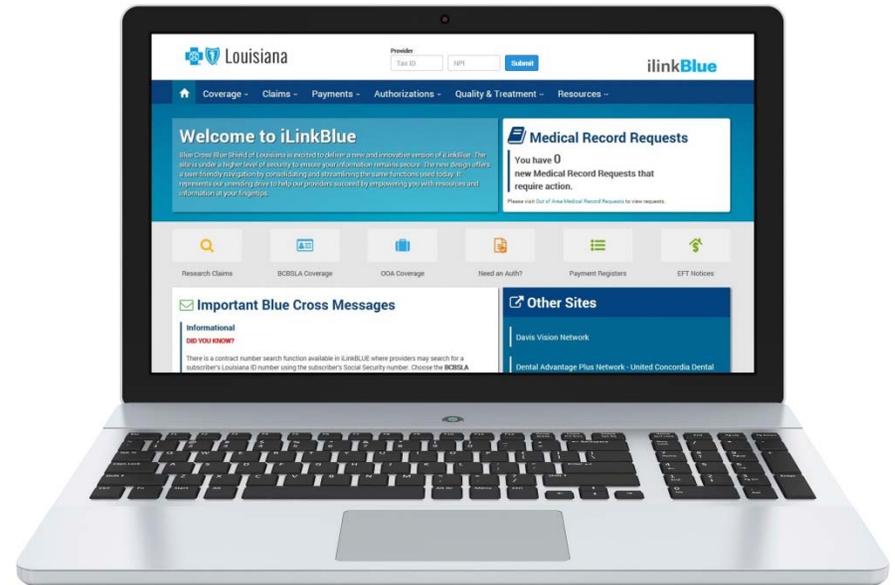
What is iLinkBlue?



iLinkBlue is Blue Cross and Blue Shield of Louisiana's secure online tool for facility and professional healthcare providers

It is designed to help you quickly complete important functions such as:

- Benefits
- Allowable Charges
- Electronic Funds Transfer
- Payment Information
- Eligibility
- Grace Period Notices
- BlueCard® Medical Record Requests
- Authorizations
- Claims Research
- Claims Submission Confirmation Reports (iLinkBlue and clearinghouse)
- Medical Policies
- Medical Code Editing
- Claims Submission (CMS-1500 only)



Our iLinkBlue newsletter provides more search information on the above functions

It is available at www.BCBSLA.com/providers > Newsletters

How do I check member eligibility on iLinkBlue?



1.

2.

3.

Use the "Coverage" menu option to research Blue Cross and Federal Employee Program (FEP) **member eligibility**

How do I check member eligibility on iLinkBlue?



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

BCBSLA

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	Coverage Views
Medical	01/01/2017	--	02/01/2000	<input type="button" value="Summary"/> <input type="button" value="Benefits"/>

Jane Doe **Spouse**

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

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2017	--	02/01/2000	<input type="button" value="Summary"/> <input type="button" value="Benefits"/>

Scott Doe **Child**

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

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	01/01/2017	--	02/01/2000	<input type="button" value="Summary"/> <input type="button" value="Benefits"/>

Jimmy Doe **Child**

Sex: Male, Date of Birth: 01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	

Member Eligibility Questions

If you need additional member eligibility and/or benefits information, you will be asked to provide the Customer Care Center representative with information found on the Coverage Information screen:

- the member's **effective date** or **cancel date**

How do I check the status of a claim on iLinkBlue?



1.

The screenshot shows the iLinkBlue navigation menu. The 'Claims' menu item is circled in orange. Below the menu, there are several sections: 'Claims Research' with 'Claims Status Search' circled in orange, 'BlueCard - Out of Area Claims Status' with links for 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)', 'Claims Entry & Reports' with links for 'Blue Cross Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Blue Cross Claims Confirmation Reports', 'Medical Code Editing' with 'Clear Claims Connection', and 'Medical Records' with 'Out of Area Medical Record Requests'.

2.

The screenshot shows the 'Claims Status' search form. The title is 'Claims Status' and the subtitle is 'To begin your search for claims status click on one of the tabs below.' There are three tabs: 'Paid/Rejected', 'Pended', and 'Claim Number'. The 'Pended' tab is selected. The form has three numbered steps: 1. 'Select a Provider' with radio buttons for 'BCBSLA / FEP' (selected) and 'BlueCard - Out of Area'. 2. 'Narrow Your Search' with a text input field. 3. 'Date of Service optional' with 'From' and 'To' date pickers. The 'To' date is set to '01/19/2018'. A 'Search' button is at the bottom right.

Use the "Claims" menu option to research BCBSLA, FEP and Out-of-area **claims** submitted to Blue Cross for processing

How do I check the status of a claim on iLinkBlue?



Paid/Rejected Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	NPI	Date of Service	Processed Date	Paid Date	Payee	CPT/ HCPCS Code	Amount Charged	Deductible	Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
123456789123-1	987654-32	0123456789	05/19/2017	07/07/2017	07/10/2017	P	45385	\$9,652.00	\$0.00	\$0.00	\$121.10	\$484.39	\$9,046.51	AR
98764321987-1	123456-78	9876543210	12/03/2008	01/03/2009	01/05/2009	P	00126QK	\$282.00	\$0.00	\$0.00	\$92.00	\$138.00	\$52.00	AR

Paid/Reject Claims Questions

If you need additional claims status information, you will be asked to provide the Customer Care Center representative with information found on the Claims Results screen:

- The **claim number**
- The **code**
- The **total paid** and **ineligible/rejected amount**

How do I check the status of a claim on iLinkBlue?



Pended Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
123456789123-1	H400000012345600	04/11/2017	John Doe	\$513.00	29581PO	SL16	
123456789456-1	H400000065432100	04/11/2017	Jane Doe	\$544.38	11900PO	SL16	
123456789789-1	H400000032145600	04/07/2017	John Doe	\$513.00	29581PO	SL16	

Pended Claims Questions

If you need additional claims status information, you will be asked to provide the Customer Care Center representative with information found on the Claims Results screen:

- The **claim number**
- The **pended error code**

How do I look up professional allowable charges on iLinkBlue?



1.

2. **Professional Allowable Search**
To begin an allowable charges search, enter a date and select a provider.

1 Select a Date: 02/13/2017

2 Select a Provider: Select a provider

3 Select a Network: Select a Network

4 Enter a CPT Code *

* An asterisk (*) can be used as a wild card (ex. 99*)

Use the "Payments" menu option to research **professional provider allowables**

How do I look up a medical policy on iLinkBlue?



1.

Use the “Authorizations” menu option to research medical policies for your Blue Cross and Blue Shield of Louisiana or other Blue Plan (out-of-area) patients

2.

Click on the “Medical Policies Guidelines” link under the Authorizations-BCBSLA members sub-menu to access our **Medical Policy Index**

What is an administrative representative?



We require that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services

We offer many online services that require secure access. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (BlueCard® members)
- and more (as we develop new services)

Administrative Representative

- An administrative representative is a person at your organization who has registered with Blue Cross to designate user access to our secure online tools
- They only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities
- They serve as the key contact for our secure online services
- If you have questions about your administrative representative or how to set up your administrative representative, please contact our Provider Identity Management (PIM) Team at PIMTeam@bcbsla.com



What is IVR?



Interactive Voice Recognition (IVR) is an automated keypad or voice response telephone system designed to direct providers to available resources

You may use this provider tool by calling **1-800-922-8866**



It is designed to help you quickly complete important functions such as:

- Option 1 – Benefits
- Option 2 – Claims
- Option 3 – Authorizations
- Option 4 – Out of State
- Option 5 – Payment Registers Fax



Use the *Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit* to help you navigate the IVR system

It is available online at www.BCBSLA.com/providers > Resources

How do I check member eligibility through the IVR?



To check for **member eligibility**, please follow the prompts below:

1. Press "1" to select Medical
2. Then press "1" to check Benefits
3. Please say or enter the numeric portion of the member ID as it appears on the member ID card
4. Enter the member's date of birth
5. The system will tell you what coverage the member is eligible for
6. Press "2" if you would like to receive more information about the member's coverage including:
 - effective date
 - copays
 - deductibles
 - co-insurance



How do I check claim status through the IVR?



To check for **claims status**, please follow the prompts below:

1. Press "1" to select Medical
2. Then press "2" to check Claims
3. Please say or enter the numeric portion of the member ID as it appears on the member ID card
4. Enter the member's date of birth
5. Press "1" to check the status of a claim
6. Enter the date of service in the MMDDYYYY format to hear the status of that claim



What are HIPAA transactions?



HIPAA transactions are electronic transmissions that allow you to submit a request and thereafter receive a response with the information requested

Blue Cross does not charge a fee for electronic transactions

We accept submissions as follows:

- Indirect Submissions – your transactions are submitted through your third-party clearinghouse to us “on your behalf”
- Direct Submissions – your transactions are submitted directly to our clearinghouse via your medical practice software



Companion guides for the following transactions are available online at www.BCBSLA.com/providers > Electronic Services > Companion Guides

- Professional Claim (837P)
- Institutional Claim (837I)
- Dental Claim (837D)
- Pay/Remittance Advice (835)
- Eligibility/Response (270/271)
- Claim Status Inquiry/Response (276/277)
- Request for Review/Response (278)

What are HIPAA transactions 270 and 271?



HIPAA transactions **270** and **271** are inbound and outbound transactions that show a member's eligibility

Blue Cross allows 270/271 transactions in Real Time and Batch submissions:

Real Time Transactions are submitted individually (single 270 request). The provider or clearinghouse remains connected until the 270 is processed and the 271 response is sent back within 20 seconds.

Batch Transactions are an accumulation of 270 transactions for many members. The provider or clearinghouse connects to Blue Cross and the batch transactions are dropped off for processing. The 271 responses are returned by 6 a.m. the following business day, if the transaction was received by 8 p.m.



What are HIPAA transactions 276 and 277?



HIPAA transactions **276** and **277** are inbound and outbound transactions that show the status of a claim

Claim Status Request Processing:

- Blue Cross allows the submission of 276/277 transactions in both real time and batch
- The 277 response provides claim status information at the claim level and/or at the service line level
- Submitters may send a 276 claim status request on claims filed electronically (an 837 transaction) or on paper. Blue Cross does not distinguish between paper or electronic claims when issuing a 277 response.





iLinkBlue

www.BCBSLA.com/ilinkblue

Can help you with:

- Member eligibility
- Claim status inquiries
- Professional allowables
- Medical policy searches

The iLinkBlue newsletter is available online at

www.BCBSLA.com/providers

>Newsletters

IVR

1-800-922-8866

Can help you with:

- Member eligibility (Option 1 - Benefits)
- Claim status inquiries (Option 2 - Claims)

The *Automated Benefits & Claim Status (IVR Navigation Guide)* Tidbit is available at

www.BCBSLA.com/providers

>Resources

HIPAA transactions

27x transactions

Can help you with:

- Member eligibility (270/271 transactions)
- Claim status inquiries (276/277 transactions)

Companion guides are available online at

www.BCBSLA.com/providers

>Electronic Services

>Companion Guides

Need more information from our Customer Care Center?

If you call for additional member eligibility information, you must provide:

- the member's **effective** or **cancel date**

If you call for additional information on claims status, you must provide:

- (for paid/rejected claims): **claim number**, **code** and **total paid** or **ineligible/rejected amount**
- (for pended claims): **claim number** and **pended error code**

PIM Team

PIMTeam@bcbsla.com

Contact the PIM Team for questions about your administrative representative or how to set up your administrative representative

ADDRESSING YOUR

FEEDBACK



At this time, we will address the questions you submitted electronically through the webinar platform.

