

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.



How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Welcome to the Blue Cross Network – *Professional Webinar*



Presented by Anna Granen
Senior Provider Relations Representative
Blue Cross and Blue Shield of Louisiana

March 2023

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO.

Lucet is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO.

Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

DocuSign® is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

Our Networks

Blue Cross has comprehensive provider networks.

Included on the next slides are brief overviews of our networks and large employee groups so you can better understand your patients' coverage:

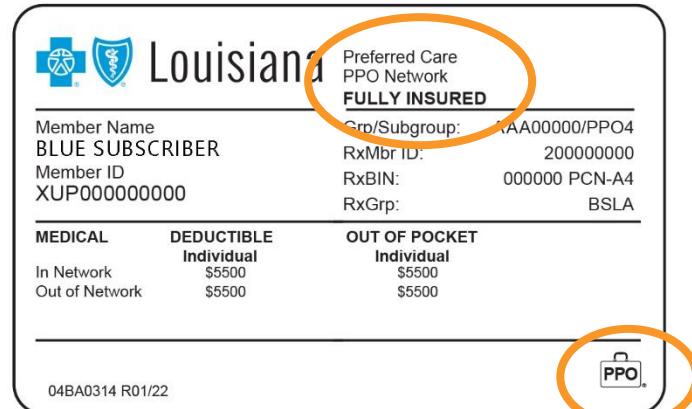
- Preferred Care PPO
- HMO Louisiana, Inc.
- Blue Connect
- Community Blue
- BlueHPN
- Precision Blue
- Signature Blue
- Blue Advantage (HMO) | Blue Advantage (PPO)
- Healthy Blue Dual Advantage (HMO D-SNP)
- Ochsner Health Network



Always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue (www.bcbsla.com/ilinkblue) or call the number on the member ID card.

Prefix Varies

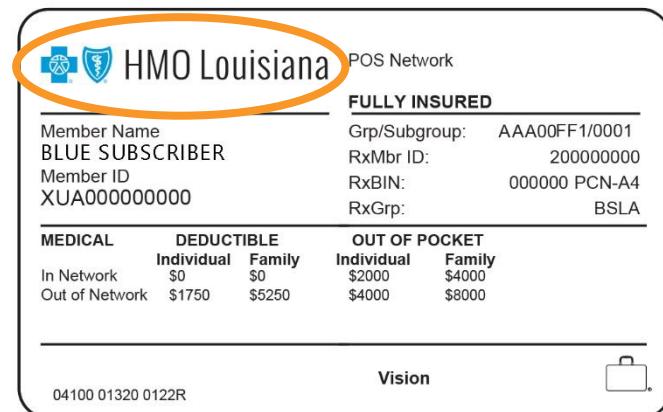
- Our Preferred Care PPO Network is available statewide.
- Members with PPO benefits receive the **highest level of benefits** when they receive services from PPO providers.
- Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and the Preferred Care PPO Network name printed on member ID cards.
- The "PPO" in a suitcase logo identifies the nationwide BlueCard® Program.



For more information, view the *Preferred Care PPO Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Prefix Varies

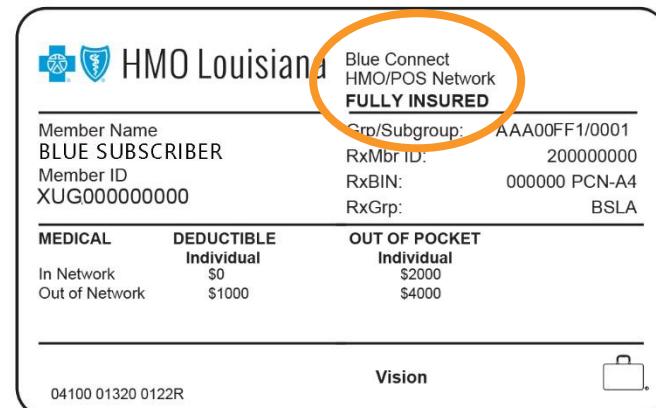
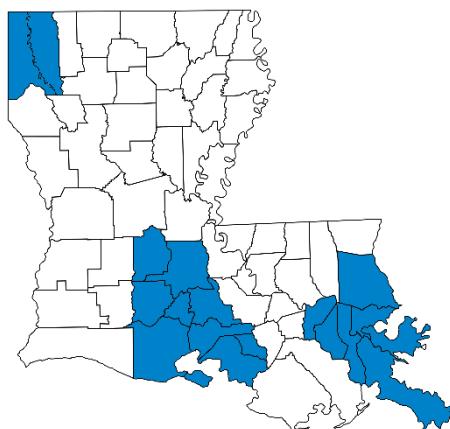
- Our HMO Louisiana Network is available statewide.
- HMO Louisiana members have one of two styles of benefits: HMO or HMO Point of Service (POS).
- HMO members receive **no benefits** while HMO POS members receive a **lower level** of benefits when using providers not in the HMO Louisiana Network.
- The main identifier of an HMO Louisiana member is the HMO Louisiana logo in the top left corner of the member ID card. Cards also indicate the product type as either an HMO or HMO/POS Plan.



For more information, view the *HMO Louisiana Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Prefixes: XUF, XUG, XUU and XUV

- Blue Connect is an HMO POS product currently available to groups and individuals residing in 17 parishes.
- Members may **not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Blue Connect Network.



New Orleans area

Jefferson, Orleans, Plaquemines,
St. Bernard, St. Charles, St. John
the Baptist and St. Tammany parishes

Shreveport area

Bossier and Caddo parishes

Lafayette area

Acadia, Evangeline, Iberia, Lafayette,
St. Landry, St. Martin, St. Mary
and Vermilion parishes

For more information, view the *Blue Connect Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

BlueHPN is an HMO product currently available to groups and individuals residing in the following parishes:

Lafayette area

Acadia, Evangeline, Iberia, Jefferson, Lafayette, St. Landry, St. Martin and St. Mary parishes

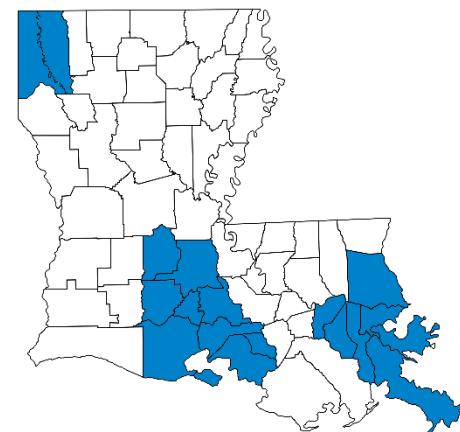
New Orleans area

Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany and Vermilion parishes

Shreveport area

Bossier and Caddo parishes

BlueHPN members are identifiable by the BlueHPN **suitcase logo** in the bottom right-hand corner of the card.



For more information, view the *BlueHPN Network Speed Guide*, available online at www.bcbsla.com/providers > Resources > Speed Guides.

Prefixes: XUD, XUJ and XUT

Community Blue is an HMO POS product currently available to groups and individuals residing in four parishes.

Baton Rouge area:

Ascension, East Baton Rouge, Livingston and West Baton Rouge parishes



HMO Louisiana		Community Blue HMO/POS Network FULLY INSURED	
Member Name	BLUE SUBSCRIBER	Grp/Subgroup	AAA00FF1/0001
Member ID	XUD000000000	RxMbr ID:	200000000
		RxBIN:	000000 PCN-A4
		RxGrp:	BSLA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	PHARMACY
In Network	Individual \$4500 \$9000	Individual \$7900 \$15800	Deductible \$250

04100 01320 0122R

Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Community Blue Network.

For more information, view the *Community Blue Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Prefixes: FQA, FQT or FQW

Precision Blue is an HMO POS product currently available to groups and individuals residing in 10 parishes.

Baton Rouge area:

Ascension, East Baton Rouge, Livingston, Pointe Coupee and West Baton Rouge parishes

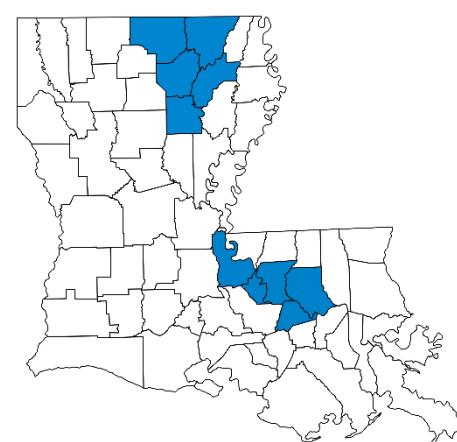
Greater Monroe/West Monroe area:

Caldwell, Morehouse, Ouachita, Richland, Union parishes

Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Precision Blue Network.

HMO Louisiana		
Precision Blue HMO/POS Network FULLY INSURED		
Member Name BLUE SUBSCRIBER	Grp/Subgroup	AAA0 ERC/0000
Member ID FQA.000000000	RxMbr ID:	200000000
	RxBIN:	000000 PCN-A4
	RxGrp:	BSLA
MEDICAL	DEDUCTIBLE Individual	OUT OF POCKET Individual
In Network	\$2000	\$6350
Out of Network	\$6000	\$19050

04100 01320 0122R



For more information, view the *Precision Blue Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Prefixes: QBB, QBE, QBG and QBS

Signature Blue is an HMO POS product that is available to groups and individuals residing in two parishes.

New Orleans area:

Jefferson and Orleans parishes



Members **may not have coverage or receive a lower level of benefits** when using a facility or provider that is not in the Signature Blue Network.

HMO Louisiana		Signature Blue HMO/POS Network FULLY INSURED		
Member Name	BLUE SUBSCRIBER	Grp/Subgroup:	AAA0 FF1/0000	
Member ID	QBG000000000	RxMbr ID:	200000000	
		RxBIN:	000000 PCN-A4	
		RxGrp:	BSLA	
MEDICAL	DEDUCTIBLE		OUT OF POCKET	
	Individual	Family	Individual	Family
In Network	\$2000	\$4000	\$6350	\$12700
Out of Network	\$4000	\$12000	\$12700	\$25400

04100 01320 0122R 

For more information, view the *Signature Blue Network Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Prefixes: PMV and MDV

- Blue Advantage (HMO) and Blue Advantage (PPO) are our Medicare Advantage products currently available to Medicare-eligible members statewide.
- Blue Advantage members **must use** Blue Advantage network providers except for select situations such as emergency care.



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)



Prefix: PMV



Prefix: MDV



All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This allows Blue MA PPO members to obtain in-network benefits in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider.

If you are a participating provider in our MA PPO network...

you should provide the same access to care for Blue MA PPO members as you do for our members. Services will be reimbursed in accordance with your BCBSLA MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.

If you are NOT a participating provider in our MA PPO network...

but do accept Medicare and you see Blue MA PPO members; you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.

If your practice is closed to new members...

you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.



Blue MA PPO members are recognizable by the "MA" suitcase on the member ID card

Healthy Blue Dual Advantage (HMO D-SNP)

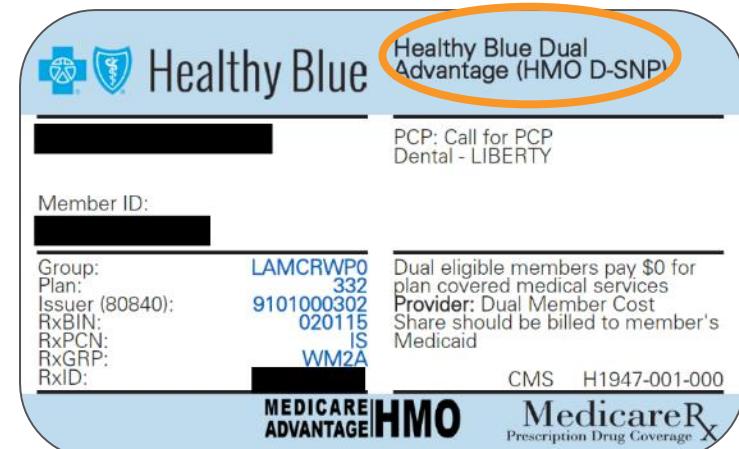


Prefix: JLA

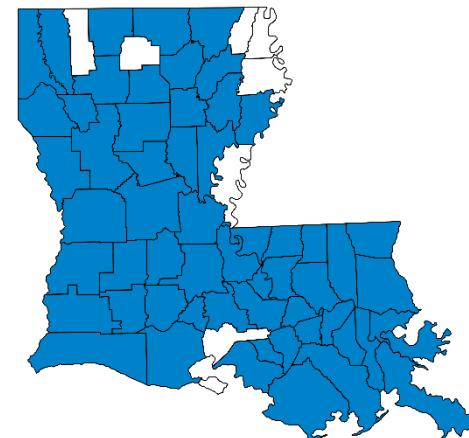
Healthy Blue Dual Advantage (HMO D-SNP) is our Medicare/Medicaid Dual Advantage special needs product currently available to Medicare/Medicaid-eligible members.

Statewide with the exception of the following parishes:

Concordia	Madison
East Carroll	Webster
Iberia	West Carroll
Lincoln	



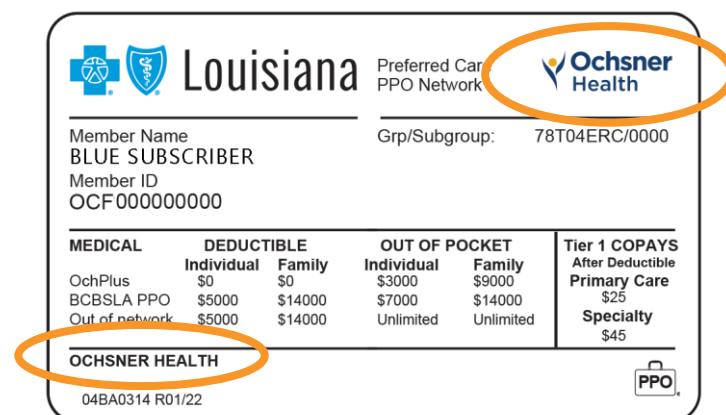
Prefix: JLA



For more information, go to
www.bcbsla.com/ilinkblue >Other Sites
>Healthy Blue.



Ochsner Health Network (OHN) is available statewide to eligible members. This is a select network in which BCBSLA partners with Ochsner Health Plan to manage.



Prefix: OCF

Prefix: R (followed by 8 digits)

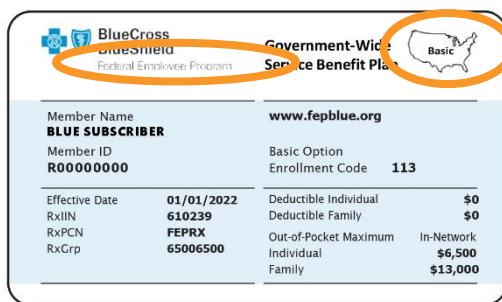
The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.

FEP members have three benefit plan options: Standard Option, Basic Option and FEP Blue Focus.

Standard



Basic



FEP Blue Focus



✓ In-network

✓ Out-of-network

✓ In-network

✗ Out-of-network

✓ LIMITED in-network

✗ Out-of-network

Prefixes: OGS, LZB or LXS

Blue Cross administers benefits for Office of Group Benefits (OGB) state of Louisiana employees, retirees and dependents. There are five member-benefit plans currently available to OGB members:

Pelican HRA 1000 (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- Consumer-driven health plan with health reimbursement arrangement.
- Uses our OGB Preferred Care PPO provider network.

Pelican HRA 775 (Active Employees Only)

- Prefix: OGS
- Consumer-driven health plan with health savings account.
- Uses our OGB Preferred Care PPO provider network.

Magnolia Local (Active Employees & Retirees with and without Medicare)

- Uses our Blue Connect (prefix: LZB) or Community Blue (prefix: LXS) provider networks.
- HMO POS
- There are no benefits for services performed by out-of-network providers.

Magnolia Local Plus (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- HMO benefit design that uses our OGB Preferred Care PPO provider network.
- There are no benefits for services performed by out-of-network providers.

Magnolia Open Access (Active Employees & Retirees with and without Medicare)

- Prefix: OGS
- PPO benefit plan
- Uses our OGB Preferred Care PPO provider network.



OGB Sample Member ID Cards



Pelican HRA 1000

Louisiana				Preferred Care PPO Network
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/2040
Member ID OGS000000000				RxMbr ID: 202201952
RxBIN: 003858 PCN-A4				RxGrp: 2AXA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS	
Individual In Network N/A	Family \$4000	Individual \$10000	Primary Care 80% Specialty 60%	
Out of Network N/A	\$8000	Family \$20000		
OFFICE OF GROUP BENEFITS PELICAN HRA 1000 04BA0314 R01/22				

Pelican HRA 775

Louisiana				Preferred Care PPO Network
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/8634
Member ID OGS000000000				RxMbr ID: 202474492
RxBIN: 003858 PCN-A4				RxGrp: BSLA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COINSURANCE	
Individual In Network \$4000	Family \$4000	Individual \$5000	Primary Care 80% All Other 60%	
Out of Network \$4000	\$8000	Family \$10000		
OFFICE OF GROUP BENEFITS PELICAN HSA 775 04BA0314 R01/22				

Magnolia Local Blue Connect

HMO Louisiana				Blue Connect
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/8474
Member ID LZB 000000000				RxMbr ID: 200755730
RxBIN: 003858 PCN-A4				RxGrp: 2AXA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS	
Individual In Network \$400	Family \$2500	Individual \$2500	Primary Care \$25 Specialty \$50	
There is no out of network coverage on this plan				
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R				

Magnolia Local Community Blue

HMO Louisiana				Community Blue
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/8360
Member ID LXS000000000				RxMbr ID: 200753011
RxBIN: 003858 PCN-A4				RxGrp: 2AXA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS	
Individual In Network \$400	Family \$2500	Individual \$2500	Primary Care \$25 Specialty \$50	
There is no out of network coverage on this plan				
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R				

Magnolia Local Plus

Louisiana				Preferred Care PPO Network
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/2032
Member ID OGS000000000				RxMbr ID: 200997878
RxBIN: 003858 PCN-A4				RxGrp: 2AXA
MEDICAL	DEDUCTIBLE	OUT OF POCKET	COPAYS	
Individual In Network N/A	Family \$1200	Individual N/A	Primary Care \$25 Specialty \$50	
Out of Network N/A	\$8500	Family \$8500		
There is no out of network coverage on this plan				
OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL PLUS 04BA0314 R01/22				

Magnolia Open Access

Louisiana				Preferred Care PPO Network
Member Name BLUE SUBSCRIBER				Grp/Subgroup: ST222ERC/2019
Member ID OGS000000000				RxMbr ID: 201213071
RxBIN: 003858 PCN-A4				RxGrp: 2AXA
OFFICE OF GROUP BENEFITS MAGNOLIA OPEN ACCESS 04BA0314 R01/22				

For more information about our OGB benefit plans as well as important plan requirements, view the **OGB Speed Guide**, available at www.bcbsla.com/providers >Resources >Speed Guides.

- **BlueCard®** is a national program that enables members of any Blue Cross Blue Shield (BCBS) Plan to obtain health care services while traveling or living in another BCBS Plan service area.
- The main identifiers for BlueCard members are the prefix and the “suitcase” logo on the member ID card. The suitcase logo provides the following information about the member:



- The PPOB suitcase indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



- The PPO suitcase indicates the member is enrolled in a Blue Plan's PPO or EPO product.



- The empty suitcase indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product.



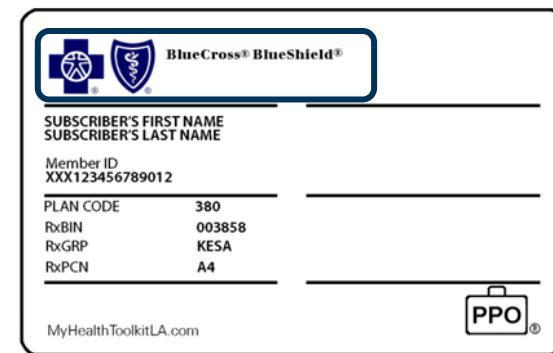
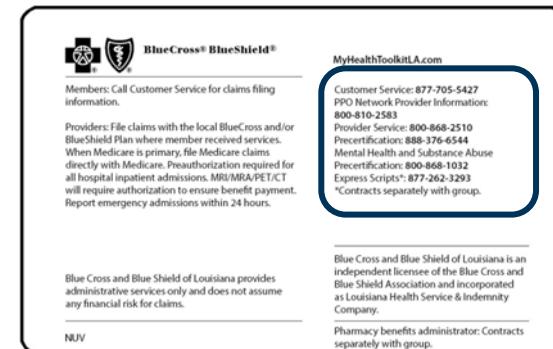
- The BlueHPN suitcase logo indicates the member is enrolled in a Blue High Performance NetworkSM (BlueHPN) product.

Note: BlueCard authorizations are handled through the members' home plan.

You can find additional BlueCard guidelines in the *BlueCard Program Provider Manual*, available online at www.bcbsla.com/providers >Resources >Manuals.

(South Carolina Partnership)

- National Alliance groups are administered through BCBSLA's partnership agreement with Blue Cross and Blue Shield of South Carolina (BCBSSC).
- BCBSLA taglines are present on the member ID cards; however, customer service, provider service and precertification are handled by BCBSSC.
- Claims are processed through the BlueCard program.



This list of prefixes is available on iLinkBlue (www.bcbsla.com/ilinkblue) under the "Resources" section.

Recredentialing for Professional Providers

Professional Providers Recredentialing Applications



LOUISIANA STANDARDIZED CREDENTIALING APPLICATION

DIRECTIONS

Please type or print in black ink when completing this form. If you need more space or have more than four locations, attach additional sheets and reference the question being answered. Please see page 10 for a list of required documents.

**** All sections must be completed in their entirety. "See C.W.", not acceptable****

GENERAL INFORMATION

Last Name	Suffix	First	Middle	Gender	Male	Female
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Degree	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> DPM	<input type="checkbox"/> DC	<input type="checkbox"/> DOS	<input type="checkbox"/> DMD	<input type="checkbox"/> Other
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Any other name under which you have been known? (AKA) List ECFMG Number UPIN Number

Home Street Address	City	State	Zip Code
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Home Phone Number	Pager Number/Newspaper Service	Home Email Address (optional)
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Social Security Number	Date of Birth	Birth Place (City, state)	Race/Ethnicity (optional)
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NPI - Individual	Medicaid Provider Number	Medicare Provider Number
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PRIMARY PRACTICE LOCATION

Institution/Croup/Clinic Name (if applicable)	Office Manager
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Tax Identification Number	Effective Date of Provider at this Practice Location	NPI - Group
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Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT: must match IRS information exactly)

Physical Address	City	State	Zip Code
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Office Email	Office Website
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Main Phone Number	Appointment Phone Number	Fax Number
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Billing Address (where you want payments sent)	Contact Person	Phone Number
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City	State	Zip Code	Billing Email	Phone Number
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Correspondence Address (where you want communications sent)	Contact Person	Phone Number
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City	State	Zip Code	Correspondence Email	Fax Number
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Medical Records Address (where you want medical record requests sent)	Contact Person	Phone Number
---	----------------	--------------

City	State	Zip Code	Medical Records Email	Fax Number
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Type of Practice:	<input type="checkbox"/> Solo	<input type="checkbox"/> Multi-Specialty Group	<input type="checkbox"/> Single Specialty Group	<input type="checkbox"/> Hospital-based
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If Hospital-employed or HealthPlan/Payer-owned, please indicate owner name

Office Hours	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
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Do you practice at this location: Full-time Part-time Other (Specify) _____

Languages spoken at this location (other than English): Provider Other _____

Last Revised 01/2012

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Vantage accepts the LSCA, as well as the CAQH application.

Find our credentialing links at www.bcbsla.com/providers
>Network Enrollment >Join Our Networks.

The following documents must be submitted with your recredentialing application:

- Copy of state license.
- Copy of DEA registration and CDS license (*as applicable*).
- Copy of Malpractice Liability Certificate (*copy of policy declarations page*).
- Complete the LSCA Attachment A - Location Hours.
- **Enclose a copy of the Collaborative Physician Agreement/Supervising Physician Agreement for NPs and PAs.**



- You must complete the applicable checklist and submit all the indicated documents.
- Recredentialing packets with incomplete, missing information or submitted incorrectly will be returned.

Use the chart below for the recredentialing process:

Form(s) to complete for professional provider recredentialing:	CAQH Application or Louisiana Standardized Credentialing Application (LSCA).
Form(s) to complete for facility reverification:	Facility Credentialing Application, Facility Credentialing Application Checklist and any applicable Facility Information Form Attachments.
Where to submit forms:	To return the information, follow the instructions included with recredentialing application.
Who to contact:	Email recredentialing@vhpla.com or call (318) 807-4755.



We partner with **symplrCVO**, to assist with the primary source verification of our credentialing and recredentialing applications.

Providers in the credentialing and recredentialing process may be directly contacted by symplrCVO to verify application details and supporting documentation.

If you have additional questions, you may email our Provider Relations Department at **provider.relations@bcbsla.com**. We appreciate your understanding as we work to expedite application processing.



- The credentialing process can take up to 90 days after all required information is received.
- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.
- The committee approves credentialing twice per month.
- Network providers are recredentialed every three years from their last credentialing acceptance date.

You may inquire about your credentialing status by contacting our Provider Credentialing & Data Management Department at **PCDMstatus@bcbsla.com**.

The Credentialing Committee:

- Has the final authority to make decisions regarding provider participation.
- Provides guidance and suggestions for the credentialing process.
- Is made up of a diverse group of network providers from across the state with no other management role at Blue Cross.
- Includes multiple Blue Cross employees from Medical Management and Provider Credentialing & Data Management.





Credentialing Delegation Program

The Credentialing Delegation Program is an extension of Blue Cross and Blue Shield of Louisiana's URAC-accredited credentialing program. This program allows you to expedite your credentialing experience so you can complete the credentialing process with fewer steps.

Below are the steps you need to take and the documents that are required to become a delegated entity with Blue Cross.

Step 1: Desktop Review

Required documents for your desktop review

1. Current credentialing plan/program description
2. Approved credentialing policies and procedures
3. Crosswalk of URAC standards to plan's P&Ps (will be provided to complete)
4. Sample letters, applications, documents and verifications

Step 2: Onsite Review

Credentialing Delegation Contract

We will provide the contract both parties are required to sign before you become an approved Blue Cross Credentialing Delegation Entity.

Documents required for review during onsite review

- Credentialing unit organizational chart schematic (hierarchy)
- Credentialing staff meeting minutes (previous year preceding site visit only)
- List and files of providers denied/terminated by Credentialing Committee (previous year preceding site visit only)
- Examples of letters mailed to providers (acceptance, denial, terminated)
- List of providers who have filed appeals of Credentialing Committee decision
- Documentation of ongoing training for existing credentialing staff and new hires
- Confidentiality statement form (credentialing personnel and credentialing members)
- Recredentialing performance/quality monitoring examples
- Credentialing verification checklist (for file)
- Credentialing audit checklist (or other form of proof of audit or quality review)
- All sub-delegation binders, as applicable
- List of practitioners for file review (The list will be requested closer to the site visit. Thirty files will be selected for review during the site visit to ensure compliance of all standards is met.)
- List of internal and external Credentialing Committee members
- Credentialing Committee meeting minutes (previous year preceding site visit only)
- Minutes of committee meetings documenting P&Ps being approved
- Minutes of committee meetings documenting any credentialing related delegated functions, as applicable
- Minutes of committee documenting performance monitoring

18NW2449 08/17

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.

- The Credentialing Delegation Program is an extension of our accredited credentialing program.
- An approved delegation entity essentially credentials its own providers and sends the information to Blue Cross to create their provider records.
- This program allows you to expedite your credentialing experience so you can complete the Blue Cross credentialing process with fewer steps.
- Available to groups with 50 or more practitioners.
- After a provider group is approved as a delegation entity, it will not be necessary to submit provider applications to be set up in the Blue Cross system.
- The *Credentialing Delegation Program* guide explains the steps network provider groups must take and the documents required to become a delegated entity.
- If you have any questions about the Credentialing Delegation Program, please email credentialing.delegation@bcbsla.com.

For participating providers:

We cannot retroactively allow network participation prior to a provider's credentialing date. Our accrediting organization strictly prohibits it. Effective dates are based on:

Delegation Program Providers	New Providers Not Credentialed	Providers Already Credentialed
The effective date for delegated providers is based on approval of the Credentialing Delegation spreadsheet by our Medical Director	<p>If you are eligible for reimbursement during credentialing (joining an existing contracted group), then it is one month prior to the date of receipt of application; OR</p> <p>If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee AND the execution of your network agreement.</p>	<p>If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is within 90 days of the calendar date, then it will be that date, but not before the group's effective date.</p> <p>If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is greater than 90 days of the calendar date, then it will be 90 days from the day the information was received, but not before the group's effective date.</p>

The Consolidated Appropriations Act (CAA) 2021 includes new guidelines, effective January 1, 2022, for Reimbursement During Credentialing as it applies to all professional providers. Blue Cross already offers this expanded level to our providers.

Reimbursement During Credentialing will be granted to all professional providers **joining an existing contracted provider group**. This allows for in-network reimbursement on submitted claims during the credentialing process.

This provision does not apply for solo practitioners.



Providers should not file/submit claims until receiving a provider number letter from our PCDM Department notifying you of the Reimbursement During Credentialing effective date. If you have any questions about the Reimbursement During Credentialing Process, contact PCDM at 1-800-716-2299, option 2 or **PCDMstatus@bcbsla.com**.

More information can be found on our guide at **www.bcbsla.com/providers** >Resources >Forms > How to Request Reimbursement During Credentialing.

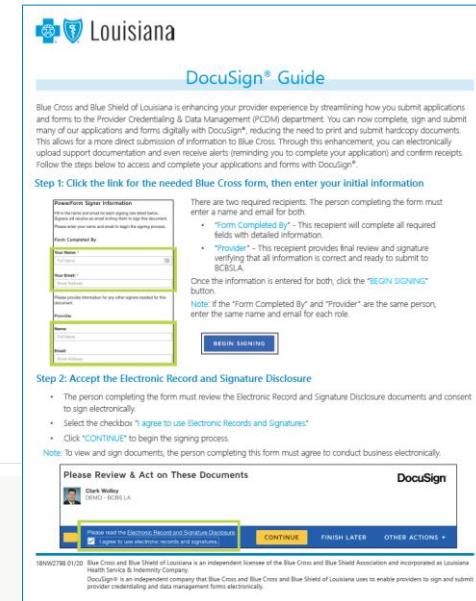
Complete, sign and submit applications and forms to the PCDM Department digitally with **DocuSign**.

This streamlines submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross.

It allows you to electronically upload support documentation and even receive reminder alerts to complete submission and confirm receipt.

What is DocuSign?

As an innovator in e-signature technology, DocuSign helps organizations connect and automate how various documents are prepared, signed and managed.



Blue Cross and Blue Shield of Louisiana is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) department. You can now complete, sign and submit many of our applications and forms digitally. DocuSign® reduces the need to print and submit hardcopy documents. This allows for a more direct submission of information to Blue Cross. Through this platform, you can electronically upload support documentation and even receive alerts (reminding you to complete your applications and confirm receipts). Follow the steps below to access and complete your applications and forms with DocuSign®.

Step 1: Click the link for the needed Blue Cross form, then enter your initial information

There are two required recipients. The person completing the form must enter a name and email for both:

- "Form Completed By" - This recipient will complete all required fields with detailed information.
- "Provider" - This recipient provides final review and signature verifying that all information is correct and ready to submit to Blue Cross.

Once the information is entered for both, click the "BEGIN SIGNING" button.

Note: If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

Step 2: Accept the Electronic Record and Signature Disclosure

The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.

- Select the checkbox "I agree to use Electronic Records and Signatures."
- Click "CONTINUE" to begin the signing process.

Note: To view and sign documents, the person completing this form must agree to conduct business electronically.

Please Review & Act on These Documents

Clark Wiley
OBMO - ROBE LA

Please read the Electronic Record and Signature Disclosure.
I agree to use Electronic Records and Signatures.

CONTINUE FINISH LATER OTHER ACTIONS

18000CT08 01/20 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. DocuSign® is a trademark of DocuSign, Inc. This page is for informational purposes only and does not constitute a contract. Blue Cross and Blue Cross and Blue Shield of Louisiana uses DocuSign® to enable providers to sign and submit provider credentialing and data management forms electronically.

For more information, find our *DocuSign® Guide* online at www.bcbsla.com/providers > Network Enrollment > Join Our Networks > Professional Providers/Facilities and Hospitals > Join Our Networks.

Easily Complete Forms with DocuSign



Enter text

FINISH FINISH LATER OTHER ACTIONS

DocuSign Envelope ID: 1A01C5A7-3503-4226-8119-DEA232B827AD

START

Louisiana

Provider Update Request Form

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: Individual Provider Provider Group/Clinic

CURRENT GENERAL INFORMATION

Provider Last Name	First Name	Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.
Tax ID Number	Middle Initial	
Group/Clinic Name	Group/Clinic National ID	
Are you a primary care provider (PCP)? <input checked="" type="radio"/> Yes <input type="radio"/> No	Effective Date of	

Instructions correspond to requirement of the active field

Red outline indicates a required field

Authorized representative completing this form on behalf of a

REPRESENTATIVE

Contact Phone Number	Contact Email Address
Submission Information (form completed by) Signature  Authorized Representative	
Date February 18, 2021	

Tooltips provide information about field requirements

Find our *DocuSign® Guide* at www.bcbsla.com/providers
>Provider Networks >Join Our Networks.

[Overview](#)[Credentialing Process](#)[Join Our Networks](#)[Update Your Information](#)[Frequently Asked Questions](#)

Frequently Asked Questions

Credentialing Application and Process

How long does it take to complete the credentialing process?

The process can take up to 90 days for completion once BCBSLA receives all the required information.

How will I know if Blue Cross received my application?

Once your application is finalized through DocuSign®, you will receive a confirmation email to notify you the signing process is complete and submitted to Blue Cross for processing.

What credentialing forms are available online?

BCBSLA offers both the [professional provider application](#) and the [facility credentialing application](#) online through DocuSign. They can be found under the Provider Networks >Join Our Networks section of this site.

Do I need to submit a full credentialing application?

If the provider is **NOT** credentialed, please fully complete and submit the professional initial credentialing packet. Facilities should submit the facility initial credentialing packet.

How do I know what credentialing criteria are required specifically for my specialty type?

We have charts online to help you determine what criteria are needed. These charts are based on provider specialty. They are available on this site under Provider Networks >Join Our Networks and look under the appropriate section ([Professional Provider](#) or [Facilities or Hospitals](#)).

What are the requirements for reimbursement during credentialing?

Select provider types that meet specific criteria may be eligible for reimbursement during the credentialing process.  [Click here](#) for full details.

How do I know if I have been approved for reimbursement during credentialing?

A Record Assignment letter will be emailed to the group correspondence email address on file. If you were approved the letter will state that you were approved and the date the reimbursement during credentialing is effective. If you are not approved, your Record Assignment letter will notify you of the reason.

www.bcbsla.com/providers >Network Enrollment >Join Our Networks
>Professional Providers/Facilities and Hospitals >Frequently Asked Questions

Data Management

How to Update Your Information



It is important that we always have your most current information. Our revised **Provider Update Request Form** now accommodates all your change requests, which are handled directly by our Provider Data Management team.

When you access the form, check the appropriate box to indicate the type of change needed. You may select more than one option.

Louisiana

Provider Update Request

Complete this form to give Blue Cross and Blue Shield of Louisiana the most current information on your practice.

CURRENT GENERAL INFORMATION

Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Clinic Name	Clinic National Provider Identifier (NPI)	

Are you a primary care provider (PCP)?
 No

If you are an authorized representative of a provider, completing this form on their behalf, please indicate below.

AUTHORIZED REPRESENTATIVE

Name	
Contact Phone Number	Contact Email Address

SUBMISSION INFORMATION (Form completed by)

Signature of Authorized Representative	Date
--	------

PROVIDER ATTESTATION (Leave applicable)

Signature of Provider	Date
-----------------------	------

TYPE OF CHANGE NEEDED

Check the boxes below, indicating the information with to change. Then complete only the required sections of the form as applicable.

<input type="checkbox"/> Practice Information	<input type="checkbox"/> Electronic Funds Transfer (EFT)	<input type="checkbox"/> Existing Providers Joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

If you have any questions, please contact Provider Credentialing & Data Management at:
Phone: 1-800-716-2299, option 3 Email: PCDMStatus@bcbsla.com

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

- **Demographic Information** allows you to update your address, phone, fax, email address, hours of operation and more.
- **EFT Termination or Change** option is to update your EFT information.
- **Existing Providers Joining a New Provider Group** is used to link an individual provider to an existing provider group or clinic.
- **Terminate Network Participation** is to request termination from one or more of our networks.
- **Tax ID Number Change** is to report a change in your Tax ID number.
- **Add a New Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID.
- **Remove Practice Location** is for when a provider is removing a practice location(s) on an existing Tax ID.

Complete these forms via a DocuSign link at
www.bcbsla.com/providers >Resources >Forms.

Keeping your information up to date with us is extremely important to help our members find you.

We publish demographic information in our online provider directory. The directory is available on our website at www.bcbsla.com.

It is the contractual responsibility of all participating providers to contact Provider Credentialing & Data Management to update your information as soon as it changes. This includes:

- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
 - In order to be listed in the directory, professional providers must be available to schedule patients' appointments a minimum of 8 hours per week at the location listed.

To improve the accuracy of our online provider directory, we are making changes to help create the most accurate directory for our members.

Our Provider Credentialing & Data Management team will be working with you to help ensure your information is current and accurate.

Administrative Representative Registration



- We require that each provider organization designate at least one administrative representative to self-manage user access to our secure online services.
- Your administrative representative is responsible for managing your secure access to the following Blue Cross online services:
 - iLinkBlue
 - BCBSLA authorizations
 - Behavioral health authorizations
 - Pre-service review for out-of-area members (BlueCard® members)
 - and more
- If you are part of a provider group or facility that already has registered an administrative representative with Blue Cross, you do not have to submit the Administrative Representative Registration Form.

Louisiana

Administrative Representative Registration Form

Complete this form for each administrative representative at your organization. Please include the information for the provider the administrative representative is serving, 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 (this will be used for your unique username)	
Additional Phone Number	Additional Email Address	
MANAGER/OWNER INFORMATION		
Manager/Owner's Name (other than the administrative representative)	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

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The Administrative Representative Registration packet is also available online at www.bcbsla.com/providers >Electronic Services >Admin Reps.

Provider Attestation Form



- Due to requirements of the federal Consolidated Appropriation Acts (CAA) 2021, our PCDM Department is sending a Provider Attestation Form every 90 days to all providers listed in our online provider directories to review their information as it appears in our directories.
- If any of your information is not correct, there will be an option within the Provider Attestation Form to complete and return our Provider Update Request Form. This allows us to update the information we publish in our directories.
- The form is emailed in a DocuSign format, prepopulated with the information we have on file. The provider must verify and attest to the accuracy of the information.

Provider Attestation Form

Louisiana

Use this form to verify the practice location information Blue Cross and Blue Shield of Louisiana has for your organization is correct. The information below is prepopulated from the data Blue Cross has on your current provider record. If any of it is incorrect, you must also complete the Provider Update Request Form in order to remain in our provider directories. Failure to report correct contact information could result in your removal from our online provider directories.

By checking the appropriate box, you are attesting that your practice location information is either correct or incorrect.

Primary Practice Location			
Correct	Incorrect	Provider Last Name	First Name
		Specialty	Group/Clinic Name
<input type="checkbox"/>	<input type="checkbox"/>	Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)
		Phone Number	Public Facing Email Address (If available)
		Address	
		Public Facing Web Address (If available)	

Second Practice Location			
Correct	Incorrect	Provider Last Name	First Name
		Specialty	Group/Clinic Name
<input type="checkbox"/>	<input type="checkbox"/>	Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)
		Phone Number	Public Facing Email Address (If available)
		Address	
		Public Facing Web Address (If available)	

Third Practice Location			
Correct	Incorrect	Provider Last Name	First Name
		Specialty	Group/Clinic Name
<input type="checkbox"/>	<input type="checkbox"/>	Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)
		Phone Number	Public Facing Email Address (If available)
		Address	
		Public Facing Web Address (If available)	

Page 1 of 3
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Providers who do not complete attestation of their information will be removed from our online provider directories.

- Indicate on the Provider Request Form the type of change you are requesting.
- You will **only** need to fill out the section of this form that needs updating. Filling out the entire form is not required.

TYPE OF CHANGE

Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change <i>(does not apply for Blue Advantage EFT update)</i>	<input type="checkbox"/> Existing Providers Joining a New Provider Group <i>(includes solo providers creating a new provider group)</i>
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location <i>(Existing Tax ID)</i>
<input type="checkbox"/> Remove Practice Location <i>(Existing Tax ID)</i>		

Provider Update Request Form



For this practice location (please select at least one option):								
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only. <input type="checkbox"/> I read tests or provide other services but do not see patients at this location. <input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.								
SECOND PHYSICAL ADDRESS (if necessary)								
Physical Address								
City, State and ZIP Code		Phone Number	Fax Number					
Email Address								
Type of Practice: <input type="checkbox"/> No change <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Hospital-based <input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payor-owned								
Accepting New Patients		Age Range of Patients (check all that apply)						
<input type="checkbox"/> New <input type="checkbox"/> Existing Only		<input type="checkbox"/> 0-6 years	<input type="checkbox"/> 7-11 years	<input type="checkbox"/> 12-18 years	<input type="checkbox"/> 19-65 years	<input type="checkbox"/> Over 65		
<input type="checkbox"/> Other:		<input type="checkbox"/> All Ages	<input type="checkbox"/> Other: _____					
Office Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	
Practice Hours (available appointment hours)								
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	_____ - _____	
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	
For this practice location (please select at least one option):								
<input type="checkbox"/> I am available to see patients at least 16 hours per week on a regular basis. <input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis. <input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.								
CHECKLIST								
Before returning this form to Blue Cross, please ensure the following:								
<input type="checkbox"/> A copy of the Malpractice Liability Insurance Certificate is attached <input type="checkbox"/> Check if this a new group or clinic not already on file with Blue Cross and complete the included iLinkBlue agreement packet (Note: current providers joining groups that are on file do not need to complete the iLinkBlue packet.)								

Page 2 of 2

Complete the checklist:

- Some changes on our **Provider Update Request Form** include a checklist of **required** supporting documentation needed to complete your request.
- Be sure to complete **all** boxes on the checklist. Please ensure **all** requested items on the checklist are included or completed before submitting.
- Submissions that are missing checklist items will be returned.

Vielka Valdez, Director, Provider Network Operations

vielka.valdez@bcbsla.com

Kaci Guidry, Manager, Provider Credentialing and Data Management

kaci.guidry@bcbsla.com

Kristin Ross, Manager, Provider Contract Administration

kristin.ross@bcbsla.com

Chrisy Cavalier, Supervisor, Provider Information (PCDM Status)

chrisy.cavalier@bcbsla.com

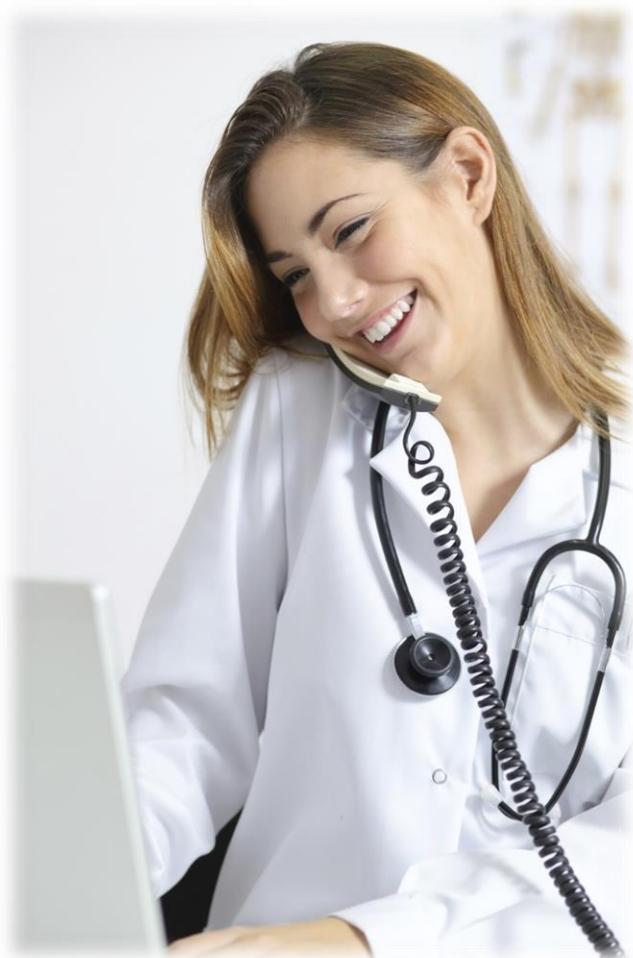
Anne Monroe, Supervisor, Provider Information

anne.monroe@bcbsla.com

If you would like to check the status on your Credentialing Application or Provider Data change or update, please contact the Provider Credentialing & Data Management Department.

1-800-716-2299 | option 2 – provider record information
PCDMstatus@bcbsla.com

Claims



Electronic Data Interchange (EDI)

- The fastest, most efficient way to exchange eligibility information, payment information and claims.
- Blue Cross' experienced EDI staff is ready to assist in determining the best electronic solution for your needs.

Electronic Transaction Exchange

- Various health care transactions can be submitted electronically to the Blue Cross clearinghouse in a system-to-system arrangement.
- Blue Cross does not charge a fee for electronic transactions.
- You can send your transactions to Blue Cross via indirect submission through a clearinghouse or through direct submission to the Blue Cross EDI Clearinghouse.

For more information about system-to-system electronic transactions, please contact EDI Services at EDIservices@bcbsla.com or at 1-800-716-2299, option 3.

HIPAA 835 Transaction

- Providers who submit claims electronically can receive an electronic file containing their weekly Provider Remittance Advice/Payment Register (ERA).
- The ERA is available Monday mornings, allowing providers to begin posting payments as soon as possible.
- ERA specifications are available from Blue Cross at no cost to vendors and providers, but they do require programming changes by your practice management billing system vendor. Traditionally, there is an upfront fee from your billing system vendor for programming.
- From that point, you may receive the Blue Cross weekly Remittance Advice/Payment Register at no charge.

For more information, please contact Blue Cross EDI Services at EDIservices@bcbsla.com or at 1-800-716-2299, option 3.



CMS-1500 (professional)

- If it is necessary to file a hardcopy claim, we only accept the original **RED** claim forms.
- We no longer accept faxed claims.

Mailing Addresses

For Blue Cross, HMO Louisiana, Blue Connect, Community Blue, Precision Blue, Signature Blue & OGB Claims:

BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898

For FEP Claims:

BCBSLA
P.O. Box 98028
Baton Rouge, LA 70898

For BlueHPN Claims:
HMO Louisiana
P.O. Box 98029
Baton Rouge, LA 70898

For Blue Advantage Claims:

Blue Cross and Blue Shield of
Louisiana/HMO Louisiana
130 DeSiard St, Ste 322
Monroe, LA 71201

For Healthy Blue Dual Advantage (D-SNP):

Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466

The fastest method of claim submission and payment is electronic submission.

Blue Cross, HMO Louisiana, Blue Connect, BlueHPN, Community Blue, Precision Blue & Signature

Blue:

- Claims must be filed within 15 months (*or length of time stated in the member's contract*) of date of service.

FEP:

- Preferred Providers have within 15 months of the date of service to file claim.
- Members and non preferred providers must be filed by December 31 of the year after the year service was rendered.



Blue Advantage:

- Providers have 12 months from the date of service to file an initial claim.
- Providers have 12 months from the date the claim was processed (remit date) to resubmit or correct the claim.

OGB:

- Claim must be filed within 12 months of the date of service.
- Claim reviews including refunds and recoupments must be requested within 18 months of the receipt date of the original claim.

Self-funded & BlueCard:

- Timely filing standards may vary so always verify the member's benefits, including timely filing standards, through iLinkBlue.

Healthy Blue Dual Advantage (HMO D-SNP):

- Claim must be filed within 12 months of the date of service.

The member and Blue Cross are held harmless when claims are denied or received after the timely filing deadline.



Use the following billing guidelines to report required NDCs on professional CMS-1500 claims:

- NDC code editing will apply to any clinician-administered drugs billed on the claim, including immunizations. The claim must include any associated HCPCS or CPT code (except HCPCS codes beginning with the letter "A").
- Each clinician-administered drug must be billed on a separate line item.
- Claims that do not meet the requirements will be rejected and returned on your "Not Accepted" report. Units indicated would be "1" or in accordance with the dosage amount specified in the descriptor of the HCPCS/CPT code appended for the individual drug.
- Providers may bill multiple lines with the same CPT or HCPCS code to report different NDCs.
- The following NDC edits will apply to electronic and paper claims that require an NDC, but no valid NDC was included on the claim:
 - NDCREQD – NDC CODE REQUIRED
 - INVNDC – INVALID NDC

Failure to report NDCs on claims will result in automatic rejections.

For Hardcopy Claims

On the CMS-1500 claim form, report the NDC in the shaded area of Box 24A. We follow the CMS guidelines when reporting the NDC. The NDC should be preceded with the qualifier N4 and followed immediately by a valid CMS 11-digit NDC code fixed length 5-4-2 (no hyphens), e.g., N4999999999. The drug quantity and measurement/qualifier should be included.

For Electronic Claims 837P

Report the 11-digit NDC in loop 2410, Segment LIN03 of the 837. The NDC will be validated during processing. The corresponding quantity and unit(s) of measure should be reported in loop 2410 CTP04 and CTP05-1. Available measures of units include the international unit, gram, milligram, milliliter and unit.

For iLinkBlue Claims (Professional Only)

Select 24K to expand the claim line to report the NDC, Quantity and Measurement:

- NDC Code Field: Enter the 11-digit NDC code. No alpha characters, spaces or hyphens can be present.
- Quantity: Numeric value of quantity.
- Measurement: Select the appropriate measurement from the drop-down menu.
 - F2 – International Unit
 - GR – Gram
 - ME – Milligram
 - ML – Milliliter
 - UN – Unit



You must enter the NDC on your claim in the 11-digit billing format (no spaces, hyphens or other characters). If the NDC on the package label is less than 11 digits, you must add a leading zero to the appropriate segment to create a 5-4-2 format.

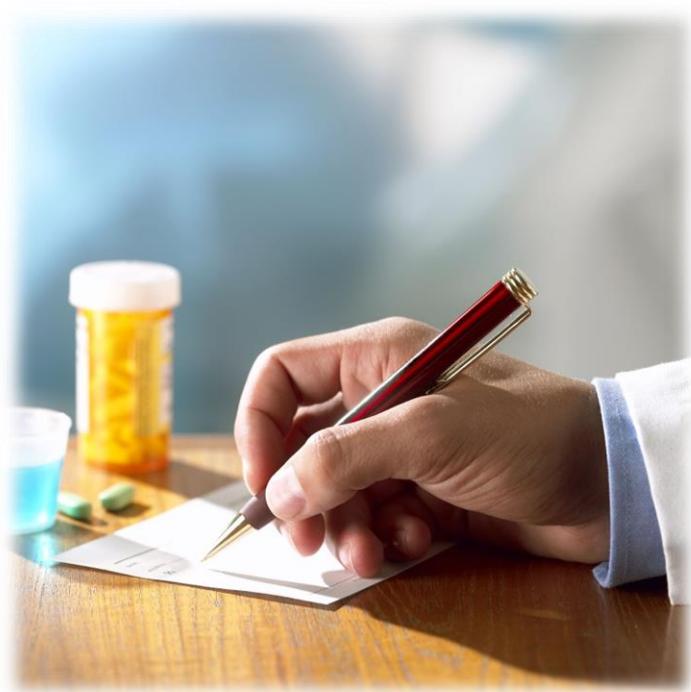
How should the NDC be entered on the claim? See the examples below:

10-Digit Format on Package	10-Digit label format Example	11-Digit Format	11-Digit Format Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99
5-3-2	99999-999-99	5-4-2	99999-0999-99
5-4-1	99999-9999-9	5-4-2	99999-9999-09



If the NDC is not submitted in the correct format, the claim will be denied.

- Most of our members follow a Covered Drug List. Covered Drug Lists include thousands of generic and brand drugs, but not all drugs.
- **Please consider prescribing drugs that are covered** or have lower out-of-pocket costs when you believe it is appropriate. If members fill a prescription drug that is not on the covered drug list, they could have to pay the full cost of the drug out of pocket.
- **You may ask for a clinical review** (similar to prior authorization) if your patient has a medically necessary need for a *non-formulary* drug. Find information about submitting a prior authorization at www.bcbsla.com > Provider > Pharmacy. This is not available for drugs excluded from coverage.



You and your patients can check the Covered Drug List and find up-to-date information about drug coverage at www.bcbsla.com/covereddrugs.

Action Requests allow you to electronically communicate with Blue Cross when you have questions or concerns about a claim.

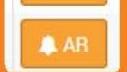
Common reasons to submit an Action Request

- Claim status (detailed denials)
- Claim denied for coordination of benefits
- Claim denied as duplicate
- Claim denied for no authorization (but there is a matching authorization on file)
- Information needed from member (coordination of benefits, subrogation)
- Questioning non-covered charges
- No record of membership (effective and term date)
- Medical records receipt
- Recoupment request
- Status of an appeal
- Status of a grievance

NOTE: Action Requests do not allow you to submit documentation regarding your claims review.

Submitting Action Requests



Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number	12345678900-1
iLinkBlue Number	12345
NPI	123456789



Submit an Action Request through iLinkBlue (www.bcbsla.com/ilinkblue).

- On each claim, providers have the option to submit an Action Request review for correct processing.
- Click the **AR button** from the Claims Results screen or the **Action Request button** from the Claim Details screen to open a form that prepopulates with information on the specific claim.
- Please include your contact information.
- NOTE: You only have to do one AR per claim; not one AR per line item of the claim.

As an alternative to filing an Action Request, you may also contact the **Customer Care Center at 1-800-922-8866**.

Submitting Action Requests



Filter: <input type="text"/>				
Copay	Coinsurance	Total Paid	Ineligible/Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

Claim Number	12345678900-1
iLinkBlue Number	12345
NPI	123456789



- Request a review for correct processing.
- Be specific and detailed.
- Allow 10-15 business days for first request.
- Check iLinkBlue for a claims resolution.
- Submit a second action request for a review.
- Allow 10-15 business days for second request.

If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at provider.relations@bcbsla.com.

Email an overview of the issue along with two action request dates OR two customer service reference numbers if one of the following applies:

- You have made **at least two attempts** to have your claims reprocessed (via an action request or by calling the Customer Care Center) and have allowed 10-15 business days after second request, or
- It is a system issue affecting multiple claims.

Helpful Reminders

- Allows identification of high-risk patients.
- Allows opportunities to engage patients in care management programs and care prevention initiatives.
- Reduces the administrative burden of medical record requests and adjusting claims for both the provider and Blue Cross.
- Reduces costs associated with submitting corrected claims.
- Use of Category II Codes can reduce the need for medical records.



Accuracy and specificity in medical record documentation and coding is critical in creating a complete clinical profile of each individual patient.



- Each page of the patient's medical records should include the following for a face-to-face visit:
 - Patient name
 - Date of birth or other unique identifier
 - Date of service including the year
- Provider signature (must be legible and include credentials).
- Report ALL applicable diagnoses on claims and report at the highest level of specificity (CMS-1500 claim forms can accommodate up to 12 diagnosis codes).
- Include all related diagnoses, including chronic conditions you are treating.
- Medical records **must support ALL** diagnosis codes on claims.

- Include chronic conditions in documentation.
- Code to the highest specificity.
- Monitored, Evaluated, Assessed or Treated (MEAT) should be noted.
- Clarify whether a condition is **chronic** or **acute**.
- Clarify whether a condition is **controlled** or **uncontrolled**.
- Clarify the **type of diabetes** (if applicable).

Example: Notes may say "Diabetes Type II and CKD Stage III," but if stated as "CKD III Due to Diabetes," it would result in a different ICD-10 Code.

NOTE: Improper documentation could result in audits and/or the request of medical records.

From time to time, you may receive a medical record request from us or one of our vendors to perform medical record chart audits on our behalf.

- Per your Blue Cross network agreement, **providers are not to charge a fee** for providing medical records to Blue Cross or agencies acting on our behalf.
- If you use a copy center or a vendor to provide us with requested medical records, providers are to ensure we receive those records without a charge.
- You do not need to obtain a distinct and specific authorization from the member for these medical record releases or reviews.
- The patient's Blue Cross subscriber contract allows for the release of the information to Blue Cross or its designee.



Network providers should **always** refer members to other **network** providers

- Referrals to out-of-network providers result in significantly higher cost shares (deductibles, coinsurance and copayments) for our members and is a breach of your Blue Cross provider agreement.
- **Providers who consistently refer to out-of-network providers will be audited and may be subject to a reduction in their network reimbursement.**



Finding Participating Providers



Find network providers in our online provider directories at www.bcbsla.com

>Find a Doctor



Shop ▾

Find a Doctor ▾

Save ▾

Wellness ▾

Learn ▾

My Account ▾



Find Doctor or Drug

Find Doctor or Drug

Find a Doctor

[Find a Doctor or Drug](#)

Pick a directory to search or find other helpful information about drug resources, quality programs and more.

Directories

[Local Provider Directory - New Name!](#)

Find a doctor near you or search for other doctors throughout Louisiana.

[Quality Blue Directory](#)

[National Provider Directory](#)

[BlueDental Provider Directory](#)

[Davis Vision Directory](#)

[Pharmacy Directory](#)

Hospital Based Physicians

[ER/OR Information](#)

Are you planning a hospital stay? If you just found out that you need surgery, or if you will be admitted to a hospital or ambulatory surgical center for any reason, you will most likely receive some care during your stay from a hospital-based physician. [Learn more](#).

- All of our network providers should refer members to preferred reference lab vendors when lab services are needed and are not performed in the office.
- If you perform laboratory testing procedures in your office, we require a copy of your Clinical Laboratory Improvement Act (CLIA) certification.
- HMO Louisiana, Blue Connect, Community Blue, Precision Blue and Signature Blue physicians may perform a selection of lab tests from our In-office Lab List.

The ordering/referring provider NPI is required on all laboratory claims. Place the NPI in the indicated blocks:

- CMS-1500: Block 17B
- 837P: 2310A loop, using the NM1 segment and the qualifier of DN in the NM101 element

The In-office Lab List is available in our *HMO Preferred Reference Lab Guide* which is available online at www.bcbsla.com/providers >Resources >Speed Guides.



- Please make sure when referring your patients to behavioral health providers that they are in their behavioral health network.
- We have partnered with Lucet for their expertise in the provision of behavioral health services. Lucet is the new name for New Directions.
- Lucet manages authorizations for our members, performs all utilization and case management activities, as well as ABA case management.
- Request authorizations online through iLinkBlue using the **Behavioral Health Authorizations** application.
- Lucet's team of behavioral health professionals is available 24 hours a day, seven days a week to assist in obtaining the appropriate level of care for your patients.
- For more information, such as medical necessity criteria, visit www.lucethealth.com.

Lucet™

Behavioral health services that require an authorization:

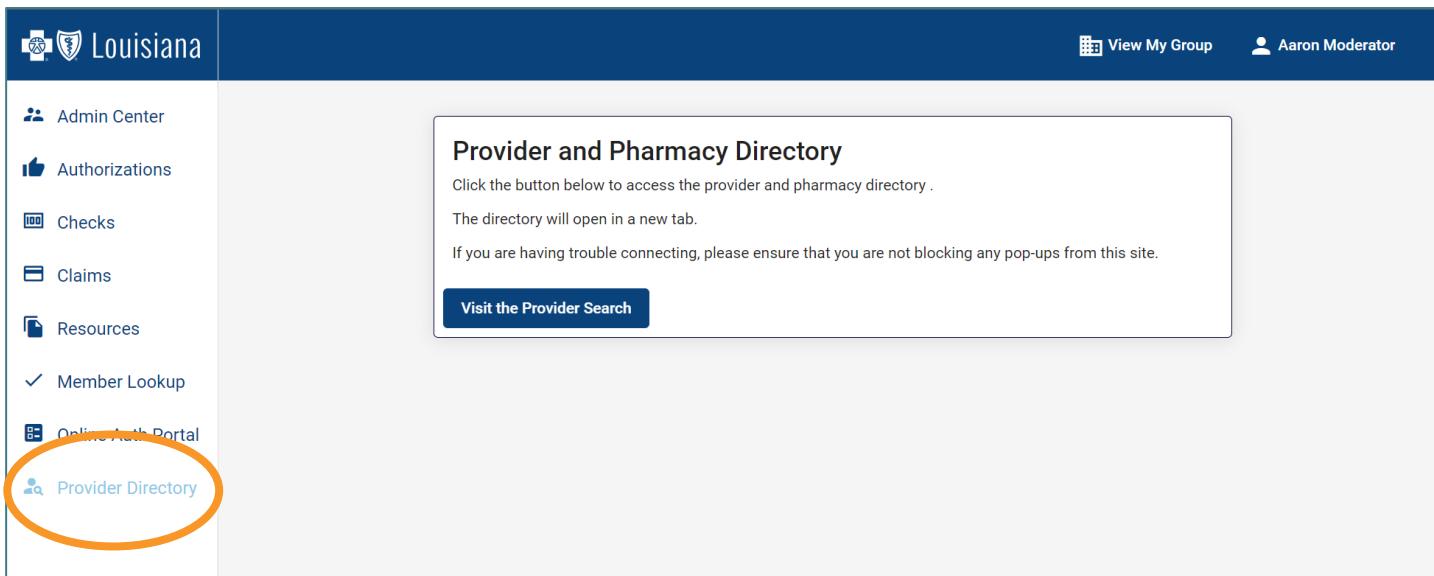
- Inpatient Hospital (including detox)
- Intensive Outpatient Program (IOP) - excluding FEP
- Partial Hospitalization Program (PHP) - excluding FEP
- Residential Treatment Center (RTC)
- FEP Residential Treatment Center (RTC)
- Applied Behavior Analysis (ABA)

For more information, view the *Behavioral Health Speed Guide*, available online at www.bcbsla.com/providers >Resources >Speed Guides.

Finding Blue Advantage Providers & Lab Services



To refer Blue Advantage (HMO) | Blue Advantage (PPO) members to other providers, use the “Find a Provider” feature on the Blue Advantage Provider Portal (accessed through iLinkBlue).



Louisiana

View My Group Aaron Moderator

Admin Center

Authorizations

Checks

Claims

Resources

Member Lookup

Online Auth Portal

Provider Directory

Provider and Pharmacy Directory

Click the button below to access the provider and pharmacy directory.

The directory will open in a new tab.

If you are having trouble connecting, please ensure that you are not blocking any pop-ups from this site.

Visit the Provider Search

Preferred laboratories for all specimens
for the Blue Advantage network:



Clinical Pathology Labs (CPL)
Quest Diagnostics
Lab Corp

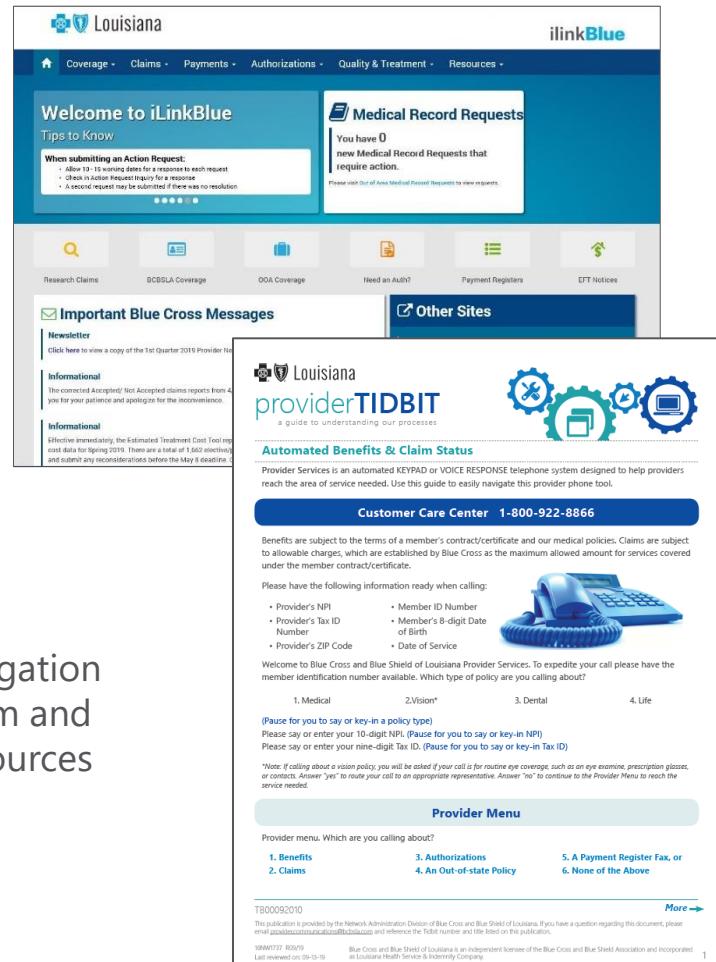
Providers are now required to use our self-service tools for:

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

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

Self-service tools available to providers:

- iLinkBlue (www.bcbsla.com/ilinkblue)
- Interactive Voice Recognition (IVR)
(1-800-922-8866)
 - The Automated Benefits & Claim Status (IVR Navigation Guide) Tidbit will help you navigate the IVR system and is available at www.bcbsla.com/providers >Resources > Tidbits.
- HIPAA 27x transactions



The image displays two screenshots of provider self-service tools. The top screenshot shows the 'Welcome to iLinkBlue' page, featuring a search bar, navigation links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources, and a 'Medical Record Requests' section. The bottom screenshot shows the 'providerTIDBIT' page, which is a guide to understanding the IVR system. It includes sections for 'Important Blue Cross Messages', 'Informational' (with a note about claim status), and 'Automated Benefits & Claim Status' (with a phone icon and a list of service areas: 1. Medical, 2. Vision*, 3. Dental, 4. Life). The page also includes a 'Customer Care Center' phone number (1-800-922-8866) and a 'Provider Menu' with options for benefits, claims, authorizations, and payment register.

Laboratory Benefit Management Program

Blue Cross has partnered with Avalon Healthcare Solutions to manage our laboratory benefit management program.

Avalon provides:

- routine testing management services to ensure enforcement of laboratory policies
- automated review of high-volume, low-cost laboratory claims.

Blue Cross applies Avalon's automated policy enforcement to claims reporting laboratory services performed in office, hospital outpatient and independent laboratory locations.

Note: Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

Providers can review and research laboratory policies and guidelines online Go to www.bcbsla.com/providers, click on "Medical Management," then "Lab Management."

To receive a copy of our
Laboratory Benefit Management
Program Frequently Asked
Questions, please email
provider.relations@bcbsla.com.



Laboratory Benefit Management Program Frequently Asked Questions

Blue Cross and Blue Shield of Louisiana has partnered with Avalon Healthcare Solutions (Avalon) to offer a suite of laboratory benefit management services, including lab policies and routine testing management. Avalon is the industry leading comprehensive laboratory benefits manager helping payers, physicians and consumers optimize the cost-effective use of diagnostic laboratory tests.

General Questions

1. What does the laboratory benefit management program include?

The program includes laboratory billing policies, guidelines and reviews for certain laboratory claims.

2. Why did Blue Cross partner with Avalon?

The Avalon laboratory benefit management program promotes appropriate testing to help drive quality and cost-effective medical care.

3. What provider types are included in the program?

The laboratory benefit management program applies for all providers of laboratory services (both referring and performing).

4. When is the program effective?

This program is effective for certain laboratory claims with a date of service on and after April 1, 2022.

5. Which places of service are excluded?

Laboratory services, tests and procedures provided in emergency room, hospital observation, and hospital inpatient settings are excluded from this program.

6. Which networks and/or member policies are included in the program?

Fully insured, Federal Employee Program (FEP) and BlueCard® (out-of-area) members are included in this program. At this time most self-funded members are not enrolled in the program. They may be included at a later date.

18NW3142 R01/22

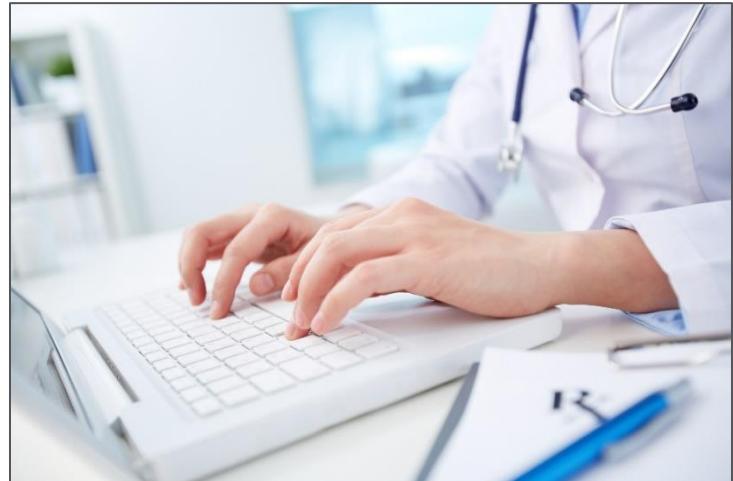
Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Avalon is an independent company that serves as a laboratory insights advisor for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

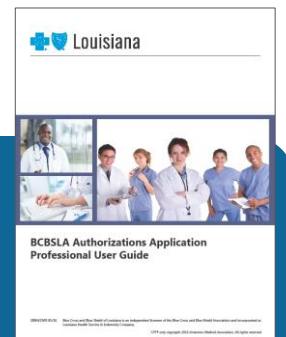
Authorizations

We have streamlined the process for requesting prior authorizations

- Blue Cross no longer accepts authorization requests via phone or fax, with a few exceptions including transplants, dental services covered under medical and out-of-state services.
- Prior authorization requests, including new and extension authorizations, must be submitted through our online BCBSLA Authorizations application available in iLinkBlue.
- The application allows providers to request authorizations 24 hours a day, seven days a week, in real time.
- **In some cases, the application allows for immediate approval without Blue Cross personnel intervention.**
- **If the requested services are to treat a condition due to a complication of a non-covered service, claims will deny as non-covered regardless of medical necessity.**
- **Providers are responsible for checking member eligibility and benefits.**



For more information on how to use our BCBSLA Authorizations application, the *BCBSLA Authorizations Applications Professional User Guide* is available on iLinkBlue under the "Resources" tab, then click "Manuals."



iLinkBlue

What is an 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 services.
- They only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- Your administrative representative must grant a user access to the following:
 - iLinkBlue
 - BCBSLA Authorizations
 - Behavioral Health Authorizations
 - Blue Advantage Provider Portal
 - Pre-Service Review
- One administrative representative is required to self-manage user access to our secure online services, but we recommend each organization assign more than one.



If you do not have an administrative representative registered with Blue Cross, please fill out and submit the Administrative Representative Registration Packet, which can be found on our Provider page (www.bcbsla.com/providers).

All iLinkBlue users should complete several verification steps before entering iLinkBlue (www.bcbsla.com/ilinkblue).

MFA is a security feature that authenticates who you are when logging in. You must preregister **at least two methods** of verification.

- email
- text
- voice call
- smartphone app

Our step-by-step instruction guide for MFA registration is available at www.bcbsla.com/providers >Resources >Speed Guides.



- Delegated Access, our security setup application for administrative representatives, is available through iLinkBlue only.
 - Replaced the Sigma Security Setup Tool previously used.
 - Gives administrative representatives a better user experience with simpler navigation while maximizing functionality.
- We migrated the data housed in the previous tool for your provider organization to the new application.

If you have questions about the change, please contact our Provider Relations Department at provider.relations@bcbsla.com.

iLinkBlue offers user-friendly navigation to allow easy access to many secure online tools:

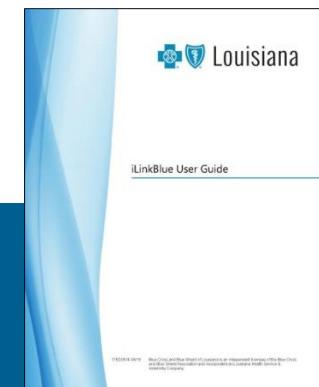
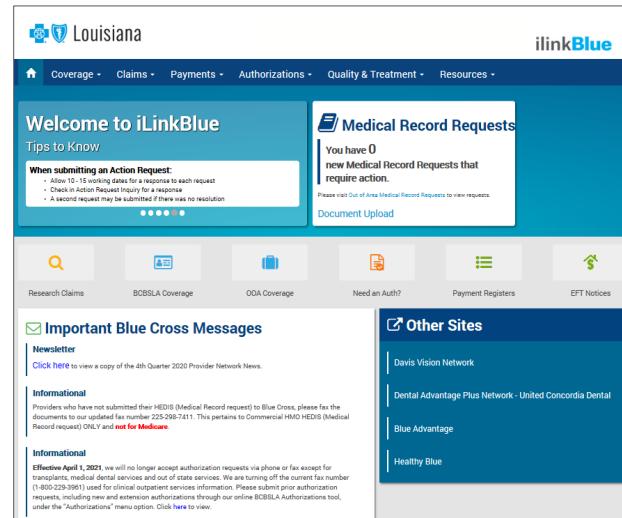
- Coverage & Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Status (BCBSLA, FEP and Out of Area)
- Medical Code Editing
- Payment Registers/EFT Notifications
- Allowables Search
- Authorizations
- Medical Policy
- 1500 Claims Entry

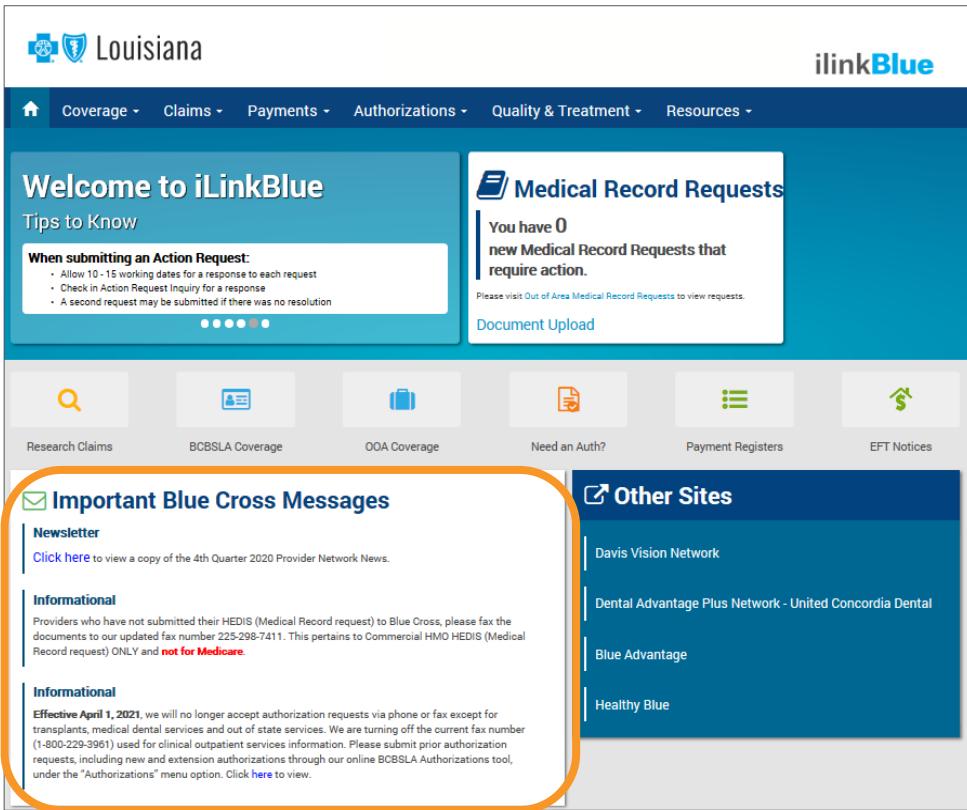
For iLinkBlue training and education, contact provider.relations@bcbsla.com.

We have an *iLinkBlue User Guide* available online at www.bcbsla.com/providers, then click on "Resources."

ilinkBlue

www.bcbsla.com/ilinkblue





Welcome to iLinkBlue

Tips to Know

When submitting an Action Request:

- Allow 10-15 working days for a response to each request
- Check in Action Request Inquiry for a response
- A second request may be submitted if there was no resolution

Medical Record Requests

You have 0 new Medical Record Requests that require action.

Please visit [Out of Area Medical Record Requests](#) to view requests.

Document Upload

Important Blue Cross Messages

Newsletter
[Click here](#) to view a copy of the 4th Quarter 2020 Provider Network News.

Informational
Providers who have not submitted their HEDIS (Medical Record request) to Blue Cross, please fax the documents to our updated fax number 225-298-7411. This pertains to Commercial HMO HEDIS (Medical Record request) ONLY and **not for Medicare**.

Informational
Effective April 1, 2021, we will no longer accept authorization requests via phone or fax except for transplants, medical dental services and out-of-state services. We are turning off the current fax number (1-800-229-3961) used for clinical outpatient services information. Please submit prior authorization requests, including new and extension authorizations through our online BCBSLA Authorizations tool, under the "Authorizations" menu option. [Click here](#) to view.

Other Sites

- Davis Vision Network
- Dental Advantage Plus Network - United Concordia Dental
- Blue Advantage
- Healthy Blue

iLinkBlue has a message board that appears on the main landing page.

This area contains posts for:

- Upcoming events
- New features
- System outages
- Holiday notices
- And other important bulletins

The main landing page also gives you an alert message when there are BlueCard® (out-of-area) medical record requests for your patients.



Medical Record Requests

You have 0 new Medical Record Requests that require action.

Please visit [Out of Area Medical Record Requests](#) to view requests.

Document Upload

Coverage and Eligibility in iLinkBlue



1

Coverage Information

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

1 Select Search Criteria 2 Enter Contract or Social Security Number

BCBSLA
 FEP
 Social Security Number

2

Coverage Information

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

BCBSLA

Contract Number XUA123456789

Group/Non Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group	TEST GROUP	123456-89-0000	02/01/2000	2b

Coverage Category Coverage Type Effective From Effective To

Medical	Family	01/01/2018	—
---------	--------	------------	---

John Doe Subscriber

Address	123 STREET ST, CITY, LA 70000	Sex	Male		
Coverage	Effective Date	Cancel Date	Original Effective Date	Marriage Status	Married
Medical	01/01/2018	—	02/01/2000	Date of Birth	11/30/1900

Jane Doe Spouse

Coverage	Effective Date	Cancel Date	Original Effective Date	Sex	Female
Medical	01/01/2018	—	02/01/2000	Date of Birth	11/30/1900

Jimmy Doe Child

Coverage	Effective Date	Cancel Date	Original Effective Date	Sex	Male
Medical	02/01/2009	05/31/2009	02/01/2000	Date of Birth	01/01/1930

3

Medical Benefits Summary

Contract Number XUA123456789

ACTIVE COVERAGE

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

Copays

	EPO Copays	OBPC Copays
Office Visit	\$20.00	—
Office Visit Specialist	\$45.00	—
Outpatient Surgical	\$500.00	—
Emergency Room	\$100.00	—
Inpatient Hospital (In-network)	\$500.00	—
Inpatient Hospital Maximum	\$1,500.00	—
Inpatient Hospital (Out-of-network)	—	—
Outpatient X-ray & Lab	—	—
Outpatient Physical Therapy	\$50.00	—
Outpatient Speech Therapy	\$50.00	—
Cardiac Rehab	\$50.00	—
Wavis Services	\$50.00	—
Outpatient Professional	—	—

Accumulations

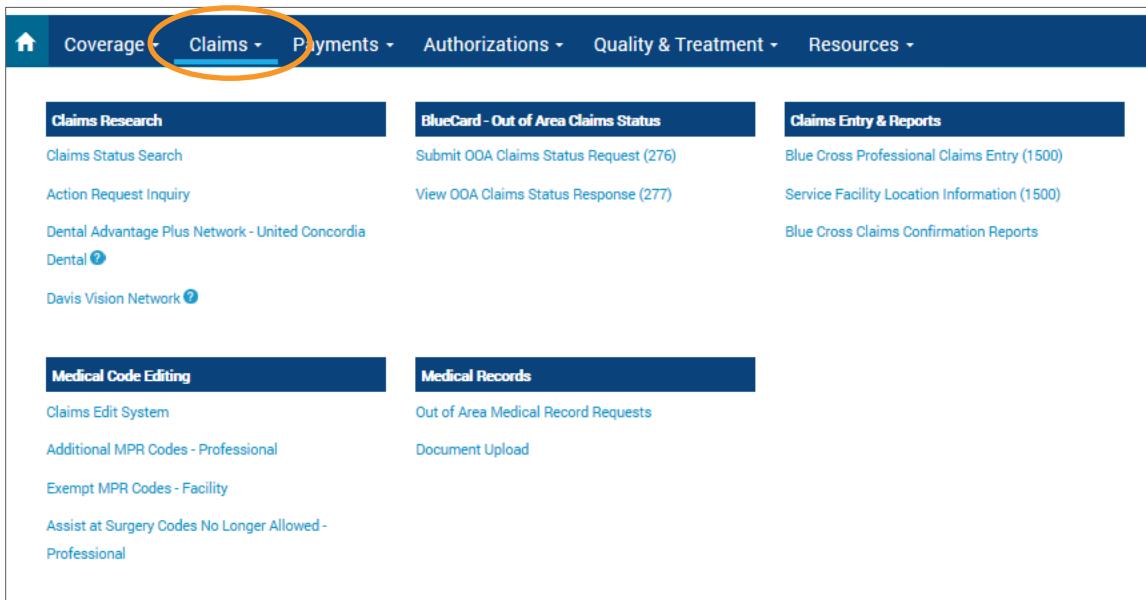
	Par Amounts	Non-Par Amounts	EPO Amounts
Deductible Amount	\$0.00	\$1,750.00	—
Deductible Remaining	\$0.00	\$1,750.00	—
Out-of-Pocket Amount	\$5,000.00	\$6,000.00	—
Out-of-Pocket Remaining	\$5,000.00	\$6,000.00	—

Coinsurance

	BCBSLA Coverage	Member Responsibility
Par Percentage	90%	10%
Non-Par Percentage	70%	30%
EPO Percentage	—	—
OBPC Percentage	—	—

Use the "Coverage" menu option to research Blue Cross and Federal Employee Program (FEP) member eligibility, copays, deductibles and detailed contract information.

Note: Blue Advantage (HMO) | Blue Advantage (PPO) member coverage and eligibility must be verified through the Blue Advantage Provider Portal.



The screenshot shows the iLinkBlue navigation bar with several menu options: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Claims' option is highlighted with an orange circle. Below the navigation bar, there are four main sections: 'Claims Research', 'BlueCard - Out of Area Claims Status', 'Claims Entry & Reports', 'Medical Code Editing', and 'Medical Records'. Each section contains a list of links related to that category.

Claims Research	BlueCard - Out of Area Claims Status	Claims Entry & Reports
Claims Status Search	Submit OOA Claims Status Request (276)	Blue Cross Professional Claims Entry (1500)
Action Request Inquiry	View OOA Claims Status Response (277)	Service Facility Location Information (1500)
Dental Advantage Plus Network - United Concordia		Blue Cross Claims Confirmation Reports
Dental ?		
Davis Vision Network ?		

Medical Code Editing	Medical Records
Claims Edit System	Out of Area Medical Record Requests
Additional MPR Codes - Professional	Document Upload
Exempt MPR Codes - Facility	
Assist at Surgery Codes No Longer Allowed - Professional	

Use the "Claims" menu option to find online tools to:

- File CMS-1500 claims electronically using the **Blue Cross Professional Claims Entry** tool.
- Perform **Claims Research** on claims that were submitted for processing.
- Submit **BlueCard - Out of Area Claims Status** inquiries for BlueCard (out-of-area) members.
- Check status of claims that were filed electronically (even if they were filed through a clearinghouse) using the **Blue Cross Claims Confirmation Reports** tool.
- View medical record requests for your BlueCard (out-of-area) patients in our **Medical Records** section.

Digital ID Cards on iLinkBlue



Digital ID cards are accessible through iLinkBlue as a downloadable PDF. Click the "Coverage Information" menu option, enter the member contract number in the search bar and then click "ID Card."

Louisiana Provider
Tax ID NPI Submit Logged in as Billy Gomila
Location **ilinkBlue**

[Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

[BCBSLA Members](#) [BlueCard - Out of Area Members](#)

[Submit Eligibility Request \(270\)](#) [View Eligibility Response \(271\)](#)

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

BCBSLA [Search](#)

Contract Number XUA123456789

Group/Non-Group Group Policy	Group Name TEST GROUP	Group Number 123456789-0000	Group OED 02/01/2000	Minor Dep. Age Max 26
Coverage Category Medical	Coverage Type Family	Effective From 01/01/2020	Effective To ---	

ACTIVE COVERAGE

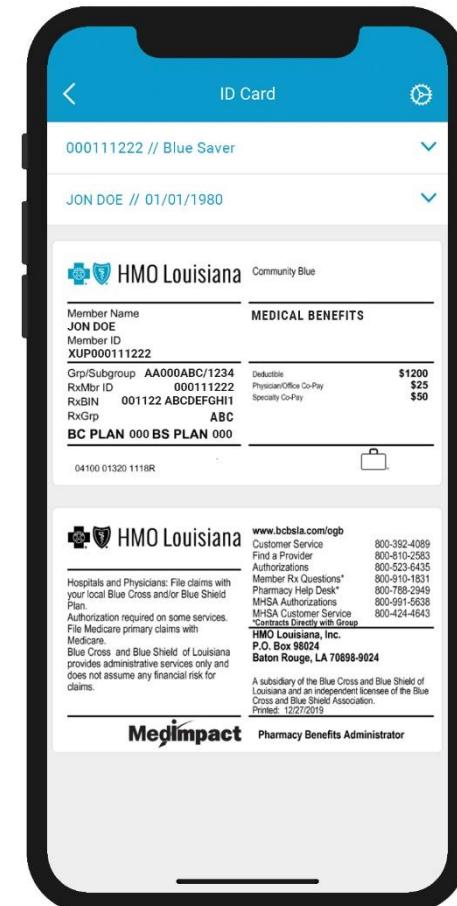
John Doe Subscriber	Sex Male	Marriage Status Married	Date of Birth 11/30/1900	
Address 123 STREET ST. CITY, LA 70000				
Coverage Medical	Effective Date 01/01/2020	Cancel Date ---	Original Effective Date 02/01/2000	ID Card View ID Card Coverage Views Summary Benefits View COB

Members Can Access Their Digital ID Cards



Our members may also access their digital ID cards through their smartphone, via the Blue Cross mobile app or through our online member portal:

- Blue Cross mobile app: Log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available.
- Blue Cross member portal: Log into the online member account at www.bcbsla.com, then click on “My ID Card” and use the dropdown menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.



Payments Information in iLinkBlue



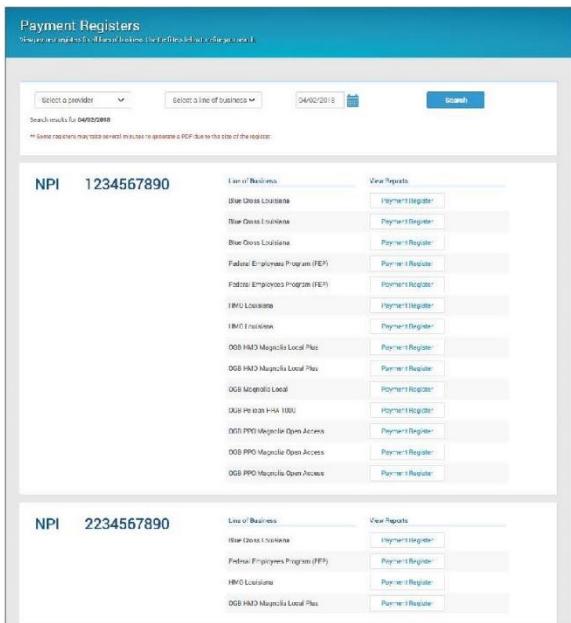
Use the “Payments” menu option to view payment registers, EFT notifications and research allowables.

1.



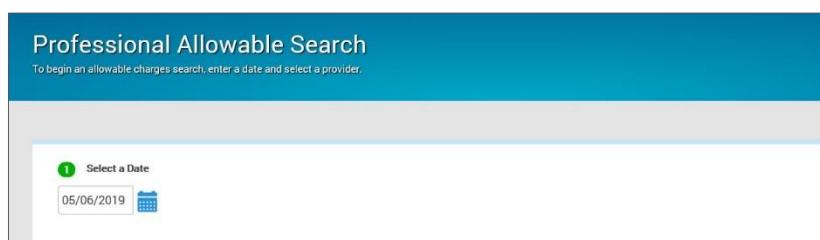
The screenshot shows the iLinkBlue navigation bar with several menu options: Coverage, Claims, Payments (which is highlighted with an orange circle), Authorizations, Quality & Treatment, and Resources. Below the navigation bar, there are two main sections: "Payment Information" and "Allowables". The "Payment Information" section contains links for "Payment Registers" and "EFT Notifications". The "Allowables" section contains links for "Professional Provider Allowable Charges Search", "Outpatient Facility Allowable Charges Search", "Facility Allowables (PDFs)", and "FEP Dental Allowables (PDFs)".

2.



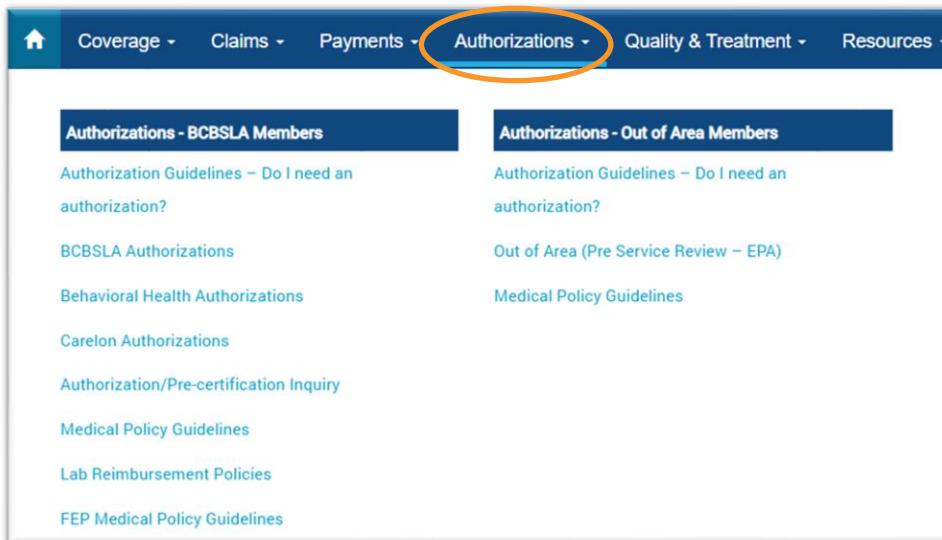
The screenshot shows the "Payment Registers" page. At the top, there are dropdown menus for "Select a provider" and "Select a line of business", a date picker set to "04/02/2018", and a "Search" button. Below this, there are two main sections for NPI 1234567890 and NPI 2234567890. Each section lists various business entities with their names and corresponding "Payment Register" links. For NPI 1234567890, the entities include Blue Cross Louisiana, Blue Cross Indiana, Blue Cross Louisiana, Federal Employees Program (FEP), Federal Employees Program (FEP), HMO Louisiana, HMO Indiana, OGB HMO Magenta Local Plus, OGB HMO Magenta Local Plus, OGB Magenta Local, OGB PPO HMO 1000, OGB PPO Magenta Open Access, OGB PPO Magenta Open Access, and OGB PPO Magenta Open Access. For NPI 2234567890, the entities include Blue Cross Louisiana, Federal Employees Program (FEP), HMO Louisiana, and OGB HMO Magenta Local Plus.

3.



The screenshot shows the "Professional Allowable Search" page. At the top, it says "To begin an allowable charges search, enter a date and select a provider." Below this is a "Select a Date" button with a calendar icon, which is set to "05/06/2019".

Authorization Requests Through iLinkBlue



The screenshot shows the iLinkBlue website's navigation bar with several dropdown menu items: Coverage, Claims, Payments, Authorizations (which is highlighted with an orange circle), Quality & Treatment, and Resources. Below the navigation bar, there are two main sections: 'Authorizations - BCBSLA Members' and 'Authorizations - Out of Area Members'. Each section contains links to various authorization guidelines and applications.

Section	Links
Authorizations - BCBSLA Members	Authorization Guidelines – Do I need an authorization? BCBSLA Authorizations Behavioral Health Authorizations Carelon Authorizations Authorization/Pre-certification Inquiry Medical Policy Guidelines Lab Reimbursement Policies FEP Medical Policy Guidelines
Authorizations - Out of Area Members	Authorization Guidelines – Do I need an authorization? Out of Area (Pre Service Review – EPA) Medical Policy Guidelines

Use the “Authorizations” menu option to access online authorization applications:

- The **BCBSLA Authorizations** application allows you to submit and research authorizations for BCBSLA members.
- Behavioral health providers must use the Lucet WebPass Portal application, located in the **Behavioral Health Authorizations** link, to submit authorization requests for behavioral services.
- **Carelon Medical Benefits Management® (Carelon)**, an independent specialty benefits management company, serves as our authorization manager for these services:
 - Cardiology
 - High-tech Imaging
 - Radiation Oncology
 - Musculoskeletal (MSK)
 - ✓ Interventional Pain Management
 - ✓ Joint Surgery
 - ✓ Spine Surgery
- Our network providers can access pre-service information offered by other Blue Plans for BlueCard® (out-of-area) members in the **Out of Area (Pre-Service Review - EPA)** application.

Accessing Medical Policies in iLinkBlue



1.

Home	Coverage	Claims	Payments	Authorizations	Quality & Treatment	Resources
Authorizations - BCBSLA Members				Authorizations - Out of Area Members		
Authorization Guidelines – Do I need an authorization? BCBSLA Authorizations Behavioral Health Authorizations Carelon Authorizations Authorization/Pre-certification Inquiry Medical Policy Guidelines Lab Reimbursement Policies FEP Medical Policy Guidelines	Authorization Guidelines – Do I need an authorization? Out of Area (Pre Service Review – EPA) Medical Policy Guidelines					

2.

Medical Policies

Keyword Letter [View All](#)

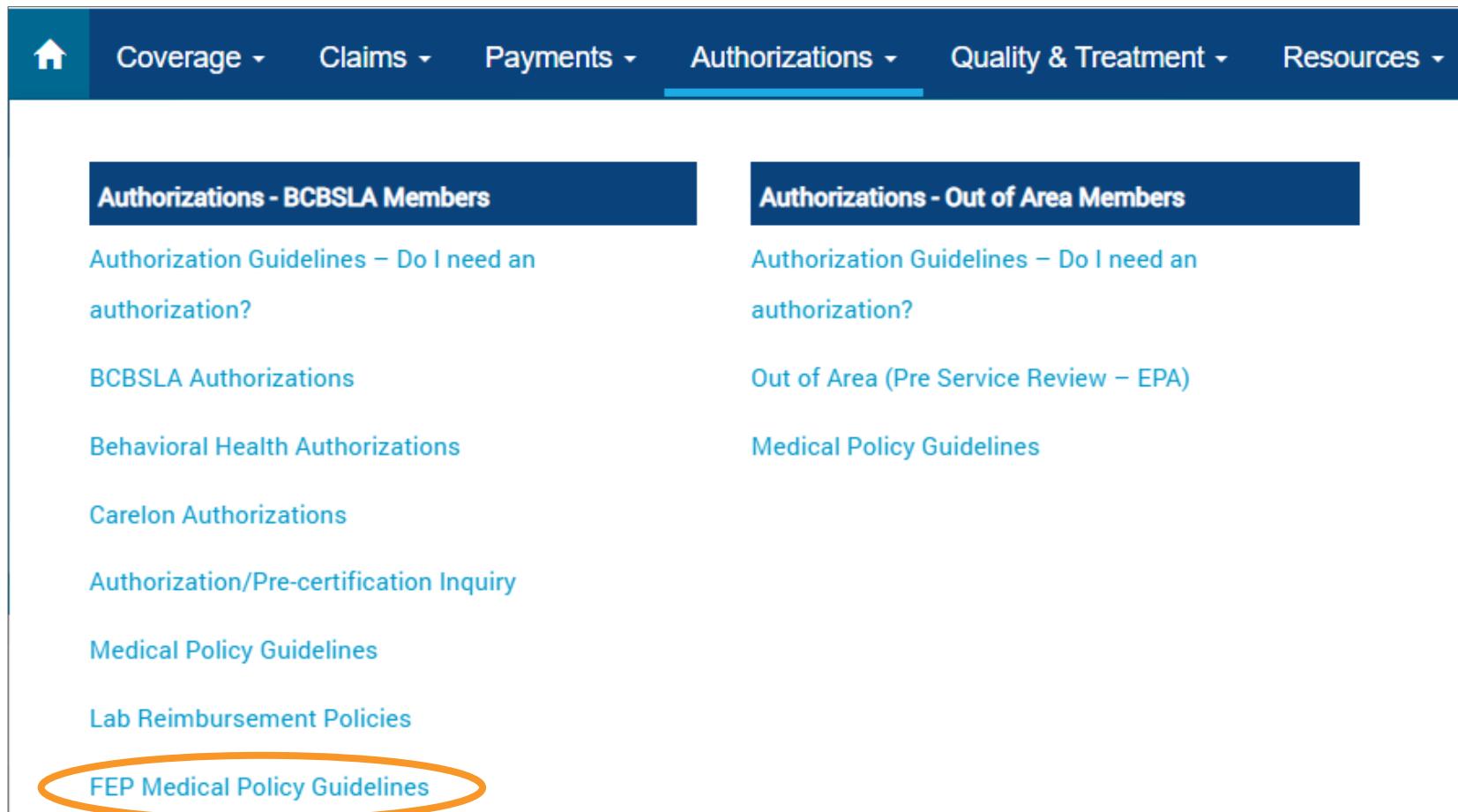
Enter Keyword

 Please choose how you want to search for medical policies.

- Also use the “Authorizations” menu option to access our **Medical Policy Index**.
- Policies are listed in alpha order or you may search by policy number or procedure code.

Medical policies are reviewed annually and updated throughout the year as needed. We publish these updates in our quarterly *Provider Network News* newsletters, available online at **www.bcbsla.com/providers** > Newsletters.

FEP Medical Policy Guidelines can now be found on iLinkBlue (www.bcbsla.com/ilinkblue), under Authorizations.



The screenshot shows the iLinkBlue website's navigation bar with tabs for Coverage, Claims, Payments, **Authorizations**, Quality & Treatment, and Resources. The Authorizations section is expanded, showing two main categories: "Authorizations - BCBSLA Members" and "Authorizations - Out of Area Members". Under BCBSLA Members, links include Authorization Guidelines, BCBSLA Authorizations, Behavioral Health Authorizations, Carelon Authorizations, Authorization/Pre-certification Inquiry, Medical Policy Guidelines, and Lab Reimbursement Policies. Under Out of Area Members, links include Authorization Guidelines and Out of Area (Pre Service Review – EPA). The "FEP Medical Policy Guidelines" link is highlighted with an orange oval.

Authorizations - BCBSLA Members

- Authorization Guidelines – Do I need an authorization?
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Carelon Authorizations
- Authorization/Pre-certification Inquiry
- Medical Policy Guidelines
- Lab Reimbursement Policies

Authorizations - Out of Area Members

- Authorization Guidelines – Do I need an authorization?
- Out of Area (Pre Service Review – EPA)

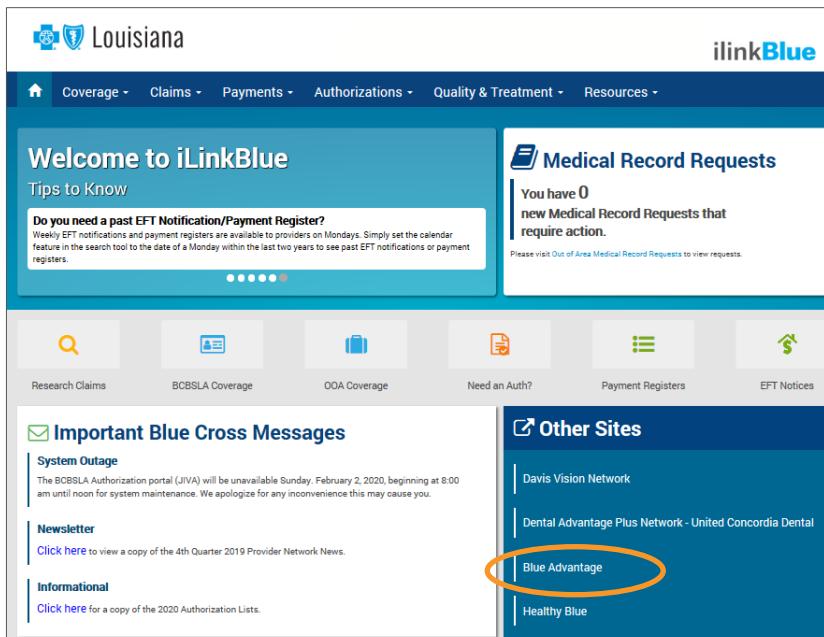
FEP Medical Policy Guidelines

Blue Advantage

Accessing the Blue Advantage Provider Portal



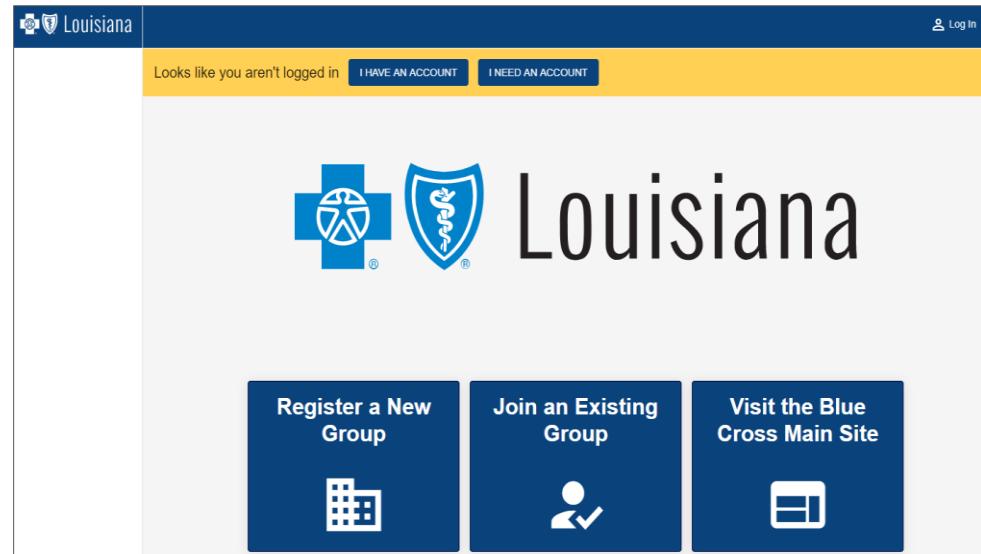
- The processes for Blue Advantage (HMO)/Blue Advantage (PPO) differ from our other provider network processes.
- There is a separate portal for these contracted providers to access needed information.
- You can access the Blue Advantage Provider Portal through iLinkBlue (www.bcbsla.com/ilinkblue.com), under “Other Sites,” click “Blue Advantage.”
- Access to the Blue Advantage Provider Portal requires a higher level of security that must be assigned to users by your organization's security administrative representative.



The screenshot shows the iLinkBlue provider portal homepage. At the top, there's a navigation bar with links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation is a "Welcome to iLinkBlue" section with a "Tips to Know" box and a "Medical Record Requests" box. The "Medical Record Requests" box indicates 0 new requests. The main content area features several icons: Research Claims, BCBSLA Coverage, OOA Coverage, Need an Auth?, Payment Registers, and EFT Notices. Below these are two columns: "Important Blue Cross Messages" (System Outage, Newsletter, Informational) and "Other Sites" (Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, Healthy Blue). The "Blue Advantage" link in the "Other Sites" column is circled in orange.

The Blue Advantage Provider Portal offers resources such as:

- Office Manuals*
- Guides*
- Forms*
- Eligibility
- Claims & Authorization Inquiries
- Provider & Pharmacy Search feature to refer members to other Blue Advantage network providers



*These resources are also available on the Blue Advantage Resources page at www.bcbsla.com/providers.

Registration is required to gain access to the Blue Advantage Provider Portal. If you need access to the Blue Advantage Provider Portal, please reach out to your Group Moderator.

Below are the ways that providers can submit Blue Advantage claims:

Submit Blue Advantage claims to Change Healthcare (Payer ID 72107)

Blue Cross Blue Shield of Louisiana/HMO Louisiana, Inc.
130 DeSiard St. Ste 322
Monroe, LA 71201



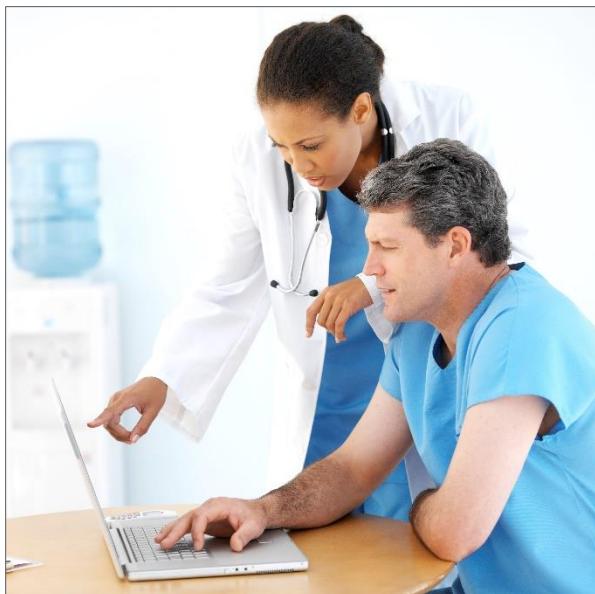
Submit Blue Advantage claims electronically to Blue Cross

Beginning **May 28, 2023**, Blue Advantage will instead use Blue Cross and Blue Shield of Louisiana to manage electronic transactions for claims. Providers should notify their clearinghouse of the new Payer ID **77701** for claims filed on or after May 28.

Claims Editing

- Applies edits to incoming claims to ensure proper coding and billing based on:
 - Reimbursement
 - Medical policy
 - Benefit rules
 - Industry standard and coding guidelines
- It promotes accurate and consistent payments.
- Manages compliance with standard coding and billing practice between various types of services, such as:
 - Medical
 - Surgical
 - Lab and radiology





Certain codes will be denied because the services should be included with other services billed on the same day.

Examples: Codes billed for general surgical supplies, quality measure codes (e.g., 0001F-9000F).

Individual lines will be denied when two or more component codes are billed instead of a more appropriate, comprehensive code. The provider will need to refile the correct, comprehensive code.

Examples:

80053
84443
85025



80050

73560
73562



73564

85025
86592
86762
86850
86900
86901
87340



80055

85025
86592
86762
86850
86900
86901
87340
89389



80081

If you do not understand the way your claim was processed, follow these steps to troubleshoot.

Step 1

- Check that you are following the proper billing guidelines. Refer to resources in your:
 - Provider Manual
 - Code Book
 - Lists provided on iLinkBlue (You can locate these lists at www.bcbsla.com/ilinkblue >Claims then look under the “Medical Code Editing” section).

Step 2

- Check the new CES provider portal tool to determine if the CES system is processing according to the new edits based on the rejection code.
- This tool is located at www.bcbsla.com/ilinkblue >Claims >Claims Edit System.
- CES edits will appear in lower case.

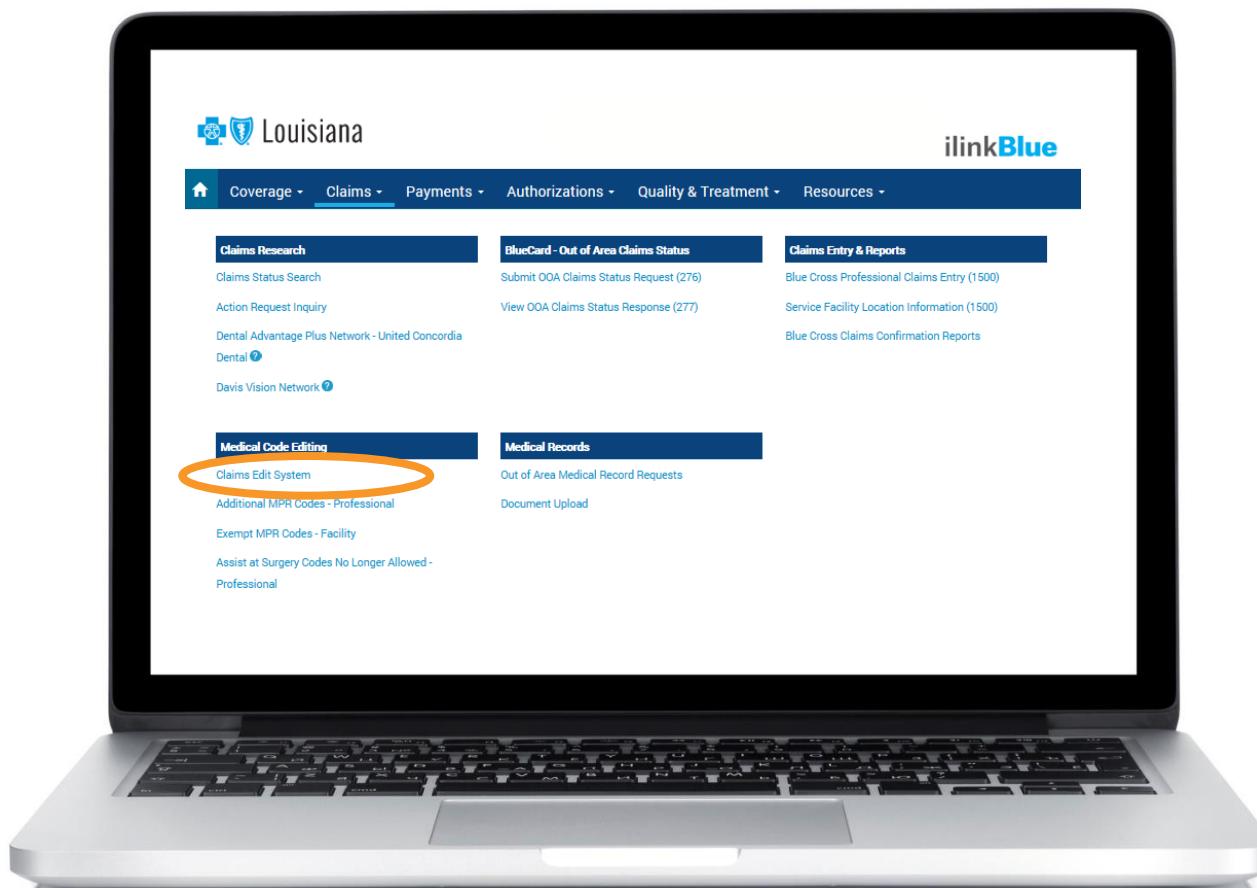
Step 3

- Submit an Action Request.
- Discussed previously in this presentation about how to submit an Action Request (refer to the “Resolving Claims Issues” section).
- In order to properly route your inquiry please choose “**Code Editing Inquiry**” from the action drop down box when submitting your action request.

Claims Editing System Application



With the implementation of the CES system, we have an application in iLinkBlue for providers to calculate claim-edit outcomes.



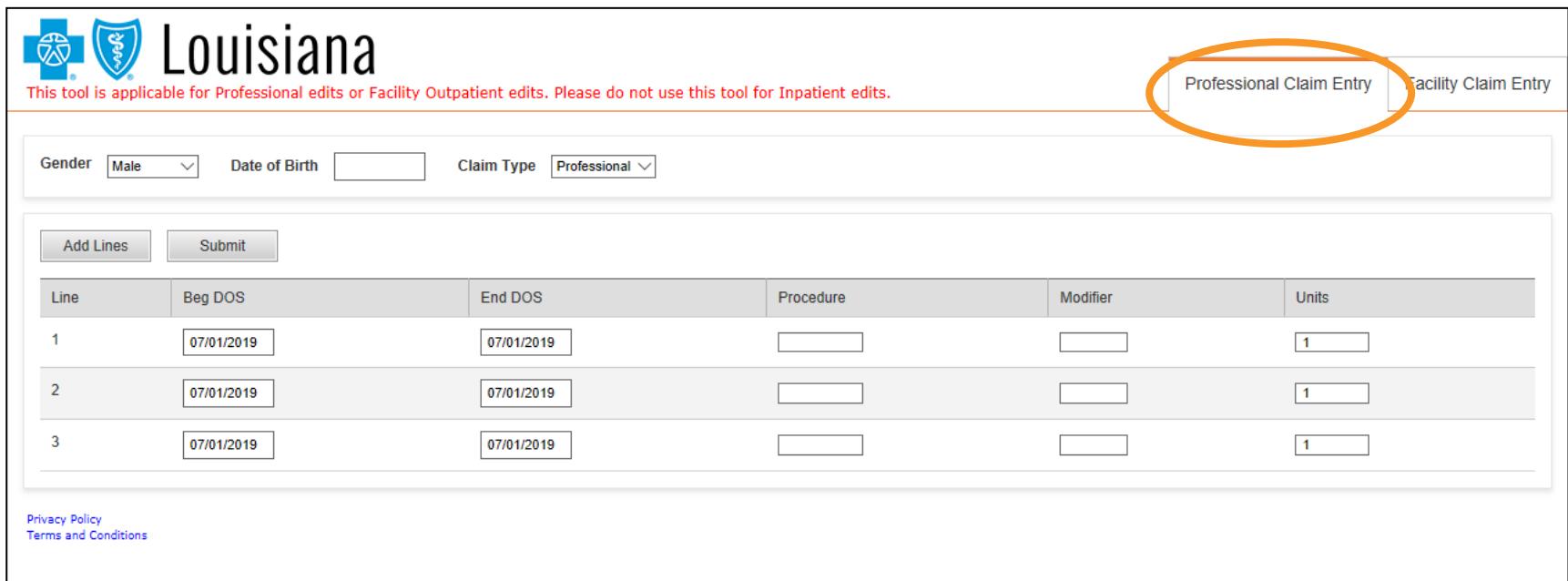
This application applies to **professional** claims and does not guarantee claims payment.

The results of the software do not consider all circumstances and factors that may affect payment including:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits



The new CES application is available for both **outpatient facility** and **professional** claims. Please make sure you select the correct tab as the edits and modifiers will not be the same.



Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Gender: Male Date of Birth: Claim Type: Professional

Add Lines Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	07/01/2019	07/01/2019	<input type="text"/>	<input type="text"/>	1 <input type="text"/>
2	07/01/2019	07/01/2019	<input type="text"/>	<input type="text"/>	1 <input type="text"/>
3	07/01/2019	07/01/2019	<input type="text"/>	<input type="text"/>	1 <input type="text"/>

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[Terms and Conditions](#)

CES Application Mandatory Fields



 Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry Facility Claim Entry

Gender	Male	Date of Birth		Claim Type	Professional
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Add Lines Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	07/01/2019	07/01/2019			1
2	07/01/2019	07/01/2019			1
3	07/01/2019	07/01/2019			1

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[Terms and Conditions](#)

NOTE: If you do not enter the Statement From or Through dates, no edits will be returned, so the dates are necessary.



Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

[Professional Claim Entry](#)
[Facility Claim Entry](#)

[Export to PDF](#)
[New Claim](#)

Gender: M Birth Year: 1985 Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	24341		3	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags	Flag Description	Flag Status	Disclosure
1	24341	2	0.0		Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="border: 1px solid #ccc; padding: 5px; min-height: 100px; overflow-y: scroll;"> The Maximum Frequency per Day (MFD) edits indicate the number of allowed procedures per day for a specific procedure code. The descriptors of certain CPT® and Healthcare Common Procedure Coding System (HCPCS) codes include an MFD modifier. This edit checks if the number of procedures for a given day exceeds the allowed MFD. For example, if a procedure has an MFD of 1, and it is run 2 or more times on the same day, it will be flagged as denied. </div>
2		1	0.0		CLEAN LINE		
3		1	0.0		CLEAN LINE		

*

Procedure Code 24341 with an allowed daily frequency of 2 has been exceeded by 1 for date of service 07/01/2019.

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CPT Code 24341 – Repair, tendon or muscle, upper arm or elbow daily max frequency limit of 2 units. Code on one line with 3 units – 2 units will pay, 1 unit will deny.


Louisiana

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Professional Claim Entry
Facility Claim Entry

Export to PDF
New Claim

Gender: M Birth Year: Claim Type: Professional



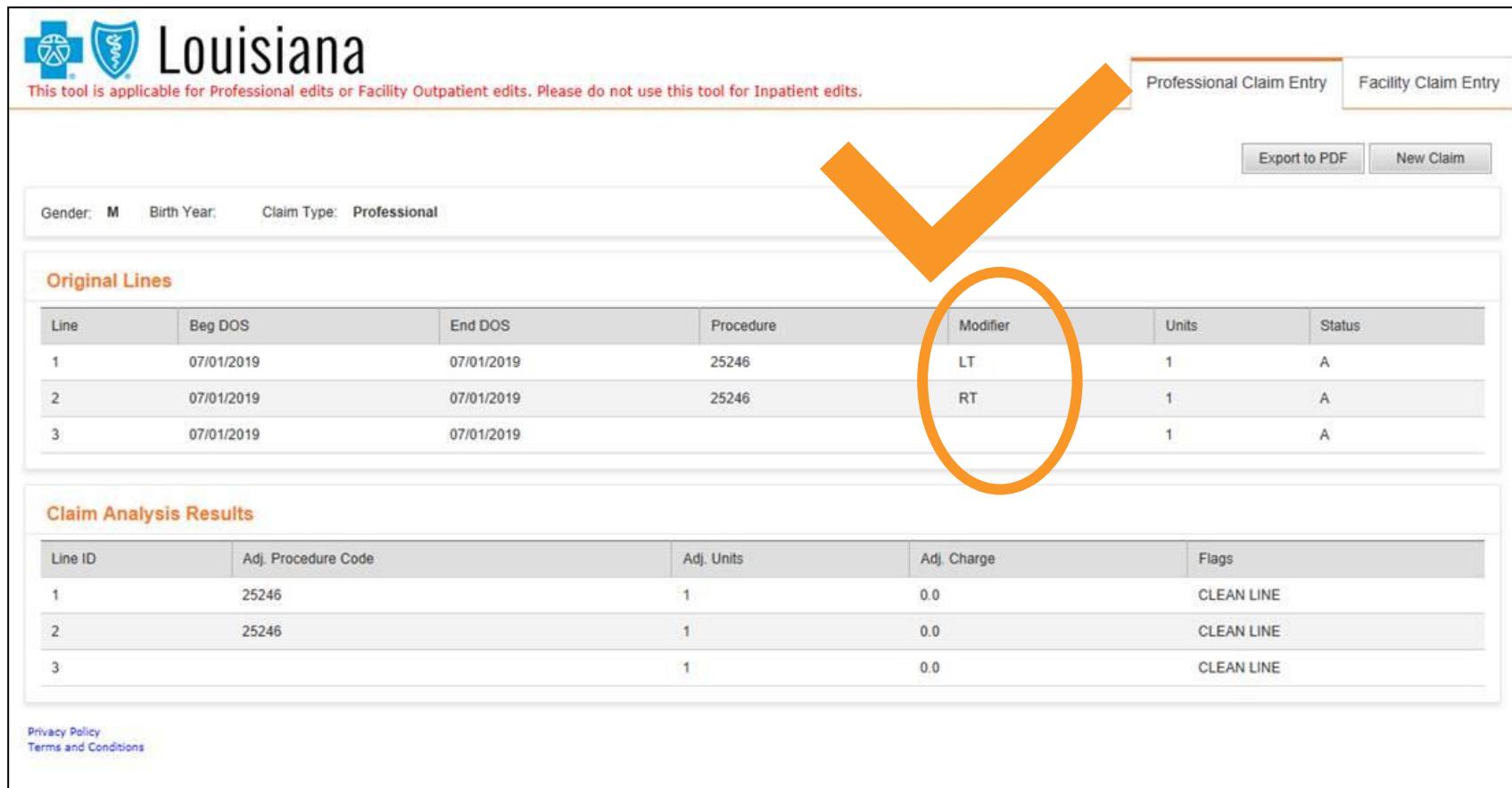
Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246		2	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags	Flag Description	Flag Status	Disclosure
1	25246	1	0.0		Procedure Code 25246 with an allowed daily frequency of 1 has been exceeded by 1 for date of service 07/01/2019.	Deny	<div style="border: 1px solid #ccc; padding: 5px; min-height: 100px; overflow: auto;"> The Maximum Frequency per Day (MFD) edits indicate the number of allowed procedures per day. The descriptors of certain CPT and Healthcare Common Procedure Coding System (HCPCS) codes have specific MFD values assigned to them. These MFD values are used to determine if a claim is in compliance with the allowed frequency of service. If the allowed frequency is exceeded, the claim will be denied. First lesion - MFD of 1 Lesions 4 to 6 - MFD of 1 Lesions 7 to 10 - MFD of 1 Lesions 11 to 15 - MFD of 1 Lesions 16 to 20 - MFD of 1 Lesions 21 to 25 - MFD of 1 Lesions 26 to 30 - MFD of 1 Lesions 31 to 35 - MFD of 1 Lesions 36 to 40 - MFD of 1 Lesions 41 to 45 - MFD of 1 Lesions 46 to 50 - MFD of 1 Lesions 51 to 55 - MFD of 1 Lesions 56 to 60 - MFD of 1 Lesions 61 to 65 - MFD of 1 Lesions 66 to 70 - MFD of 1 Lesions 71 to 75 - MFD of 1 Lesions 76 to 80 - MFD of 1 Lesions 81 to 85 - MFD of 1 Lesions 86 to 90 - MFD of 1 Lesions 91 to 95 - MFD of 1 Lesions 96 to 100 - MFD of 1 </div>
2			0.0		CLEAN LINE		
3		1	0.0		CLEAN LINE		

CPT Code 25246 – Injection procedure for wrist daily max frequency limit of 1 unit. Code on one line with 2 units – 1 unit will pay and one unit will deny.



This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry Facility Claim Entry

Export to PDF New Claim

Gender: M Birth Year: Claim Type: Professional

Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	LT	1	A
2	07/01/2019	07/01/2019	25246	RT	1	A
3	07/01/2019	07/01/2019			1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	25246	1	0.0	CLEAN LINE
2	25246	1	0.0	CLEAN LINE
3		1	0.0	CLEAN LINE

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A large orange checkmark is drawn over the 'Original Lines' table, and a large orange circle highlights the 'Modifier' column in the same table.

CPT 25246 (injection procedure) – billed correctly with Modifiers LT, RT and one unit, it will pay correctly.

 Louisiana

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Professional Claim Entry Facility Claim Entry

Export to PDF New Claim

Gender: M Birth Year: Claim Type: Professional

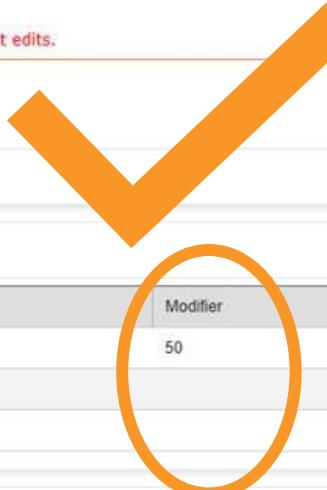
Original Lines

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	07/01/2019	07/01/2019	25246	50	1	A
2	07/01/2019	07/01/2019			1	A
3	07/01/2019	07/01/2019			1	A

Claim Analysis Results

Line ID	Adj. Procedure Code	Adj. Units	Adj. Charge	Flags
1	25246	1	0.0	CLEAN LINE
2		1	0.0	CLEAN LINE
3		1	0.0	CLEAN LINE

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 A large orange checkmark is drawn over the 'Modifier' column in the 'Original Lines' table, specifically highlighting the entry for line 1.

CPT 25246 (injection procedure) – billed correctly with Modifier 50.

Resources

The Provider Page



Resources to Support Our Providers

Pharmacy Authorizations Support COVID-19

Network Enrollment
Learn more about our network requirements and onboarding program
[Read the Requirements](#)

Resources
Access manuals, user guides, slide presentations, tutorials and forms
[Find Your Information](#)

News and Events
Stay connected with what's going on at Blue Cross with our provider newsletter
[Read the Latest News](#)

Electronic Services
Access electronic services including UNiDose, online authorizations and more
[Find Your Account Details](#)

Medical Management
Find information and requirements for managing services to members
[Learn More](#)

Programs
Learn more about the many programs that can benefit you and your patients
[Learn About Our Programs](#)

Blue Advantage Resources
Our provider page is designed to give you access to the most current Blue Advantage resources
[Go to BA Resources](#)

Comparing Costs with SmartShopper
Our new SmartShopper tool lets members compare medical procedures based on price and location
[Understand SmartShopper](#)

Behavioral Health
We have partnered with Locutus for their expertise in the provision of mental health services
[Learn About Our Requirements](#)

Need an Admin Rep?
Each organization must pick a representative to manage access to our secure online services
[Designate Your Rep](#)

The Provider Page is home to online resources such as:

- Provider manuals
- Network speed guides
- Newsletters
- Provider forms
- And more

www.bcbsla.com/providers



www.bcbsla.com/providers > Resources > Manuals

Our manuals are an extension of your member provider agreement.

The manuals include the information you need as a participant in our networks:

- Reimbursement Information
- Claims Submission
- Billing Guidelines
- Medical Management
- Provider Disputes
- Network Overviews
- Authorization Requirements
- And much more

Stay connected with what is going on at Blue Cross with our **provider newsletters**.

www.bcbsla.com/providers > Newsletters



Network News

Our quarterly newsletter for network providers.

Not Getting Our Newsletters?

Send an email to provider.communications@bcbsla.com. Put "newsletter" in the subject line. Please include your name, organization name and contact information.

Blue Advantage Insight

Our newsletter for our Blue Advantage (HMO) and Blue Advantage (PPO) network providers.

Speed Guides & Tidbits



Speed Guides offer quick reference to network authorization requirements, policies and billing guidelines.

www.bcbsla.com/providers

>Resources >Speed Guides

 <h1>Louisiana</h1> <p>Blue Cross and Blue Shield of Louisiana offers a preferred provider program with multiple statewide and regional plan vendors. Laboratory services provided to Preferred Care PPO members must be submitted to a preferred reference laboratory in the member's network when not performed in the provider's office. Please refer to the preferred reference laboratory section of this booklet for more information. Please refer to the preferred lab requirements listed below to ensure your patient receives the maximum benefits to which they are entitled.</p> <p>Laboratory Requirements</p> <p>Laboratory services provided to PPO members must be submitted to a preferred reference laboratory in the member's network when not performed in the provider's office (see list on the right or online at www.BCBSLA.com).</p> <p>Preferred reference lab requirements to obtain the necessary results for submitting lab specimens:</p> <p>Presumptive lab services rendered before an inpatient stay or outpatient procedure may be submitted to the member's preferred reference hospital or the member's selected health plan if otherwise not referred to a preferred reference lab.</p> <p>If you performed laboratory testing procedures in your office, you must submit the results to your clinical Laboratory Improvement Act (CLIA) certified reference laboratory.</p> <p>For complete lab billing guidelines, refer to the Provider Resources section or visit our website online at www.BCBSLA.com/provider-resources.</p> <p>Special Arrangements</p> <p>Special arrangements may be made with other health plan providers to submit lab or other services to a preferred reference lab at the preferred reference rate. Please contact the preferred reference laboratory for special arrangements.</p>	<h2>Preferred Care PPO Preferred Reference Laboratory</h2> <p>Laboratory services provided to Preferred Care PPO members must be submitted to one of the following preferred reference labs when not performed in the provider's office:</p> <p>Statewide Laboratories</p> <ul style="list-style-type: none"> • LabCorp • Laboratory Corporation of America (LabCorp) • Quest Diagnostics <p>www.labcorp.com 1-800-633-4757</p> <p>www.labcorp.com 1-800-451-8037</p> <p>www.questdiagnostics.com 1-800-697-9917</p> <p>Regional Laboratories</p> <p>Alexandria Region</p> <ul style="list-style-type: none"> • Preferred Reference Laboratory (337)361-5123 <p>Baton Rouge Region</p> <ul style="list-style-type: none"> • Preferred Reference Laboratory (225)346-4272 <p>New Orleans Region</p> <ul style="list-style-type: none"> • Preferred Reference Laboratories, LLC (504)837-5000 • Preferred Reference Laboratories, LLC 1-844-768-4525 <p>Shreveport-Bossier Alexandria Region</p> <ul style="list-style-type: none"> • Preferred Reference Laboratory Services (318)212-4032 <p>Phone note: If you are not sure of network and regional laboratories, call at the end of the day for updated list. To view the list of preferred reference laboratories, visit www.BCBSLA.com/provider-resources and select the city, parish or zip code "City, zip code" to search for a laboratory that is acceptable.</p> <p>Notice to providers: Please note that the preferred reference laboratory services are not intended to be a guarantee of payment. Payment is based on the terms and conditions of the member's plan contract.</p>
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HMO Louisiana

This guide will help you quickly locate key information about the Signature Blue Network, which consists of a select group of physicians, hospitals and other allied providers. Some Signature Blue providers are contracted for limited services only. Please refer to Signature Blue members to providers within this network, or the region they have the highest level of benefit. Benefits plan in this network. Please verify member benefits with your plan administrator.

Please also refer to the [Professional Provider Office Manual](#), which is available online at www.BCSL.com/provider > Resources.

Signature Blue Network Speed Guide

Signature Blue Member ID Card
Signature Blue card
Printed GBR, CBR, and CBS



Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue Network printed on the member ID card. If you are not sure if you are a member, you must select a primary care provider.

Tiered benefits apply to members of Signature Blue Network. For more information, please go to www.BCSL.com/mbnbls

Submitting Claims

- **Electronic:**
• www.BCSL.com/mbnbls (CMS-1500 only)
- **Carnegeable:**
• www.BCSL.com/mbnbls

HMO Louisiana
P.O. Box 9820
Baton Rouge, LA 70898-9029

Services area for the Signature Blue Network



New Orleans Area

- Jefferson
- Orleans

Admitting Privileges

Members receive a level of benefit when using a provider that is in the Signature Blue Network.

Providers—who are required to have admitting privileges to receive a level of benefit, must be a part of the Signature Blue Network.

New Orleans Area

- East Jefferson General Hospital
- Holy Cross Hospital
- Urology Institute
- University Medical Center
- University Medical Center

Maternity Admissions

Maternity admissions do not require a tiered benefit. Maternity admissions are 48 hours or less for vaginal delivery and 96 hours or less for cesarean delivery. Member benefits receive the highest level of benefit when admissions are performed at a Signature Blue facility.

Please refer to the **HMO Louisiana, Inc. Preferred Reference Lab Guide** for information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

 **Louisiana**
providerTIDBIT
A guide to understanding our processes

Identifying Card Guide

Identification (ID) cards are useful tools for members and providers. They are designed to assist you in identifying the member's type of coverage. Always ask for a copy of the member's ID card at each visit. Please share clearly the member's information with the provider to prevent processing errors. To learn more, visit www.louisianahs.org/hsa.

Preferred Care PRO

Provider Variations

Our Preferred Care PRO network includes hospitals, physician offices, and other providers who will accept place a priority on the highest level of benefits when they receive services from you.

Preferred Care PRO members are identifiable by the Blue Cross and Blue Shield logo on their ID card. The "HMO" or "HMO Network" are printed on their card. The "HMO" or "HMO Network" logo is a registered trademark of Blue Cross and Blue Shield of the United States of America. For more information, visit the Preferred Care PRO Network Special Guide, available online at www.louisianahs.org/providers_premises_hlthcare.

Preferred Care (PRO) ID cards are issued to each member on the policy. When the member has Advantage Plus or Advantage Plus II or Network coverage, it is indicated on the member's ID card.

HMO Louisiana, Inc.

Provider Variations

HMO Louisiana, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of the United States of America, the HMO Louisiana provider network is a collection of physician offices, hospitals and allied health care providers that have agreed to provide services to HMO members under specific terms and conditions. The HMO coverage plan is described in the member's ID card.

HMO Louisiana allows members to choose from both HMO and PPO plans. Members can choose the plan that best suits their needs when they receive services from primary care physicians, specialists, hospitals and other HMO Louisiana, Inc. Network Health Care providers, available online at www.louisianahs.org/providers_premises_hlthcare.

The main identifier of an HMO Louisiana member is the HMO Louisiana logo to the left of the card. The card also includes the member's name, address, and a photo of the member. HMO Louisiana, Inc. Network Health Care providers can be identified on HMO Louisiana, Inc. Network Health Care providers, available online at www.louisianahs.org/providers_premises_hlthcare.

EVOLUCTION

The logo is displayed to the left of the Louisiana Department of Health and Senior Services logo. The logo is a registered trademark, and the Louisiana Department of Health and Senior Services and the logo are used for the protection of the public.

EVOLUCTION, INC.

EVOLUCTION, INC. is a wholly owned subsidiary of Blue Cross and Blue Shield of the United States of America.



 **Louisiana**
providerTIDBIT

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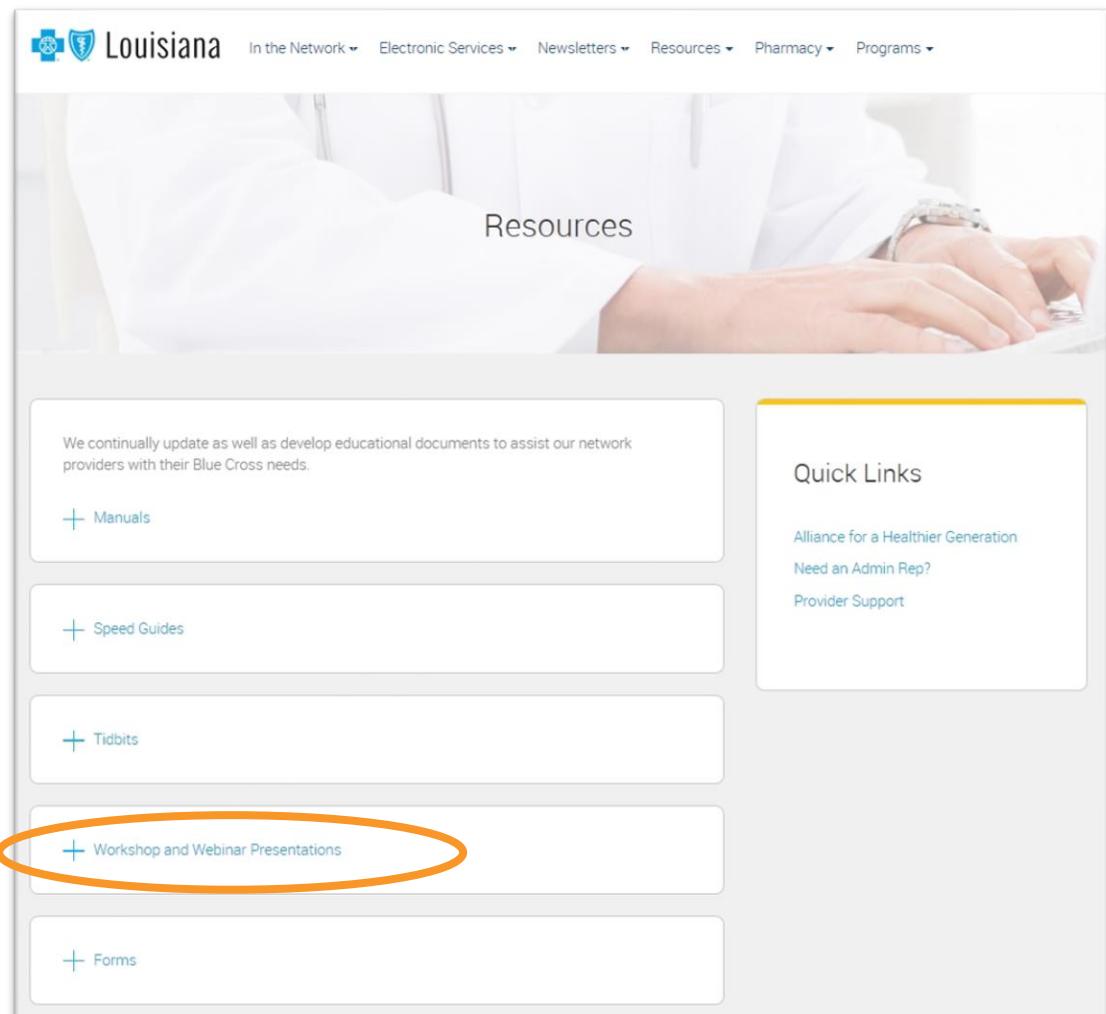
Provider Tidbits are quick guides designed to help you with our current business processes.

www.bcbsla.com/providers
>Resources >Tidbits

Provider Workshops and Webinars are held throughout the year to offer training and updates on Blue Cross policies and procedures.

Invites to attend these events are sent to the providers' correspondence email address.

PDF copies of our workshops and webinars are available online.



We continually update as well as develop educational documents to assist our network providers with their Blue Cross needs.

- Manuals
- Speed Guides
- Tidbits
- Workshop and Webinar Presentations
- Forms

Resources

Quick Links

- Alliance for a Healthier Generation
- Need an Admin Rep?
- Provider Support

www.bcbsla.com/providers >Resources >Workshop and Webinar Presentations

Provider Support

There are several teams available to our network providers to help with network participation, credentialing, educational resources, electronic services and more.

- EDI Clearinghouse Services
- iLinkBlue Support
- Provider Contracting
- Provider Credentialing & Data Management
- Provider Identity Management Team
- Provider Relations

iLinkBlue

iLinkBLUE is our secure online tool designed to help providers quickly complete important functions such as:

- Eligibility/coverage verification
- Claims filing and review
- Payment queries & transactions

[Learn About iLinkBlue](#)

Need an Admin Rep?

Designate an admin rep to manage access to our secure online services.

[Designate an Admin Rep](#)

We believe supporting our network providers is important.

Our **Provider Support** page can help you find your:

- Provider Credentialing Representative
- Provider Relations Representative
- PCDM assistance with credentialing or demographic changes
- Electronic services support

Customer Care Center

1-800-922-8866

FEP Dedicated Unit

1-800-272-3029

OGB Dedicated Unit

1-800-392-4089

Blue Advantage

1-866-508-7145

**Healthy Blue Dual Advantage
(HMO) D-SNP**

1-844-209-5406



**For information
NOT available
on iLinkBlue**

Other Provider Phone Lines

BlueCard Eligibility Line – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 4 – for questions regarding provider relations

option 5 – for questions regarding security access to online services

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

