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

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

How to submit questions:

- Open the 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.

LOUISIANA BLUE

The BlueCard® Program

September 2026

Welcome!

Today's presentation will take you on a journey through:

- How the BlueCard Program Works
- Identifying Members
- Using iLinkBlue
- Claims
- Online Resources
- Provider Support

LOUISIANA BLUE

How the BlueCard Program Works

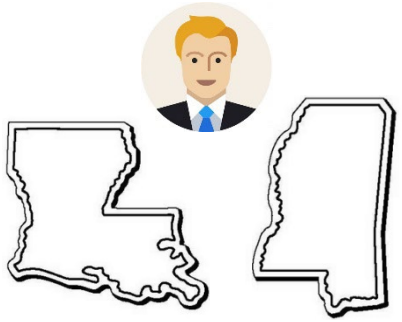
What is the BlueCard Program?

- A national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain in-network healthcare services while traveling or living in another BCBS Plan service area.
- It links participating healthcare providers with other Blue Plans across the country, and in more than 200 countries and territories worldwide, through a single electronic network for professional, outpatient and inpatient claims processing and reimbursement.
- Members have access to participating doctors and hospitals worldwide.

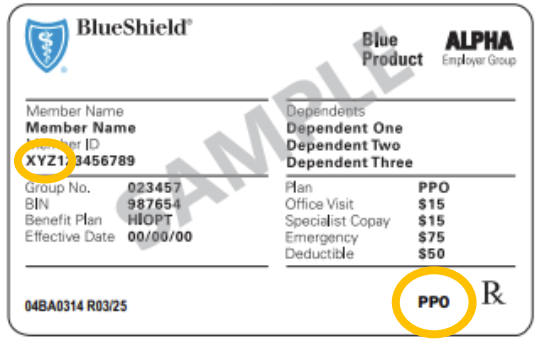
DID YOU KNOW?

More than 430,000 members from other Blue Plans reside in Louisiana.

How the BlueCard Program Works



An Out-of-Area (OOA) Blue member with Blue Cross and Blue Shield of Mississippi (BCBSMS) benefits lives in Louisiana and visits a Louisiana Blue Preferred Care PPO network provider.



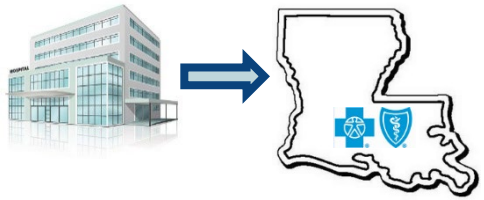
Louisiana provider recognizes the acronym or the network indicator on the member ID card and verifies membership and coverage using iLinkBlue or by calling BlueCard Eligibility.

ilinkBlue

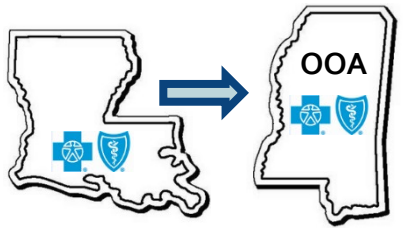
www.lablue.com/ilinkblue

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

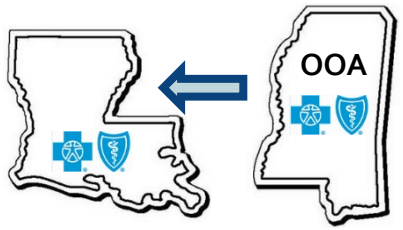
How the BlueCard Program Works



Louisiana provider submits claim to Louisiana Blue.



Louisiana Blue submits electronic transaction to BCBSMS.
BCBSMS applies the member's benefits (medical policy, authorization requirements, coverage limitations, etc.).



BCBSMS routes the claim back to Louisiana Blue for provider reimbursement.

Louisiana Blue issues remittance and payment to our provider. BCBSMS issues an explanation of benefits (EOB) to the member.

Some ancillary services have different filing rules. Please reference the "Ancillary Claims" section of *The BlueCard Program Provider Manual* found online at **www.lablue.com/providers** >Resources >Manuals.

How the BlueCard Program Works

- Always verify a member's benefits with the member's plan. BlueCard Eligibility, 1-800-676-BLUE, has information about:
  - Eligibility and coverage
  - Dependents
  - Deductibles
  - Copayments
  - Coinsurance
  - Benefit maximums
  - Referral and authorization information
  - Other benefit information
- Admitting hospital or provider must request authorization from the home Plan for inpatient admissions. Claims without prior authorization may be denied.
- Collect any member cost share for services.

LOUISIANA BLUE

Identifying Members

BlueCard Products

BlueCard excludes:

- Stand-alone dental
- Vision delivered through an intermediary model
- Self-administered prescription drugs delivered through an intermediary model
- Medicaid and SCHIP that is part of the Medicaid program
- Federal Employee Program (FEP)*
- Medicare Advantage**

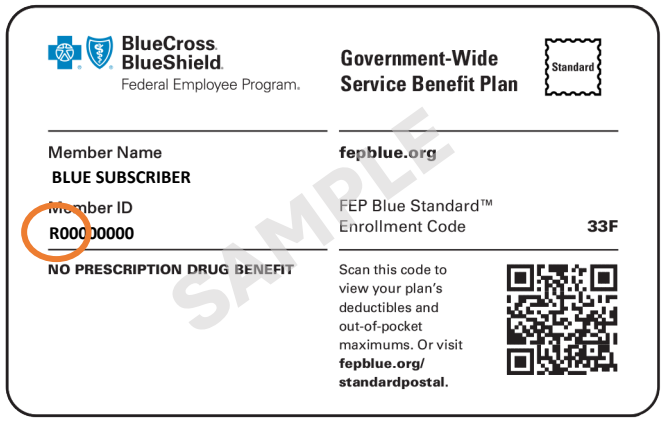
*FEP members have the letter “R” in front of their member number. Please follow your FEP billing guidelines for these contracts.

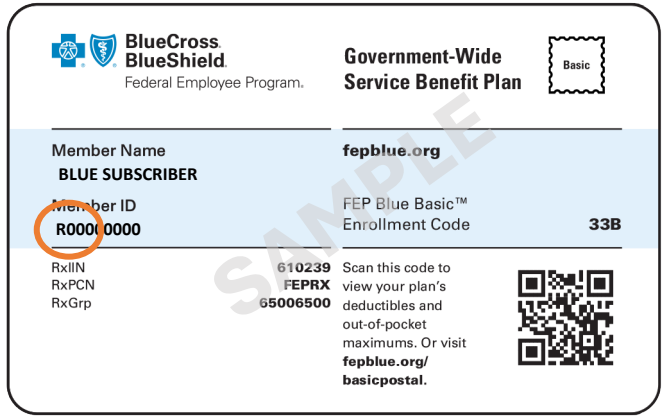
**Medicare Advantage is a separate program from BlueCard and delivered through its own centrally administered platform. However, since you might see members of other BCBS Plans who have Medicare Advantage coverage, there is a section on Medicare Advantage claims processing in *The BlueCard Program Provider Manual*.

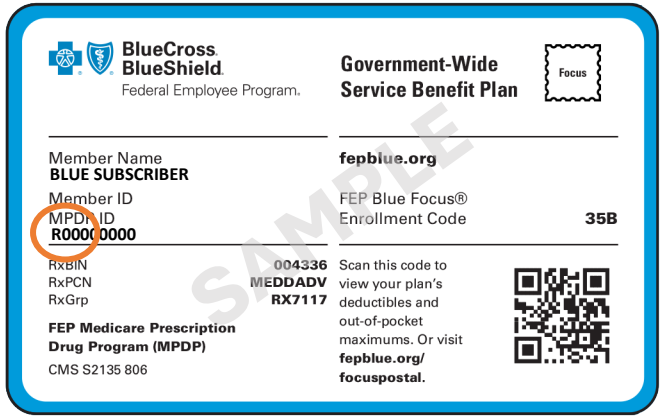
Identifying FEP Members

ID cards for FEP members do not display a three-character prefix. Rather, all FEP member ID numbers begin with the letter “R,” as highlighted on the sample ID cards below.

FEP members are excluded from the BlueCard Program.



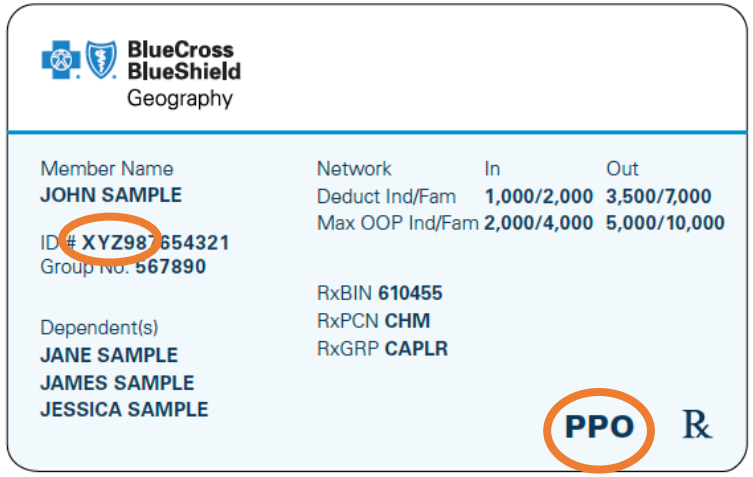


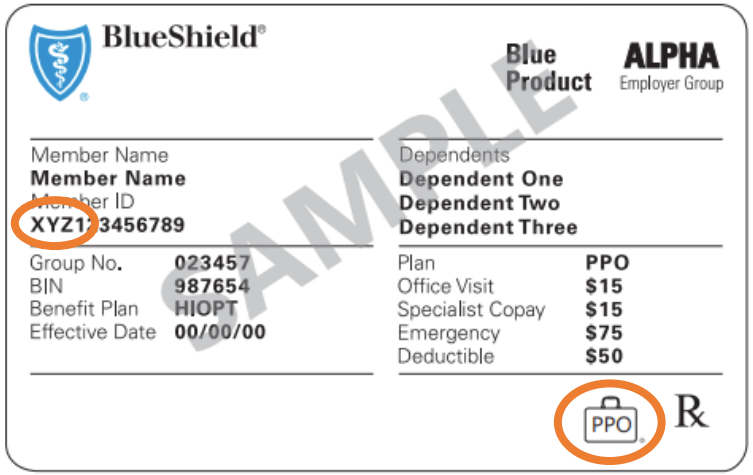


Identifying BlueCard Members

BlueCard ID cards may have a suitcase logo or may simply include the product indicator (i.e., a PPO member ID card may include a PPO in a suitcase logo or just the PPO acronym). **Note**: Members may also present Blue Cross and Blue Shield ID cards that no longer include the various suitcase logos.

The three-character prefix at the beginning of the member ID number is the key element used to identify and correctly route out-of-area claims.





Helpful tips:

- Regularly obtain new copies of the member ID card (front and back).
- Verify the member's eligibility through iLinkBlue or by calling BlueCard Eligibility at 1-800-676-2583.
- Carefully determine the member's financial responsibility before processing payment.
- If the member is using an HSA or HRA debit card, be sure to verify the member's cost share before processing payment.

ID Card Prefixes

The majority of Blue-branded ID cards display a three-character prefix in the first three positions of the subscriber's ID number.

Exceptions include:

- Stand-alone vision and pharmacy when delivered through an intermediary model*
- Stand-alone dental products*
- Federal Employee Program (FEP) – has the letter "R" in front of the ID number*

*Follow instructions printed on these ID cards for how to verify eligibility, submit claims and for contact information.

The prefix is critical for any inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing.

A1C1234567 A1C1234H567 A1CD1234H567 A1CD1234H56789012

When filing the claim, always enter the ID number exactly as it appears on the member's card, inclusive of the prefix, and include this complete identification number on any documents pertaining to services to ensure accurate handling by the Blue Plan. If the card presented has no prefix, follow the instructions on the back of the card for claims handling.

Identifying BlueCard Member ID Cards

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

The PPOB suitcase logo or the PPO B product indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.

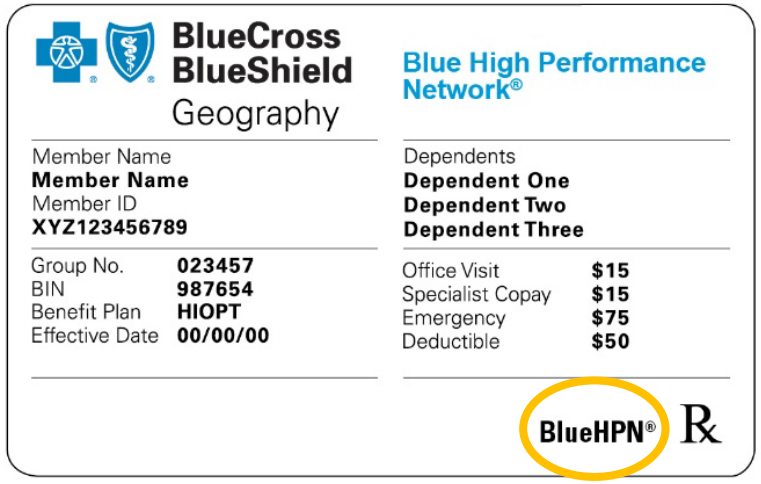
The empty suitcase logo, or ID cards with TRAD, HMO, or POS product indicators, indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product.

The BlueHPN suitcase logo or the BlueHPN name on the ID card indicates the member is enrolled in a Blue High Performance Network® (BlueHPN®) product.

Some member ID cards do not have a prefix or suitcase logo, which may indicate that claims are handled outside of the BlueCard Program. Please look for instructions or a telephone number on the back of the card for how to file claims.

Identifying BlueHPN Member ID Cards

- BlueHPN is an Exclusive Provider Organization (EPO). This means benefits are only covered for care by in-network providers.
- It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.
- Benefit limitations are included on the back of the BlueHPN member ID card.
- BlueHPN members are recognizable by the Blue High Performance Network® name or BlueHPN® acronym on the member ID card. Some ID cards may still include the BlueHPN in a suitcase logo.



Changes in Member ID Cards

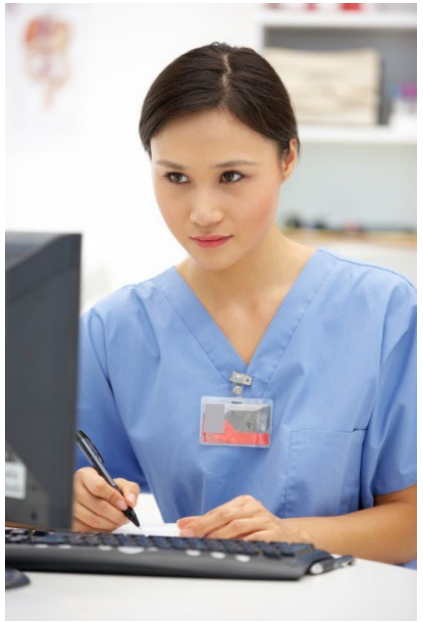
As of Jan. 1, 2025, members began using Blue Cross and Blue Shield ID cards that no longer include the various suitcase logos.

- The suitcase logo was replaced with the applicable product indicator (i.e., rather than the PPO in a suitcase logo, PPO member ID cards will now just include the PPO acronym).
- This does not impact member benefits or a member's network access.
- You should continue to follow the normal process for verifying member benefits and eligibility.
- Transition from the use of the suitcase logo is expected to be a multi-year approach. In the interim, you may continue to see cards with the applicable logo.

Medicare Advantage Members from Other Blue Plans

- Medicare Advantage (MA) is the program alternative to standard Medicare Part A and Part B fee-for-service coverage, generally referred to as “traditional Medicare.”
- All Medicare Advantage Blue Plans must offer beneficiaries at least the standard Medicare Part A and B benefits, but many offer additional covered services.
- Medicare Advantage organizations may also offer a Special Needs Plan (SNP).
- MA Blue Plans may allow in- and out-of-network benefits, depending on the type of product selected.

To verify eligibility and/or benefits for MA members from other Blue Plans, call BlueCard Eligibility or submit an inquiry through **iLinkBlue**.



Louisiana Blue offers two MA products statewide

- Blue Advantage (HMO)
- Blue Advantage (PPO)

Benefit and eligibility for these products are handled through the iLinkBlue (**www.lablue.com/ilinkblue** >Coverage >Blue Advantage). This tool is not used for BlueCard MA members.

Medicare Advantage PPO Network Sharing

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…	If you are NOT a participating provider in our MA PPO network…	If your practice is closed to new members…
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 Louisiana Blue MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.	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.	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.

MA | PPO
MEDICARE ADVANTAGE

Blue MA PPO members are recognizable by the "MA" suitcase or network indicator on the member ID card.

LOUISIANA BLUE

Using iLinkBlue

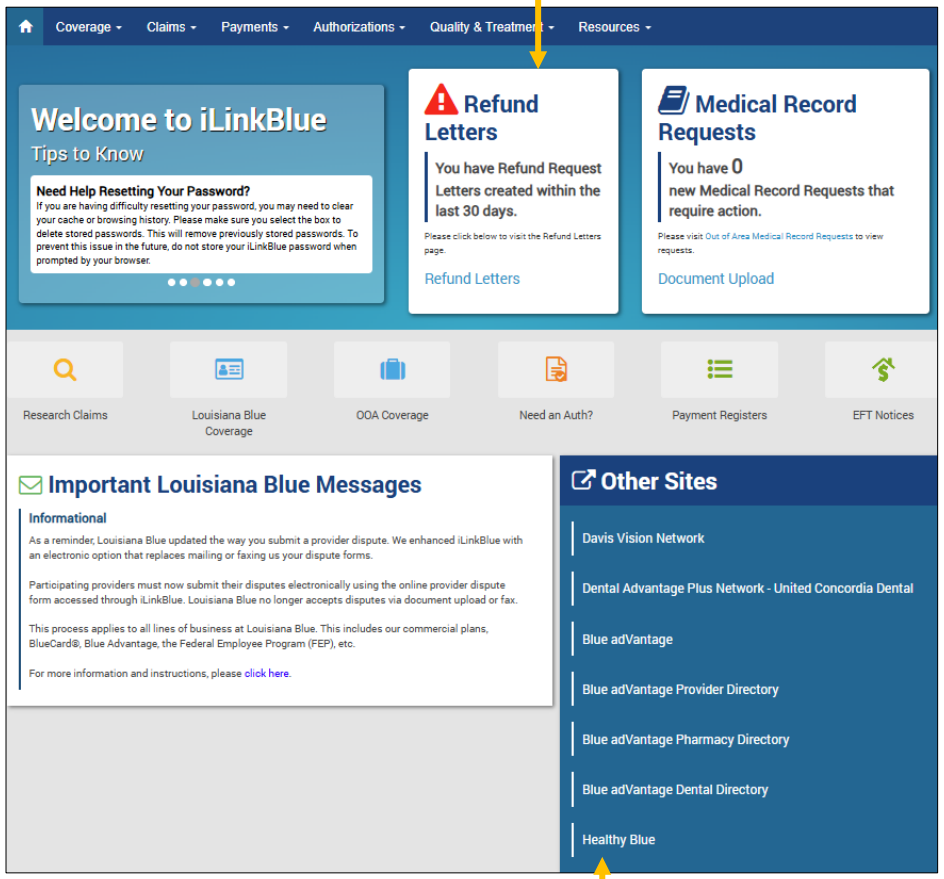
Navigating iLinkBlue

Refund Letters
Providers now have a shortcut to check/search for Refund Request Letters.

Top Navigation
The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Quick Links
This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board
Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

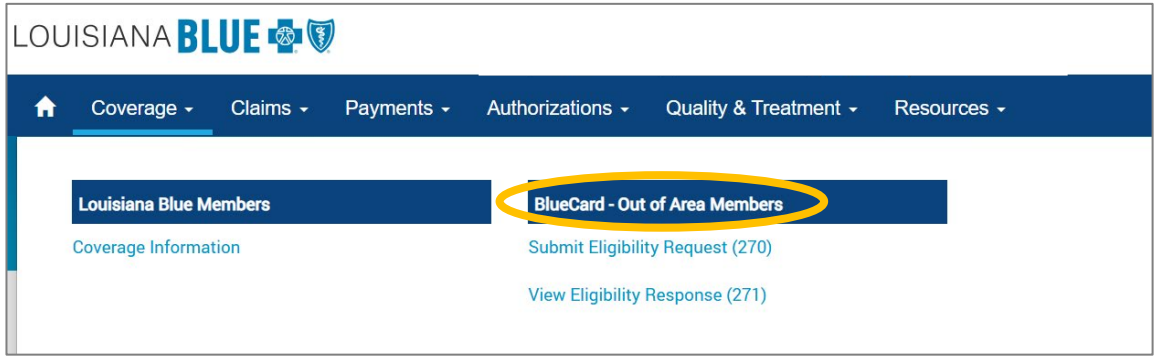


Medical Record Requests
Providers receive an alert when they have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the “Out of Area Medical Record Requests” link on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the “Document Upload” link, then select “ITS Host Medical Records.”

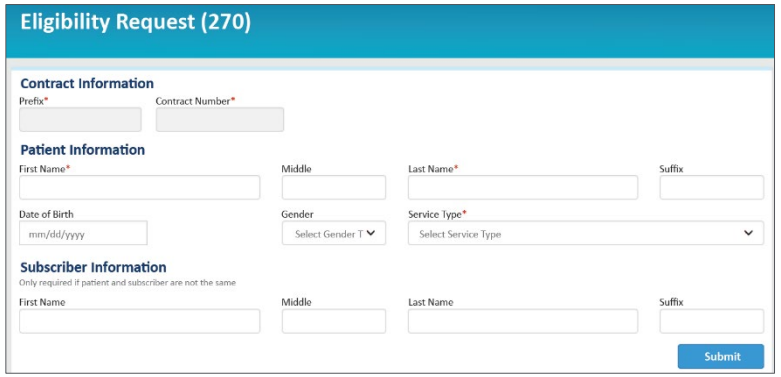
Other Sites
Includes quick access to other sites providers might need to access.

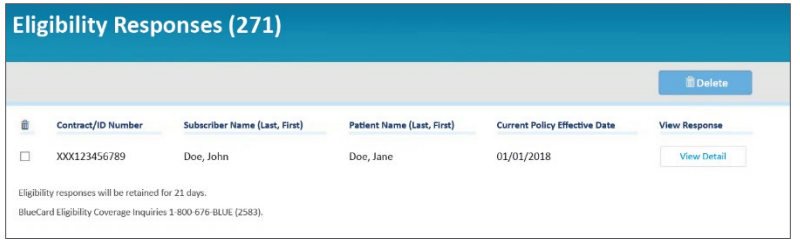
iLinkBlue: Coverage *Submitting Eligibility Requests*

Use this section to research coverage information for a BlueCard member (insured through a Blue Plan other than Louisiana Blue).



Submit Eligibility Request (270) – Click on this link to submit an electronic eligibility inquiry to the out-of-area member's Blue Plan. Enter the member's prefix (the first three characters of the member ID number), the contract number and then click "Submit."





View Eligibility Response (271) – Click on this link to access the electronic response from the member's Blue Plan (shown above). Though not immediate, out-of-area responses are transmitted back usually within less than a minute if the Plan provides one. Eligibility responses are retained for 21 days.

iLinkBlue: Coverage *Submitting Eligibility Requests (270)*

To ensure proper benefits are returned when submitting **Eligibility Requests (270),** use the drop-down to select the most appropriate service type from the following code list:

1 Medical Care
2 Surgical
3 Consultation
4 Diagnostic X-Ray
5 Diagnostic Lab
6 Radiation Therapy
7 Anesthesia
8 Surgical Assistance
9 Other Medical
10 Blood Charges
11 Used Durable Medical Equipment
12 Durable Medical Equipment Purchase
13 Ambulatory Service Center Facility
14 Renal Supplies in the Home
15 Alternate Method Dialysis
16 Chronic Renal Disease (CRD) Equipment
17 Pre-Admission Testing
18 Durable Medical Equipment Rental
19 Pneumonia Vaccine
20 Second Surgical Opinion
21 Third Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
26 Endodontic
27 Maxillofacial Prosthetics
28 Adjunctive Dental Services
30 Health Benefit Plan Coverage
32 Plan Waiting Period
33 Chiropractic
34 Chiropractic Office Visits
35 Dental Care
36 Dental Crowns
37 Dental Accident
38 Orthodontics
39 Prosthodontics
40 Oral Surgery
41 Routine (Preventive) Dental
42 Home Health Care
43 Home Health Prescriptions19
44 Home Health Visits
45 Hospice
46 Respite Care
47 Hospital
48 Hospital - Inpatient
49 Hospital - Room and Board
50 Hospital - Outpatient
51 Hospital - Emergency Accident
52 Hospital - Emergency Medical
53 Hospital - Ambulatory Surgical
54 Long Term Care
55 Major Medical
56 Medically Related Transportation
57 Air Transportation
58 Cabulance
59 Licensed Ambulance
60 General Benefits
61 In-vitro Fertilization
62 MRI/CAT Scan
63 Donor Procedures
64 Acupuncture
65 Newborn Care
66 Pathology
67 Smoking Cessation
68 Well Baby Care
69 Maternity
70 Transplants
71 Audiology Exam
72 Inhalation Therapy
73 Diagnostic Medical
74 Private Duty Nursing
75 Prosthetic Device
76 Dialysis
77 Otological Exam
78 Chemotherapy
79 Allergy Testing
80 Immunizations
81 Routine Physical
82 Family Planning
83 Infertility
84 Abortion
85 AIDS
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A9 Rehabilitation
AA Rehabilitation - Room and Board
AB Rehabilitation - Inpatient
AC Rehabilitation - Outpatient
AD Occupational Therapy
AE Physical Medicine
AF Speech Therapy
AG Skilled Nursing Care
AH Skilled Nursing Care - Room and Board
AI Substance Abuse
AJ Alcoholism
AK Drug Addiction
AL Vision (Optometry)
AM Frames
AN Routine Exam
AO Lenses
AQ Nonmedically Necessary Physical
AR Experimental Drug Therapy
BA Independent Medical Evaluation
BB Partial Hospitalization (Psychiatric)
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures
BT Gynecological
BU Obstetrical
BV Obstetrical/Gynecological
BY Physician Visit – Office: Sick
BZ Physician Visit – Office: Well
CE MH Provider – Inpatient
CF MH Provider – Outpatient
CG MH Provider Facility – Inpatient
CH MH Provider Facility – Outpatient
CI Substance Abuse Facility – Inpatient
CJ Substance Abuse Facility – Outpatient
CK Screening X-ray
CL Screening Laboratory
CM Mammogram, HR Patient
CN Mammogram, LR Patient
CO Flu Vaccination
DM Durable Medical Equipment
MH Mental Health
PT Physical Therapy
UC Urgent Care

The full listing can also be found in the iLinkBlue User Guide on our Provider page at **www.lablue.com/providers** >Resources >Manuals.

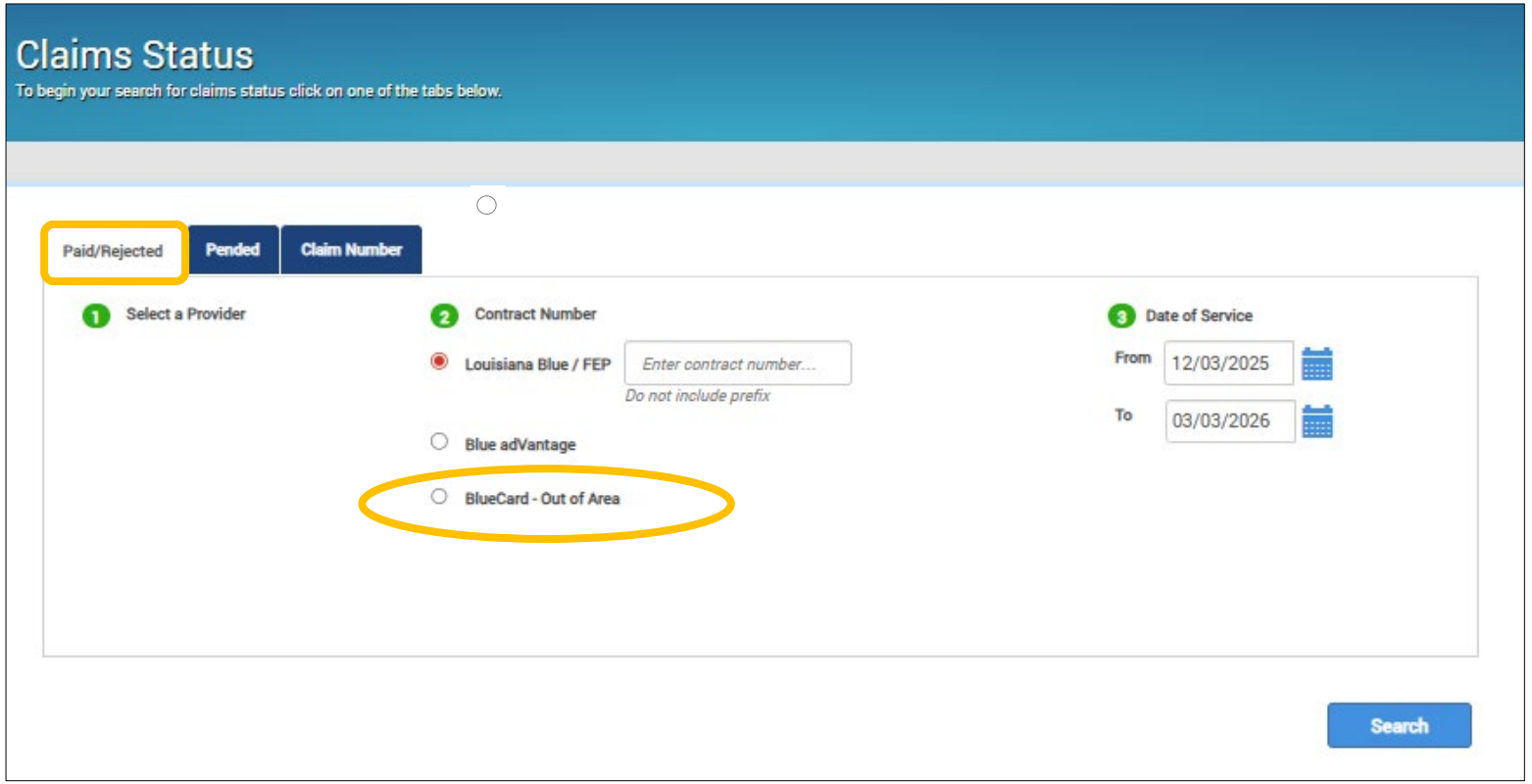
iLinkBlue: Claims *Claims Status Search*

Claims Status Search – Research paid/rejected or pended claims. You can also search by claim number.

Research Louisiana Blue/FEP, Blue Advantage and BlueCard - Out of Area claims.

iLinkBlue: Claims *BlueCard – Out of Area Claims Status*

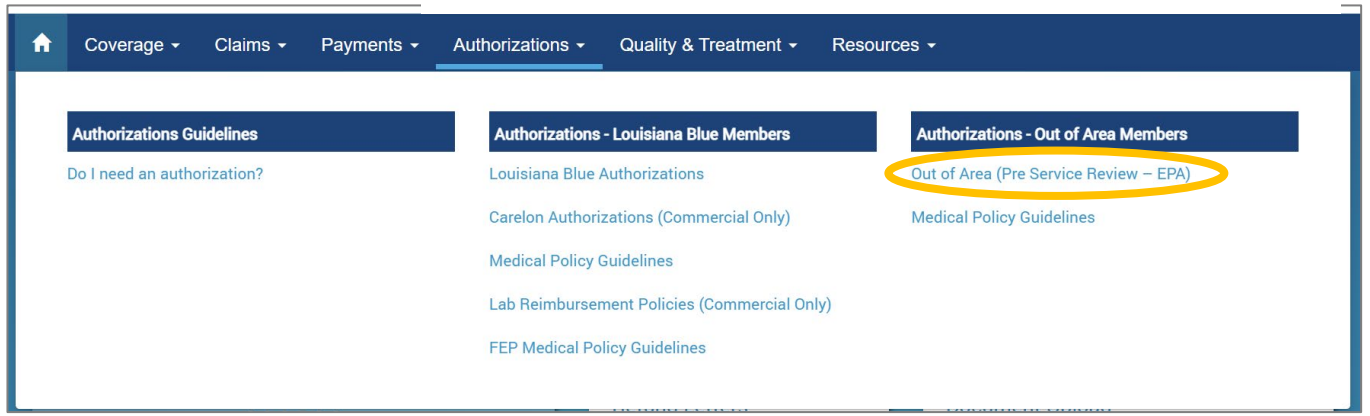
Paid/Reject Search



iLinkBlue: Obtaining Authorizations

Out of Area (Pre-Service Review - EPA) – is designed to allow Louisiana Blue providers access to pre-service information offered by other Blue Plans.

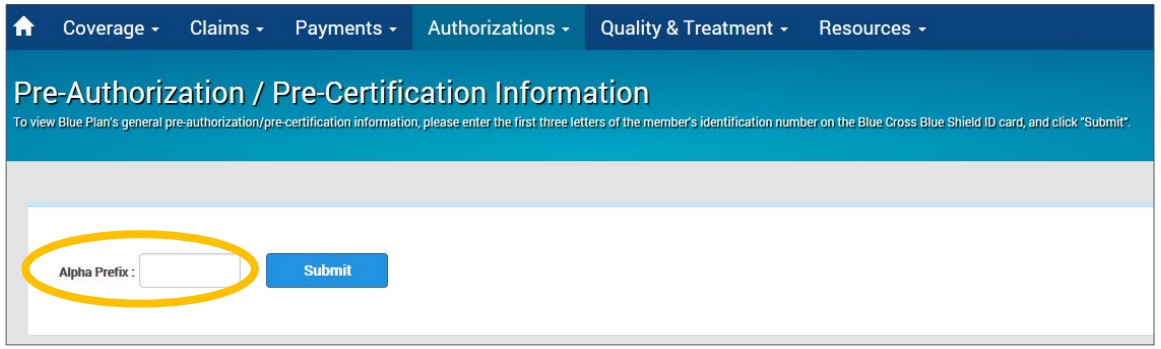
- Enter the member ID three-character prefix.
- This will route you to the member's Blue Plan.
  - If the member's plan offers functionality to submit an electronic authorization through their portal, you will be able to enter the authorization request.
  - If the member's plan does not offer functionality to submit an electronic authorization through their portal, instructions on how to obtain the authorization request will be available.



iLinkBlue: Authorization and Billing Guidelines

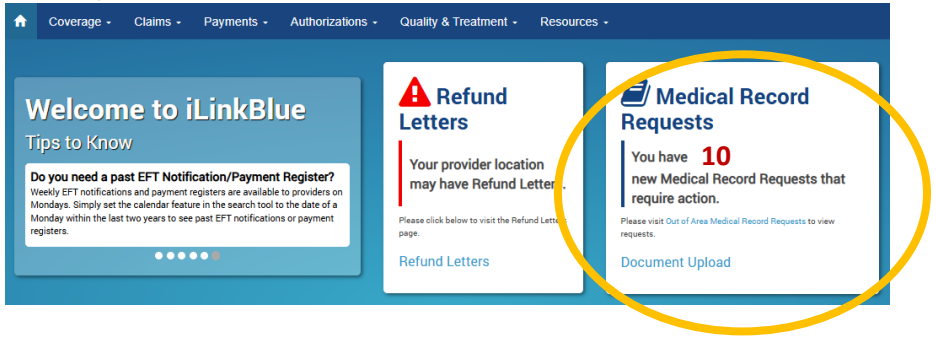
Step 1: Log into iLinkBlue and click “Authorization Guidelines – Do I need an authorization?” under Authorizations.

Step 2: Enter the member ID prefix.

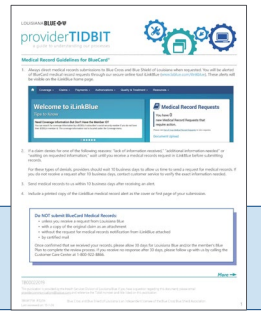


Submitting BlueCard Medical Records

- Always direct medical records submissions to Louisiana Blue when requested from the Home Plan. You will be alerted of BlueCard medical record requests through our secure online tool iLinkBlue (**www.lablue.com/ilinkblue**). These alerts will be visible on the iLinkBlue home page. Medical Record Requests are no longer sent hard copy.

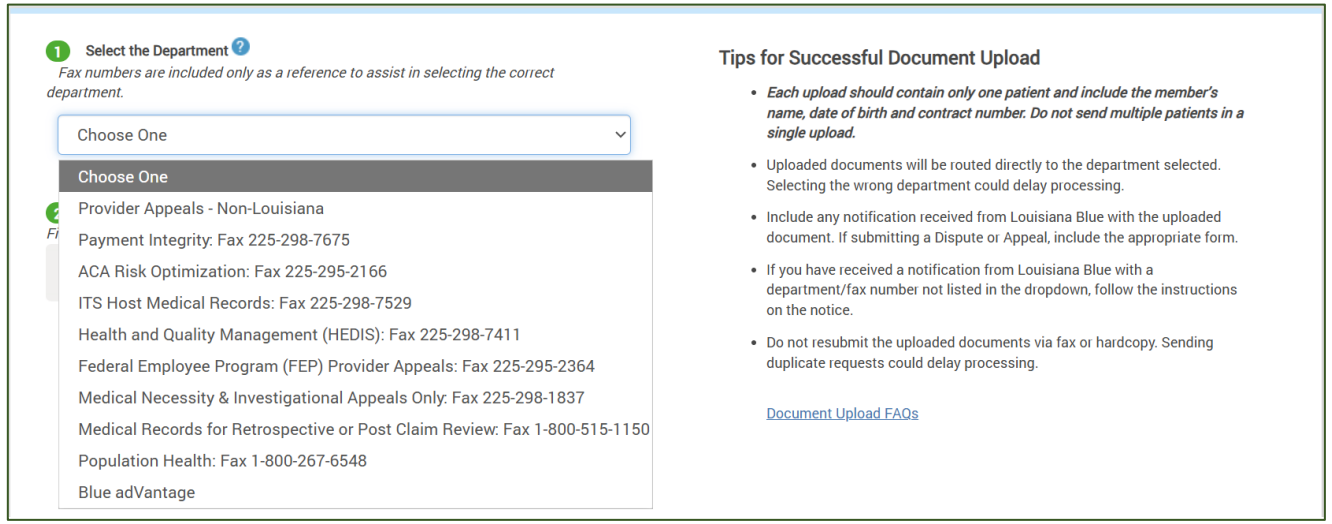


- If a claim denies for one of the following reasons: “lack of information received,” “additional information needed” or “waiting on requested information,” wait until you receive a medical records request in iLinkBlue before submitting records.
- For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.
- Send medical records to us within 10 business days after receiving an alert.
- **Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.**



More information on Medical Records Guidelines for BlueCard can be found online at **www.lablue.com/providers** >Resources >Tidbits.

Document Upload



Document Upload - Upload documents that would otherwise be faxed, emailed or mailed.

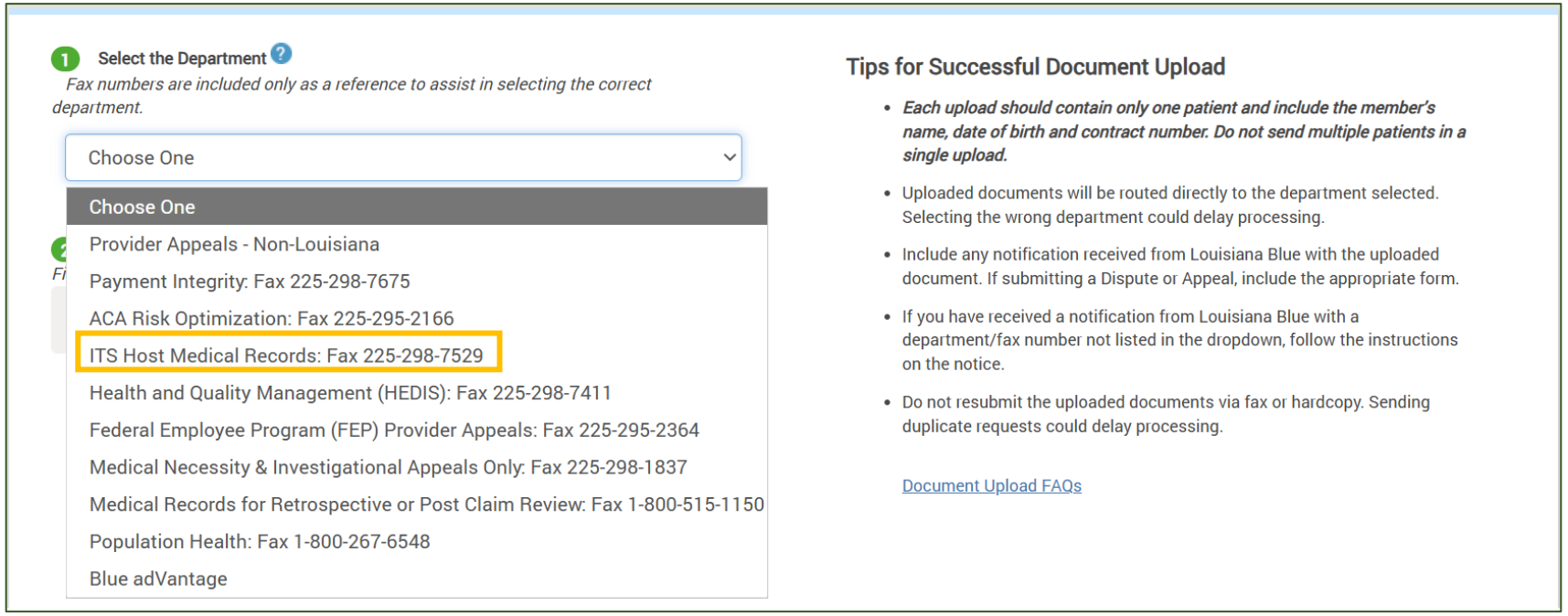
Once Louisiana Blue receives the uploaded document, a confirmation message will display, “The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY.”

Louisiana Blue accepts document uploads for:

- Provider Appeals – Non-Louisiana
- Payment Integrity
- ACA Risk Optimization
- ITS Host Medical Records
- Health and Quality Management (HEDIS®)
- Federal Employee Program (FEP) Appeals
- Medical Necessity & Investigational Appeals Only
- Medical Records for Retrospective or Post Claim Review
- Population Health
- Blue adVantage

Document Upload

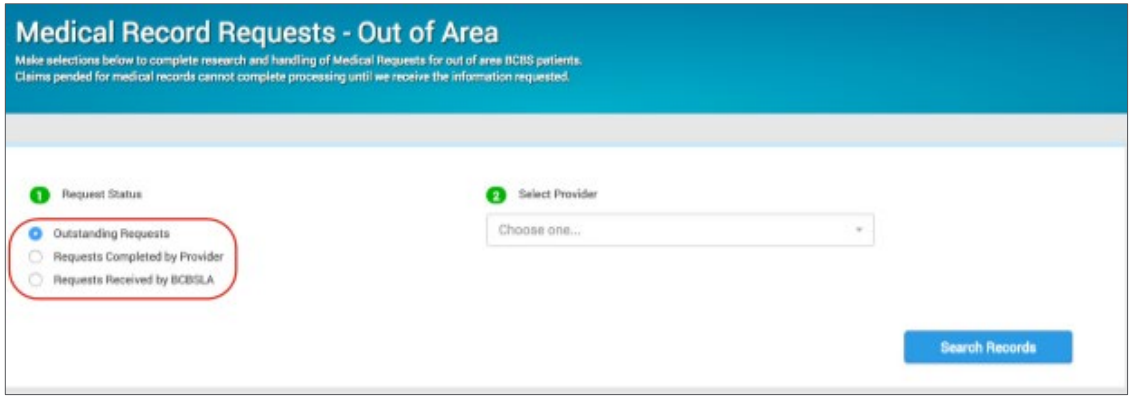
To upload medical records and other documents, providers should select ITS Host Medical Records. This department handles medical record requests for claims for BlueCard® (out-of-area) members.



Submitting BlueCard Medical Records

BlueCard Medical Records Requests on iLinkBlue

- View medical records requests for your BlueCard patients in iLinkBlue by clicking the Out of Area Medical Record Requests link on the message board alert.
- You can also access requests by clicking on Claims >Medical Records >Out of Area Medical Record Requests.
- Use the Medical Record Requests section to research Outstanding Requests, Requests Completed By Provider and Requests Received by Louisiana Blue.

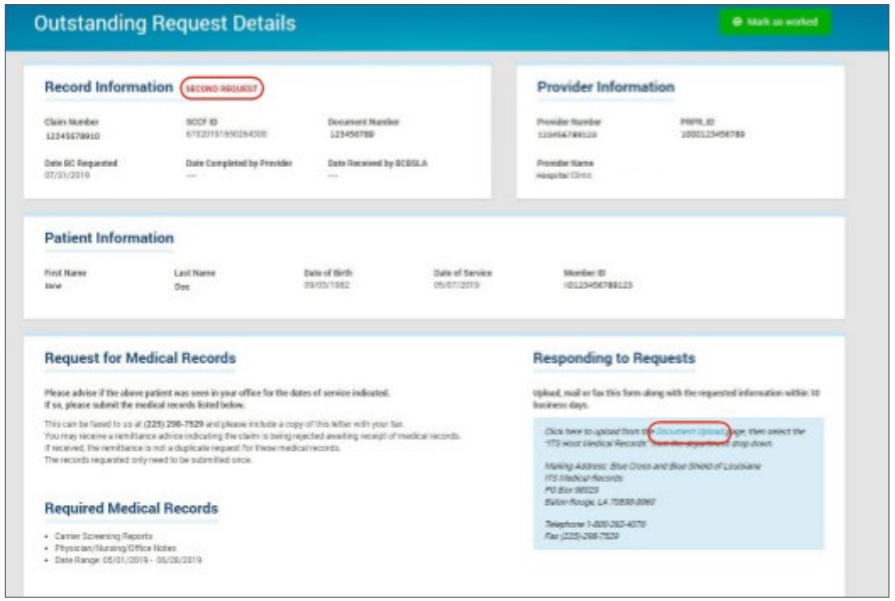


- You will receive confirmation once your files are uploaded.
- Please allow 30 days for the review process.
- If the claim has not been processed after 30 days, please follow up with the Customer Care Center at 1-800-922-8866.

Submitting BlueCard Medical Records

Second requests will display in red under **Outstanding Requests** search results. A second request displays when records have been requested more than once with no response.

After selecting a request from the search results, the **Outstanding Request Details** screen displays. This screen shows a summary of the medical record request including the claim, patient and provider information.



- The **Outstanding Request Details** screen displays second requests in red to the right of the Record Information.
- After submitting requested medical records to Louisiana Blue, click the **Mark as worked** button.
- This moves the request to the **Completed by Provider** section. The request will no longer appear on the Outstanding Requests Details screen.

You have the option to submit medical records through iLinkBlue by clicking on "**Document Upload**." This accesses an application that allows you to upload documents directly into iLinkBlue.

LOUISIANA BLUE

Claims

Medicare Crossover Claims

- Medicare crossovers are electronically filed claims that Medicare automatically forwards or “crosses over” to the member’s Blue Plan when information is available in the Medicare eligibility file.

- When a Medicare claim is crossed over to an out-of-state Blue Plan, the Medicare remittance advice will have a message beneath the patient’s claim information similar to:

  “Claim information forwarded to: BCBS of Texas”

- If the remittance advice does not contain a message similar to this example, then the claim was not forwarded electronically to the member’s Blue Plan for processing. The provider must then file the claim, along with a copy of the Medicare Remittance Advice, with the member’s Blue Plan (as listed on the member ID card).

- If Medicare has forwarded the claim to the member’s Blue Plan, please allow 25-30 days from the Medicare remittance advice date before contacting the member’s Blue Plan.


Louisiana
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a guide for understanding our processes

Medicare Crossover Claims

How to Tell if a Medicare Claim Was Crossed Over

"Claim information forwarded to: BCBS of Louisiana-Supplemental"

"Claim information forwarded to: BCBS of Louisiana-Other"

Checking Claim Status on Crossover Claims

More

For more information, refer to the “Medicare Crossover Claims” Tidbit online at **www.lablue.com/providers** >Resources >Tidbits.

Ambulance Claims

Ground Service

- All ground ambulance claims must include the point-of-pick-up ZIP code.

Air Service

- All air ambulance claims must include the 5-digit ZIP code of the point-of-pick-up. Claims that do not include the point-of-pick-up ZIP code on the claim will be denied for insufficient information.

Where to file air ambulance claims:

- If the pick-up location is in Louisiana, the claim should be filed directly to Louisiana Blue.
- If the pick-up location ZIP code is outside of Louisiana, the claim should be filed to the local Blue Plan that covers the area of pick-up.
- If the pick-up location is outside the US, the claim must be filed to the Blue Cross Blue Shield Global® Core (**www.bcbsglobalcore.com**).

Filing Claims *Submitting Claims for BlueCard Members*

Submit BlueCard claims directly to Louisiana Blue.

Once Louisiana Blue receives the claim, we will electronically route the claim to the member's Blue Plan. The member's plan then applies benefits, approves payment routes the claim back to Louisiana Blue. Louisiana Blue will then reimburse you.

Filing Claims with Your National Provider Identifier (NPI) – Your NPI is used for claims processing and internal reporting. Claim payments are reported to the Internal Revenue Service (IRS) using your Tax ID Number (TIN).

Referring Physician NPIs – Referring physician NPIs are required on all applicable claims filed with Louisiana Blue and HMO Louisiana.

Ancillary and Remote Providers

Ancillary providers are independent clinical laboratories, durable/home medical equipment (DME/HME) and supply providers and specialty pharmacies located within the Louisiana Blue service area.

Remote providers are those located outside of the service area and are contracted to act as a local provider.

- If a remote provider contract is in place with the local plan, the claim must be filed to the local plan and would be considered a participating provider claim.

- If a remote provider contract is not in place with the local plan, the claim must be filed to the local plan and would be considered a nonparticipating provider claim.

Ancillary Claims

Examples

Provider Type	Where to File	Example
Lab	File the claim to the Plan in which state the specimen was drawn. Where the specimen was drawn will be determined by which state the referring provider is located.	Blood is drawn in lab located in Alabama. Blood analysis is done in South Carolina. File to: BlueCross BlueShield of Alabama. You must file claims for the analysis of a lab to the Plan in which state the specimen was drawn.
DME	File the claim to the Plan in which state the equipment was shipped to or purchased in a retail store.	Wheelchair is purchased at a retail store in South Carolina. File to: BlueCross BlueShield of South Carolina.
Specialty Pharmacy	File the claim to the Plan in the state where the ordering provider is located.	Patient is seen by a physician in Ohio who orders a specialty pharmacy injectable for the patient. Patient will receive the injections in South Carolina where the member lives for six months of the year. File to: Blue Cross Blue Shield of Ohio.

Split Claims

When a claim is billed that meets the following criteria, the provider should split the charges into two claims:

- When the claim is outpatient and the professional claim spans a calendar year.
- When participating and nonparticipating providers are billed on the claim.
- When the claim is from a single provider whose status changes from participating to non-participating or from non-participating to participating during the span of services billed on the claim.
- When there is membership coverage changes, the claim must be split at the date of coverage change.
- When a claim is received that includes both surprise bill services (as specified under the No Surprises Act and its accompanying regulations) and those that are not considered surprise bill services. For more information about the No Surprises Act, visit **www.cms.gov/nosurprises**.
- For hospitals, when a mother and newborn claim includes a discharge date for the baby that is after the mother's discharge date.
- For hospitals, when a mother and newborn claim includes NICU admission, the claim must be split on the date the baby is admitted to the NICU.

Depending on plan processes, the Blue Plan may also require the claim to be split if multiple professional providers are billed on the same claim.

More information can be found in our BlueCard Manual online at **www.lablue.com/providers** >Resources >Manuals.

Reimbursement *Claims Payment*

Guidelines for BlueCard claims payment:

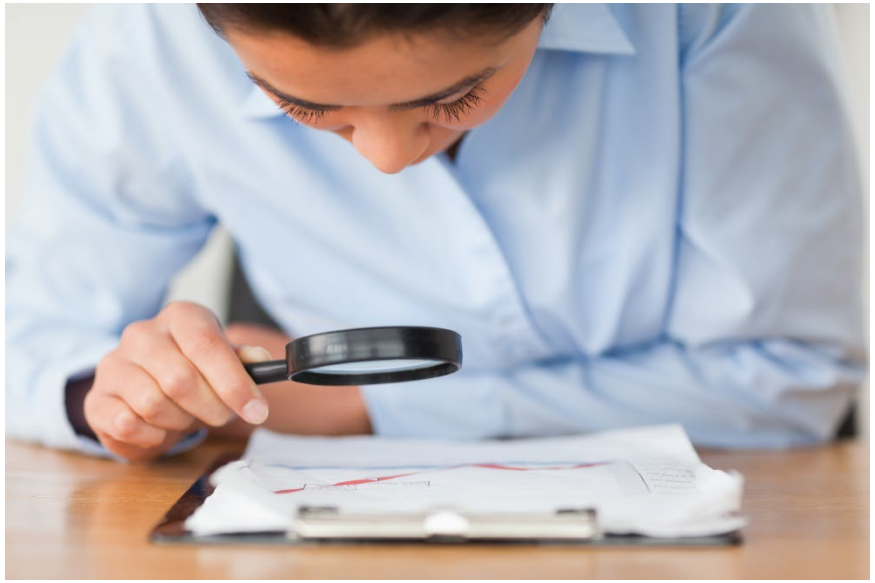
- If you have not received payment for a claim, do not resubmit the claim because it will deny as a duplicate.
- Check the Not Accepted report on iLinkBlue under Claims, then Louisiana Blue Claims Confirmation Reports.
- Check claim status on iLinkBlue.
- If you have further questions about your claim, you may submit an Action Request.
- Or call the Customer Care Center at 1-800-922-8866.
    - For paid/rejected claims, you must provide the amount paid or ineligible amount, code and claim number.
    - For pended claims, you must provide the claim number and pended reason.

Note: In some cases, a member's Blue Plan may pend a claim because medical review or additional information is necessary. Louisiana Blue may either ask you for the information or give the member's Plan permission to contact you directly.

Reimbursement *Coordination of Benefits*

Coordination of Benefits (COB) ensures members receive full benefits from their health benefit plans and prevents double payment for services when a member has coverage from two or more sources.

Please use the following guidelines when submitting COB claims:



- If Louisiana Blue or any other Blue Plan is the primary payor, submit the other carrier's name and address with the claim to Louisiana Blue.
- If a non-Blue health plan is primary and Louisiana Blue or any other Blue Plan is secondary, submit the claim to Louisiana Blue only after receiving payment and explanation of payment from the primary payor.

Carefully review the payment information from all payors involved on the remittance advice(s) before balance billing the patient for any potential liability.

Coordination of Benefits Questionnaire form – This will help you and your patients avoid potential claim issues while streamlining claims processing and reducing the number of denials related to COB. This form is available online at **www.lablue.com/providers** >Resources >Forms.

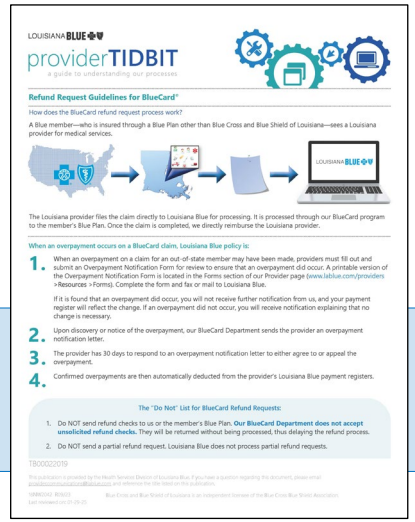
Refund Request Guidelines

When an overpayment occurs on a BlueCard claim, Louisiana Blue policy is:

1. When the provider suspects an overpayment on a BlueCard claim, they may fill out and submit an Overpayment Notification Form notifying us of the overpayment after 10 business days of receipt of payment. The Overpayment Notification Form is available at **www.lablue.com/providers** >Resources >Forms.

   Providers may also notify us of an overpayment via the action request (AR) system available through iLinkBlue (**www.lablue.com/ilinkblue**), under the “Claims” tab. Click “Claims Status Search” then the orange “AR” button to start the request. Using iLinkBlue is quick, easy and reduces the wait time for processing the overpayment notification.

2. Upon discovery or notice of the overpayment, our BlueCard Department sends the provider an overpayment notification letter.
3. The provider has 30 days to respond to an overpayment notification letter to either agree to or appeal the overpayment.
4. Confirmed overpayments are then automatically deducted from the provider’s Louisiana Blue payment registers.


LOUISIANA BLUE

providerTIDBIT

a guide to understanding our processes

Refund Request Guidelines for BlueCard®

How does the BlueCard refund request process work?

A Blue member—who is insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana—sees a Louisiana provider for medical services.

The Louisiana provider files the claim directly to Louisiana Blue for processing. It is processed through our BlueCard program to the member's Blue Plan. Once the claim is completed, we directly reimburse the Louisiana provider.

When an overpayment occurs on a BlueCard claim, Louisiana Blue policy is:

1. When an overpayment on a claim for an out-of-state member may have been made, providers must fill out and submit an Overpayment Notification Form for review to ensure that an overpayment did occur. A printable version of the Overpayment Notification Form is located in the Forms section of our Provider page (www.lablue.com/providers >Resources >Forms). Complete the form and fax or mail to Louisiana Blue.

   If it is found that an overpayment did occur, you will not receive further notification from us, and your payment register will reflect the change. If an overpayment did not occur, you will receive notification explaining that no change is necessary.

2. Upon discovery or notice of the overpayment, our BlueCard Department sends the provider an overpayment notification letter.
3. The provider has 30 days to respond to an overpayment notification letter to either agree to or appeal the overpayment.
4. Confirmed overpayments are then automatically deducted from the provider's Louisiana Blue payment registers.

The "Do Not" List for BlueCard Refund Requests:

1. Do NOT send refund checks to us or the member's Blue Plan. **Our BlueCard Department does not accept unsolicited refund checks.** They will be returned without being processed, thus delaying the refund process.
2. Do NOT send a partial refund request. Louisiana Blue does not process partial refund requests.

TB00022019

Refund Request Guidelines for BlueCard Tidbit can be found online at **www.lablue.com/providers** >Resources >Forms.

Resolving Claims Issues

Have an issue with a claim? We are here to help!

Depending on the type of claim issue, there are multiple ways to seek a resolution:

- Submit Action Requests through iLinkBlue
- Provider Disputes
- Medical Appeals
- Administrative Appeals & Grievances

Submitting an Action Request is a great option for getting a quick and accurate resolution for your claims issues. Action Requests:

- Reduce the time it takes for providers to receive a response from Louisiana Blue.
- Allow providers to see responses directly from the adjustments team after review.
- Allow providers to submit additional questions once they have reviewed the AR response.

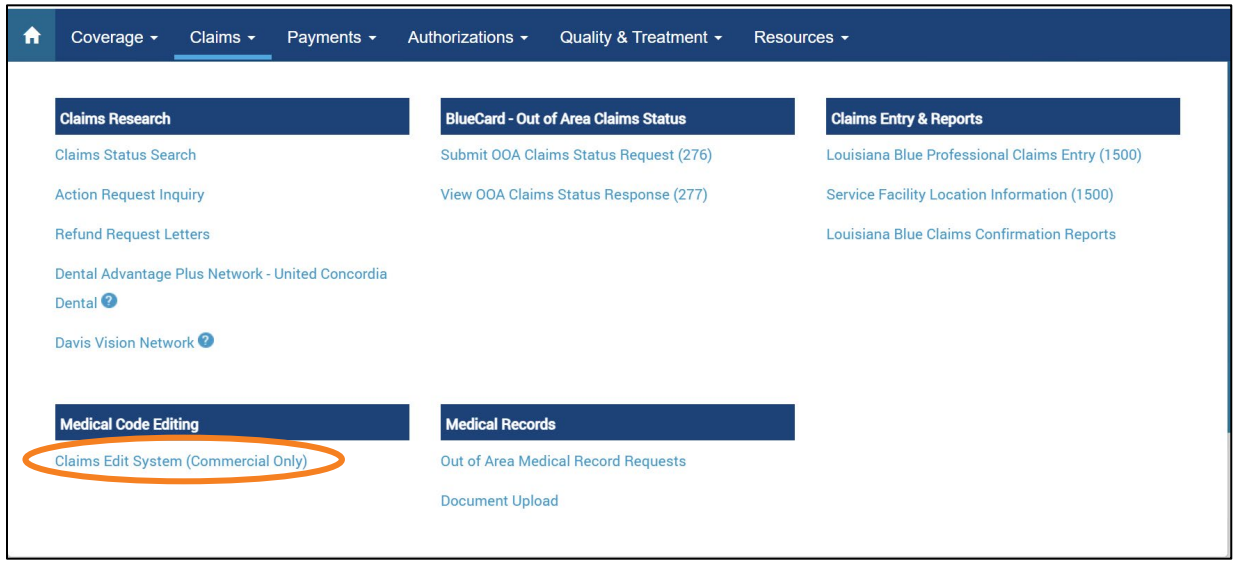
Submitting Action Requests

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

Common reasons to submit an Action Request

- Claims
  - Questioning non covered charges or specific denial
  - Denied as duplicate (ex., Medicare crossover)
  - Coordination of benefits
- Refund request

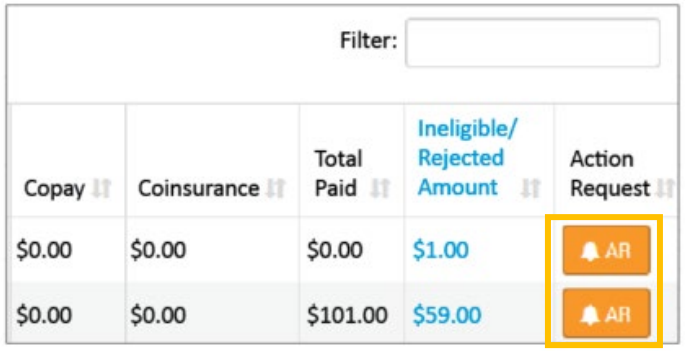
Action Requests do not allow you to submit documentation regarding your claims review.



Review the Claims Edit System tool for reimbursement questions before sending an Action Request for professional and outpatient claims.

Submitting Action Requests

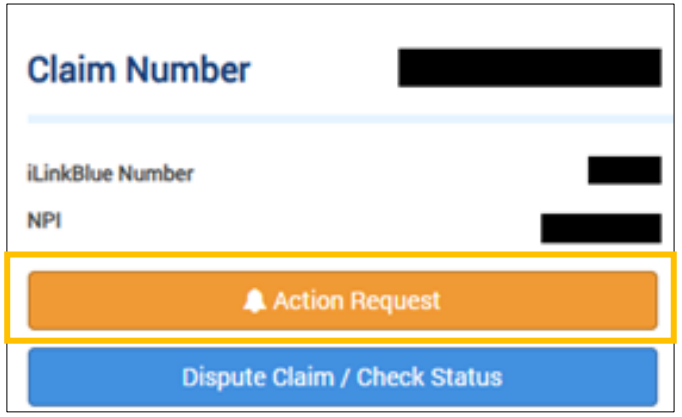
To submit an Action Request, choose the Claims menu option in iLinkBlue (**www.lablue.com/ilinkblue**), then choose the Claim Status Search application. On each claim, there is an Action Request button to have the claim reviewed. The electronic form will prepopulate with information on the specific claim.



on the **Paid/Rejected Claims Results** screen

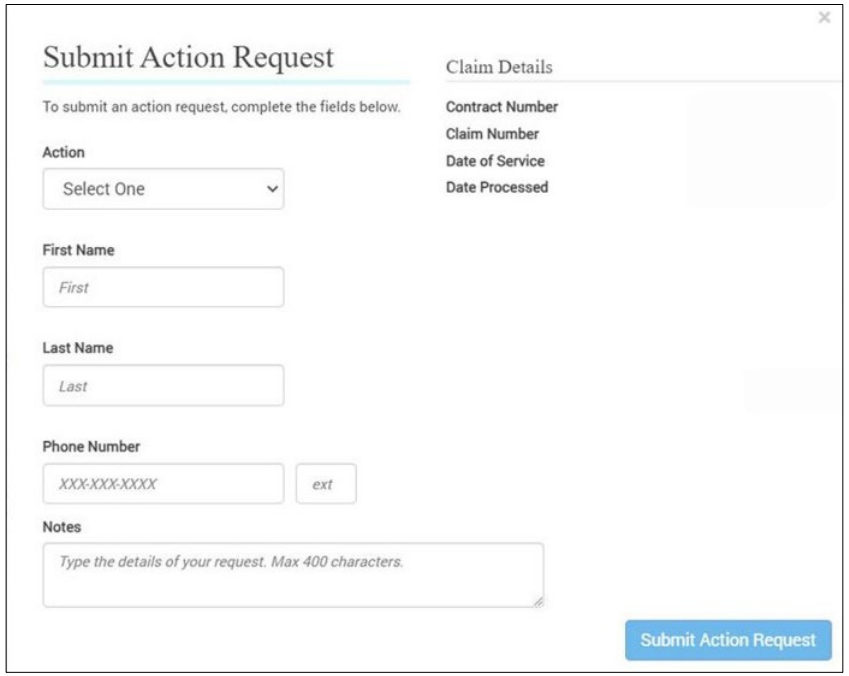
and

on the **Pended Claims Results** screen



on the **Claims Detail** screen

Submitting Action Requests



When submitting an Action Request:

- Include your contact information.
- Be specific and detailed but **be mindful of character limit**.
- Allow 30-45 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Don’t submit an Action Request immediately following document upload.

Note: Please only submit one Action Request per claim; not one Action Request per line item of the claim.

Action Requests Enhancements

Action requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim. We have added the following enhancements:

- The notes field allows up to 1,000 characters for users to better communicate their claim issue.
- The Action Items drop-down list for reporting the type of issue has expanded from six to eight options. We have added “Facility Reimbursement” and “Professional Reimbursement” as options.
- iLinkBlue now adds case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.

Provider Disputes & Appeals

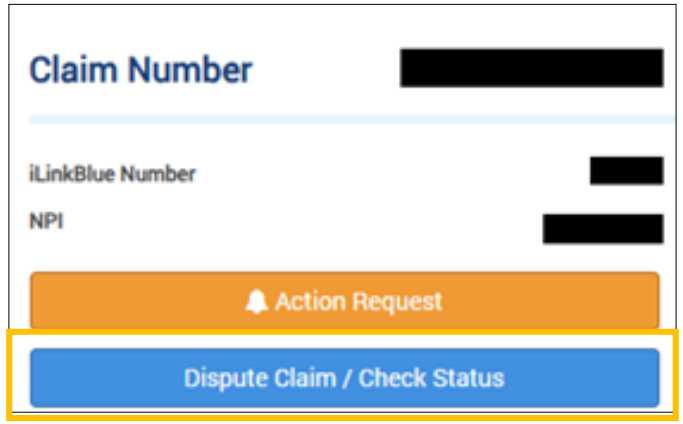
Sometimes it may be necessary for a provider to dispute or appeal a claim.

- Provider Disputes
  - Involves a denial that affects the provider's reimbursement.
- Medical Appeals
  - Involves a denial or partial denial based on:
    - Medical necessity, appropriateness, healthcare setting, level of care or effectiveness.
    - Determined to be experimental or investigational.
- Administrative Appeals & Grievances
  - Claims issue due to the member’s contract benefits, limitations, exclusions or cost share.
  - When there is a grievance.

Provider Disputes Process Update

Effective Dec. 1, 2025, providers should submit disputes electronically using an online provider dispute form accessed through iLinkBlue (**www.lablue.com/ilinkblue**). Louisiana Blue no longer accepts disputes via document upload or fax.

Providers can access an electronic dispute form when viewing a claim on iLinkBlue. To view processed claims in iLinkBlue, go to the Claims menu option. Select “Claims Status Search” and use the Paid/Rejected tab to search for a claim. Click on a claim number to open the Claim Detail summary page for that processed claim. Click the “Dispute Claim/Check Status” button. This will bring you to the Epic homepage. See the Claims Resolutions section of our professional or facility manual for additional dispute instructions. Those manuals are available online at **www.lablue.com/providers** >Resources >Manuals.

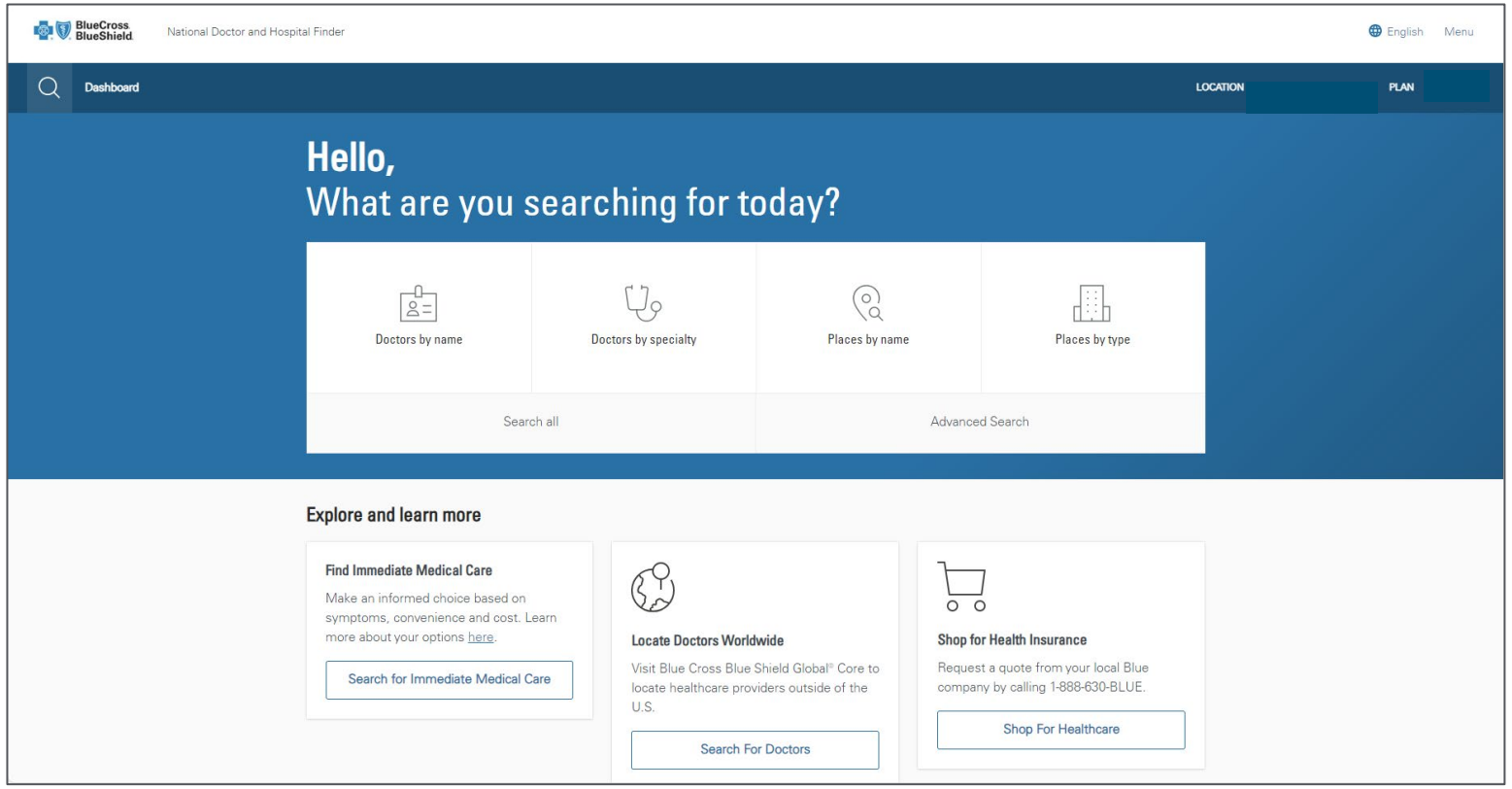


LOUISIANA BLUE

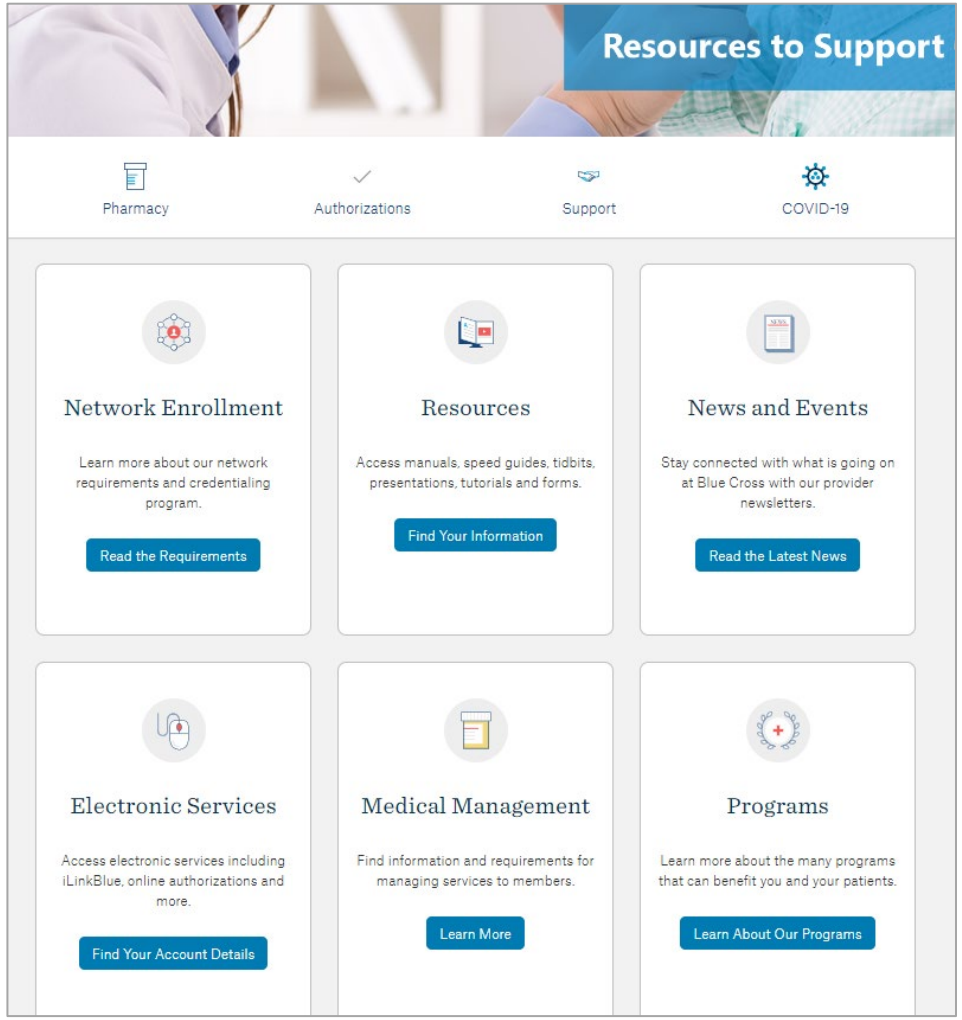
Online Resources

National Doctor & Hospital Finder

BlueCard helps members access coverage while traveling out of state through our National Doctor and Hospital Finder website.



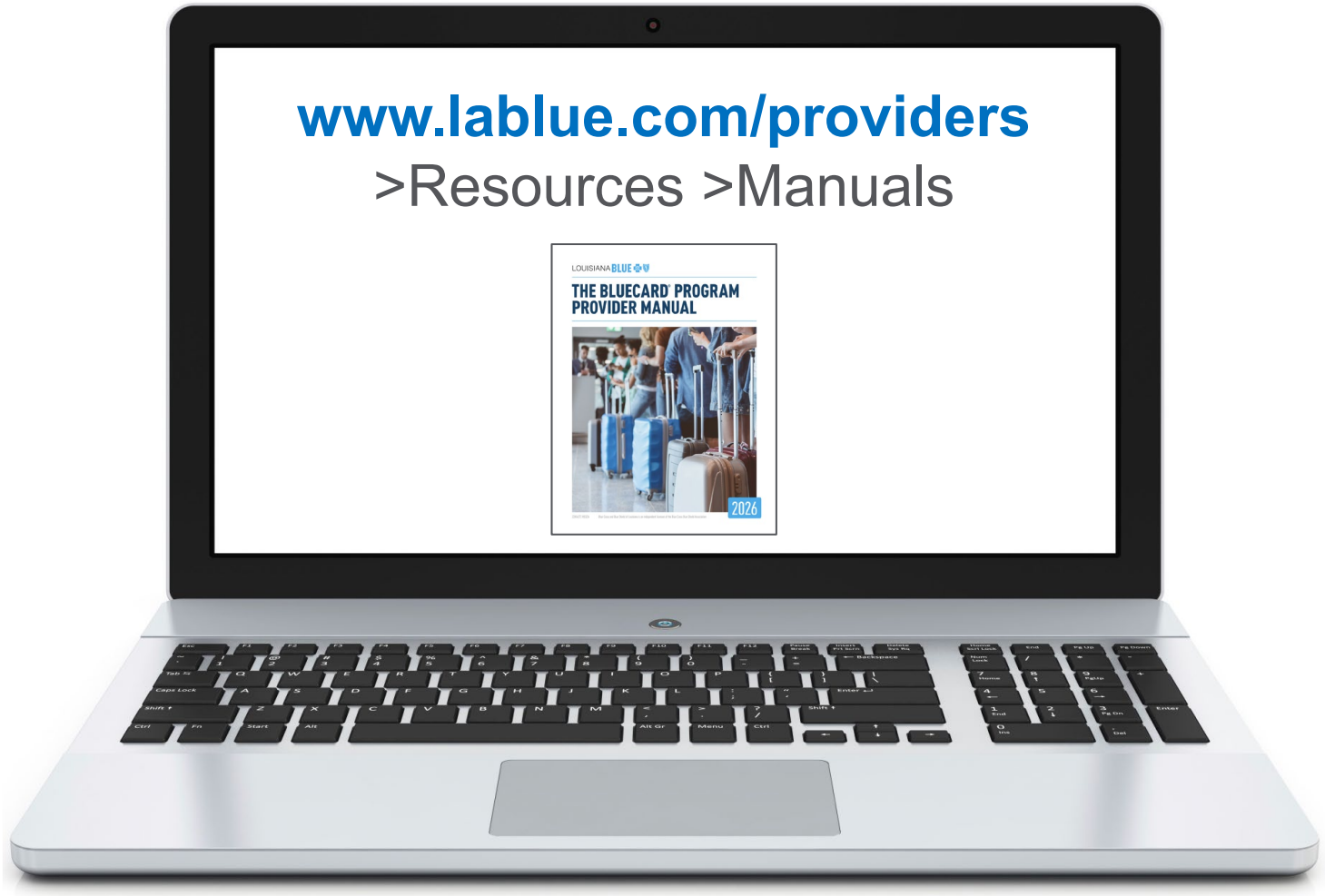
Online Resources: Provider Page



You will find information on:

- Network Enrollment
  - Credentialing
  - Provider Support
- Electronic Services
  - Learn about iLinkBlue
  - Clearinghouse Services
  - Electronic Funds Transfer (EFT)
- News and Events
  - Network News
  - Product Enhancements
  - Blue Advantage Insights
  - Past Newsletters
- Medical Management
  - Authorizations
  - Medical Policies
  - Lab Management
  - Care Management
  - Pharmacy
- Programs
  - Quality Blue
  - Blue Distinction Center
  - Specialty Care Insight
- And more!

More information about The BlueCard Program can be found in our online manual here:

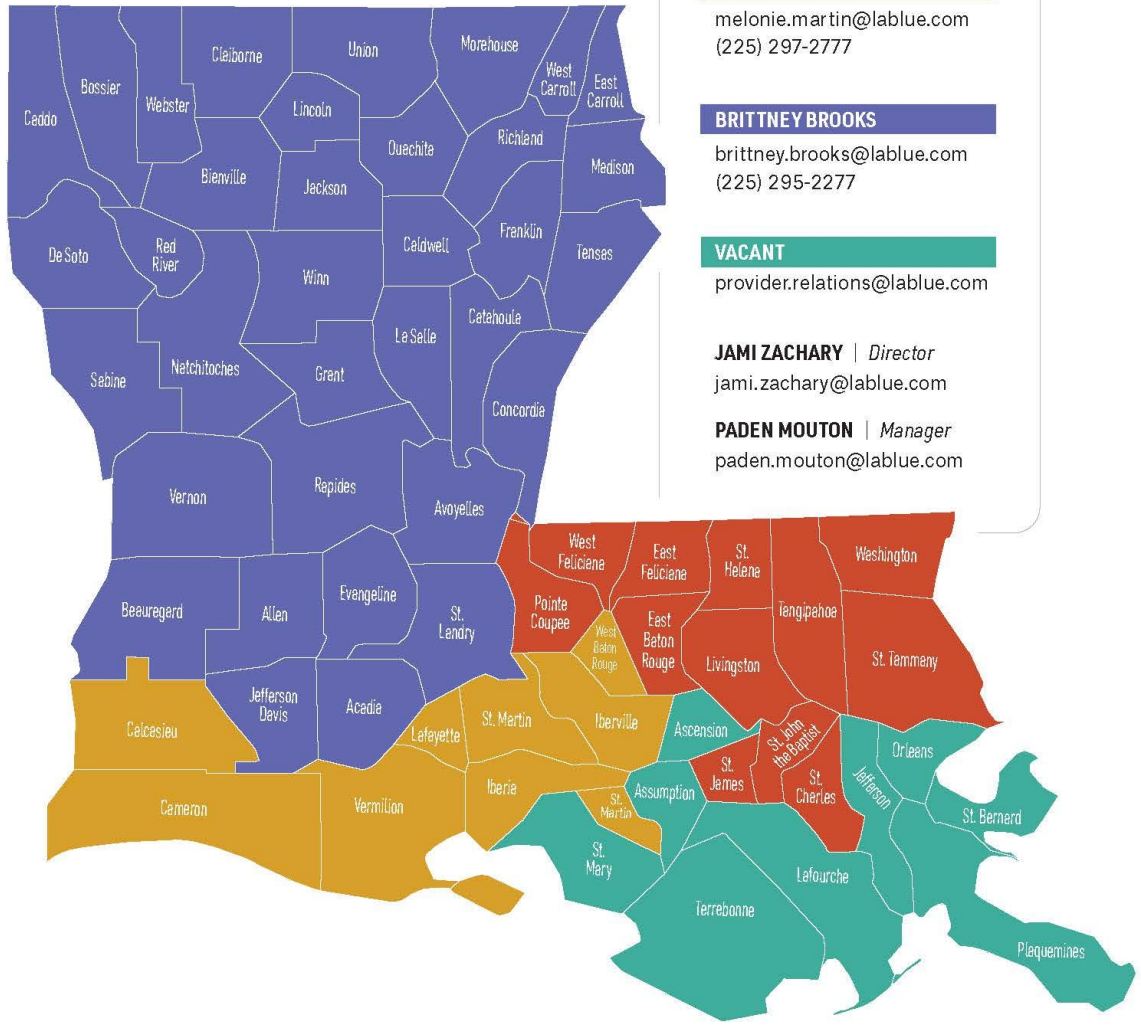


LOUISIANA BLUE

Support

Your Provider Relations Representative

Provider Relations Representatives
PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

CALEB MCDONALD
caleb.mcdonald@lablue.com
(225) 298-7421

MELONIE MARTIN
melonie.martin@lablue.com
(225) 297-2777

BRITTNEY BROOKS
brittney.brooks@lablue.com
(225) 295-2277

VACANT
provider.relations@lablue.com

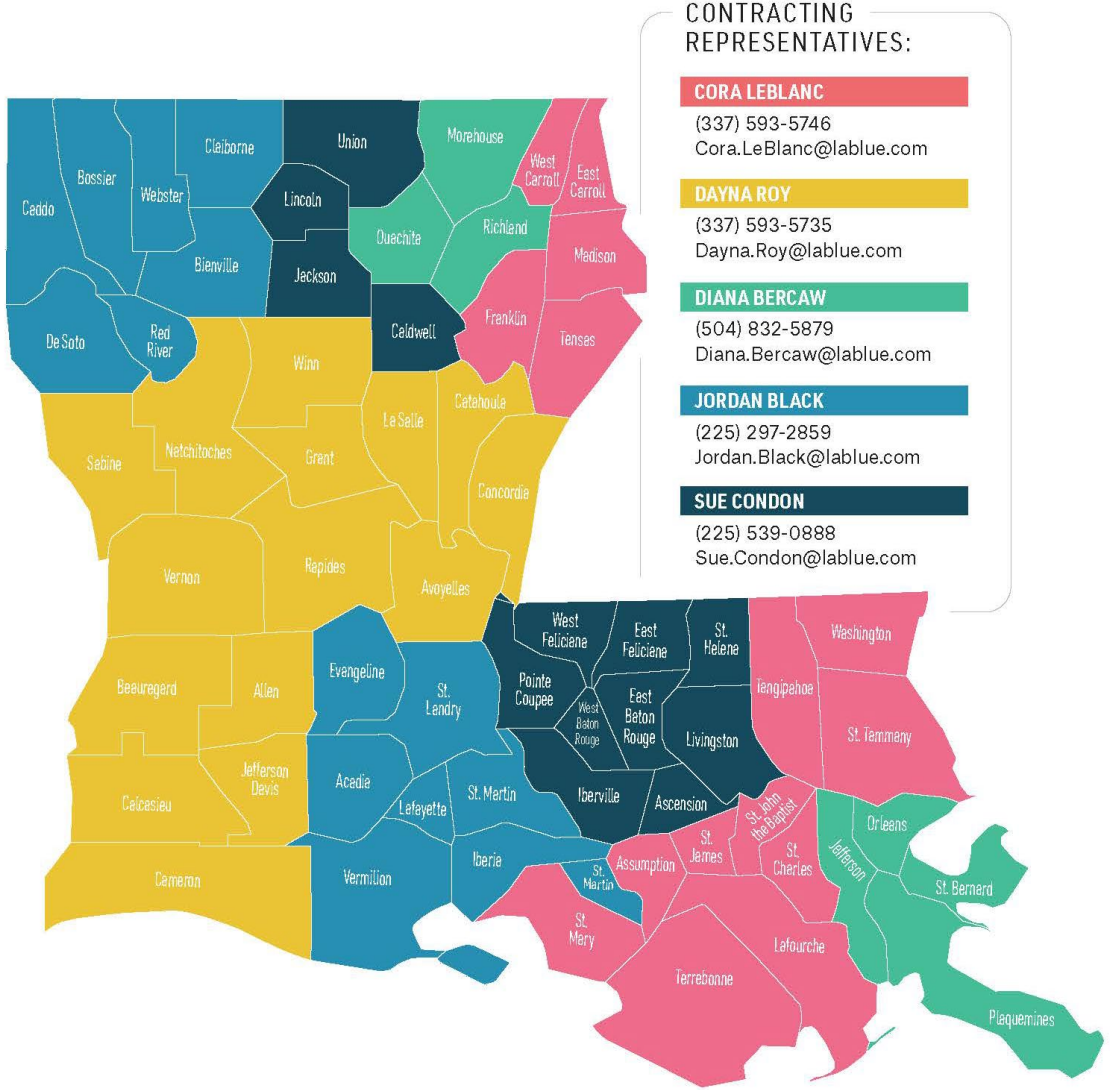
JAMI ZACHARY | *Director*
jami.zachary@lablue.com

PADEN MOUTON | *Manager*
paden.mouton@lablue.com

Your Provider Contracting Representative

Provider Network Development

CONTRACTING PARISH MAP



The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Change

Kostas Plakidas, Director, Provider Network Operations
kostas.plakidas@lablue.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.

PCDMstatus@lablue.com | 1-800-716-2299, option 2

Quick Contacts

Joining the Network

Getting Credentialed – **PCDMstatus@lablue.com**, 1-800-716-2299, option 2
Getting Contracted – **provider.contracting@lablue.com**, 1-800-716-2299, option 1

Updating your Information

Data Management – **PCDMstatus@lablue.com**, 1-800-716-2299, option 2

Education, iLinkBlue Training & Outreach

Provider Relations – **provider.relations@lablue.com**

Electronic Services

iLinkBlue – **www.lablue.com/ilinkblue**
EDI Services (clearinghouse) – **EDIservices@lablue.com**, 1-800-716-2299, option 3
Security Access to Online Services – **PIMteam@lablue.com**, 1-800-716-2299, option 5

Ongoing Support

Customer Care & IVR Phone Services – 1-800-922-8866

Questions?

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


THANK
YOU!

LOUISIANA BLUE

Appendix

Ancillary Claims

Ancillary providers include Independent Clinical Laboratory, Durable/Home Medical Equipment and Supplies and Specialty Pharmacy providers.

Please note:

- If you contract with more than one Plan in a state for the same product type (i.e., PPO or traditional), you may file the claim with either Plan.
- Contiguous county claims filing rules do not apply to ancillary claims.

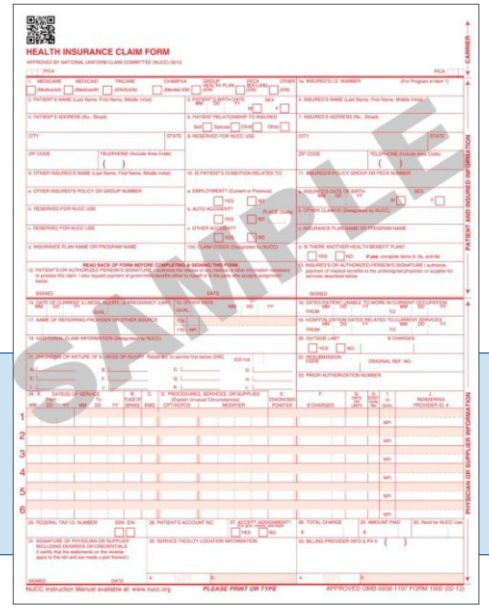
Dental and Oral Surgery Claims *ADA Claim Form*

- When filing claims/calling for claim status for dental services, providers use the information on the Blue Plan named on the member ID card.
- ADA claim forms received by Louisiana Blue for dental services for BlueCard members will be sent back to the provider.

Dentists and oral surgeons should verify benefits for BlueCard program members prior to performing services by calling the number on the back of the member ID card.

Dental and Oral Surgery Claims CMS-1500

- Dental services that fall under the medical care category and are filed on a CMS-1500 claim form will be processed by Louisiana Blue. Once Louisiana Blue receives the claim, we will electronically route the claim to the member's Blue Plan. The member's Blue Plan then applies benefits, approves payment and routes the claim back to Louisiana Blue. Louisiana Blue will then reimburse you.
- Dental claims submitted on a CMS-1500 claim form may be processed through BlueCard; therefore, providers should expect the remit or payment to come from Louisiana Blue if the claim is processed to pay the provider.
- Claims may also be submitted electronically on iLinkBlue.
- Additional information is available in the *Dental Network Office Manual*, available online at **www.lablue.com/providers** >Resources.



Note: Our member benefit plans require oral surgery claims be processed first under the patient's dental coverage. Do not submit as a medical claim first.

Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

- Once you submit an action request, you will no longer be able to edit or delete that request.
- You will not be able to submit duplicate action request on the same claim. A message will display to remind you an existing request is open on the claim. We must close that request before you can enter a new action request on the same claim. You are still able to enter additional action requests for other claims.
- After clicking submit, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request before submitting. A blue processing bar will display as the action request transmits into our system for processing.
- If you receive an error message after clicking submit, there may have been an issue with creating your request. Check the Action Request Inquiry search to verify it was created. If the request is not found in your search, please enter the request again.
- After transmitted, the action request Answer History will indicate the request was routed to group workflow case. This means the request entered our system for processing and is not a response to the request.