

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.
- Please limit your questions to information presented in today's webinar.

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.

New to Blue adVantage

November 2025

Blue adVantage (HMO) | Blue adVantage (PPO)

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

Express Scripts Pharmacy® is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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LOUISIANA **BLUE** 

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Welcome to the Blue Advantage Network!

Thank you for participating in our Blue Advantage (HMO) and Blue Advantage (PPO) provider networks.

- As a participating provider, you play an important role in the delivery of healthcare services to Blue Advantage plan members.
- You have our commitment to work collaboratively with you to provide members access to excellent care and coverage.

Our Mission

To improve the health and lives of Louisianians.

Our Core Strategies

- Health
- Sustainability
- Affordability
- Foundations
- Experience

Our Vision

To serve Louisianians as the statewide leader in offering access to affordable healthcare by improving quality, value and customer experience.

Agenda

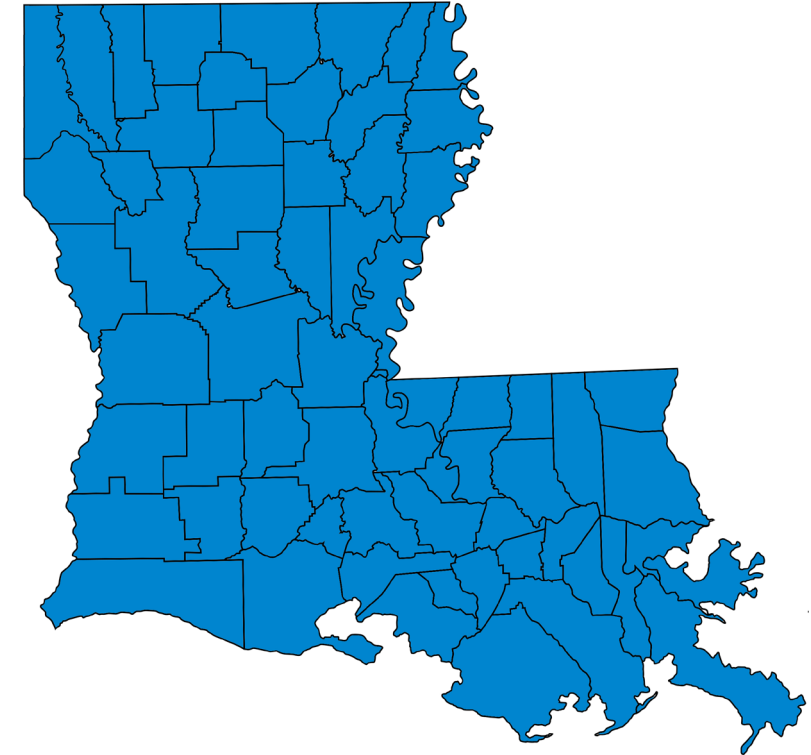
As a Blue Advantage network provider, we want to make sure you have the tools and resources you need when doing business with Louisiana Blue. Today we will discuss:

- Credentialing and Recredentialing
- Identifying Your Patients
- Coding
- Authorizations
- iLinkBlue
- Pharmacy
- Claims and Billing
- Other Services
- Resources



Welcome to the Blue Advantage Network

Blue Advantage is our Medicare Advantage product currently available to Medicare-eligible beneficiaries statewide.





Credentialing and Recredentialing

Credentialing Blue Advantage Providers



Credentialing is required for network participation. We partner with **Medallion** to conduct credentialing verification processes for our Blue Advantage networks.

Any Medicare eligible provider who intends to see Medicare beneficiaries is required by the U.S. Centers for Medicare and Medicaid Services (CMS) to apply for a Provider Transaction Access Number (PTAN). Providers wishing to participate in the Blue Advantage network must submit the PTAN when submitting an application.

Reimbursement During Credentialing

Professional healthcare providers who meet certain criteria can be reimbursed at network allowable charges and member benefit options during the credentialing process, with claims paid directly to the provider. Blue Advantage sets up qualifying providers for this reimbursement when they meet the following criteria:

- Provider is not a solo practitioner.
- Provider must be applying for network participation to join a provider group that already has an executed group agreement on file with Blue Advantage for the same provider type.
- Nurse practitioners (NPs) must submit a copy of the collaborating agreement with physician. Collaborating physician must participate in the same networks as the NP.
- Physician assistants (PAs) must submit a copy of intent to practice agreement with physician that participates in the same networks as PA.

Note: If reimbursement during credentialing criteria is met, reimbursement during credentialing is backdated up to one month prior to the date of application receipt.

Recredentialing

- After the initial credentialing process, all network providers must undergo recredentialing within 36 months from the date of the last approval.
- Louisiana Blue reserves the right to initiate the recredentialing process at any point during the 36-month credentialing cycle.
- The recredentialing process is conducted in the same manner as the initial credentialing process.
- Network providers are considered to be approved by our Credentialing Committee and recredentialed for another three-year cycle unless otherwise notified.



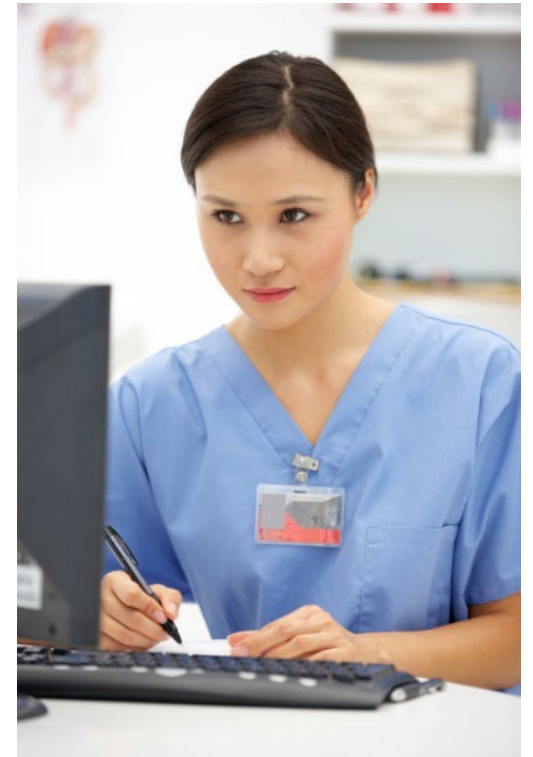


Identifying Your Patients

Distinguishing Medicare Advantage Members from Other Louisiana Blue Members

- Medicare Advantage (MA – Part C) 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 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 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

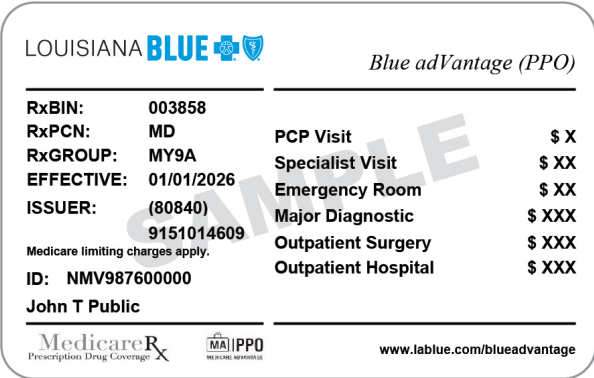
- Blue Advantage (HMO)
- Blue Advantage (PPO)

Benefit and eligibility for these products are handled through iLinkBlue (www.lablue.com/ilinkblue).

Member ID Cards

Louisiana Blue provides each Blue Advantage member with an ID card containing the following:

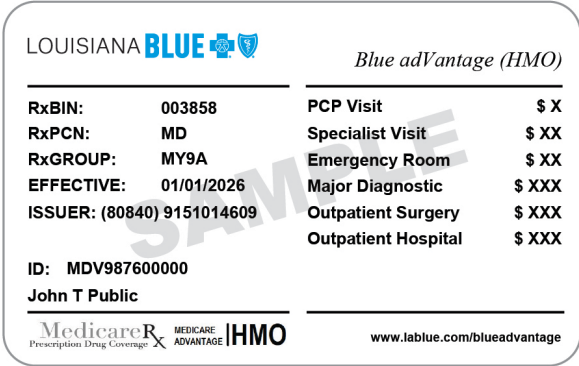
- Name of the covered member
- Copayment or coinsurance responsibilities
- Important phone numbers



NEW prefix for 2026

NMV prefix

The member ID card is used for all types of coverage such as Medicare Part A, Part B and Part D (pharmacy).




MDV prefix

D-SNP Member ID Cards

- Dual Eligible Special Needs Plans (D-SNPs) are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible members currently available to Medicare-eligible members statewide.
- D-SNP members must use Blue Advantage network providers except for select situations such as emergency care.
- D-SNP members must be enrolled in Medicare and Medicaid to enroll.

LOUISIANA



Blue adVantage (HMO)

			*QMB/QMB+	*Non-QMB
RxBIN:	003858	Part B Deductible	\$ XX	\$ XXX
RxPCN:	MD	PCP	\$ X	\$ XX
RxGROUP:	2GCA	Specialist	X%	XX%
EFFECTIVE:	01/01/2026	Emergency Room	\$ X	\$ XX
ISSUER:	(80840)	Outpatient Surgery	X%	XX%
	9151014609			

ID: MDV987600000

www.lablue.com/blueadvantage

John T Public

MEDICARE
ADVANTAGE

HMO

MedicareRx
Prescription Drug Coverage

* Provider must check member's current
Medicaid status. See back of card.

MDV prefix

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 an in-network 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...
<p>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.</p>	<p>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.</p>	<p>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.</p>



Blue MA PPO members are recognizable by the “MA” suitcase on the member ID card.

Blue Advantage Customer Service

For inquiries that cannot be addressed through iLinkBlue, providers may contact Customer Service at:



1-866-508-7145

Customer Services prompts have been updated, please listen carefully to the new options when calling in. Customer Service for Blue Advantage providers is available 8 a.m. to 8 p.m., 7 days a week from October to March and 8 a.m. to 8 p.m., Monday – Friday from April to September.



1-877-528-5820



customerservice@blueadvantagela.com



Louisiana Blue Medicare Advantage
PO Box 98004
Baton Rouge, LA 70898-9004

New Address for 2026

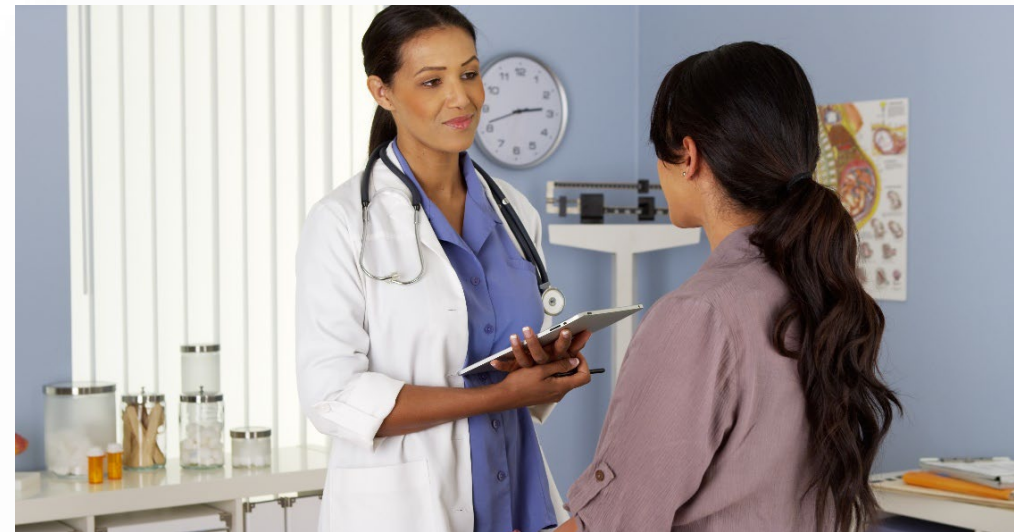


Providers may also contact Customer Service on the patient's behalf and request a representative call the member to assist with their questions.

Primary Care Provider (PCP) Roles

The PCP should be involved in the overall care of the member.

- Oversee, coordinate, discuss and direct the member's care with the member's care team, specialists and hospital staff.
- Develop and grow the provider-member relationship while being proactive and cost effective.
- Responsible for coordinating members' medically necessary services.
- When a member changes PCP, upon request, the prior PCP has 10 business days to submit records to the new PCP.



Louisiana Blue does not require a referral from the PCP for the member to obtain services from a specialist or another primary care provider.

Primary Care Provider (PCP) Roles

- Send members to network providers.
 - Referring patients to out-of-network providers may result in significant costs to the member. To help your Blue Advantage patients find specialists in their network, direct them to the Blue Advantage member website at <https://blueadvantage.lablue.com> >Find a Doctor or Drug.
- Plan Directed Care (PDC)
 - Louisiana Blue follows CMS guidelines related to PDC.
- Provider-patient Relationships
 - Valid provider-patient relationships are established between members and providers, including, without limitation, physicians, allied health providers, or other provider type, as defined by Plan, when the members and the providers engage in a healthcare encounter that includes a fully documented clinical assessment (in-person or telemedicine) of the member (patient).

Provider-Patient Relationships

Maintaining good provider-patient relationships are important, particularly when a patient receives a survey from CMS asking about their experience with their personal provider.

Think about how your patients would respond to questions like these:

- Did your personal provider make things easy to understand?
- Did your personal provider listen carefully to your concerns and show respect for them?
- Did your personal provider spend enough time with you?
- Did your personal provider talk to you about your prescription drugs?

RHC Reporting Requirement – Modifier CG

- Rural health clinics (RHCs) shall report Modifier CG (policy criteria applied) on RHC claims and claim adjustments. Providers should report Modifier CG on one line with a medical and/or mental health HCPCS code that represents the primary reason for the medically necessary face-to-face visit. This line should have the bundled charges for all services subject to coinsurance and deductible. If only preventative services are furnished during the visit, report Modifier CG with the preventive service HCPCS code that represents the primary reason for the medically necessary face-to-face visit.
- Medical and preventative services HCPCS codes are billed with revenue code **052X**
- Mental health services HCPCS codes are billed with revenue code **0900**
- Claims submitted without Modifier CG will process incorrectly and the provider will need to adjust the claim
- For a copy of the below resources, please email **provider.relations@lablue.com**
- Rural Health Clinics Reporting Requirements Frequently Asked Questions
- MLN Matters Article MM9269 – Required Billing Updates for Rural Health Clinics
- Rural Health Clinic Qualifying Visit List (RHC QVL)

Importance of Annual Wellness Visits

- Provides the ability to effectively assess your patients' chronic conditions, as well as close care and coding gaps for Blue Advantage patients.
- Covered at 100%, **once every calendar year**, for Blue Advantage patients.

Quality

- Assess and capture outstanding Star Rating Care Gaps for value-based contract performance and better patient outcomes.



Risk Adjustment

- Greater appointment time allotment for comprehensive assessment and care planning for chronic conditions.

Blue Advantage Quality Program

All PCPs participating in our Blue Advantage network(s) are eligible to receive performance incentive payments based on closing gaps in care for CMS HEDIS® measures.

Pay for Performance Medicare Advantage Star Rating Incentive (P4P MA SI) is available to all PCPs participating in Blue Advantage networks.

- Information is then used to help build STAR rating incentive.
 - 4 Star: \$50 PMPY
 - 5 Star: \$100 PMPY
 - Payments are Risk Adjusted

Quality Blue – Condition Assessment Program

- AWW Completion – Payment of \$60 per completed AWW, available to all network PCPs
- Two options for Condition Assessment:
 - Condition Assessment via Epic – Payment of \$40 per condition assessed
 - Condition Assessment via Stellar Health – Payment of \$40 per condition assessed
 - Minimum attribution requirements apply to enrollment in Stellar Health

Quality Blue – Condition Assessment Program

Providers who **do not** participate in condition assessment with Epic or Stellar **and** have 10+ members are eligible for an escalating Annual Incentive for reaching thresholds of AWW completion.

- Panel AWW Completion Rate:
 - Over 50% - \$5 PMPY
 - Over 60% - \$15 PMPY
 - Over 80% - \$20 PMPY
 - Over 90% - \$25 PMPY

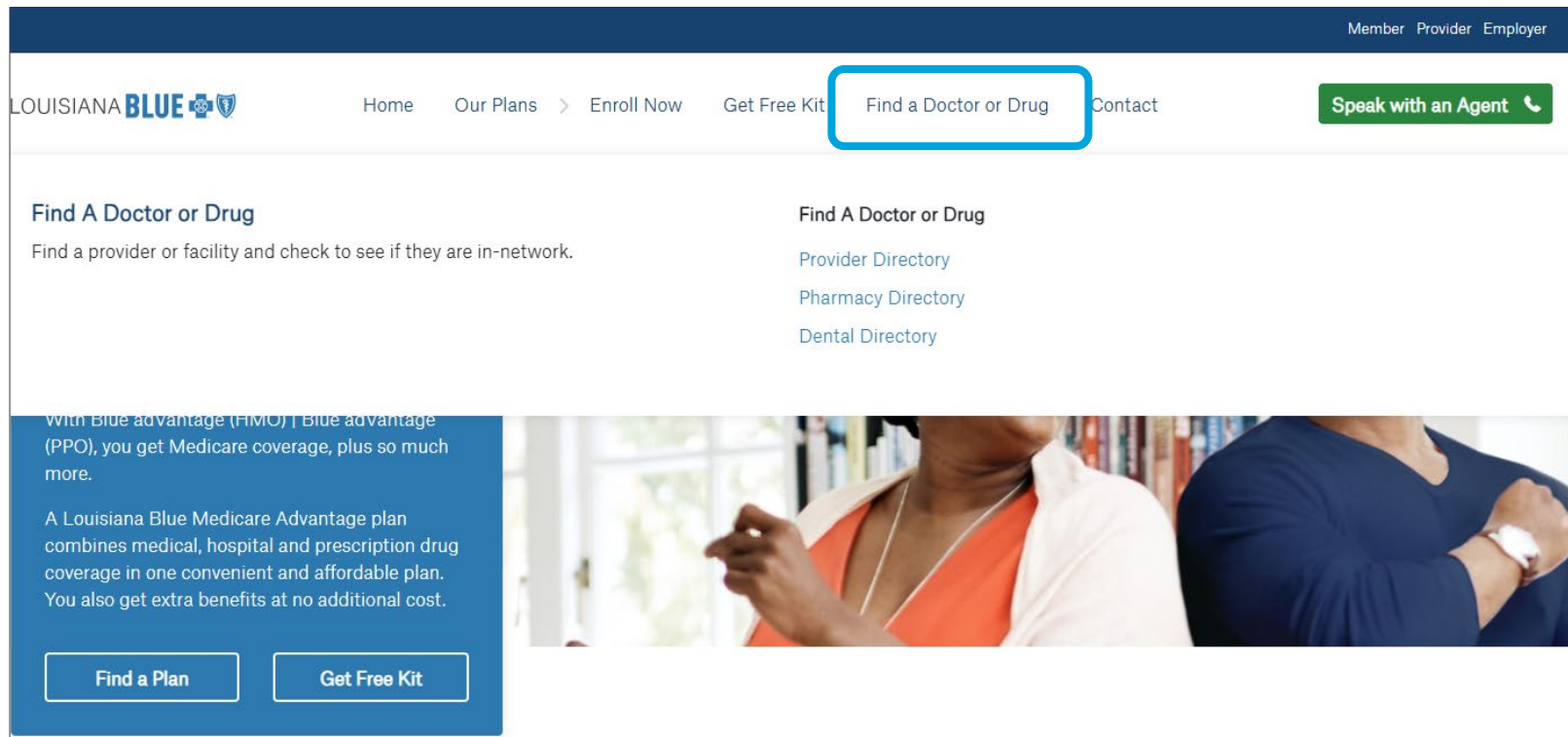


Provider Directory

Online Provider Directory

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 <https://blueadvantage.lablue.com>.



Online Provider Directories

- To find a provider in a particular network, select a network from the **Network** dropdown menu.
- The networks are listed in alphabetical order, or you can search "All Networks."

Good Morning!

Browse or search to find the care you need.

Network: All Networks

City, state or zip: Baton Rouge, LA -- 70...

Search for Name, Specialty, or Phone Number

Common Searches: Urgent Care Behavioral Health DME & Medical Supplies

Browse by Category

Find results using these care categories

Medical Specialties

Includes routine care, emergency services and coordinating with specialists.

Telemedicine

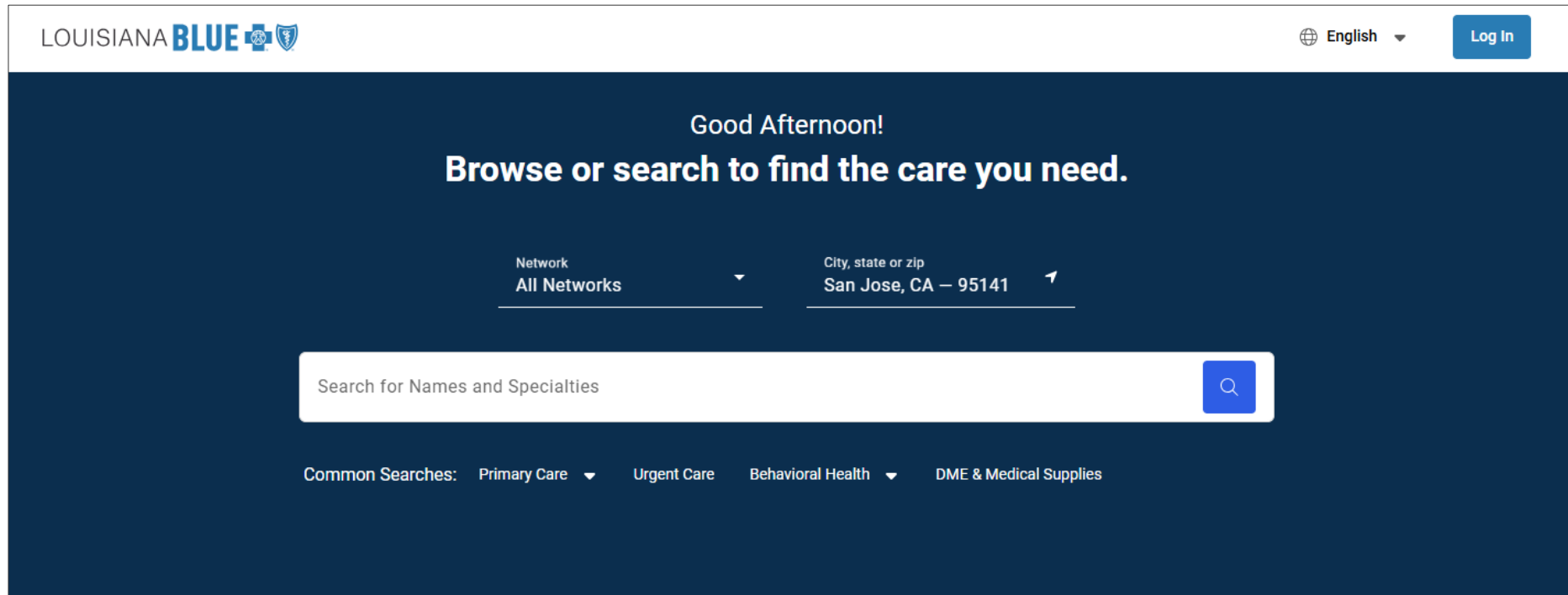
Providers that render care virtually.

Urgent Care Center

Walk-in clinic that treats illness or injury requiring immediate care, but not serious...

Online Provider Directories

- You can search for a provider by name or specialty.
- To refine your search, select a **Network** and/or enter your location in the **city**, **state** or **ZIP** field.



The screenshot shows the Louisiana Blue Cross provider directory website. The header includes the Louisiana Blue Cross logo, a language selector set to "English", and a "Log In" button. The main content area has a dark blue background with the text "Good Afternoon!" and "Browse or search to find the care you need." Below this, there are two dropdown menus: "Network" with "All Networks" selected, and "City, state or zip" with "San Jose, CA — 95141" entered. A search bar with the placeholder text "Search for Names and Specialties" and a magnifying glass icon is positioned below these filters. At the bottom, there are "Common Searches" links for "Primary Care", "Urgent Care", "Behavioral Health", and "DME & Medical Supplies".

LOUISIANA BLUE CROSS

English Log In

Good Afternoon!

Browse or search to find the care you need.

Network
All Networks

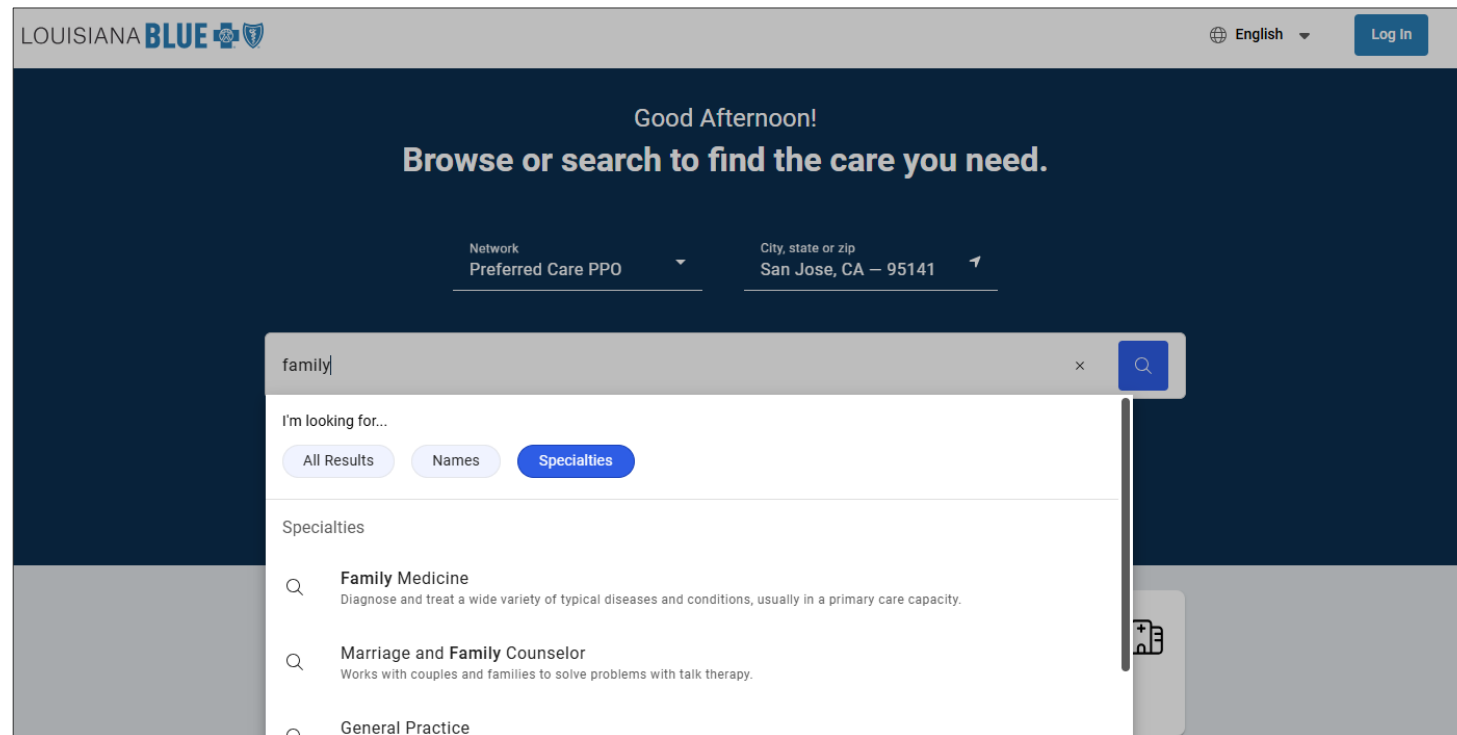
City, state or zip
San Jose, CA — 95141

Search for Names and Specialties

Common Searches: Primary Care Urgent Care Behavioral Health DME & Medical Supplies

Online Provider Directories

- To search by medical specialty, type in a specialty or term in the search bar box, and then click the result for which you're searching in the dropdown menu.
- If you do not see the specialty you need in the dropdown menu, then click the blue magnifying glass button to the far right of the search bar to get more search results.



Online Provider Directories

Each provider has a page with links:

- Provider Highlights
- Networks Accepted
- Specialties & Expertise
- Credentials
- Awards & Recognitions
- Ratings & Reviews
- Affiliated Facilities
- More About This Provider

The screenshot displays the profile for ABC Medical Center. The header includes the center's name, specialty (HOSPITAL (ACUTE)), a star rating, and buttons for printing and sharing. A left-hand menu lists various information categories. The main content area features a 'Provider Highlights' section with contact details, a star rating, a link to reviews, awards, and network information. Below this is a yellow banner with a message about insurance tiers. The 'Networks Accepted' section lists several insurance plans, including Blue Connect EPO PPO, Community Blue HMO/POS, and OGB MagLocal - BlueConn, among others. A link to view more networks is provided at the bottom.

ABC Medical Center
SPECIALTY: HOSPITAL (ACUTE)

★★★★☆ • Be the First to Review

Print Share

Provider Highlights

ABC Medical Center
1234 Medical Way
Baton Rouge, LA 70810
Phone: 555-555-5555

★★★★☆
[Be the First to Review](#)

2 Awards

[More about this provider's race, ethnicity, languages, etc.](#)

In "Preferred Care PPO" Network

Tier 1 (\$)

You get the highest level of benefits from providers in Tier 1 or Enhanced Tier 1. Providers in Tiers 2 or 3 will cost more. Please check your benefits for how, or if, your plan covers care in those tiers.

Networks Accepted

[Log In](#) for personalized results

(Tier 1) Blue Connect EPO PPO (Tier 1) Blue Connect HMO/POS (Tier 1) Community Blue EPO HMO/POS

(Tier 1) Community Blue HMO/POS (Tier 1) HMO Louisiana HMO/POS

(Tier 1) OGB MagLocal - BlueConn (Tier 1) OGB MagLocal BR - CommBlue

[View 13 More Networks Accepted](#)

Online Provider Directories

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 <https://blueadvantage.lablue.com>.

- Addresses (location information)*
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services (telehealth/virtual-only providers are identified as such and address is not displayed)

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.

*Limit of 10 locations per provider per TIN.

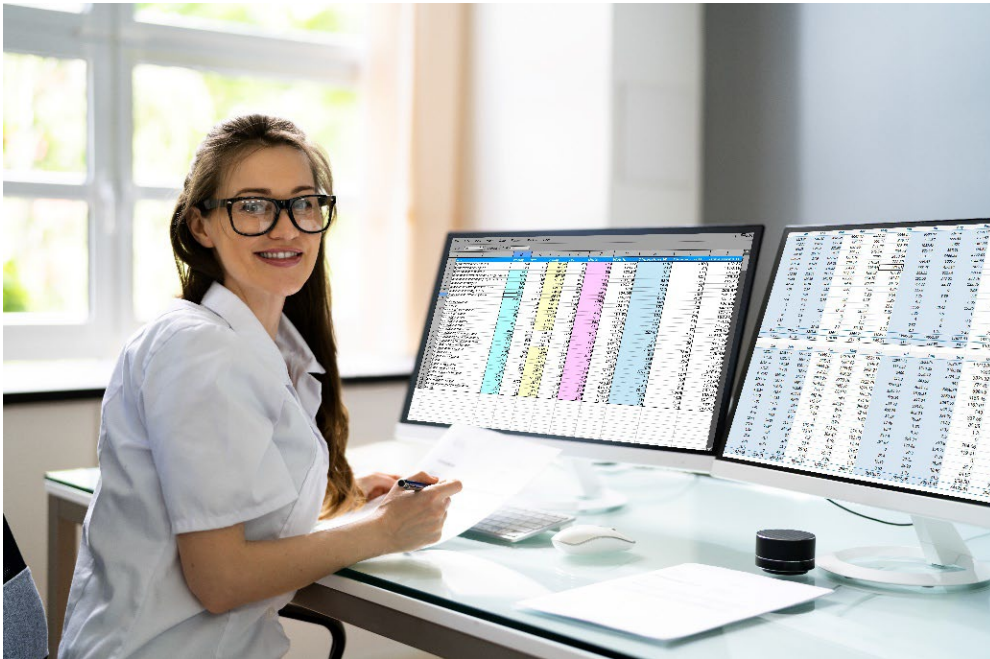


It is the contractual responsibility of all participating providers to notify Louisiana Blue when they leave a group or location, as well as to keep all other information current. To report changes in your information, use the **Individual/Group Provider Update Request** form. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.



Coding

Importance of Complete and Accurate Clinical Documentation and ICD-10 Coding



- Providers who treat sicker populations have higher average costs and utilization per patient. Risk-adjusted reporting can accurately reflect these sicker patients.
- The U.S. Centers for Medicare and Medicaid Services (CMS) sets risk scores for a calendar year based on diagnoses from the previous calendar year.
- All existing diagnoses must be submitted every calendar year for risk scores to be accurate.
- Member attribution is done by wellness exams.

Complete and Accurate Clinical Documentation and ICD-10 Coding

Best Practices in Medical Record Documentation

- Documentation needs to be sufficient to support and substantiate coding for claims or encounter data.
- Chronic conditions need to be reported every calendar year including key condition statuses (e.g., leg amputation and/or transplant status must be reported each year).
- Include condition specificity where required to explain severity of illness, stage or progression (e.g., staging of chronic kidney disease).
- Treatment and reason for level of care needs to be clearly documented; chronic conditions that potentially affect the treatment choices considered should be documented.



Advantage of Assigning CPT II Codes

Why use CPT II Codes?

CPT II codes describe clinical components that may be typically included in evaluation and management services or other clinical services and do not have a relative value associated with them. These codes may also describe results from clinical laboratory or radiology tests and other procedures, identified processes intended to address patient safety practices, or services reflecting compliance with state or federal law.

- Lessens the administrative burden of chart review for quality programs such as:
 - Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures
 - Blue Advantage HHC gaps
 - RADV gap
- Enables organizations to monitor internal performance for key measures throughout the year, rather than once per year as measured by health plans and pay for performance.
- Identifies opportunities for improvement so interventions can be implemented to improve performance during the service year.



Authorizations

Upcoming Changes for the Blue Advantage Provider Portal




Louisiana Blue is retiring the Blue Advantage Provider Portal effective Dec. 31, 2025. **Effective Jan. 1, 2026, the Blue Advantage line of business will be integrated into iLinkBlue** (www.lablue.com/ilinkblue), making iLinkBlue the centralized platform for all lines of business.

Existing iLinkBlue users do not need to do anything else to access the Blue Advantage data in iLinkBlue on Jan. 1, 2026.

Hospital Authorizations

Hospital Admissions:

- Providers can report inpatient admissions to Louisiana Blue’s Medical Management Team by:
 - Phone: 1-866-508-7145
Phones are forwarded to a secure voicemail system during non-business hours.
 - Fax: 1-877-528-5818 (*available 24 hours a day*)
- Confirmed by Louisiana Blue Medical Management staff with a reference number (*a reference number does not guarantee payment*).

LOUISIANA BLUE  <small>Blue Advantage (HMO) Blue Advantage (PPO)</small>	
The purpose of this guide is to help Blue Advantage network providers reach the appropriate areas of service for our Blue Advantage (HMO) and Blue Advantage (PPO) members.	2026 Provider Quick Reference Guide
Service	Contact Information
Blue Advantage Customer Service	For inquiries that cannot be addressed through iLinkBlue (www.lablue.com/ilinkblue), you may contact Blue Advantage Customer Support at: phone: 1-866-508-7145 fax: 1-877-528-5820 email: customerservice@blueadvantagela.com mail: Louisiana Blue Medicare Advantage P.O. Box 98004 Baton Rouge, LA 70898-9004
Blue Advantage Provider Portal	The functions of the Blue Advantage Provider Portal have migrated into iLinkBlue (www.lablue.com/ilinkblue) effective Jan. 1, 2026. Through iLinkBlue, you can research member eligibility and benefit verification, as well as claims status options, prior authorization services and more. Registration: Registration requires two separate security access setups. 1. You must first have access to iLinkBlue (www.lablue.com/ilinkblue). Refer to the PIM Team section of this guide for more information. 2. If you do not have access to iLinkBlue, you must register an administrative representative to manage user access. To access the administrative representative documents: <ul style="list-style-type: none">○ For the iLinkBlue packet, visit www.lablue.com/providers > Electronic Services > Learn About iLinkBlue.○ For more on registering an administrative representative, visit www.lablue.com/providers > Designate Your Rep. Technical Support: For technical questions relating to registration or login access, please refer to the EDI section of this guide.



Services requiring authorization are listed in the *Provider Quick Reference Guide* that is available on the Blue Advantage Resources page and iLinkBlue (www.lablue.com/ilinkblue).

Hospital Authorizations

Inpatient Admission:

Plan requires notification within one business day of inpatient (IP) admission.

Observation:

Plan requires notification within one business day of observation (OBS) admission.

Notification is required within one business day of **discharge**.

Once the member is discharged, the visit and discharge summary must be faxed to Blue Advantage Medical Management.

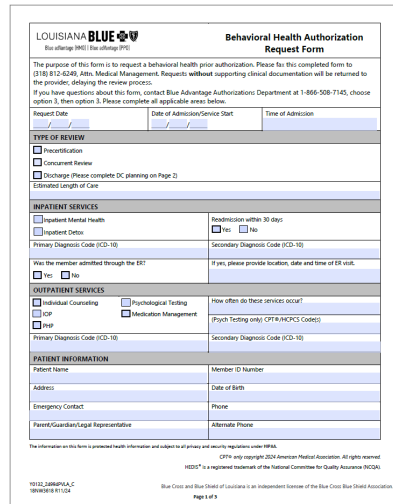
The plan reviews and makes determinations for IP/OBS, SNFs, Acute Rehabs, LTACs, HHCs, LOSs, LOCs and discharge planning.

Medical Necessity Criteria:

- Standardized criteria (e.g., InterQual®, DSM-5, ASAM, etc.)
- Medicare National Coverage Determination (NCD) and Local Coverage Determination (LCD)

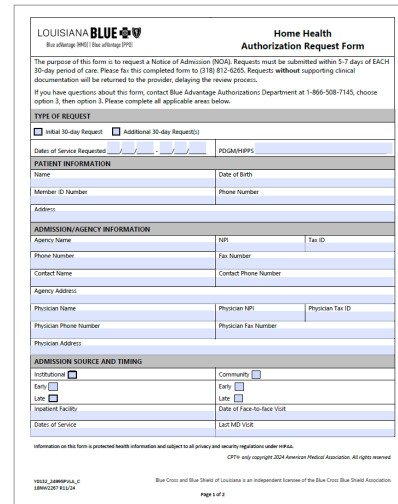
Prior Authorizations Forms

Providers may submit prior authorization requests by using one of the following authorization forms:



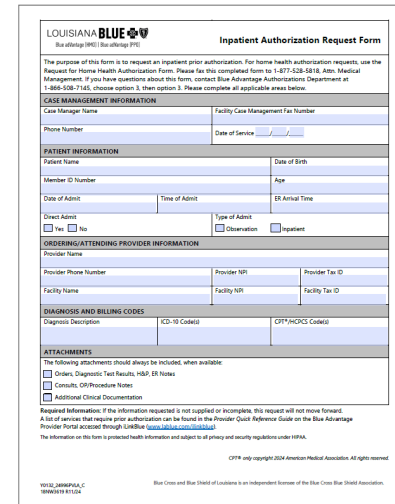
This form is titled "Behavioral Health Authorization Request Form" and is for Louisiana Blue Cross. It includes sections for "TYPE OF REVIEW" (Preauthorization, Concurrent Review, or Exchange), "INPATIENT SERVICES" (Inpatient Mental Health, Inpatient Detox, or Residential), "OUTPATIENT SERVICES" (Individual Counseling, Group, or Family), and "PATIENT INFORMATION". It also includes a section for "ADMISSION SOURCE AND TIMING" (Institutional, Community, or Home). The form is dated 10/12/2026 and is page 1 of 2.

Behavioral Health
Authorization Request
Form



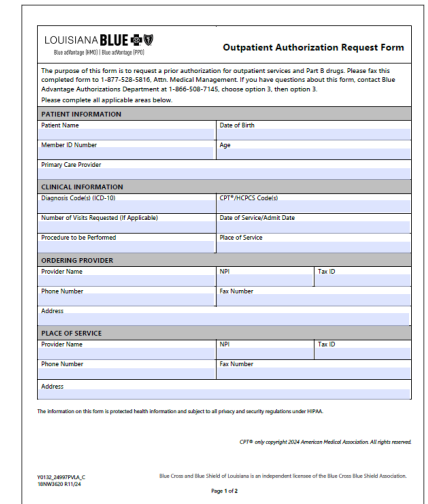
This form is titled "Home Health Authorization Request Form" and is for Louisiana Blue Cross. It includes sections for "TYPE OF REQUEST" (Initial 30-day request or Additional 30-day request), "PATIENT INFORMATION", "ADMISSION/AGENCY INFORMATION", and "ADMISSION SOURCE AND TIMING". It also includes a section for "ADMISSION SOURCE AND TIMING" (Institutional, Community, or Home). The form is dated 10/12/2026 and is page 1 of 2.

Home Health
Authorization Request
Form



This form is titled "Inpatient Authorization Request Form" and is for Louisiana Blue Cross. It includes sections for "CASE MANAGEMENT INFORMATION", "PATIENT INFORMATION", "ORDERING/ATTENDING PROVIDER INFORMATION", "DIAGNOSIS AND BILLING CODES", and "ATTACHMENTS". It also includes a section for "ATTACHMENTS" (Orders, Diagnostic Test Results, H&P, ER Notes, Consults, CPT/Procedure Codes, or Additional Clinical Documentation). The form is dated 10/12/2026 and is page 1 of 2.

Inpatient Authorization
Request Form



This form is titled "Outpatient Authorization Request Form" and is for Louisiana Blue Cross. It includes sections for "PATIENT INFORMATION", "CLINICAL INFORMATION", "ORDERING PROVIDER", and "PLACE OF SERVICE". It also includes a section for "ATTACHMENTS" (Orders, Diagnostic Test Results, H&P, ER Notes, Consults, CPT/Procedure Codes, or Additional Clinical Documentation). The form is dated 10/12/2026 and is page 1 of 2.

Outpatient Authorization
Request Form

Download authorization forms by going to www.lablue.com/providers, then clicking on “Go to BA Resources” under the “Forms” section.

The 2026 *Provider Quick Reference Guide* includes the list of services requiring prior authorization. It is available on the Blue Advantage Resources page, www.lablue.com/providers, then click on “Go to BA Resources” under the “Manuals and Guides” section.

Pharmacy Authorizations

To request a coverage determination for a Part D drug, contact Express Scripts, Inc. using one of the following methods:

Phone: 1-800-935-6103/TTY:711

Fax: 1-877-251-5896

Mail: ESI – Attn: Medicare Reviews
P.O. Box 66571
St. Louis, MO 63166-6571

Online: www.covermy meds.com
www.express-path.com



For a comprehensive list of participating pharmacies, use the provider/pharmacy directory at www.lablue.com/ilinkblue >Blue Advantage (under Other Sites) >Provider Directory.



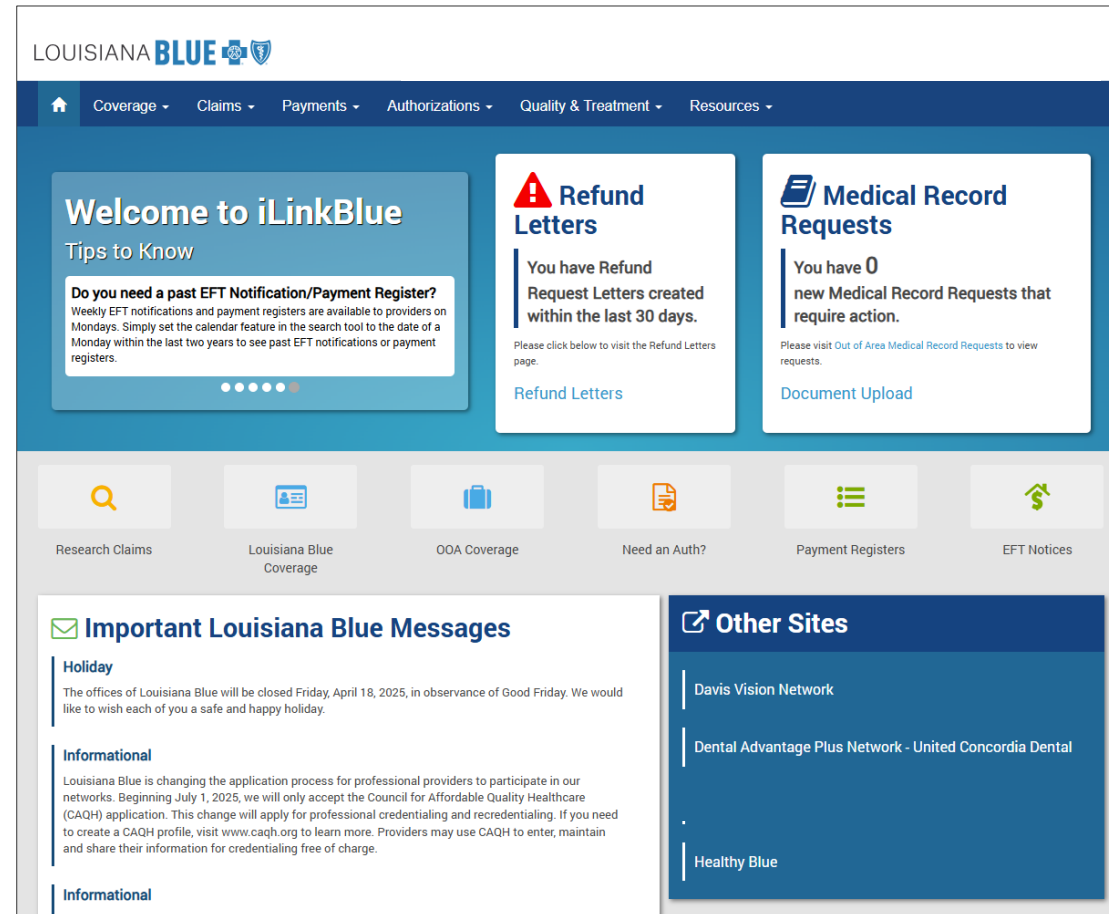
iLinkBlue

Features of iLinkBlue:

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Costs
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission
- Refund Request Letters
- Inpatient Unbundling Reports
- Action Requests
- Provider Network Roster
- Medical Record Requests

What is iLinkBlue?

iLinkBlue is Louisiana Blue's secure online provider portal.



www.lablue.com/ilinkblue

Need Access to iLinkBlue?

If your office does not have access to iLinkBlue, you must complete an iLinkBlue Agreement Packet.

This documents can be found on our Provider page at www.lablue.com/providers >Electronic Services >iLinkBlue, under the Quick Links section.



iLinkBlue Service Agreement

THIS AGREEMENT, made and entered into as of the ____ day of _____, 20____, by and between

—LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, INC.—

(d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA), (hereinafter referred to as "HEALTH PLAN"), a Louisiana corporation domiciled in the Parish of East Baton Rouge, herein represented by its duly authorized and undersigned officer, whose permanent mailing address is declared to be 5525 Reitz Avenue, Baton Rouge, Louisiana 70809, and

Provider Name: _____

Address: _____

City, State, ZIP: _____

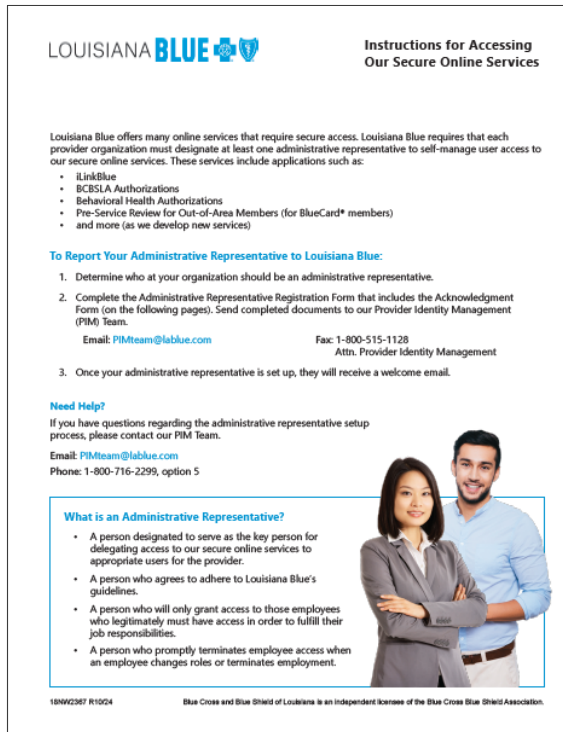
(hereinafter referred to as "PROVIDER"), and who are the parties to this AGREEMENT and for the consideration and upon the terms and conditions hereinafter expressed, do hereby agree as follows:

Section I Agreement

- 1.1 HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website in accordance with the Terms of Use and Security Policy that is available on the iLinkBlue log-in and welcome screens. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by HEALTH PLAN from time to time under HEALTH PLAN's sole discretion, and that PROVIDER will be bound by such terms as a condition of its use of the iLinkBlue website.
- 1.2 PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate and applicable personal computer equipment, telecommunication software and hardware, LAN configurations and environments, and Internet connectivity necessary and required to access the electronic services provided by HEALTH PLAN. PROVIDER further agrees that it is responsible for maintaining this computer equipment in proper working condition.
- 1.3 HEALTH PLAN agrees to provide user instruction manuals and documentation or correspondence, to assist the PROVIDER in the proper use of the iLinkBlue website. HEALTH PLAN shall provide telephone and other PROVIDER support services it deems reasonable, Monday through Friday from 8 a.m. - 4:30 p.m. CST, with the exception of HEALTH PLAN office closure due to announced holidays or any unforeseen circumstances.

Accessing iLinkBlue

Louisiana Blue requires that provider organizations have at least one **administrative representative** to manage our secure online services.



Administrative representative duties include:

- Identify users at your organization who will need access to our secure online services.
- Assign individual user access to the appropriate applications.
- Manage users and terminate user access when it is no longer needed.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider page at www.lablue.com/providers >Electronic Services >Admin Reps.

Accessing iLinkBlue

Need access to iLinkBlue?

My organization has an administrative representative?

- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security include secure authorization applications. This access is granted through your organization's administrative representative.

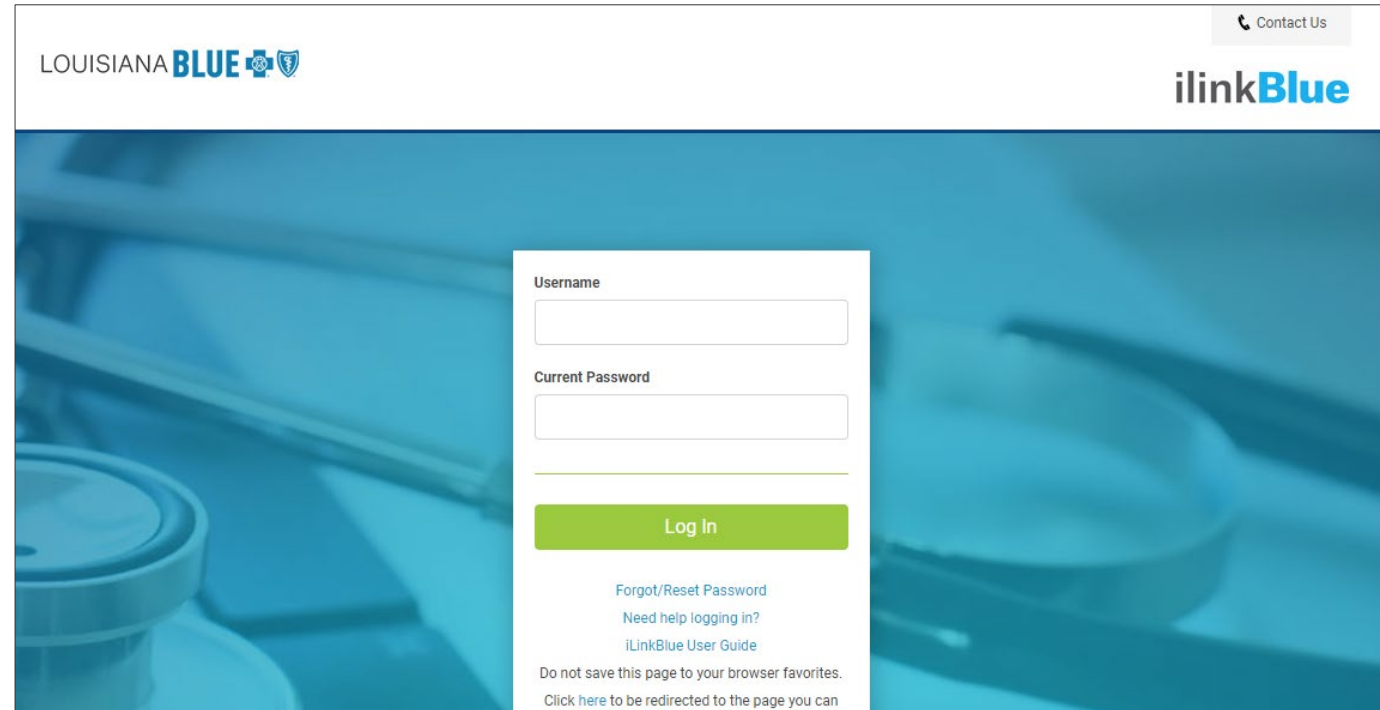
My organization does not have an administrative representative?

- Self-designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at www.lablue.com/providers >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at PIMteam@lablue.com or 1-800-716-2299, option 5 with questions.

Accessing iLinkBlue

Logging in for the first time:

- Password must be reset.
- Click on the “Forgot/Reset Password” button.
- Follow the prompts, enter your username and click the “Request Password” button.
- The system will send you an email to reset your password. Click on the link in the email.



The screenshot shows the iLinkBlue login interface. At the top left is the "LOUISIANA BLUE" logo with a cross icon. At the top right is a "Contact Us" link and the "ilinkBlue" logo. The main area has a blue background with a medical image. A white login box is centered, containing fields for "Username" and "Current Password", a green "Log In" button, and links for "Forgot/Reset Password", "Need help logging in?", and "iLinkBlue User Guide". At the bottom of the box, it says "Do not save this page to your browser favorites. Click [here](#) to be redirected to the page you can".

Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @\$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.



iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity.
Reach out to your administrative representative to have your account reset.



If you are the administrative representative and are locked out of your account, reach out to the Provider Identity Management (PIM) Team.



Phone: 1-800-716-2299, option 5 (Monday – Friday 7:30 a.m. to 4 p.m.)

Email: PIMteam@labeled.com

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

The screenshot shows the 'PingID Registration' interface with the title 'Authentication Method Selection'. Below the title is the instruction: 'Select the option you want to configure for use during authentication:'. There are five selectable options, each with a radio button and a letter in a blue circle: 'SMS/Texting' (labeled B), 'Voice' (labeled C), 'Email' (labeled A), 'Secondary Email', and 'Mobile App' (labeled D). Each option has a corresponding icon (speech bubble, telephone, envelope, envelope, and smartphone respectively). At the bottom are three buttons: 'Cancel', 'Reset', and 'Next'. A note at the bottom states: 'Please note that if you choose to cancel, all previously registered devices will be removed from your account.' The footer says 'Powered by PingIdentity'.

- We recommend registering **two or more** options for account recovery.
- When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.
- If your email or phone number should change, you must contact our PIM Department (PIMteam@lablue.com) to delete the old information and add the new.

Multi-factor Authentication

Register for Multi-factor Authentication

Multi-factor Authentication (MFA) is required to securely access iLinkBlue, our online self-service tool for providers.

NOTE:

Follow the steps of this guide to register for MFA.

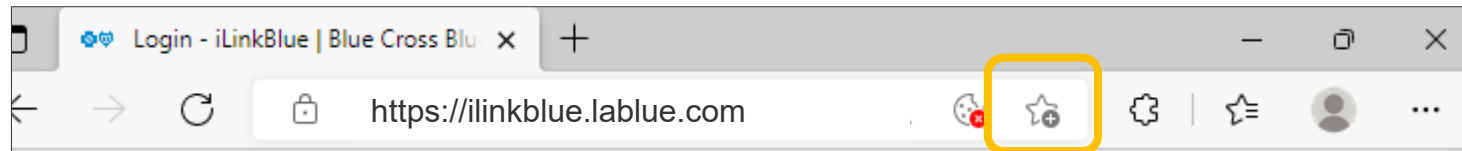


Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

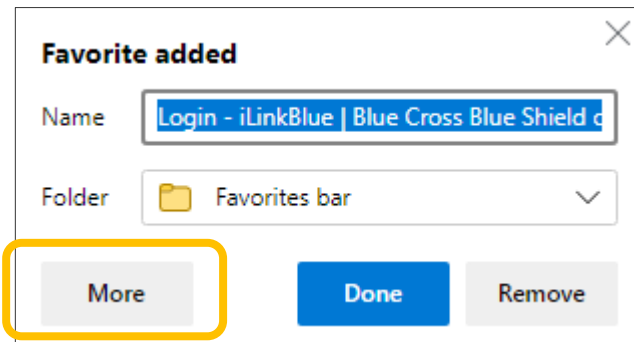
For step-by-step instructions on how to register for MFA, view our *MFA Registration Guide*. It is available at www.lablue.com/providers >Resources >Speed Guides.

Save to Your Favorites

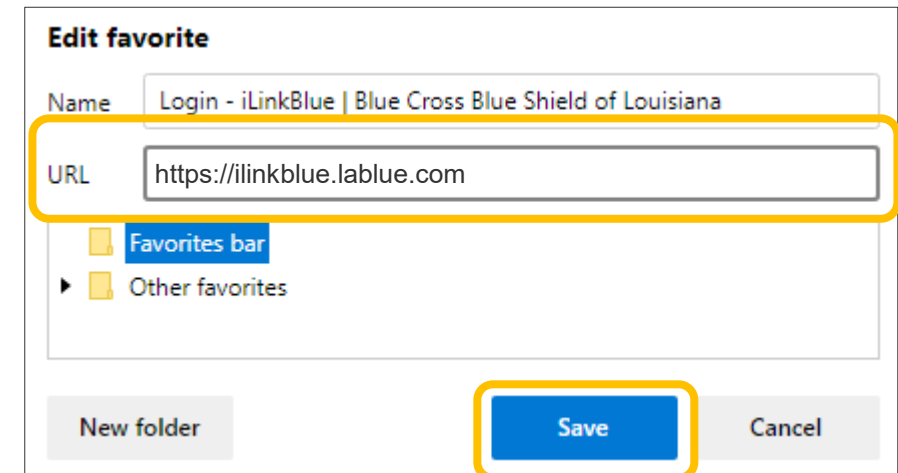
1. Open Microsoft Edge and access iLinkBlue at www.lablue.com/ilinkblue.
2. The “Login” screen will display. Click on the “Star Plus Sign” icon on the right of the address bar.



3. The “Favorite Added” option will display. Click on the “More” button.



4. The “Edit favorite” box will display. In the “URL” field, type “<https://ilinkblue.lablue.com>,” then click the “Save” button.



Navigating iLinkBlue

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.

Refund Letters

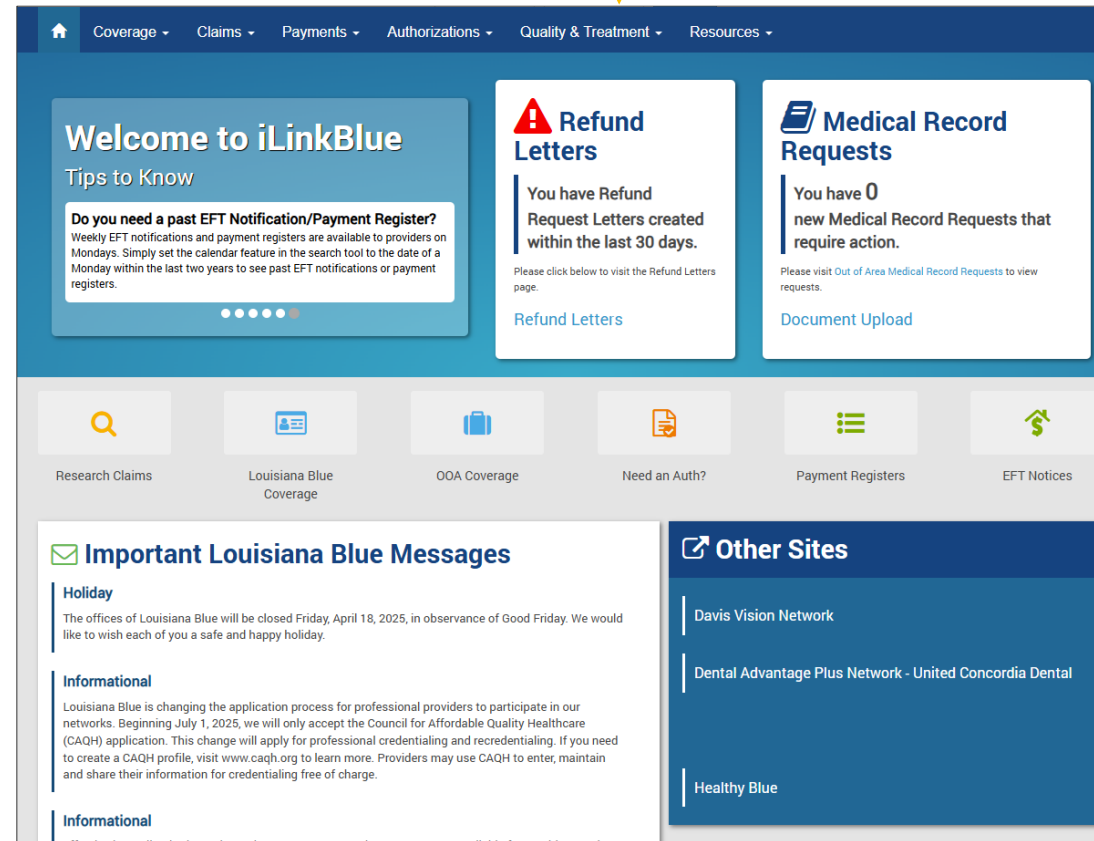
Providers now have a shortcut to check/search for Refund Request Letters.

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.

Other Sites

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





Pharmacy

2026 Blue Advantage Pharmacy Benefits Overview

- Preferred pharmacy copays consistent across all non-SNP plans.
- All non-SNP plans include:
 - Tier 1 drugs with a \$0 copay at preferred pharmacies; includes 1-month or 3-month supply
 - \$300 deductible on Tiers 3, 4 and 5
 - 50% coinsurance for Tier 4
 - 29% coinsurance for Tier 5
- Standard pharmacy copays vary by plan type.

Preferred Value Pharmacy Network

- **Benefits of Preferred Network**
- **Cost-savings for member**
 - Members will pay less for drugs in Tiers 1–3
 - Copays are now the same at both preferred retail and mail order pharmacies
 - Free standard shipping is included with Express Scripts mail order
- **Enhanced programs to improve adherence**
 - Write for three-month supply of maintenance medications
 - Improve engagement with patient and physician outreach
- **Connect members to pharmacies that support Clinical Star measures**

The Basics: Outpatient Drug Coverage



Part D drugs

- Prescription drugs filled at a retail pharmacy or by mail.
- Vaccines not covered under Part B.
- This amount applies to the **True Out-Of-Pocket (TrOOP)**.
- Member cost share depends on the drug's assigned tier.*
- Some generics are included in the Part B Tier 3 – Preferred Brand Drugs.



Part B drugs

- Drugs received at a doctor's office or outpatient hospital setting (infusion center).
- Vaccines such as influenza, pneumonia, hepatitis B (with certain risk factors).
- Immunosuppressive drugs following a Medicare-covered transplant.
- Drugs taken at home for certain conditions such as kidney disease, blood clotting disorders.
- Drugs that require a medical device or pump to administer (e.g., albuterol from a nebulizer).
- Members may have a 20% Part B coinsurance.
- This amount applies to the **Max Out-Of-Pocket (MOOP)**.

**D-SNP Plan does not include drug tiering.*

The Basics: Outpatient Drug Coverage

Part D drugs and Part B drugs



B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.”

Medicare Part D Benefits

- Medicare has three coverage phases under the Part D benefit:
 - Annual Deductible
 - Initial Coverage
 - Catastrophic Coverage Phase
- During the Initial Coverage Phase (ICP), a member pays part of the cost of a covered Part D drug, such as a deductible, if applicable, and a copayment or coinsurance and Blue Advantage pays the remainder. The member remains in the ICP until the member's out-of-pocket costs reach \$2,100.
- Once members reach the \$2,100 Part D member out-of-pocket (MOOP), they move into the Catastrophic Phase and the plan pays the full cost of the member's Part D covered drugs.

Part D Exclusions: Examples

Vitamins and supplements

- Vitamin D supplements (alone and combination)
- Vitamin B and Cyanocobalamin supplements (oral and injection)
- Calcium citrate/calcium carbonate (alone and combination)
- Magnesium oxide/Mag oxide/Magnesium citrate
- Ferrous sulfate/Ferrous fumarate
- Folic acid

Drugs for symptomatic relief of cough and colds

- Tessalon Perles®
- Cough syrups (e.g., codeine/promethazine/guaifenesin)

Nonprescription/OTC drugs

- Acetaminophen
- Gas-X® (simethicone)

Drugs used for weight loss or weight gain (some exceptions)

- Adipex-P® (phentermine)
- Megace® (megestrol)
- Ozempic®, Mounjaro™, Wegovy® (semaglutide)*

Drugs used for cosmetic purposes, hair growth, hair removal

- Retin-A® (tretinoin)
- Vaniqa®

Drugs to treat sexual dysfunction

- Levitra®
- Viagra®
- Addyi®

* Not covered for weight loss.

Preferred Value Pharmacy Network

- The retail Preferred Value Pharmacy Network is anchored by Walgreens; however, it also includes other chains and many independent pharmacies.
- Members may use standard network pharmacies but will pay higher copayments on drugs compared to a preferred pharmacy.



Louisiana chain pharmacies include:

Walgreens, Sam's Club, Walmart, Costco



Many independent pharmacies also participate

Pharmacy network changes are common – we recommend double checking that your selected pharmacy is participating in the way you expect.

Express Scripts Mail-order Pharmacy

Two Steps to set up home delivery:

- 1) Prescribe a three-month supply directly to Express Scripts Mail Order Pharmacy.
 - Prescription can be sent electronically from the EMR or called in to Express Scripts Pharmacy.
- 2) Member can contact Express Scripts directly to have prescription transferred.
 - Call: 1-800-282-2881 (24 hours a day, 7 days a week)
TTY users: 1-800-759-1089
 - Go online: www.express-scripts.com

To Be Safe:



- New prescriptions and refills should allow 10-14 days for processing and shipping.
- When first switching from retail to mail-order, we recommend members have a 30-day supply of medication on hand to allow processing time.

Benefits of Home Delivery

- **No-cost Shipping**
 - Standard shipping right to the member's door at no extra cost.
- **Refill Reminders**
 - Refill reminders make it less likely to miss a dose.
- **Avoid Interactions**
 - Safety reviews to find possible interactions with other drugs.
- **Pharmacists Available**
 - Access to a pharmacist 24/7 from the privacy of member's home.



In order to improve medication adherence, we ask that maintenance medications are written for a 3-month supply to ensure that patients continue to take as directed. Express Scripts Pharmacy® also has autofill options to help avoid forgetting refills.

Insulin, Meters, Test Strips, CGM

- Members won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it is on.
 - This cost share applies even if the member has not met their deductible.
- These diabetic supplies are covered at Blue Advantage network pharmacies:

GLUCOMETERS/TEST STRIPS	CONTINUOUS GLUCOSE MONITORS	OTHER DIABETES SUPPLIES
FreeStyle Freedom Lite	Dexcom	CeQur®
FreeStyle InsuLinx	FreeStyle Libre	Omnipods®
GLUCOCARD® Expression™		V-Go®
GLUCOCARD Shine®		
OneTouch® Ultra® 2		
OneTouch Verio®		

Diabetic Testing Supplies

- Continuous Glucose Monitors require prior authorization.
 - This device is best for Type 1 diabetics who are on insulin and must test their glucose levels throughout the day for overall diabetes management.
- Members who are using a different meter will need to switch to a covered meter and strips to receive the covered benefit at a network pharmacy.
- The member should contact their pharmacist to see if an updated prescription is needed.
- The pharmacist can contact the doctor, if necessary.

Pharmacist Outreach Initiatives

- **Therapeutic Opportunities**

- **Provider Outreach**

- Star Report Cards containing gaps in care opportunities are distributed by the Blue Advantage provider team.
- Value Program Pharmacists are assigned organizations and assist them with improving their pharmacy quality measures and identify ways to reduce pharmacy costs, when clinically appropriate.
 - Meet with organizations at an agreed upon cadence to discuss pharmacy opportunities and review reports.
 - Provide pharmacy reports at an agreed upon cadence to appropriate personnel for each organization (i.e., weekly, monthly, quarterly).
 - Provide educational pieces on pharmacy quality measures.

- **Member Outreach**

- Pharmacists reach out to members eligible for Medication Therapy Management (MTM), members falling into pharmacy star measures, such as Medication Adherence, and members meeting specific criteria with certain chronic disease states (i.e., COPD and diabetes).

Pharmacist Outreach Initiatives

Medication Therapy Management (MTM) Program

Targets members who meet the following criteria:

- 3+ chronic conditions
- 8+ select maintenance medications
- Spent \$405 in the previous 3 months on Part D covered medications.

Members will be invited to schedule a Comprehensive Medication Review (CMR) with an MTM-certified pharmacist which includes:

- Review of the member's entire medication profile (including prescriptions, OTCs, herbal supplements and samples).
- Discuss purpose and directions for the use of each medication with documentation being provided to the member after completion of the call.
- Answer any additional questions or concerns.

After the completion of a CMR, you and the member will receive a detailed report.

The pharmacist performing the CMR may contact you directly in the event a significant drug therapy problem is identified.



Claims and Billing

Billing Requirements

Providers should bill according to Medicare guidelines.

CMS guidelines are followed for all claims, both electronic and paper:

- Faxed claims are not accepted.

Timely Filing

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

Refer to www.cms.hhs.gov for specific details.

Proper Submission of Provider IDs and Incident-to Billing

Louisiana Blue has “Incident-to” reimbursement rules for provider types that are eligible to participate in our Blue Advantage networks as follows:

1. If network participation is available for a provider type, then that provider type is required to file claims under their own provider number. Services should not be billed under a supervising provider.
2. Only providers covered by our subscriber contracts and not offered network participation are eligible to bill incident-to services and be reimbursed under a supervising provider’s Blue Advantage contract number. Providers who are considered in training (e.g., residents, post-doctoral and other students, and providers with provisional licensure) are not eligible to bill incident-to services.

Under this policy, provider types that are required to file claims under their own provider number include (but may not be limited to) nurse practitioner, physician assistant, dietitian, audiologist, certified nurse anesthetist and behavior analyst. These provider types are eligible to participate in our networks.

Claims Submission

**For claims that are not sent electronically,
please mail all paper claims to:**

Louisiana Blue Medicare Advantage
PO Box 98004
Baton Rouge, LA 70898-9004

NEW for 2026



Blue Advantage Medical Record Reviews

- Louisiana Blue is currently partnered with **Cognisight** and/or **CareSeed** to assist us in conducting some of the medical record reviews/collection for Blue Advantage members.
- As a provider in our Blue Advantage network, you are not to charge a fee for providing medical records to Louisiana Blue or vendors acting on our behalf.
- Additionally, the patient's Blue Advantage member contract allows for the release of information to Louisiana Blue or its designee.
- In accordance with all applicable state and federal laws and Health Insurance Portability and Accountability Act (HIPAA), any information shared with our vendors will be kept in the strictest of confidence.



ABNs Not Used for Blue Advantage

CMS does not allow use of Advanced Beneficiary Notices (ABNs) for MA plans.

To hold members financially liable for non-covered services not clearly excluded in the member's Evidence of Coverage (EOC), contracted providers must do the following:

- If contracted provider knows or has reason to know that a service may not be covered, request a prior authorization from Louisiana Blue.
- If the coverage request is denied, an Integrated Denial Notice (IDN) will be issued to the member and requesting provider.
- If the member desires to receive the denied services **after** the IDN has been issued, the provider may collect from the member for the specific services outlined in the IDN after services are rendered.

Corrected Claims

EDI/1500/Professional claims can be submitted electronically as “Corrected Claims”

- Loop 2300 ~ CLM05-03 must contain a “7,” REF01 must contain an “F8” and REF02 must contain the original reference claim number.
- Indicate a reason for the correction in the note field.

1500 paper claim forms can be submitted as “corrected claims”

- The paper 1500 claim submitted must indicate a frequency of 7 in Block 22 (Resubmission Code Box) and the original reference claim number in Block 22 (Original Ref. No. Box).

The claim form should reflect a clear indication as to what has been changed. All previous line items must be submitted on the corrected claim.

EDI/UB-04/Facility corrected claims can be submitted electronically as “Corrected Claims”

- The type of bill must indicate a frequency of 7.
- “F8” must indicate in Loop 2300 REF01.
- REF02 must contain the original reference claim number.
- Indicate a reason for the correction in the note field.

UB-04 corrected claims can also be submitted on paper as “corrected claims”

- The paper UB-04 corrected claim submitted must indicate a frequency of 7 in Block 4.
- The original reference claim number in Block 64.
- Reason for the correction in Block 80.
- The corrected claim will be denied as a duplicate if the original claim number is not included.

Resolving Claims Issues

Action Requests allows you to electronically communicate claim questions or concerns. On each claim, providers can submit an Action Request to request a review for correct processing. The electronic Action Request form in iLinkBlue will prepopulate with information on the specific claim.

To open an Action Request form for a claim line on the Paid/Rejected Claim Results or the Pended Claims Results screens, click on the “AR” button.

When to Contact Provider Relations for Claims Help:

If unresolved after second request, you may email an overview of the issue along with documentation of your two requests to Provider Relations.

provider.relations@lblue.com

It is required to document the customer service representative's name and date for each call.

Claims

Resubmission

- No payment was issued on the claim line in question.
- The incorrect or missing information on the original claim resulted in the claim denial. This would be corrected/added and resubmitted (i.e., invalid procedure code modifier combination).
- The claim can be resubmitted on paper or electronically, **not faxed**.
- The claim will be treated as an initial claim for processing purposes with no provider explanation necessary.

Please note that if the status of the claim is **Pending**, you will not be able to review in detail.

Corrected

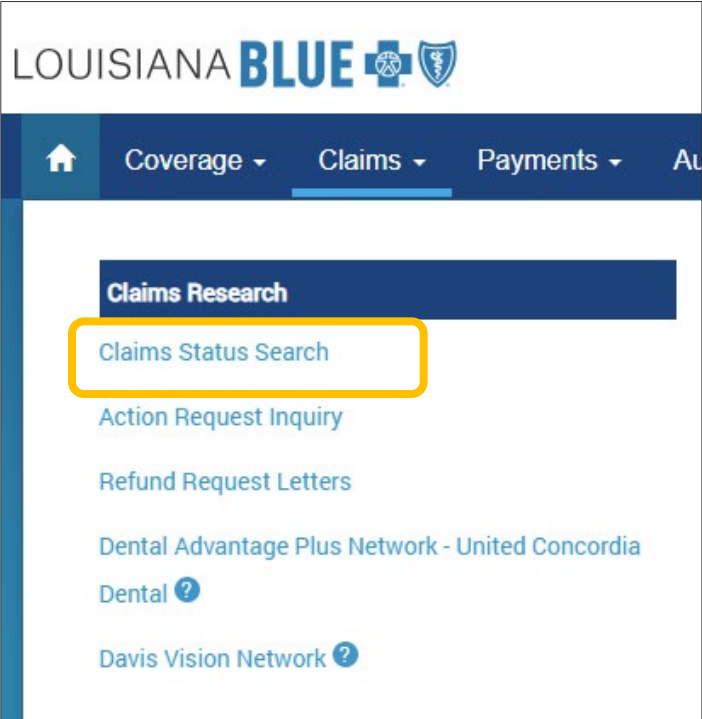
- A **previously paid claim** in which the provider needs to add, remove or change a previously paid claim line.
- Providers must submit a corrected claim if all lines of the claim were previously paid, and they are wanting to add or remove a claim line or change something on a claim line. Example: date of service, procedure code, etc.
 - Examples:
 - Adding or removing a previously paid claim line where charges were billed for a service that was not rendered, or provider did not bill for a service that was rendered.
 - Changing a previously paid claim line where an incorrect date of service or an incorrect procedure code was billed.
- The corrected claim will be denied as a duplicate if the original claim number is not included.

Claims Status Search in iLinkBlue

The **Paid/Rejected Claims** results screen provides information on paid or rejected claims. This includes amounts applied toward the deductible, copay, coinsurance or ineligible/rejected amounts.

For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that processed claim line.
- **Ineligible/Rejected Amount** to view a code and description of the reason the amount was not paid.



Paid/Rejected Claims Results

Showing 10 records

Filter:

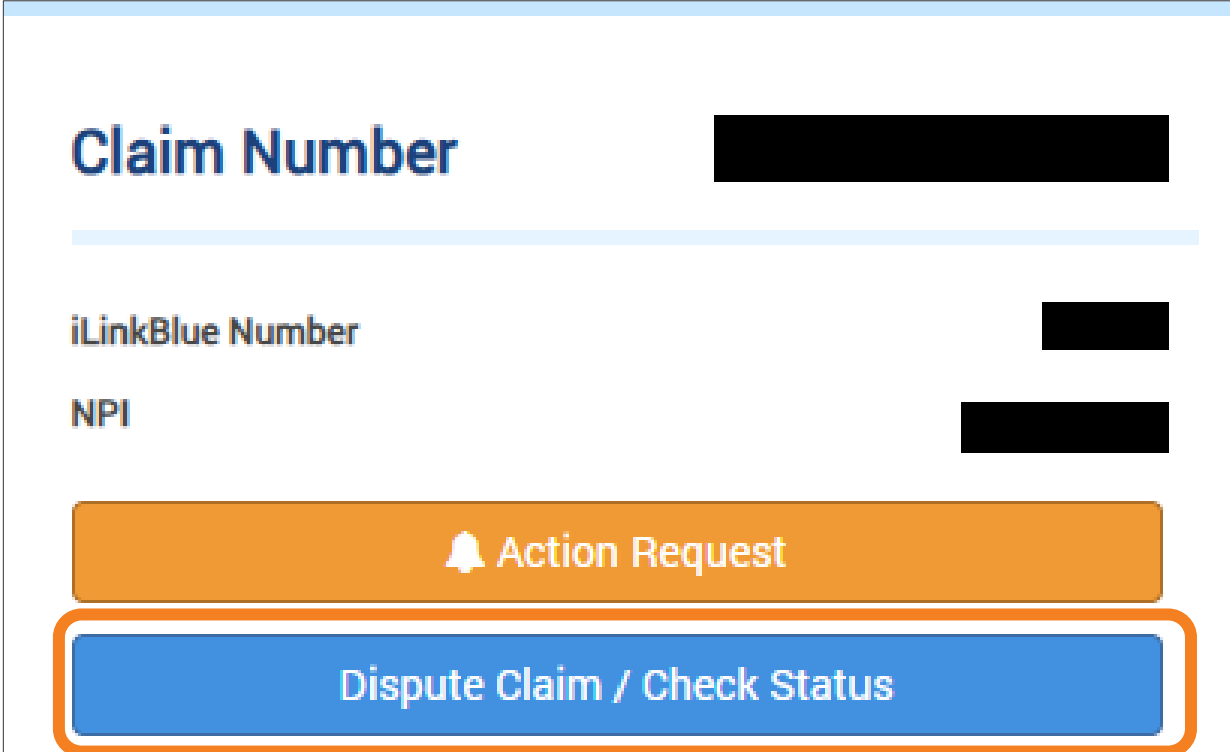
Claim Number	Patient Account Number	NPI	Date of Service	Processed Date	Paid Date	Payee	CPT/ HCPCS Code	Amount Charged	Deductible	Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
12345678900-1	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8752	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	AR
12345678900-2	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8427	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	AR
19876543200-1	ABC001234567	123456789	03/16/2019	04/09/2019	04/12/2019	P	99214	\$160.00	\$0.00	\$0.00	\$0.00	\$101.00	\$59.00	AR

Provider Disputes Form Online

Effective Dec. 1, participating provider claims disputes can be submitted electronically using an online provider dispute form through iLinkBlue.

Clicking on a claim number in the Paid/Rejected Claims Search will open the Claim Detail summary page for that processed claim.

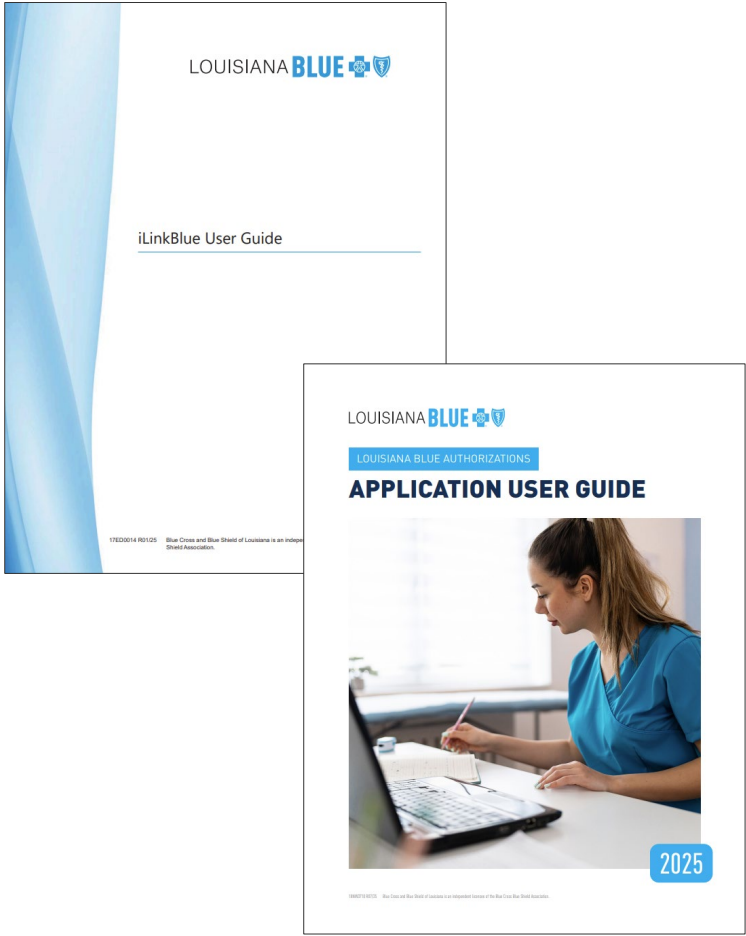
Beginning Dec. 1, we will add a “Dispute Claim/Check Status” button to the Paid/Rejected Claim Detail screen. Click the button to open the dispute form or check on the status of a submitted dispute. The button will be on claims with a paid date less than 2 years prior to the current date.



The screenshot displays a web interface for claim details. At the top, the label "Claim Number" is followed by a blacked-out field. Below this is a horizontal light blue separator line. Underneath the line, the labels "iLinkBlue Number" and "NPI" are shown, each followed by a blacked-out field. At the bottom of the interface, there are two buttons: an orange button labeled "Action Request" with a bell icon, and a blue button labeled "Dispute Claim / Check Status" which is highlighted with an orange border.

iLinkBlue Resources

Resources:	Where to find it:
iLinkBlue User Guide	Provider page (www.lablue.com/providers) >Resources >Manuals
Louisiana Blue Authorizations Application User Guide	iLinkBlue (www.lablue.com/ilinkblue) >Resources >Louisiana Blue Authorizations User Guide
iLinkBlue Webinar	Provider page (www.lablue.com/providers) >Resources >Workshops and Webinars



iLinkBlue webinars are held quarterly. Check the upcoming Weekly Digests for registration information.



Resources

Louisiana Blue Fraud & Financial Investigations (FID)

- Louisiana Blue has a department dedicated to investigating, reporting and doing outreach on how to prevent fraud.
- According to the FBI and Federal Trade Commission, fraud losses totaled \$12.5 billion in 2024.
- While fraud can affect anyone, Medicare-age adults are higher risk, more likely to be targeted.
- Common healthcare fraud scams Louisiana Blue FID is currently seeing include:
 - **Imposter scams, particularly during enrollment** – fraudster will cold call, text or email pretending to be from Medicare, health plan, provider's office and ask for financial, health or other sensitive information.
 - **Diabetic test strips sell back** – entities convince members to test less and sell back their diabetes test strips, which they sell at markup on black market (while member may miss critical blood sugar testing).
 - **DME delivery** – members will get back braces, foot baths, COVID-19 tests or other DME they didn't order or discuss with their provider/pharmacist delivered to their homes, which gets billed against their health benefits and leaves less available for when the member really needs services.

Check out short fraud prevention videos on the Louisiana Blue YouTube channel, social media

Fraud and Scams

How You Can Prevent Fraud and Scams



LOUISIANA BLUE 

- Remind your patients not to use any DME, medication or other medical supplies that arrive at their homes unless they've discussed it with you.
- Similarly, tell patients not to sell back diabetic test strips or other medical supplies without discussing it with you.
- Make clear your office will not cold call patients to request their payment or health information, and they should be suspicious if they get this type of outreach.
- If you suspect you or your patient have been a victim of fraud, report it immediately – the faster you say something, the sooner you can minimize damages and prevent someone else from being targeted.
- Report general fraud to 1-800-Call-FBI or [Tips.FBI.Gov](https://tips.fbi.gov).


Louisiana Blue Fraud Reporting Hotline:

1-800-392-9249

Updated Blue Advantage FAQs

We recently updated the Blue Advantage provider FAQs with information on topics including:

- iLinkBlue
- Authorizations
- Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)
- Claims Submission
- Pharmacy
- Care Management

Blue adVantage (HMO) | Blue adVantage (PPO)

Blue Advantage
Frequently Asked Questions (FAQs)

This is a list of Blue Advantage FAQs that can be used as a guide to access information about Blue Advantage HMO, PPO and Dual Special Needs Plans (D-SNP) services. It includes information on Electronic Funds Transfers (EFTs), claims submissions, submitting authorizations, pharmacy information and accessing the Blue Advantage Provider Portal.

Overview of Blue Advantage

1. What is Blue Advantage?



Blue Advantage refers to Blue Cross and Blue Shield of Louisiana's Medicare Advantage products and provider networks exclusively available to Medicare Advantage-eligible customers. Blue Advantage follows the policies and procedures outlined by the Centers for Medicare & Medicaid Services (CMS).

2. What Blue Advantage products are offered to Medicare Advantage-eligible customers?

Three member benefit options are available, which include Blue Advantage (HMO), Blue Advantage (PPO) and Blue Advantage Dual Plus (D-SNP HMO-POS). With these benefit plans, Blue Advantage members have coverage for a wide array of services. Covered services include outpatient prescription drug coverage, hospitalization, home care, preventive care services and ambulance transportation.

3. What do the Blue Advantage member ID cards look like?

Blue Advantage (PPO) ID cards include the prefix of **PMV** for PPO coverage.



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

The FAQs are also available in on the Louisiana Blue Provider page www.lablue.com/providers >Blue Advantage Resources >Manuals and Guides.

Medical Policies for Blue Advantage Members

Medical policies for Blue Advantage members can be found on iLinkBlue (www.lablue.com/ilinkblue) >Authorizations >Medical Policy Guidelines.

The screenshot shows the top navigation bar of the Louisiana Blue website with links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Español. A search icon and a 'Login or Sign Up' button are also present. Below the navigation bar is a header section with the Louisiana Blue logo and a list of links: Shop, Find a Doctor or Drug, Save, Wellness, Learn, and MyLABlue. The main content area has a dark blue background with the title 'Medicare Medical Policies for Louisiana and HMO Louisiana, Inc.' and a subtext stating that Medicare Advantage plans follow Medicare guidelines but claims processing decisions are left to the plan's discretion. A link to 'click here' is provided to access Commercial Medical Policies. Below this is a 'Medical Policy Search' section with a text input field labeled 'Keyword Search' and two buttons: 'Search Policies' and 'View all Policies'.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn MyLABlue

Medicare Medical Policies for Louisiana and HMO Louisiana, Inc.

Medicare Advantage plans do follow Medicare guidelines; however, claims processing decisions are left to the discretion of the plan.
To access Commercial Medical Policies, [click here](#)

Medical Policy Search

You may use the field to narrow your focus by searching for keyword(s), procedure code(s), policy name or policy number.

Keyword Search Search Policies View all Policies

Medical Policies for Blue Advantage Members

✕ New/Revised Medicare Advantage Medical Policies

The Medicare Advantage (MA) Plan must follow all traditional Medicare NCDs and LCDs applicable to the MA Plan's service area per 42 CFR § 422.101. When coverage criteria are not fully established in traditional Medicare statutes, regulations, NCDs or LCDs (applicable to the MA Plan's service area), internal coverage criteria can be developed. Internal coverage criteria may be similar or the same as criteria found in LCDs that are applicable outside the MA Plan's service area, as long as, the criteria are based on current evidence in widely used treatment guidelines or clinical literature and is made publicly available.

The Blue Advantage medical policies below offer clinical guidelines for healthcare providers. These policies are a summary of evidence, list of resources and an explanation of the rationale that supports the adoption of the coverage criteria and are used unless Federal law takes precedence over the policy.

In addition, Blue Advantage uses InterQual criteria, which can be accessed (by providers and members) through the InterQual® Transparency Tool. Registration is required to access the [InterQual tool](#).

Some medical drug policies may include a step therapy component as part of the criteria to determine medical necessity. The list of drugs which have this additional component can be viewed here: [📄 Medicare Part B \(Medical Drug\) Step Therapy List](#).

Please verify member benefits, limitations and exclusions of coverage before services are rendered.

To find a Medicare medical policy, click here.

Future Effective Date

- [📄 abatacept \(Orencia®\) intravenous](#) - Policy No. MA-140
- [📄 Balloon Spacers for Treatment of Irreparable Rotator Cuffs of the Shoulder](#) - Policy No. MA-154

Medical policies for Blue Advantage members are also available on our Blue Advantage Resources page online at www.lablue.com/providers >Blue Advantage Resources >New/Revised Medicare Advantage Medical Policies.

Services and related procedure codes subject to Louisiana Blue's Blue Advantage medical policies require prior authorization before services are rendered.

Compliance Reminders



As a Blue Advantage provider, you are required to:

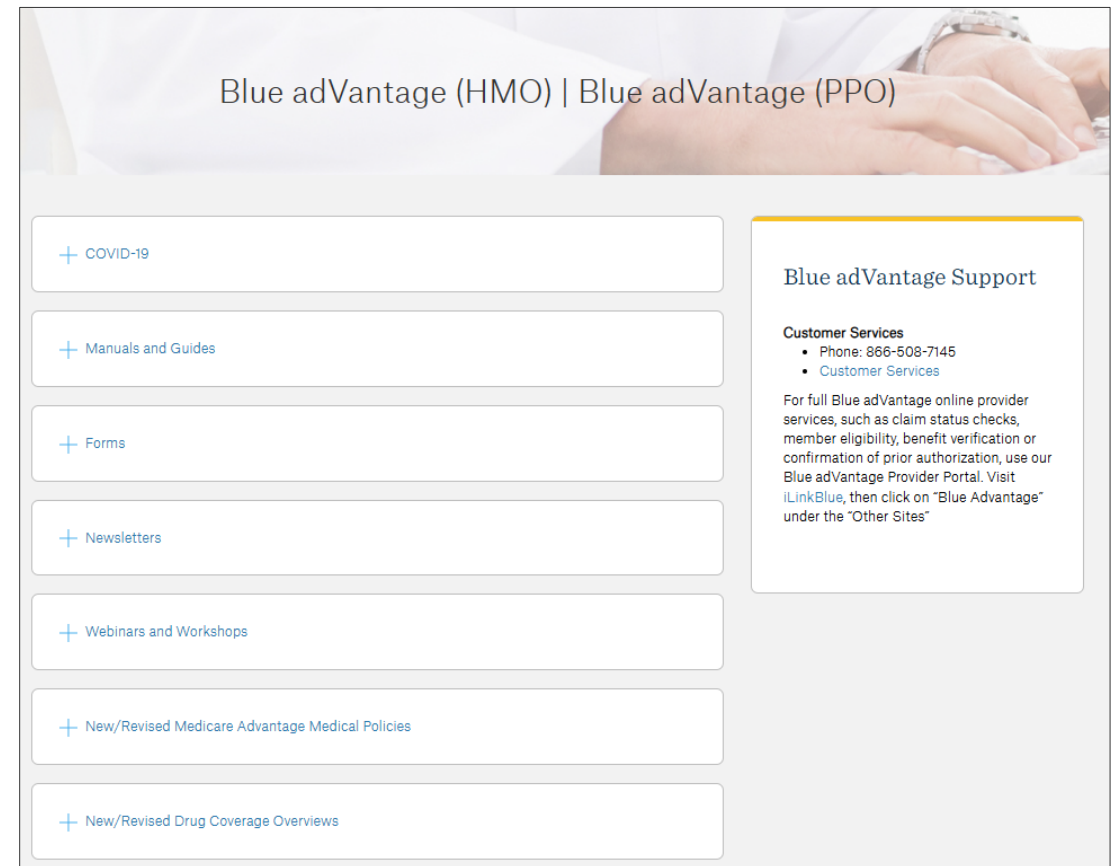
- Follow the provider guidelines in your provider manual when discussing Medicare Advantage.
- Routinely check for exclusions by the OIG/GSA (Office of Inspector General/General Services Administration).
- Report any actual or suspected compliance concerns.
- Notify us of any practice information changes.
- Verify that provider training has been completed in:
 - General compliance
 - Fraud, waste and abuse

CMS offers more information on compliance that you can access online at <https://blueadvantage.lablue.com>
>Compliance >Report Fraud, Waste & Abuse.

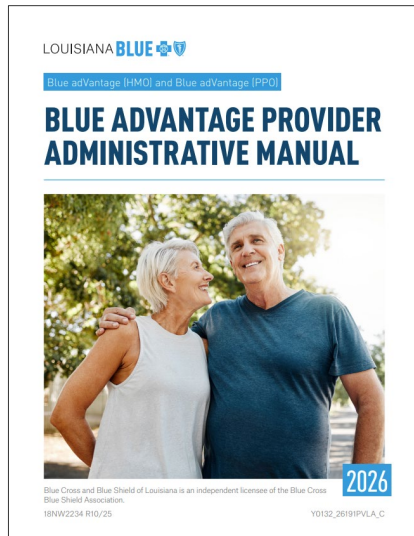
Resources for Blue Advantage Network Providers

Blue Advantage resources that can be found on our Provider page at www.lablue.com/providers, then clicking “Go to BA Resources” at the bottom of the page include:

- Manuals and Guides
- Forms
- Newsletters
- Workshops and Webinars
- Medicare Advantage Medical Policies
- Drug Coverage Overviews
- Blue Advantage Support



Blue Advantage Manuals and Guides




- Policies
- Procedures
- Reference information required of our Blue Advantage network providers



- How to access iLinkBlue
- Overview of features
- Troubleshooting

Find the Blue Advantage resources page at www.lablue.com/providers. Click “Go to BA Resources,” then select “Manuals and Guides.”

Blue Advantage Manuals and Guides

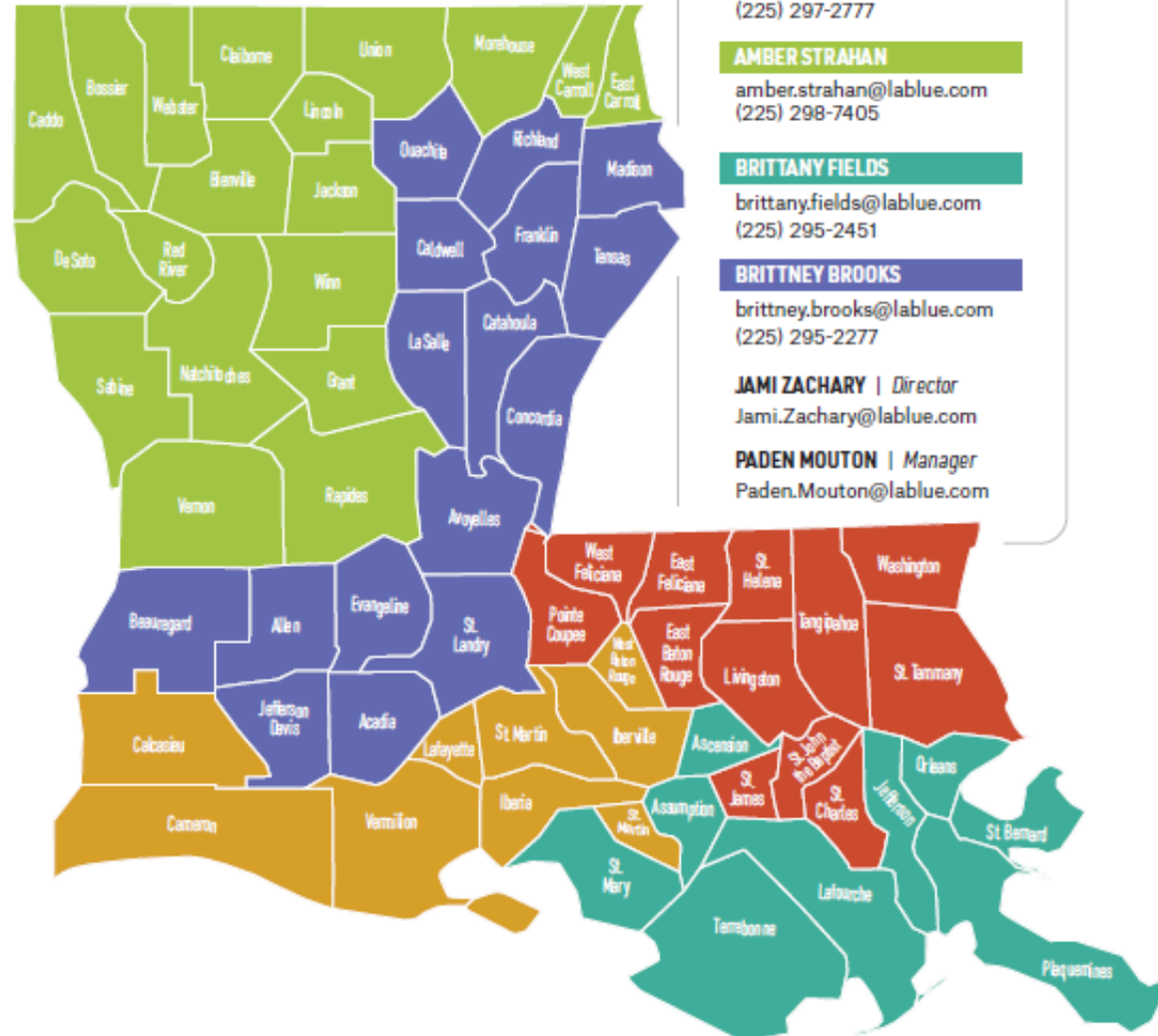
<div>LOUISIANA BLUE </div> <div>Blue adVantage (HMO) Blue adVantage (PPO)</div>	
The purpose of this guide is to help Blue Advantage network providers reach the appropriate areas of service for our Blue Advantage (HMO) and Blue Advantage (PPO) members.	2026 Provider Quick Reference Guide
Service	Contact Information
Blue Advantage Customer Service	<p>For inquiries that cannot be addressed through iLinkBlue (www.lablue.com/ilinkblue), you may contact Blue Advantage Customer Support at:</p> <p>phone: 1-866-508-7145</p> <p>fax: 1-877-528-5820</p> <p>email: customerservice@blueadvantagela.com</p> <p>mail: Louisiana Blue Medicare Advantage P.O. Box 98004 Baton Rouge, LA 70898-9004</p>
Blue Advantage Provider Portal	<p>The functions of the Blue Advantage Provider Portal have migrated into iLinkBlue (www.lablue.com/ilinkblue) effective Jan. 1, 2026. Through iLinkBlue, you can research member eligibility and benefit verification, as well as claims status options, prior authorization services and more.</p> <p><u>Registration:</u> Registration requires two separate security access setups.</p> <ol style="list-style-type: none">1. You must first have access to iLinkBlue (www.lablue.com/ilinkblue). Refer to the PIM Team section of this guide for more information.2. If you do not have access to iLinkBlue, you must register an administrative representative to manage user access. To access the administrative representative documents:<ul style="list-style-type: none">o For the iLinkBlue packet, visit www.lablue.com/providers > Electronic Services > Learn About iLinkBlue.o For more on registering an administrative representative, visit www.lablue.com/providers > Designate Your Rep. <p><u>Technical Support:</u> For technical questions relating to registration or login access, please refer to the EDI section of this guide.</p>
<div>Y0122_26192PVL_A_C 18MW2251 8/10/25</div> <div>Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.</div> <div>CPT® only copyright 2026 American Medical Association. All rights reserved.</div> <div>1</div>	

- Key information about the Blue Advantage networks
- Services requiring authorization, including Part B drugs
- Information on our Blue Advantage electronic tools
- Louisiana Blue’s Blue Advantage Department phone numbers and/or email addresses

Find the Blue Advantage Provider Quick Reference Guide on the Blue Advantage resources page at www.lablue.com/providers. Click on “Go to BA Resources,” then select “Manuals and Guides.”

Your Provider Relations Representative

Provider Relations Representatives PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

MARY CATHERINE VIAL

marycatherine.vial@lablue.com
(225) 298-7294

MELONIE MARTIN

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

AMBER STRAHAN

amber.strahan@lablue.com
(225) 298-7405

BRITTANY FIELDS

brittany.fields@lablue.com
(225) 295-2451

BRITTNEY BROOKS

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

JAMI ZACHARY | Director
Jami.Zachary@lablue.com

PADEN MOUTON | Manager
Paden.Mouton@lablue.com

Your Provider Contracting Representative

CONTRACTING PARISH MAP

CORA LEBLANC

DIANA BERCAW

JORDAN BLACK

SUE CONDON

CORA LEBLANC
(337) 593-5746
Cora.LeBlanc@lablue.com

DAYNA ROY
(337) 593-5735
Dayna.Roy@lablue.com

DIANA BERCAW
(504) 832-5879
Diana.Bercaw@lablue.com

JORDAN BLACK
(225) 297-2859
Jordan.Black@lablue.com

SUE CONDON
(225) 295-2437
Sue.Condon@lablue.com

The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Changes

Sam Measels

Director, Provider Credentialing

sam.measels@lablue.com

Kostas Plakidas

Director, Provider Network Operations

kostas.plakidas@lablue.com

To check the status on your credentialing application or provider data update, please email PCDMstatus@lablue.com or call 1-800-716-2299, option 2.



Questions?



Addendum

Refractions

- Refractions are not covered unless performed by a contracted network Blue Advantage ophthalmologist or optometrist.
- As a CMS requirement, contracted providers are not permitted to render non-covered services and hold the member responsible.
- For network vision providers, please search the Blue Advantage provider directory or call 1-866-508-7145.

The provider directory can be accessed on the Blue Advantage member website at <https://blueadvantage.lablue.com> >Find a Doctor or Drug.



Other Services



- **Express Scripts**
administers pharmacy benefit management
phone: 1-800-935-6103/TTY:711
- **United Concordia**
administers preventive and comprehensive dental services
phone: 1-866-445-5825
- **TruHearing**
administers hearing benefit
phone: 1-833-723-4777

See the “Plan Information Contact List” section of the *Blue Advantage Provider Administrative Manual* for more information about these services.

Outpatient Lab Tests

Blue Advantage network providers can:

- Perform lab work in the office if they are Clinical Laboratory Improvement Amendments (CLIA) certified.
- Draw specimens and send to one of our participating lab facilities identified in our Provider/Pharmacy Directory.



For a list of participating laboratory providers, use Louisiana Blue's Blue Advantage Provider Directory located at <https://blueadvantage.lablue.com> >Find a Doctor or Drug.

Blue Advantage Flex Card

- Personal prepaid debit card with allowances that can only be used for approved products for Blue Advantage members.
- Card allowances are not transferable.
- Card allowances do not roll over.
- If purchases exceed the allowance amount of the Flex Card, the member is responsible for paying the difference.
- Card allowances will vary by plan and include:
 - Annual allowance for eyewear like eyeglasses and contact lenses.
 - Quarterly allowance for over-the-counter supplies available for purchase at major retailers or online.
 - D-SNP has a monthly allowance for over-the-counter health-related products and healthy foods and approved utility services.
 - Eligibility for the utilities benefit and the healthy foods benefit cannot be guaranteed based solely on your condition. Qualifying conditions include, but are not limited to, diabetes, cardiovascular disorders, chronic heart failure, chronic lung disorders and end stage renal disease. All applicable eligibility requirements must be met before these benefits are provided. For details, please contact us at 1-866-508-7145.



**To set up, replace or ask questions about your Flex Card, please call us at
1-833-952-2772, Monday – Friday, 7 a.m. to 7 p.m.**

Healthy Rewards Program for Your Patients

Help your patients earn Healthy Rewards to congratulate them for taking steps on a journey to better health!

- The Healthy Rewards program is an easy way for members to earn extra money on your Flex Card – just by completing a few preventive services such as your Annual Wellness Visit, or flu shot.
- The Healthy Rewards program is simple. Blue Advantage members who enroll in our program will receive educational information, tools and reminders to help them make the most of their preventive benefits.
- Members must enroll in the program each plan year in order to participate. All eligible health actions must be completed by 12/31 to receive funds for that plan year.

- Annual Wellness Visit - \$50
- Breast Cancer Screening (Mammogram) - \$50
- Colorectal Cancer Screening (Colonoscopy or Flexible Sigmoidoscopy) - \$50
- Annual Flu Shot - \$10
- Retinal Eye Exam - \$25
- Health Risk Assessment - \$25

How Your Patients Receive Healthy Rewards

Opt In to Receive Rewards

The members must log in to their Blue Advantage Member Portal account (<https://bcbslamemberportal.com>) and click the Healthy Rewards tab to opt in to the Healthy Rewards program. They can also call our Healthy Rewards servicing team at 1-833-952-2775 to opt in over the phone.

How to Earn Rewards

After completing one of the health actions listed above, the provider will submit a claim to Louisiana Blue for processing. The claim must be coded appropriately, processed and paid by Louisiana Blue prior to the member earning their reward. There is no out-of-pocket cost to members for in-network preventive services.

How to Use Rewards

The Blue Advantage Flex Card will be loaded with the funds they have earned each week for claims paid by Louisiana Blue in the prior week. The Healthy Rewards funds are deposited into their Flex Card's Reimbursements and Incentives purse.

Provider Appeals

Standard	Expedited
Determination and member notification provided within 14 days of receipt (non-emergent/urgent care).	Determination and member notification provided within 72 hours of receipt (emergent/urgent care).
Favorable – member and provider notified verbally or in writing within 14 days of request.	Favorable – member and provider notified verbally or in writing within 72 hours of request.
Partially Favorable or Denied – member and provider notified verbally or in writing within 14 days of receipt.	Partially Favorable or Denied – member and provider notified verbally or in writing within 72 hours of receipt.
Integrated Denial Notice (IDN) mailed to member within three days of oral communication.	Integrated Denial Notice (IDN) mailed to member within three days of oral communication.

Contracted providers can submit an appeal only when it involves a pre-service request, and the member sent written Notice of Right to an Expedited Appeal.

Billing Reminders

- Blue Advantage Ambulatory Surgical Center (ASC) claims must be submitted on a CMS-1500. The ASC's NPI should be listed as the rendering provider as well.
- When a member is seen by a hospital-based provider:
 - Providers must include POS 19 **or** 22 when services are rendered in hospital-based clinic.
 - *Note: site of service reduction will be applied to the professional fee.*
 - Facilities must bill these services under revenue code 510 **or** 761.
 - Member's cost share will apply to the professional charge only.
- When billing diagnostic services on the same day as an office visit, providers should bill **both** services on the same claim form.
- When billing anesthesia services, providers must include the appropriate modifiers in accordance with CMS guidelines.
- All nurse practitioners, physician assistants and other physician extenders must be identified on the claim **with their own NPI**.

Refer to www.cms.hhs.gov for specific details.

EFTs and ERAs for Blue Advantage Claims



Louisiana Blue processes electronic funds transfer (EFT) and electronic remittance advice (ERA) 835. Therefore, all Blue Advantage claims payments will be made through Louisiana Blue.

For questions about EFT and ERA, please contact our EDI Department at EDIservices@lblue.com or by phone at 1-800-716-2299, option 3.

Dialysis Patients

- Dialysis providers initiating hemodialysis for ESRD patients must enter the CMS-2728 form into the CMS system, CROWNWeb.
- Once entered into the system, the provider must print the form, sign it, then have the member sign and mail it to the Social Security Administration office.



The CROWNWeb is located at <https://mycrownweb.org>.

Appointment Scheduling & Waiting Time Guidelines for PCPs

Blue Advantage network PCPs should make their best effort to adhere to the following standards for appointment scheduling and waiting time.

PCP-New Patient	Within 30 days of the patient's effective date on the PCP's panel – to be initiated by the PCP's office.
Routine Care without symptoms	Within 30 days.
Non-routine Care with symptoms	Within five business days or one week.
Urgent Care	Within 24 hours.
Emergency	Must be available immediately 24 hours per day, seven days per week via direct access or coverage arrangements.
OB/GYN	First and second trimester within one week. Third trimester within three days. OB emergency care must be available 24 hours per day, seven days per week.
Phone calls into the provider office from the member	Same day; no later than next business day.

Medical Record Retention and Requests

Specific documentation requirements can be found in the *Blue Advantage Provider Administrative Manual* in the “Medical Records” section.

The guidelines for the maintenance of medical records state they must be:

- Retained for a minimum of 10 years.
- Contain consistent and complete documentation of each member’s medical history and treatment.

Medical record request:

- Should be responded to within 10 days of the request.

When members change their PCP and request a transfer of their medical records, the provider has 10 business days of the request to forward the records.

Note: Providers are contractually responsible for sending medical records without charge.



Case Management Services

Case management programs seek to maximize the quality of care, member satisfaction and efficiency of services through effective engagement with members and their providers.

How we do it:

- Education and support of members and family/caregivers, including self-management
- Coordination of care
- Medication adherence
- Fall prevention and safety
- Access to community resources
- Advance care planning
- Telephonic outreach

For a list of conditions and complex diseases that often benefit from the case management program, see the *Blue Advantage Provider Administration Manual*, available on the Blue Advantage resources page at www.lablue.com/providers. Click on “Go to BA Resources,” then select “Manuals and Guides.”

Subrogation

- Blue Advantage subrogates with other liability carrier to recoup CMS funds.
- Conditional payments are made, which allows recoupment when a settlement is reached.
- Blue Advantage allowable charges apply.
- Claims that contain potential third-party liability (TPL) will be paid by Blue Advantage on a conditional basis, which permits us to recoup any payments if/when a settlement is reached.

