LOUISIANA **BLUE**

provider**TIDBIT**
a guide to understanding our processes

Automated Benefits & Claim Status

Provider Services is an automated KEYPAD or VOICE RESPONSE telephone system designed to help providers reach the area of service needed. Use this guide to easily navigate this provider phone tool.

Customer Care Center   1-800-922-8866

Benefits are subject to the terms of a member's contract/certificate and our medical policies. Claims are subject to allowable charges, which are established by Louisiana Blue as the maximum allowed amount for services covered under the member contract/certificate.

Please have the following information ready when calling:

- Provider's NPI
- Provider's Tax ID Number
- Provider's ZIP Code
- Member ID Number
- Member's 8-digit Date of Birth
- Date of Service

Welcome to Blue Cross and Blue Shield of Louisiana Provider Services. To expedite your call please have the member identification number available. Which type of policy are you calling about?

| 1. Medical | 2. Vision* | 3. Dental | 4. Life |

(Pause for you to say or key-in a policy type)

Please say or enter your 10-digit NPI. (Pause for you to say or key-in NPI)

Please say or enter your nine-digit Tax ID. (Pause for you to say or key-in Tax ID)

Note: If calling about a vision policy, you will be asked if your call is for routine eye coverage, such as an eye examine, prescription glasses, or contacts. Answer "yes" to route your call to an appropriate representative. Answer "no" to continue to the Provider Menu to reach the service needed.

Provider Menu

Provider menu. Which are you calling about?

| **1. Benefits** | **3. Authorizations** | **5. A Payment Register Fax, or** |
| **2. Claims** | **4. An Out-of-state Policy** | **6. None of the Above** |

Automated Benefits & Claim Status (continued)

1. BENEFITS

Please say or enter the numeric portion of the member ID as it appears on the patient's ID card. (Pause for you to say or key-in member ID)

Using your telephone keypad, please enter the numeric portion of the member ID as it appears on the patient's ID card. If your call concerns an out-of-state member, please press star (*). If you need more time or you are not calling about a patient, press pound (#). (Pause for you to say or key-in member ID)

Thank you. What is the patient's date of birth? (Pause for you to say or key-in patient's date-of-birth in the MMDDYYYY format)

Thank you. The (network) patient with member ID ending in XXXX is currently eligible for (type of coverage).

Option 1 - To hear this information again say "repeat" or press 1

Option 2 - To hear detailed coverage information, say "coverage details" or press 2

       A. The dental effective date is (MMDDYYYY)

       B. The medical effective date is (MMDDYYYY)

       C. And the in-network benefits for this member is as follows:

1. The office visit copay is $XX	5. The deductible is $XX
2. The specialist copay is $XX	6. The family deductible is $XX
3. The urgent care copay is $XX	7. Coinsurance is XX% of the allowable charge
4. The ER copay is $XX	

       D. To hear this information again say "repeat" (You will also be prompted to select another option from the benefits menu)

Option 3 - To have us fax you a summary of benefits for this patient, say "fax benefits" or press 3

       A. Starting with the area code, please enter your 10-digit fax number. (Pause for you to say or key-in your fax number) Thank you.

       B. XXX-XXX-XXXX. Is that correct? (Say or press 1=Yes, 2=No)
         After pressing 1 for Yes... All right. Your fax will be sent to you shortly.

Option 4 - To look up benefits for another patient, say "change patient" or press 4 (This option loops you back to entering the patient's member ID and date of birth)

Option 5 - Otherwise, say "do something else" or press 5 (This returns you to the previous menu)

2. CLAIMS

Please say or enter the numeric portion of the member ID as it appears on the patient ID card. (Pause for you to say or key-in member ID)

Using your telephone keypad, please enter the numeric portion of the member ID as it appears on the patient ID card. If your call concerns an out-of-state member, please press star (*). If you need more time or you are not calling about a patient, press pound (#). (Pause for you to say or key-in member ID)

More ➔

Thank you. What is the patient's date of birth?

(Pause for you to say or key-in patient's date of birth in the MMDDYYYY format)

Thank you. Which would you like to do?

Option 1 - Say "hear claims status for a date of service" or press 1

A. What is the date of service you'd like to search? (Key-in the date of service in the MMDDYYYY format)

Option 2 - Say "order a payment register fax" or press 2

A. The system will need to collect a payment date in order to generate a valid payment register. This date can typically be found above the check number on the weekly provider payment register. (Key-in the date of the payment in MMDDYYYY format)

B. Starting with the area code, please enter your 10-digit fax number. (Pause for you to say or key-in your fax number) Thank you.

C. XXX-XXX-XXXX. Is that correct? (Say or press 1=Yes, 2=No) After pressing 1 for Yes... All right. Your fax will be sent to you shortly.

Option 3 - Say "get other claims information" or press 3

Option 4 - Say "do something else" or press 4 (This returns you to the previous menu)

3. AUTHORIZATIONS

Please say or enter the numeric portion of the member ID as it appears on the patient ID card. (Pause for you to say or key-in member ID)

Using your telephone keypad, please enter the numeric portion of the member ID as it appears on the patient ID card. If your call concerns an out-of-state member, please press star (*). If you need more time or you are not calling about a patient, press pound (#). (Pause for you to say or key-in member ID)

Thank you. What is the patient's date of birth? (Pause for you to say or key-in patient's date of birth in the MMDDYYYY format)

Thank you. Authorization menu - the (Network) patient with member ID ending in XXXX is currently eligible for (type of coverage).

Which would you like to do?

Option 1 - Say "check the status of an existing authorization request" or press 1

Option 2 - Say "update an existing request" or press 2

Option 3 - Say "create a new request" or press 3

4. AN OUT-OF-STATE POLICY

You will be routed to our BlueCard® Customer Service Department for claims status information. You can verify an out-of-state member's eligibility or benefits through iLinkBlue (www.lablue.com/ilinkblue) or by calling the BlueCard® Eligibility line at 1-800-676-BLUE (1-800-676-2583) and provide the prefix.

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This publication is provided by the Health Services Division of Louisiana Blue. If you have a question regarding this document, please email provider.communications@lablue.com or call 1-800-922-8866. Please be sure to reference the Tidbit number listed on Page 1 of this publication.

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5. A PAYMENT REGISTER FAX

The system will need to collect a payment date in order to generate a valid payment register. This date can typically be found above the check number on the weekly provider payment register. The payment register fax may include up to seven days of payment history.

Please speak or enter a payment date. (Say or key-in a payment date in the MMDDYYYY format)

  A. Starting with the area code, please enter your 10-digit fax number. (Pause for you to say or key-in your fax number) Thank you.

  B. XXX-XXX-XXXX. Is that correct? (Say or press 1=Yes, 2=No)
      After pressing 1 for Yes… All right. Your fax will be sent to you shortly.

6. NONE OF THE ABOVE

You will be routed to a representative for further assistance.

Helpful Hints for Using Provider Services

- Speaker telephones and loud background noise will inhibit the performance of the voice response system.

- Speak numeric "zero," instead of alpha "O."

- The system will accept three efforts to identify provider and member contracts; after the third attempt, your call will be routed to the appropriate representative.

- Facility and professional providers must say or key in their NPI.

- When searching claim status, if the telephone system is unable to match the date of service with the patient or provider's NPI, you will be notified by the system. You will be prompted to return to the claims menu or to a listing of the claims on that provider's NPI that are closest to that date.

- Claim status information for contracts that begin with prefixes other than XU is not currently available.

- You may inquire on up to ten dates of service per member when checking claim status.

- Groups with non-standard or "special" benefits are routed to a representative for benefit information.

- Provider Services is specifically designed to provide in-network benefits only.

- Organize your Benefit Summary requests by products (for example, HMO) prior to beginning your request for benefit summaries.

End →