

# Blue Cross and Blue Shield of Louisiana **PROFESSIONAL WORKSHOP**

Spring 2023



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana

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

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

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

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

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

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

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

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# Our Mission

To improve the health and lives of Louisianians.

# Our Core Values

- Health
- Affordability
- Experience
- Sustainability
- Foundations

# Our Vision

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

# Agenda

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## TOPIC

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## BEING IN THE NETWORK





# Credentialing

# Credentialing Process

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- Since 1996, we have been dedicated to fully credentialing providers who apply for network participation.
- Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC).
- To participate in our networks, providers must meet certain criteria as regulated by our accreditation body and the Blue Cross Blue Shield Association.
- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.
- The credentialing committee approves credentialing twice per month.

Inquire about your initial credentialing status by contacting our Provider Credentialing & Data Management (PCDM) Department at **[PCDMstatus@bcbsla.com](mailto:PCDMstatus@bcbsla.com)**.



# Digitally Submitting Applications & Forms to Blue Cross with DocuSign®

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

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

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

## What is DocuSign?

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

A DocuSign guide that is available online at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** >Provider Networks >Professional Providers >Join Our Networks.

The screenshot shows a DocuSign guide titled "DocuSign® Guide" for Blue Cross and Blue Shield of Louisiana. It explains that the organization is enhancing its provider experience by streamlining the submission of applications and forms to the Provider Credentialing & Data Management (PCDM) department. The guide outlines two required recipients: "Form Completed By" and "Provider". It includes a "BEGIN SIGNING" button and a "Please Review & Act on These Documents" section with a "CONTINUE" button. The guide also mentions that DocuSign is an independent company that Blue Cross and Blue Shield of Louisiana uses to enable providers to sign and submit provider credentialing and data management forms electronically.

# Easily Complete Forms with DocuSign

The screenshot shows a DocuSign envelope titled "Louisiana" with the DocuSign Envelope ID: 1A01C5A7-3503-4226-8119-DEA232B827AD. The form is for reporting updated information to Blue Cross and Blue Shield of Louisiana. It includes a "START" button on the left and a navigation bar at the top with "FINISH", "FINISH LATER", and "OTHER ACTIONS" buttons. The form is divided into sections: "CURRENT GENERAL INFORMATION", "AUTHORIZED", and "Submission Information". The "CURRENT GENERAL INFORMATION" section contains fields for "Provider Last Name", "Tax ID Number", "Group/Clinic", "Effective Date of Requirement", and "Middle Initial". A red outline highlights the "Tax ID Number" field, and a tooltip indicates it is a required field. A yellow tooltip provides instructions for the "Provider National Provider Identifier (NPI)" field, stating it must be 10 numbers with no special characters. A blue tooltip explains that the red outline indicates a required field. Another blue tooltip states that tooltips provide information about field requirements. The "AUTHORIZED" section includes fields for "Name", "Contact Phone Number", and "Contact Email Address". The "Submission Information" section includes a "Signature" field with a download icon and a "Date" field set to "February 18, 2021". The "Provider Attestation" section is partially visible at the bottom.

Enter text

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

**START**

**Louisiana**

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

This request applies to: ☒ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name  First Name  Middle Initial

Tax ID Number

Group/Clinic

Are you a primary provider? ☐ Yes ☐ No

Effective Date of Requirement

If you are an authorized representative, please provide your information below.

**AUTHORIZED**

Name

Is this form on behalf of a provider?

Contact Phone Number

Contact Email Address

**Submission Information** (form completed by)

Signature

Date

February 18, 2021

**Provider Attestation** (where applicable)

Signature of Provider

Date

FINISH FINISH LATER OTHER ACTIONS

Navigation tool guides you through fields

Instructions correspond to requirement of the active field

Red outline indicates a required field

Tooltips provide information about field requirements

Find our *DocuSign Guide* at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Network Enrollment > Join Our Networks > Professional Providers > Join Our Networks.

# LSCA Attachment A – Location Hours

- This form is required as an attachment to the LSCA.
- Use this form to report the number of hours per day the professional provider is available for patient appointments at each practice location.
- Location information reported on this form must correlate to the locations reported on the LSCA, as applicable.
- We use the information from this form to determine if the provider meets the qualifications to be listed in our provider directory.

Louisiana		Credentialing Application Attachment A				
<small>Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location. This form is required as an attachment to the professional credentialing application. Location information reported below must correlate to the locations reported on the credentialing application, as applicable. Please report the number of hours per day the professional provider is available for patient appointments at each practice location.</small>						
<b>GENERAL INFORMATION</b>						
Individual Provider Last Name		First Name	Middle Initial			
Individual Provider NPI		Group/Clinic Tax ID Number				
<b>LOCATION INFORMATION</b> <small>(Skip this section if completing the LSCA. Please complete this section if using the CAQH credentialing verification process.)</small>						
<b>Billing Address</b> (where you want payments sent)		Contact Person	Telephone Number			
City	State ZIP Code	Billing Email	Fax Number			
<b>Correspondence Address</b> (where you want communications sent)		Contact Person	Telephone Number			
City	State ZIP Code	Correspondence Email	Fax Number			
<b>Medical Records Address</b> (where you want medical records requests sent)		Contact Person	Telephone Number			
City	State ZIP Code	Medical Records Email	Fax Number			
<b>FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE CREDENTIALING APPLICATION</b>						
Group NPI						
Do you, the provider, offer telehealth services? <input type="checkbox"/> Yes <input type="checkbox"/> No By indicating "Yes," Blue Cross will identify the provider in our provider directories as offering telehealth services at this location.						
Practice Hours (available appointment hours):						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
For this practice location (please select at least one option):						
<input type="checkbox"/> I am available to see patients at least 8 hours per week on a regular basis.						
<input type="checkbox"/> I see patients here at least one day per month, but less than one day per week on a regular basis.						
<input type="checkbox"/> I cover or fill-in for colleagues within the same medical group on an as-needed basis only.						
<input type="checkbox"/> I read tests or provide other services but do not see patients at this location.						
<input type="checkbox"/> I do not practice here, but this location is within the medical group with which I am employed.						
<small>This form is for professional providers only. This form should be submitted with the Credentialing Application.</small>						
<small>-page 1-</small>						
<small>18NW0082 R09/22 for VHP Use Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.</small>						

**In order to be listed in the directory professional providers must be available to schedule patients' appointments a minimum of 8 hours per week at the location listed.**



# Reimbursement During Credentialing

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

This provision does not apply for solo practitioners.



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

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

# Frequently Asked Questions

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

## Frequently Asked Questions

✕ Credentialing Application and Process

**How long does it take to complete the credentialing process?**  
The process can take up to 90 days for completion once BCBSLA receives all the required information.

**How will I know if Blue Cross received my application?**  
Once your application is finalized through DocuSign®, you will receive a confirmation email to notify you the signing process is complete and submitted to Blue Cross for processing.

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

**Do I need to submit a full credentialing application?**  
If the provider is **NOT** credentialed, please fully complete and submit the professional initial credentialing packet. Facilities should submit the facility initial credentialing packet.

**How do I know what credentialing criteria are required specifically for my specialty type?**  
We have charts online to help you determine what criteria are needed. These charts are based on provider specialty. They are available on this site under Provider Networks >Join Our Networks and look under the appropriate section ([Professional Provider](#) or [Facilities or Hospitals](#)).

**What are the requirements for reimbursement during credentialing?**

A list of FAQs is available at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Provider Networks >Join Our Networks >Professional Providers >Frequently Asked Questions.

# Effective Dates

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## For participating providers:

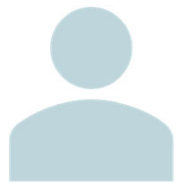
We cannot retroactively allow network participation prior to a provider's credentialing date. Our accrediting organization strictly prohibits it. Effective dates are based on:

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

# Network Agreement (the final paperwork)

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Once the credentialing process is completed, the next step in the process is to ensure the provider has a signed network agreement.



Our Provider Contracting representatives will work with the provider for the appropriate networks available for participation. Providers remain non-participating in our networks until a signed agreement is received by our Provider Contract Administration Department.



The signed network agreement will include the effective date of network participation, which will be the date of approval from the Credentialing Committee.

If you have any questions about the contracting process, send an email to **[provider.contracting@bcbsla.com](mailto:provider.contracting@bcbsla.com)**.

# **Recredentialing**



# Blue Cross Recredentialing Process


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- Network providers must be approved through our **recredentialing** process **every three years** from the last credentialing acceptance date.
- Blue Cross is partnered with Vantage Health Plan, Inc. to recredential our network providers.
- Vantage sends recredentialing applications to providers approximately 6 months prior to the recredentialing due date.
- Instructions are included on how to return completed forms. Vantage will complete the verification process.
- The Credentialing Committee reviews all recredentialing applications.

If you have questions during the process, you may email **[recredentialing@vhpla.com](mailto:recredentialing@vhpla.com)** or call (318) 807-4755.

# Required Recredentialing Documents

The Louisiana Standardized Credentialing Application (LSCA) or the CAQH Application are accepted recredentialing documents.

 **LOUISIANA STANDARDIZED CREDENTIALING APPLICATION**

**DIRECTIONS**  
Please type or print in black ink when completing this form. If you need more space or have more than four locations, attach additional sheets and reference the question being answered. Please see page 10 for a list of required documents.  
\*\* All sections must be completed in their entirety. "See C.V.", not acceptable \*\*

**GENERAL INFORMATION**


















Last Name	Suffix	First	Middle	Gender	Male	Female
Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> DC <input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> Other						
Any other name under which you have been known? (AKA) List		ECFMG Number		UPIN Number		
Home Street Address		City		State	Zip Code	
Home Phone Number		Pager Number/Answering Service		Home Email Address (optional)		
Social Security Number		Date of Birth	Birth Place (city, state)	Race/Ethnicity (voluntary)		
NPI - Individual		Medicaid Provider Number		Medicare Provider Number		

**PRIMARY PRACTICE LOCATION**

Institution/Group/Clinic Name (if Applicable)		Office Manager					
Tax Identification Number	Effective Date of Provider at this Practice Location	NPI - Group					
Name to which Employer Identification Number (EIN) is registered with the IRS (IMPORTANT: must match IRS information exactly)							
Physical Address		City	State	Zip Code			
Office Email		Office Website					
Main Phone Number	Appointment Phone Number	Fax Number					
Billing Address (Where you want payments sent)		Contact Person	Phone Number				
City	State	Zip Code	Billing Email	Fax Number			
Correspondence Address (Where you want communications sent)		Contact Person	Phone Number				
City	State	Zip Code	Correspondence Email	Fax Number			
Medical Records Address (Where you want medical record requests sent)		Contact Person	Phone Number				
City	State	Zip Code	Medical Records Email	Fax Number			
Type of Practice: <input type="checkbox"/> Solo <input type="checkbox"/> Multi-specialty Group <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Hospital-based <input type="checkbox"/> Hospital-employed <input type="checkbox"/> Healthplan/Payer-owned							
If Hospital-employed or Healthplan/Payer-owned, please indicate owner name:							
Office Hours	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Do you practice at this location: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (Specify) _____							
Languages spoken at this location (other than English): _____ <input type="checkbox"/> Provider <input type="checkbox"/> Other							

Last Revised 01/2012 Page 1 of 10

**Provider Application**

**CORRECT NUMBERS AND LETTERS** A B C 1 2 3 **CORRECT MARK** X **INCORRECT MARKS**                   

# Required Recredentialing Supporting Documentation for Professional Provider

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The following documents must be submitted with your recredentialing application:

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



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

# **Data Management**

# Provider Directory

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

We publish demographic information in our online provider directory. The directory is available on our website at **[www.bcbsla.com](http://www.bcbsla.com)** >Find a Doctor or Drug >Local Provider Directory.

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

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

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

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



# Provider Attestation Form

- In compliance with the federal Consolidated Appropriation Acts (CAA), our PCDM Department sends out a Provider Attestation Form every 90 days to all providers listed in our online provider directories. Providers must review their information as it appears in our directories and attest that it is still accurate.
- The Provider Attestation Form is prepopulated with the information we have on file. Providers must verify and attest to the accuracy of the information.
- If any information is incorrect, you must complete and return our Provider Update Request Form. This allows us to update your published information in our directories. A link to the update form is included within the attestation form.
- Both forms (Provider Attestation and Provider Update Request) are in DocuSign format.

**Louisiana** **Provider Attestation Form**  
Tax ID No. \_\_\_\_\_

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

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

**Primary Practice Location**

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

**Second Practice Location**

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

**Third Practice Location**

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

Page 1 of 3  
18BKS0362 02/20/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Providers who do not complete and submit the attestation form will be removed from our online provider directories.

# How to Update Your Information

Maintaining information within your provider record is a key piece to participating in Blue Cross and Blue Shield of Louisiana provider networks or obtaining a provider record. It is important that you keep us abreast of any changes to the information in your record. This allows us to keep our directories current, contact you when needed as well as disperse payments. These forms are in DocuSign format, allowing you to easily submit them to Blue Cross electronically.

**Provider Update Request Form**

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

This request applies to: ☐ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name	First Name	Middle Initial
Tax ID Number	Provider National Provider Identifier (NPI)	
Group/Clinic Name	Group/Clinic National Provider Identifier (NPI)	
Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**AUTHORIZED REPRESENTATIVE**

Name	
Contact Phone Number	Contact Email Address

**Submission Information** (form completed by)

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

**Provider Attestation** (where applicable)

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

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

<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change (Does not apply for Blue Advantage EFT updates)	<input type="checkbox"/> Existing Providers joining a New Provider Group
<input type="checkbox"/> Terminate Network Participation	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

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

23007231 8/1/00 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

What changes do you need to make?

**Provider Update Request Form** – to update information such as:

- Demographic Information – for updating contact information
- Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group
- Add Practice Location – to add a practice location(s)
- Remove Practice Location – to remove a practice location(s)
- Tax Identification Number (TIN) Change – to change your Tax ID number
  - TIN changes require new contracts to be issued. Our contracting dept should be notified in advance of this change.
- Terminate Network Participation – to terminate existing network participation or an entire provider record
- EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method

Submit these forms online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Provider Networks  
>Professional Provider >Update Your Information.

# Provider Update Request Form

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

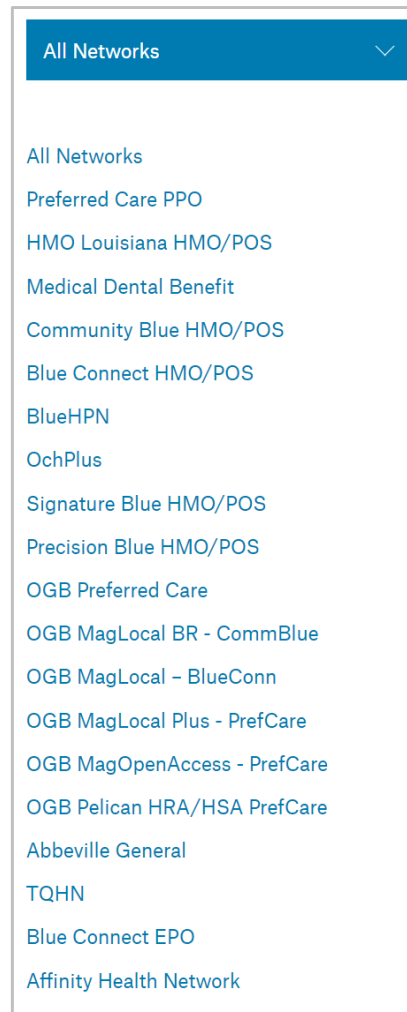
TYPE OF CHANGE		
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.		
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Electronic Funds Transfer (EFT) Termination or Change <i>(does not apply for Blue Advantage EFT update)</i>	<input type="checkbox"/> Existing Providers Joining a New Provider Group <i>(includes solo providers creating a new provider group)</i>
<input type="checkbox"/> Termination Request	<input type="checkbox"/> Tax ID Number Change	<input type="checkbox"/> Add New Practice Location (Existing Tax ID)
<input type="checkbox"/> Remove Practice Location (Existing Tax ID)		

## IDENTIFYING YOUR PATIENTS



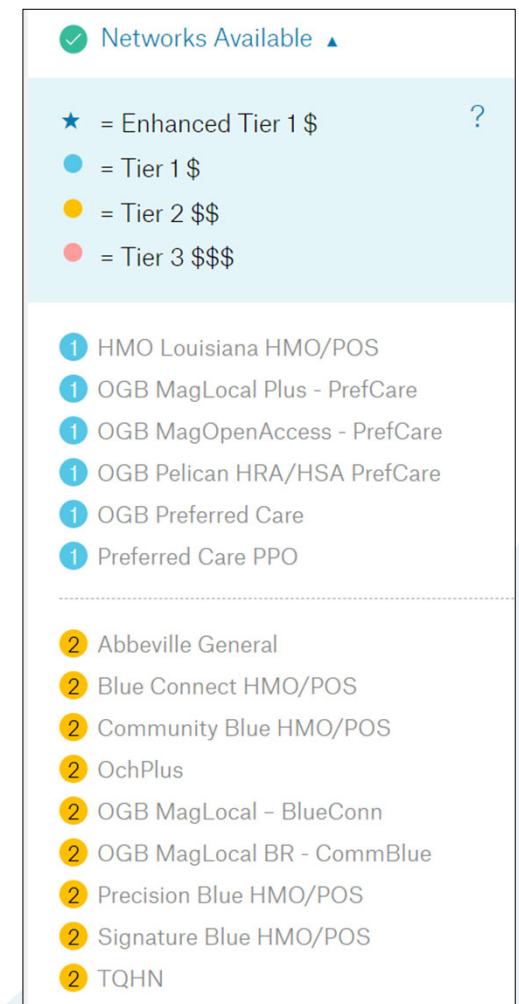
# Knowing Your Networks

Blue Cross offers many networks. All providers do not participate in all networks. In order to maximize benefits for your patients, you need to know which networks you participate in. This information can be found online at **[www.bcbsla.com](http://www.bcbsla.com)** > Find a Doctor or Drug > Local Provider Directory.



Some of our networks have tiered benefits.

Indicators are included in our online directories.






# Preferred Care PPO

- Our Preferred Care PPO Network is available statewide.
- Members with PPO benefits receive the highest level of benefits when they receive services from PPO providers.





Louisiana		Preferred Care PPO Network <b>FULLY INSURED</b>
Member Name <b>BLUE SUBSCRIBER</b>		Grp/Subgroup: AAA00000/PPO4
Member ID <b>XUP000000000</b>		RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b> <b>Individual</b>	<b>OUT OF POCKET</b> <b>Individual</b>
In Network	\$5500	\$5500
Out of Network	\$5500	\$5500
04BA0314 R01/22		



# HMO, Louisiana Inc.

- Our HMO Louisiana, Inc. network is available statewide.
- HMO Louisiana members have one of two styles of benefits: HMO or HMO Point of Service (POS).
- HMO members receive **no benefits** while HMO POS members receive a **lower level** of benefits when using providers not in the HMO Louisiana Network.





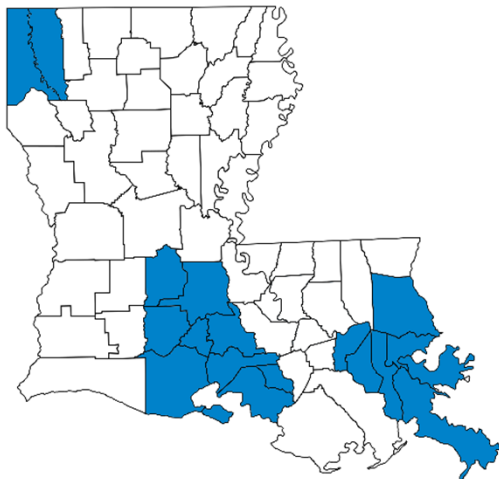
 HMO Louisiana		POS Network
		<b>FULLY INSURED</b>
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA00FF1/0001
Member ID XUA000000000		RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
	<b>Individual</b>	<b>Family</b>
In Network	\$0	\$0
Out of Network	\$1750	\$5250
	<b>Individual</b>	<b>Family</b>
	\$2000	\$4000
	\$4000	\$8000
04100 01320 0122R		Vision 



# Blue Connect

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

 <b>HMO Louisiana</b>		Blue Connect HMO/POS Network <b>FULLY INSURED</b>
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA00FF1/0001
Member ID XUG000000000		RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
	<b>Individual</b>	<b>Individual</b>
In Network	\$0	\$2000
Out of Network	\$1000	\$4000
04100 01320 0122R		Vision 



## New Orleans area

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

## Lafayette area

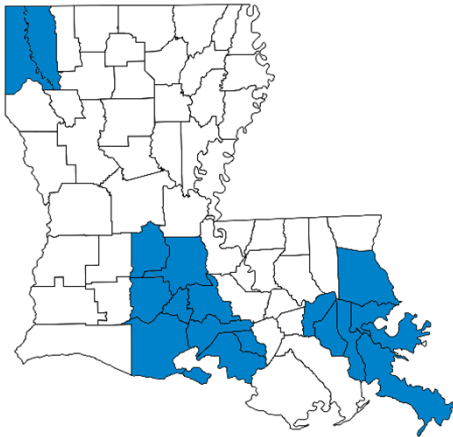
Acadia, Evangeline, Iberia, Lafayette,  
St. Landry, St. Martin, St. Mary and  
Vermilion parishes

## Shreveport area

Bossier and Caddo parishes

# Blue High-Performance Network

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



## Lafayette area



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

## New Orleans area

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

## Shreveport area

Bossier and Caddo parishes

 HMO Louisiana		Blue High Performance Network <sub>SM</sub>
Member Name		LA HEALTH SERVICE & INDEMNITY CO
Member ID		Advantage Plus Dental Network
Grp/Subgroup		
RxMbr ID		
RxBIN	003858	RxPCN-A4
RxGrp		BSLA
BC PLAN 170 BS PLAN 670		
04100 01320 1118R		





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

# Community Blue

- **Prefixes XUD, XUJ and XUT**
- Community Blue is an HMO POS product currently available to groups and individuals residing in four parishes:

## Baton Rouge area



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

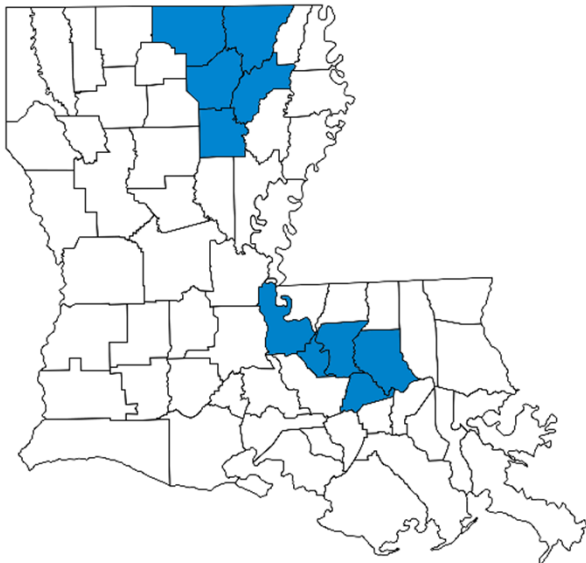
 <b>HMO Louisiana</b>		Community Blue HMO/POS Network	
		<b>FULLY INSURED</b>	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA00FF1/0001	
Member ID XUD000000000		RxMbr ID: 200000000	
		RxBIN: 000000 PCN-A4	
		RxGrp: BSLA	
<b>MEDICAL</b>	<b>DEDUCTIBLE</b> Individual	<b>OUT OF POCKET</b> Individual	<b>PHARMACY</b> Deductible
In Network	\$4500	\$7900	\$250
Out of Network	\$9000	\$15800	
04100 01320 0122R 			



# Precision Blue

- **Prefixes: FQA, FQT or FQW**
- Precision Blue is an HMO POS product currently available to groups and individuals residing in 10 parishes.

 <b>HMO Louisiana</b>		Precision Blue HMO/POS Network
		<b>FULLY INSURED</b>
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA0 ERC/0000
Member ID FQA.000000000		RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
	<b>Individual</b>	<b>Individual</b>
In Network	\$2000	\$6350
Out of Network	\$6000	\$19050
04100 01320 0122R 		



## Baton Rouge area



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

## Greater Monroe/ West Monroe area

Caldwell, Morehouse, Ouachita, Richland and Union parishes

# Signature Blue

- **Prefix: QBB, QBE, QBG and QBS**
- Signature Blue members are identifiable by the HMO Louisiana, Inc. logo and Signature Blue Network name printed on the member ID card. Fully insured Signature Blue members must select a primary care provider.

 <b>HMO Louisiana</b>		Signature Blue HMO/POS Network <b>FULLY INSURED</b>
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA0 FF1/0000
Member ID QBG000000000		RxMbr ID: 200000000
		RxBIN: 000000 PCN-A4
		RxGrp: BSLA
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>
	<b>Individual</b> <b>Family</b>	<b>Individual</b> <b>Family</b>
In Network	\$2000 \$4000	\$6350 \$12700
Out of Network	\$4000 \$12000	\$12700 \$25400
04100 01320 0122R 		

**New Orleans area**  
Jefferson and Orleans parishes






# Federal Employee Program


- **Prefix: R (followed by 8 digits)**
- The **Federal Employee Program (FEP)** provides benefits to federal employees and their dependents. These members use the Preferred Care PPO Network.
- FEP members have three benefit plan options:
- Standard Option, Basic Option and FEP Blue Focus.

## Standard

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name <b>BLUE SUBSCRIBER</b>		<a href="http://www.fepblue.org">www.fepblue.org</a>	
Member ID <b>R00000000</b>		Standard Option Enrollment Code <b>106</b>	
Effective Date	<b>01/01/2022</b>	Deductible Individual	<b>\$350</b>
RxIIN	<b>610239</b>	Deductible Family	<b>\$700</b>
RxPCN	<b>FEPRX</b>	Out-of-Pocket Maximum	
RxGrp	<b>65006500</b>	Individual	<b>\$6,000</b>
		Family	<b>\$12,000</b>
		Out-of-Network	<b>\$16,000</b>


In-network benefits  
Out-of-network benefits

## Basic

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name <b>BLUE SUBSCRIBER</b>		<a href="http://www.fepblue.org">www.fepblue.org</a>	
Member ID <b>R00000000</b>		Basic Option Enrollment Code <b>113</b>	
Effective Date	<b>01/01/2022</b>	Deductible Individual	<b>\$0</b>
RxIIN	<b>610239</b>	Deductible Family	<b>\$0</b>
RxPCN	<b>FEPRX</b>	Out-of-Pocket Maximum	
RxGrp	<b>65006500</b>	Individual	<b>\$6,500</b>
		Family	<b>\$13,000</b>
		In-Network	

In-network benefits  
No out-of-network benefits

## Blue Focus

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name <b>BLUE SUBSCRIBER</b>		<a href="http://www.fepblue.org">www.fepblue.org</a>	
Member ID <b>R00000000</b>		FEP Blue Focus Enrollment Code <b>133</b>	
Effective Date	<b>01/01/2022</b>	Deductible Individual	<b>\$500</b>
RxIIN	<b>610239</b>	Deductible Family	<b>\$1,000</b>
RxPCN	<b>FEPRX</b>	Out-of-Pocket Maximum	
RxGrp	<b>65006500</b>	Individual	<b>\$8,500</b>
		Family	<b>\$17,000</b>
		In-Network	

Limited in-network benefits  
No out-of-network benefits

# Office of Group Benefits

Prefixes: OGS, LZB or LXS

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

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

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

## **Pelican HRA 775** (Active Employees Only)

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



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

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

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

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

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

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

# Sample OGB Member ID Cards

## Pelican HRA 1000

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

## Pelican HRA 775

Louisiana		Preferred Care PPO Network	
Member Name <b>BLUE SUBSCRIBER</b>		Grp/Subgroup: ST222ERC/8634	
Member ID OGS000000000		RxMbr ID: 202474492	
		RxBIN: 003858 PCN-A4	
		RxGrp: BSLA	
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>	<b>COINSURANCE</b>
In Network	Individual \$2000 Family \$4000	Individual \$5000 Family \$10000	Preferred 80% All Other 60%
Out of Network	\$4000 \$8000	\$10000 \$20000	
OFFICE OF GROUP BENEFITS PELICAN HSA 775 04BA0314 R01/22			

## Magnolia Local Blue Connect

HMO Louisiana		Blue Connect	
Member Name <b>BLUE SUBSCRIBER</b>		Grp/Subgroup: ST222ERC/8474	
Member ID LZB000000000		RxMbr ID: 200755730	
		RxBIN: 003858 PCN-A4	
		RxGrp: 2AXA	
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>	<b>COPAYS</b>
In Network	Individual \$400	Individual \$2500	Primary Care \$25 Specialty \$50
Out of Network			
There is no out of network coverage on this plan. OFFICE OF GROUP BENEFITS MAGNOLIA LOCAL 04100 01320 0122R			

## Magnolia Local Community Blue

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

## Magnolia Local Plus

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

## Magnolia Open Access

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

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

# BlueCard® Program

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



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



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



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



- The BlueHPN suitcase logo indicates the member is enrolled in a Blue High Performance Network<sub>SM</sub> (Blue HPN) product.

**Note: BlueCard authorizations are handled through each member's home plan.**

# National Alliance

## *(South Carolina Partnership)*

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

BlueCross® BlueShield®

Members: Call Customer Service for claims filing information.

Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. When Medicare is primary, file Medicare claims directly with Medicare. Preauthorization required for all hospital inpatient admissions. MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours.

MyHealthToolkitLA.com

Customer Service: 877-705-5427  
PPO Network Provider Information: 800-810-2583  
Provider Service: 800-868-2510  
Precertification: 888-376-6544  
Mental Health and Substance Abuse Precertification: 800-868-1032  
Express Scripts®: 877-262-3293  
\*Contracts separately with group.

Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.

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

Pharmacy benefits administrator: Contracts separately with group.

NUV

BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME  
SUBSCRIBER'S LAST NAME

Member ID  
XXX123456789012

PLAN CODE 380

RxBIN 003858

RxGRP KESA

RxPCN A4

MyHealthToolkitLA.com



PPO®

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

# Fully Insured vs. Self-funded

## FULLY INSURED




Group and individual policies issued by Blue Cross/HMOLA and claims are funded by Blue Cross/HMOLA.

 <b>Louisiana</b>		Preferred Care PPO Network	
		<b>FULLY INSURED</b>	
Member Name BLUE SUBSCRIBER		Grp/Subgroup: AAA00000/PPO4	
Member ID XUP000000000		RxMbr ID: 200000000	
		RxBIN: 000000 PCN-A4	
		RxGrp: BSLA	
<b>MEDICAL</b>	<b>DEDUCTIBLE</b>	<b>OUT OF POCKET</b>	
	<b>Individual</b>	<b>Individual</b>	
In Network	\$5500	\$5500	
Out of Network	\$5500	\$5500	
04BA0314 R01/22 			

**“Fully Insured” notation**

## SELF FUNDED

Group policies issued by Blue Cross/HMOLA but claims payments are funded by the employer group, not Blue Cross/HMOLA.

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

- **“Fully Insured” NOT noted**
- **Self-funded group name listed**

The benefit, limitation, exclusion and authorization **requirements often vary for self-funded groups.**  
Please always verify the member’s eligibility, benefits and limitations prior to providing services.  
To do this, use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

# Digital ID Cards in iLinkBlue

Digital ID cards are downloadable PDFs that can be accessed through iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) under the "Coverage Information" menu option, then click "View ID Card."

The screenshot shows the iLinkBlue website interface. At the top, there's a header with the Louisiana logo, a provider search bar (Tax ID, NPI, Submit), and a login status (Logged in as Billy Gomila). Below the header is a navigation bar with links: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Coverage' link is highlighted. Under 'Coverage', there are two main sections: 'BCBSLA Members' and 'BlueCard - Out of Area Members'. The 'BCBSLA Members' section has a sub-link 'Coverage Information' which is circled in blue. The 'BlueCard - Out of Area Members' section has links for 'Submit Eligibility Request (270)' and 'View Eligibility Response (271)'. Below the navigation bar, there's a 'Coverage Information' section with a search bar and a 'Search' button. The search results show 'Contract Number XUA123456789' and 'ACTIVE COVERAGE'. Below this, there's a table with subscriber information for 'John Doe'. The table has columns for Coverage, Effective Date, Cancel Date, Original Effective Date, ID Card, Coverage Views, and Coordination of Benefits. The 'ID Card' column has a 'View ID Card' link, which is circled in blue. The 'Coverage Views' column has links for 'Summary', 'Benefits', and 'View COB'.

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

BCBSLA

**Contract Number XUA123456789**

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

**John Doe** **Subscriber**

Address	123 STREET ST. CITY, LA 70000	Sex	Male
		Marriage Status	Married
		Date of Birth	11/30/1900

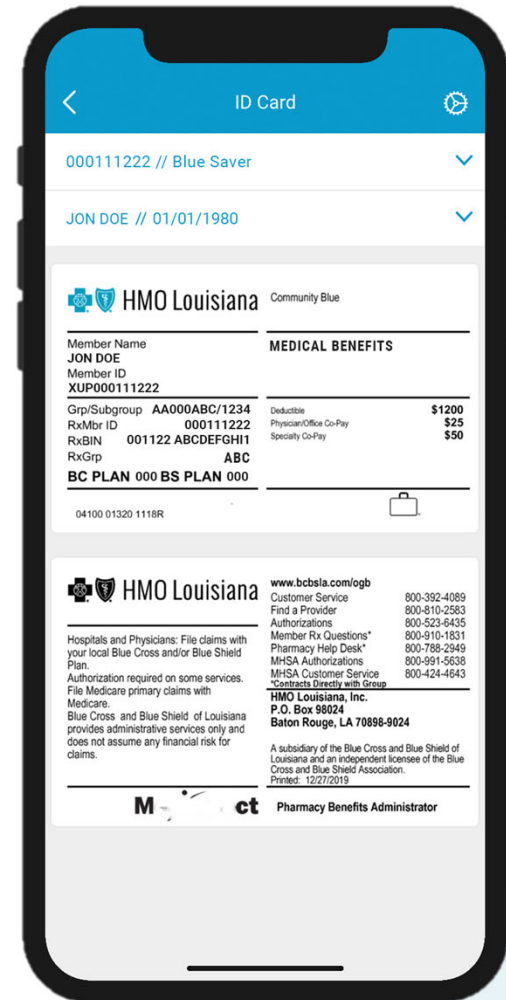
Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<a href="#">View ID Card</a>	<a href="#">Summary</a> <a href="#">Benefits</a> <a href="#">View COB</a>	



# Digital ID Cards


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

- To access through the Blue Cross mobile app, log on and choose the “My ID Card” option on the front page and use the dropdown menu to choose from the ID cards available.
- To access through the Blue Cross member portal, log into the online member account at **www.bcbsla.com**. There, click on “My ID Card” and use the drop-down menu to choose from ID cards available. These cards can be downloaded as PDFs and saved.



# Blue Advantage Networks

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

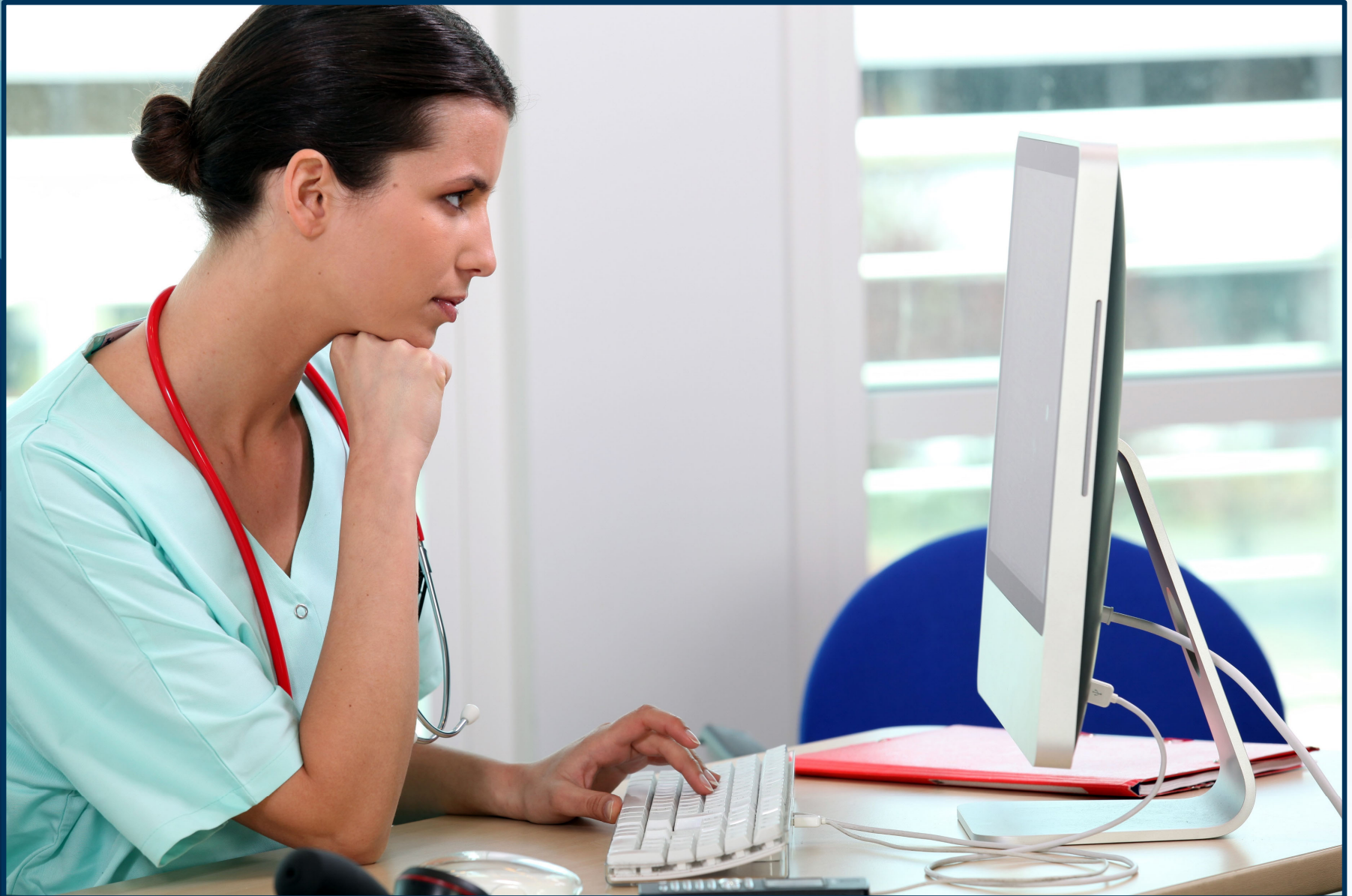
 Louisiana		Blue Advantage (PPO)	
RxBIN:	003858	PCP Visit	\$ 5
RxPCN:	MD	Specialist Visit	\$ 20
RxGROUP:	MY9A	Emergency Room	\$ 50
EFFECTIVE:	01/01/2022	Major Diagnostic	\$ 150
Medicare limiting charges apply.		Outpatient Surgery	\$ 150
		Outpatient Hospital	\$ 150
ID: PMV123456789			
John T Public			
MedicareRx Prescription Drug Coverage		MA   PPO MEDICARE ADVANTAGE	www.bcbsla.com/blueadvantage

 Louisiana		Blue Advantage (HMO)	
RxBIN:	003858	PCP Visit	\$
RxPCN:	MD	Specialist Visit	\$
RxGROUP:	MY9A	Emergency Room	\$
EFFECTIVE:	01/01/2022	Major Diagnostic	\$
		Outpatient Surgery	\$
		Outpatient Hospital	\$
ID: MDV123456789			
John T Public			
MedicareRx Prescription Drug Coverage		MEDICARE ADVANTAGE   HMO	www.bcbsla.com/blueadvantage



Blue Advantage (HMO) | Blue Advantage (PPO)

## VERIFYING YOUR PATIENTS' BENEFITS



# iLinkBlue

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

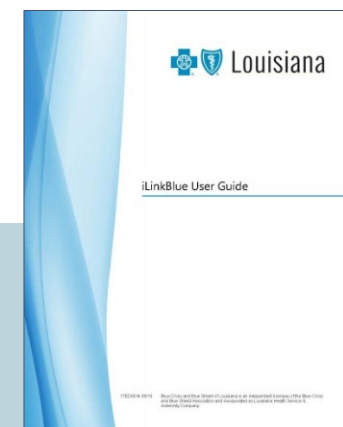
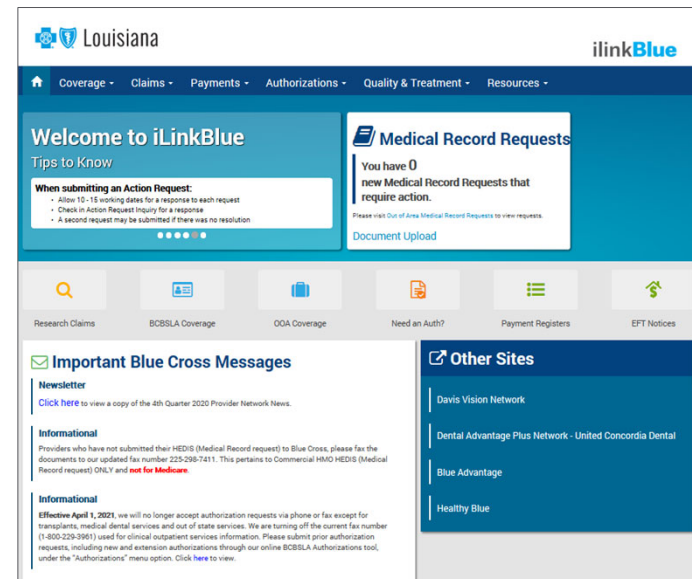
- Coverage & Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Status (BCBSLA, FEP and Out of Area)
- Medical Code Editing
- Payment Registers/EFT Notifications
- Allowables Search
- Authorizations
- Medical Policy
- 1500 Claims Entry

For iLinkBlue training and education, contact **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**.

Use our *iLinkBlue User Guide* to help navigate all of the features in iLinkBlue. It is available online at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** >Resources.

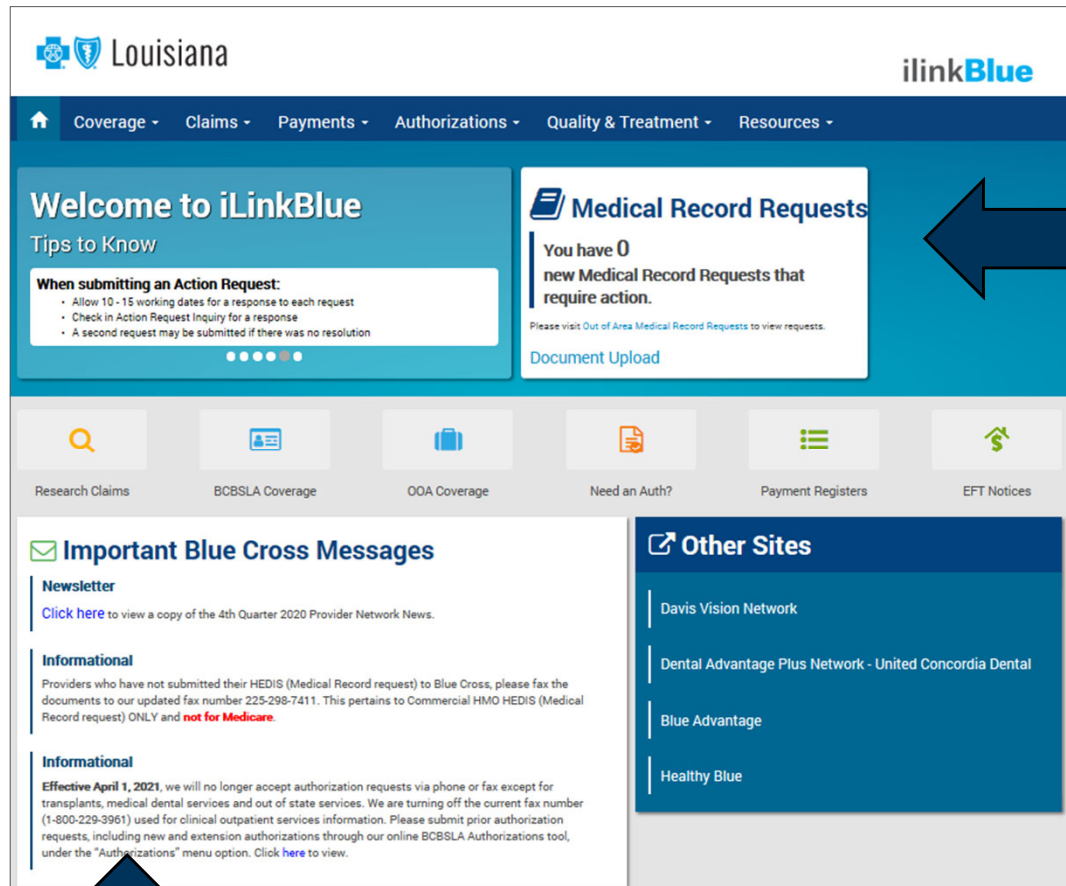
## ilinkBlue

**[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)**





# iLinkBlue Landing Page



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

There is a message board on the main landing page. This area contains informational and alert posts such as:

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

# Verifying Benefits in iLinkBlue

Easily verify your patient's benefits using iLinkBlue. Go to **www.bcbsla.com/ilinkblue** > Coverage > Coverage Information, then click on "Summary" and/or "Benefits."

The screenshot displays the iLinkBlue web application interface. The top navigation bar includes the Louisiana state logo, a provider search section with 'Tax ID' and 'NPI' fields, and a 'Submit' button. The user is logged in as 'Billy Gomila'. The main navigation menu includes 'Coverage', 'Claims', 'Payments', 'Authorizations', 'Quality & Treatment', and 'Resources'. The 'Coverage' menu is expanded, showing 'BCBSLA Members' and 'BlueCard - Out of Area Members'. The 'Coverage Information' link under 'BCBSLA Members' is circled. The 'Coverage Information' page is active, displaying a search bar for 'BCBSLA' and a 'Search' button. Below the search bar, the 'Contract Number XUA123456789' is shown, along with a green 'ACTIVE COVERAGE' status bar. The contract details table includes fields for Group/Non-Group, Group Name, Group Number, Group OED, Minor Dep. Age Max, Coverage Category, Coverage Type, Effective From, and Effective To. The subscriber information section shows 'John Doe' as the subscriber, with fields for Address, Sex, Marriage Status, Date of Birth, and a 'Subscriber' label. At the bottom, the 'Coverage' table lists 'Medical' coverage with an effective date of 01/01/2020. The 'Coverage Views' section includes links for 'View ID Card', 'Summary', 'Benefits', and 'View COB', with the 'Summary', 'Benefits', and 'View COB' links circled.

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

BCBSLA

**Contract Number XUA123456789**

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
TEST GROUP	TEST GROUP	123456789-0000	02/01/2000	26

**ACTIVE COVERAGE**

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

**John Doe** **Subscriber**

Address	Sex	Marriage Status	Date of Birth	Male
123 STREET ST. CITY, LA 70000	Male	Married	11/30/1900	

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<input type="button" value="View ID Card"/>	<input type="button" value="Summary"/> <input type="button" value="Benefits"/> <input type="button" value="View COB"/>	

# Summary of Benefits - Copays

On the Summary page you will see a list of your patient's different copays.

- Office Visits
- Office Visit Specialist
- Emergency Room
- Inpatient Hospital (in-network)
- Inpatient Hospital Maximum
- High-Tech Imaging
- Outpatient Physical Therapy
- Outpatient Speech Therapy
- Cardiac Rehab
- Vision Services

Copays		EPO Copays	QB Copays
Office Visit	\$25.00	---	---
Office Visit Specialist	\$50.00	---	---
Outpatient Surgical	—	—	—
Emergency Room	\$200.00	---	---
Inpatient Hospital (In-network)	\$100.00	---	---
Inpatient Hospital Maximum	\$300.00	---	---
Inpatient Hospital (Out-of-network)	—	—	—
High-Tech Imaging	\$50.00	---	---
Outpatient XRay & Lab	—	—	—
Outpatient Physical Therapy	\$25.00	---	---
Occupational Therapy	—	—	—
Outpatient Speech Therapy	\$25.00	---	---
Cardiac Rehab	\$25.00	---	---
Vision Services	\$25.00	---	---
Outpatient Professional	—	—	—

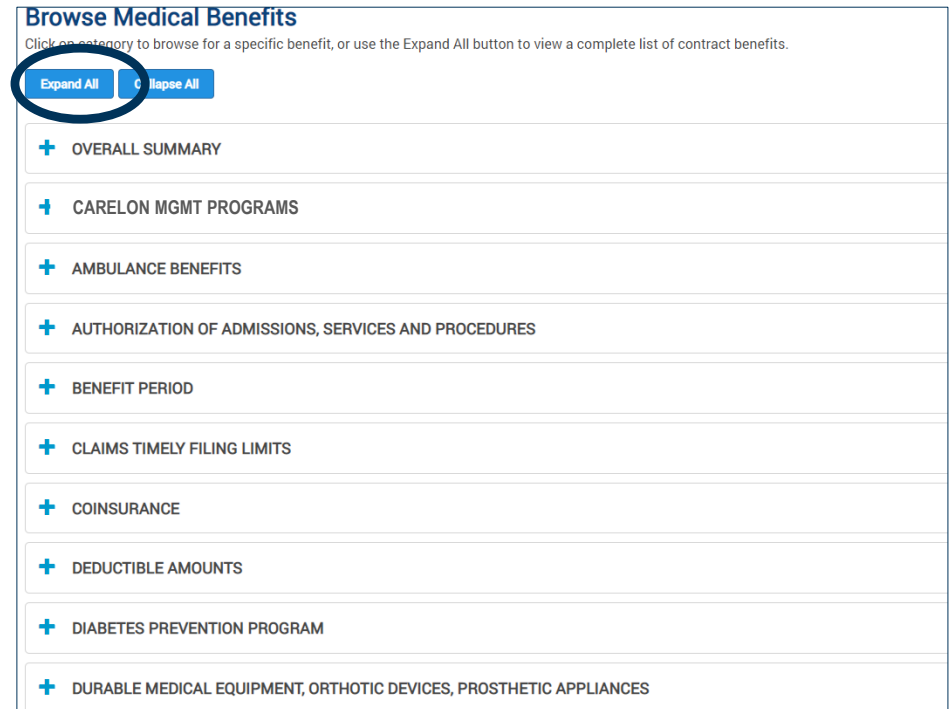
\*For a complete listing of services that are subject to copays, please view the 'Contract Benefits' section of iLinkBlue. In addition to copays, deductible and coinsurance may apply.



# Benefits

It is important to understand your patient's medical benefits. The Benefits page shows different types of benefits, including:

- Overall Summary
- Carelon Care Mgmt
- Ambulance Benefits
- Authorizations
- Benefit Period
- Claims Timely Filing Limits
- Coinsurance
- Deductible Amounts
- Diabetes Prevention Program
- Durable Medical Equipment
- Office Copays
- Etc.



# Office Visit Copay

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Knowing the member's copay is important. Copay benefit information is found on the Benefits page.

## PCP COPAYMENT - \$25 per visit

The Plan Participant must pay a Copayment each time applicable Covered Services are rendered. The amount of the Copayment depends on the type of Network Provider rendering the service. Office visit Copayments will be at the Primary Care Physician or Specialist amount shown on the Schedule of Benefits.

Primary Copayments are applicable for the following providers for most services performed during an office visit EXCEPT for Preventive and Wellness Care, X-ray, Laboratory and Machine tests, or Surgery.

### NOTES:

\*A separate Copayment applies to these services (See Overall Summary): High Tech imaging, including but not limited to MRIs, MRAs, CT Scans, PET Scans, and Nuclear Cardiology.

\* Regardless of Place of Treatment, Sleep Studies and Machine Tests are subject to the Deductible Amount and then payable at 100%.

\* Injections received in the Physician's office when no other health service is received will be subject to the Deductible.

### ELIGIBLE PRIMARY CARE PROVIDERS (PCP) INCLUDE:

- \* General Practice - (entity type = P, code 04, 14) (specialty - GPGP)
- \* Family Practice - (entity type = P, code 04, 14) (specialty - FPPF)
- \* Internal Medicine - (entity type = P, code 04, 14) (specialty - IMIM)
- \* Pediatrics - (entity type = P, code 04, 14) (specialty - PEDI)
- \* Chiropractors - (entity type = P, code 13) (specialty - CHIR)
- \* Nurse Practitioner - (specialty - NPNP)
- \* Physician Assistant - (entity type = P, code 63) (specialty - PAPA)
- \* OB/GYN
- \* Retail Health Clinic - (entity type = P, code 94) (specialty - RHRH)
- \* Geriatrician - (specialty - GERI)
- \* Certified Midwife

# Office Visit Copay - Specialist

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Does this office visit fall under “Specialist Copayment?” This info can also be found on the Benefits page.

■ OFFICE VISIT - SPECIALIST

SPECIALIST COPAYMENT - \$50 per visit

This is a direct access Plan. You may see Specialists in the HMOLA Network without contacting your Primary Care Physician or getting a referral from a Primary Care Physician.

Specialist Physicians includes Physicians who are not practicing in the capacity of a Primary Care Physician.

Reference OFFICE VISIT - PRIMARY for additional benefit information.

Eligible Specialist Providers include:

- \* Physicians - (entity type = P, code 04, 14) (specialty is not - GP, FP, IM, PEDI, OBGYN)
- \* Podiatrist - (entity type = P, code 11)
- \* Optometrist - (entity type = P, code 21)
- \* Audiologist - (specialty - AUDI)
- \* Registered Dietician
- \* Sleep Disorder Clinic/Lab - (entity type = F, code 80)
- \* Ophthalmologist

# Additional Copays

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All additional Copays are also listed on the Benefits page.

X-RAY AND LABORATORY COPAYMENT
<p>COPAYMENTS and COINSURANCE</p> <p>*ACTIVE EMPLOYEES AND RETIREES WITH OR WITHOUT MEDICARE - NETWORK PROVIDERS</p> <ul style="list-style-type: none"><li>* X-ray and Laboratory Services 100%</li><li>* Sonogram and Ultrasound (professional and outpatient facility) Copayment - \$50</li><li>* MRA, MRI, CAT,PET, SPECT Scans (professional and outpatient facility) Copayment- \$50</li><li>* Nuclear Cardiology (professional and outpatient facility) Copayment- \$50</li></ul> <p>*ACTIVE EMPLOYEES AND RETIREES WITH OR WITHOUT MEDICARE - NON-NETWORK PROVIDERS</p> <ul style="list-style-type: none"><li>* No Coverage</li></ul> <p>LOW TECH IMAGING AND LAB CLAIMS:</p> <ul style="list-style-type: none"><li>* 100% of the allowed amount when performed in a Physician's Office (place of treatment 11), Free Standing Independent Diagnostic Testing Facility (place of treatment 11) or a contracted Reference Lab (place of treatment 81). Urgent Care Centers should be treated like (place of treatment 11 (office).</li></ul> <p>Deductible and Coinsurance applies based on the allowed amount in a Hospital Based Lab (place of treatment 22).</p>

Go to [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue) >Coverage >Coverage Information, then click on "Benefits."

# Tiered Benefits for Select Networks

Medical Benefits Summary

Contract Number

ACTIVE COVERAGE

Medical Effective Date

Subscriber Name

Member Name

Member Date of Birth

Relation to Subscriber

Sex

Contract Type

COMMUNITY BLUE

Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than COMMUNITY BLUE, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.

Under this contract, certain Providers who have contracted with HMO Louisiana, Inc. would normally be considered Participating Providers, but because they do not have Participating Provider status within the COMMUNITY BLUE Provider Network, BCBSLA treats them as Tier 3 Non-Preferred Providers. For a list of those Providers, see the COMMUNITY BLUE Non-Par Facilities section under the Benefits Summary.

Copays

		EPO Copays	QBPC Copays
Office Visit	\$20.00	—	\$20.00
Office Visit Specialist	\$60.00	—	—
Outpatient Surgical	—	—	—
Emergency Room	\$350.00	—	—
Inpatient Hospital (In-network)	—	—	—
Inpatient Hospital Maximum	—	—	—
Inpatient Hospital (Out-of-network)	—	—	—
Outpatient XRay & Lab	—	—	—
Outpatient Physical Therapy	\$40.00	—	—
Outpatient Speech Therapy	\$40.00	—	—
Cardiac Rehab	—	—	—
Vision Services	—	—	—
Outpatient Professional	—	—	—

Accumulations

	Tier 1 COMMUNITY BLUE Network	Tier 2 Out of Network Preferred	Tier 3 Out of Network Non-Preferred
Individual			
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00
Out-of-Pocket Remaining	\$5,783.00	\$14,700.00	\$14,700.00
Family			
Deductible Amount	—	—	—
Deductible Remaining	—	—	—
Out-of-Pocket Amount	—	—	—
Out-of-Pocket Remaining	—	—	—

Coinsurance

	BCBSLA Coverage	Member Responsibility
Tier 1 COMMUNITY BLUE Network	80%	20%
Tier 2 Out of Network Preferred	60%	40%
Tier 3 Out of Network Non-Preferred	60%	40%
EPO Percentage	—	—
QBPC Percentage	—	—

The Medical Benefits Summary page can be found at [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue) > Coverage > Coverage Information, then enter the member's policy number.

Tiered benefits may not be displayed for all members.

# 2023 Product Enhancements

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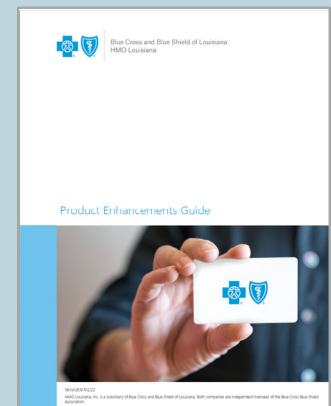
Each year, Blue Cross makes enhancements and updates to our member benefit plans. Providers can learn about these changes in our Product Enhancement Guide, published each December.

**Prescription Donor Human Breast Milk** - Blue Cross will provide up to two months of outpatient coverage for prescription donor human breast milk for infants less than 1 year old. Service must be rendered by an approved Milk Bank.

**Authorization Changes** - Updates regarding PPO, HMO, OGB and FEP requirements.

**NOTE:** Enhancements are subject to each member's benefits and eligibility. These benefits are effective as policies renew in 2023.

The Product Enhancement Guide is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > News & Events.





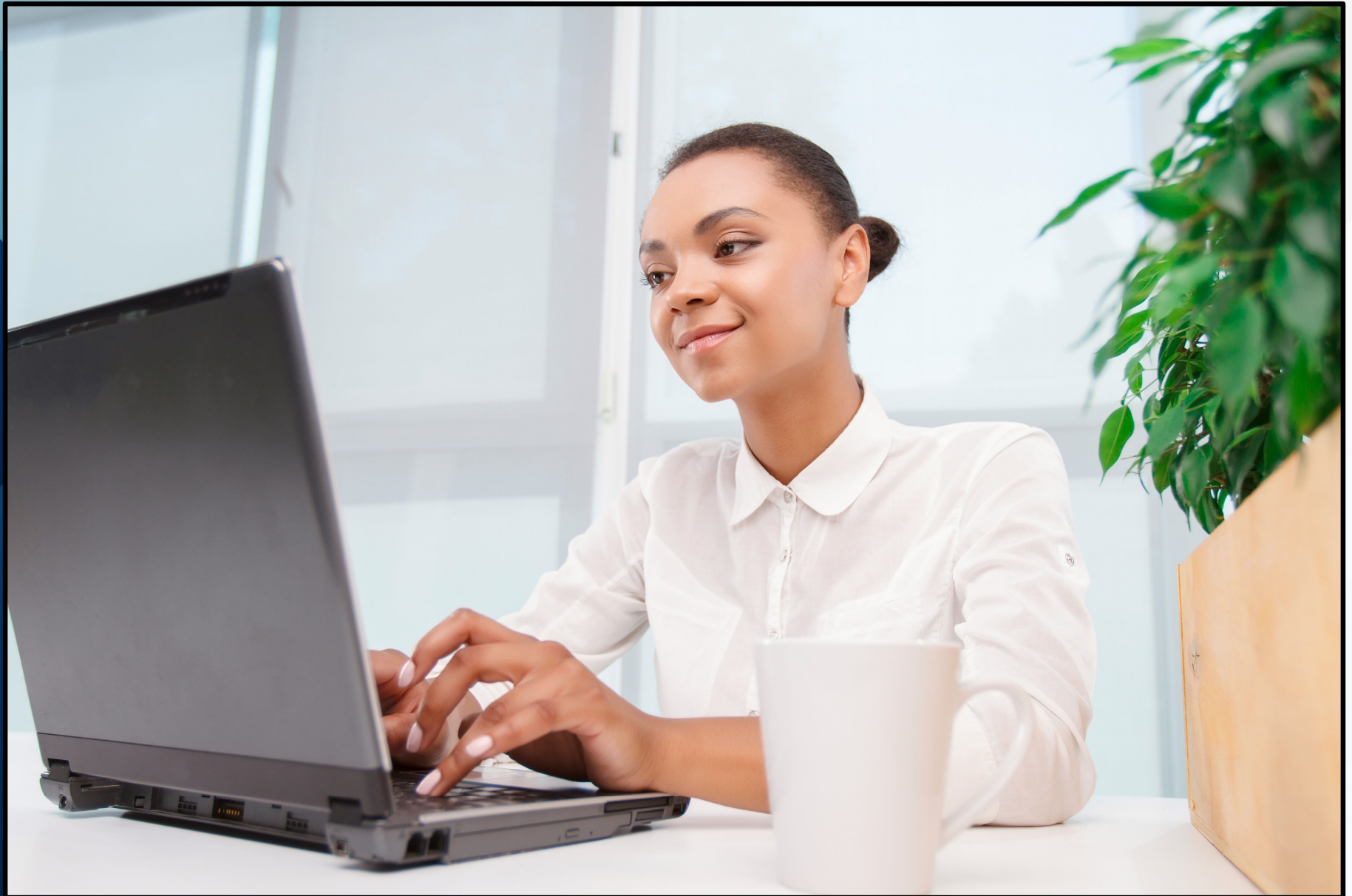
# 2023 Product Enhancements

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- **Obesity Prevention in Midlife Women** - (ages 40-60)
- **Insulin Pumps and Supplies** - no longer require prior authorizations and subject to member's benefits with a limit of one unit every four years.
- **Insulin Cost Share** - Blue Cross will limit the cost share on all insulin prescriptions via the pharmacy benefit to no more than \$75 per 30-day supply.
- **Hearing Aids** - covered for members 18 and older when using a network provider and diagnosis is severe-profound hearing loss. **Prior Authorization is required.**

**NOTE:** Enhancements are subject to each member's benefits and eligibility. These benefits are effective as policies renew in 2023.

# AUTHORIZATIONS



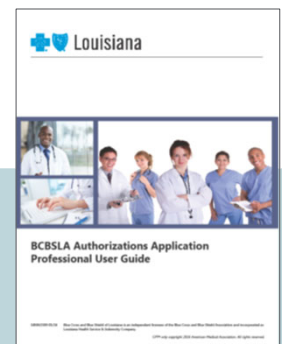
# iLinkBlue – Authorizations Mandate

## A streamlined process for requesting prior authorizations.

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



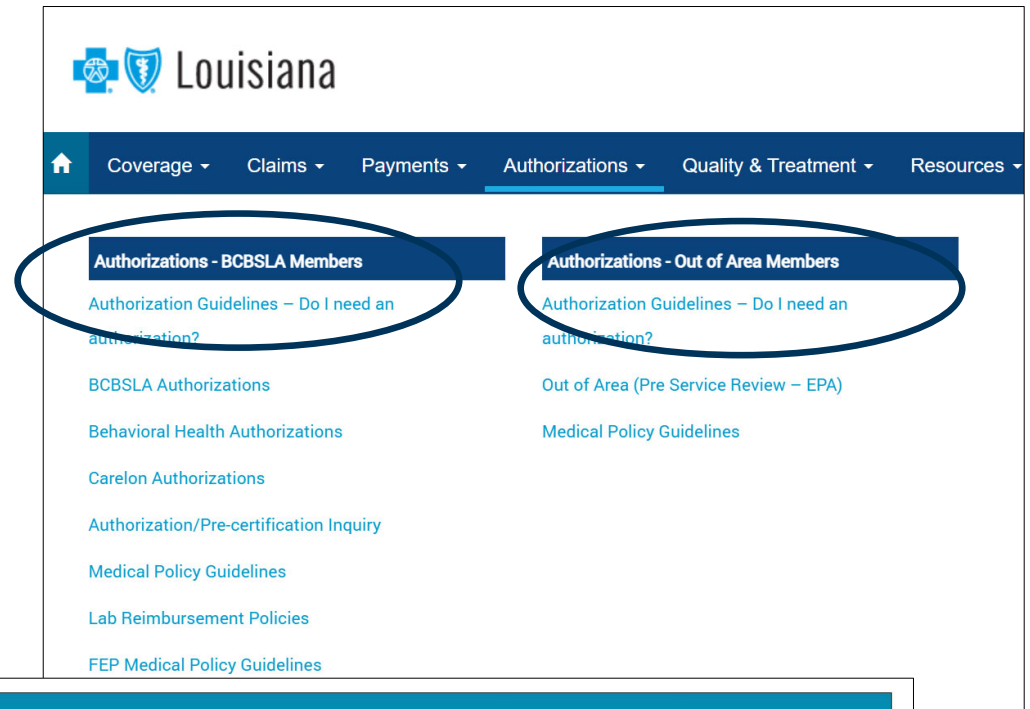
For more information on how to use our BCBSLA Authorizations application, the *BCBSLA Authorizations Applications Professional User Guide* is available on iLinkBlue under the “Resources” tab, then click “Manuals.”



# Where to Find Authorization Requirements

## Do I need an authorization?

The Authorizations Guidelines application allows providers to research and view authorization requirements for BCBSLA and BlueCard (out-of-area) members.



### Pre-Authorization/Pre-Certification Information

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

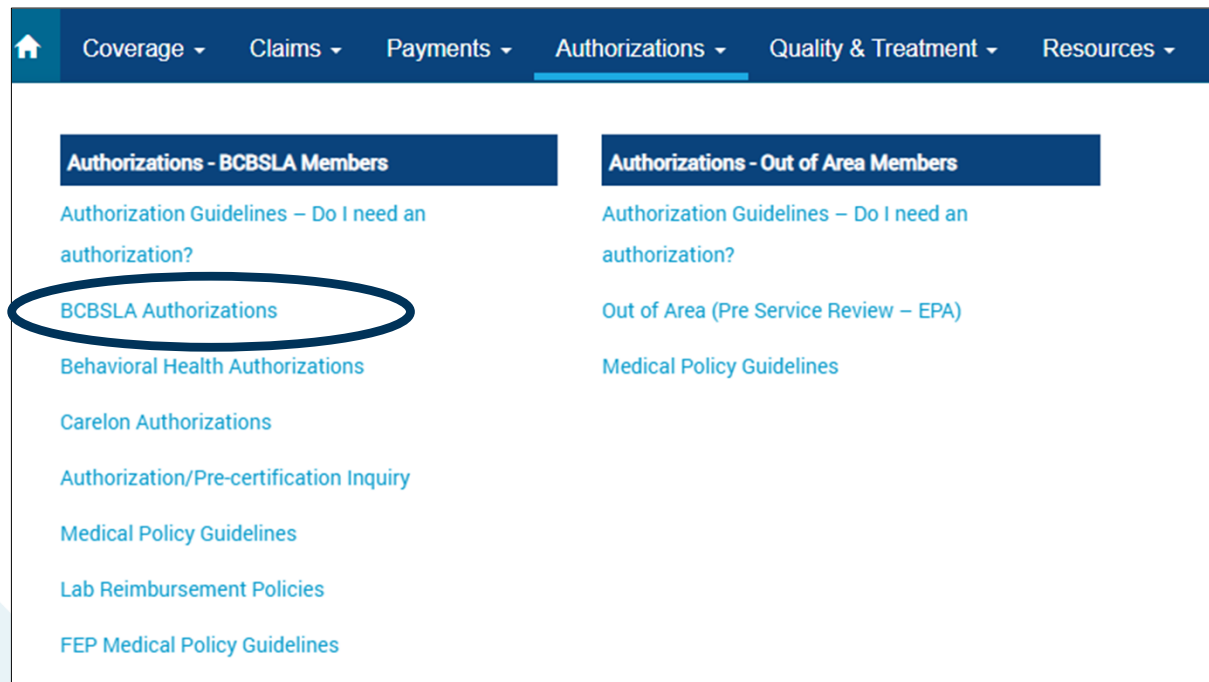
Prefix

Submit

Simply enter the member's prefix (the first three characters of the member ID number) to access general pre-authorization/pre-certification information.

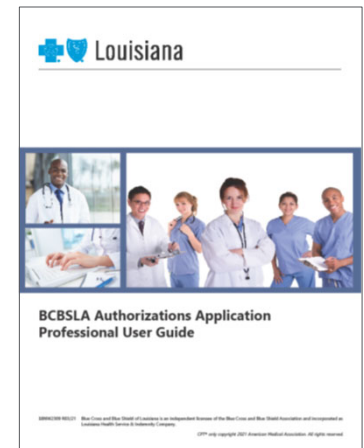
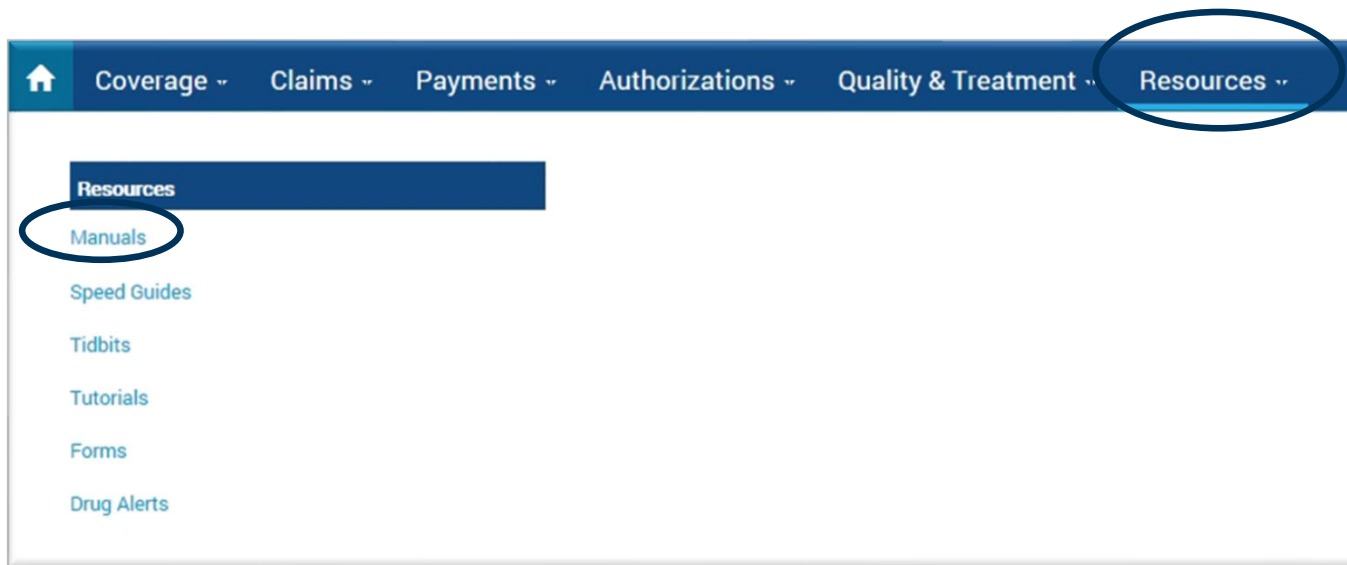
# Requesting Authorizations thru iLinkBlue

- Use the “Authorizations” menu option to access our authorization applications.
- An administrative representative must grant a user access to the following applications before a request can be submitted:
  - BCBSLA Authorizations
  - Behavioral Health Authorizations
  - Out of Area (Pre Service Review – EPA)
  - Carelon Authorizations

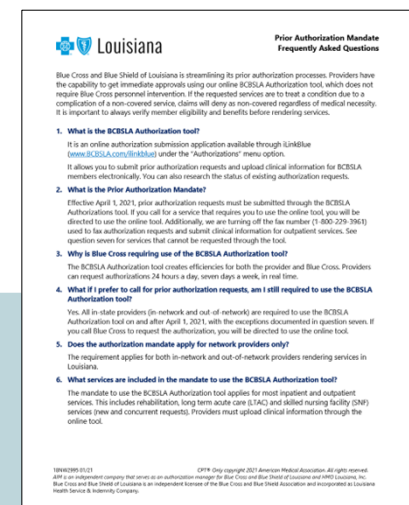


# Authorizations Resources

Use the "Resources" menu option in iLinkBlue to access various provider manuals, including the **BCBSLA Authorizations Application Professional User Guide**.



View our Prior Authorization Mandate Frequently Asked Questions at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Authorizations, under the quick links section.





# Failure to Obtain an Authorizations

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## **Failure to obtain a prior authorization can result in:**

- A 30% penalty imposed on Preferred Care PPO and HMO Louisiana, Inc. network providers for failing to obtain authorization prior to performing an outpatient service that requires authorization.
- A \$1,000 penalty applied to inpatient hospital claims if the patient's policy requires an inpatient stay to be authorized (Note: some policies contain a different inpatient penalty provision).
- The denial of payment for services for our Office of Group Benefits (OGB) members.
- A \$500 penalty applied to inpatient hospital claims for Federal Employee Program (FEP) members with Standard Option, Basic Option and FEP Blue Focus benefits. For select outpatient services, no payment will be made if prior authorization is not obtained. If prior approval is not obtained for certain OP and IP services, a \$100 penalty may be applied on Blue Focus.

**Authorization penalties or services that deny for no authorization are not billable to the member.**

# Genetic and Molecular Testing

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**Effective January 1, 2023,** genetic and molecular testing for Blue Cross members requires prior authorization before rendering services.



Please review our authorization policies located in the *Professional Provider Office Manual*, available online at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)**  
>Resources >Manuals.

# Process for Changing a BCBSLA Authorization

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You can ask our Authorization Department to change or add a code to an already approved authorization when **all of the following** conditions are met:

- There is an approved authorization on file.
- Provider states a claim has not been filed.
- The requested code is surgical or diagnostic.
- The requested code is not on a Blue Cross medical policy or a non-covered benefit.

If the above criteria is met, an authorization can be changed within seven calendar days of the services being rendered. **This can be done by completing an Activity in the BCBSLA Authorizations application and uploading medical records and/or adding a note.**

If the procedure being added or changed is in a Blue Cross medical policy or is a non-covered benefit, it cannot be updated on the authorization.

# Communicating with Blue Cross regarding Authorizations

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Creating an “Activity” is the **only** way to communicate with BCBSLA regarding authorizations. Do **not** use the “Notes” tab, as our Authorizations Department will not be notified.

An “Activity” **must** be added to an authorization when attempting to complete any of the following:

- Corresponding with our Authorization Department
- Additional information is being forwarded
- Extending an authorization or adding additional services
- Changing an authorization
- Requesting peer-to-peer review (flag as critical)

**The “Activity” must be assigned to: Provider Request Worklist**

**It is very important to follow this process to ensure authorizations are handled accurately and timely.**

Blue Cross requires providers to request prior authorizations through our BCBSLA Authorizations application. It is available online in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

# Tips for Online Authorizations in iLinkBlue

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## Troubleshooting tips for navigating BCBSLA Authorizations application:

- **Recurrent/Ongoing Services:** Use the initial authorization when the requested service code (CPT®/HCPC) and provider(s) are the same, even if a break in service has occurred. Do NOT create a new authorization. New authorizations will be voided in the system. Please initiate a new Activity in the original case and document the information in the “note” section of the Activity. Make sure the Activity is assigned to “Provider Request Worklist”
- **Member Search:** When searching for a member, enter the numbers following the three-character prefix. Do not enter the three characters in front of the member number on the ID card. The only instance where you would enter a letter in front of the member ID number is if the member number starts with an “R.” The member ID number should be entered in the “Subscriber ID” field, not the “Member ID” field.
- **Overdue Tasks:** These tasks will not be visible on the “My Tasks” tab. To see your overdue tasks/activities, click on the “Overdue” tab.
- **Provider Access:** Users should use their own individual iLinkBlue login information to view authorizations. Provider groups with multiple iLinkBlue users should not login with the same user information.

# BCBSLA Authorizations Application FAQs

## What if my request is STAT, am I still required to use the authorization online?

- Yes. Please submit STAT requests through the BCBSLA Authorizations application. They will be addressed timely and accordingly.

## How do I check the status of my authorization in the BCBSLA Authorizations application?

- You may search by the patient's member ID number (found on the member ID card). You may also search by the reference number of the pending request.

## How do I submit clinical information to Blue Cross?

- Clinical information can be supplied in one of three ways:
  - Complete criteria review via InterQual (IQ). You may receive an online approval when IQ is completed, and criteria are met. Some services will require additional review, such as a benefit review or a medical policy review regardless of an IQ approval. Completing an IQ review is not required.
  - Upload clinical information to the authorization request through the BCBSLA Authorizations application.
  - Document the clinical information in the notes section of the authorization request in the BCBSLA Authorizations application. You must then generate an activity within the request. If an activity is not generated, the clinical information will not be available for Blue Cross to review.

View our Prior Authorization Mandate Frequently Asked Questions at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Electronic Services > Authorizations, under the quick links section.





- AIM Specialty Health changed its name to **Carelon Medical Benefits Management**.
- This name change does not impact the services offered or create process changes for Blue Cross providers.
- Submitting authorization and checking case status remains the same.
- The ***ProviderPortal***<sub>SM</sub>, which includes **OptiNet**<sup>®</sup>, continues to be accessible through iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) under the "Authorizations" tab, then click "Carelon Authorizations."

# Utilization Management Programs

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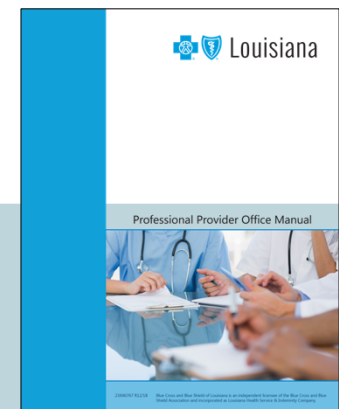
Blue Cross has several utilization management programs that require prior authorization for select elective services. Carelon Medical Benefits Management, an independent specialty benefits management company, serves as our authorization manager for these services:

- Cardiology
- High-tech Imaging
- Radiation Oncology
- Musculoskeletal (MSK)
  - Interventional Pain Management
  - Joint Surgery
  - Spine Surgery

Authorization requests may be completed online using the ***ProviderPortal***<sub>SM</sub> accessed through iLinkBlue. Carelon clinical appropriateness guidelines are available at **[guidelines.carelonmedicalbenefitsmanagement.com](https://guidelines.carelonmedicalbenefitsmanagement.com)**

**NOTE: When medical requests are requested by Carelon, please forward the records to them instead of Blue Cross.**

Additional information can be found in the ***Professional Provider Office Manual***. Find it online at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** >Resources >Manuals.



# Carelon Guidelines for Changing Authorization

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- Carelon allows seven days post the service (retro) for the provider to call and update the original request for MSK program.
- All other programs allows two days, with the exception of some cardiac services that allow 10 days post service.

## **POLICIES & PROCEDURES**



# Laboratory Benefit Management Program

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Blue Cross has partnered with Avalon Healthcare Solutions to offer a new laboratory benefit management program.

Avalon provides:

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

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

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

Providers can now review and research the lab policies and guidelines.  
Go to **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** > Medical Management > Lab Management.

# Laboratory Benefit Management Denials

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- If services were denied due to an Avalon policy, the policy number will appear on the provider payment register.
- You can then access our policies and procedures, put the policy number in the search field and it will display the policy and criteria.

SUBSCRIBER, JOE XUP20000000 1 7/2/2022 7/2/2022 220000080061 \$137.98 \$137.98 \$0.00

Lab Policy #G2050, Procedure Code: 80061, Decision: D06R - 1 per 1 Yr

- If you have questions about a policy and/or a payment related to a policy, you may contact Provider Relations at **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**.

Providers can now review and research the lab policies and guidelines.  
Go to **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** >Medical Management >Lab Management.



# Medical Policies

Blue Cross regularly revises and develops medical policies in response to rapidly changing medical technology.

Benefit determinations are made based on the medical policy in effect at the time of the provision of services.

Medical policy changes are also published in our quarterly Network News provider newsletter.

## MEDICAL POLICY UPDATE

We regularly revise and develop medical policies in response to rapidly changing medical technology. Benefit determinations are made based on the medical policy in effect at the time of the provision of services. Please view the following updated and new medical policies, all of which can be found on iLinkBlue at [www.bcbsla.com/provider](http://www.bcbsla.com/provider), under the "Medical Management" tab, click "Medical Policies."

### Updated Medical Policies

#### Policy No. Policy Name

##### Effective October 10, 2022

00012 Botulinum Toxins  
00177 Immune Prophylaxis for Respiratory Syncytial Virus  
00391 Tumor Treating Fields Therapy  
00435 Genetic Testing for Mitochondrial Disorders  
00467 Pharmacotherapy for Idiopathic Pulmonary Fibrosis and Interstitial Lung Disease  
00643 Gender Affirming Surgery

##### Effective November 14, 2022

00019 Continuous Glucose Monitoring  
00141 Risk-Reducing Mastectomy  
00353 Non-Steroidal Anti-inflammatory Drugs (NSAIDs)  
00387 Drug Testing in Pain Management and Substance Use Disorder Treatment  
00501 meplizumab (Nucala™)  
00509 Treatment of Hepatitis C with elbasvir and grazoprevir (Epclusa®)  
00574 Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas  
00601 Select Drugs for Attention Deficit Hyperactivity Disorder (ADHD)  
00720 Select Fenofibrate Products  
00774 ruxolitinib (Opzelura™)

##### Effective December 12, 2022

00148 Laboratory Tests Post Transplant  
00217 infliximab (Remicade®), infliximab  
00242 ustekinumab (Stelara®)  
00255 Metformin and Metformin Containing Products  
00301 Nasal Allergy Medications  
00456 lumacaftor/vacaftor (Orkambi™)  
00480 Prostatic Urethral Lift  
00539 infliximab-dyyb (Inflectra®)  
00607 infliximab-abda (Renflexis®)  
00698 Select Novel Drug Formulations  
00712 infliximab-axiq (Axsoda™)  
00745 Select Combination Products for the Treatment of H. pylori Infection

##### Effective January 1, 2023

00047 Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA 1, BRCA 2, PALB2)  
00190 Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes  
00206 Genetic Testing for Familial Cutaneous Malignant Melanoma  
00211 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer

##### Effective January 1, 2023 (continued)

00233 Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer  
00257 Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer  
00268 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer  
00271 Gene Expression-Based Assays for Cancers of Unknown Primary  
00272 Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer  
00320 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Melanoma or Glioma  
00332 Molecular Markers in Fine Needle Aspirates of the Thyroid  
00334 Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreatobiliary Lesions  
00389 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders  
00403 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management  
00417 Genetic Testing for PTEN Hamartoma Tumor Syndrome  
00420 JAK2 MPL and CALR Testing for Myeloproliferative Neoplasms  
00423 Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapy and Immunotherapy  
00424 Genetic Testing for Li-Fraumeni Syndrome  
00428 BCR-ABL Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia  
00452 Molecular Analysis (Including Liquid Biopsy) for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer  
00459 Genetic Testing in Acute Myeloid Leukemia  
00497 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)  
00504 Germline Genetic Testing for Gene Variants Associated With Breast Cancer in Individuals at High Breast Cancer Risk (CHEK2, ATM, and BRAD1)  
00548 Gene Expression Profiling for Uveal Melanoma  
00562 Molecular Testing in the Management of Pulmonary Nodules  
00632 Gene Expression Profiling for Cutaneous Melanoma  
00706 Germline Genetic Testing for Pancreatic Cancer Susceptibility Genes  
00731 Germline and Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Breast Cancer  
00792 Tumor Informed Circulating Tumor DNA Testing for Cancer Management

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Our medical policies can be found online at [www.bcbsla.com/provider](http://www.bcbsla.com/provider)  
>Medical Management >Medical Policies.

## BILLING GUIDELINES



# Telehealth Place of Service Code 10

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- The place of service 10 code was established for telehealth provided in a home setting.
- With this place of service code, Blue Cross updated the telehealth billing guidelines for direct to consumer (DTC) telehealth services.
- We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.).
- To ensure the appropriate benefits and reimbursement apply, do not bill place of service 02 to Blue Cross for telehealth services. Blue Cross does not consider place of service 02 valid for claims submission and claims billed with place of service 02 may reject.
- Providers should continue to use the appropriate telehealth modifiers to identify telehealth claims and continue to follow additional guidelines.

For more information about our telemedicine requirements, billing and coding guidelines, see Section 5.37 Telehealth/telemedicine our *Professional Provider Office Manual* at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** > Resources > Manuals.

# Billing Claims by Provider Types

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If Blue Cross offers network participation for a provider type, then that provider is required to file claims under their own name and provider number for services rendered.

Provider types include:

- Nurse Practitioner
- Physician Assistant
- Dietitian
- Audiologist
- Certified Nurse Anesthetist
- Behavior Analyst

**Note:** For provider types not eligible for network participation, Blue Cross follows CMS incident-to guidelines for processing incident-to claims.



# Out-of-network Referrals

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The impact on your patients when you refer Blue Cross members to out-of-network providers:

- Out-of-network member benefits often include higher copayments, coinsurances and deductibles.
- Some members have no benefits for services provided by non-participating providers.
- Non-participating providers can balance bill the member for all amounts not paid by Blue Cross.

If a provider continues to refer patients to out-of-network providers, their entire fee schedule could be reduced.





# Finding a Provider in the Member's Network

**www.bcbsla.com** > Find a Doctor or Drug > Local Provider Directory

The screenshot shows the Blue Cross and Blue Shield of Louisiana website. The header includes a navigation bar 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. The main content area features a large banner with the text 'THE RIGHT CARD. The Right Care.' and a 'Shop Our Plans' button. Below the banner are two icons: 'Find Drugs' and 'Find a Doctor'. A dropdown menu is open under 'Find a Doctor or Drug', showing a list of networks. A blue arrow points from the dropdown menu to a detailed list of networks on the right side of the screen.

**Positioned for Future Success:**  
Blue Cross and Blue Shield of Louisiana Enters Into Definitive Agreement to be Acquired by Elevance Health  
Deal will result in \$3 billion foundation focused on improving Louisiana  
[Read More](#)

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

Shop Find a Doctor or Drug Save Wellne

**THE RIGHT CARD.**  
**The Right Care.**  
Your card opens the door to a large network of top doctors to care for you. You can rely on the strength of the Cross and the protection of the Shield.  
[Shop Our Plans](#) [Account Login](#)

[Find Drugs](#) [Find a Doctor](#)

**Find a Doctor or Drug**

- All Networks
- Preferred Care PPO
- HMO Louisiana HMO/POS
- Medical Dental Benefit
- Community Blue HMO/POS
- Blue Connect HMO/POS
- BlueHPN
- OchPlus
- Signature Blue HMO/POS
- Precision Blue HMO/POS
- OGB Preferred Care
- OGB MagLocal BR - CommBlue
- OGB MagLocal - BlueConn
- OGB MagLocal Plus - PrefCare
- OGB MagOpenAccess - PrefCare
- OGB Pelican HRA/HSA PrefCare
- Abbeville General
- TQHN
- Blue Connect EPO
- Affinity Health Network

**Networks Available**

- ★ = Enhanced Tier 1 \$
- = Tier 1 \$
- = Tier 2 \$\$
- = Tier 3 \$\$\$

- 1 HMO Louisiana HMO/POS
- 1 OGB MagLocal Plus - PrefCare
- 1 OGB MagOpenAccess - PrefCare
- 1 OGB Pelican HRA/HSA PrefCare
- 1 OGB Preferred Care
- 1 Preferred Care PPO

- 2 Abbeville General
- 2 Blue Connect HMO/POS
- 2 Community Blue HMO/POS
- 2 OchPlus
- 2 OGB MagLocal - BlueConn
- 2 OGB MagLocal BR - CommBlue
- 2 Precision Blue HMO/POS
- 2 Signature Blue HMO/POS
- 2 TQHN



# Coordination of Benefits

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Blue Cross would periodically and proactively request information from our members about other coverage. If we did not receive the information, we would pend or deny claims. As of January 1, 2023, we no longer pend or deny claims based on the member's response status to other coverage inquiries.

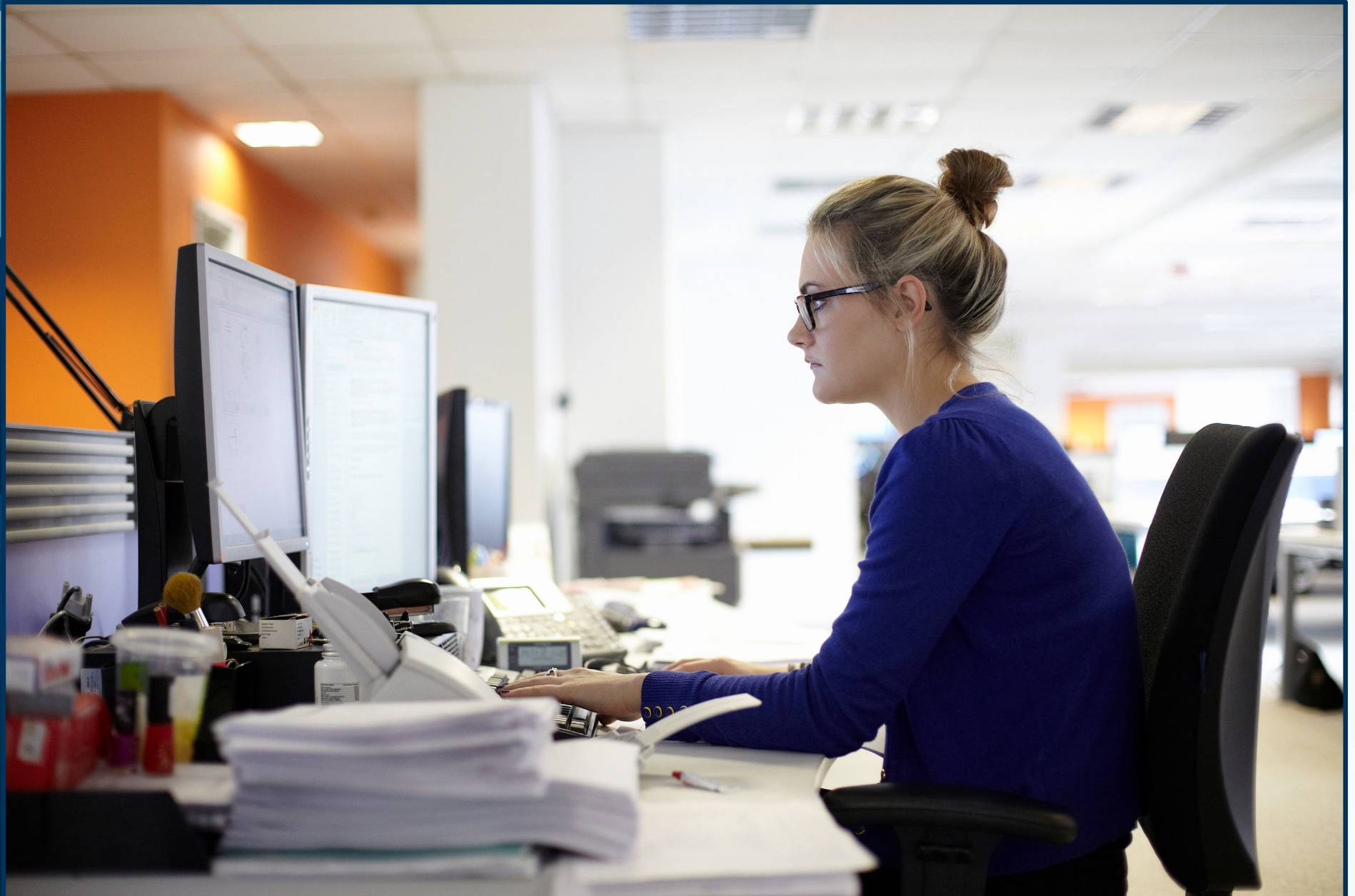
If Blue Cross or HMO Louisiana is not the primary insurer of a member, providers must submit an explanation of benefits from the primary carrier when filing a claim.

## **Scenarios in which claims may pend or deny due to coordination of benefits still exist and include (but not limited to):**

- A member with Medicare, plus a group policy through Blue Cross.
- A child with coverage from different parents' group plans.

In these cases, claims will deny if we do not receive an explanation of benefits. Always verify member benefits before rendering services. You may find information about a member's network on their ID card. This Act does not include Federal Employee Program (FEP) members or BlueCard® claims.

# CLAIMS



# Finding Your Claims in iLinkBlue

The screenshot displays the iLinkBlue Louisiana website. At the top left is the Louisiana state logo with the word "Louisiana" next to it. At the top right is the "ilinkBlue" logo. Below the header is a dark blue navigation bar with a home icon and several menu items: Coverage, Claims (which is highlighted with a red underline), Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into five sections, each with a dark blue header and a list of links. The "Claims Research" section includes links for Claims Status Search, Action Request Inquiry, Dental Advantage Plus Network - United Concordia, Dental (with a question mark icon), and Davis Vision Network (with a question mark icon). The "BlueCard - Out of Area Claims Status" section includes links for Submit OOA Claims Status Request (276) and View OOA Claims Status Response (277). The "Claims Entry & Reports" section includes links for Blue Cross Professional Claims Entry (1500), Service Facility Location Information (1500), and Blue Cross Claims Confirmation Reports. The "Medical Code Editing" section includes links for Claims Edit System, Additional MPR Codes - Professional, and Exempt MPR Codes - Facility. The "Medical Records" section includes links for Out of Area Medical Record Requests and Document Upload.

**Louisiana**

**ilinkBlue**

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

**Claims Research**

- Claims Status Search
- Action Request Inquiry
- Dental Advantage Plus Network - United Concordia
- Dental ?
- Davis Vision Network ?

**BlueCard - Out of Area Claims Status**

- Submit OOA Claims Status Request (276)
- View OOA Claims Status Response (277)

**Claims Entry & Reports**

- Blue Cross Professional Claims Entry (1500)
- Service Facility Location Information (1500)
- Blue Cross Claims Confirmation Reports

**Medical Code Editing**

- Claims Edit System
- Additional MPR Codes - Professional
- Exempt MPR Codes - Facility

**Medical Records**

- Out of Area Medical Record Requests
- Document Upload

Use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) to research received, pending and paid claims.

# Claims Confirmation Reports in iLinkBlue

---

- These reports include detailed claim information on transactions that were accepted or not accepted by Blue Cross for processing.
- You may access these reports from the iLinkBlue menu by choosing "Claims," then "Blue Cross Claims Confirmation Reports."
- Reports are available up to 120 days.
- The reports include claims submitted through iLinkBlue, as well as, through a clearinghouse or billing agency.

# Blue Cross Claims Confirmation Reports

Confirmation reports can be found under at [www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue) > Claims > Claims Entry and Reports > Blue Cross Claims Confirmation Reports.

## Blue Cross Claims Confirmation Reports

1 Select a Provider

1234567890

2 Report Type

☒ Accepted

☐ Not Accepted

3 Date Range *optional*

From Date

To Date 04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

Search

### Search Results for Accepted Claims

NPI 1234567890

View Report

04/13/2019

04/12/2019

04/11/2019

04/10/2019

04/09/2019



# Blue Cross Claims Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims appearing on the "Not Accepted" report.

## Accepted Report

Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

PAGE 1

837P ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	040819	040819	125.00	123459876123

PROVIDER BC ID # T5678 837P SUMMARY:  
837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
837P TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00  
TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00  
GRAND TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

## Not Accepted Report

Blue Cross and Blue Shield of Louisiana  
837 Accepted / Not Accepted / Warning Report  
Professional Claims Report

SUBMITTER NUMBER: P0123456789  
BC Red # 1234T5678Z NPI# 1234567891  
BC ID # T5678  
RECEIVE DATE: 04-12-19

SUBMITTER: ABCTESTCO  
PROVIDER: TEST REGIONAL HOSPITAL  
PROCESSING DATE: 04-12-19

PAGE 1

837P NOT ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321

PROVIDER BC ID # T5678 837P SUMMARY:  
837P TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
837P TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
837P TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:  
TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00  
TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00  
GRAND TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

# Submitting a Corrected Claim

When a claim is refiled for any reason, all services should be reported on the claim.

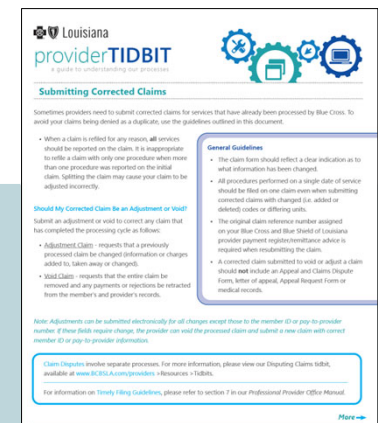
Adjustment Claim – requests that a previously processed claim be changed (information or charges added to, taken away or changed).

Void Claim – requests that the entire claim be removed, and any payments or rejections be retracted from the member's and provider's records.

If submitting a corrected claim through iLinkBlue:

- In Field 19a, enter the applicable Professional Claim Adjustment/Void Indicator: A (Adjustment Claim) or V (Void Claim)
- In Field 19b, enter the Internal Control Number (ICN Number which is the original claim number)

For more information find our Submitting a Corrected Claim Tidbit at [www.bcbsla.com/Providers](http://www.bcbsla.com/Providers) > Resources > Tidbits.





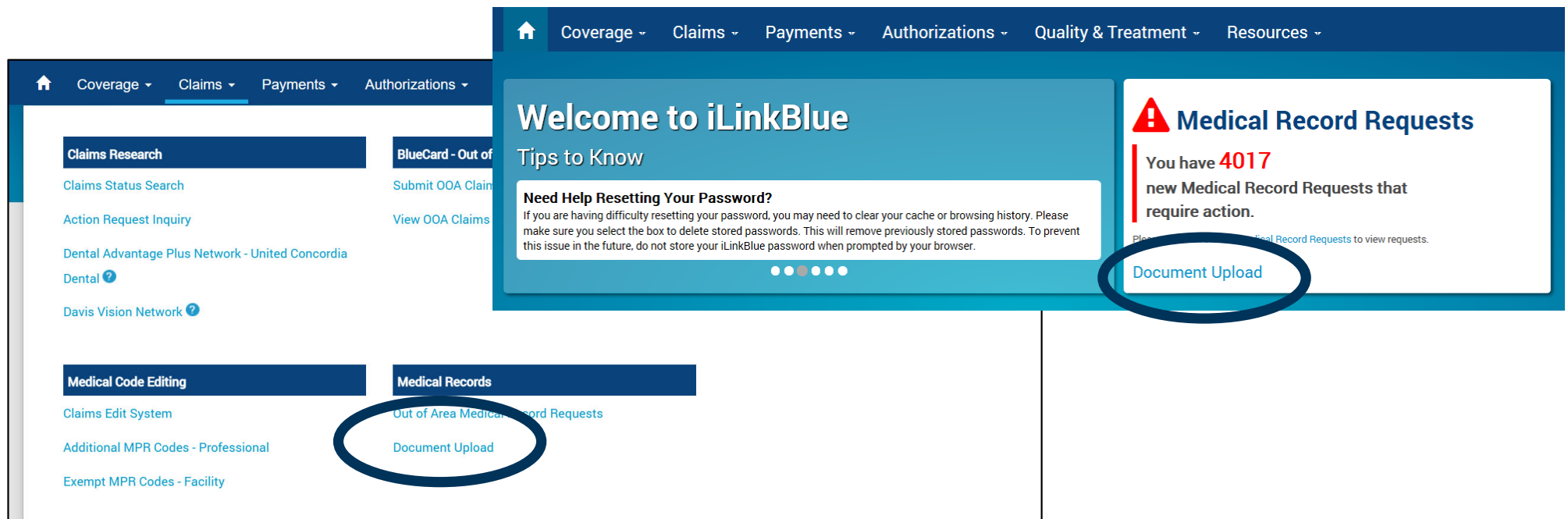
## iLINKBLUE SELF SERVICE OPTIONS



# Document Upload Feature

We now offer a feature that allows providers to upload documents that would normally be faxed, emailed or mailed to select departments.

The new feature is quick, secure and available at any time through iLinkBlue.

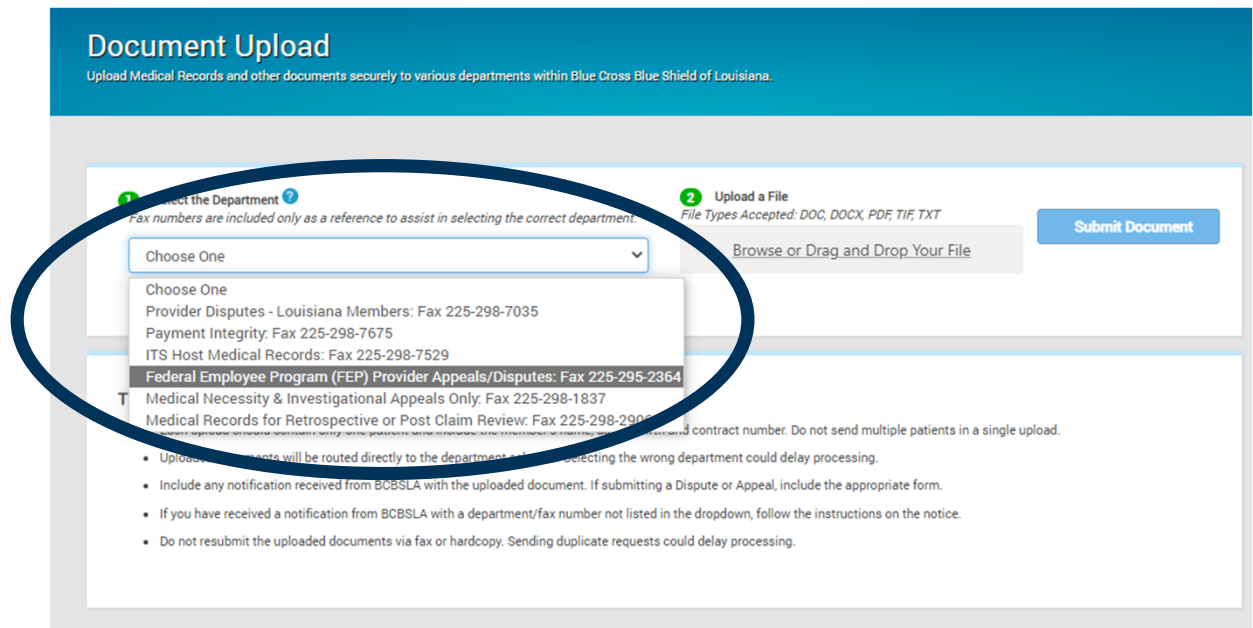


The Document Upload feature can be accessed on iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)) or under Claims > Medical Records > Document Upload.

# Document Upload Feature

Select the department from the drop-down list you wish to send your document. The fax numbers are included only as a reference to assist in selecting the correct department.

- Provider Disputes
- Payment Integrity
- ITS Host Medical Records
- Federal Employee Program (FEP) Provider Appeals/Disputes
- Medical Necessity & Investigational Appeals
- Medical Records for Retrospective or Post Claim Review



The screenshot shows the 'Document Upload' interface. At the top, a blue header contains the title 'Document Upload' and a subtitle 'Upload Medical Records and other documents securely to various departments within Blue Cross Blue Shield of Louisiana.' Below the header, the interface is divided into two main sections. The left section, labeled '1. Select the Department', contains a dropdown menu with the text 'Choose One' and a list of departments with their corresponding fax numbers. The right section, labeled '2. Upload a File', contains a text input field for the file name, a 'Browse or Drag and Drop Your File' button, and a 'Submit Document' button. A blue oval highlights the dropdown menu in the left section, which is currently open, showing the following options: 'Choose One', 'Provider Disputes - Louisiana Members: Fax 225-298-7035', 'Payment Integrity: Fax 225-298-7675', 'ITS Host Medical Records: Fax 225-298-7529', 'Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364', 'Medical Necessity & Investigational Appeals Only: Fax 225-298-1837', and 'Medical Records for Retrospective or Post Claim Review: Fax 225-298-2900'. Below the dropdown menu, there is a list of instructions for users.

**Document Upload**  
Upload Medical Records and other documents securely to various departments within Blue Cross Blue Shield of Louisiana.

**1. Select the Department**  
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

- Choose One
- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Payment Integrity: Fax 225-298-7675
- ITS Host Medical Records: Fax 225-298-7529
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364**
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 225-298-2900

**2. Upload a File**  
File Types Accepted: DOC, DOCX, PDF, TIF, TXT

Browse or Drag and Drop Your File

Submit Document

Upload documents will be routed directly to the department selected. Selecting the wrong department could delay processing.

- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

# Document Upload Feature FAQs

## What should be included in the uploaded document?

- Include any notification, letter or form that is required with the request along with the medical records or other documentation requested. If submitting a dispute or appeal, include the appropriate form.

## What file types are allowed in the upload process?

- DOC, DOCX, PDF, TIF, TXT

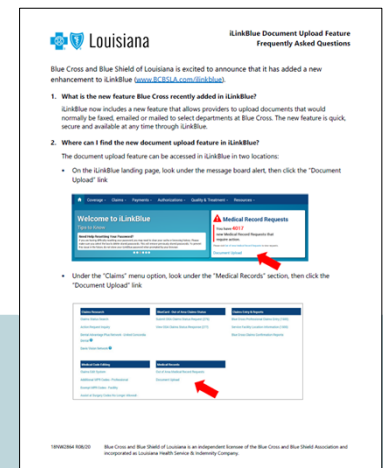
## Do I need to send a fax or hard copy request in addition to upload?

- No. Sending the uploaded document thru fax, email or hardcopy mail **in addition** to uploading, will result in duplicate requests being received at Blue Cross. This will delay the processing of the request.



## Is there a file size limitation?


- Files that are over 10MB in size will not be accepted for upload. Documents that exceed this limit will need to be faxed or mailed to Blue Cross.

For a copy of the Document Upload Feature FAQs send an email to [provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com).



# Submitting Action Requests

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

Claim Number	12345678900-1
<hr/>	
iLinkBlue Number	12345
NPI	123456789
	

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

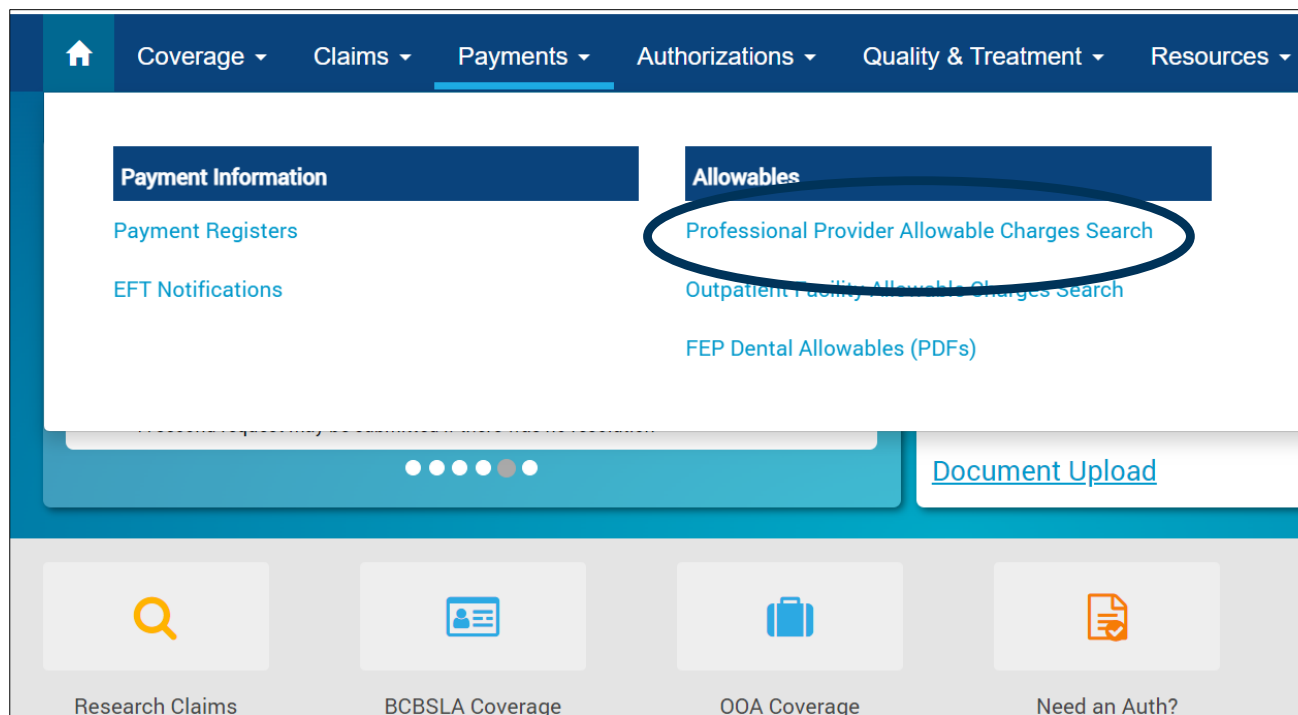
If you have followed the steps outlined here and still do not have a resolution, you may contact Provider Relations for assistance at **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**

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

- You have made at least two attempts to have your claims reprocessed (via an action request or by calling the Customer Care Center at **1-800-922-8866**) and have allowed 10-15 business days after second request, or
- It is a system issue affecting multiple claims

# iLinkBlue – Allowable Charges Research

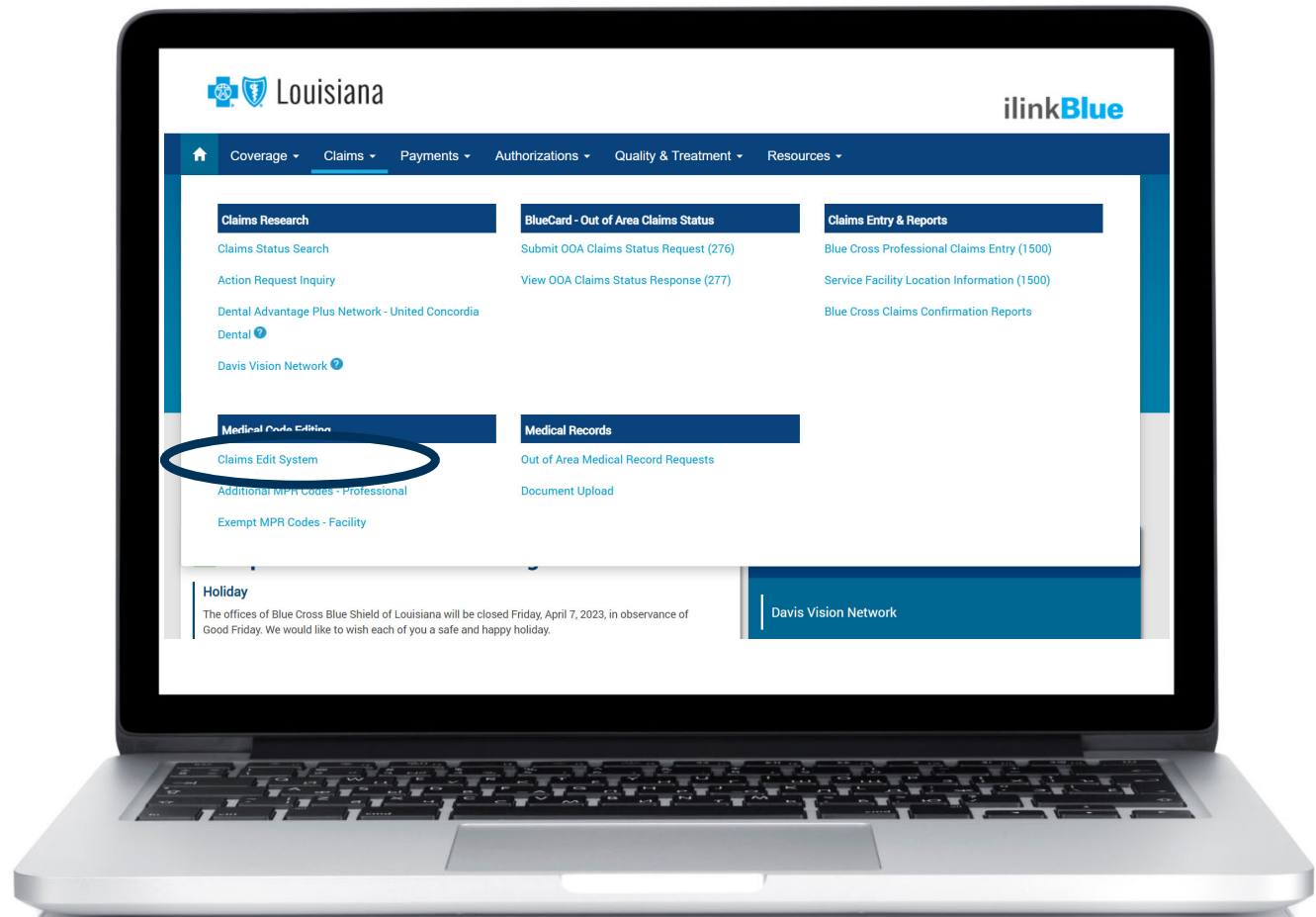
- From the iLinkBlue menu, select the “Payments” menu option, then “Professional Provider Allowable Charges Search” to open the tool
- To search for an allowable charge, first enter the date and select the facility provider by name and NPI. Then click on the “Continue” button to activate the remaining fields.
- Select the appropriate Blue Cross network and enter the CPT/HCPC code. Then click on the “View Allowables” button





# Claims Editing System (CES) Application

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



# CES Application

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

The screenshot shows the Louisiana CES Application interface. At the top left is the Louisiana state logo and the word "Louisiana". Below it, a red warning text states: "This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits." On the top right, there are two tabs: "Professional Claim Entry" (which is circled in blue) and "Facility Claim Entry". Below the tabs, there is a form section with "Gender" (set to "Male" and circled in blue), "Date of Birth" (empty), and "Claim Type" (set to "Professional" and circled in blue). Below this, there are "Add Lines" and "Submit" buttons. A table with three rows (Line 1, 2, 3) is shown. The table has columns: "Line", "Beg DOS", "End DOS", "Procedure" (circled in blue), "Modifier", and "Units". Each row has input fields for these values. At the bottom left, there are links for "Privacy Policy" and "Terms and Conditions".

**Louisiana**

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

Professional Claim Entry Facility Claim Entry

Gender Male Date of Birth Claim Type Professional

Add Lines Submit

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

[Privacy Policy](#)  
[Terms and Conditions](#)

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

## MEDICAL RECORDS



# Medical Record Requests

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## Medical Request Reminders:

- Per your Blue Cross network agreement, medical records should be provided at no cost.
- We will work with your copy center or vendor at no cost.
- Under the HIPAA Privacy Rule, data collection for HEDIS<sup>®</sup> is permitted, and a release of this information requires no special patient consent or authorization.
- We appreciate your cooperation in sending the requested medical record information in a timely manner (ideally in five to seven business days).



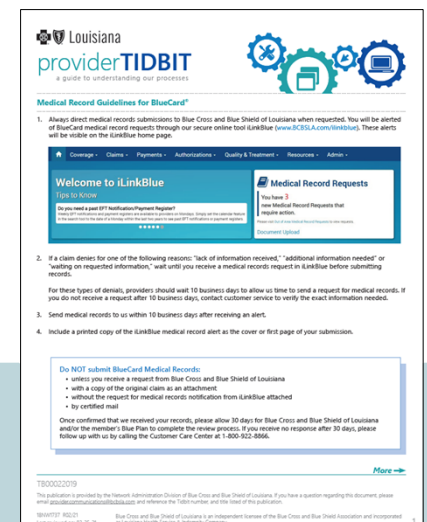
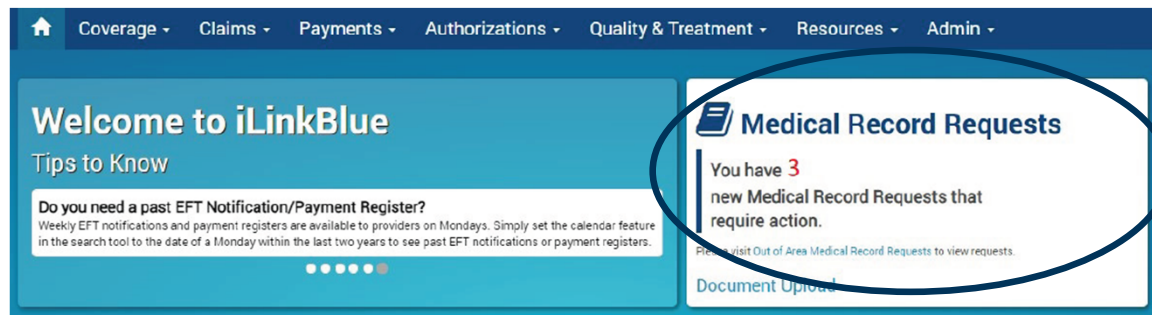
# Blue Advantage Medical Record Requests

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

# BlueCard Medical Record Request

- Providers no longer receive hardcopy letters for BlueCard medical record requests. Instead, Blue Cross will only alert providers through iLinkBlue.
- This change does not affect non-BlueCard medical record requests. Blue Cross will continue to send hardcopy requests for non-BlueCard members.



For more information find our Medical Record Guidelines for BlueCard tidbit at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources > Tidbits.



# Electronic Medical Records (EMRs)

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- Granting Blue Cross access to your EMR can save you time!
- With your permission and agreement on file, Blue Cross can access your HEDIS, RADV and other **non-claims records** without having to request them from you, saving you time and effort.
- Simply send your EMR agreement to our Provider Relations Department at **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**.





# What is HEDIS?

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## Healthcare Effectiveness Data and Information Set

HEDIS is a set of health care performance measures developed by the National Committee for Quality Assurance (NCQA).

- It is used by more than 90% of America's health plans to measure and improve health care quality.
- HEDIS is a retrospective performance review of the prior calendar year and beyond.

Find more information online at **[www.ncqa.org/hedis](http://www.ncqa.org/hedis)**.

# Purpose of HEDIS Results

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Health plans use HEDIS performance results to:

- Evaluate quality of care and services.
- Evaluate provider performance.
- Develop performance quality improvement initiatives.
- Perform outreach to members.
- Compare performance with other health plans.

# HEDIS Data Collection Methods

---

HEDIS data is collected in three ways:

- **Administrative Method** - Obtained from our claims database and supplemental data.
- **Hybrid Method** - Obtained from our claims database and medical record reviews.
- **Survey Method** - Obtained from member surveys.

# Tips for Improving Quality of Care HEDIS

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- Encouraging patients to schedule preventive exams.
- Reminding patients to follow up with ordered tests and procedures.
- Ensure necessary services are being performed in a timely manner.
- Submitting claims with proper codes.
- Accurately documenting all completed services and results in the patient's chart.

If you have question related to HEDIS measures or medical record collections, please contact the Health and Quality Department at  
**[HEDISTeam@bcbsla.com](mailto:HEDISTeam@bcbsla.com)**.

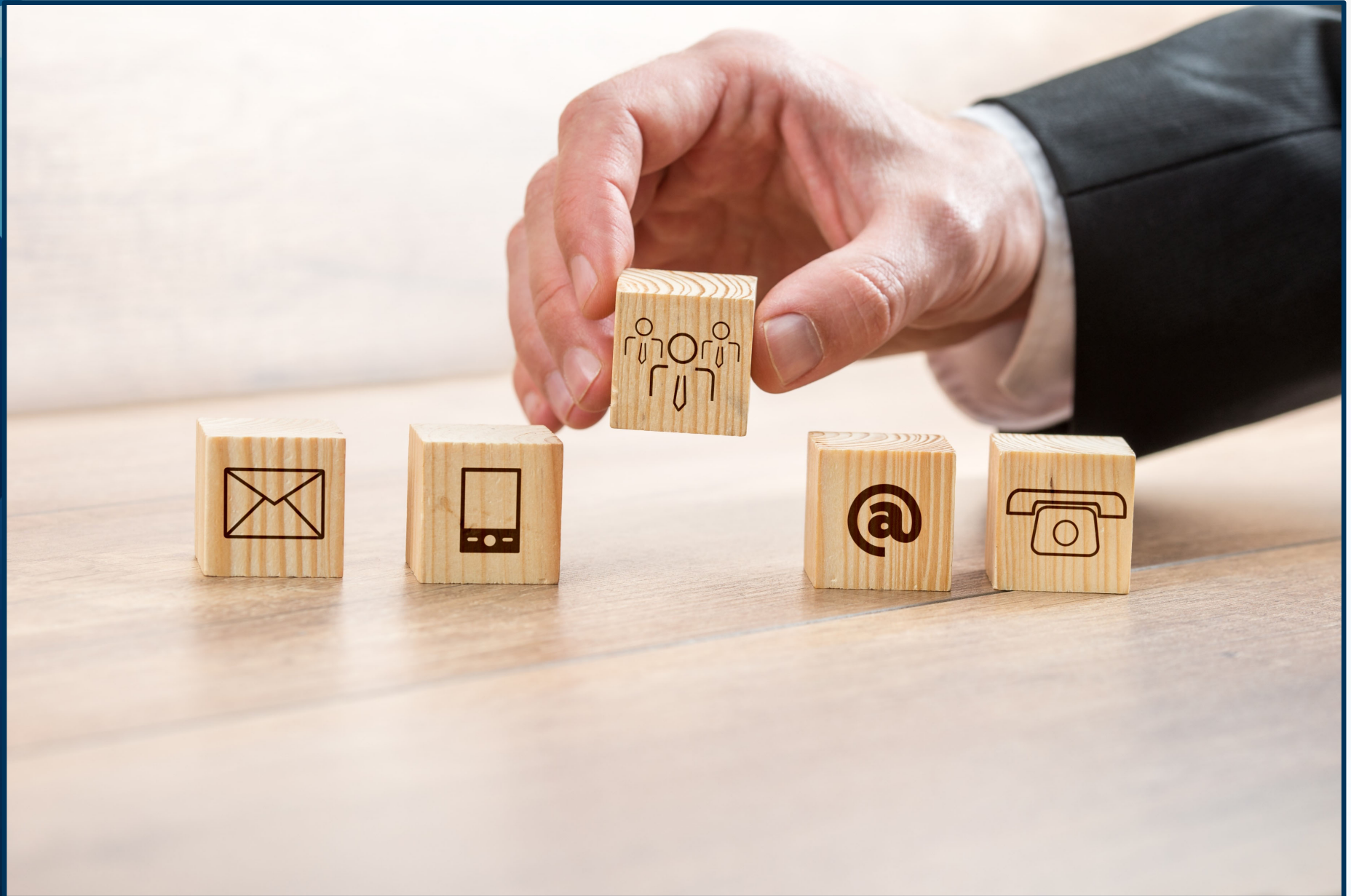


# HEDIS® Medical Record Requests

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- Medical record requests are sent to providers from our Blue Cross HEDIS Team. Requests include:
  - Member Name
  - Provider Name
  - A description of the type of medical records and timeframes needed to close the HEDIS gaps.
- The team will coordinate with your office for data collection methods. These options include:
  - Remote Electronic data collection
  - Onsite visits
  - Fax
  - Mail
  - Direct upload

## SUPPORTING YOUR NEEDS



# Future Educational Opportunities

---

## **PCDM**

- May 10
- September 6
- December 6

## **New to Quality Blue**

- May 16
- August 8
- October 31

## **Quality Blue PI Dashboard**

- May 18
- August 10
- November 2

## **Blue Advantage Wellness Coupon**

- July 12
- September 20

## **Risk Adjustment 101**

- July 26

## **New to Blue Advantage**

- August 23

## **BlueCard**

- October 11

## **New to Blue Cross**

- October 19

**Invitations for these webinars will be included in our Weekly Digest emails closer to the webinar dates.**

# Provider Survey

---

Each year, Blue Cross conducts the Provider Engagement Survey. It goes out in August and concludes in October.

Your feedback is important to us. If you took the survey last year, **THANK YOU** for taking the time to **LET US KNOW HOW WE ARE DOING!**

Your feedback helps us better understand you needs.

Changes we are making based on your 2022 feedback:

- Less emails to your inbox – we consolidated provider communications into one weekly email digest.
- Coming Soon: iLinkBlue enhancements (i.e., visits, limitations, etc.).
- Creating more training for providers using iLinkBlue.

**We would love for you to complete our 2023 provider survey. It goes out at the beginning of August. Participants have a chance to win 1 of 26 gift cards with top prize of \$500.**



**TIME FOR  
QUESTIONS**



# **Appendix**




# **Provider Support**

# Call Centers

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Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-866-508-7145



**For information  
NOT available on  
iLinkBlue**

## Other Provider Phone Lines

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

for out-of-state member eligibility and benefits information

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

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

### **Health Services Division – 1-800-716-2299**

**option 1** – for questions regarding provider contracts

**option 2** – for questions regarding credentialing and provider record information

**option 3** – for questions regarding iLinkBlue and clearinghouse information

**option 4** – for questions regarding provider relations

**option 5** – for questions regarding security access to online services

# Provider Relations

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**Kim Gassie** Director

**Jami Zachary** Manager

**Vacant**

Jefferson, Orleans, Plaquemines, St. Bernard, Iberville

**Lisa Roth**

Bienville, Bossier, Caddo, Claiborne, Desoto, Grant, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn, Jefferson Davis, St. Landry, Vermilion

**Yolanda Trahan**

Assumption, Iberia, Lafayette, St. Charles, St. James, St. John the Baptist, St. Mary, Calcasieu, Cameron, Lafourche

**Mary Guy**

East Feliciana, St. Helena, St. Tammany, Tangipahoa, Washington, West Feliciana, Livingston, Pointe Coupee, St. Martin, Terrebonne

**Melonie Martin**

East Baton Rouge, Ascension, West Baton Rouge

**Marie Davis**

Allen, Avoyelles, Beauregard, Caldwell, Catahoula, Concordia, East Carroll, Evangeline, Franklin, LaSalle, Madison, Morehouse, Ouachita, Rapides, Richland, Tensas, Vernon, West Carroll, Acadia

**Anna Granen -Senior Provider Relations Representative**

**provider.relations@bcbsla.com | 1-800-716-2299, option 4**

**Paden Mouton, Supervisor**

# Provider Contracting

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**Jason Heck, Director – [jason.heck@bcbsla.com](mailto:jason.heck@bcbsla.com)**

**Diana Bercaw, Lead Provider Network Development Representative – [diana.bercaw@bcbsla.com](mailto:diana.bercaw@bcbsla.com)**

Jefferson, Orleans, Plaquemines, St. Bernard, St. Tammany, Tangi and Washington parishes

**Jordan Black, Sr. Provider Network Development Representative – [jordan.black@bcbsla.com](mailto:jordan.black@bcbsla.com)**

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

**Sue Condon, Lead Network Development & Contracting Representative – [sue.condon@bcbsla.com](mailto:sue.condon@bcbsla.com)**

West Feliciana, East Feliciana, St. Helena, Pointe Coupee, West Baton Rouge, East Baton Rouge, Livingston, Ascension, Assumption and Iberville parishes

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**[provider.contracting@bcbsla.com](mailto:provider.contracting@bcbsla.com) | 1-800-716-2299, option 1**

**Doreen Prejean**

**Mary Landry**

**Karen Armstrong**

# Provider Credentialing & Data Management

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Provider Network Setup, Credentialing, Contracting & Demographic Change

**Vielka Valdez**, Director, Provider Network Operations  
**vielka.valdez@bcbsla.com**

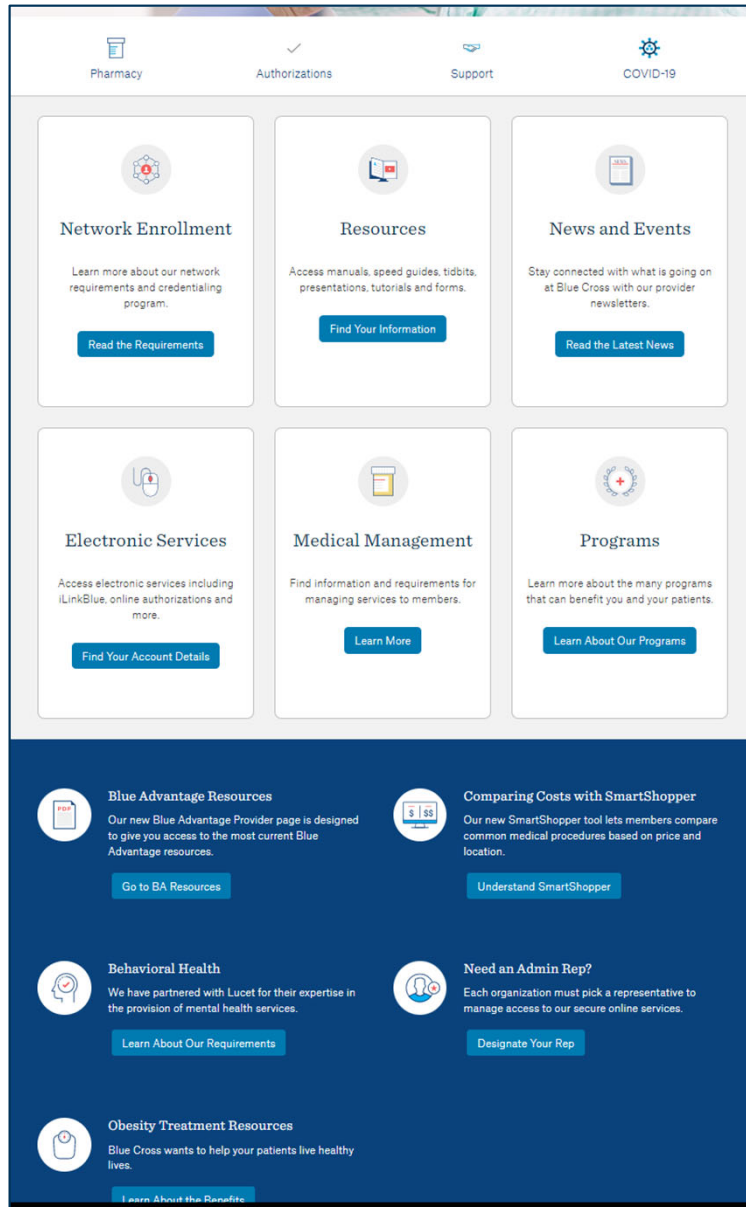
**Kaci Guidry**, Manager, Provider Credentialing and Data Management  
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**Chrisy Cavalier**, Supervisor, Provider Information (PCDM Status)  
**chrisy.cavalier@bcbsla.com**

If you would like to check the status on your credentialing application or provider data change or update, please contact the Provider Credentialing & Data Management Department by emailing **PCDMstatus@bcbsla.com** or by calling 1-800-716-2299, option 2.

# Provider Page



**[www.bcbsla.com/providers](http://www.bcbsla.com/providers)**

The Provider page is home to online resources such as:

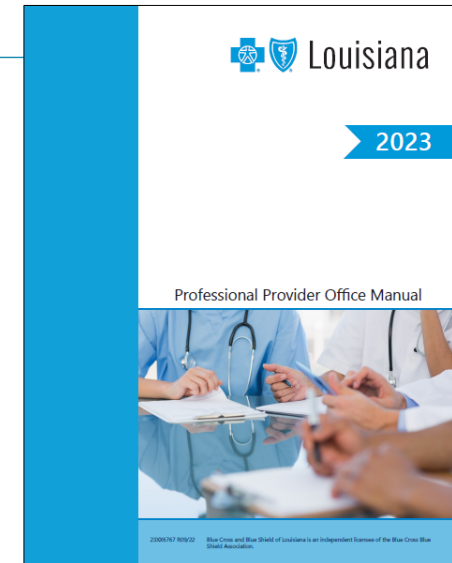
- Provider manuals
- Network speed guides
- Newsletters
- Provider forms
- And more



# Manuals & Newsletters

Our provider **manuals** are extensions of your network agreement(s). The manuals are designed to provide the information you need as a participant in our network.

[www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources



Our provider **newsletters** are sent electronically and contain information and tips on changes to processes, such as claims filing procedures or reimbursement changes, along with a number of featured articles.

[www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Newsletters

## Not Getting Our Newsletters?

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

# Speed Guides & Tidbits

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

**www.bcbsla.com/providers**  
>Resources >Speed Guides

### Louisiana Preferred Care PPO Network Speed Guide

This guide will help you quickly locate key information about the Blue Cross and Blue Shield of Louisiana Preferred Care Preferred Provider Organization (PPO) program. Please refer Preferred Care PPO members to in-network providers so they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the **Professional Provider Office Manual**, which is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources.

#### Preferred Care PPO Member ID Card

Preferred Care PPO members are identifiable by the Blue Cross and Blue Shield of Louisiana logo and the Preferred Care PPO Network name printed on the member ID card.

#### Maternity Admissions

Maternity admissions to facilities do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery for Preferred Care PPO members with maternity benefits.

#### Submitting Claims

**Electronically**

- iLinkBlue (CMS-1500 only)
- Clearinghouses

**Hardcopy:**

Blue Cross and Blue Shield of Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

#### Provider Responsibilities

1. Collect only the copayment, coinsurance and/or deductible amount for covered services.
2. Obtain prior authorization for any services requiring authorization (see back of this speed guide).
3. Accept the Blue Cross allowable charge plus the member's applicable deductible, coinsurance and/or copayment as payment in full for covered services.
4. To refer Preferred Care PPO members to in-network providers, use our online provider directory at [www.bcbsla.com](http://www.bcbsla.com) > Find a Doctor or Drug. Enter the member's prefix found on the member ID card or select the "Preferred Care PPO" option.
5. File claims for all Preferred Care patients.

#### Office Copayment Option

Office Copayment Option members with office copayment benefits may be subject to an office copayment for the following services when rendered in a provider's office or clinic:

- Office visit charges & consultations
- X-rays
- Laboratory tests & machine tests
- Radiation treatments
- Surgical procedures
- Injections, allergy serums, vials of allergy medications

The office copayment does not cover allergy testing, physical therapy, prescription drugs, well-baby care, routine physical exams, high-tech imaging or medical/surgical supplies.

**Only one copayment should be collected per office visit.**

#### BlueCard® Program PPO

The BlueCard Program enables BCBS PPO members nationwide to obtain PPO benefits when they receive out-of-area services from PPO network providers. Our Preferred Care PPO network has been designated as the BlueCard PPO network that out-of-state members should access to receive the highest level of benefits from their health plans.

Providers may verify out-of-state member coverage by calling the BlueCard Eligibility Line at 1-800-676-2583. An operator will ask you for the member's prefix on the member ID card and will connect you to the member's Blue Plan.

If you are unable to locate a prefix on the member ID card, check for a phone number on the ID card. If that is not available, then call our Customer Care Center at 1-800-922-8866.

Please refer to the **Preferred Care PPO Preferred Provider Lab Guide** for information about this network's lab program.

### HMO Louisiana Blue Connect Network Speed Guide

This guide will help you quickly locate key information about the Blue Connect Network, which consists of a select group of physicians, hospitals and other allied providers. Some Blue Connect providers are contracted for limited services only. Please refer Blue Connect members to providers within the network so they receive the highest level of benefits. **Benefit plans in this network vary. Please verify member benefits before rendering services.**

Please also refer to the **Professional Provider Office Manual**, which is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Resources.

#### Blue Connect Member ID Card

Prefix: NJL, NJG, NJL or NJL

Blue Connect members are identifiable by the HMO Louisiana, Inc. logo and Blue Connect Network name printed on the member ID card. Fully insured Blue Connect members must select a primary care provider.

#### Service areas for the Blue Connect Network

- Acadia
- Bossier
- Caddo
- Evangeline
- Iberia
- Jefferson
- Lafayette
- Orleans
- Vermilion
- St. Bernard
- St. Charles
- St. John the Baptist
- St. Landry
- St. Martin
- St. Mary
- St. Tammany
- Plaquemines

#### Blue Connect Savings Plus

Blue Connect Savings Plus offers a BlueSaver style benefit plan, but Blue Connect authorization list and network hospital language still applies. (If patient is admitted to an out-of-network hospital, once stabilized, the patient must be moved to a network hospital or a penalty applies.)

#### Submitting Claims

**Electronically**

- iLinkBlue (CMS-1500 only)
- Clearinghouses

**Hardcopy:**

HMO Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

#### Maternity Admissions

Maternity admissions do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery. Member receives the highest level of benefits when services are performed at a Blue Connect facility.

#### Please refer to the HMO Louisiana, Inc. Preferred Reference Lab Guide

For information about this network's lab program, including a list of preferred laboratories and a list of codes that may be performed in a CLIA-certified physician's office.

### providerTIDBIT

a guide to understanding our processes

#### Medical Record Guidelines for BlueCard®

1. Always direct medical records submissions to Blue Cross and Blue Shield of Louisiana when requested. You will be alerted of BlueCard medical record requests through our secure online tool iLinkBlue ([www.BCBSLA.com/iLinkBlue](http://www.BCBSLA.com/iLinkBlue)). These alerts will be visible on the iLinkBlue home page.

2. If a claim denies for one of the following reasons: "lack of information received," "additional information needed" or "waiting on requested information," wait until you receive a medical records request in iLinkBlue before submitting records.

For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.

3. Send medical records to us within 10 business days after receiving an alert.
4. Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

**Do NOT submit BlueCard Medical Records:**

- unless you receive a request from Blue Cross and Blue Shield of Louisiana
- with a copy of the original claim as an attachment
- without the request for medical records notification from iLinkBlue attached
- by certified mail

Once confirmed that we received your records, please allow 30 days for Blue Cross and Blue Shield of Louisiana and/or the member's Blue Plan to complete the review process. If you receive no response after 30 days, please follow up with us by calling the Customer Care Center at 1-800-922-8866.

[More →](#)

### providerTIDBIT

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 Blue Cross as the maximum allowed amount for services covered under the member contract/certificate.

Please have the following information ready when calling:

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

[More →](#)

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

**www.bcbsla.com/providers**  
>Resources >Tidbits

# **Provider Credentialing & Data Management**

# Provider Types we Currently Credential

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The following professional provider types must meet certain criteria to participate in our networks:

- Acupuncturists
- Applied Behavioral Analysts (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse First Assistants (CRNFA)
- Clinical Nurse Specialist (CNS)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer
- Licensed Addictive Counselor (LAC)
- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Registered Nurse First Assistants (RNFA)
- Speech-Language Pathologist & Audiologist (SLP)

View the *Credentialing Criteria* for these professional provider types at **[www.bcbsla.com/providers](http://www.bcbsla.com/providers)** > Network Enrollment > Join Our Networks > Professional Providers > Credentialing Process.

# **iLinkBlue Highlights**

# Multi-factor Authentication verification for all iLinkBlue Users

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- All iLinkBlue users will be required to complete several verification steps before entering iLinkBlue (**[www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)**).
- Multi-factor Authentication (MFA) is a simplified, convenient and user-friendly self-service interface.
- Choose from various authentication methods, including email, text and smartphone authenticator app.



# Security Setup Application

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

If you have questions about these changes, please contact our Provider Relations Department at **[provider.relations@bcbsla.com](mailto:provider.relations@bcbsla.com)**.

# OptiNet Registration in iLinkBlue

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- Carelon offers **OptiNet**® an online registration application that gathers information about the technical component capabilities of diagnostic imaging services and calculates provider scores based on self reported information.
- Through this application, we can offer members and their ordering providers the option to “shop” for quality, lower-cost diagnostic imaging services.
- Without an **OptiNet** score, you miss out on this opportunity for exposure to Blue members.

## Why Is Your Score So Important?

- For any provider who performs imaging services and does not complete an assessment, a score will not be part of our benchmarking, meaning the provider will not be included in transparency programs such as our shopper program or future reimbursement incentives.

# OptiNet Registration in iLinkBlue

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## How Is Your Score Calculated?

- The site score measures basic performance indicators that are applicable for the facility, such as general site access, quality assurance and staffing.
- The modality specific scoring is based on indicators such as MD certification, technologist certification, modality accreditation and equipment quality.

## How to Access OptiNet?

- Log into iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).
- Click on the "Authorizations" menu option Click on the "Carelton Authoirzations" link; this link takes you to the Carelon **ProviderPortal**<sub>SM</sub>.
- Click on "Access Your OptiNet Registration" on the left menu bar.
- Click the green "Access Your OptiNet Registration" button.

# **Authorization Highlights**

# OGB Authorizations

OGB authorization requirements are different. **Failure to obtain an authorization will result in denial of payment for services.**

### OGB PLAN SERVICES REQUIRING AUTHORIZATION

Plan authorization is required for the following services for all OGB benefit plans when the OGB plan is primary or secondary. When Medicare is primary, an authorization is required once the combined benefit limit of 50 visits of PT/OT have been achieved. Providers may request authorization by calling our Authorization line. Failure to obtain prior authorization for these services will result in the denial of payment for services.

Authorization requirements for the following services apply for all OGB benefit plans.

#### INPATIENT

- Hospital Admissions (except routine maternity stays\*)
- Mental Health/Substance Use Disorder Admissions
- Organ, Tissue and Bone Marrow Transplant Services
- Skilled Nursing Facility

\* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for cesarean section delivery.

\*\*Request for prior authorization for these services are handled directly by AIM Specialty Health (AIM).

#### OUTPATIENT

- Air Ambulance – Non-Emergency (no benefit without prior authorization)
- Applied Behavior Analysis
- Bone Growth Stimulator
- Cardiac Rehabilitation
- CT Scans\*\*
- Day Rehabilitation Programs
- Durable Medical Equipment (greater than \$300)
- Electric & Custom Wheelchairs
- Home Health Care
- Hospice
- Hyperbarics
- Implantable Medical Devices over \$2,000, including but not limited to defibrillators and insulin pumps
- Infusion Therapy – includes home and facility administration (exception: Physician's office, unless the drug to be infused may require authorization)
- Intensive Outpatient Programs
- Low Protein Food Products
- MRJ/MRA\*\*
- Nuclear Cardiology\*\*
- Oral Surgery (not required when performed in a Physician's office)
- Organ Transplant Evaluation
- Orthotic Devices (greater than \$300)
- Outpatient pain rehabilitation or pain control programs
- Partial Hospitalization Programs
- PET Scans\*\*
- Certain Prescription Drugs – the complete list of drugs requiring an authorization is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) > Pharmacy
- Physical/Occupational Therapy (greater than 50 visits)
- Prosthetic Appliances (greater than \$300)
- Residential Treatment Centers
- Sleep Studies (except those performed as a home sleep study)
- Stereotactic Radiosurgery, including but not limited to gamma knife and cyberknife procedures
- Vacuum Assisted Wound Closure Therapy

Failure to obtain prior authorization for these services for OGB members will result in denial of payment for services.

Blue Cross and Blue Shield of Louisiana  
Member Provider Policy & Procedure Manual

4-10  
December 2018

The list of OGB authorization requirements can be found in our *Professional Provider Office Manual* located at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Manuals.

The list also appears on the OGB Speed Guide located on [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources.

Office of Group Benefits Speed Guide

Blue Cross and Blue Shield of Louisiana administers benefits for the Office of Group Benefits (OGB) state of Louisiana employees, retirees and dependents. OGB members choose from one of five benefit plans: Pelican HSA 1000, Pelican HSA 775, Magnolia Local, Magnolia Local Plus and Magnolia Open Access. This guide outlines the provider requirements as they differ between the five OGB benefit plans.

Blue Cross OGB-Dedicated Customer Service: 1-800-392-4089 | [ogbhelp@bcbsla.com](mailto:ogbhelp@bcbsla.com)

Benefit Plan Name	Provider Network	Type of Member Benefits	Member ID Card	Pharmacy	Behavioral Health
Pelican HSA 1000	Preferred Care PPO (OGB Pelican HSA)	CDHP with HSA (consumer-driven health plan with health reimbursement arrangement)	OGB member ID card	MedImpact 1-800-788-2343	Preferred Care PPO (OGB Pelican HSA)
Pelican HSA 775	Preferred Care PPO (OGB Pelican HSA)	CDHP with HSA (consumer-driven health plan with health savings account)	OGB member ID card	Express Scripts, Inc. 1-866-761-7233	Preferred Care PPO (OGB Pelican HSA)
Magnolia Local	Blue Connect (OGB Magnolia - BlueConnect)	HMO	OGB member ID card	MedImpact 1-800-788-2343	Blue Connect (OGB Magnolia - BlueConnect)
Magnolia Local Plus	Preferred Care PPO (OGB Magnolia Plus)	HMO benefit design on PPO network	OGB member ID card	MedImpact 1-800-788-2343	Preferred Care PPO (OGB Magnolia Plus)
Magnolia Open Access	Preferred Care PPO (OGB Magnolia Open Access)	PPO	OGB member ID card	MedImpact 1-800-788-2343	Preferred Care PPO (OGB Magnolia Open Access)

Find a copy of the OGB Speed Guide at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Resources >Speed Guides.

# **HEDIS Highlights**



# Administrative Method

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- **Claims/Encounter data** is essential for measuring and monitoring quality, service utilization and differences in members' health care needs.
- **Correct coding of claims** is also very important. If a service or diagnosis is not coded correctly, the data may not be captured for HEDIS and may not be reflected accurately in the resulting quality scores.

**Administrative data and accurate coding help us to better understand and meet the health care needs of our members, your patients.**

# Administrative Method: Supplemental Data

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**Standard Supplemental data** are electronically generated files that come from service providers.

- Providers can submit data electronically to the health plan using the approved electronic medical record (EMR) Common Clinical Model layout.

**Nonstandard supplemental data** is used to capture missing service data not received through claims or encounters or in the standard electronically generated files described above.

- May be collected on an irregular basis (sometimes referred to as year-round HEDIS).
- Providers can allow remote access to EMRs.

# Hybrid Method

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**Medical Records**: Some HEDIS data cannot be collected through claims or historical data. It is very important that providers document medical records appropriately to abstract this HEDIS data from the medical records.