

Blue Advantage Frequently Asked Questions (FAQs)

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

Overview of Blue Advantage

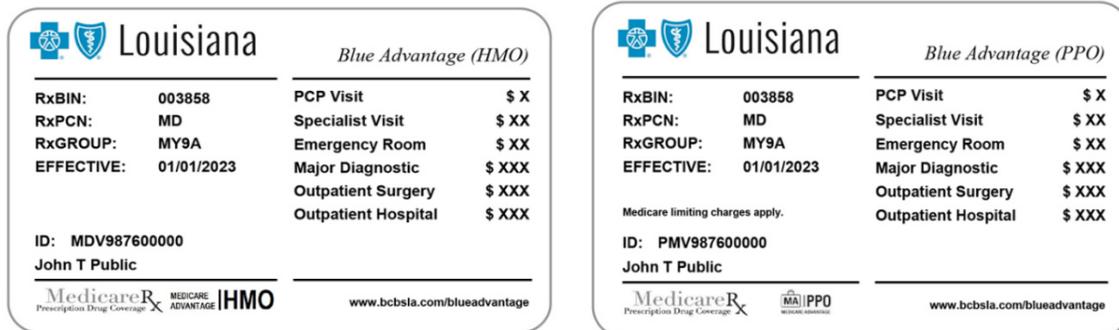
1. What is Blue Advantage?

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

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

Both Blue Advantage (HMO) and Blue Advantage (PPO) benefit plan options are available. With these benefit plans, our Blue Advantage members have coverage for a wide array of services. Covered services include outpatient prescription drug coverage, hospitalization, home care, preventive care services and ambulance transportation.

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



4. What are the Blue Advantage member ID prefixes?

The prefix MDV indicates a member with Blue Advantage (HMO) coverage and PMV indicates a member with Blue Advantage (PPO) coverage.

Blue Advantage Provider Portal

1. What is the Blue Advantage Provider Portal?

The Blue Advantage Provider Portal is the one-stop electronic resource for Blue Advantage information available for in-network providers only.

2. How do I access the Blue Advantage Provider Portal?

Providers can access the Blue Advantage Provider Portal through iLinkBlue (www.bcbsla.com/ilinkblue), then click the "Blue Advantage" link under the "Other Sites" section.

There are two levels of security access that a user can have in the Blue Advantage Provider Portal:

- Group Moderator – the person within the provider's organization who is designated to complete the initial group registration and thereafter grants access to the user(s) of the Blue Advantage Provider Portal. This is most often the person who already serves today as the administrative representative.
- User – the person(s) at the provider's organization who has been granted security access by the group moderator and thereafter can self-manage their own portal access only.

3. If a group moderator does not receive their registration email or their agreement email after registration, what should they do?

Group moderators should first check their spam or junk mail folder. If you still have not received the appropriate email, you may contact our Blue Advantage Provider Services at 1-866-508-7145, choose option 3, then option 2.

4. If a user does not receive their user agreement email after registration, what should they do?

Users should first check their spam or junk mail folder. If you still have not received the user agreement email, please contact your group moderator.

5. Can a person self-register as a group moderator or user to request security access to the Blue Advantage Provider Portal?

Yes. Those who need to be set up as a group moderator can create a new registration to gain group level access on the Blue Advantage Provider Portal by choosing the "Register A New Group" option. These requests require security verification by Blue Advantage.

Part of the role of the group moderator is to then identify personnel at their organization who need access to the Blue Advantage Provider Portal. The group moderator can invite users to register for security access to the portal.

Or, users may initiate the request themselves by choosing "Join an Existing Group" on the Blue Advantage Provider Portal.

6. Can there be more than one Blue Advantage group moderator set up on the Blue Advantage Provider Portal per provider group?

Yes. We recommend that your organization set up more than one group moderator, as needed to manage user security access to the portal.

7. Who can Blue Advantage providers contact if they have registration questions about the Blue Advantage Provider Portal?

Group moderators and users can contact our Blue Advantage Provider Services at 1-866-508-7145, choose option 3, then option 2.

Authorizations

1. What services require prior authorization?

Services that require prior authorization are included in the *2023 Blue Advantage Quick Reference Guide*, which is available online at www.bcbsla.com/providers, then click the "Go to BA Resources" link at the bottom of the page. The guide is also available on the Blue Advantage Provider Portal on the Resources page.

Prior authorizations for non-medical dental services are handled by United Concordia Dental. Prior authorizations for vision services are handled by Blue Advantage. Contact information to obtain prior authorizations for non-medical dental and vision services can be found in the *2023 Blue Advantage Quick Reference Guide*.

2. How should providers submit prior authorization requests for services?

Providers should electronically request outpatient authorization requests through the Blue Advantage Provider Portal for the following service types:

- OPMD – a procedure performed in the office setting
- OPFAC – a procedure performed in an outpatient facility setting
- ASU – a procedure performed in an ambulatory surgical setting
- POC – authorization for post op care for surgeries with 90-day global periods

The following authorization types cannot be entered through the portal:

- Inpatient
- Wound Care
- Therapy
- Durable Medical Equipment (DME)
- Transplants
- Ambulance Transports
- Home Health
- Part D Drugs

For these, use the appropriate Blue Advantage authorization form. These forms are available in the Resources section of the Blue Advantage Provider Portal. They are also available on the BA Resources Page (www.bcbsla.com/providers), then click "Go to BA Resources" at the bottom of the page:

- Inpatient Authorization Form
- Outpatient Authorization Form
- Home Health Authorization Form
- Behavioral Health Authorization Form

3. Where can I find the Durable Medical Equipment (DME) and Orthotic & Prosthetic List?

The Durable Medical Equipment and Orthotic & Prosthetic List is retired. Related services can be found in the *2023 Blue Advantage Quick Reference Guide*. Providers no longer need to access multiple documents for the services that require an authorization.

Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)

1. How do I get set up for EFT for my Blue Advantage claims?

Blue Advantage providers are generally enrolled in EFT when joining the network. If not already set up to receive your Blue Advantage payments electronically, then please complete the Blue Cross EFT Enrollment Form. It is available online at www.bcbsla.com/providers > Resources.

2. How do I get set up for ERA with Blue Advantage?

ERA services enable providers to receive electronic transmissions about payment information. Blue Advantage ERA services are provided by Blue Cross and Blue Shield of Louisiana. If you are not currently set up to receive ERA transmissions and would like to, please complete and return the ERA Enrollment Form. It is available online at www.bcbsla.com/providers > Electronic Services > Clearinghouse.

Claims Submission

1. What is the process for submitting Blue Advantage claims electronically?

Blue Advantage uses Blue Cross and Blue Shield of Louisiana to manage electronic transactions for claims. Providers should notify their clearinghouse to use Payor ID **72107** for Blue Advantage claims.

For Blue Advantage claims only, submit all batch files with the first three positions of the file name as "BAM". Not including these three-letters at the beginning of the file name will result in the claims routed incorrectly and rejected.

Pharmacy

1. Who is the pharmacy benefit manager for Blue Advantage?

Express Scripts, Inc. is the Blue Advantage pharmacy benefit manager. More information on Express Scripts can be found in the *2023 Blue Advantage Provider Administrative Manual*.

2. Where can I find the comprehensive list of Part B drugs that require an authorization?

The list of Part B drugs that require prior authorization is included in the *2023 Blue Advantage Quick Reference Guide*. The Quick Reference Guide is available on the BA Resources Page (www.bcbsla.com/providers), then click "Go to BA Resources" at the bottom of the page.

3. Where can I find the list of Part D drugs that require an authorization?

The 2023 formulary listing of the Part D drugs that require a prior authorization is included in the 2023 Blue Advantage Drug Formulary. It is available on the Resources page of the Blue Advantage Provider Portal under "Reference Materials."

Care Management

1. Can providers refer Blue Advantage patients to case or disease management programs?

Yes. Providers can refer members to these programs by contacting the Blue Advantage Case Management Department at 1-866-508-7145, then choose option 3. More information can be found in the *2023 Blue Advantage Quick Reference Guide*.

2. Can a member self-refer to a case or disease management program?

Yes. As a provider, you or the member can contact Blue Advantage Customer Service to enroll in a case or disease management programs.