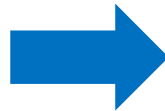


The BlueCard® Program

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

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



How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.

Our new President and CEO!




BRYAN CAMERLINCK

Our new brand!

Blue Cross and Blue Shield of Louisiana introduces **Louisiana Blue.**

We now have:

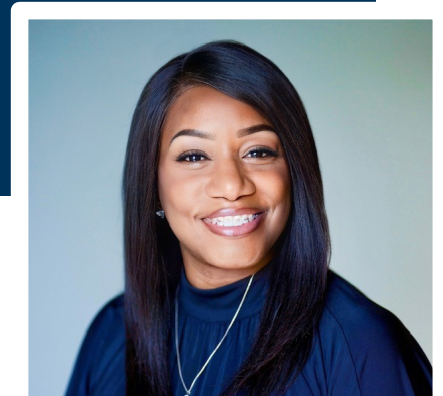
- a new name - Louisiana Blue
- a new logo - LOUISIANA **BLUE** 

www.lablue.com

The BlueCard[®] Program

Presented by: Yolanda Trahan

Senior Provider Relations Representative



Welcome!

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

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



How the BlueCard Program works

What is the BlueCard Program?

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

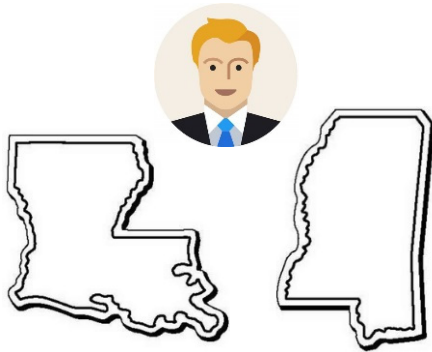
DID YOU KNOW?

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





How the BlueCard Program Works

Example



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

 BlueShield®		Blue Product	ALPHA Employer Group
Member Name		Dependents	
Member Name		Dependent One	
Member ID		Dependent Two	
XYZ 23456789		Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
		Deductible	\$50
		 R	



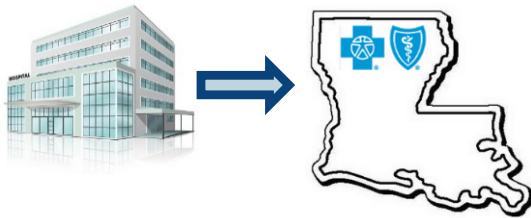
Louisiana provider recognizes the logo on the member ID card and verifies membership and coverage using iLinkBlue or by calling BlueCard Eligibility.

ilinkBlue
www.lablue.com/ilinkblue

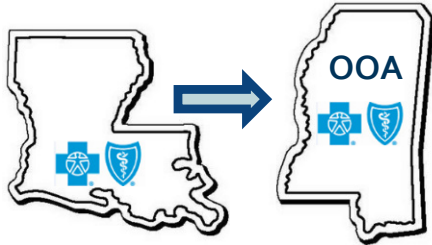
BlueCard Eligibility
1-800-676-BLUE
(1-800-676-2583)

How the BlueCard Program Works

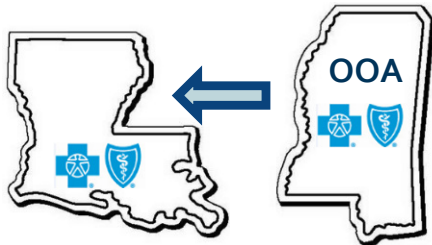
Example



Louisiana provider submits claim to Louisiana Blue.



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



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



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

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

How the BlueCard Program Works

Don't Forget

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

Identifying Members

BlueCard Products

BlueCard excludes:



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

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

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



Identifying FEP Members


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



FEP members are excluded from the BlueCard Program.

	BlueCross BlueShield Federal Employee Program.	Government-Wide Service Benefit Plan	
Member Name BLUE SUBSCRIBER		www.fepblue.org	
Member ID R00000000		Standard Option Enrollment Code 106	
Effective Date	01/01/2022	Deductible Individual	\$350
RxIIN	610239	Deductible Family	\$700
RxPCN	FEPRX	Out-of-Pocket Maximum	
RxGrp	65006500	Individual	\$8,000
		Family	\$12,000
		In-Network	\$16,000
		Out-of-Network	



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



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

Identifying BlueCard Members

The main identifiers for BlueCard members are the prefix and suitcase logo.

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

	BlueCross® BlueShield®	Blue Product	ALPHA Employer Group
Member Name Member Name		Dependents Dependent One	
Member ID XYZ 23456789		Dependent Two	
		Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
		Deductible	\$50
		 Rx	

	BlueShield®	Blue Product	ALPHA Employer Group
Member Name Member Name		Dependents Dependent One	
Member ID XYZ 123456789		Dependent Two	
		Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
		Deductible	\$50
		 Rx	

Helpful tips:

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

ID Card Prefixes

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

Exceptions include:

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

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

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

A1C1234567

A1C1234H567

A1CD1234H567

A1CD1234H56789012

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

Identifying BlueCard Member ID Cards



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



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



The empty suitcase logo 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[®] (BlueHPN[®]) product.

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

Identifying BlueHPN Member ID Cards

- BlueHPN is an Exclusive Provider Organization (EPO). This means benefits are only covered for care by in-network providers.
- It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.
- Benefit limitations are included on the back of the BlueHPN member ID card. If you are a non-BlueHPN provider but participate in the Preferred Care PPO network, you will be reimbursed for **Urgent and Emergent Care services** provided to BlueHPN members according to your PPO allowable charges.
- BlueHPN members are recognizable by:
 - The Blue High Performance Network name on the front of the member ID card.
 - The BlueHPN in a suitcase logo in the bottom right-hand corner of the member ID card.

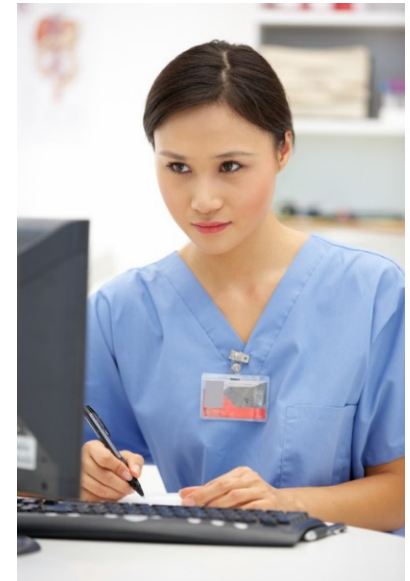
 HMO Louisiana	Blue High Performance Network®
Member Name	LA HEALTH SERVICE & INDEMNITY CO
Member ID	Advantage Plus Dental Network
Grp/Subgroup	
RxMbr ID	
RxBIN 003858	RxPCN-A4
RxGrp	BSLA
BC PLAN 170 BS PLAN 670	
04100 01320 0122R	

 HMO Louisiana	www.bcbsla.com
Hospitals & Physicians: File claims with your local Blue Cross and/or Blue Shield Plan. Dental: File claims with United Concordia. File Medicare primary claims with Medicare. Benefits limited to emergent care at non-BlueHPN providers within BlueHPN product areas. Benefits limited to urgent and emergent care at non-BlueHPN providers outside of BlueHPN product areas. Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.	Customer Service 800-363-9150 Find a Provider 800-810-2583 Authorizations 800-523-6435 Dental Questions 866-445-5338 Pharmacy Questions 866-781-7533
	HMO Louisiana, Inc. P.O. Box 98024 Baton Rouge, LA 70898-9024
	A subsidiary of the Blue Cross and Blue Shield of Louisiana and an independent licensee of the Blue Cross and Blue Shield Association. Printed:
 EXPRESS SCRIPTS®	Pharmacy Benefits Administrator

Medicare Advantage Members from Other Blue Plans

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

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



Louisiana Blue offers two MA products statewide

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

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

Medicare Advantage PPO Network Sharing

All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This allows Blue MA PPO members to obtain in-network benefits in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider.

If you are a participating provider in our MA PPO network...	If you are NOT a participating provider in our MA PPO network...	If your practice is closed to new members...
<p>you should provide the same access to care for Blue MA PPO members as you do for our members. Services will be reimbursed in accordance with your Louisiana Blue MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.</p>	<p>but do accept Medicare and you see Blue MA PPO members; you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.</p>	<p>you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.</p>



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

Using iLinkBlue

Navigating iLinkBlue

Top Navigation

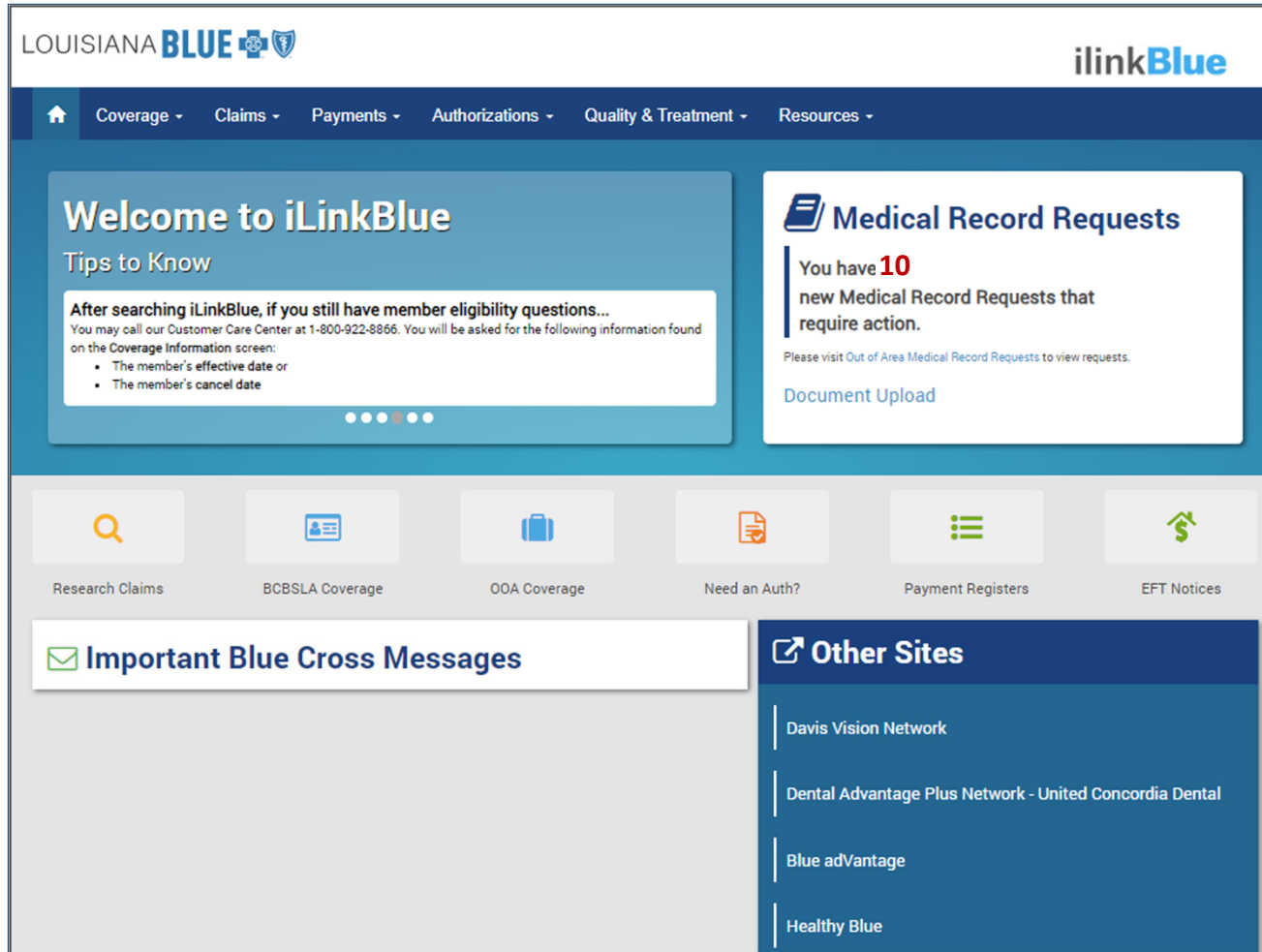
The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Quick Links

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

Message Board

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



Medical Record Requests

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

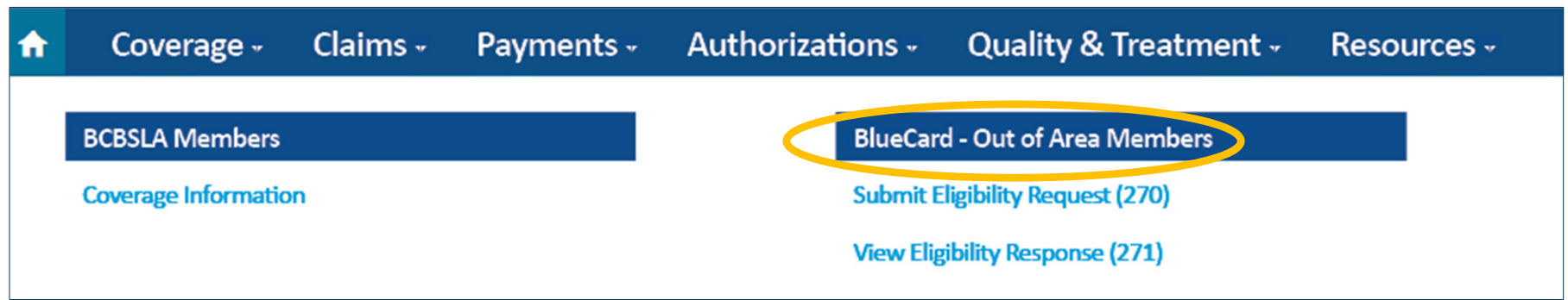
Other Sites

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

iLinkBlue: Coverage

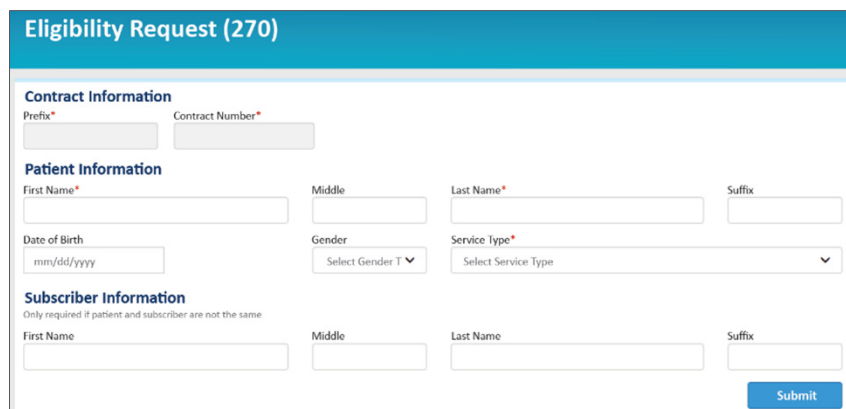
Submitting Eligibility Requests

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

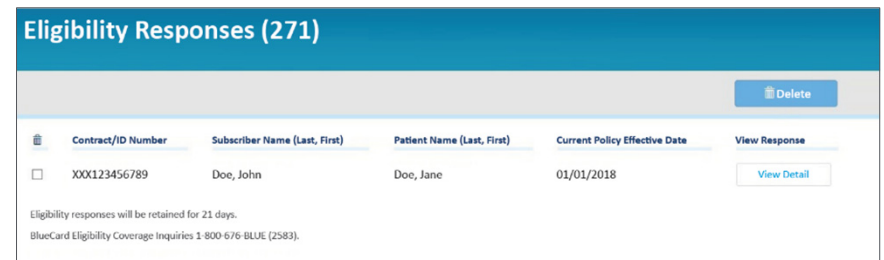


The image shows the iLinkBlue navigation bar with a home icon and links for Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the bar, there are two main menu items: "BCBSLA Members" with a link to "Coverage Information", and "BlueCard - Out of Area Members" which is circled in yellow. Under the circled item, there are two links: "Submit Eligibility Request (270)" and "View Eligibility Response (271)".

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



The image shows the "Eligibility Request (270)" form. It is divided into three sections: "Contract Information", "Patient Information", and "Subscriber Information". The "Contract Information" section has fields for "Prefix*" and "Contract Number*". The "Patient Information" section has fields for "First Name*", "Middle", "Last Name*", and "Suffix", along with a "Date of Birth" field (mm/dd/yyyy), a "Gender" dropdown menu, and a "Service Type*" dropdown menu. The "Subscriber Information" section has fields for "First Name", "Middle", "Last Name", and "Suffix", with a note that it is only required if the patient and subscriber are not the same. A "Submit" button is located at the bottom right of the form.



The image shows the "Eligibility Responses (271)" table. It has a header row with columns: "Contract/ID Number", "Subscriber Name (Last, First)", "Patient Name (Last, First)", "Current Policy Effective Date", and "View Response". There is a "Delete" button in the top right corner. The table contains one row of data with a checkbox in the first column. Below the table, there is a note: "Eligibility responses will be retained for 21 days. BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583)." A "View Detail" button is located at the end of the data row.

	Contract/ID Number	Subscriber Name (Last, First)	Patient Name (Last, First)	Current Policy Effective Date	View Response
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2018	View Detail

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

iLinkBlue: Claims

Claims Status Search

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

Research BCBSLA, FEP and BlueCard - Out of Area claims.

The screenshot displays the iLinkBlue web application interface. At the top, a dark blue navigation bar contains a home icon and several menu items: Coverage, Claims (selected), Payments, Authorizations, Quality & Treatment, and Resources. Below this, the main content area is organized into several sections. The 'Claims Research' section is highlighted with a yellow circle and contains the following links: Claims Status Search, Action Request Inquiry, Dental Advantage Plus Network - United Concordia, Dental (with a help icon), and Davis Vision Network (with a help icon). Other sections include 'BlueCard - Out of Area Claims Status' with links for Submit OOA Claims Status Request (276) and View OOA Claims Status Response (277); 'Claims Entry & Reports' with links for Blue Cross Professional Claims Entry (1500), Service Facility Location Information (1500), and Blue Cross Claims Confirmation Reports; 'Medical Code Editing' with links for Claims Edit System, Additional MPR Codes - Professional, and Exempt MPR Codes - Facility; and 'Medical Records' with links for Out of Area Medical Record Requests and Document Upload.

Claims Research	BlueCard - Out of Area Claims Status	Claims Entry & Reports
Claims Status Search	Submit OOA Claims Status Request (276)	Blue Cross Professional Claims Entry (1500)
Action Request Inquiry	View OOA Claims Status Response (277)	Service Facility Location Information (1500)
Dental Advantage Plus Network - United Concordia		Blue Cross Claims Confirmation Reports
Dental ?		
Davis Vision Network ?		

Medical Code Editing	Medical Records
Claims Edit System	Out of Area Medical Record Requests
Additional MPR Codes - Professional	Document Upload
Exempt MPR Codes - Facility	

iLinkBlue: Claims

BlueCard – Out of Area Claims Status

Paid/Reject Search

[Home](#) [Coverage](#) [Claims](#) [Payments](#) [Authorizations](#) [Quality & Treatment](#) [Resources](#)

Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected

Pended

Claim Number

1 Select a Provider

2 Narrow Your Search

3 Date of Service *optional*

☐ BCBSLA / FEP

☒ BlueCard - Out of Area

From

To

03/25/2021

Search

iLinkBlue: Obtaining Authorizations

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

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



iLinkBlue: Authorization and Billing Guidelines

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

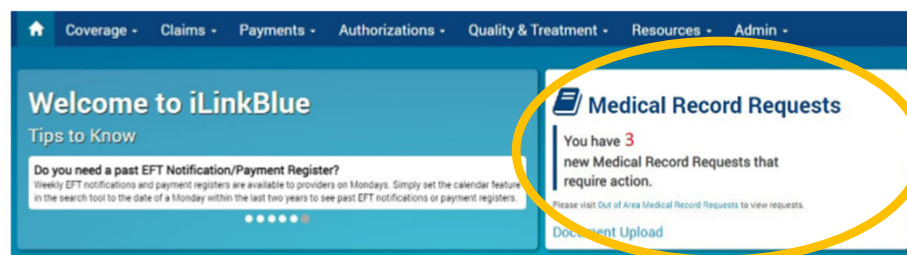


Step 2: Enter the member ID prefix.

A screenshot of the 'Pre-Authorization / Pre-Certification Information' form. The form has a blue header with the title and a subtitle: '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".' Below the header, there is a large white input field. The text 'Alpha Prefix :' is positioned to the left of the input field, and the entire input area is circled in yellow. To the right of the input field is a blue 'Submit' button.

Submitting BlueCard Medical Records

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



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

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



Document Upload

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

Provider Disputes - Non-Louisiana Members: Fax 225-297-2727

Payment Integrity: Fax 225-298-7675

ACA Risk Optimization: Fax 225-295-2166

ITS Host Medical Records: Fax 225-298-7529

Health and Quality Management (HEDIS): Fax 225-298-7411

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 1-800-515-1150

Population Health: Fax 1-800-267-6548

Tips for Successful Document Upload

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded 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 FAQs](#)

Louisiana Blue accepts document uploads for:

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

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

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

28

Submitting BlueCard Medical Records

BlueCard Medical Records Requests on iLinkBlue

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

Medical Record Requests - Out of Area
Make selections below to complete research and handling of Medical Requests for out of area BCBS patients.
Claims pending for medical records cannot complete processing until we receive the information requested.

1 Request Status

☒ Outstanding Requests
☐ Requests Completed by Provider
☐ Requests Received by BCBSLA

2 Select Provider

Choose one...

Search Records

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

Submitting BlueCard Medical Records

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

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

Outstanding Request Details Mark as worked

Record Information SECOND REQUEST

Claim Number: 12345678910
SOCF ID: 678910123456789
Document Number: 123456789
Date DC Requested: 01/01/2019
Date Completed by Provider: ---
Date Received by BCBGLA: ---

Provider Information

Provider Number: 12345678910
PPSID: 1000123456789
Provider Name: Hospital Clinic

Patient Information

First Name: Jane
Last Name: Doe
Date of Birth: 01/01/1982
Date of Service: 01/01/2019
Member ID: 1012345678910

Request for Medical Records

Please advise if the above patient was seen in your office for the dates of service indicated. If so, please submit the medical records listed below.

This can be faxed to us at (225) 296-7529 and please include a copy of this letter with your fax. You may receive a remittance advice indicating the claim is being rejected awaiting receipt of medical records. If received, the remittance is not a duplicate request for these medical records. The records requested only need to be submitted once.

Required Medical Records

- Cancer Screening Reports
- Physician/Therapist/Office Notes
- Date Range: 01/01/2019 - 01/01/2019

Responding to Requests

Upload, mail or fax this form along with the requested information within 30 business days.

Click here to upload from the **Document Upload** page, then select the "173 Most Medical Records" **Document Upload** drop down.

Mailing Address: Blue Cross and Blue Shield of Louisiana
173 Medical Records
PO Box 38023
Baton Rouge, LA 70899-0990
Telephone: 1-800-262-4070
Fax: (225) 268-7529

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

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

Claims

Medicare Crossover Claims

- Medicare crossovers are electronically filed claims that Medicare automatically forwards or “crosses over” to the member’s Blue Plan when information is available in the Medicare eligibility file.
- When a Medicare claim is crossed over to an out-of-state Blue Plan, the Medicare remittance advice will have a message beneath the patient’s claim information similar to:

“Claim information forwarded to: BCBS of Texas”

- If the remittance advice does not contain a message similar to this example, then the claim was not forwarded electronically to the member’s Blue Plan for processing. The provider must then file the claim, along with a copy of the Medicare Remittance Advice, with the member’s Blue Plan (as listed on the member ID card).
- If Medicare has forwarded the claim to the member’s Blue Plan, please allow 25-30 days from the Medicare remittance advice date before contacting the member’s Blue Plan.

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



Ambulance Claims

Ground Service

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

Air Service

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

Where to file air ambulance claims:



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

Filing Claims

Submitting Claims for BlueCard Members

Submit BlueCard claims directly to Louisiana Blue.

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

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

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

Ancillary and Remote Providers

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

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

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



Ancillary Claims

Examples

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

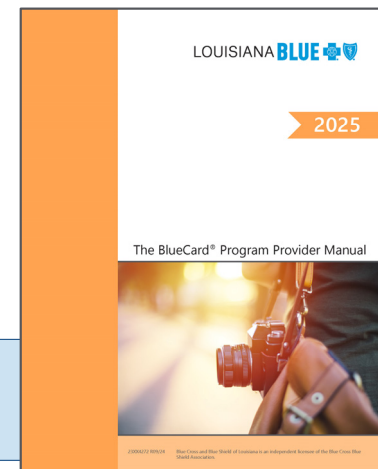
Split Claims

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

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

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

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



Reimbursement

Claims Payment

Guidelines for BlueCard claims payment:

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



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

Reimbursement

Coordination of Benefits

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

Please use the following guidelines when submitting COB claims:



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

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

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

Refund Request Guidelines

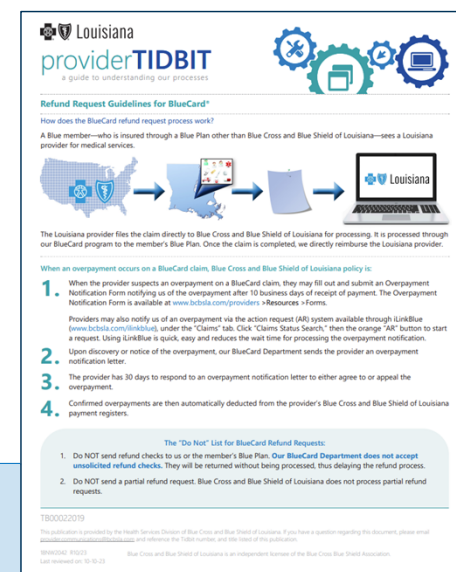
When an overpayment occurs on a BlueCard claim, Louisiana Blue policy is:

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

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

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

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



Resolving Claims Issues

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

Depending on the type of claim issue, there are multiple ways to submit claims reviews:

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

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

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

Submitting Action Requests

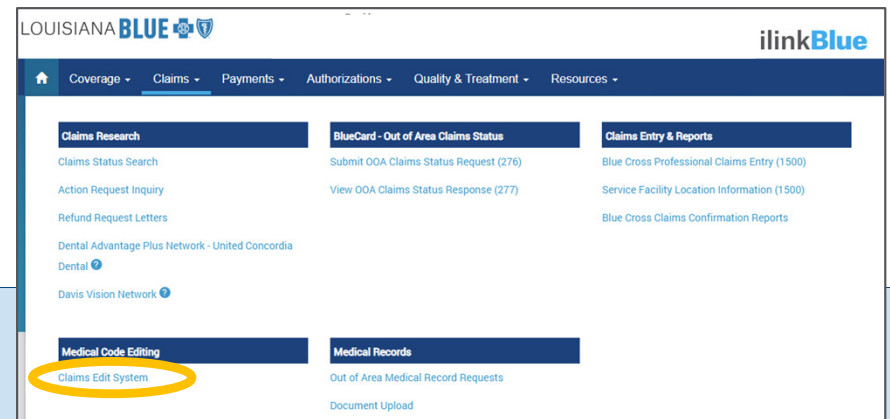
Action Requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim.

Common reasons to submit an Action Request

- Claims
 - Questioning non covered charges or specific denial
 - No record of membership (make sure to check member's ID)
 - Denied as duplicate (Ex. Medicare crossover)
 - Coordination of benefits
- Refund request

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

Use Claims Edit System tool for bundled codes instead of Action Requests.



Submitting Action Requests

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

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

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

and

on the **Pended Claims Results** screen

on the **Claims Detail** screen

Submitting Action Requests

The screenshot shows a web form titled "Submit Action Request" with a close button (X) in the top right corner. Below the title, a light blue bar contains the text "To submit an action request, complete the fields below." The form is divided into two main sections. The left section contains fields for "Action" (a dropdown menu with "Select One" and a downward arrow), "First Name" (a text box with "First" as a placeholder), "Last Name" (a text box with "Last" as a placeholder), "Phone Number" (a text box with "XXX-XXX-XXXX" as a placeholder and a separate "ext" box), and "Notes" (a large text area with the placeholder "Type the details of your request. Max 400 characters."). The right section, titled "Claim Details", contains fields for "Contract Number", "Claim Number", "Date of Service", and "Date Processed". A blue "Submit Action Request" button is located at the bottom right of the form.

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

When submitting an Action Request:

- Include your contact information.
- Be specific and detailed but **be mindful of character limit.**
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Don't submit an Action Request immediately following document upload.

Provider Disputes & Appeals

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

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

Provider Disputes

A provider dispute is different than an appeal or grievance. Provider disputes are defined as written requests from our participating network providers (In Network Providers ONLY) questioning (or disputing) their allowable charge of a processed claim. Disputes could involve the following:

- Reimbursement concerns
 - Allowable disputes (**must include breakdown, fee schedule**)
 - Bundling issues (**must always have medical records attached**)
- Authorization issues
 - Penalties where the **provider** is liable for the amount
 - Failed to obtain authorization denials (**reason auth not obtained**)
- Refund disputes
- Maximum daily benefit denials
- Timely filing denials

Form is available online at www.lablue.com/providers >Resources >Forms.

Network providers disputing claims for BlueCard® members (out-of-state policies) should submit via:

- Online via iLinkBlue (www.lablue.com/ilinkblue). Under “Claims,” click “Document Upload,” then “Provider Disputes-Non-Louisiana Members” in the drop-down menu.
- Fax: (225) 297-2727
- Hardcopy: P.O. Box 98029
Baton Rouge, LA 70809

Louisiana Provider Dispute Form

Complete this form to file a provider dispute. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to include the proper information (based on your reason for review) and submit it to the appropriate mailing address.

Please submit only one form per patient, per dispute.

PROVIDER INFORMATION			
Type of Provider: <input type="checkbox"/> Professional <input type="checkbox"/> Facility <input type="checkbox"/> Other:			
Provider Name		Provider Tax ID	
National Provider Identifier (NPI)		Date Form Completed	
Name of Person Completing Form		Contact Email Address	
Contact Email Address		Contact Phone Number	Contact Fax Number

PATIENT INFORMATION			
Member ID		Subscriber Name	
Patient Name		Patient Date of Birth	
Claim Number	Date(s) of Service	Amount Charged	

DISPUTE DETAILS			
To assist us in reviewing your dispute, please summarize the issue and action desired, and attach all supporting documentation.			

GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION			
SURGERY, ASSISTANT SURGEON, OR ANESTHESIA 1. Operative Report 2. Anesthesia Report 3. Pre-op History and Physical 4. Aut. Surgeon Consent (if not M.D.)	DOCTOR'S HOSPITAL VISITS 1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	DOCTOR'S OFFICE/CLINIC VISITS 1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	OTHER SERVICE & RATIONALE PHYSICAL THERAPY 6. Physical Therapy Notes and Reevaluation Report

Page 2 of this form contains the list of reasons for your dispute. Please check only one reason per form. In order for us to review your dispute, we must receive the entire form.

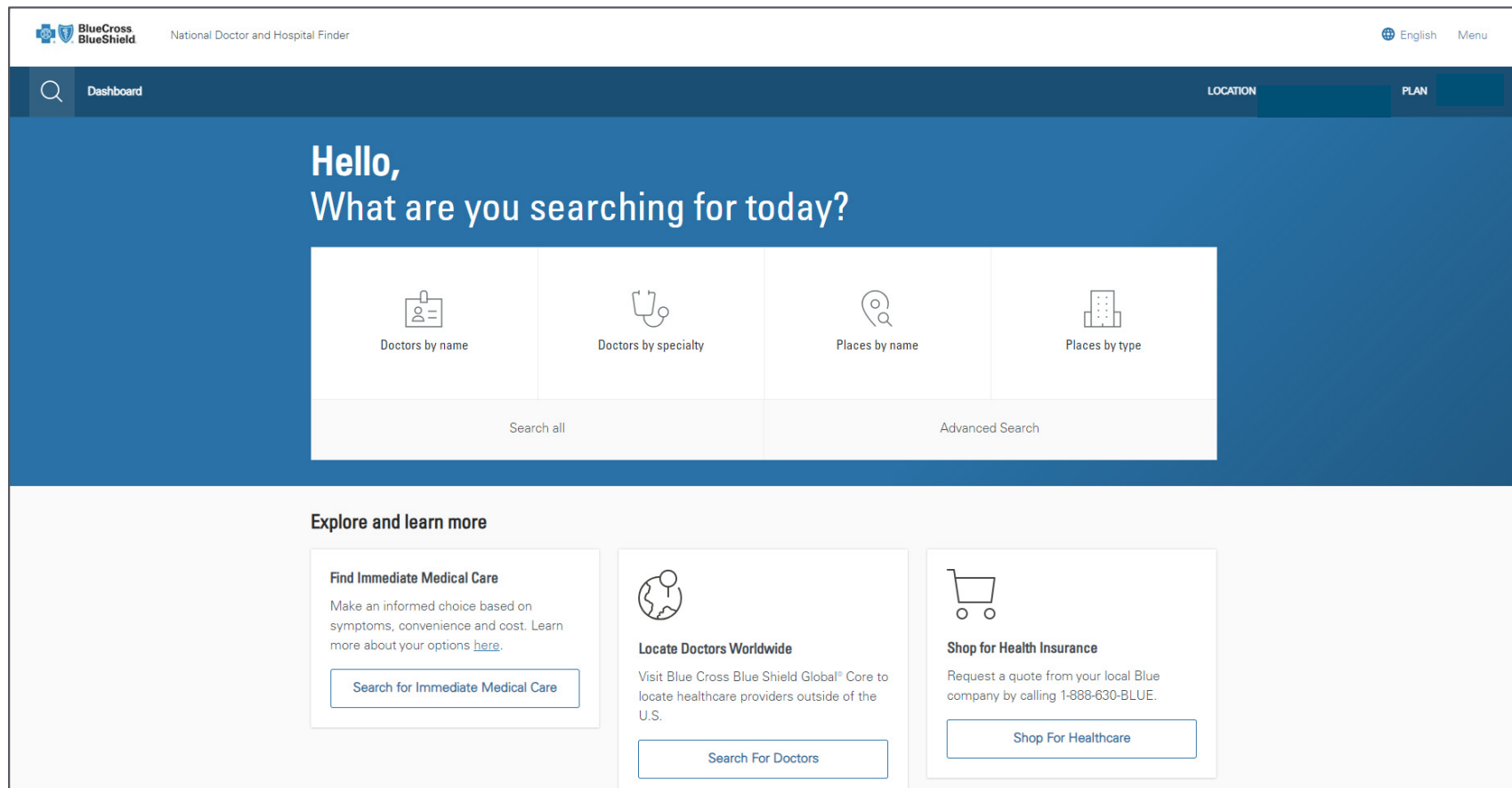
A printable PDF of this form is available online at www.lablue.com/providers. Then click on the "Resources" section and look under Forms.

180002284 8/10/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. Page 1 of 2

Online Resources

National Doctor & Hospital Finder

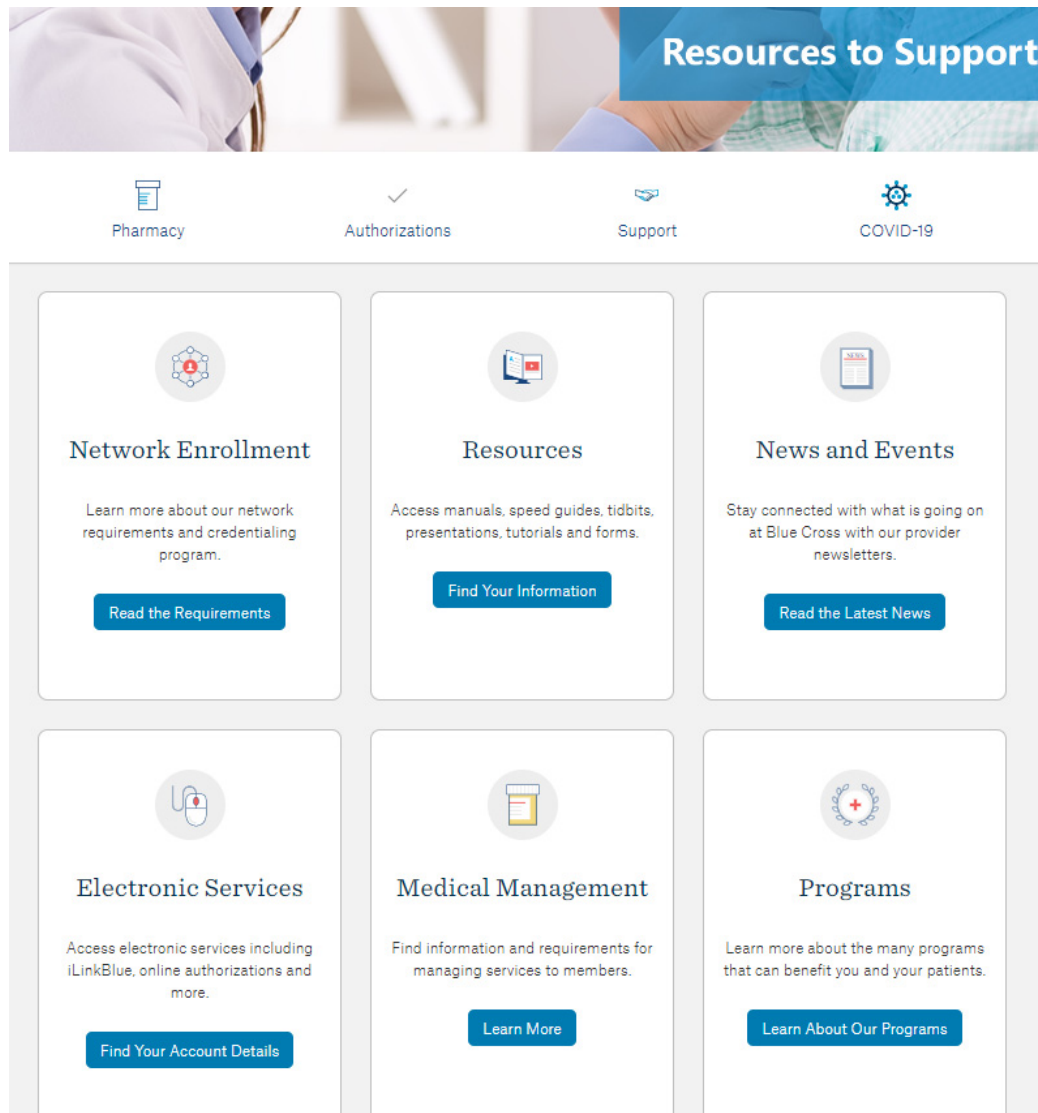
BlueCard helps members access coverage while traveling out of state through our National Doctor and Hospital Finder website.



Our National Doctor and Hospital Finder can be found online at www.bcbs.com/find-a-doctor

Online Resources: Provider Page

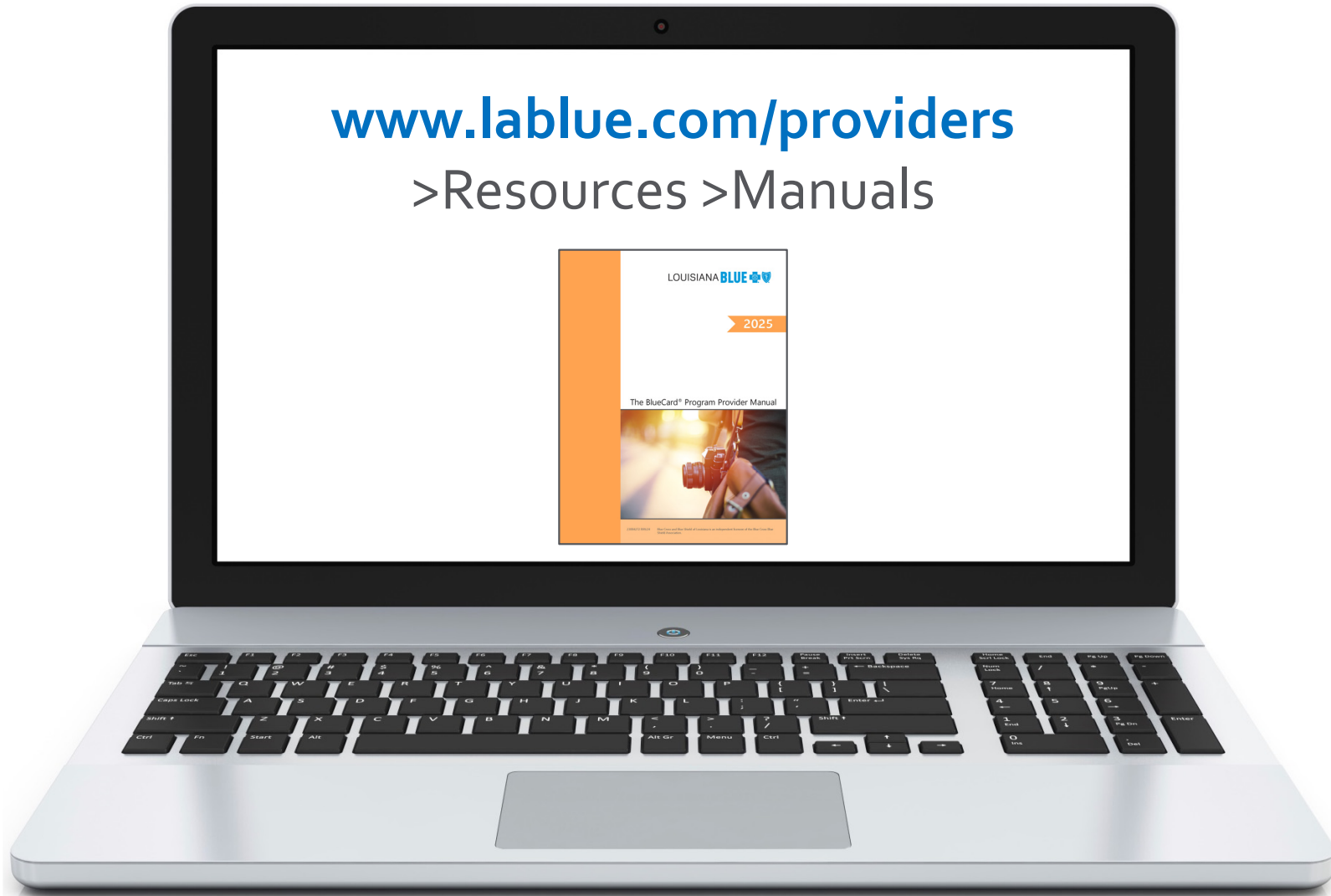
www.lablue.com/providers



You will find information on:

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

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



Support

Provider Relations

Jami Zachary Director

Paden Mouton Provider Relations Manager

Mary Reising Health System Representative

Marie Davis, Senior Provider Relations Representative

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

Brittany Fields

Jefferson, Orleans, Plaquemines, St. Bernard, Iberville

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

Lisa Roth

Online Portal Training

Amber Strahan

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

Yolanda Trahan, Senior Provider Relations Representative

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

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

Provider Contracting

Jason Heck, Director – jason.heck@lablue.com

Diana Bercaw, Lead Provider Network Development Representative – diana.bercaw@lablue.com

Jefferson, Orleans, Plaquemines and St. Bernard parishes

Jordan Black, Sr. Provider Network Development Representative – jordan.black@lablue.com

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

Sue Condon, Lead Network Development & Contracting Representative – sue.condon@lablue.com

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

Kim Jones, Provider Network Development Representative – kim.jones@lablue.com

Caddo, Bossier, Webster, Claiborne, Desoto, Red River, Bienville, Sabine, Natchitoches and Winn parishes

Cora LeBlanc, Sr. Provider Network Development Representative – cora.leblanc@lablue.com

Assumption, St. John The Baptist, Terrebonne, St. Mary, Lafourche, St. Charles, St. James, St. Tammany, Tangipahoa and Washington parishes

Dayna Roy, Sr. Provider Network Development Representative – dayna.roy@lablue.com

Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Grant, Jefferson Davis, Rapides and Vernon parishes

Lauren Viola, Provider Network Development Representative – lauren.viola@lablue.com

Jackson, Lincoln, Tensas, Madison, East Carroll, West Carroll, Franklin, Richland, Morehouse, Ouachita, Caldwell, Union, Concordia, Catahoula and Lasalle parishes

provider.contracting@bcbsla.com | 1-800-716-2299, option 1

Provider Credentialing & Data Management

Provider Network Setup, Credentialing, Contracting & Demographic Change

Sam Measels, Director, Provider Credentialing and Information
sam.measels@lablue.com

Kaci Guidry, Manager, Provider Data Management & PCDM Status
kaci.guidry@lablue.com

Kristin Ross, Manager, Provider Contract Administration
kristin.ross@lablue.com

If you would like to check the status on your credentialing application or provider data change or update, please contact the Provider Credentialing & Data Management Department.

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

Quick Contacts

Joining the Network

Getting Credentialed – PCDMstatus@bcbsla.com, 1-800-716-2299, option 2

Getting Contracted – provider.contracting@bcbsla.com, 1-800-716-2299, option 1

Updating your Information

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

Education, iLinkBlue Training & Outreach

Provider Relations – provider.relations@bcbsla.com, 1-800-716-2299, option 4

Electronic Services

iLinkBlue – www.lablue.com/ilinkblue

EDI Services (clearinghouse) – EDIservices@bcbsla.com, 1-800-716-2299, option 3

Security Access to Online Services – PIMteam@bcbsla.com, 1-800-176-2299, option 5

Ongoing Support

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

Questions?

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



THANK
YOU!



Appendix

Ancillary Claims

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

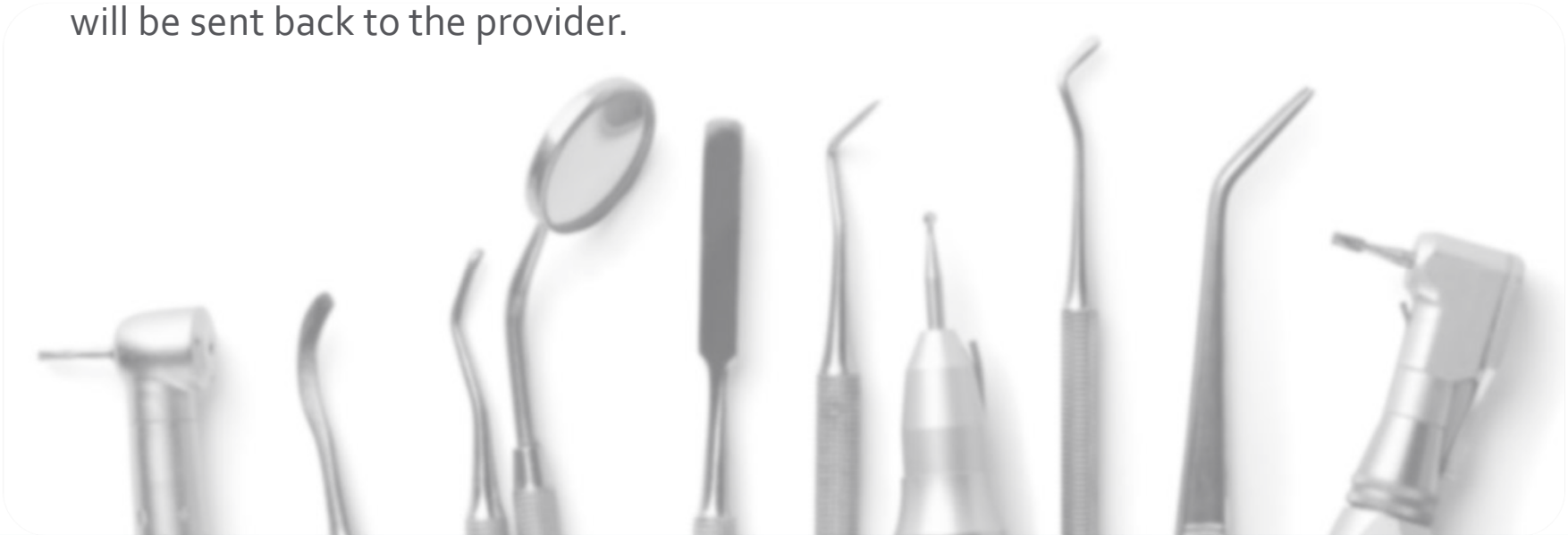
Please note:

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

Dental and Oral Surgery Claims

ADA Claim Form

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



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

Dental and Oral Surgery Claims

CMS-1500

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

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