
Blue Cross Blue Shield of Louisiana

2010 NPAG, New Orleans

National Plan Automation Group

June 8, 2010



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of Louisiana**

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BCBSLA's EFT Mandate Journey



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- Went live in early 2002
 - ‘Homegrown’ process
 - Linked EFT to paper register
 - EFT not linked to 835 ERA
 - Once EFT in production, provider no longer receives paper register in mail
 - Provider can access paper version via our web portal

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- At 2004 year end 27% pages suppressed & 16% of 'pay locations'
 - At 2005 year end 38% pages suppressed & 24% of 'pay locations'
 - In 2006 initiated plans to mandate
 - Received legal approval and made no changes to provider contracts



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- By mid 2006 no new providers setup without EFT & no updates to existing provider file
 - Ended 2006 with 58% pages suppressed & 43% of 'pay locations'
 - Announced to all providers 1/1/2007 as mandate
 - Ended 2007 with 83% pages suppressed & 77% of 'pay locations'



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- Currently 90% pages suppressed & 96% of 'pay locations'
 - Social Workers seem most reluctant
 - Providers concerned about money being auto deducted
 - Portal not compatible with Apple Mac & some browsers – these locations are granted 'exceptions'.



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- Once technical challenges are eliminated we will enforce.
 - Contingency plan for 'hold outs' – mail check but no payment register.



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Electronic Funds Transfer Application

To receive your Blue Cross and Blue Shield of Louisiana payments via electronic funds transfer (EFT), please complete the following information. Be sure to complete a separate Electronic Funds Transfer Application for each payment location.

GENERAL INFORMATION			
Provider's Last Name	First Name	Middle	Provider Number
Clinic Name	Tax ID Number	Clinic's National Provider Identifier (NPI)	
Contact Name	Phone Number	Provider's National Provider Identifier (NPI)	
E-mail Address	Fax Number		
BANK INFORMATION			
Bank Name			
City	State		
Account Number	ABA Routing Number		
AUTHORIZATION			
I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries in accordance with LSA R.S. 22:250:38 (i.e. recoupment statute) and in accordance with the provider's contract.			
I hereby authorize the financial institution/bank named below, hereinafter called the BANK, to credit the same to such account. I am aware that the weekly Provider Payment Register will no longer be mailed to our office, but it will be available for viewing and/or printing in the iLinkBLUE Provider Suite.			
*** Please attach a voided check ***			
This information is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. An EFT Termination/Change Form must be completed if any of the above information changes.			
Signature _____		Date _____	
Printed Name _____			

Please return your completed Electronic Funds Transfer Application to the following address:

Attn: EDI Services
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029
(225) 298-2945 (fax)

If you have any questions about this form, please call Network Operations at:

(800) 716-2299, Option 3
(225) 297-2758 (Baton Rouge Area)

For internal use only: iLB set up complete.



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23XX0278 R04/07

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

THANK YOU



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