

Louisiana Blue Professional Workshop

Session A
May 2025

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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.



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Our Mission

To improve the health and lives of Louisianians.

Our Core Strategies

- Health
- Sustainability
- Affordability
- Foundations
- Experience

Our Vision

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

Agenda

- Credentialing
- Recredentialing
- Data Management
- Verifying Networks



Credentialing Updates

The Basics

Credentialing Is Required for Network Participation.

- Louisiana Blue credentials all practitioners and facilities that participate in our networks.
- We partner with **sympplrCVO** to conduct credentialing verification processes for our commercial and Blue adVantage networks.
- Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC).
- Providers must meet certain criteria as regulated by our accreditation body and the Blue Cross Blue Shield Association.



The Credentialing Process

- The credentialing committee approves credentialing twice per month.
- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.
- Network providers are recredentialed every three years from their last credentialing acceptance date.



To inquire about the status of your initial credentialing application, you may send an email to PCDMstatus@lablue.com.



The Credentialing Committee

- Has the final authority to make decisions regarding provider participation.
- Provides guidance and suggestions for the credentialing process.
- Is made up of a diverse group of network providers from across the state with no other management role at Louisiana Blue.
- Includes multiple Louisiana Blue employees from Medical Management and Network Development & Contracting Departments.





NEW

CAQH Applications

Beginning **July 1, 2025**, we will only accept the Council for Affordable Quality Healthcare (CAQH) application. This change will apply for professional credentialing and recredentialing. The only exceptions are delegated providers and facilities.

The CAQH Provider Data Portal enables you and your support staff to:

- Maintain your information in one user-friendly online data source.
- Authorize which organizations have access.
- Upload credentialing and supporting documents.
- Update practice location information for all providers at one time.
- Export your CAQH provider profile in a standardized format accepted in all 50 states and by most healthcare organizations.

CAQH Applications

New to the CAQH Provider Data Portal?

1. Register at <https://proview.caqh.org/PR/Registration>.
2. Gather your credentialing details (ID numbers, practice locations and supporting documents).
3. Login and follow the prompts to complete your profile and upload your documents.
4. Attest to the accuracy and completeness of your credentials and authorize Louisiana Blue to access your profile.

Already registered with the CAQH Provider Data Portal?

1. Login to your profile and authorize Louisiana Blue to receive your information.
2. Ensure all your professional and practice information is current.
3. Confirm that you have updated all documents required for credentialing (malpractice insurance, license, CDS and DEA).
4. Re-attest to the accuracy and completeness of your credentials.

To learn more about CAQH, please access the following resources:

- Introductory information for providers: <https://www.caqh.org/providers>
- CAQH Provider Resources: <https://proview.caqh.org/PR/Resources> (login required)
- CAQH Support: <https://www.caqh.org/resources/support>

Reminders When Using CAQH



- Providers must grant access to Louisiana Blue for us to see your information.
- Update CAQH regularly. Remove/update old information which could make the file too large to upload. Having expired attachments could cause your application to be delayed.
- Make sure the information reported in CAQH matches information in other attachments (e.g., name, address, contact information). If you have multiple locations, the Attachment A and CAQH both must indicate all locations.



Coming Soon

<div style="display: flex; align-items: center;"> <div style="flex: 1;">LOUISIANA</div> <div style="flex: 1; text-align: center;"> </div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">Join an Existing Group</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">CAQH Accreditation Checklist</div> </div>
<p>Use the appropriate checklist below when completing a CAQH credentialing packet for an existing group.</p> <p><u><i>All required documents must be fully completed with a signature and date. Requests that incomplete or missing information will be returned and the processing time will start over once all required information is received.</i></u></p> <p>If you have any questions about our credentialing requirements, please visit our Provider page at www.lbsbl.com/providers - Network Enrollment - Join Our Networks. See Professional Provider Credentialing Criteria for more information.</p>	
<p style="text-align: center;">Joining an Existing Participating Group</p> <p>Upon completion, we will add you to existing network agreements applicable to your organization.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete and attach to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application <input type="checkbox"/> Provide your CAQH ID below: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><input type="checkbox"/> Attachment A - Licensure Hours Please print the number that you will submit to your provider(s).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Estimate a copy of state license <input type="checkbox"/> Estimate a copy of DEAC/CSA License (where applicable) <input type="checkbox"/> Estimate a copy of Professional Maintenance Information Certificate <input type="checkbox"/> Estimate a copy of the Collaborating Physician Agreement/Supervising Physician Agreement (if applicable) <p>Collaborating physician must participate in the same network as the applicant.</p> </div>	<p style="text-align: center;">Joining an Existing Non-Participating Group</p> <p>Upon completion, we will add you to existing network applicable to your organization.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete and attach to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application <input type="checkbox"/> Provide your CAQH ID below: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><input type="checkbox"/> Estimate a copy of state license</p> </div>
<p>Important CAQH Requirements</p> <ul style="list-style-type: none"> ▪ CAQH accreditation must be current and active (<i>updated and attested in every four months</i>). ▪ Documents must be current and active. ▪ All locations you are listing to be included on the CAQH application. 	

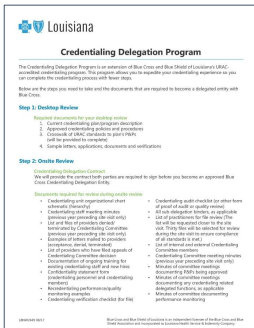
BSN/BSN/BSN

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

CAQH packets and checklists Participating, Non-participating Application and Join an Existing Group can be found on our Provider page at www.lablue.com/providers > Network Enrollment >Join Our Networks >Professional Providers and completed through DocuSign.

Credentialing Delegation Program

- It is an extension of our accredited credentialing program and is available to groups **with 50 or more practitioners**.
- An approved delegation entity essentially credentials its own providers and sends the information to Louisiana Blue to create their provider records.
- This program allows you to expedite your credentialing experience so you can complete the Louisiana Blue credentialing process with fewer steps.
- After a provider group is approved as a delegation entity, it will not be necessary to submit provider applications to be set up in the Louisiana Blue system.



If you have any questions about the Credentialing Delegation Program, please email credentialing.delegation@lblue.com.

The Credentialing Delegation Program guide explains the steps network provider groups must take, and the documents required to become a delegated entity. It is sent to providers requesting to join the program.



Telehealth Only Providers

Our credentialing policy includes guidance for the provision of telehealth services to our members **WHEN:**

- **Louisiana-based, in-network provider**
 - Must be in process of or have completed credentialing/contracting to participate in our network.
 - Must be employed or affiliated with a physical practice located in Louisiana.
 - Behavioral health telehealth-only providers are not required to be employed or affiliated with a physical practice located in Louisiana but **must be located and licensed in Louisiana**.
- **Out-of-state provider with Louisiana-based practice**
 - Must be employed or affiliated with a Louisiana-based group or entity.
 - Must have a Louisiana State license as required for their specialty.
 - If not licensed in the state of Louisiana, then a Telehealth Permit issued by the Louisiana Board of Medical Examiners (LSBME) is required (includes the condition of maintaining affiliation with a Louisiana based practice or entity).
- **Out-of-state provider without Louisiana-based practice affiliations**
 - Must be credentialed/contracted with another Blue Plan.
 - Can be individually credentialed/contracted or part of a group or entity that is credentialed/contracted with the out-of-state Blue Plan.
 - Claims filing is based on the providers physical location when rendering the telehealth service.
- **National telehealth solution/vendor**
 - A national telehealth solution contracts directly with Louisiana Blue to offer our members telehealth services accessible in the home plan region and outside of it to ensure access while members are out of their home plan area.

Registered Doula Credentialing Requirements


Doulas can now apply to be credentialed providers in the Louisiana Blue networks.

- To be eligible to join Louisiana Blue provider networks, you must be registered with the state through the Louisiana Doula Registry AND meet the Louisiana Registered Doula criteria as outlined in Louisiana Blue's credentialing requirement guide that can be found on our Provider page at www.lablue.com/providers >Network Enrollment >Join our Networks >Professional Providers >Credentialing Process.
 - If you meet these criteria, submit a credentialing application. Please note it will take 45-90 days to process your application.
 - Once you are credentialed, a member of the Louisiana Blue provider contracting team will contact you to complete the contracting process.




Adding a Credentialed Provider to an Existing Group

Contact our PCDM Department if you are not sure the provider is currently credentialed with us.




Complete the **Link To Group or Clinic** form to link the provider to your existing group. A confirmation email will be sent once your online submission is complete.



A pre-screening letter is sent to the provider, within two weeks, if all required information is received. This means your application or linking form continues into the processing stage.



After processing and approval, a record assignment letter is sent. At that point, you may begin submitting claims.




After 90 days, you can check the status of your processing by emailing PCDMstatus@lablue.com. Please do not initiate multiple inquiries (calls, emails, etc.) to our PCDM Department as this could delay processing.

Adding a Non-credentialed Provider to Existing Group


Contact our PCDM Department if you are not sure the provider is currently credentialed with us.



Complete the online credentialing application. A confirmation email is sent once your online submission is complete.



A pre-screening letter is sent to the provider, within two weeks, if all required information is received. This means your credentialing packet or update form has moved on to continue processing. If information is missing or incorrect, our PCDM Department will reach out for information. If contact is not made, a return letter will be sent to the correspondence contact listed on the request advising what information is missing/incorrect. If a return letter is received and something is incorrect or missing, when possible, corrections can be made to what was submitted previously by printing out the entire previous submission making sure all required attachments are included and corrections are made as needed then submit the entire packet with corrections to network.administrations@lablue.com. Partial submissions that do not contain everything that is needed will be returned.



A welcome letter is sent to the provider once approved by the credentialing committee. At that point, you may begin submitting claims.



After 90 days, you can check the status of your processing by emailing PCDMstatus@lablue.com. Please do not initiate multiple inquiries (calls, emails, etc.) to our PCDM Department as this could delay processing.

Reimbursement During Credentialing

Reimbursement During Credentialing applies to all professional provider types, when criteria are met.

Reimbursement During Credentialing will be granted to all professional providers **joining an existing contracted provider group**. That contracted group must have the **same provider type contract** on file with Louisiana Blue. This allows for in-network reimbursement on submitted claims during the credentialing process. Once the application has passed the pre-screening process, reimbursement during credentialing is backdated one month prior to the date of application receipt, or the clinic start date, whichever is more recent.

This provision does not apply for solo practitioners.



Providers should not file/submit claims until receiving a provider record assignment 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, send an email to **PCDMstatus@lblue.com**.

Expedited Processing

Expedited processing applies to a limited group of professional providers only. In most cases, this applies to practitioners with admitting privileges or admitting arrangements.

Louisiana law allows professional providers a 30-day expedited application processing. To be eligible for expedited processing, providers must meet the following criteria:

- Providers who are:
 - Already credentialed with Louisiana Blue and are joining a new group, or
 - Are not yet credentialed but are joining a provider group that already has an executed group agreement on file with Louisiana Blue for the same provider type.



Example: An NP applying for network participation must be joining a provider group that already has an executed allied health agreement on file with Louisiana Blue.

- Physicians must have admitting privileges to a network hospital or an approved exception.
- When applicable, provider must list their admitting privileges information in the hospital affiliations section on the appropriate credentialing application.
- Louisiana Blue credentialing policy allows certain eligible providers to have an arrangement with a hospitalist group to admit their patients in lieu of their own hospital privileges. A copy of the arrangement must be submitted with the credentialing application.
- Agree to hold our members harmless for payments above the allowable amount.

Sample Letter

{Date}

Dear Louisiana Blue:

In accordance with the Louisiana law extending certain requirements for credentialing of healthcare providers, please accept this written request for expedited processing for ***{provider's name}*** as a new provider at ***{provider's group name}*** at our group contract rate and with in-network benefits.

{Provider's group name} agrees that all contract provisions, including holding covered members harmless for charges beyond the Louisiana Blue allowable amount, and the member's cost share amount (deductible, coinsurance and/or copayment, as applicable) will apply to the new provider.

{Signature of the provider}

Expedited Processing

To request expedited processing, include the following with the initial credentialing application:

- Letter asking Louisiana Blue to invoke the expedited process.
- The letter must:
 1. Include your agreement to hold our members harmless for payments above the allowable amount.
 2. Identify the provider group name.
 3. Be on company letterhead and signed by the provider or an authorized representative. An electronic signature is acceptable.
- When applicable, a signed admitting privileges agreement to a network hospital.



Effective Dates

For non-participating providers (requesting a provider record only), Louisiana Blue allows an effective date up to two years back for providers who want a provider record only for filing claims.

For participating providers, Louisiana Blue 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 or the clinic start date, whichever is more recent.</p> <p>OR</p> <p>If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee AND 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>



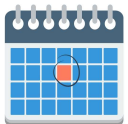
Contracting

Network Agreement (the final paperwork)

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 Contracting 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@lblue.com.

Network Agreement (the final paperwork)



Professional providers who are new to the network may not always be required to sign a contract.

A new agreement **IS REQUIRED** for:

- Newly credentialed solo practitioners.
- Newly credentialed providers joining a group not currently participating with Louisiana Blue.
- Newly credentialed providers joining a participating group that does not have an agreement on file for the provider type:
 - Example 1: a nurse practitioner (NP) joins a participating physician group (only has a physician agreement on file). The group must sign an allied agreement to cover the NP.
 - Example 2: a physician joins a participating allied group (only has an allied agreement on file). The group must sign a physician agreement.
- Existing network providers asking to join a different network.
- Some participating providers, groups or facilities changing Tax ID number (TIN).

Network Agreement (the final paperwork)



Professional providers who are new to the network may not always be required to sign a contract.

A new agreement **IS NOT REQUIRED** when:

- A newly credentialed physician and/or allied provider joins a participating group that already has the applicable physician and/or allied agreement on file.
- A newly credentialed physician and/or allied provider is joining a participating group through the Louisiana Blue Delegated Credentialing Agreement program, **and** that group has the applicable physician and/or allied agreement on file.



Recredentialing

Recredentialing

The Credentialing Committee reviews all recredentialing applications.

Network providers must be approved through our **recredentialing** process **every three years** from the last credentialing acceptance date. Louisiana Blue is partnered with symplrCVO to recredential our network providers. Louisiana Blue sends* recredentialing applications to providers approximately 6 months prior to their recredentialing due date. Instructions are included on how to return completed forms. Louisiana Blue or symplrCVO will complete the verification process.

Required application:



Professional providers: CAQH Application



If you have questions during the process, you may email recredentialing@lablue.com or call (318) 807-4755.

Recredentialing

Providers due for recredentialing are sent an email (correspondence email on file) six months prior to recredentialing due date.

The email provides/asks for:

- CAQH ID
- A checklist of required supporting documentation
- Instructions on how to complete and return the application

Provider Application

CAQH ID: 3076

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01/15/2018

If information is missing from submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then provider may be terminated from the network. Accreditation standards prohibit us from listing providers as in-network past their recredentialing due date.



Supporting Documents Needed for Recredentialing

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



Data Management


Updating Your Information

Use the Individual/Group Provider Update Request form to update:

- Name
- Specialty/Classification
- Physical address
- Correspondence address and fax number
- Billing address
- Medical records address and fax number

It is important to keep this information up to date. There is only one correspondence email address on file. This is the address all important communications and recredentialing information is sent.



LOUISIANA BLUE  Individual/Group Provider Update Request

Complete this form to report updated demographic or contact information for your individual or group provider record. For physical address changes, additional documentation is required (see list below). If you have non-demographic changes, please see our other forms available online at www.lablue.com/providers > Resources > Forms.

Please specify change(s):
☐ Name Change
☐ Specialty/Classification Change
☐ Physical Address Change
☐ Correspondence Address Change
☐ Billing Address Change
☐ Medical Records Address Change

Effective Date of Change:	Tax Identification Number:
GENERAL INFORMATION	
Provider Name	Individual NPI
Group/Clinic Name	Group/Clinic NPI
Person Completing This Form	
Contact Email Address	Contact Phone Number
Signature of Authorized Representative	Date
NAME CHANGE	
Former Last Name	Former First Name
New Last Name	New First Name
Former Group/Clinic Name	
New Group/Clinic Name	
For individual name change please attach: • Copy of updated professional license showing the new name.	
For group/clinic name change please attach: • Copy of EIN Letter showing new name for legal name change, or • W-9 showing new name for DBA change.	
SPECIALTY/CLASSIFICATION CHANGE	
Former Individual Specialty	New Individual Specialty
Please attach a copy of your completed education or board certification for new specialty.	
Changing clinic to Rural Health Center (RHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your DHEC license.	Changing clinic to Federally Qualified Health Center (FQHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your CMS approval letter.

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108002010 06/1/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association. 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.

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

Updating Your Information

Other update forms can be found on our Provider page (www.lablue.com/providers) >Resources >Forms include:

- **Professional Provider TIN Change** is to report a change in your Tax ID number.
- **Add Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID.
- **National Provider Identifier Change**
- **Request for Termination** is to request termination from one or more of our networks.
- **EFT Termination or Change** to update your EFT information.
- **Link to Group or Clinic** is used to link an individual provider to an existing provider group or clinic.

Individuals who are credentialed and linked to clinic groups or clinic groups that have individual providers linked will complete the professional forms.




The image displays five forms from Louisiana Blue Cross and Blue Shield, arranged in a collage. A large blue star with the word 'NEW' is overlaid on the top right. The forms are:

- Professional Provider Identification Number (TIN) Change Form:** For reporting a change in a provider's Tax ID number.
- Electronic Funds Transfer Termination/Change Form:** For updating or terminating EFT information.
- National Provider Identifier (NPI) Change Form:** For reporting a change in a provider's NPI.
- Request for Termination Form:** For requesting termination from one or more networks.
- Link to Group or Clinic Request Form:** For linking an individual provider to a group or clinic.

Attesting to Your Directory Information

Provider Attestation Form

 **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	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		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	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		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	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		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)		

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Our PCDM Department sends either a **prefilled Provider Attestation Form** via DocuSign® (or a spreadsheet to larger groups) every 90 days to providers listed in our online provider directories. These providers are **required to review** their information.



If the information is correct, then electronically give attestation, sign and return the form.



If any of the information is incorrect, please complete the Provider Update Request Form (a link is included in the attestation form). This allows us to update the information we publish in our directories.

Failure to complete this attestation of information will result in provider being removed from our online provider directories.



Verifying Your Networks

Online Provider Directories

Louisiana Blue 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.lablue.com >Find a Doctor or Drug >Provider Directory and Cost Estimates.

The screenshot shows the Louisiana Blue website interface. At the top, there is 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. Below the navigation bar, the Louisiana Blue logo is displayed. To the right of the logo are links for Shop, Find a Doctor or Drug, Save, Wellness, Learn, and My Account. The main content area is titled 'Find a Doctor or Drug' and features a blue button with the same text. Below this title, there are several sections: 'Provider Directory' (which is circled in blue and includes a link to 'Provider Directory and Cost Estimates'), 'Other Directories' (listing BlueDental, Blue Vision, Blue Cross Blue Shield Global Core, Federal Employee Program (FEP), and Medicare Advantage Provider Search), 'Hospital Based Physicians' (including ER/OR Information), 'Get Care from Anywhere!' (with Medical/Behavioral Visits Available), 'Rx Drug Resources' (with Find and Manage Medicine and Pharmacy Directory), and 'Blue Distinction Centers'.

Online Provider Directories

- You can search for a provider by name or specialty.
- To refine your search, select a **Network** and/or enter your location in the **city, state or ZIP** field.

The screenshot shows the Louisiana Blue Cross provider directory website. At the top left is the logo "LOUISIANA BLUE" with a blue cross icon. At the top right are links for "English" and "Log In". The main heading says "Good Afternoon! Browse or search to find the care you need." Below this are two filters: "Network" with a dropdown menu showing "All Networks", and "City, state or zip" with a text input showing "San Jose, CA — 95141" and a location pin icon. Below these is a large search bar with the placeholder text "Search for Names and Specialties" and a blue search button. At the bottom, there are "Common Searches" with links for "Primary Care", "Urgent Care", "Behavioral Health", and "DME & Medical Supplies", each with a dropdown arrow.

Online Provider Directories

- To find a provider in a particular network, select a network from the **Network** dropdown menu.
- The networks are listed in alphabetical order, or you can search "All Networks."

LOUISIANA BLUE CROSS

English Log In

Good Afternoon!
Browse or search to find the care you need.

Network
All Networks

City, state or zip
San Jose, CA - 95141

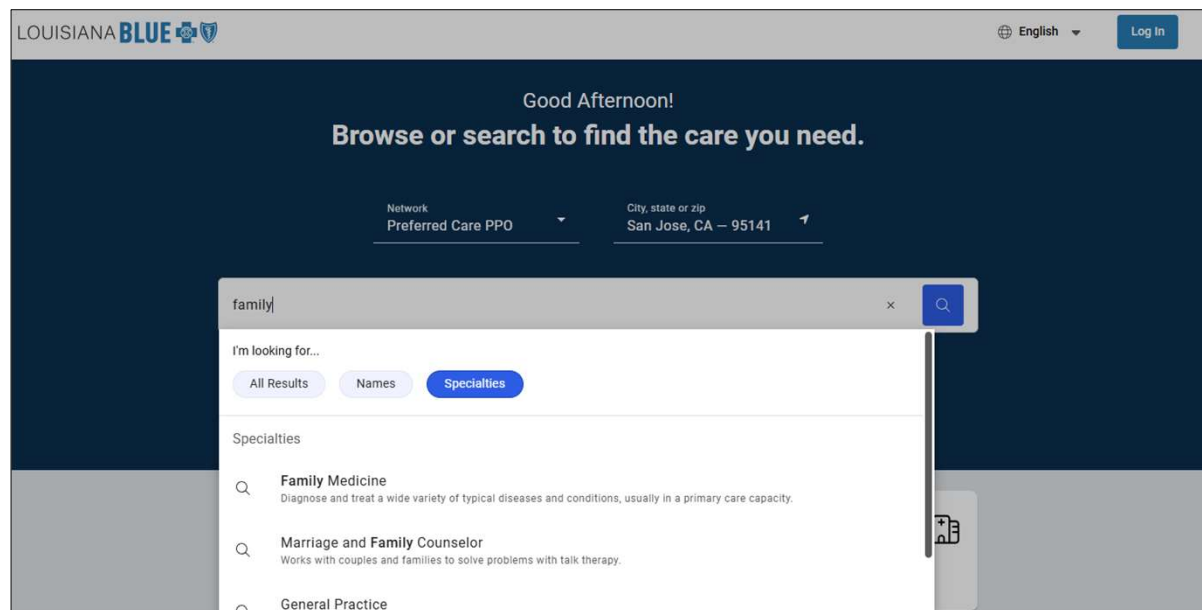
Search for Names and

Common Searches: Primary Care Behavioral Health DME & Medical Supplies

All Networks
Abbeville General
Affinity Health Network
Blue Connect EPO PPO
Blue Connect HMO/POS
BlueHPN

Online Provider Directories

- To search by medical specialty, type in a specialty or term in the search bar box, and then click the result for which you're searching in the dropdown menu.
- If you do not see the specialty you need in the dropdown menu, then click the blue magnifying glass button to the far right of the search bar to get more search results.



Online Provider Directories

Each provider has a page with links:

- Provider Highlights
- Networks Accepted
- Specialties & Expertise
- Credentials
- Awards & Recognitions
- Ratings & Reviews
- Affiliated Facilities
- More About This Provider

The screenshot shows a provider profile for Smith, Joe MD, a Male Family Practice physician. The page features a dark blue header with the provider's name, gender, and specialty. A sidebar on the left contains a list of links: Provider Highlights, Networks Accepted, Specialties & Expertise, Credentials, Awards & Recognitions, Ratings & Reviews, Affiliated Facilities, and More About This Provider. The main content area displays the provider's highlights, including their group (ABC Physician Group), address (1234 Main Street, Baton Rouge, LA 70809), phone number (225-555-5555), and a link to their website. It also shows their awards (2 Awards), affiliations (1 Affiliation), and a link to more information about their race, ethnicity, and languages. The 'Networks Accepted' section lists various insurance plans, including Precision Blue HMO/POS, OGB MagLocal Plus - PrefCare, OGB MagOpen Access - PrefCare, OGB Pelican HRA/HSA - PrefCare, OGB Preferred Care, Signature Blue HMO/POS, and Abbeville General.

Smith, Joe MD
Male
SPECIALTY: FAMILY PRACTICE

★★★★★ (5.0) • 2 ratings
Print Share

Provider Highlights
Networks Accepted
Specialties & Expertise
Credentials
Awards & Recognitions
Ratings & Reviews
Affiliated Facilities
More About This Provider

Provider Highlights
Smith, Joe MD

ABC Physician Group
1234 Main Street
Baton Rouge, LA 70809
[View Directions](#) (est. 1.0 mile away)
Phone: 225-555-5555
✓ Accepting New Patients

2 Awards
1 Affiliation
[More about this provider's race, ethnicity, languages, etc.](#)

In "Precision Blue HMO/POS" Network
QUALITY BLUE PROVIDER
Enhanced Tier 1

Networks Accepted
[Log In](#) for personalized results

(Enhanced Tier 1) Precision Blue HMO/POS
(Tier 1) HMO Louisiana HMO/POS
(Tier 1) OGB MagLocal Plus - PrefCare
(Tier 1) OGB MagOpen Access - PrefCare
(Tier 1) OGB Pelican HRA/HSA - PrefCare
(Tier 1) OGB Preferred Care
(Tier 1) Preferred Care PPO
(Tier 1) Signature Blue HMO/POS
(Tier 2) Abbeville General

[See something incorrect? Let us know.](#)

Online Provider Directories

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.lablue.com.

- Addresses (location information)*
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services (telehealth/virtual-only providers are identified as such and address is not displayed)

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.

*Limit of 10 locations per provider per TIN.



It is the contractual responsibility of all participating providers to notify Louisiana Blue when they leave a group or location, as well as to keep all other information current. To report changes in your information, use the **Individual/Group Provider Update Request** form. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

Finding a Provider in the Member's Network

Smith, Joe MD
Male
SPECIALTY: FAMILY PRACTICE

★★★★★ (5.0) • 2 ratings
Print Share

Provider Highlights

Smith, Joe MD

ABC Physician Group
1234 Main Street
Baton Rouge, LA 70809
[View Map](#) (Est. 1.0 mile away)
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In "Precision Blue HMO/POS" Network
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Networks Accepted
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(Enhanced Tier 1) Precision Blue HMO/POS	(Tier 1) HMO Louisiana HMO/POS	(Tier 1) OGB MagLocal Plus - PrefCare
(Tier 1) OGB MagOpen Access - PrefCare	(Tier 1) OGB Pelican HRA/HSA - PrefCare	(Tier 1) OGB Preferred Care
(Tier 1) Preferred Care PPO	(Tier 1) Signature Blue HMO/POS	(Tier 2) Abbeville General

You get the highest level of benefits from providers in Tier 1 or Enhanced Tier 1. Providers in Tiers 2 or 3 will cost more. Please check your benefits for how, or if, your plan covers care in those tiers.

www.lablue.com >Find a Doctor or Drug >Provider Directory and Cost Estimates

Future Educational Opportunities

Provider Credentialing & Data Management

- August 28
- November 19

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

Provider Survey



Each year, Louisiana Blue conducts the Provider Engagement Survey.

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 your needs.



We would love for you to complete our 2025 provider survey later this year. Participants have a chance to win 1 of 26 gift cards with top prize of \$500.



Questions?



Appendix

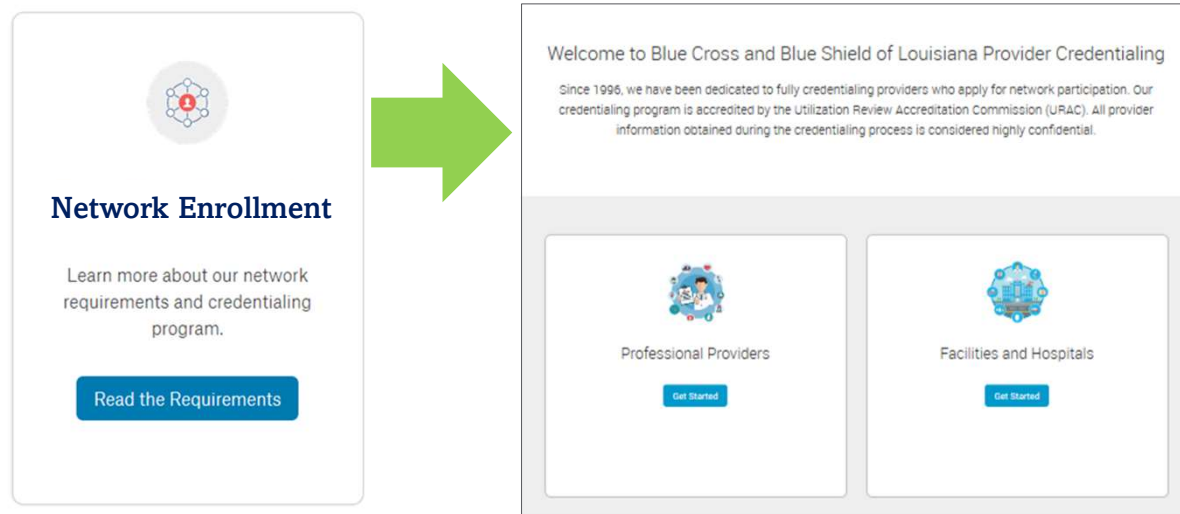


Credentialing

The Paperwork

You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

Applications are available online at www.lablue.com/providers.



Choose **Network Enrollment**, then **Join Our Networks** page then, select **Professional Providers** to find credentialing packet.



The Paperwork for Professional Providers

[Overview](#) [Credentialing Process](#) [Join Our Networks](#) [Update Your Information](#) [FAQs](#)

Join Our Networks

Your request can take up to 90 days to process once all required information has been received. The BCBSLA Welcome to the Network notification letter will notify you of next steps and your network participation effective date shall be the effective date indicated on the signature page of your provider agreement. Louisiana Blue does not backdate network participation. Any claims submitted prior to network participation will process as out-of-network. When a claim is processed as out-of-network, payment for services may go to the member not to the provider.

Applying for network participation has been made easy. Our online applications can now be completed, signed and submitted digitally with **DocuSign**. Each packet includes a checklist of all required documents. Please follow that checklist to ensure all information is included with the submission of your application. Louisiana Blue uses the LSCA for both credentialing and recredentialing applications.

[Professional CAQH Credentialing Packet](#)



The Professional (initial) credentialing packet includes a checklist of all required documents.

- To **join our networks through a new contract**, or **joining an existing group**, complete the checklist under “I wish to PARTICIPATE in Louisiana Blue’s network(s).”
- If you **want a provider record only for filing claims**, complete the checklist under “I wish to obtain a Louisiana Blue record only as a NON-PARTICIPATING provider.”



The Paperwork

Louisiana Blue uses **CAQH Application** for initial credentialing.

The **Credentialing Application Attachment A** is to report the hours per day the professional provider is available for patient appointments at each practice location.

- Location information reported must correlate to the locations reported on the CAQH, as applicable.
- This form is also used to report telehealth services.

To be listed in the directory, provider must be available to schedule patient appointments **a minimum of 8 hours per week** at the location listed.

[illegible]

iLinkBlue Service Agreement

Business Associate Addendum

Electronic Funds Transfer (EFT) Enrollment Form

Administrative Representative Registration Form

Administrative Representative Acknowledgement Form

The iLinkBlue Service agreement must be the group or clinic name, it does not need to be completed for individual providers.

To change EFT information, providers should complete the EFT Change form.



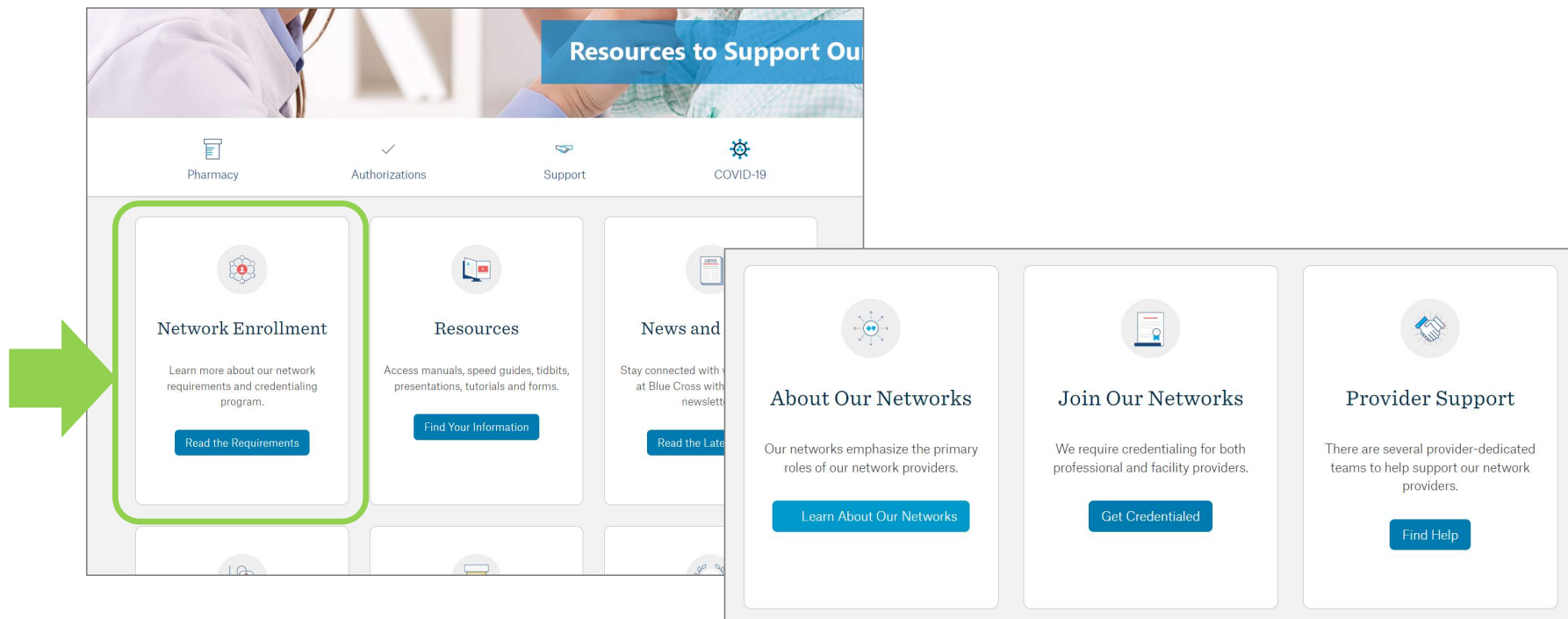
Professional Provider Network Availability

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 Midwife
- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)
- Louisiana Registered Doula
- 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)

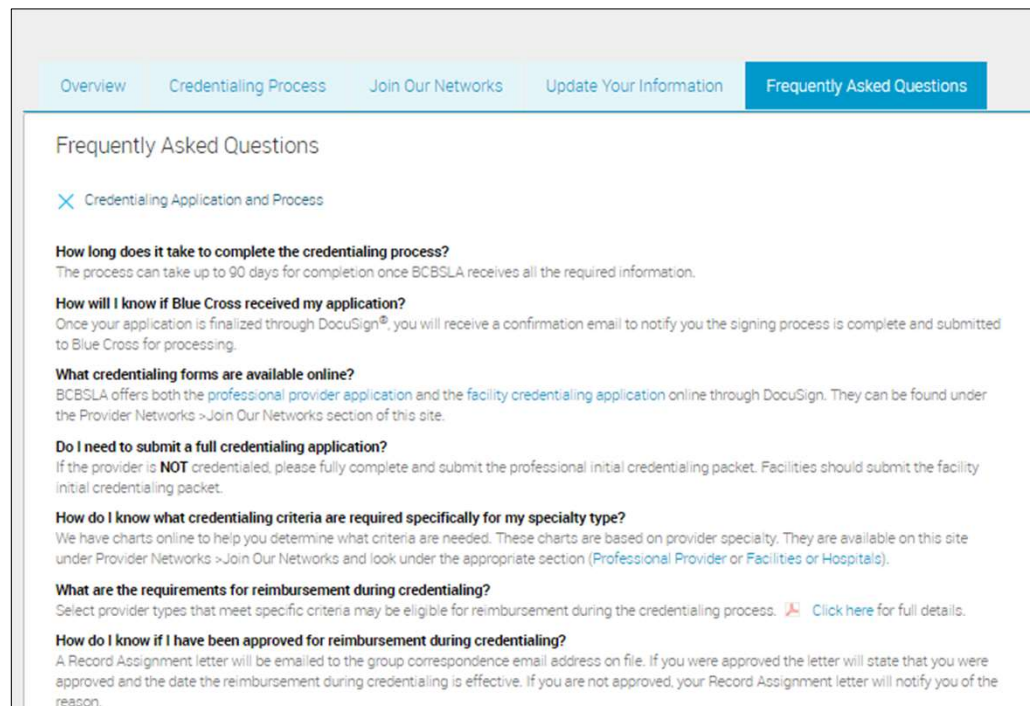
View the *Credentialing Criteria* for these professional provider types at www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.

The Provider Page www.lablue.com/providers



Choose **Network Enrollment** to view more information about our networks.

Credentialing FAQs



The screenshot shows a web page with a navigation bar at the top containing five links: Overview, Credentialing Process, Join Our Networks, Update Your Information, and Frequently Asked Questions. The 'Frequently Asked Questions' link is highlighted in blue. Below the navigation bar, the page title 'Frequently Asked Questions' is displayed. A sub-header 'X Credentialing Application and Process' is shown with a blue 'X' icon. The page lists seven FAQs, each with a bold question and a detailed answer. The questions cover topics such as the duration of the credentialing process, confirmation of application receipt, online form availability, submission requirements for different provider types, specialty-specific criteria, reimbursement requirements, and the process for approved reimbursement.

Overview Credentialing Process Join Our Networks Update Your Information **Frequently Asked Questions**

Frequently Asked Questions

X 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?
Select provider types that meet specific criteria may be eligible for reimbursement during the credentialing process. [Click here](#) for full details.

How do I know if I have been approved for reimbursement during credentialing?
A Record Assignment letter will be emailed to the group correspondence email address on file. If you were approved the letter will state that you were approved and the date the reimbursement during credentialing is effective. If you are not approved, your Record Assignment letter will notify you of the reason.

www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers
>Frequently Asked Questions

Easily Complete Forms 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 Louisiana Blue.

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.

View our *DocuSign® Guide* online at www.lablue.com/providers

>Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals

>Join Our Networks.

The screenshot shows a document titled "DocuSign® Guide" from Louisiana Blue. It provides instructions on how to use DocuSign for submitting applications and forms. The guide includes a "Please Review & Act on These Documents" section with a "CONTINUE" button. The document is dated 10/06/2018 01:00.

Easily Complete Forms with DocuSign

Enter text

FINISH **FINISH LATER** **OTHER ACTIONS**

START

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

Louisiana

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

Group/Clinic Name

Are you a primary care provider (PCP)? ☐ Yes ☐ No

Effective Date of

Authorized representative completing this form on behalf of a

Authorized Representative

Contact Phone Number Contact Email Address

Submission Information (form completed by)

Signature Date

Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.

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.