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.

LOUISIANA BLUE

Credentialing, Contracting, Recredentialing & Data Management

Nov. 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.

Welcome

- Today's presentation will take you on a journey through the **credentialing** and **recredentialing** processes.
- We will also explain the network **contracting** process.
- We will show you how to update and **manage the data** Louisiana Blue has on your provider record.

The Basics

Credentialing Is Required for Network Participation.

- Louisiana Blue credentials all practitioners and facilities that participate in our networks.
- We partner with **Medallion** 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 Basics

There are two types of Louisiana Blue provider records a provider can obtain:

Network-participating provider record

Contract on File and Provider **IS** credentialed

Non-participating provider record
(for filing claims only)

No Contract and Provider **IS NOT** credentialed

Participating vs. Non-participating Providers

What is a Participating Provider?

- Provider who has entered into a contractual agreement with Louisiana Blue to provide covered services to our members.
- Payments are based on the provider's schedule of allowable charges.
- Provider may bill the member for any deductible, coinsurance, copayment and/or non-covered service. Provider agrees not to collect any amount over the allowable charge from the member.
- Payment goes directly to the participating provider.
- Participating providers see increased Louisiana Blue patient volume since members receive higher benefits when using network providers.
- Only participating providers are listed in our online provider directory featured on our corporate website (**www.lablue.com**).

Participating vs. Non-participating Providers

What is a Non-participating Provider?

- Provider who has chosen not to sign a network agreement with Louisiana Blue.
- We establish a non-participating rate for covered services rendered by non-participating providers.
- The provider may balance bill the member for all amounts not paid by Louisiana Blue with the exception of services covered under the No Surprises Act.
- In most situations, Louisiana Blue payments for claims to a non-participating provider are sent directly to the member.
- Some members may have no benefits for services provided by non-participating providers without obtaining prior approval.
- Non-participating providers are **NOT** listed in our online provider directory.

Applying for Credentialing

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 Doulas
- 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.

Registered Doulas 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 Doulas 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.

Facility Network Availability

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

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services (including CMS Independent Diagnostic Testing Facilities)
- Dialysis Facility
- DME Supplier
- Emergency Medicine Physician Groups
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory
- Lithotripsy/Orthotripsy
- Nursing Home
- Radiation Center
- Residential Treatment
- Retail Health Clinic
- Skilled Nursing Facility
- Sleep Lab/Center
- Specialty Pharmacy
- Urgent Care Clinic

View the *Credentialing Criteria* for these facility types at **www.lablue.com/providers** >Network Enrollment >Join Our Networks > Facilities and Hospitals >Credentialing Process.

Hospital Based Providers

A hospital/facility-based provider includes:

- Providers who **only** see patients as a result of their being admitted or directed to the hospital.
- Providers who **only** read test results or perform services in a facility, for which a member cannot directly make an appointment.
- Medical staff.

- The classification as a hospital-based provider applies for the hospital location only and NOT for any other practice locations outside the hospital.
- Hospital-based providers can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.
- A provider is **NOT considered hospital-based** if they have patients referred directly to them from another physician or organization or if the member can make an appointment with the physician.

Telehealth Only Providers

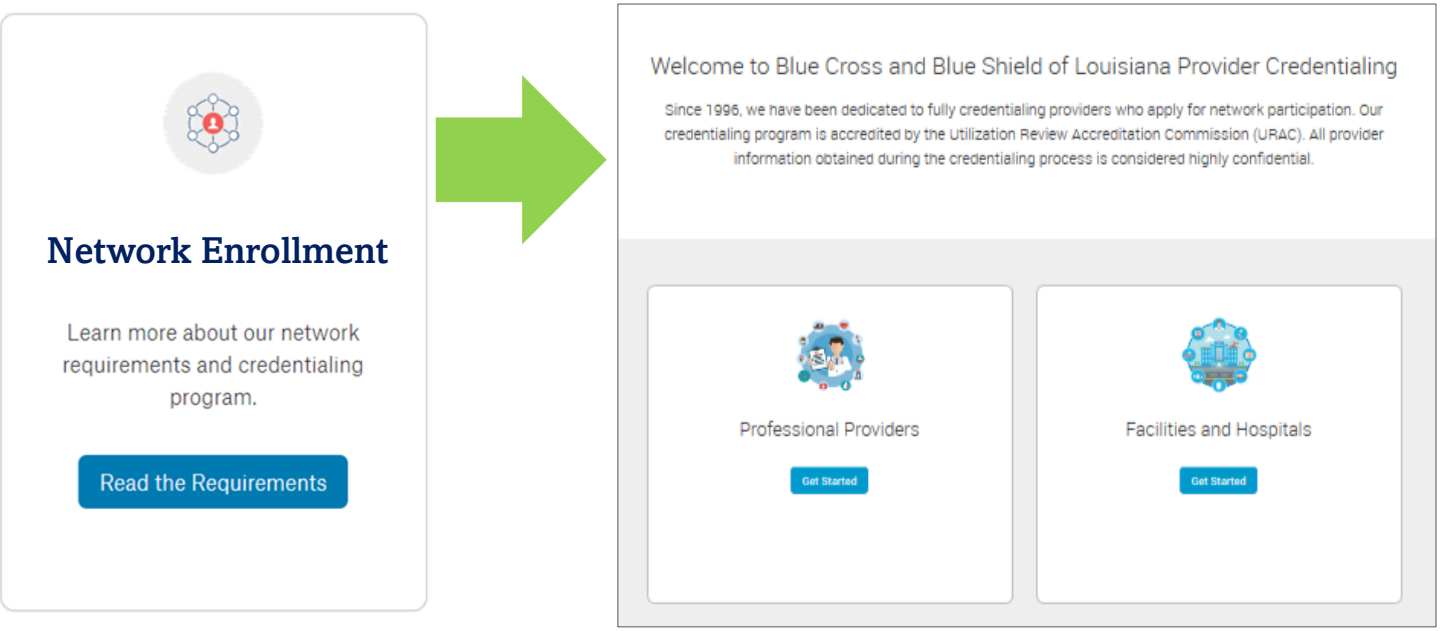
Our credentialing policy includes guidance for the provision of telehealth services to our members **WHEN**:

- **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.

The Paperwork

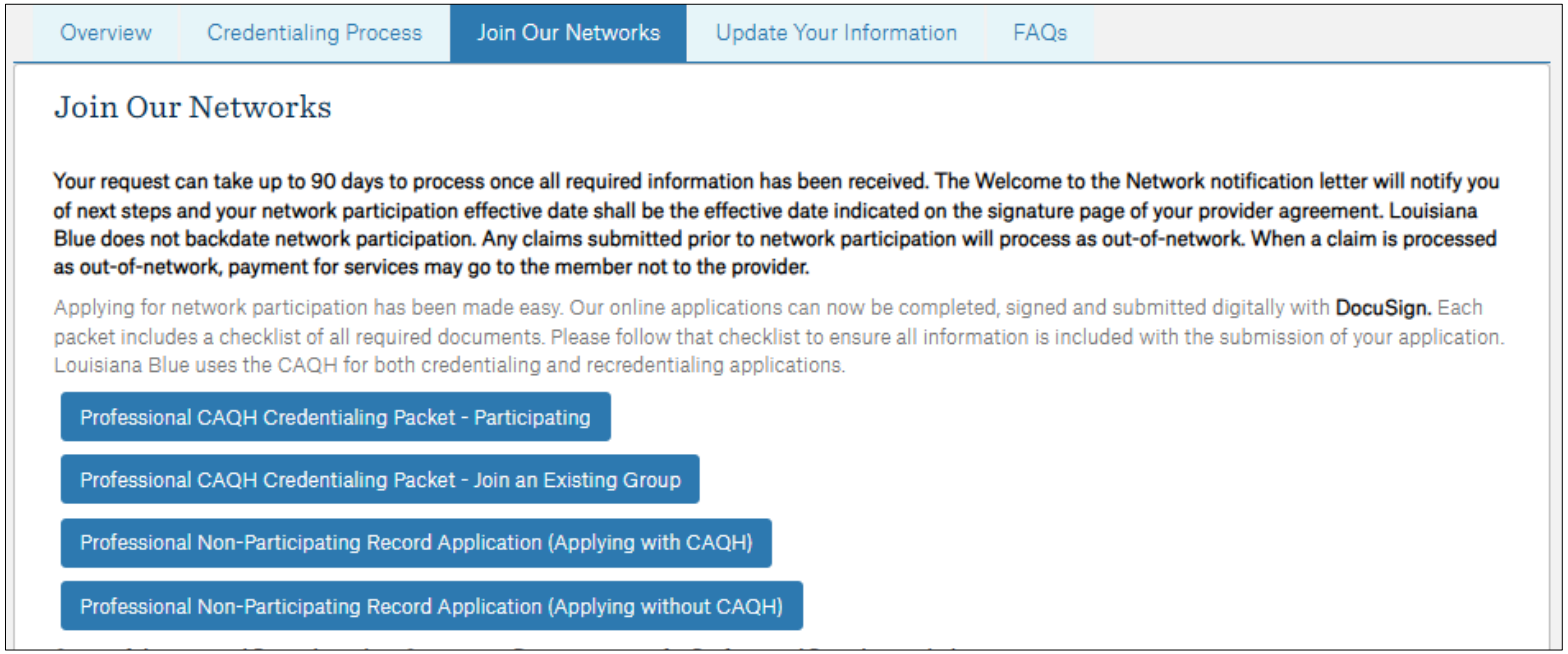
You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

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



Choose **Network Enrollment**, then **Join Our Networks** page then, select **Professional Providers** or **Facilities and Hospitals** to find credentialing packets.

The Paperwork for Professional Providers



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

- To **join our networks through a new contract**, complete the Professional CAQH Credentialing Packet – Participating.
- To **joining an existing group**, complete the Professional CAQH Credentialing Packet – Join an Existing Group.
- If you **want a provider record only for filing claims**, complete the Professional Non-participating CAQH Record Application.

CAQH Applications for Professional Providers

Louisiana Blue only accepts the Council for Affordable Quality Healthcare (CAQH) application for **professional providers**. 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 for Professional Providers

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.

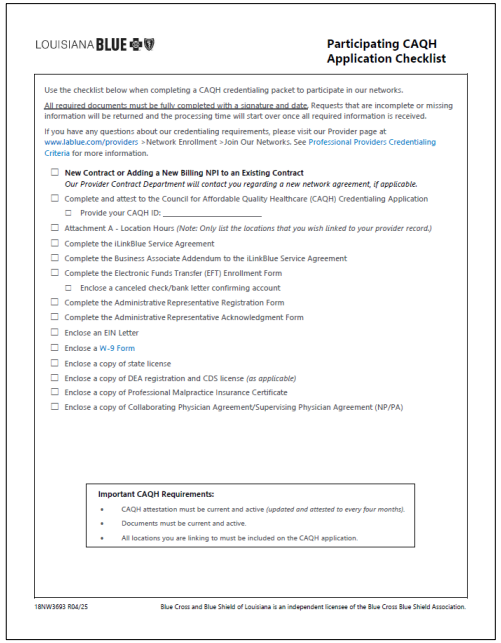
To learn more about CAQH, please access the following resources:

- 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.

The Paperwork for Professional Providers



LOUISIANA BLUE

Participating CAQH Application Checklist

Use the checklist below when completing a CAQH credentialing packet to participate in our networks.

All required documents must be fully completed with a signature and date. Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

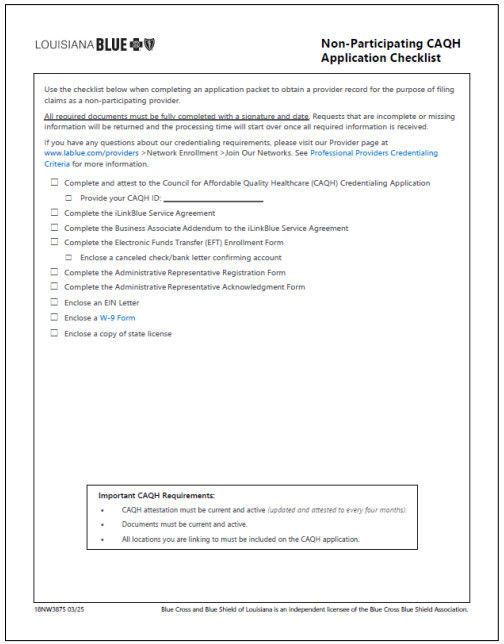
If you have any questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks. See Professional Providers Credentialing Criteria for more information.

- ☐ **New Contract or Adding a New Billing NPI to an Existing Contract**
  Our Provider Contract Department will contact you regarding a new network agreement, if applicable.
- ☐ Complete and attest to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID: _____
- ☐ Attachment A - Location Hours *(Note: Only list the locations that you wish linked to your provider record.)*
- ☐ Complete the iLinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
  - ☐ Enclose a canceled check/bank letter confirming account
- ☐ Complete the Administrative Representative Registration Form
- ☐ Complete the Administrative Representative Acknowledgment Form
- ☐ Enclose an EIN Letter
- ☐ Enclose a W-9 Form
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA registration and CDS license *(as applicable)*
- ☐ Enclose a copy of Professional Malpractice Insurance Certificate
- ☐ Enclose a copy of Collaborating Physician Agreement/Supervising Physician Agreement (NP/PA)

Important CAQH Requirements:

- CAQH attestation must be current and active *(updated and attested to every four months)*.
- Documents must be current and active.
- All locations you are linking to must be included on the CAQH application.

18NW3693 R04/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.



LOUISIANA BLUE

Non-Participating CAQH Application Checklist

Use the checklist below when completing an application packet to obtain a provider record for the purpose of filing claims as a non-participating provider.

All required documents must be fully completed with a signature and date. Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

If you have any questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks. See Professional Providers Credentialing Criteria for more information.

- ☐ Complete and attest to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID: _____
- ☐ Complete the iLinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
  - ☐ Enclose a canceled check/bank letter confirming account
- ☐ Complete the Administrative Representative Registration Form
- ☐ Complete the Administrative Representative Acknowledgment Form
- ☐ Enclose an EIN Letter
- ☐ Enclose a W-9 Form
- ☐ Enclose a copy of state license

Important CAQH Requirements:

- CAQH attestation must be current and active *(updated and attested to every four months)*.
- Documents must be current and active.
- All locations you are linking to must be included on the CAQH application.

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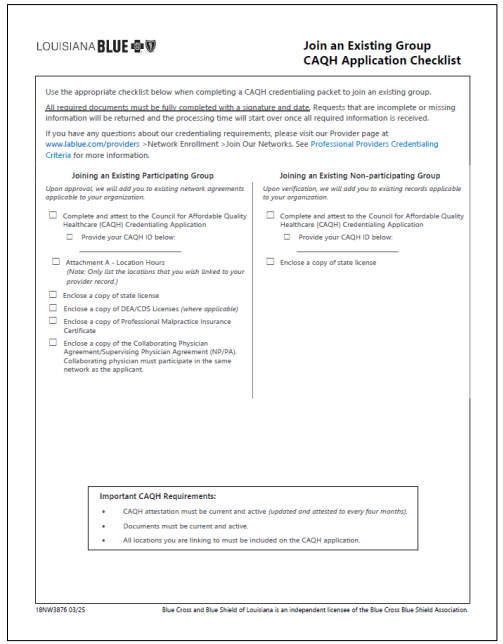


LOUISIANA BLUE

Join an Existing Group CAQH Application Checklist

Use the appropriate checklist below when completing a CAQH credentialing packet to join an existing group.

All required documents must be fully completed with a signature and date. Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

If you have any questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks. See Professional Providers Credentialing Criteria for more information.

Joining an Existing Participating Group

Upon approval, we will add you to existing network agreements applicable to your organization.

- ☐ Complete and attest to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID below: _____
- ☐ Attachment A - Location Hours *(Note: Only list the locations that you wish linked to your provider record.)*
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA/CDS Licenses *(where applicable)*
- ☐ Enclose a copy of Professional Malpractice Insurance Certificate
- ☐ Enclose a copy of the Collaborating Physician Agreement/Supervising Physician Agreement (NP/PA). Collaborating physician must participate in the same network as the applicant.

Joining an Existing Non-participating Group

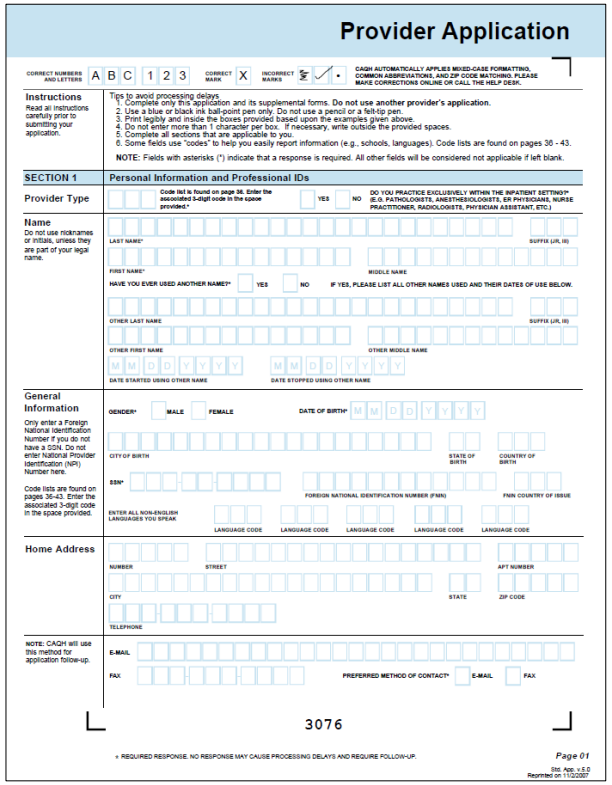
Upon verification, we will add you to existing records applicable to your organization.

- ☐ Complete and attest to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID below: _____
- ☐ Enclose a copy of state license

Important CAQH Requirements:

- CAQH attestation must be current and active *(updated and attested to every four months)*.
- Documents must be current and active.
- All locations you are linking to must be included on the CAQH application.

18NW3876 03/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.



Provider Application

CORRECT NUMBERS AND LETTERS A B C 1 2 3 CORRECT MARK X INCORRECT MARKS ✓ • CAQH AUTOMATICALLY APPLIES MIXED-CASE FORMATTING, COMMON ABBREVIATIONS, AND ZIP CODE MATCHING. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.

Instructions
Read all instructions carefully prior to submitting your application.

Tips to avoid processing delays:
1. Complete only this application and its supplemental forms. Do not use another provider's application.
2. Use a blue or black ink ball-point pen only. Do not use a pencil or a felt-tip pen.
3. Print legibly and inside the boxes provided based upon the examples given above.
4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.
5. Complete all sections that are applicable to you.
6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 36 - 43.

NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.

SECTION 1 — Personal Information and Professional IDs

Provider Type — Code list is found on page 36. Enter the associated 3-digit code in the space provided.* — YES NO — DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING?* (E.G. PATHOLOGISTS, ANESTHESIOLOGISTS, ER PHYSICIANS, NURSE PRACITIONER, RADIOLOGISTS, PHYSICIAN ASSISTANT, ETC.)

Name
Do not use nicknames or initials, unless they are part of your legal name.
LAST NAME* — SUFFIX (JR, III)
FIRST NAME* — MIDDLE NAME
HAVE YOU EVER USED ANOTHER NAME?* YES NO — IF YES, PLEASE LIST ALL OTHER NAMES USED AND THEIR DATES OF USE BELOW.
OTHER LAST NAME — SUFFIX (JR, III)
OTHER FIRST NAME — OTHER MIDDLE NAME
DATE STARTED USING OTHER NAME (M M D D Y Y Y Y) — DATE STOPPED USING OTHER NAME (M M D D Y Y Y Y)

General Information
Only enter a Foreign National Identification Number if you do not have a SSN. Do not enter National Provider Identification (NPI) Number here.
Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.
GENDER* MALE FEMALE — DATE OF BIRTH* (M M D D Y Y Y Y)
CITY OF BIRTH — STATE OF BIRTH — COUNTRY OF BIRTH
SSN* — FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN) — FNIN COUNTRY OF ISSUE
ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK — LANGUAGE CODE — LANGUAGE CODE — LANGUAGE CODE — LANGUAGE CODE — LANGUAGE CODE

Home Address
NUMBER — STREET — APT NUMBER
CITY — STATE — ZIP CODE
TELEPHONE

NOTE: CAQH will use this method for application follow-up.
E-MAIL
FAX — PREFERRED METHOD OF CONTACT* E-MAIL FAX

3076

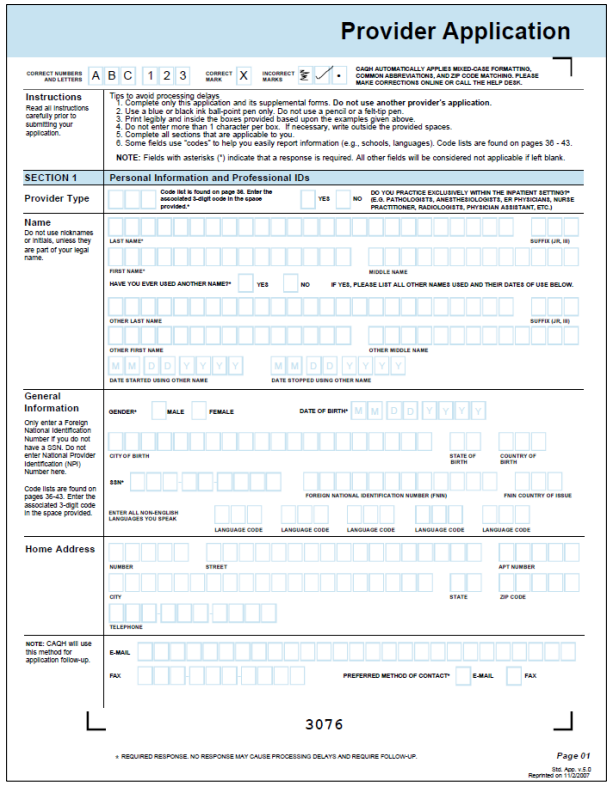
* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Page 01
Std. App. v.5.0
Reprinted on 11/3/2007

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

The Paperwork for Professional Providers

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



Provider Application

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

CAQH AUTOMATICALLY APPLIES MIXED-CASE FORMATTING, COMMON ABBREVIATIONS, AND ZIP CODE MATCHING. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.

Instructions
Read all instructions carefully prior to submitting your application.

Tips to avoid processing delays
1. Complete only this application and its supplemental forms. Do not use another provider's application.
2. Use a blue or black ink ball-point pen only. Do not use a pencil or a felt-tip pen.
3. Print legibly and inside the boxes provided based upon the examples given above.
4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.
5. Complete all sections that are applicable to you.
6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 36 - 43.

NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.

SECTION 1 Personal Information and Professional IDs

Provider Type Code list is found on page 36. Enter the associated 3-digit code in the space provided.* YES NO DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING?* (E.G. PATHOLOGISTS, ANESTHESIOLOGISTS, ER PHYSICIANS, NURSE PRACTITIONER, RADIOLOGISTS, PHYSICIAN ASSISTANT, ETC.)

Name Do not use nicknames or initials, unless they are part of your legal name.
LAST NAME* SUFFIX (JR, III)
FIRST NAME* MIDDLE NAME
HAVE YOU EVER USED ANOTHER NAME?* YES NO IF YES, PLEASE LIST ALL OTHER NAMES USED AND THEIR DATES OF USE BELOW.
OTHER LAST NAME SUFFIX (JR, III)
OTHER FIRST NAME OTHER MIDDLE NAME
M M D D Y Y Y Y DATE STARTED USING OTHER NAME M M D D Y Y Y Y DATE STOPPED USING OTHER NAME

General Information Only enter a Foreign National Identification Number if you do not have a SSN. Do not enter National Provider Identification (NPI) Number here.
Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.
GENDER* MALE FEMALE DATE OF BIRTH* M M D D Y Y Y Y
CITY OF BIRTH STATE OF BIRTH COUNTRY OF BIRTH
SSN* FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN) FNIN COUNTRY OF ISSUE
ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE

Home Address
NUMBER STREET APT NUMBER
CITY STATE ZIP CODE
TELEPHONE

NOTE: CAQH will use this method for application follow-up.
E-MAIL
FAX PREFERRED METHOD OF CONTACT* E-MAIL FAX

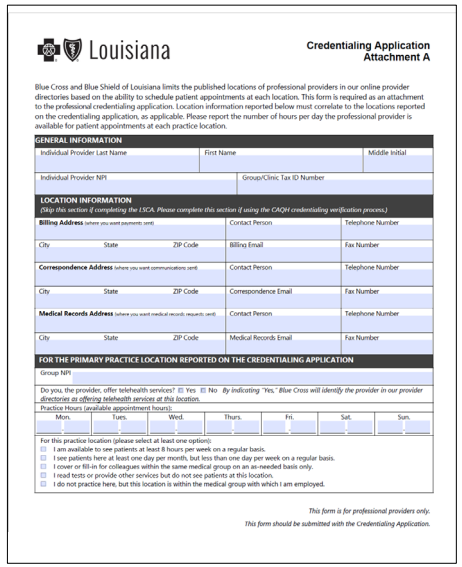
3076

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Page 01
Std. App. v 5.0
Reprinted on 11/2/2007

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.



Louisiana

Credentialing Application Attachment A

Blue Cross and Blue Shield of Louisiana limits the published locations of professional providers in our online provider directories based on the ability to schedule patient appointments at each location. This form is required as an attachment to the professional credentialing application. Location information reported below must correlate to the locations reported on the credentialing application, as applicable. Please report the number of hours per day the professional provider is available for patient appointments at each practice location.

GENERAL INFORMATION
Individual Provider Last Name | First Name | Middle Initial
Individual Provider NPI | Group/Clinic Tax ID Number

LOCATION INFORMATION
(Skip this section if completing the LSCA. Please complete this section if using the CAQH credentialing verification process.)
Billing Address (where you want payments sent) | Contact Person | Telephone Number
City State ZIP Code | Billing Email | Fax Number
Correspondence Address (where you want communications sent) | Contact Person | Telephone Number
City State ZIP Code | Correspondence Email | Fax Number
Medical Records Address (where you want medical records requests sent) | Contact Person | Telephone Number
City State ZIP Code | Medical Records Email | Fax Number

FOR THE PRIMARY PRACTICE LOCATION REPORTED ON THE CREDENTIALING APPLICATION
Group NPI
Do you, the provider, offer telehealth services? ☐ Yes ☐ No *By indicating "Yes," Blue Cross will identify the provider in our provider directories as offering telehealth services at this location.*
Practice Hours (available appointment hours):

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

For this practice location (please select at least one option):
- ☐ I am available to see patients at least 8 hours per week on a regular basis.
- ☐ I see patients here at least one day per month, but less than one day per week on a regular basis.
- ☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.
- ☐ I read tests or provide other services but do not see patients at this location.
- ☐ I do not practice here, but this location is within the medical group with which I am employed.

This form is for professional providers only.
This form should be submitted with the Credentialing Application.

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.

The Paperwork for Facilities

Overview | Credentialing Process | **Join Our Network** | Update Your Information | FAQs

Join Our Network

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 Facility Initial Credentialing packet 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.

Facility Credentialing Packet – Participating

Facility Non-Participating Record Application

Some of the required credentialing supporting documentation for Facilities and Hospitals includes:

- Health Delivery Organization (HDO) Form
- HDO Attachment, as applicable
- State License
- Malpractice Liability Certificate (copy of declarations page)

Network facilities and hospitals are reverified every three years from their last credentialing acceptance date. Blue Cross sends reverification packets directly to facilities and hospitals based on the correspondence information on file.

Contact Us

The Facility Initial Credentialing Packet includes a checklist of all required documents needed for credentialing.

The Paperwork for Facilities

LOUISIANA BLUE

PARTICIPATING FACILITY CREDENTIALING APPLICATION CHECKLIST

Use the checklist below when completing a credentialing packet to participate in our networks.

All required documents must be fully completed and submitted through DocuSign ® (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received. Please return the completed checklist and required documents with the Facility Credentialing Application.

If you have submission questions or need assistance, email PCDMatsupl@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks.

- ☐ Include a Facility Credentialing Application.
- ☐ Include the applicable Facility Information Form Attachments:
  - ☐ Facility Information Form Attachment A: Ambulance Company
  - ☐ Facility Information Form Attachment B: DME Supplier or Pharmacy
  - ☐ Facility Information Form Attachment C: Ambulatory Surgical Center, Birthing Center, Hospital, IOP/PHP, CDU, Psychiatric, Home Health, Hospice, Skilled Nursing Facility, Long Term Acute Care or Rehabilitation Center
  - ☐ Facility Information Form Attachment D: Urgent Care Clinic/Walk-in Clinic
  - ☐ Facility Information Form Attachment E: Diagnostic Radiology (Free-standing)
  - ☐ Facility Information Form Attachment F: Retail Health Clinic
  - ☐ Facility Information Form Attachment G: Laboratory
  - ☐ Facility Information Form Attachment H: Outpatient Cath Lab
- ☐ If accredited, include a copy of the current Accreditation Certificate.
- ☐ Include a copy of current state license, occupational license or operational license as applicable.
- ☐ Include a completed iLinkBlue Service Agreement.
- ☐ Include a completed Business Associate Addendum to the iLinkBlue Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment Form.
  - ☐ Include a canceled check/bank letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration Form.
- ☐ Include a completed Administrative Representative Acknowledgment Form.
- ☐ Include a W-9 Form.
- ☐ Include an EIN Letter.
- ☐ Include a copy of Malpractice Liability Certificate. DME providers only need to submit Products Liability Insurance Coverage Information.
- ☐ Include a copy of the DEQ license for Radiation Center.
- ☐ If facility has 50+ beds, include a copy of the Patient Safety Regulation Attestation for General Acute Hospital, Skilled Nursing Facility, Long Term Acute Care, Psychiatric Facility or Physical Rehabilitation Center.

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LOUISIANA BLUE

NON-PARTICIPATING FACILITY APPLICATION CHECKLIST

Use the checklist below when completing an application packet to obtain a provider record for the purpose of filing claims as a non-participating provider.

All required documents must be fully completed and submitted through DocuSign ® (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received. Please return the completed checklist and required documents with the Facility Credentialing Application.

If you have submission questions or need assistance, email PCDMatsupl@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers >Network Enrollment >Join Our Networks.

- ☐ Include a Facility Credentialing Application.
- ☐ Include a copy of current state license, occupational license or operational license as applicable.
- ☐ Include a completed iLinkBlue Service Agreement.
- ☐ Include a completed Business Associate Addendum to the iLinkBlue Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment Form *(preferred)*.
  - ☐ Include a canceled check/bank letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration Form.
- ☐ Include a completed Administrative Representative Acknowledgment Form.
- ☐ Include a W-9 Form.
- ☐ Include an EIN Letter.

18NW3874 03/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

LOUISIANA BLUE

FACILITY CREDENTIALING APPLICATION

ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION

SPECIALTY

- ☐ Acute Care Hospital
  - ☐ Critical Access
- ☐ Ambulance Services
- ☐ Ambulatory Surgical Center
- ☐ Comprehensive Outpatient Rehabilitation Facility
- ☐ DME
- ☐ Emergency Room Professional Group
- ☐ Home Health Agency
- ☐ Hospice
- ☐ Infusion Therapy Provider
  - ☐ Suite
  - ☐ Home
- ☐ Intensive Outpatient Program
- ☐ Laboratory
  - ☐ Draw Site Only
  - ☐ Full Service
  - ☐ Molecular
- ☐ Lithotripter Facility
- ☐ Long Term Acute Care Hospital
- ☐ Outpatient Cardiac Catheterization Facility
- ☐ Partial Hospitalization Program
- ☐ Psychiatric Hospital
- ☐ Diagnostic Center
  - ☐ Diagnostic Imaging
  - ☐ Radiology
- ☐ Physical Rehabilitation Hospital
- ☐ Renal Dialysis Center
- ☐ Residential Treatment Center
- ☐ Retail Health Clinic
- ☐ Skilled Nursing Facility
- ☐ Sleep Disorder Clinic/Lab
- ☐ Specialty Pharmacy
- ☐ Substance Abuse Hospital (Chemical/Drug/CDU)
- ☐ Urgent Care Clinic/Walk-In Clinic
- ☐ Other: _____

FIRST PRACTICE LOCATION

FACILITY

Facility Name: _____
Physical Address: _____
City: _____ State: _____ ZIP Code: _____
Main Phone: _____ Appointment Phone: _____ Fax: _____
TIN: _____ NPI Number: _____
Office Hours: ___-___ MON ___-___ TUES ___-___ WED ___-___ THURS ___-___ FRI ___-___ SAT ___-___ SUN

BILLING

Where should payments be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

CORRESPONDENCE

Where should communications be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

RECORDS

Where should medical record requests be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

ACCESSIBILITY

Does the office offer handicapped access for:
Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: _____
Accessible by public transportation:
Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: _____
Offers services for the disabled:
Text Telephone (TTY)? ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No
Other: _____
Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No
Patient Ages: *(Please check the age ranges of the client populations you treat)*
☐ 0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages Other *(Please specify)*: _____

PAGE 1 OF 6

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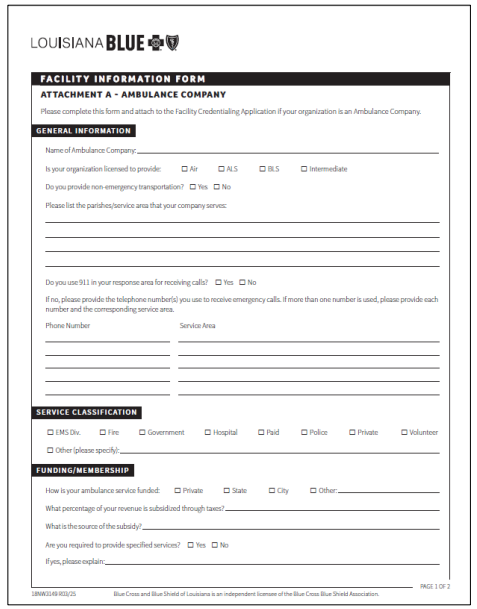
Checklist for **Participating** and **Non-participating** Application can be found on our Provider page at **www.lablue.com/providers** > Network Enrollment >Join Our Networks >Facilities and Hospitals and completed through DocuSign.

The Paperwork for Facilities

Louisiana Blue uses the **Facility Credentialing Application** for initial credentialing.



LOUISIANA BLUE

FACILITY INFORMATION FORM

ATTACHMENT A - AMBULANCE COMPANY

Please complete this form and attach to the Facility Credentialing Application if your organization is an Ambulance Company.

GENERAL INFORMATION

Name of Ambulance Company: _____

Is your organization licensed to provide: ☐ Air ☐ ALS ☐ BLS ☐ Intermediate

Do you provide non-emergency transportation? ☐ Yes ☐ No

Please list the parishes/service area that your company serves:

Do you use 911 in your response area for receiving calls? ☐ Yes ☐ No

If no, please provide the telephone number(s) you use to receive emergency calls. If more than one number is used, please provide each number and the corresponding service area.

Phone Number	Service Area

SERVICE CLASSIFICATION

☐ EMS Div. ☐ Fire ☐ Government ☐ Hospital ☐ Paid ☐ Police ☐ Private ☐ Volunteer

☐ Other (please specify): _____

FUNDING/MEMBERSHIP

How is your ambulance service funded: ☐ Private ☐ State ☐ City ☐ Other: _____

What percentage of your revenue is subsidized through taxes? _____

What is the source of the subsidy? _____

Are you required to provide specified services? ☐ Yes ☐ No

If yes, please explain: _____

PAGE 1 OF 2

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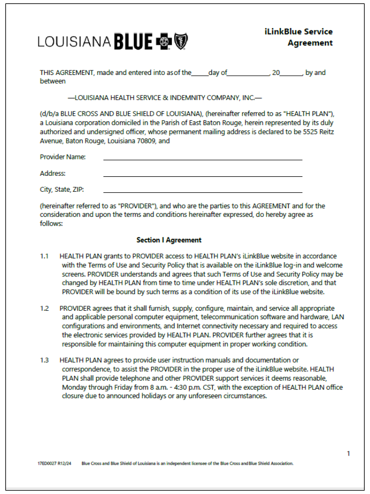
There are attachment forms included with the main credentialing form. Facilities should complete only those that apply.

- Attachment A – Ambulance
- Attachment B – DME Supplier
- Attachment C – ASC, Birthing Center, Hospital, IOP/PHP, CDU, Psychiatric, Home Health, Hospice, Skilled Nursing Facility, Long Term Acute Care or Rehab Center
- Attachment D – Urgent Care, Walk-in Clinic
- Attachment E – Diagnostic Services
- Attachment F – Retail Health Clinic
- Attachment G – Laboratory
- Attachment H – Outpatient Cath Lab

Louisiana Blue still accepts the HDO Information Form and affiliated attachments.

The Paperwork

The **iLinkBlue Application Packet** is part of our credentialing packet and must be completed.



LOUISIANA BLUE

iLinkBlue Service Agreement

THIS AGREEMENT, made and entered into as of the____day of___________, 20______, by and between

—LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY, INC.—

(d/b/a BLUE CROSS AND BLUE SHIELD OF LOUISIANA), (hereinafter referred to as "HEALTH PLAN"), a Louisiana corporation domiciled in the Parish of East Baton Rouge, herein represented by its duly authorized and undersigned officer, whose permanent mailing address is declared to be 5525 Reitz Avenue, Baton Rouge, Louisiana 70809, and

Provider Name: ______________________________

Address: ______________________________

City, State, ZIP: ______________________________

(hereinafter referred to as "PROVIDER"), and who are the parties to this AGREEMENT and for the consideration and upon the terms and conditions hereinafter expressed, do hereby agree as follows:

Section I Agreement

1.1 HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's iLinkBlue website in accordance with the Terms of Use and Security Policy that is available on the iLinkBlue log-in and welcome screens. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by HEALTH PLAN from time to time under HEALTH PLAN's sole discretion, and that PROVIDER will be bound by such terms as a condition of its use of the iLinkBlue website.

1.2 PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate and applicable personal computer equipment, telecommunication software and hardware, LAN configurations and environments, and Internet connectivity necessary and required to access the electronic services provided by HEALTH PLAN. PROVIDER further agrees that it is responsible for maintaining this computer equipment in proper working condition.

1.3 HEALTH PLAN agrees to provide user instruction manuals and documentation or correspondence, to assist the PROVIDER in the proper use of the iLinkBlue website. HEALTH PLAN shall provide telephone and other PROVIDER support services it deems reasonable, Monday through Friday from 8 a.m. - 4:30 p.m. CST, with the exception of HEALTH PLAN office closure due to announced holidays or any unforeseen circumstances.

1

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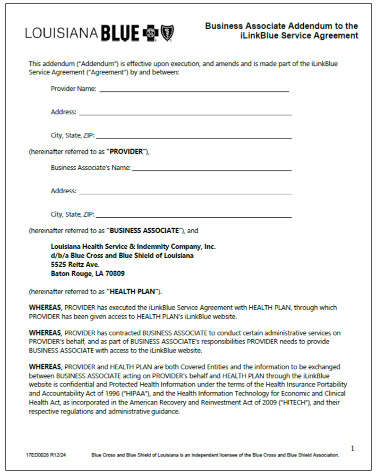
iLinkBlue Service Agreement



LOUISIANA BLUE

Business Associate Addendum to the iLinkBlue Service Agreement

This addendum ("Addendum") is effective upon execution, and amends and is made part of the iLinkBlue Service Agreement ("Agreement") by and between:

Provider Name: ______________________________

Address: ______________________________

City, State, ZIP: ______________________________

(hereinafter referred to as "**PROVIDER**"),

Business Associate's Name: ______________________________

Address: ______________________________

City, State, ZIP: ______________________________

(hereinafter referred to as "**BUSINESS ASSOCIATE**"), and

Louisiana Health Service & Indemnity Company, Inc.
d/b/a Blue Cross and Blue Shield of Louisiana
5525 Reitz Ave.
Baton Rouge, LA 70809

(hereinafter referred to as "**HEALTH PLAN**").

WHEREAS, PROVIDER has executed the iLinkBlue Service Agreement with HEALTH PLAN, through which PROVIDER has been given access to HEALTH PLAN's iLinkBlue website.

WHEREAS, PROVIDER has contracted BUSINESS ASSOCIATE to conduct certain administrative services on PROVIDER's behalf, and as part of BUSINESS ASSOCIATE's responsibilities PROVIDER needs to provide BUSINESS ASSOCIATE with access to the iLinkBlue website.

WHEREAS, PROVIDER and HEALTH PLAN are both Covered Entities and the information to be exchanged between BUSINESS ASSOCIATE acting on PROVIDER's behalf and HEALTH PLAN through the iLinkBlue website is confidential and Protected Health Information under the terms of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH"), and their respective regulations and administrative guidance.

1

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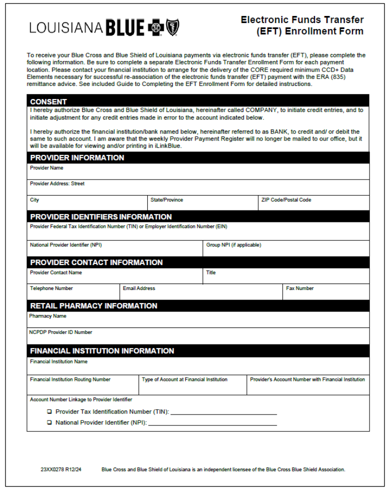
Business Associate Addendum



LOUISIANA BLUE

Electronic Funds Transfer (EFT) Enrollment Form

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 Enrollment Form for each payment location. Please contact your financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. See included Guide to Completing the EFT Enrollment Form for detailed instructions.

CONSENT

I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries, and to initiate adjustment for any credit entries made in error to the account indicated below.

I hereby authorize the financial institution/bank named below, hereinafter referred to as BANK, to credit and/ or debit 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 iLinkBlue.

PROVIDER INFORMATION

Provider Name		
Provider Address: Street		
City	State/Province	ZIP Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	Group NPI (if applicable)

PROVIDER CONTACT INFORMATION

Provider Contact Name	Title	
Telephone Number	Email Address	Fax Number

RETAIL PHARMACY INFORMATION

Pharmacy Name
NCPDP Provider ID Number

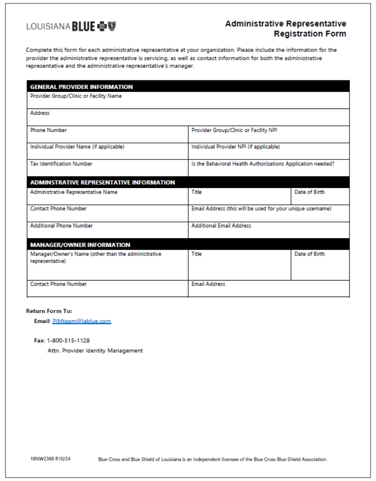
FINANCIAL INSTITUTION INFORMATION

Financial Institution Name		
Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution

Account Number Linkage to Provider Identifier
- ❑ Provider Tax Identification Number (TIN): ____________________
- ❑ National Provider Identifier (NPI): ____________________

23XX0278 R12/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Electronic Funds Transfer (EFT) Enrollment Form



LOUISIANA BLUE

Administrative Representative Registration Form

Complete this form for each administrative representative at your organization. Please include the information for the provider the administrative representative is servicing, as well as contact information for both the administrative representative and the administrative representative's manager.

GENERAL PROVIDER INFORMATION

Provider Group/Clinic or Facility Name		
Address		
Phone Number	Provider Group/Clinic or Facility NPI	
Individual Provider Name (if applicable)	Individual Provider NPI (if applicable)	
Tax Identification Number	Is the Behavioral Health Authorizations Application needed?	

ADMINSTRATIVE REPRESENTATIVE INFORMATION

Administrative Representative Name	Title	Date of Birth
Contact Phone Number	Email Address (this will be used for your unique username)	
Additional Phone Number	Additional Email Address	

MANAGER/OWNER INFORMATION

Manager/Owner's Name (other than the administrative representative)	Title	Date of Birth
Contact Phone Number	Email Address	

Return Form To:
Email: PIMteam@lablue.com

Fax: 1-800-515-1128
Attn. Provider Identity Management

18NW2368 R10/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative Representative Registration Form

LOUISIANA BLUE

Administrative Representative Acknowledgment Form

I understand that I have been designated by my employer/organization (the Organization) as the Administrative Representative for the Organization for the purpose of obtaining and granting access to other Organization employees to Blue Cross and Blue Shield of Louisiana's (BCBSLA) secure online services (the Secure Services). As such, I am responsible for delegating access to the Secure Services to appropriate users within my Organization and adhering to BCBSLA's guidelines regarding such access and delegation.

I agree that Secure Services access will be granted by me and the Organization only to those employees within the Organization who legitimately must have access to the Secure Services in order to fulfill their job responsibilities and only to the extent necessary to fulfill those job responsibilities, all as further described by BCBSLA's guidelines. I am also responsible for terminating Organization employee access to the Secure Services at such time as the employee changes roles or terminates employment with my organization, as applicable. I agree to implement procedures that will ensure that such terminations will be addressed promptly and in accordance with BCBSLA's guidelines.

As the Administrative Representative, I understand and agree that the Secure Services are assets of BCBSLA. Any misuse, personal use or use of the Secure Services for any business other than which I am authorized to perform on behalf of the Organization, or other than as set forth in BCBSLA guidelines, is strictly prohibited. I acknowledge that violation of this paragraph may result in criminal prosecution of the violator under federal and state laws, including, but not limited to, HIPAA. I further acknowledge that I must at all times, respect the confidentiality of all member (patient) information or data that I am working with or may have access to in the Secure Services or otherwise on BCBSLA's electronic computer systems. In addition, I agree that I am obligated to protect the assets and/or confidential information in the Secure Services and on BCBSLA's electronic computer systems by maintaining complete secrecy over my username and password that I use to access the Secure Services. Under no conditions shall I reveal my username or password to anyone or allow anyone else access to or use of the Secure Services under my username.

I understand that if my role in the Organization changes or if my term of employment ends with the Organization, it is my responsibility to ensure that my duties and access to the Secure Services immediately terminate as well. On behalf of the Organization, I acknowledge and agree that the Organization shall notify BCBSLA immediately of any breach of confidentiality, fraud, or suspected fraud or abuse of which it becomes aware relating to the BCBSLA Secure Services or any member(patient) or other information contained in the Secure Services. In addition, I shall also immediately notify my Organization and BCBSLA of any such breach of confidentiality, fraud, or suspected fraud or abuse. I further understand that BCBSLA monitors the Secure Services and the access of users thereto. BCBSLA shall report to the Organization any suspected unauthorized access or abuse arising from the Organization's access to the Secure Services and, as a result, may also rescind my access to the Secure Services and/or take legal action as deemed necessary by BCBSLA in its sole discretion.

This Acknowledgment may be validly executed via facsimile transmission or through other electronic means showing the signature of the party and each such reproduced copy of this Acknowledgment shall constitute an original Acknowledgment for all purposes. Administrative Representative agrees that a facsimile or electronic scanned copy of this document with facsimile or scanned signatures may be treated as an original and will be admissible as evidence in a court of law.

Note: Usernames with no sign-on activity for 180 days will automatically be locked. The administrative representative will need to contact the Provider Identity Management (PIM) Team at PIMTeam@bcbsla.com or 1-800-716-2299, option 5 to reactivate the account. iLinkBlue terminates your account if it remains inactive for one year. If iLinkBlue terminates your user account, the Administrative Representative will need to contact the PIM Team for assistance. You will need to complete a new Administrative Representative Registration Packet. The packet is available on our website at www.bcbsla.com\providers.

SIGNATURE PAGE FOLLOWS

18NW2210 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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.

Let’s Get Credentialed

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**.

Verifying Your Information

We partner with **Medallion**, to assist with the primary source verification of our credentialing and recredentialing applications.

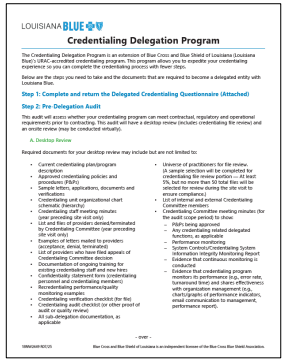
Professional providers in the credentialing and recredentialing process may be directly contacted by Medallion to verify application details and supporting documentation.

Medallion will make three attempts to contact the provider. If unsuccessful, the credentialing process is stopped, and the application is rejected. For providers in the recredentialing process, network participation may be terminated.

If you have questions about this process, you may email your Provider Relations representative.

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.



LOUISIANA BLUE

Credentialing Delegation Program

The Credentialing Delegation Program is an extension of Blue Cross and Blue Shield of Louisiana (Louisiana Blue)'s URAC-accredited credentialing program. This program allows you to expedite your credentialing experience so you can complete the credentialing process with fewer steps.

Below are the steps you need to take and the documents that are required to become a delegated entity with Louisiana Blue:

Step 1: Complete and return the Delegated Credentialing Questionnaire (Attached)

Step 2: Pre-Delegation Audit

This audit will assess whether your credentialing program can meet contractual, regulatory and operational requirements prior to contracting. This audit will have a desktop review (includes credentialing file review) and an onsite review (may be conducted virtually).

A. Desktop Review

Required documents for your desktop review may include but are not limited to:

- Current credentialing plan/program description
- Approved credentialing policies and procedures (P&Ps)
- Forms, letters, applications, documents and verifications
- Credentialing unit organizational chart (schematic, hierarchy)
- Credentialing staff meeting minutes (prior preceding site visit only)
- List and files of providers denied/terminated by Credentialing Committee (prior preceding site visit only)
- Examples of letters mailed to providers (acceptance, denial, terminated)
- List of providers who have filed appeals of denial/termination (prior preceding
- Documentation of ongoing training for existing credentialing staff and new hires
- Confidentiality statement form (credentialing personnel and credentialing members)
- Recredentialing performance/quality monitoring examples
- Credentialing file audit checklist (for file)
- Credentialing audit checklist (or other proof of audit or quality review)
- All sub-delegation documentation, as applicable
- Universe of practitioners for file review, (A sample selection will be completed for credentialing file review portion — At least 5%, but no more than 50 total files will be selected for review during the site visit to ensure compliance
- List of internal and external Credentialing Committee members
- Credentialing Committee meeting minutes (for the audit scope period) to show:
  - P&Ps being approved
  - Reports being presented delegated functions, as applicable
  - Performance monitoring
  - System Control/Credentialing System Information Integrity Monitoring Report
  - Evidence that continuous monitoring is conducted
  - Evidence that credentialing program monitors its performance (e.g., error rate, turnaround time) and shares effectiveness with organization management (e.g., charts/graphs; of performance indicators, email communication to management, performance report).

— OVER —

1MMGDAR-RCC15

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

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

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 **going through initial credentialing and 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 number letter from our PCDM Department notifying you of the Reimbursement During Credentialing effective date.

If you have any questions about the Reimbursement During Credentialing Process, send an email to **PCDMstatus@lablue.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.

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.

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.	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. **OR** 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.	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. 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.

LOUISIANA BLUE

Signing the Contract

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@lablue.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.

Staying in the Network

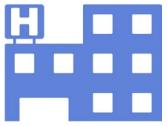
The Credentialing Committee reviews all recredentialing applications.

Recredentialing

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

Required applications:

Professional providers: CAQH Application



Facilities: Facility Credentialing Application and any applicable application attachments

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

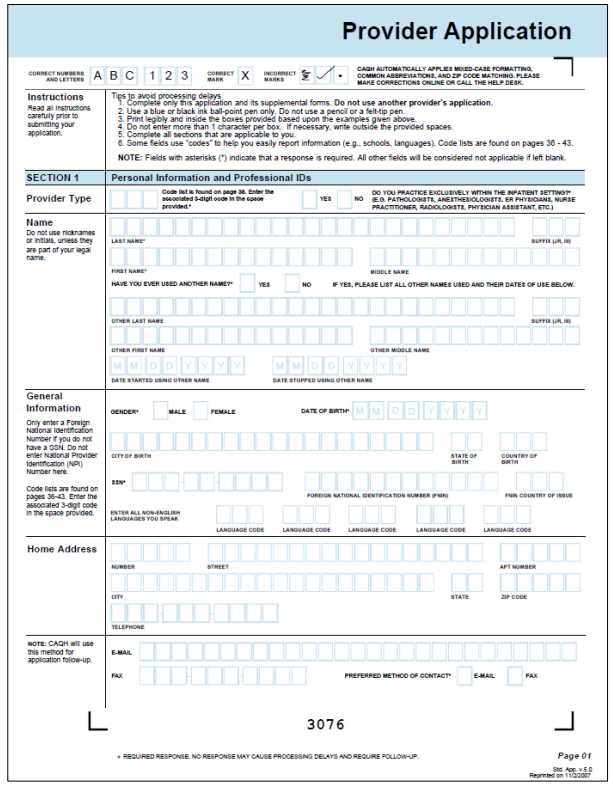
**The provider's correspondence record information is used when sending recredentialing applications.*

Recredentialing

Professional

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

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



Provider Application

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

CAQH AUTOMATICALLY APPLIES MIXED-CASE FORMATTING, COMMON ABBREVIATIONS, AND ZIP CODE MATCHING. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.

Instructions
Read all instructions carefully prior to submitting your application.

Tips to avoid processing delays
1. Complete only this application and its supplemental forms. Do not use another provider's application.
2. Use a blue or black ink ball-point pen only. Do not use a pencil or a felt-tip pen.
3. Print legibly and inside the boxes provided based upon the examples given above.
4. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.
5. Complete all sections that are applicable to you.
6. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 36 - 43.

NOTE: Fields with asterisks (*) indicate that a response is required. All other fields will be considered not applicable if left blank.

SECTION 1 Personal Information and Professional IDs

Provider Type Code list is found on page 36. Enter the associated 3-digit code in the space provided.* YES NO DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING?* (E.G. PATHOLOGISTS, ANESTHESIOLOGISTS, ER PHYSICIANS, NURSE PRACTITIONER, RADIOLOGISTS, PHYSICIAN ASSISTANT, ETC.)

Name
Do not use nicknames or initials, unless they are part of your legal name.
LAST NAME* SUFFIX (JR, III)
FIRST NAME* MIDDLE NAME
HAVE YOU EVER USED ANOTHER NAME?* YES NO IF YES, PLEASE LIST ALL OTHER NAMES USED AND THEIR DATES OF USE BELOW.
OTHER LAST NAME SUFFIX (JR, III)
OTHER FIRST NAME OTHER MIDDLE NAME
M M D D Y Y Y Y DATE STARTED USING OTHER NAME
M M D D Y Y Y Y DATE STOPPED USING OTHER NAME

General Information
Only enter a Foreign National Identification Number if you do not have a SSN. Do not enter National Provider Identification (NPI) Number here.
Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.
GENDER* MALE FEMALE DATE OF BIRTH* M M D D Y Y Y Y
CITY OF BIRTH STATE OF BIRTH COUNTRY OF BIRTH
SSN* FOREIGN NATIONAL IDENTIFICATION NUMBER (FNIN) FNIN COUNTRY OF ISSUE
ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE

Home Address
NUMBER STREET APT NUMBER
CITY STATE ZIP CODE
TELEPHONE

NOTE: CAQH will use this method for application follow-up.
E-MAIL
FAX PREFERRED METHOD OF CONTACT* E-MAIL FAX

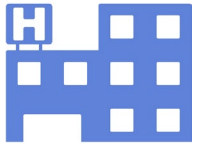
3076

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Page 01
Site App. v.5.0
Reprinted on 11/2/2007

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.

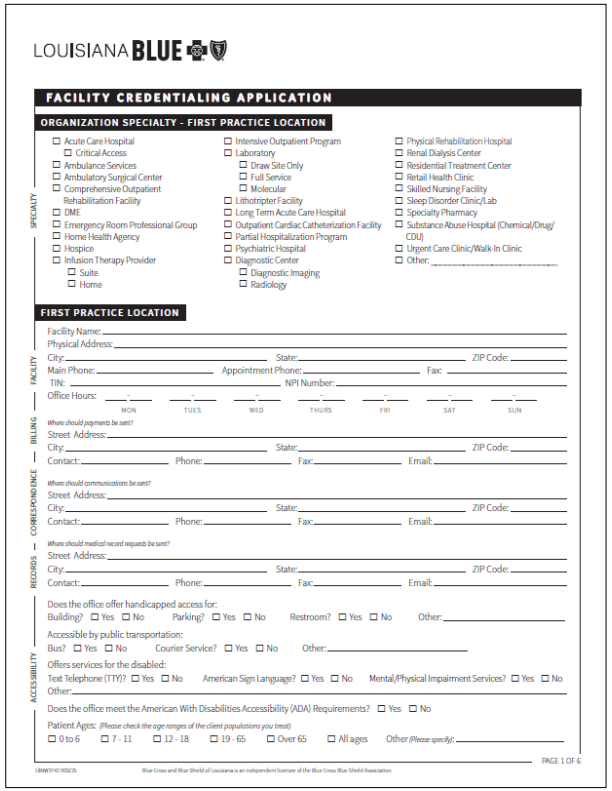
Recredentialing



Facility

Facilities due for recredentialing are sent an email (correspondence email on file) six months prior to recredentialing due date.
The email provides:

- A Facility Credentialing Application
- A checklist of required supporting documentation
- Instructions on how to complete and return the application



LOUISIANA BLUE

FACILITY CREDENTIALING APPLICATION

ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION

SPECIALTY

- ☐ Acute Care Hospital
  - ☐ Critical Access
- ☐ Ambulance Services
- ☐ Ambulatory Surgical Center
- ☐ Comprehensive Outpatient Rehabilitation Facility
- ☐ DME
- ☐ Emergency Room Professional Group
- ☐ Home Health Agency
- ☐ Hospice
- ☐ Infusion Therapy Provider
  - ☐ Suite
  - ☐ Home
- ☐ Intensive Outpatient Program
- ☐ Laboratory
  - ☐ Draw Site Only
  - ☐ Full Service
  - ☐ Molecular
- ☐ Lithotripter Facility
- ☐ Long Term Acute Care Hospital
- ☐ Outpatient Cardiac Catheterization Facility
- ☐ Partial Hospitalization Program
- ☐ Psychiatric Hospital
- ☐ Diagnostic Center
  - ☐ Diagnostic Imaging
  - ☐ Radiology
- ☐ Physical Rehabilitation Hospital
- ☐ Renal Dialysis Center
- ☐ Residential Treatment Center
- ☐ Retail Health Clinic
- ☐ Skilled Nursing Facility
- ☐ Sleep Disorder Clinic/Lab
- ☐ Specialty Pharmacy
- ☐ Substance Abuse Hospital (Chemical/Drug/CDU)
- ☐ Urgent Care Clinic/Walk-In Clinic
- ☐ Other: _____

FIRST PRACTICE LOCATION

FACILITY

Facility Name: _____
Physical Address: _____
City: _____ State: _____ ZIP Code: _____
Main Phone: _____ Appointment Phone: _____ Fax: _____
TIN: _____ NPI Number: _____
Office Hours: ___-___ MON ___-___ TUES ___-___ WED ___-___ THURS ___-___ FRI ___-___ SAT ___-___ SUN

BILLING

Where should payments be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

CORRESPONDENCE

Where should communications be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

RECORDS

Where should medical record requests be sent?
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____ Fax: _____ Email: _____

ACCESSIBILITY

Does the office offer handicapped access for:
Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: _____
Accessible by public transportation:
Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: _____
Offers services for the disabled:
Text Telephone (TTY)? ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No
Other: _____
Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No
Patient Ages: *(Please check the age ranges of the client populations you treat)*
☐ 0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages Other *(Please specify)*: _____

PAGE 1 OF 6

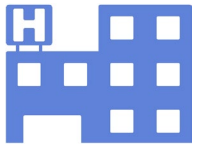
LBMM3742 1102/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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

Professional

- 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
- A copy of the Collaborative Physician Agreement/Supervising Physician Agreement for NPs and PAs



Facility

- Completed credentialing form
- Completed attachment(s), as applicable
- Copy of state license
- Copy of W-9
- Copy of Malpractice Liability Certificate
- Occupational License Tax or Operational License (as applicable)

Data Management

New Forms Replace the Provider Update Form

Previously, a single Provider Update form was used to report changes to your practice or facility. Our new forms split this form into individual forms for reporting specific changes, including some forms split into Professional or Facility versions to help expedite update processes.

New forms include:

- Professional Provider Update Request Form
- Facility Provider Update Request Form
- Professional Tax Identification Number (TIN) Change Form
- Facility Tax Identification Number (TIN) Change Form
- Add Practice Location Form
- Add Facility Location Form
- National Provider Identifier Number (NPI) Change Form
- Request for Termination Form
- Link to a Group or Clinic Form
- Electronic Transactions Transfer (EFT) Change/Termination Form

These forms can be found on our Provider page at **www.lablue.com/providers** >Resources >Forms.

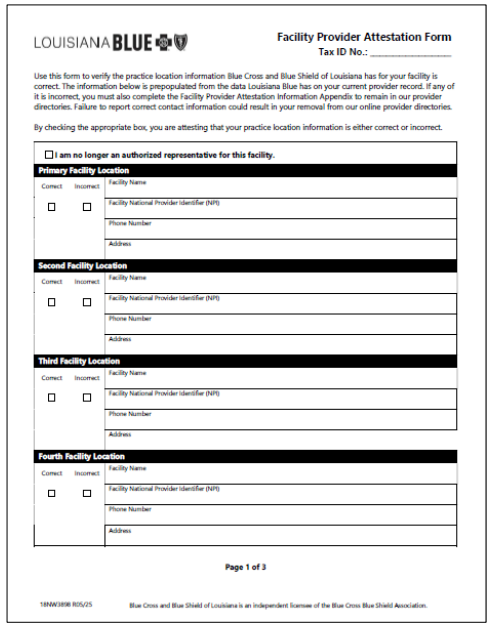
Updating Your Tax ID Number

When requesting a **Tax ID Number Change**, it may be required that the provider undergo the credentialing process again.

- Most **professional providers** are already credentialed and simply changing Tax ID number does not require credentialing.
- **Facilities** changing Tax ID number must be credentialed under the new number.
- Credentialing is not required for **delegated providers** changing to or joining a non-delegated group when they are already credentialed through delegated group for the same specialty.
- New contracting is required when changing to a Tax ID number that is not already set up in our system.

Attesting to Your Directory Information

Provider Attestation Form



LOUISIANA BLUE

Facility 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 facility is correct. The information below is prepopulated from the data Louisiana Blue has on your current provider record. If any of it is incorrect, you must also complete the Facility Provider Attestation Information Appendix 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.

☐ **I am no longer an authorized representative for this facility.**

Primary Facility Location

Correct	Incorrect	
☐	☐	Facility Name
		Facility National Provider Identifier (NPI)
		Phone Number
		Address

Second Facility Location

Correct	Incorrect	
☐	☐	Facility Name
		Facility National Provider Identifier (NPI)
		Phone Number
		Address

Third Facility Location

Correct	Incorrect	
☐	☐	Facility Name
		Facility National Provider Identifier (NPI)
		Phone Number
		Address

Fourth Facility Location

Correct	Incorrect	
☐	☐	Facility Name
		Facility National Provider Identifier (NPI)
		Phone Number
		Address

Page 1 of 3

18NW3898 R05/25 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Our PCDM Department sends either a **prefilled Provider Attestation Form** via DocuSign®/CAQH (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.

X

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

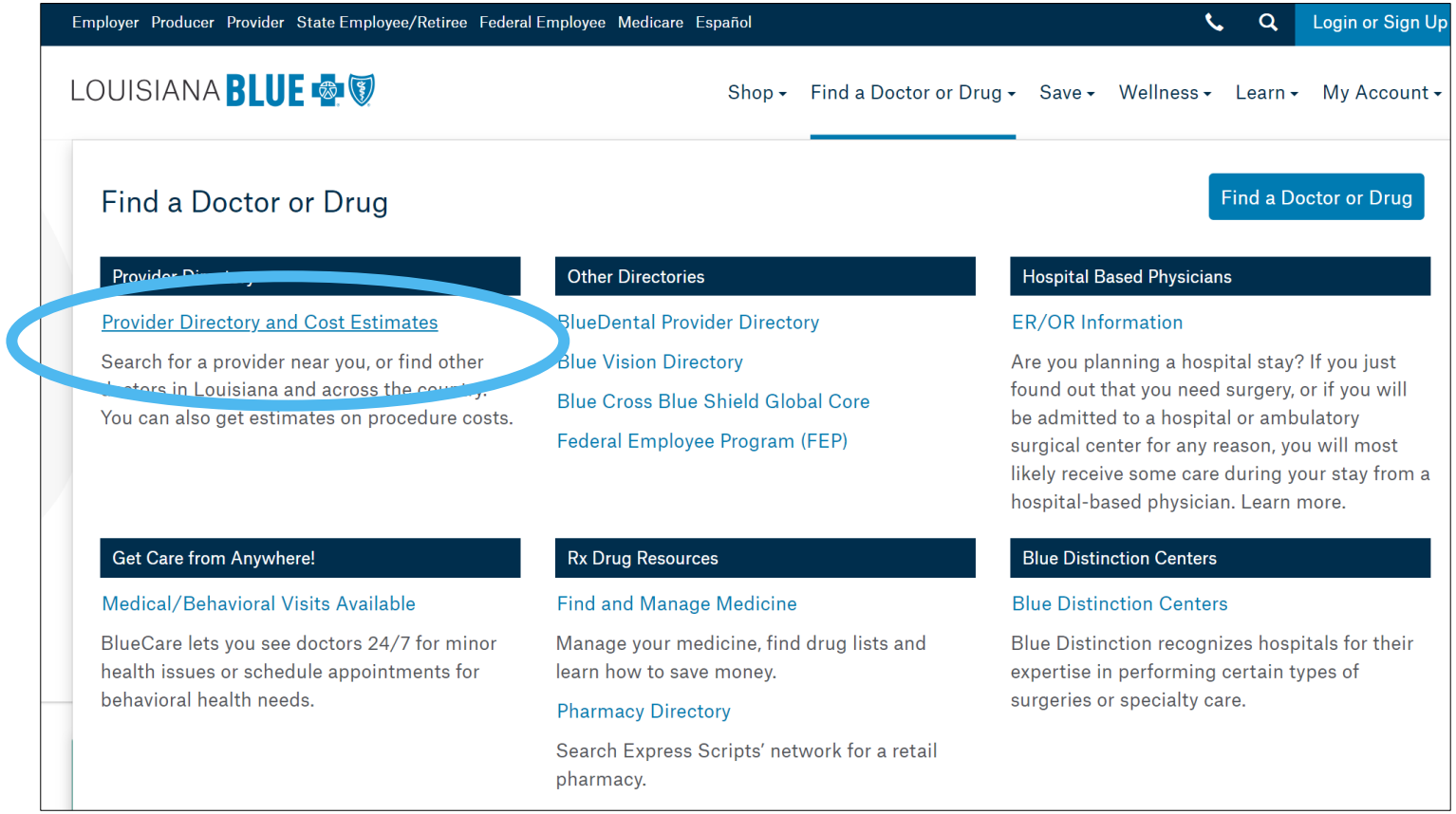
Failure to complete this attestation of information will result in provider being removed from our online provider directories.

LOUISIANA BLUE

How Members Find You

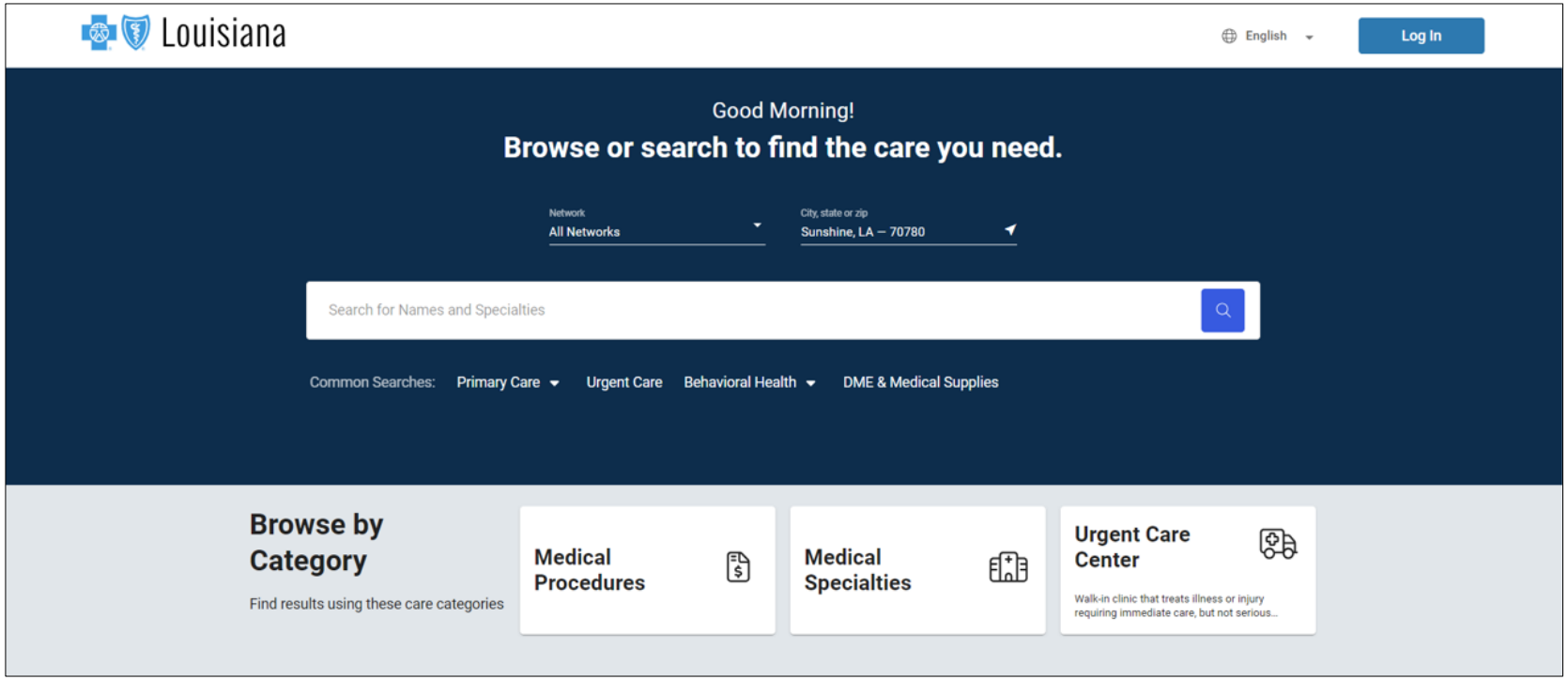
Online Provider Directories

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.



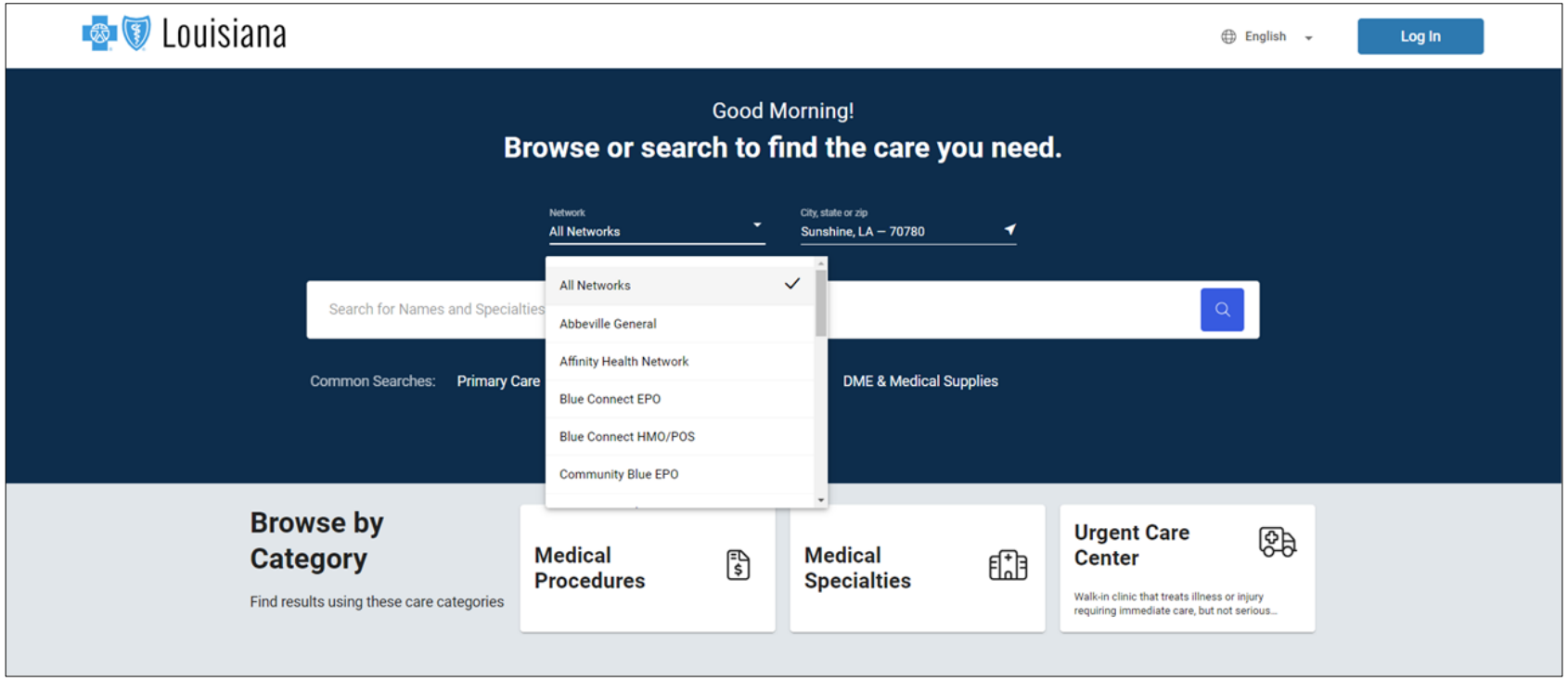
Online Provider Directories

- 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.



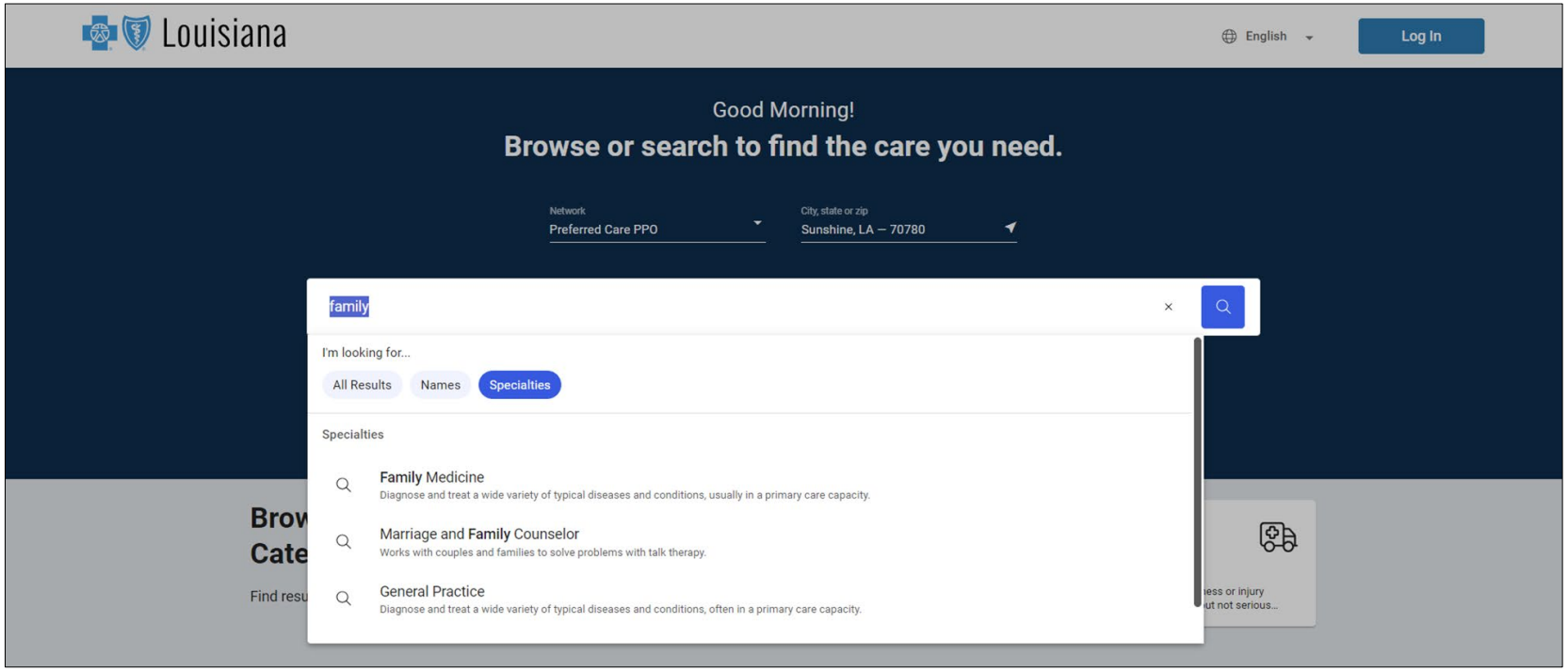
Online Provider Directories

- 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."



Online Provider Directories

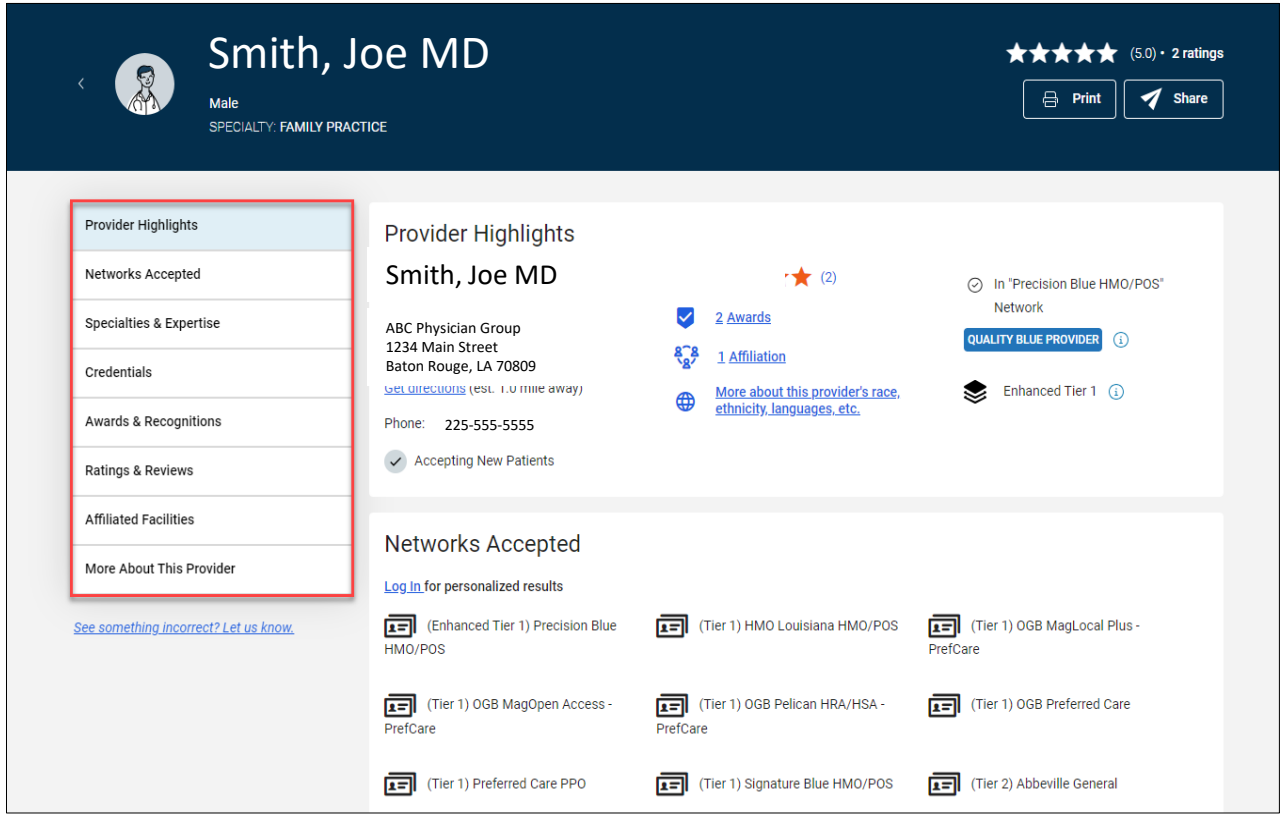
- To search by medical specialty, type in a specialty or term in the search bar box and then click the result for which you're searching in the dropdown menu.
- If you do not see the specialty you need in the dropdown menu, then click the blue magnifying glass button to the far right of the search bar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



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

See something incorrect? Let us know.

Provider Highlights

Smith, Joe MD

(2)

ABC Physician Group
1234 Main Street
Baton Rouge, LA 70809

Get 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

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.

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

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

Supporting Our Providers

The PCDM Department

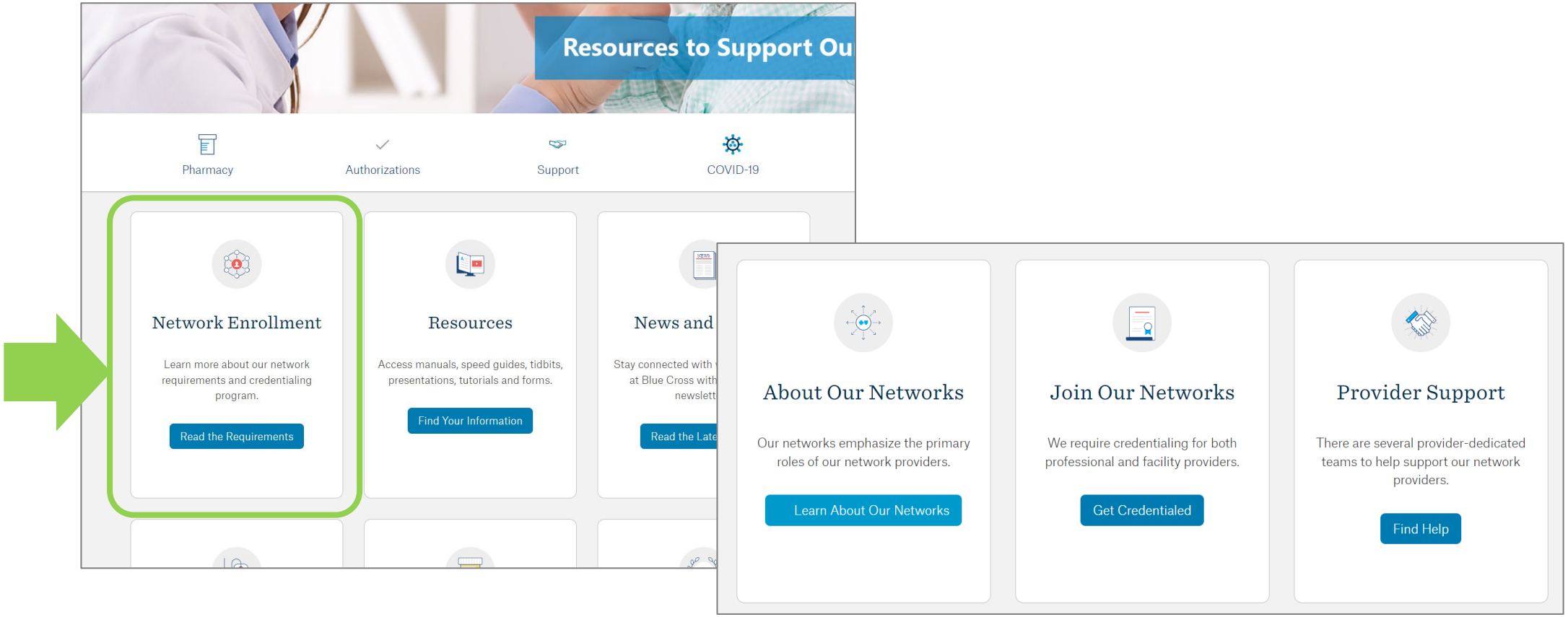
Provider Network Setup, Credentialing, Contracting & Demographic Changes

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

Kostas Plakidas
Director, Provider Network Operations
kostas.plakidas@lablue.com

To check the status on your credentialing application or provider data update, please email **PCDMstatus@lablue.com** or call 1-800-716-2299, option 2.

The Provider Page www.lablue.com/providers

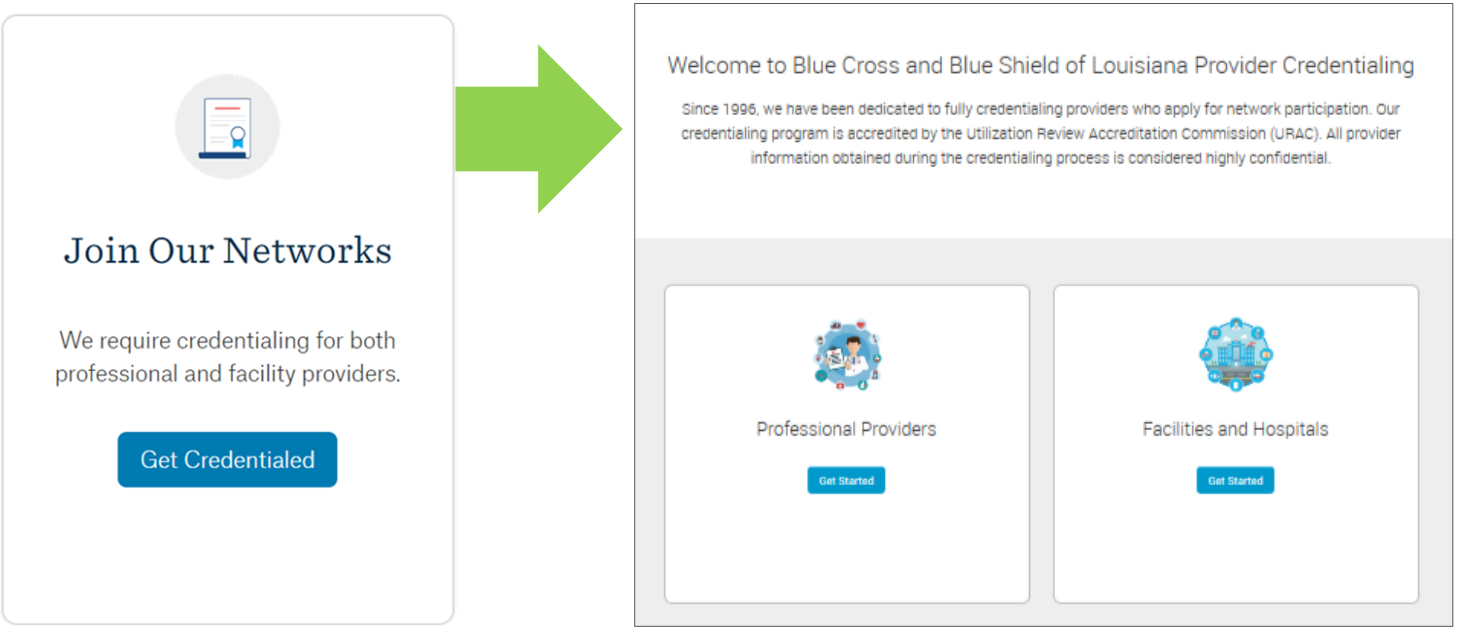


Choose **Network Enrollment** to view more information about our networks.

The Network Enrollment Page

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** or **Facilities and Hospitals** to find credentialing packets.

Credentialing FAQs

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

Frequently Asked Questions

Credentialing Application and Process

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

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

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

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

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

What are the requirements for reimbursement during credentialing?
Select provider types that meet specific criteria may be eligible for reimbursement during the credentialing process. Click here for full details.

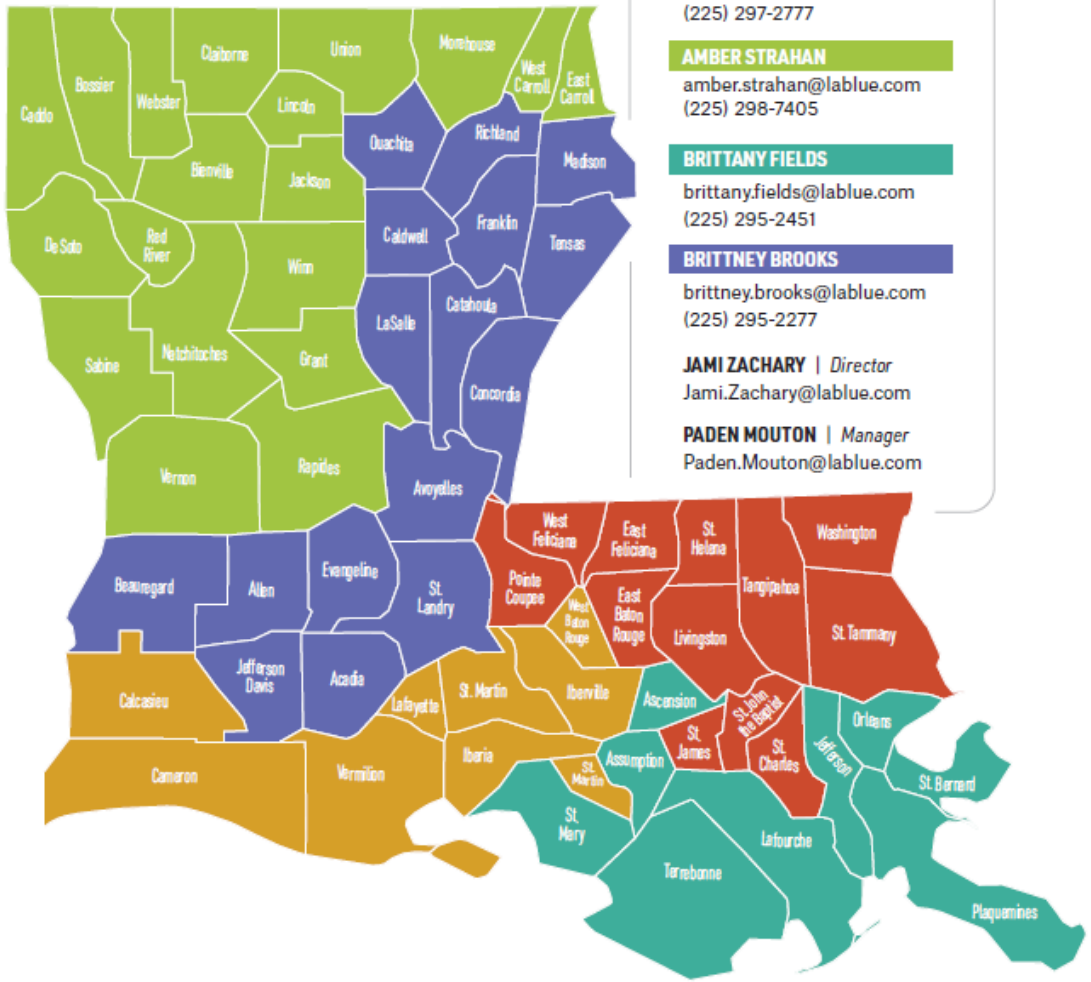
How do I know if I have been approved for reimbursement during credentialing?
A Record Assignment letter will be emailed to the group correspondence email address on file. If you were approved the letter will state that you were approved and the date the reimbursement during credentialing is effective. 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/Facilities and Hospitals >Frequently Asked Questions

You may email questions after the webinar to your Provider Relations Representative or provider.relations@lablue.com.

Provider Relations Representatives

PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

MARY CATHERINE VIAL
marycatherine.vial@lablue.com
(225) 298-7294

MELONIE MARTIN
melonie.martin@lablue.com
(225) 297-2777

AMBER STRAHAN
amber.strahan@lablue.com
(225) 298-7405

BRITTANY FIELDS
brittany.fields@lablue.com
(225) 295-2451

BRITTNEY BROOKS
brittney.brooks@lablue.com
(225) 295-2277

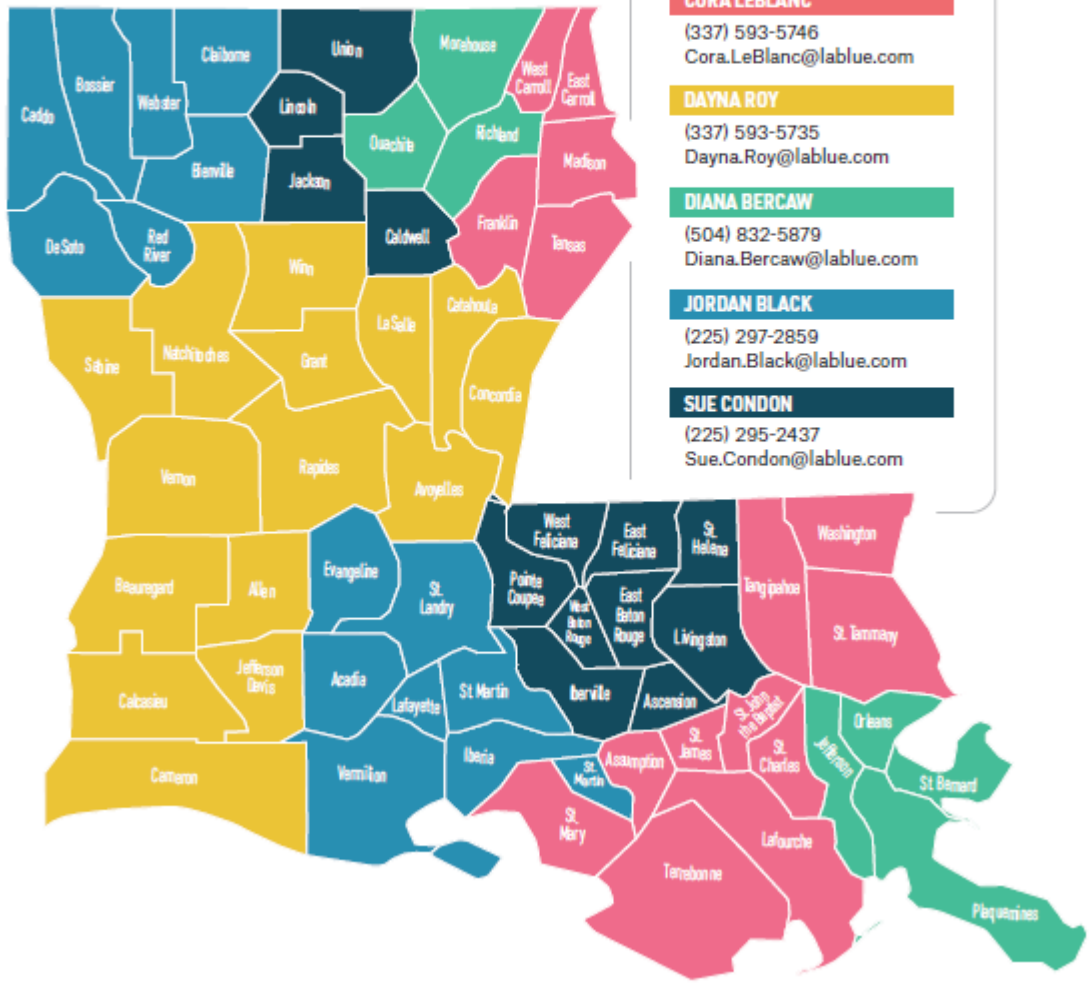
JAMI ZACHARY | *Director*
Jami.Zachary@lablue.com

PADEN MOUTON | *Manager*
Paden.Mouton@lablue.com

You may email contracting questions to your Provider Contracting Representative or provider.contracting@lablue.com.

Provider Network Development

CONTRACTING PARISH MAP



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Questions?

LOUISIANA BLUE

More Good Information

Easily Complete Forms with DocuSign

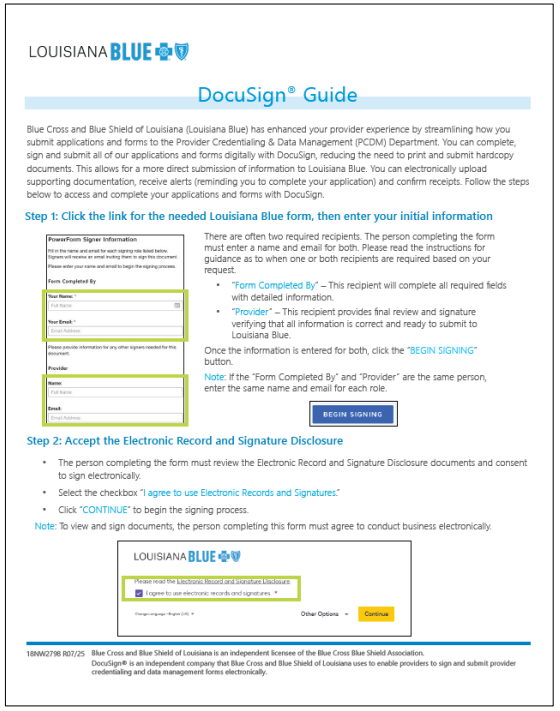
Complete, sign and submit applications and forms to the PCDM Department digitally with **DocuSign®**.

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.



LOUISIANA BLUE

DocuSign® Guide

Blue Cross and Blue Shield of Louisiana (Louisiana Blue) has enhanced your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can complete, sign and submit all of our applications and forms digitally with DocuSign, reducing the need to print and submit hardcopy documents. This allows for a more direct submission of information to Louisiana Blue. You can electronically upload supporting documentation, receive alerts (reminding you to complete your application) and confirm receipts. Follow the steps below to access and complete your applications and forms with DocuSign.

Step 1: Click the link for the needed Louisiana Blue form, then enter your initial information

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document. Please enter your name and email to begin the signing process.

Form Completed By

Your Name: *
Full Name

Your Email: *
Email Address

Please provide information for any other signers needed for this document.

Provider

Name:
Full Name

Email:
Email Address

There are often two required recipients. The person completing the form must enter a name and email for both. Please read the instructions for guidance as to when one or both recipients are required based on your request.

- "Form Completed By" – This recipient will complete all required fields with detailed information.
- "Provider" – This recipient provides final review and signature verifying that all information is correct and ready to submit to Louisiana Blue.

Once the information is entered for both, click the "BEGIN SIGNING" button.

Note: If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

BEGIN SIGNING

Step 2: Accept the Electronic Record and Signature Disclosure

- The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.
- Select the checkbox "I agree to use Electronic Records and Signatures."
- Click "CONTINUE" to begin the signing process.

Note: To view and sign documents, the person completing this form must agree to conduct business electronically.

LOUISIANA BLUE

Please read the Electronic Record and Signature Disclosure

I agree to use electronic records and signatures. *

Change Language: English (US)

Other Options

Continue

18NW2798 R07/25 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.

View our *DocuSign® Guide* online at **www.lablue.com/providers** >Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals >Join Our Networks.

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 Nam | Middle Initial

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

Group/Clinic | Group/Clinic Nati

Are you a primary care provider (PCP)? Yes No | Effective Date of

horized representative completing this form on behalf of a

REPRESENTATIVE

Contact Phone Number | Contact Email Address

Submission Information (form completed by)

Signature Sign uthorized Representative | Date February 18, 2021

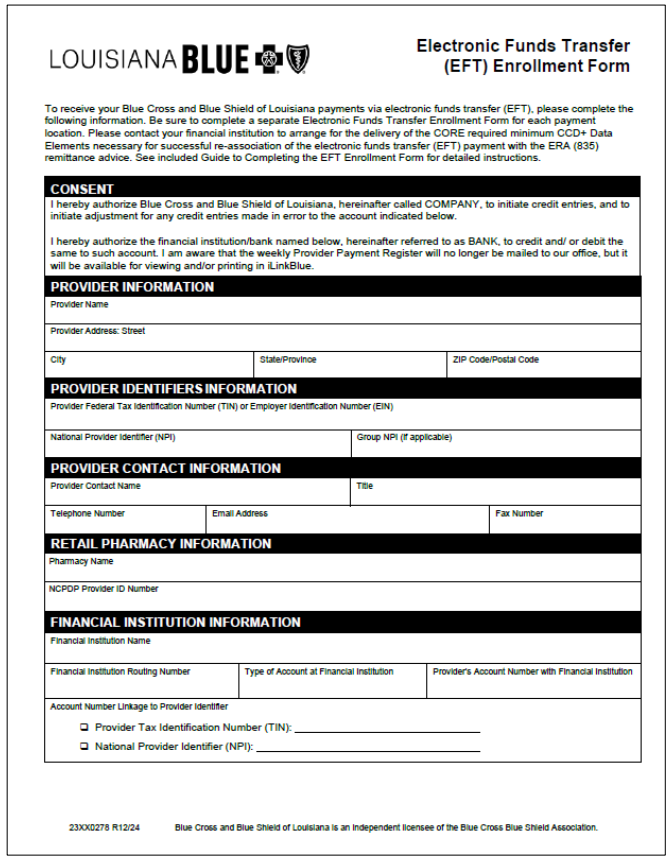
Navigation tool guides you through fields.

Instructions correspond to requirement of the active field.

Tooltips provide information about field requirements.

Red outline indicates a required field.

Electronic Funds Transfer (EFT) Enrollment Form



LOUISIANA BLUE

Electronic Funds Transfer (EFT) Enrollment Form

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 Enrollment Form for each payment location. Please contact your financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. See included Guide to Completing the EFT Enrollment Form for detailed instructions.

CONSENT

I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries, and to initiate adjustment for any credit entries made in error to the account indicated below.

I hereby authorize the financial institution/bank named below, hereinafter referred to as BANK, to credit and/ or debit 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 iLinkBlue.

PROVIDER INFORMATION

Provider Name

Provider Address: Street

City | State/Province | ZIP Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) | Group NPI (if applicable)

PROVIDER CONTACT INFORMATION

Provider Contact Name | Title

Telephone Number | Email Address | Fax Number

RETAIL PHARMACY INFORMATION

Pharmacy Name

NCPDP Provider ID Number

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Financial Institution Routing Number | Type of Account at Financial Institution | Provider's Account Number with Financial Institution

Account Number Linkage to Provider Identifier

- ❑ Provider Tax Identification Number (TIN): _____
- ❑ National Provider Identifier (NPI): _____

23XX0278 R12/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

- EFT is a free provider service where Louisiana Blue deposits your payment directly into your checking account.
- With iLinkBlue, you have access to EFT notifications and Payment Registers/Remittance Advices (can be printed directly).
- All Louisiana Blue providers **must** be part of our EFT program, including those signed up for iLinkBlue.
- The EFT Enrollment Form includes a guide with detailed instructions on how to complete the form.

To change or update your Louisiana Blue payments via EFT, complete the **EFT Termination or Change** form.