

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.



Credentialing, Contracting, Recredentialing & Data Management

May 2026

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 who 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

Nonparticipating provider record *(for filing claims only)*



No contract
and provider **IS NOT**
credentialed

Participating vs. Nonparticipating 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 website (www.lablue.com).

Participating vs. Nonparticipating Providers



What is a Nonparticipating 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 nonparticipating providers.
- The provider may balance bill the member for all amounts not paid by Louisiana Blue except for 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 nonparticipating 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 Doula
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietitian & Nutritionist (RD)
- Registered Nurse First Assistants (RNFA)
- Speech-Language Pathologist & Audiologist (SLP)

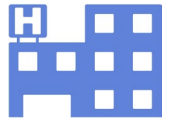
View the Credentialing Criteria for these professional provider types at www.lablue.com/providers >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.

Registered Doula Credentialing Requirements

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

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





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 because 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

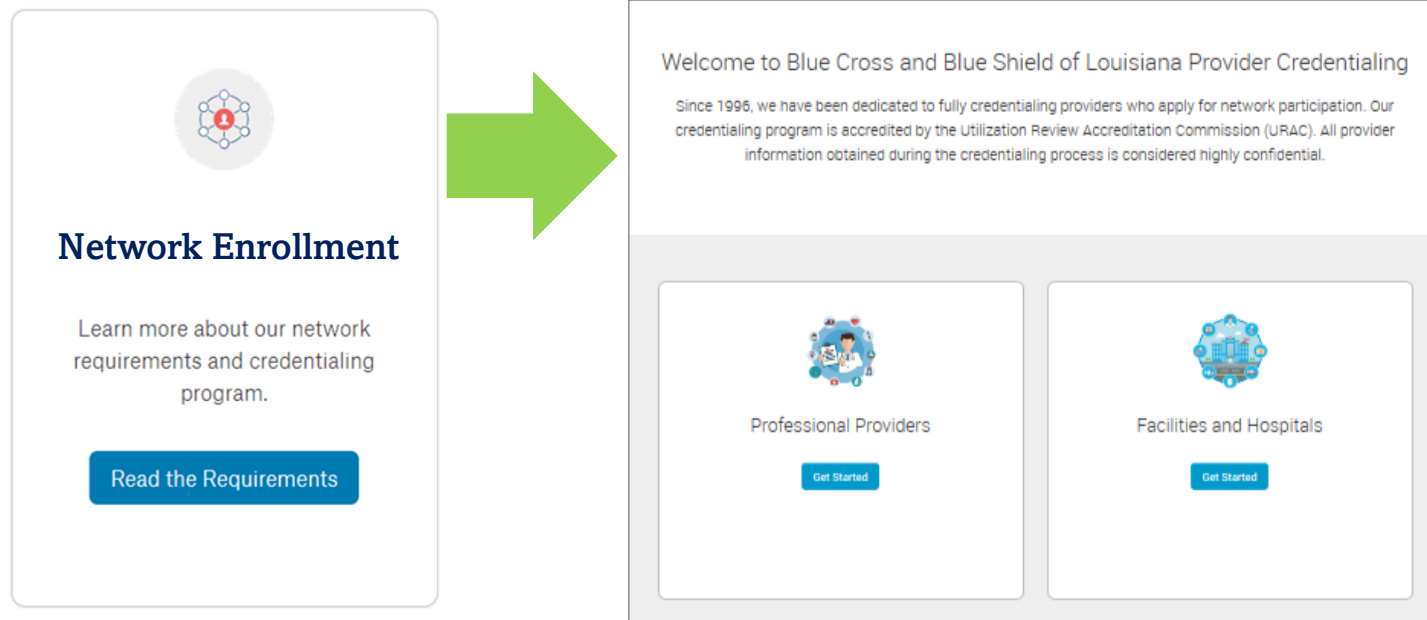
An individual provider must meet the following criteria to obtain a Louisiana Blue provider record as a telehealth provider.

- Telehealth-only provider located within the state of Louisiana who is not considered a behavioral health provider:
 - Must be individually located within the state of Louisiana.
 - Must be affiliated with an approved physical practice or clinic location within the state of Louisiana.
 - Must meet Louisiana Blue's credentialing and contracting requirements.
- Telehealth-only provider located within the state of Louisiana who is considered a behavioral health provider:
 - Must be individually located within the state of Louisiana.
 - Must meet Louisiana Blue's credentialing and contracting requirements.
- Telehealth-only provider located outside the state of Louisiana with an in-state practice affiliation:
 - Must be licensed to practice within the state of Louisiana and have a telehealth permit when applicable.
 - Must be affiliated with a practice or group with an approved physical practice or clinic location within the state of Louisiana.
 - Must meet Louisiana Blue's credentialing and contracting requirements.
- Telehealth-only provider located outside the state of Louisiana with no in-state affiliation:
 - Must contact the Blue Cross and Blue Shield Plan local to the practitioner to contract, credential and file claims.

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 screenshot shows a navigation bar with five tabs: Overview, Credentialing Process, Join Our Networks (selected), Update Your Information, and FAQs. Below the navigation bar is the 'Join Our Networks' section. It contains a paragraph explaining that requests can take up to 90 days to process and that Louisiana Blue does not backdate network participation. It also mentions that applications can be completed digitally with DocuSign. At the bottom of the section are four blue buttons with white text: 'Professional CAQH Credentialing Packet - Participating', 'Professional CAQH Credentialing Packet - Join an Existing Group', 'Professional Non-Participating Record Application (Applying with CAQH)', and 'Professional Non-Participating Record Application (Applying without CAQH)'.

The Professional (initial) credentialing packets include 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 Nonparticipating CAQH Record Application.

CAQH Applications for Professional Providers

Louisiana Blue only accepts the Council for Affordable Quality Healthcare (CAQH) application for **professional providers**. This applies 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. Log in 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. Log in 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 attestation must be done within 90 days of filing the CAQH application.



The Paperwork for Professional Providers

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

Provider Application

INSTRUCTIONS: Read all instructions carefully prior to submitting your application. Complete only this application and its supplemental forms. Do not use another provider's application. Use a blue or black ink ball-point pen only. Do not use a pencil on a fill-up pen. Print legibly and inside the boxes provided based upon the examples given above. Do not enter more than 1 character per box. If necessary, write outside the provided spaces. Complete all sections that are applicable to you. Some fields use "codes" to help you easily report information (e.g., schools, languages). Code lists are found on pages 30-43. 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

Name

General Information

Home Address

3076

Page 01
REV 10/13
Revised on 11/20/2017

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 match 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.

PERSONAL INFORMATION

Individual Provider Last Name: First Name: Middle Initial:

Individual Provider NPI: Group/Client, Tax ID Number:

LOCATION INFORMATION

(Skip this section if completing the ISCA. Please complete this section if using the CAQH credentialing application.)

Billing Address (where you want payment sent): Contact Person: Telephone Number:

City: State: ZIP Code: Billing Email: Fax Number:

Correspondence Address (where you want correspondence 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. If indicating "Yes," Blue Cross will identify the provider in our provider directories as offering telehealth services at this location.

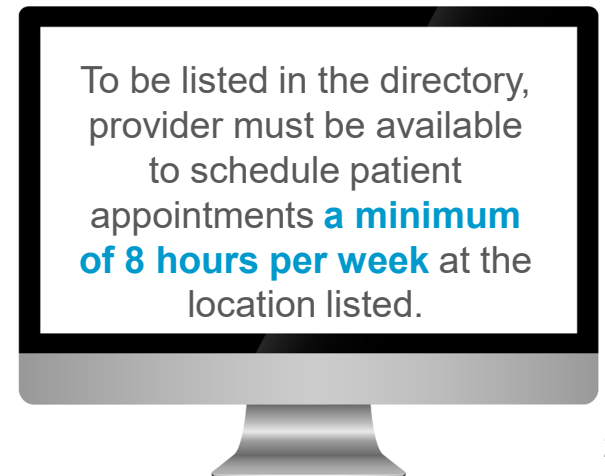
Practice Hours (available appointment hours):

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 treat/face 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.



The Paperwork for Facilities

Overview Credentiaing 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 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 credentialing@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers/Network-Enrollment or 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, CR/PHI, CDL, 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 LinkBlue Service Agreement.
- Include a completed Business Associate Addendum to the LinkBlue 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 DQI license for Radiation Center.
- 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 credentialing@lablue.com. If you have questions about our credentialing requirements, please visit our Provider page at www.lablue.com/providers/Network-Enrollment or 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 LinkBlue Service Agreement.
- Include a completed Business Associate Addendum to the LinkBlue 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.

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LOUISIANA BLUE

FACILITY CREDENTIALING APPLICATION

ORGANIZATION SPECIALTY - FIRST PRACTICE LOCATION

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

FIRST PRACTICE LOCATION

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

BILLING

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

CORRESPONDENCE

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

RECORDS

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

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

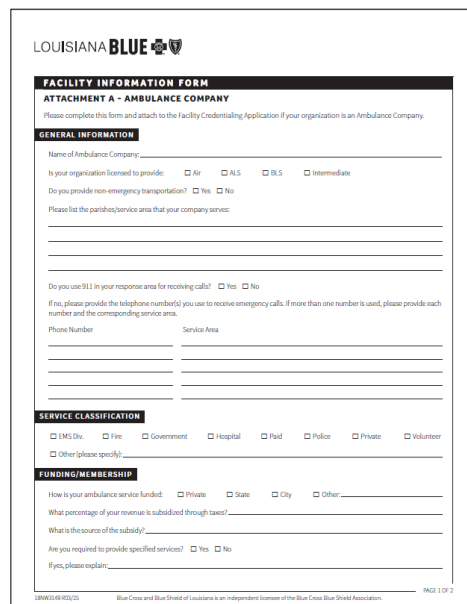
Patient Ages: Please check the age ranges of the client populations you treat!
 0 to 6 7 - 11 12 - 18 19 - 65 Over 65 All ages Other (Please specify): _____

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

The Paperwork for Facilities

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



The image shows a form titled "LOUISIANA BLUE" with a cross and shield icon. Below the title is "FACILITY INFORMATION FORM" and "ATTACHMENT A - AMBULANCE COMPANY". A note says "Please complete this form and attach to the Facility Credentialing Application if your organization is an Ambulance Company." The form is divided into sections: "GENERAL INFORMATION" with fields for "Name of Ambulance Company", "Is your organization licensed to provide?" (with checkboxes for Air, ALS, BLS, Intermediate), "Do you provide non-emergency transportation?" (Yes/No), and a list of service areas. It also asks "Do you use 911 in your response area for receiving calls?" (Yes/No) and provides a table for "Phone Number" and "Service Area". The "SERVICE CLASSIFICATION" section has checkboxes for EMS Div, Fire, Government, Hospital, Paid, Police, Private, and Volunteer. The "FUNDING/MEMBERSHIP" section asks "How is your ambulance service funded?" (Private, State, City, Other) and "What percentage of your revenue is subsidized through taxes?". It also asks "What is the source of the subsidy?" and "Are you required to provide specified services?" (Yes/No) with a field for explanation. At the bottom, it says "Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association." and "PAGE 1 OF 2".

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 Health Delivery Organization (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.—
 (BLS) BLUE CROSS AND BLUE SHIELD OF LOUISIANA, hereinafter referred to as "HEALTH PLAN"), a Louisiana corporation domiciled in the Parish of East Baton Rouge, hereby represented by its duly authorized and undersigned officer, whose permanent mailing address is declared to be 5025 Retz Avenue, Baton Rouge, Louisiana 70803, 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 1 - Agreement

- 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.
- 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 environment, 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.
- 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 if deemed reasonable, Monday through Friday from 8 am - 4:30 pm CST, with the exception of HEALTH PLAN office closure due to announced holidays or any unforeseen circumstances.

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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
 5025 Retz 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.

180003E R1024 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

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 transmission of the electronic funds transfer (EFT) payment with the ERA (153) confidence code. See Invoiced 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 my office, but it will be available for viewing and/or printing in iLinkBlue.

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

PROVIDER IDENTIFIERS INFORMATION
 Provider Name: _____
 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 or Financial Institution: _____ Provider's Account Number with Financial Institution: _____
 Account Number Linked to Provider Identifier:
 Provider Tax Identification Number (TIN) _____
 National Provider Identifier (NPI) _____

2003027E R1024 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and 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 manager.

GENERAL PROVIDER INFORMATION
 Provider Organization/Group Name: _____
 Address: _____
 Phone Number: _____ Provider Email/Office or Facility NPI: _____
 Individual Provider Name (if applicable): _____ Individual Provider NPI (if applicable): _____
 Tax Identification Number: _____ Is the Behavioral Health Authorization Application needed? _____

ADMINISTRATIVE 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: _____

ADMINISTRATIVE REPRESENTATIVE INFORMATION
 Administrative Representative Name: _____ Title: _____ Date of Birth: _____
 Representative: _____
 Contact Phone Number: _____ Email Address: _____

Return Form To:
 Email: AdministrativeRegistration@louisianablue.com
 Fax: 1-800-515-1128
 Attn: Provider Identity Management

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Administrative Representative Registration Form

LOUISIANA BLUE  **Administrative Representative Acknowledgement Form**

I understand that I have been designated by an 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 iLinkBlue secure online services (the iLinkBlue Service). As such, I am responsible for safeguarding access to the iLinkBlue Service to appropriate users within my Organization and adhering to BCEGA's guidelines regarding such access and delegation.

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

As the Administrative Representative, I understand and agree that the iLinkBlue Service is assets of BCEGA. Any reuse, personal use or use of the iLinkBlue Service for any business other than which I am authorized to perform on behalf of the Organization, or other than as set forth in BCEGA's 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, wiretapping. I further acknowledge that I will, at all times, respect the confidentiality of all manner of patient information and data that I am working with or may have access to in the iLinkBlue Service or otherwise on BCEGA's electronic computer systems. In addition, I agree that I am obligated to protect the stored and/or confidential information in the iLinkBlue Service and on BCEGA's electronic computer systems by maintaining complete secrecy over my username and password that I use to access the iLinkBlue Service. Under no conditions shall I reveal my username or password to anyone or allow anyone else access to or use of the iLinkBlue Service 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 online and access to the iLinkBlue Service immediately terminates as well. On behalf of the Organization, I acknowledge and agree that the Organization shall notify BCEGA immediately of any breach of confidentiality, fraud or suspected fraud or abuse of which it becomes aware relating to the iLinkBlue Service or any mismanagement or other information contained in the iLinkBlue Service, in addition, I shall also immediately notify my Organization and BCEGA of any such breach or confidentiality, fraud or suspected fraud or abuse. I further understand that BCEGA monitors the iLinkBlue Service and the access of users thereof. BCEGA shall report to the Organization any suspected unauthorized access or abuse arising from the Organization's access to the iLinkBlue Service and, as a result, may also report to access to the iLinkBlue Service unless I take legal action as deemed necessary by BCEGA to its best attention.

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 by all proper Administrative Representative agrees that a facsimile or electronic scanned copy of this document with facsimile or scanned signature may be treated as an original and will be admissible as evidence in a court of law.

Note: Consenters with use on-line activity for 180 days will automatically be billed. The administrative representative will need to contact the Provider Identity Management (PIM) Team at PIM@louisianablue.com or 1-800-515-1128 to begin to reconcile the account. iLinkBlue terminates your account if it remains inactive for one year. iLinkBlue terminates your user account if the Administrative Representative does not log on to the iLinkBlue Service for 180 days. You will need to complete a new Administrative Representative Registration Packet. The packet is available on our website at www.louisianablue.com/packets.

SIGNATURE PAGE FOLLOWS

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Administrative Representative Acknowledgement Form

- The iLinkBlue Service Agreement must be completed using the **group or clinic name, group NPI and Tax Identification #** if the practitioner is affiliated with a group.
- The iLinkBlue Service Agreement must be completed using the **individual practitioner's name, individual NPI and Tax Identification #** if the practitioner is not affiliated with a group.
- 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 Provider 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

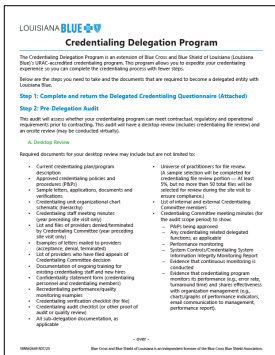
- Louisiana Blue began partnering with **Medallion** in December 2025 to serve as our credentialing verification organization (CVO). Medallion supports the verification process of provider credentialing and recredentialing applications.
- If you are undergoing credentialing or recredentialing, Medallion may contact you to confirm application details or request supporting documentation. Please be sure to check your junk and spam folders for any missed Medallion emails.
- If additional information is needed, Medallion will provide instructions on how to submit the necessary documentation.



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

Credentialing Delegation Program

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



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

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

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 or 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.

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 and Provider Contracting departments.





Effective Dates

For nonparticipating providers (requesting a provider record only), Louisiana Blue allows an effective date up to two years prior 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 a 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 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 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.

Credentialing Reminders



- Nurse practitioners/physician assistants are required to match the networks of their collaborating MD/DO



- MD/DOs must maintain hospital privileges for all network lines in which they participate



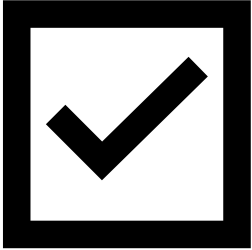
- Nurse practitioners/physician assistants need to be within 75 miles of the collaborating MD/DO primary location

Virtual Offices



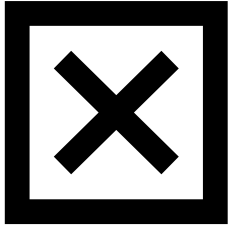
- **Louisiana Blue does not permit the use of virtual offices or shared office spaces for any provider type.** Providers must apply directly to their local Blue Plan in their state of residence for credentialing and contracting purposes, and all claims must be submitted through that plan.
- **The purchase of limited hours for in-person treatment at an office location is not recognized.** Such arrangements do not ensure that the provider will render services at the location on a consistent, regularly scheduled basis.
- **Any request that includes a virtual office or shared office space will be denied upon receipt.**

Adding a Credentialed Provider to an Existing Group



- Email **PCDMstatus@lablue.com** if you are not sure the provider is currently credentialed with us.
- Complete the Link To Group or Clinic form to link the provider to your existing group. A confirmation email will be sent once your online submission is received.
- A pre-screening response is emailed to the provider within two weeks indicating either all required information has been received or if the application or linking form is rejected due to being incomplete. If all has been received, your form continues into the processing stage.
- After processing, quality assurance and approval, a record assignment letter will be emailed to the provider. This is when you may begin submitting claims.
- After 90 days, you can check the status of your processing by emailing **PCDMstatus@lablue.com**. Please do not initiate multiple inquiries (e.g., calls, emails, etc.) as this could delay processing.

Adding a Non-credentialed Provider to Existing Group



- Email **PCDMstatus@lablue.com** if you are not sure the provider is currently credentialed with us.
- Complete the online credentialing application. A confirmation email is sent once your online submission is received.
- A pre-screening response is emailed to the provider within two weeks indicating either all required information has been received or if the application or linking form is rejected due to being incomplete. If all has been received, your form continues into the processing stage. If information is missing or incorrect, our PCDM Department will reach out for information. To avoid delays, please ensure that all documents are current and not expired. Be sure to review the tooltips within DocuSign and carefully follow the forms checklist prior to submission.
- A welcome letter is mailed to the provider once approved by the credentialing committee. This is when you may begin submitting claims
- After 90 days, you can check the status of your processing by emailing **PCDMstatus@lablue.com**. Please do not initiate multiple inquiries (e.g., calls, emails, etc.) as this could delay processing.

Credentialing Communications

The following communications will be sent to the correspondence email/address on file:

- Record Assignment Letter
 - Your request has been received, and we have assigned you a provider record.
 - You must use your national provider identifier (NPI) for proper claims processing. Please begin using your NPI for all claims with dates of service on and after the effective date.
 - We have issued this provider record for claims filing purposes only. **A provider record does not guarantee direct claims payment to you nor indicates participation in our provider networks.**
 - Any payment for services rendered will be determined by the subscriber's contract and your participation status with us.
- Welcome to the Network Letter
 - You have been approved for participation in our Louisiana Blue and/or HMO Louisiana, Inc. network(s).
 - If your participation is through an individual agreement, your network participation effective date can be found on the signature page of your agreement.
 - If your participation is through an affiliated organization (e.g., group practice, PHO, IPA, etc.), their agreement and reference material are not enclosed with this letter. You should contact your affiliated organization for your participation status, effective date information and network participation reference material.



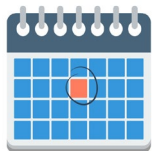
Signing the Contract

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 nonparticipating 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 joins a participating physician group (only has a physician agreement on file). The group must sign an allied agreement to cover the nurse practitioner.
 - **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

Louisiana Blue sends providers due for recredentialing an email to the correspondence email on file six months prior to the 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: ✗

CASH AUTOMATICALLY APPLIES MISC-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 ballpoint pen only. Do not use a pencil or a felt-tip pen.
3. Fill in lightly 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 30 - 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 applicable 3-digit code in the space: YES NO **DO YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING* (i.e., PATOLOGISTS, ANESTHESIOLOGISTS, OR 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 (L1, R1)
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 (L1, R1)
OTHER FIRST NAME* OTHER MIDDLE NAME*
DATE STARTED USING OTHER NAME: DATE STOPPED USING OTHER NAME:

General Information
Only enter a Foreign National Identification Number if you do not have a SSN. Do not enter NADRA (Provider Identification (NPI) Number) here.

Code lists are found on pages 30-43. Enter the applicable 3-digit code in the space provided.

GENDER: MALE FEMALE DATE OF BIRTH:
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:

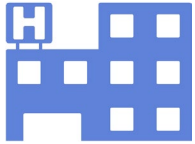
NOTE: CASH will use this method for application follow-up.
E-MAIL: PREFERRED METHOD OF CONTACT: E-MAIL FAX

3076

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Page 01
Rev. 08.15.07
Revised 08.11.2007

If information is missing from a 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 the provider may be terminated from the network. Accreditation standards prohibit us from listing providers as in-network past their recredentialing due dates.

Recredentialing



Facility

Facilities due for recredentialing are sent an email (correspondence email on file) six months prior to the 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

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

FIRST PRACTICE LOCATION

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

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

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

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): _____

08887192 10/2019 PAGE 1 OF 6

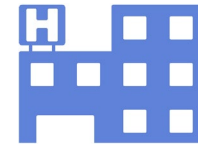
If information is missing from a submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then the provider may be terminated from the network. Accreditation standards prohibit us from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

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 nurse practitioners and physician assistants



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

Updating Your Information

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

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

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

LOUISIANA BLUE 		Individual/Group Provider Update Request
Complete this form to report updated demographic or contact information for your individual or group provider record. For physical address changes, additional documentation is required (see list below). If you have non-demographic changes, please see our other forms available online at www.lablue.com/providers > Resources > Forms.		Please specify change(s): <input type="checkbox"/> Name Change <input type="checkbox"/> Specialty/Classification Change <input type="checkbox"/> Physical Address Change <input type="checkbox"/> Correspondence Address Change <input type="checkbox"/> Billing Address Change <input type="checkbox"/> Medical Records Address Change
Effective Date of Change: _____	Tax Identification Number: _____	
GENERAL INFORMATION		
Provider Name	Individual NPI	
Group/Clinic Name	Group/Clinic NPI	
Person Completing This Form		
Contact Email Address	Contact Phone Number	
Signature of Authorized Representative	Date	
NAME CHANGE		
Former Last Name	Former First Name	
New Last Name	New First Name	
Former Group/Clinic Name		
New Group/Clinic Name		
For individual name change please attach: • Copy of updated professional license showing the new name.		For group/clinic name change please attach: • Copy of EIN Letter showing new name for legal name change, or • W-9 showing new name for DBA change
SPECIALTY/CLASSIFICATION CHANGE		
Former Individual Specialty	New Individual Specialty	
Please attach a copy of your completed education or board certification for new specialty.		
Changing clinic to Rural Health Center (RHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your DHH license.	Changing clinic to Federally Qualified Health Center (FQHC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your CMS approval letter.	
Page 1 of 3		
<small>10NWX318 01/25 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.</small>		

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

Attesting to Your Directory Information



Louisiana Blue verifies professional provider information through CAQH. Providers can attest to their directory data and confirm practice locations in the CAQH Provider Data Portal.

- Every 90 days CAQH will send a reminder asking you to attest to your location information is up to date.
- If you are practicing at a new location, have a change to an existing location or are no longer at a location, you should make those updates in the CAQH portal.
 - You should also notify Louisiana Blue of any changes to your information using the forms available on 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 nondelegated 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.



How Members Find You

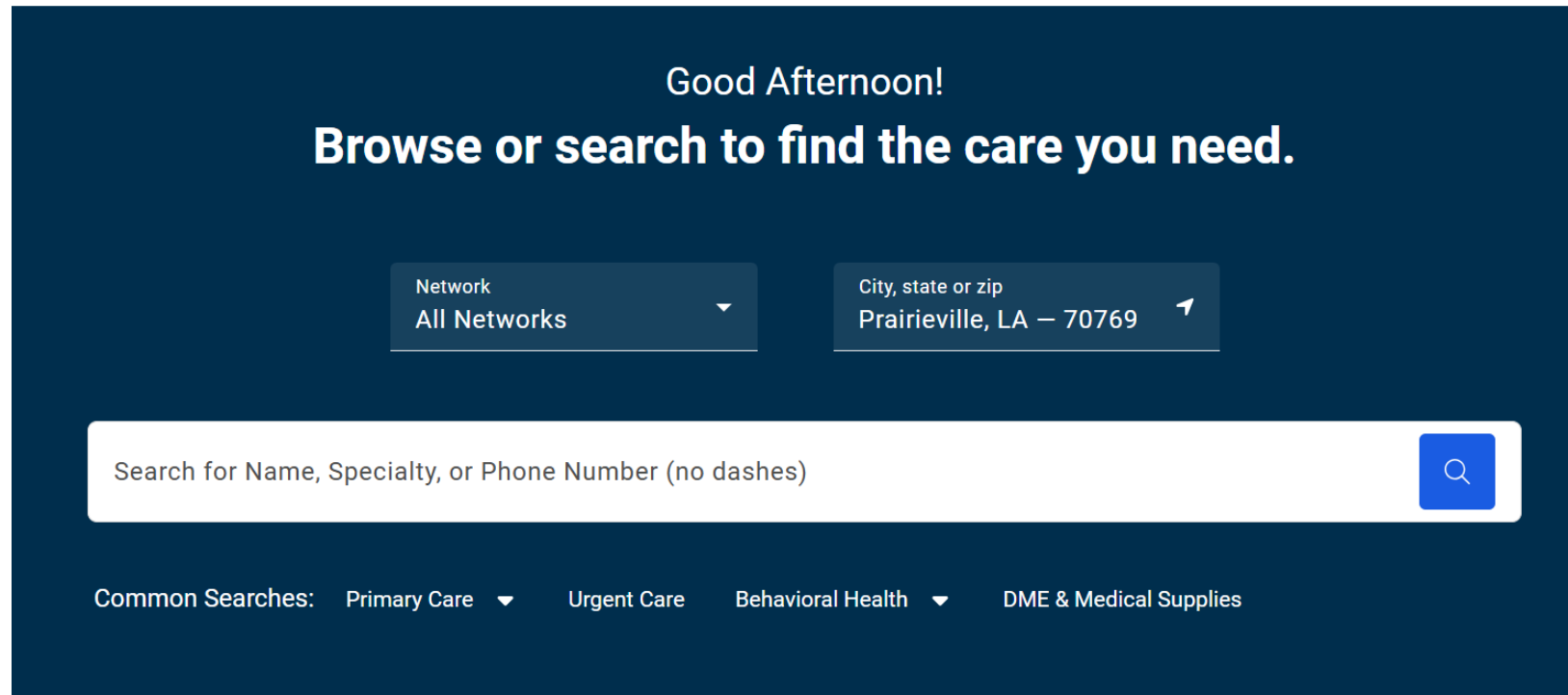
Online Provider Directories

Louisiana Blue offers many networks. All providers do not participate in all networks. 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 >Find Care Provider Directory.

The screenshot shows the Louisiana Blue website's navigation and content. The top navigation bar includes links for Employer, Producer, Provider, State Employee/Retiree, Federal Employee, Medicare, and Español, along with a search icon and a 'Login or Sign Up' button. The main header features the Louisiana Blue logo and a secondary navigation bar with links for Shop, Find a Doctor or Drug, Save, Wellness, Learn, and MyLABlue. The 'Find Care' section is highlighted with a blue circle around the 'Find Care Provider Directory' link. Below this link, there is a description: 'Search for a provider near you, or find other doctors in Louisiana and across the country.' Other links in this section include 'Find Care Cost Estimator Tools' and a login prompt. To the right, there are three columns of content: 'Other Directories' with links for BlueDental Provider Directory, Blue Vision Directory, Blue Cross Blue Shield Global Core, Federal Employee Program (FEP), and Medicare Advantage Provider Search; 'Rx Drug Resources' with links for Find and Manage Medicine and Pharmacy Directory; and 'Hospital Based Physicians' with ER/OR Information and Blue Distinction Centers.

Online Provider Directories

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



Good Afternoon!

Browse or search to find the care you need.

Network
All Networks ▼

City, state or zip
Prairieville, LA – 70769 ↗

Search for Name, Specialty, or Phone Number (no dashes) 🔍

Common Searches: Primary Care ▼ Urgent Care Behavioral Health ▼ DME & Medical Supplies

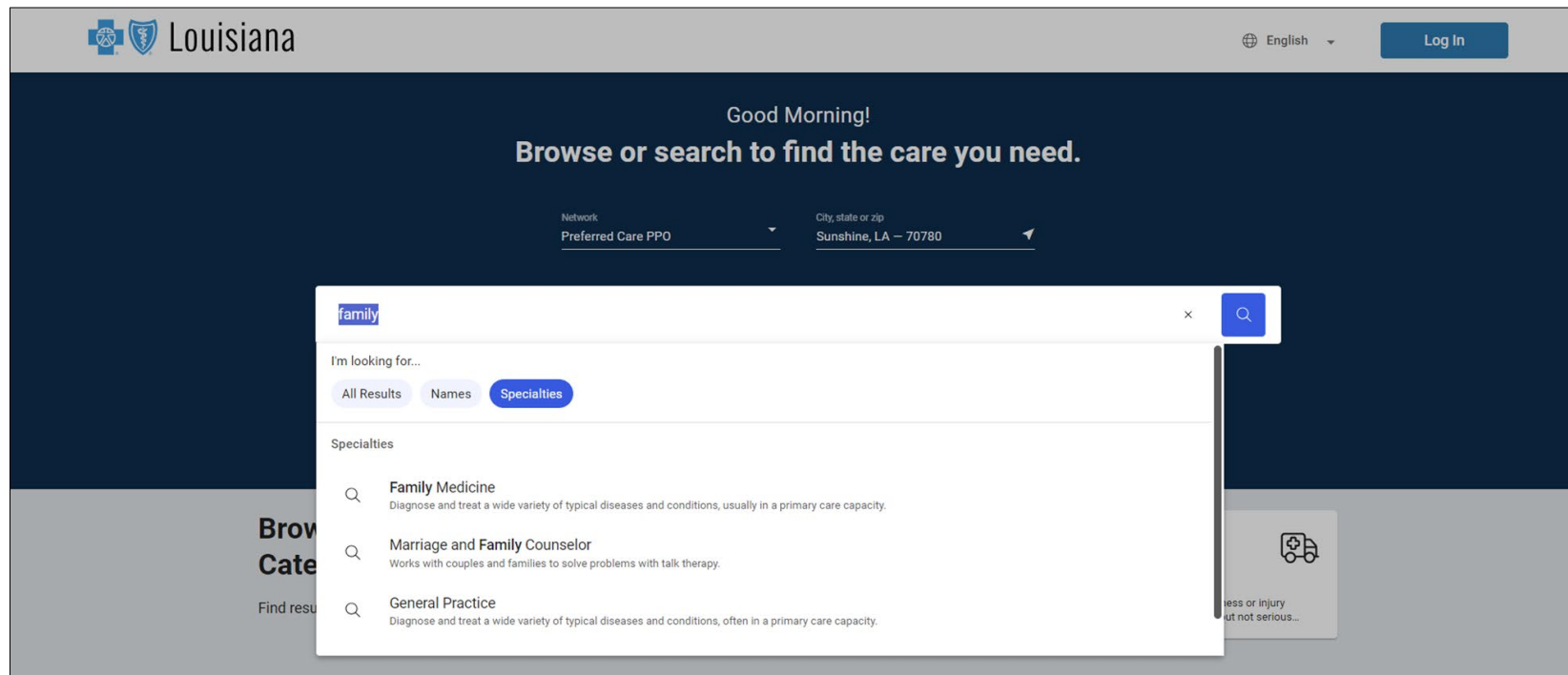
Online Provider Directories

- 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."

The screenshot displays the Louisiana Online Provider Directory website. At the top left is the Louisiana state logo and the word "Louisiana". On the top right, there is a language selector set to "English" and a "Log In" button. The main header area is dark blue with the text "Good Morning! Browse or search to find the care you need." Below this, there is a search bar with the placeholder text "Search for Names and Specialties". To the left of the search bar is a "Network" dropdown menu currently set to "All Networks". To the right of the search bar is a "City, state or zip" field with the text "Sunshine, LA - 70780". Below the search bar, there are "Common Searches" for "Primary Care" and "DME & Medical Supplies". The "Network" dropdown menu is open, showing a list of networks: "All Networks" (checked), "Abbeville General", "Affinity Health Network", "Blue Connect EPO", "Blue Connect HMO/POS", and "Community Blue EPO". At the bottom of the page, there is a "Browse by Category" section with three categories: "Medical Procedures" (with a calendar icon), "Medical Specialties" (with a stethoscope icon), and "Urgent Care Center" (with a first aid kit icon). A description for "Urgent Care Center" reads: "Walk-in clinic that treats illness or injury requiring immediate care, but not serious..."

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 for:

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

Smith, Joe MD (5.0) • 2 ratings

Male
SPECIALTY: FAMILY PRACTICE

[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 ⓘ

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

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 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 the 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

(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



Members get the highest level of benefits from providers in Tier 1 or Enhanced Tier 1. Providers in Tiers 2 or 3 will cost more. Members are advised to check their benefits for how or if their plan covers care in those tiers.



Supporting Our Providers

The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Changes

Kostas Plakidas

Director, Provider Network Operations

kostas.plakidas@lablue.com

Tad Aycok

Manager, Provider Network Operations

tad.aycock@lablue.com

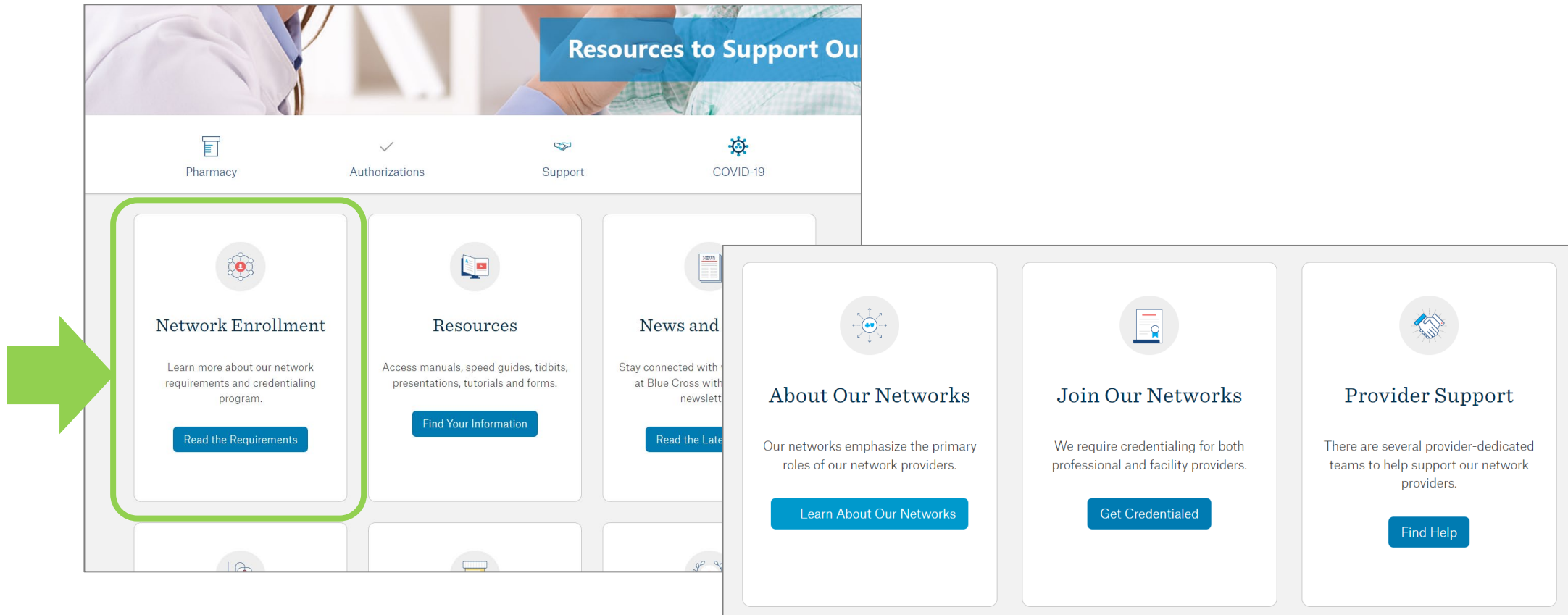
Sarah Wallace

Manager, Provider Credentialing

sarah.wallace@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

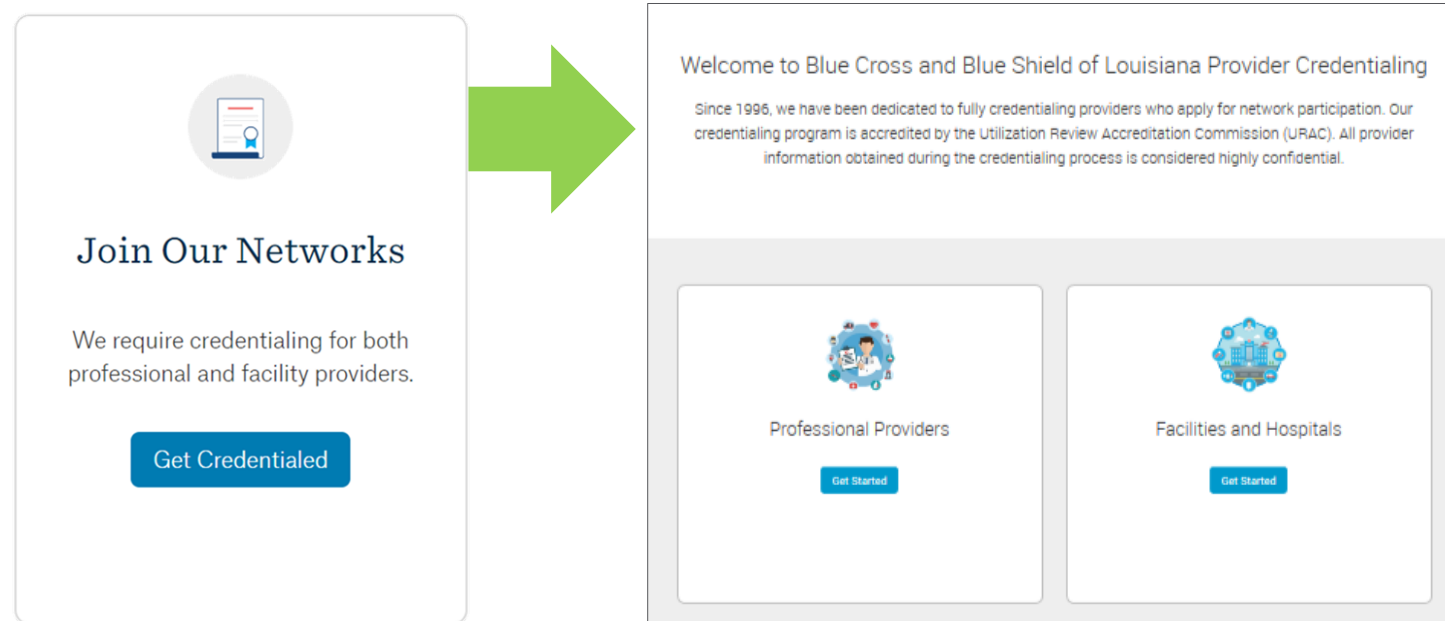


Choose **Network Enrollment** to view more information about our networks.

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

The screenshot shows a navigation bar with the following links: Overview, Credentialing Process, Join Our Network, Update Your Information, and FAQs. The 'FAQs' link is highlighted. Below the navigation bar is a section titled 'Frequently Asked Questions'. A dropdown menu is open, showing 'Credentialing Application and Process' with a close icon (X). The main content area contains several FAQ items:

- What credentialing forms are available online for facilities/hospitals?**

Louisiana Blue offers the Facility Initial Credentialing Packet online through DocuSign®. It can be found on this site under the Network Enrollment >Join Our Networks section.
- What documents are included in the Facility Initial Credentialing Packet?**

The packet includes the Facility Credentialing Application and attachments, iLinkBlue Service Agreement, Business Associate Addendum Agreement, Electronic Funds Transfer (EFT) Enrollment Form and Administrative Representative Registration Form.
- What attachments are included in the Facility Initial Credentialing Packet?**

Attachments should be completed, as applicable only:

 - Attachment A - Ambulance
 - Attachment B - DME Supplier
 - Attachment C - ASC, Hospital, IOP, PHP, Psych, CDU, SNF, LTAC, Rehab
 - Attachment D - Urgent Care, Walk-in Clinic
 - Attachment E - Diagnostic Services
 - Attachment F - Retail Health Clinic
 - Attachment G - Laboratory
 - Attachment H - Outpatient Cath Lab
- How will I know if Blue Cross received my application?**

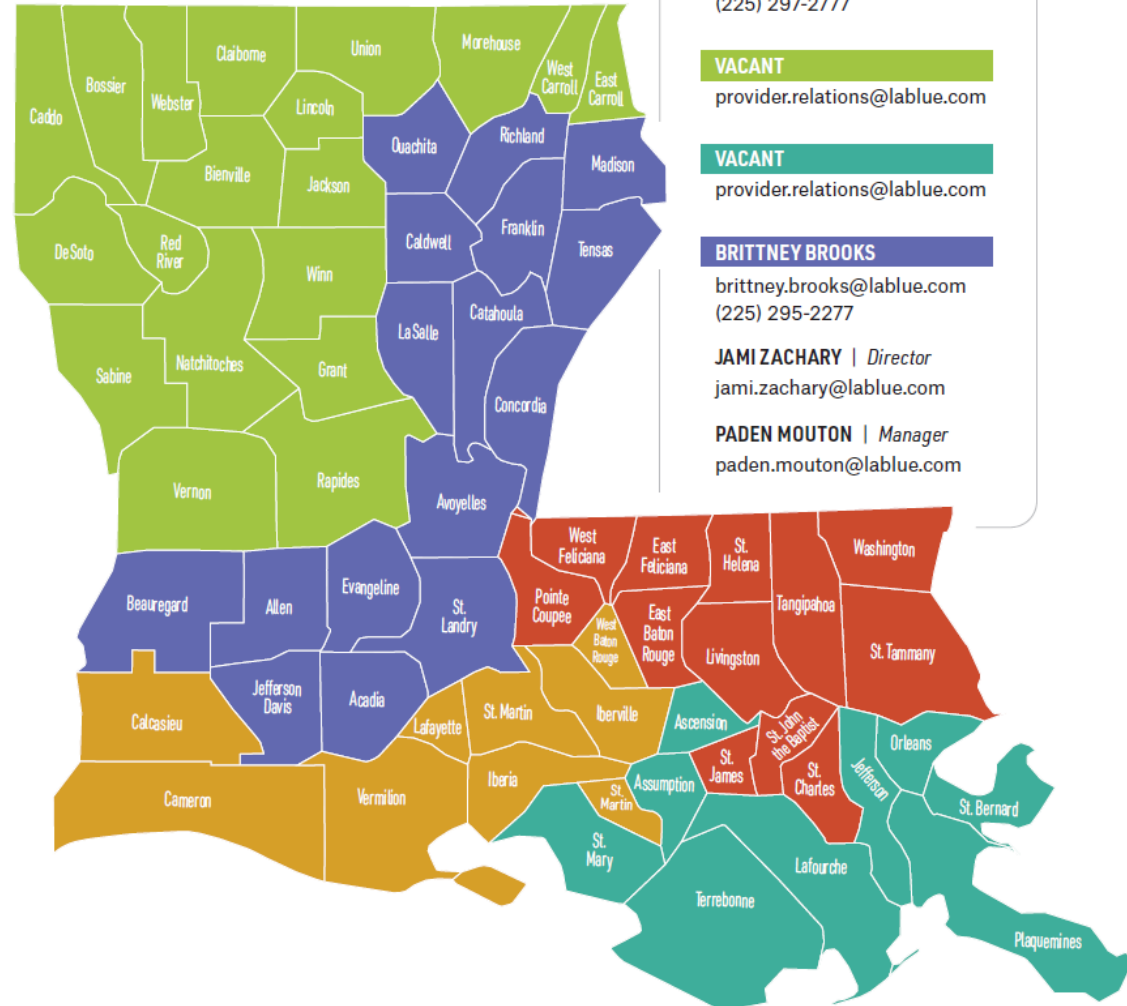
Once your application is finalized through DocuSign you will receive a confirmation email to notify you the signing process is complete, and the form is submitted to Blue Cross for processing.
- How long does it take to complete the credentialing process?**

The process can take up to 90 days for completion once Louisiana Blue receives all required information.

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

Provider Relations Representatives

PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

VACANT
provider.relations@lablue.com

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

VACANT
provider.relations@lablue.com

VACANT
provider.relations@lablue.com

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

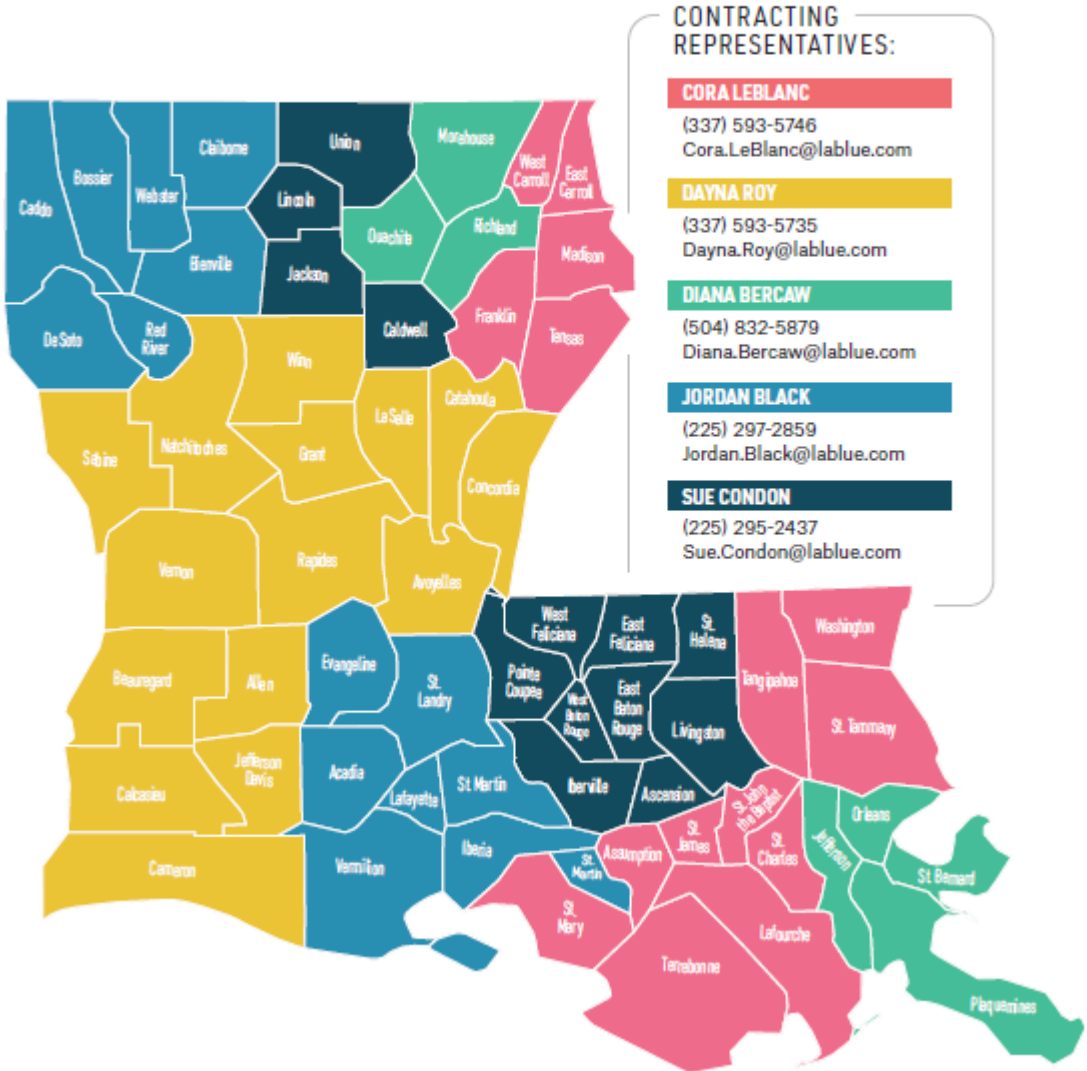
JAMI ZACHARY | Director
jami.zachary@lablue.com

PADEN MOUTON | Manager
paden.mouton@lablue.com

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

Provider Network Development

CONTRACTING PARISH MAP



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

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.

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

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

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

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.

Form Completed By

Your Name *
First Name
Last Name

Your Email *
Email Address

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

Provider

Name *
First Name
Last Name


Email *
Email Address

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 

I agree to use Electronic Records and Signatures.

CONTINUE

10802790 02/25 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 credentialing and data management forms electronically.

Easily Complete Forms with DocuSign

Review and complete Finish

DocuSign Envelope ID: C382DEB3-DC17-4D01-9F09-49C3D3B412FA

Start

LOUISIANA BLUE

Individual/Group Provider Update Request

Please specify change(s):

- Name Change
- Specialty/Classification Change
- Physical Address Change
- Correspondence Address Change
- Billing Address Change
- Medical Records Address Change

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

Effective Date of Change:

Tax Identification Number:

GENERAL INFORMATION Required - If completing the form for a group/clinic, please enter N/A in this field.

Provider Name	<input type="text"/>	Individual NPI	<input type="text"/>
Group Name	<input type="text"/>	Group NPI	<input type="text"/>
Personnel	<input type="text"/>		
Contact Email Address	<input type="text"/>	Contact Phone Number	<input type="text"/>
Signature of Authorized Representative	<input type="text"/>	Date	May 20, 2025


Navigation tool guides you through fields

Tips provide information about field requirements

Red outline indicates a required field

Sign

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 R1/2/24 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

- EFT is a free participating 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.