

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 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 **sympplrCVO** to conduct credentialing verification processes for our commercial and Blue adVantage networks.
- Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC).
- Providers must meet certain criteria as regulated by our accreditation body and the Blue Cross Blue Shield Association.



# The 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](http://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 Doula
- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Registered Nurse First Assistants (RNFA)
- Speech-Language Pathologist & Audiologist (SLP)

View the *Credentialing Criteria* for these professional provider types at [www.lablue.com/providers](http://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](http://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](http://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

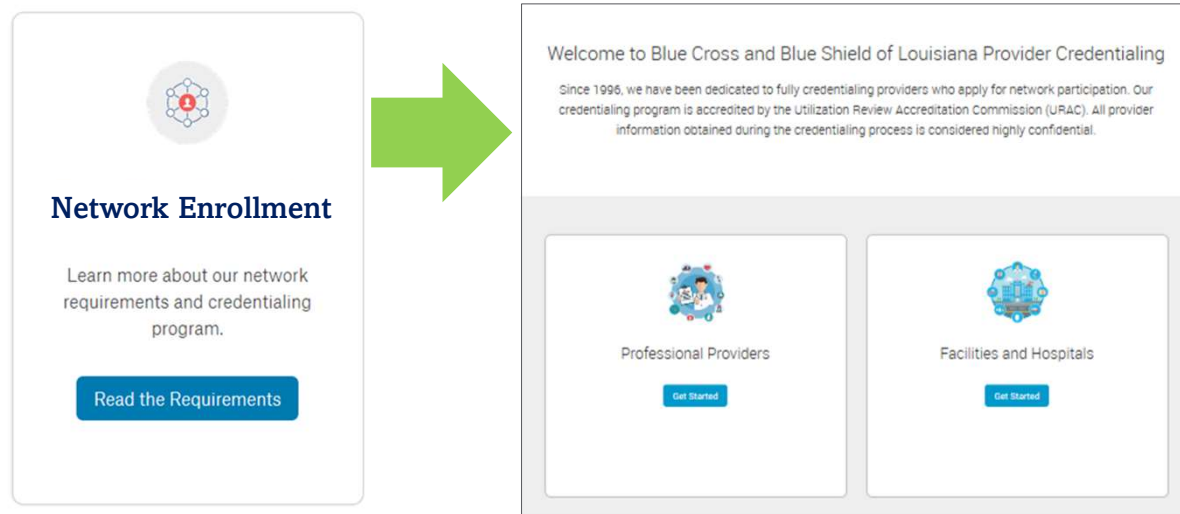
Our credentialing policy includes guidance for the provision of telehealth services to our members **WHEN:**

- **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.
- **National telehealth solution/vendor**
  - A national telehealth solution contracts directly with Louisiana Blue to offer our members telehealth services accessible in the home plan region and outside of it to ensure access while members are out of their home plan area.

# 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](http://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

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

## Join Our Networks

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

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

Professional CAQH Credentialing Packet



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

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



NEW

# CAQH Applications for Professional Providers

Beginning **July 1, 2025**, we will only accept 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

Coming  
Soon

## Professional CAQH Credentialing Packet

**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](http://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 attach to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID.
- ☐ Attachment A - Location Hours (Note: Only list the location that you wish linked to your provider record)
- ☐ Complete the LinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the LinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
  - ☐ Enclose a cancelled 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 (if 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 information 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**

**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](http://www.lablue.com/providers) > Network Enrollment > Join Our Networks. See **Professional Providers Credentialing Criteria** for more information.

- ☐ Complete and attach to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID.
- ☐ Complete the LinkBlue Service Agreement
- ☐ Complete the Business Associate Addendum to the LinkBlue Service Agreement
- ☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form
- ☐ Enclose a cancelled 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 information 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](http://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 attach to the Council for Affordable Quality Healthcare (CAQH) Credentialing Application
  - ☐ Provide your CAQH ID below.
- ☐ Attachment A - Location Hours (Note: Only list the location that you wish linked to your provider record)
- ☐ Enclose a copy of state license
- ☐ Enclose a copy of DEA/CDS License (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 network agreements applicable to your organization.

- ☐ Complete and attach 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 information 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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**Provider Application**

CAQH AUTOMATICALLY APPLIES MEDICAL CARE FORMATIONS, SPECIALTIES, AND/OR CODES. PLEASE MAKE CORRECTIONS OR CALL THE HELP DESK.

**Instructions:**

1. Use a blue or black ink ballpoint pen only. Do not use a pencil or a white pen.
2. First supply and make the boxes provided based upon the examples given above.
3. Do not enter more than 1 character per box. If necessary, write outside the provided spaces.
4. Complete all sections that are applicable to you.
5. 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 10 is found on page 40. Enter the associated 3-digit code in the space provided.

YES NO DO YOU PRACTICE EXCLUSIVELY WITHIN THE APPLICANT SETTING(S) OF PARTICIPATING, NONPARTICIPATING, OR PROFESSIONAL PROVIDER TYPES? (PLEASE INDICATE ALL THAT APPLY)

**Name**

Do not use nicknames or initials, unless they are part of your legal name.

LAST NAME FIRST NAME MIDDLE NAME

OTHER LAST NAME 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 national provider identification (NPI) number here.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

SEX: MALE FEMALE DATE OF BIRTH CITY STATE COUNTRY OF BIRTH COUNTRY OF ORIGIN

ENTER ALL NON-ENGLISH LANGUAGES YOU SPEAK LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE

**Home Address**

NUMBER STREET CITY STATE ZIP NUMBER ZIP CODE

TELEPHONE

NOTE: CAQH will use this number for appointment follow-up.

E-MAIL FAX

PREFERRED METHOD OF CONTACT: E-MAIL FAX

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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](http://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.

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

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

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

# The Paperwork for Facilities

[Overview](#)[Credentialing Process](#)[Join Our Network](#)[Update Your Information](#)[Frequently Asked Questions](#)

## 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. BCBSLA 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 Initial Credentialing Packet

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.



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



# The Paperwork for Facilities

Coming  
Soon

## Facility Initial Credentialing Packet

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®** (see applicable). Requests that are incomplete or missing information will be returned and the processing time will start over until 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](mailto:credentialing@lablue.com). If you have questions about our credentialing requirements, please visit our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers). Network enrollment is open to our networks.

- ☐ Include a Facility Credentialing Application.
- ☐ Include the applicable facility information from the document:
- ☐ Facility information from attachment A: Ambulance Company
- ☐ Facility information from attachment B: DME Supplier or Pharmacy
- ☐ Facility information from attachment C: Ambulatory Surgical Center, Infusion Center, Hospital, Critical Care, Psychiatric, Home Health, Hospice, Self-Referring Facility, Long Term Acute Care or Rehabilitation Center
- ☐ Facility information from attachment D: Urgent Care Clinic/Walk-in Clinic
- ☐ Facility information from attachment E: Diagnostic Radiology Free-standing
- ☐ Facility information from attachment F: Medical Health Clinic
- ☐ Facility information from attachment G: Laboratory
- ☐ Facility information from attachment H: Outpatient Care Unit
- ☐ If applicable, 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 LBA Service Agreement.
- ☐ Include a completed Business Associate Addendum to the LBA Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment form (see below).
- ☐ Include a completed check/draft letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration form.
- ☐ Include a completed Administrative Representative Acknowledgment form.
- ☐ Include an EIN form.
- ☐ Include an ONI letter.
- ☐ Facility information from attachment I: Outpatient Care Unit
- ☐ Facility information from attachment J: Outpatient Care Unit
- ☐ Facility information from attachment K: Outpatient Care Unit
- ☐ Facility information from attachment L: Outpatient Care Unit
- ☐ Facility information from attachment M: Outpatient Care Unit
- ☐ Facility information from attachment N: Outpatient Care Unit
- ☐ Facility information from attachment O: Outpatient Care Unit
- ☐ Facility information from attachment P: Outpatient Care Unit
- ☐ Facility information from attachment Q: Outpatient Care Unit
- ☐ Facility information from attachment R: Outpatient Care Unit
- ☐ Facility information from attachment S: Outpatient Care Unit
- ☐ Facility information from attachment T: Outpatient Care Unit
- ☐ Facility information from attachment U: Outpatient Care Unit
- ☐ Facility information from attachment V: Outpatient Care Unit
- ☐ Facility information from attachment W: Outpatient Care Unit
- ☐ Facility information from attachment X: Outpatient Care Unit
- ☐ Facility information from attachment Y: Outpatient Care Unit
- ☐ Facility information from attachment Z: Outpatient Care Unit

LOUISIANA BLUE

**NON-PARTICIPATING FACILITY CREDENTIALING 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®** (see applicable). Requests that are incomplete or missing information will be returned and the processing time will start over until 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](mailto:credentialing@lablue.com). If you have questions about our credentialing requirements, please visit our Provider page at [www.lablue.com/providers](http://www.lablue.com/providers). Network enrollment is open to our networks.

- ☐ Include a Facility Credentialing Application.
- ☐ Include a copy of current state license, occupational license or operational license as applicable.
- ☐ Include a completed LBA Service Agreement.
- ☐ Include a completed Business Associate Addendum to the LBA Service Agreement.
- ☐ Include a completed Electronic Funds Transfer (EFT) Enrollment form (see below).
- ☐ Include a completed check/draft letter confirming account for EFT enrollment.
- ☐ Include a completed Administrative Representative Registration form.
- ☐ Include a completed Administrative Representative Acknowledgment form.
- ☐ Include an EIN form.
- ☐ Include an ONI letter.

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**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"/> Rural Diabetes Center
<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Drive Site Only	<input type="checkbox"/> Residential Treatment Center
<input type="checkbox"/> Ambulatory Surgical Center	<input type="checkbox"/> Full Service	<input type="checkbox"/> Rural 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"/> Outpatient 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 Dependency)
<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: \_\_\_\_\_

When shall payments be sent? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

When shall communications be sent? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

When shall 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 Restrooms? ☐ Yes ☐ No Other: \_\_\_\_\_

Accessible by public transportation: \_\_\_\_\_

Bus? ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: \_\_\_\_\_

Offers services for the disabled: \_\_\_\_\_

Just 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 ranges of the client population you treat: \_\_\_\_\_

0 to 6 ☐ 7 - 11 ☐ 12 - 18 ☐ 19 - 65 ☐ Over 65 ☐ All ages ☐ Other (Please specify): \_\_\_\_\_

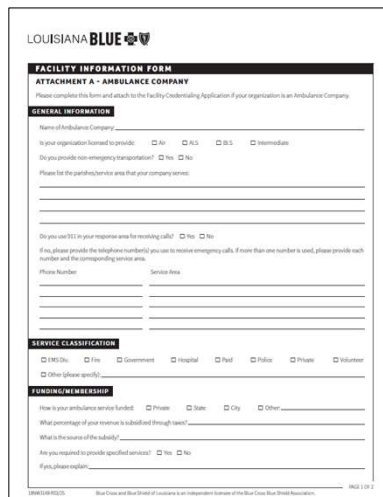
000001-000001

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Checklist for **Participating** and **Non-participating** Application can be found on our Provider page at [www.lablue.com/providers](http://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.



The image shows a sample of the 'Facility Information Form' for an ambulance company. The form is titled 'LOUISIANA BLUE' and 'FACILITY INFORMATION FORM ATTACHMENT A - AMBULANCE COMPANY'. It includes sections for 'GENERAL INFORMATION' and 'SERVICE CLASSIFICATION'. The 'GENERAL INFORMATION' section asks for the name of the ambulance company, whether it is a non-emergency transportation service, and the service area. The 'SERVICE CLASSIFICATION' section asks for the type of service (e.g., ambulance, stretcher, wheelchair) and the type of facility (e.g., hospital, clinic, home care). The form also includes a 'FUNDING/MEMBERSHIP' section with questions about funding sources and membership.


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.





**LOUISIANA BLUE**  **LinkShare Service Agreement**

This AGREEMENT shall be entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between:

\_\_\_\_\_

—LOUISIANA BLUE AND ITS INDIVIDUAL COMPANY INC.—

SHEILA BRYAN AND BILL SHIELD OF LOUISIANA, hereinafter referred to as "HEALTH PLAN," do hereby agree to enter into this LinkShare Service Agreement with the undersigned ("PROVIDER") authorized and empowered officer (whose permanent mailing address is declared to be 9523 Bayou Boulevard, Metairie, Louisiana 70002) and;

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_


Hereinafter referred to as "PROVIDER" and who are the parties to this AGREEMENT and for the consideration set forth herein, and conditions hereinafter recited, do hereby agree to the following:

**Section 1 - Agreement**

1.1 HEALTH PLAN grants to PROVIDER access to HEALTH PLAN's Linkshare website in accordance with the terms, conditions and restrictions contained in the LinkShare User License Agreement. PROVIDER understands and agrees that such Terms of Use and Security Policy may be changed by PROVIDER at any time without notice to HEALTH PLAN, and therefore, that PROVIDER will be bound by such terms, conditions, or updates of the Linkshare website.

1.2 PROVIDER agrees that it shall furnish, supply, configure, maintain, and service all appropriate and applicable personal computer equipment, telecommunications facilities and software, and shall ensure that the electronic services provided by HEALTH PLAN, PROVIDER further agrees that it is responsible for ensuring that its system meets the minimum requirements of the LinkShare program.

1.3 HEALTH PLAN grants to PROVIDER access information materials, and documentation or correspondence, to allow the PROVIDER to the progress of one of the Linkshare website. HEALTH PLAN will provide marketplace and other information and documents deemed necessary, including through third party links, to assist PROVIDER in the operation of HEALTH PLAN's offer of insurance to its annuitants/future policyholders in any circumstances concerning:

**LOUISIANA HEALTH CARE**  **Business Associate Addendum to the  
LHHCRA Business Agreement**

The addendum ("Addendum") is effective upon execution, and amends and is made part of the LHCRA Business 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 & Technology Company, Inc.**  
**4676 Blue Cross and Blue Shield of America  
1555 Maple Ave.  
Baton Rouge, LA 70803**

hereinafter referred to as "HHSRA")


PROVIDER, PROVIDER has executed the LHCRA Business Agreement with HEALTH PLAN through which PROVIDER has been given access to certain BUSINESS ASSOCIATE services.

**VERHAER.** PROVIDER has consented to BUSINESS ASSOCIATE to conduct certain administrative services on PROVIDER's behalf as part of BUSINESS ASSOCIATE's responsibilities. PROVIDER needs to provide BUSINESS ASSOCIATE with access to the LHCRA system.

PROVIDER and HEALTH PLAN agree that PROVIDER and the information to be exchanged between BUSINESS ASSOCIATE acting as PROVIDER's behalf and HEALTH PLAN through the LHCRA system is confidential. The Protected Health Information and Information about the Health Insurance Coverage and Accountability of the HIPAA (PHI), and the health information Information for Economic and Clinical Research (IEC) are the Protected Health Information and Information about the HIPAA (PHI), and their respective regulations, and administrative guidelines.

1/10/2023 11:24 AM Blue Cross and Blue Shield of America is an equal opportunity issuer of the Blue Cross and Blue Shield Association.

<b>LOUISIANA</b> <span style="font-size: 2em; color: blue;">BLUE</span>	<b>Electronic Funds Transfer (EFT) Enrollment Form</b>
<p>To receive your cash benefits from the Blue Cross of Louisiana, you must complete this form and attach your EFT card. We will automatically enroll you in the EFT program. The EFT card is issued by the Federal Reserve Bank of Dallas and is used to transfer your cash benefits to your bank account. You will receive your EFT card by mail. If you do not wish to enroll in the EFT program, you must complete this form and attach your EFT card to your cash benefits check. If you do not wish to enroll in the EFT program, you must complete this form and attach your EFT card to your cash benefits check. If you do not wish to enroll in the EFT program, you must complete this form and attach your EFT card to your cash benefits check.</p>	
<p><b>CONSENT</b></p> <p>I, the undersigned, hereby consent to the automatic enrollment of my cash benefits into the EFT program. I understand that my cash benefits will be deposited into my bank account on the day that my cash benefits are due. I understand that my cash benefits will be deposited into my bank account on the day that my cash benefits are due. I understand that my cash benefits will be deposited into my bank account on the day that my cash benefits are due.</p>	
<p><b>PROVIDER INFORMATION</b></p> <p>Provider Name: _____          Provider Address: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>	
<p><b>PROVIDER IDENTIFICATION INFORMATION</b></p> <p>Provider Identification Number (PIN): _____          National Provider Identifier (NPI): _____          Group (NPI) (if applicable): _____</p>	
<p><b>PROVIDER CONTACT INFORMATION</b></p> <p>Provider Name: _____          Provider Address: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>	
<p><b>RETAIL PHARMACY INFORMATION</b></p> <p>Pharmacy Name: _____          Pharmacy Address: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>	
<p><b>FINANCIAL INSTITUTION INFORMATION</b></p> <p>Financial Institution Name: _____          Financial Institution Address: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>	
<p><b>ACCOUNT INFORMATION</b></p> <p>Account Name: _____          Account Number: _____          Branch Name: _____          Branch Address: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>	



## Administrative Representative Registration Form

Complete this form for each administrative representative at your organization. Please include the information for the representative you are registering. You may use this form to register multiple representatives at once, as well as contact information for both the administrative representative and the administrative representative's manager.

GENERAL INFORMATION		
Provider Group/ID or Facility Name		
Member Number	Provider Group/ID or Facility ID	
Individual Member Name of applicant	Individual Member ID of applicant	
For Identification Number	Is the Behavioral Health Subpopulation Application needed?	
ADMINISTRATIVE REPRESENTATIVE INFORMATION		
Administrative Representative Name	Title	State of Birth
Contact Phone Number	Email Address (this will be used for all group electronic)	
Additional Phone Number	Additional Email Address	
MANAGEMENT INFORMATION		
Administrative Representative's name other than the administrative representative	Title	State of Birth
Contact Phone Number	Email Address	

**Return Form To:**  
[AdministrativeRegistration@louisianabluecross.com](mailto:Email: <a href=)

**Fax:** 1-800-615-4128  
 Attn: Resource Specialty Management

[illegible]

## iLinkBlue Service Agreement

## Business Associate Addendum

## Electronic Funds Transfer (EFT) Enrollment Form

# Administrative Representative Registration Form

# Administrative Representative Acknowledgement Form

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

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





**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@lblue.com](mailto:PCDMstatus@lblue.com).



# Verifying Your Information

We partner with **symplrCVO**, 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 symplrCVO to verify application details and supporting documentation. This does not apply to facilities.

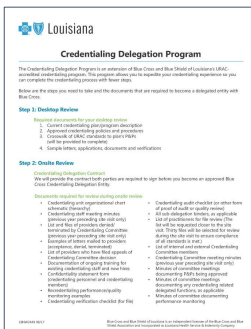


symplrCVO will make three attempts to contact the provider. If unsuccessful, the credentialing process is stopped, and the application is rejected. For providers in the recredentialing process, network participation may be terminated.

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.



If you have any questions about the Credentialing Delegation Program, please email [credentialing.delegation@lablue.com](mailto: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 **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](mailto: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.	<p>If you are eligible for reimbursement during credentialing (joining an existing contracted group), then it is one month prior to the date of receipt of application or the clinic start date, whichever is more recent.</p> <p><b>OR</b></p> <p>If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee <b>AND</b> the execution of your network agreement.</p>	<p>If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is within 90 days of the calendar date, then it will be that date, but not before the group's effective date.</p> <p>If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is greater than 90 days of the calendar date, then it will be 90 days from the day the information was received, but not before the group's effective date.</p>



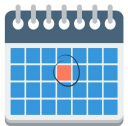
## Signing the Contract

## 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@lblue.com](mailto:provider.contracting@lblue.com).

# Network Agreement (the final paperwork)



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

A new agreement **IS REQUIRED** for:

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

# Network Agreement (the final paperwork)



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

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

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



## **Staying in the Network**

The Credentialing Committee reviews all recredentialing applications.

# Recredentialing

Network providers must be approved through our **rec credentialing** process **every three years** (or within 1 year in some cases) from the last credentialing acceptance date. Louisiana Blue is partnered with symplrCVO to rec credential our network providers. Louisiana Blue sends\* rec credentialing applications to providers approximately 6 months prior to their rec credentialing due date. Instructions are included on how to return completed forms. Louisiana Blue or symplrCVO 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 [rec credentialing@lablue.com](mailto:rec credentialing@lablue.com) or call (318) 807-4755.

*\*The provider's correspondence record information is used when sending rec credentialing 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**

CAQH AUTOMATICALLY APPLIES MULTI-CASE FORMATTING. CORRECT NUMBERING AND SPACING ARE REQUIRED. PLEASE MAKE CORRECTIONS ONLINE OR CALL THE HELP DESK.

**Instructions:**

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 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 30 - 45.

**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**

NAME: LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH: MM/DD/YYYY

SEX: MALE FEMALE

DATE OF BIRTH: MM/DD/YYYY

DATE STOPPED USING OTHER NAME: MM/DD/YYYY

**General Information**

City enter a foreign nation identification number if you do not have a CAQH ID. Do not enter National Provider Identification Number here.

Code lists are found on pages 30-45. Enter the applicable 3-digit code in the space provided.

ENTER ALL INTERNATIONAL 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 ID is the preferred method for application follow-up.

E-MAIL FAX PREFERRED METHOD OF CONTACT: E-MAIL FAX

3076

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

**FIRST PRACTICE LOCATION**

Facility Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Appointment Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 TIN: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Hours: \_\_\_\_\_  
 when should payments be sent? \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 when should communications be sent? \_\_\_\_\_  
 Street Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 when should medical record requests be sent? \_\_\_\_\_  
 Street Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does the office offer handicapped access for Building? ☐ Yes ☐ No Parking? ☐ Yes ☐ No Restroom? ☐ Yes ☐ No Other: \_\_\_\_\_  
 Accessible by public transportation: ☐ Yes ☐ No Courier Service? ☐ Yes ☐ No Other: \_\_\_\_\_  
 Offers services for the disabled: ☐ Yes ☐ No American Sign Language? ☐ Yes ☐ No Mental/Physical Impairment Services? ☐ Yes ☐ No  
 Text Telephone (TTY)? ☐ Yes ☐ No  
 Does the office meet the American With Disabilities Accessibility (ADA) Requirements? ☐ Yes ☐ No  
 Patient Ages: (Please check the age ranges of the client population you treat)  
☐ 0 to 5 ☐ 6 - 11 ☐ 12 - 18 ☐ 19 - 45 ☐ Over 45 ☐ All Ages Other (Please specify): \_\_\_\_\_

09881710-00000 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association PAGE 1 OF 4

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 (*copy of policy declarations page*)
- 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 (copy of policy declarations page)
- Occupational License Tax or Operational License (as applicable)



## Data Management

# New Forms Replace the Provider Update Form



NEW

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](http://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**

**Provider Attestation Form**  
Tax ID No.:

Use this form to verify the practice location information Blue Cross and Blue Shield of Louisiana has for your organization is correct. The information below is prepopulated from the data Blue Cross has on your current provider record. If any of it is incorrect, you must also complete the Provider Update Request Form in order to remain in our provider directories. Failure to report correct contact information could result in your removal from our online provider directories.

By checking the appropriate box, you are attesting that your practice location information is either correct or incorrect.

Primary Practice Location				
Correct	Incorrect	Provider Last Name	First Name	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)	
		Phone Number	Public Facing Email Address (if available)	
		Address		
		Public Facing Web Address (if available)		

Second Practice Location				
Correct	Incorrect	Provider Last Name	First Name	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)	
		Phone Number	Public Facing Email Address (if available)	
		Address		
		Public Facing Web Address (if available)		

Third Practice Location				
Correct	Incorrect	Provider Last Name	First Name	Middle Initial
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	Group/Clinic Name	
		Provider National Provider Identifier (NPI)	Group/Clinic National Provider Identifier (NPI)	
		Phone Number	Public Facing Email Address (if available)	
		Address		
		Public Facing Web Address (if available)		

Page 1 of 3

18BAW0162 R05/22 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® (or a spreadsheet to larger groups) every 90 days to providers listed in our online provider directories. These providers are **required to review** their information.



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



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

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



## 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](http://www.lablue.com) >Find a Doctor or Drug >Provider Directory and Cost Estimates.

The screenshot displays the Louisiana Blue website's navigation and content. At the top, a dark blue header contains 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. Below this, the 'LOUISIANA BLUE' logo is visible, followed by a secondary navigation bar with links for 'Shop', 'Find a Doctor or Drug', 'Save', 'Wellness', 'Learn', and 'My Account'. The main content area is titled 'Find a Doctor or Drug' and features a grid of service categories. The 'Provider Directory and Cost Estimates' link is highlighted with a blue circle. Other categories include 'Other Directories' (listing BlueDental, Blue Vision, Blue Cross Blue Shield Global Core, and Federal Employee Program), 'Hospital Based Physicians' (with ER/OR Information), 'Get Care from Anywhere!' (with Medical/Behavioral Visits Available), 'Rx Drug Resources' (with Find and Manage Medicine and Pharmacy Directory), and 'Blue Distinction Centers'.

Employer Producer Provider State Employee/Retiree Federal Employee Medicare Español

LOUISIANA BLUE

Shop Find a Doctor or Drug Save Wellness Learn My Account

Find a Doctor or Drug

Provider Directory and Cost Estimates

Other Directories

Hospital Based Physicians

ER/OR Information

Get Care from Anywhere!

Rx Drug Resources

Blue Distinction Centers



# Online Provider Directories

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

The screenshot shows the homepage of the Louisiana State Health Services Online Provider Directory. The header includes the Louisiana State Health Services logo and the text "Louisiana". On the right, there is a language selector set to "English" and a "Log In" button. The main content area has a dark blue background with the text "Good Morning!" and "Browse or search to find the care you need." Below this, there are two dropdown menus: "Network" with "All Networks" selected, and "City, state or zip" with "Sunshine, LA - 70780" selected. A search bar with the placeholder text "Search for Names and Specialties" and a magnifying glass icon is positioned below the dropdowns. Under the search bar, there are links for "Common Searches: Primary Care", "Urgent Care", "Behavioral Health", and "DME & Medical Supplies". At the bottom, there is a section titled "Browse by Category" with the text "Find results using these care categories". This section contains three cards: "Medical Procedures" with a calendar icon, "Medical Specialties" with a list icon, and "Urgent Care Center" with a truck icon and a description: "Walk-in clinic that treats illness or injury requiring immediate care, but not serious..."

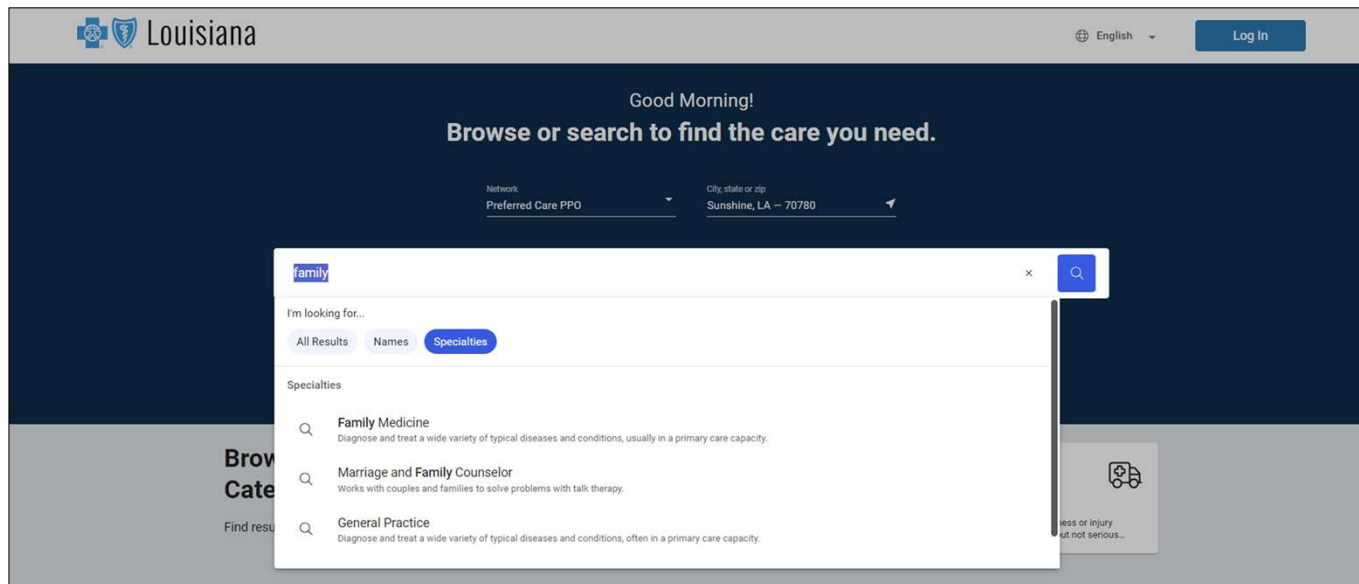
# Online Provider Directories

- 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 Health Services website. At the top, the Louisiana state logo and name are on the left, and a language selector (English) and a Log In button are on the right. The main header area is dark blue with the text "Good Morning!" and "Browse or search to find the care you need." Below this, there are two dropdown menus: "Network" (currently set to "All Networks") and "City, state or zip" (currently set to "Sunshine, LA -- 70780"). A search bar with the placeholder text "Search for Names and Specialties" is positioned below the "Network" dropdown. To the right of the search bar is a blue search button with a magnifying glass icon. Below the search bar, there are two sections: "Common Searches: Primary Care" and "DME & Medical Supplies". At the bottom of the page, there is a "Browse by Category" section with three categories: "Medical Procedures" (with a document icon), "Medical Specialties" (with a plus icon), and "Urgent Care Center" (with a first aid icon). The "Urgent Care Center" category includes a description: "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:

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

The screenshot displays a provider profile for Smith, Joe MD, a Male Family Practice physician. The page features a dark blue header with the provider's name, gender, specialty, and a 5-star rating with 2 reviews. A sidebar on the left contains a menu with links to various sections, with 'Provider Highlights' currently selected. The main content area includes a 'Provider Highlights' section with details about the physician's group, location, phone number, and patient acceptance status. It also lists awards, affiliations, and a link to more information about the provider's race, ethnicity, and languages. Below this is a 'Networks Accepted' section showing a grid of insurance plans and their tiers.

**Smith, Joe MD**  
Male  
SPECIALTY: FAMILY PRACTICE

★★★★★ (5.0) • 2 ratings  
Print Share

**Provider Highlights**

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

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

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

**Networks Accepted**

[Log In](#) for personalized results

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

# 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](http://www.lablue.com).

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

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

\*Limit of 10 locations per provider per TIN.



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

# Finding a Provider in the Member's Network

**Smith, Joe MD**  
Male  
SPECIALTY: FAMILY PRACTICE

★★★★★ (5.0) • 2 ratings  
Print Share

**Provider Highlights**

Smith, Joe MD

ABC Physician Group  
1234 Main Street  
Baton Rouge, LA 70809  
[View Map](#) (Est. 1.0 mile away)  
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

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](http://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](mailto:sam.measels@lablue.com)

## **Kaci Guidry**

Manager, Provider Information

[kaci.guidry@lablue.com](mailto:kaci.guidry@lablue.com)

## **Kristin Ross**

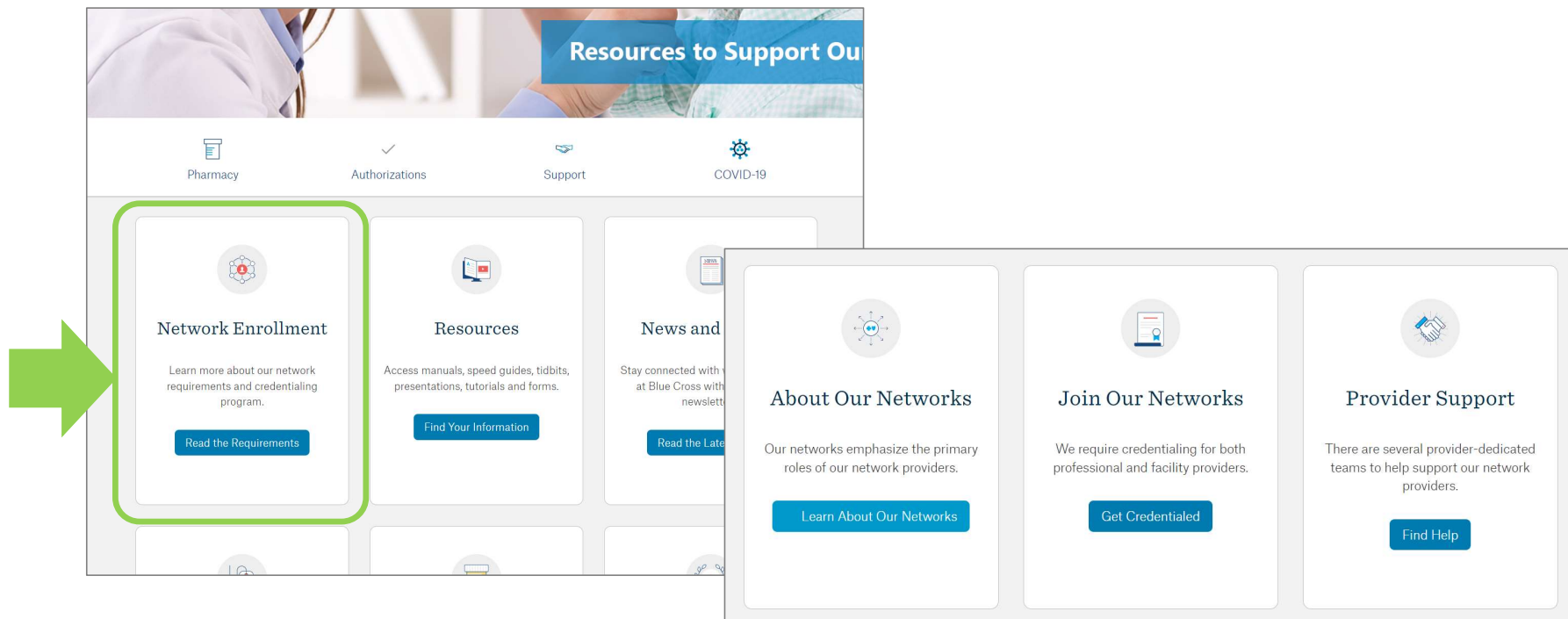
Manager, Provider Contract Administration

[kristin.ross@lablue.com](mailto:kristin.ross@lablue.com)

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



# The Provider Page [www.lablue.com/providers](http://www.lablue.com/providers)

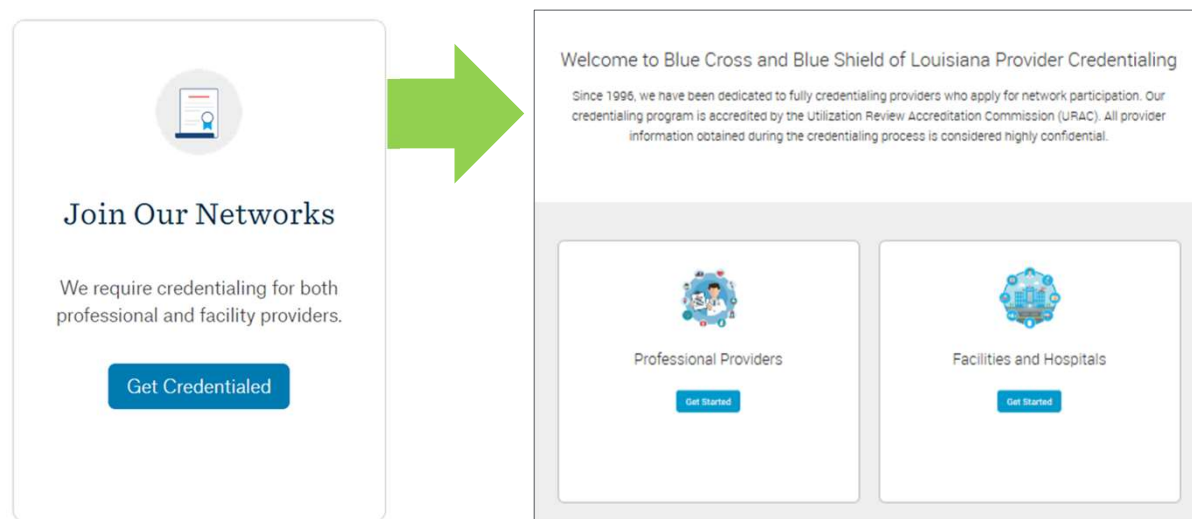


Choose **Network Enrollment** to view more information about our networks.

# The Network Enrollment Page

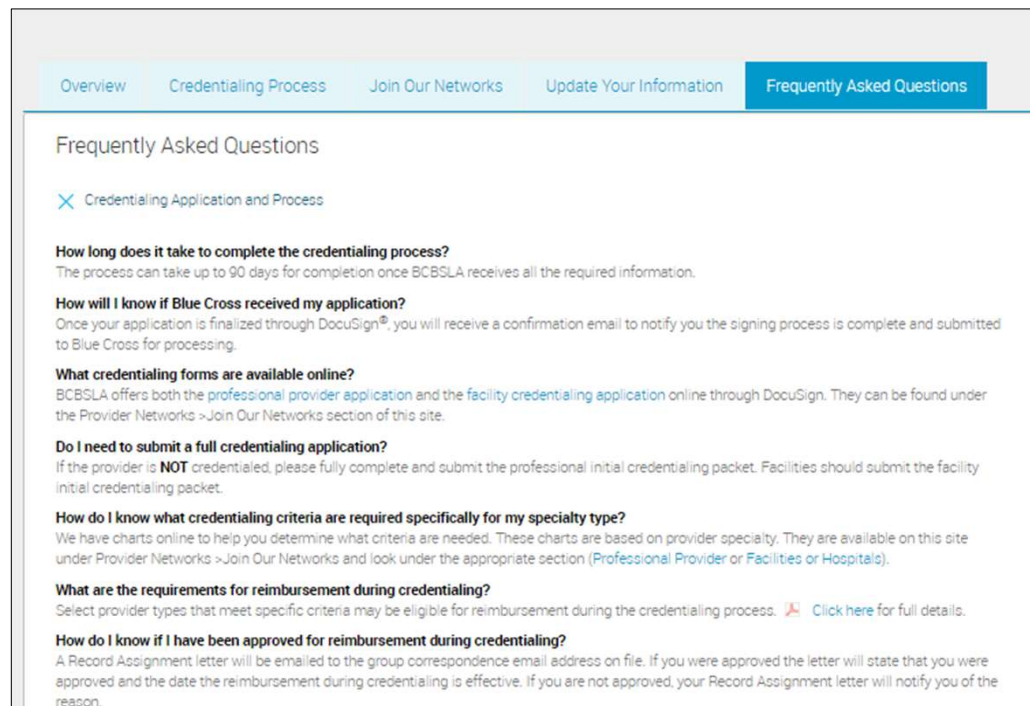
You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

Applications are available online at [www.lablue.com/providers](http://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 web page with a navigation bar at the top containing five links: Overview, Credentialing Process, Join Our Networks, Update Your Information, and Frequently Asked Questions. The 'Frequently Asked Questions' link is highlighted in blue. Below the navigation bar, the page title 'Frequently Asked Questions' is displayed. A sub-header 'X Credentialing Application and Process' is shown with a blue 'X' icon. The page contains seven FAQ items, each with a bold question and a paragraph of text. The questions cover topics such as the duration of the credentialing process, confirmation of application receipt, online form availability, submission requirements for different provider types, specialty-specific criteria, reimbursement requirements, and the process after approval.

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

## Frequently Asked Questions

X Credentialing Application and Process

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

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

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

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

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

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

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

[www.lablue.com/providers](http://www.lablue.com/providers) >Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals >Frequently Asked Questions



## Questions?

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

You may email questions after the webinar to your Provider Relations Representative or [provider.relations@lablue.com](mailto:provider.relations@lablue.com).



**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](http://www.lablue.com/providers)

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

>Join Our Networks.

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

# Easily Complete Forms with DocuSign

Enter text

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

**START**

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

**Louisiana**

**Provider Update Request Form**

Complete this form to report updated information on your practice to Blue Cross and Blue Shield of Louisiana.

This request applies to: ☒ Individual Provider ☐ Provider Group/Clinic

**CURRENT GENERAL INFORMATION**

Provider Last Name  First Name  Middle Initial

Tax ID Number

Group/Clinic Name

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

Effective Date of

Authorized representative completing this form on behalf of a

**REPRESENTATIVE**

Contact Phone Number

Contact Email Address


**Submission Information** (form completed by)

Signature  Date

**Annotations:**

- Navigation tool guides you through fields.
- Instructions correspond to requirement of the active field.
- Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.
- Red outline indicates a required field.
- Tooltips provide information about field requirements.

# 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): \_\_\_\_\_

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- 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.