

DocuSign® Guide

Blue Cross and Blue Shield of Louisiana is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can now 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 Blue Cross. Through this enhancement, you can electronically upload support documentation and even 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 Blue Cross form, then enter your initial information

PowerForm Signer Information

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

Form Completed By

Your Name: *
Full Name

Your Email: *
Email Address

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

Provider

Name:
Full Name

Email:
Email Address

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

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

Once the information is entered for both, click the **“BEGIN SIGNING”** button.

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

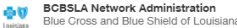

BEGIN SIGNING

Step 2: Accept the Electronic Record and Signature Disclosure

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

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

Please Review & Act on These Documents

Please read the **Electronic Record and Signature Disclosure**.
 I agree to use electronic records and signatures.

[CONTINUE](#) [FINISH LATER](#) [OTHER ACTIONS](#) ▾

| | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Tax ID Number <input type="text"/> | Provider National Provider Identifier (NPI) <input type="text"/> |
| Group/Clinic Name <input type="text"/> | Group/Clinic National Provider Identifier (NPI) <input type="text"/> |
| Are you a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective Date of Requested Change <input type="text"/> |

If you are an authorized representative completing this form on behalf of a provider, please indicate below.

Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)

GOT IT

Step 3: Complete the required fields and click finish

To navigate the document, use:

- The **tab** key – to move from one field to the next.
- The **mouse** – to click on and into fields.

Note: Click “Finish Later” to save any information entered. An email notification will be sent with a link to finish the application later.

- Return to complete the document by clicking the link provided in the email notification.
- Click “Finish” when the form is complete. This closes the form for the person initially completing it. An email is then sent to the person listed as the provider (see Step 1).

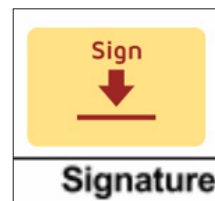
The screenshot shows the 'Provider Update Request Form' interface. At the top, there is a blue header with 'Enter text' and buttons for 'FINISH', 'FINISH LATER', and 'OTHER ACTIONS'. Below the header is a toolbar with icons for search, zoom, download, print, and help. The form itself is titled 'Louisiana Provider Update Request Form' and includes a 'START' button. It contains several sections: 'GENERAL INFORMATION' with fields for 'Provider Last Name', 'First Name', 'Middle Initial', 'Tax ID Number', 'Group/Clinic Name', and 'Group/Clinic National Provider Identifier (NPI)'. A yellow callout box points to the NPI field with the text: 'Required - Provider National Provider Identifier (NPI) - Please enter 10 numbers only with no special characters.' Other callouts include: 'Basic instructions for the active field' pointing to the 'Enter text' header; 'Navigation tool guides you through fields' pointing to the toolbar; 'Tips provide information about field requirements' pointing to the 'Are you a primary care provider?' section; and 'Red outline indicates a required field' pointing to the 'Contact Phone Number' and 'Contact Email Address' fields. The form also includes an 'AUTHORIZED REPRESENTATIVE' section with fields for 'Name', 'Contact Phone Number', and 'Contact Email Address'.

Step 4: Provider reviews form details, completes required fields and clicks finish

The provider must follow the steps below to complete the signing process and submit the document to Blue Cross

1. Locate email notification to access the forms and click “Review Document” to begin the signing process.
2. Select the checkbox “I agree to use Electronic Records and Signatures.”
3. Click “CONTINUE” to initiate the signing process.
4. Review form data (update if necessary) and complete required fields. Click “Finish.”

Note: A confirmation email is sent to notify you when the signing process is complete and submitted to Blue Cross. You can access the final documents by clicking “View Completed Document.” The credentialing process can take up to 90 days, which begins when all required information is received. After the 90 days, you may contact the PCDM Department at pcdmstatus@bcbsla.com or 1-800-716-2299, option 2 for a status update.



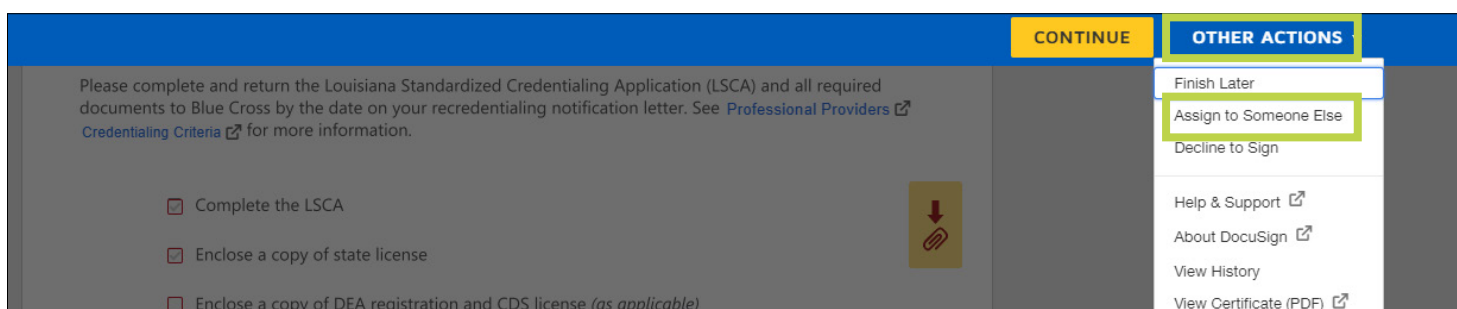
The screenshot shows the DocuSign interface for reviewing and signing a document. It features a blue header with the DocuSign logo and a central area with a document icon and the text "Review and Sign Document". Below this is a yellow button labeled "REVIEW DOCUMENT". At the bottom, there is a footer section with the BCBSLA Network Administration logo and contact information: "BCBSLA Network Administration", "network.administration@bcbsla.com", "A Provider,", "Please DocuSign 2021 Provider Information Update Form 2.0.pdf", and "Thank You, BCBSLA Network Administration".

Frequently Asked Questions

How do I reassign a form to a different person?

If you receive a form for completion and you are not the correct person, or it needs an alternate signature, you have the option to send it on to another person. To do that, complete the following steps:

1. Click "Other Actions"
2. Then select "Assign to Someone Else"



3. Enter the email address of the new signer
4. Click "Assign to Someone Else"

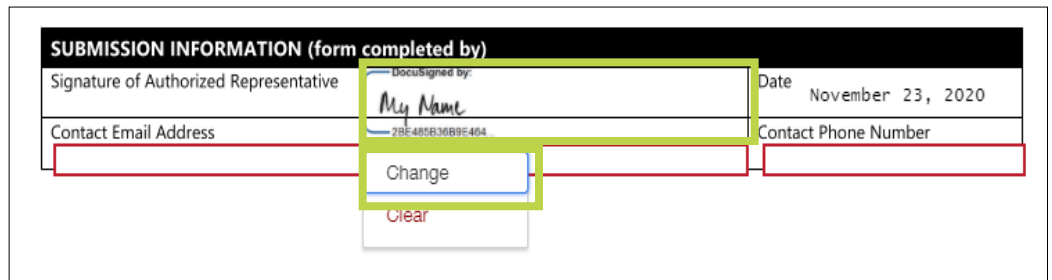
Note: If a different signature is needed, complete the form and click "Finish," then reassign the completed form to the correct signer.

A screenshot of a dialog box titled 'Assign to Someone Else'. The dialog box has a close button (an 'x') in the top right corner. It contains several fields and a text area. The first field is labeled 'Email Address for the New Signer *' and contains the text 'someoneelse@email.com'. The second field is labeled 'New Signer's Name *' and contains the text 'Someone Else'. Below these fields is a text area labeled 'Please provide a reason for changing signing responsibility' with the text 'Dr SE should sign this document.' and a character count '218 characters remaining'. At the bottom of the dialog box, there are two buttons: 'ASSIGN TO SOMEONE ELSE' (highlighted with a yellow border) and 'CANCEL'. There is also a small note at the bottom of the dialog box: 'Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient.'

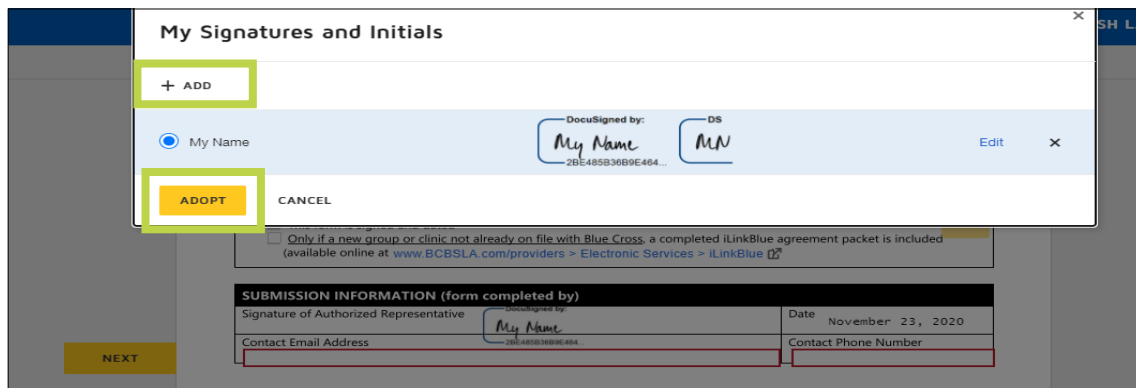
How do I update the signatory name?

When signing a document – the person completing the form has the option to update the signature. If you are the correct person who needs to sign a form, but your name or signature is incorrect you can update it.

1. Select the signature
2. Select "Change"



3. Click "+ Add"
4. Enter the correct name and click "Adopt"



5. Click "Adopt and Sign"

