

Facility types must meet certain criteria to be eligible for network participation. Use the chart below to view our criteria requirements, based on facility type.

Facility Type	Criteria
Ambulance Service	BCBSLA Addendum A form
	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$1,000,000/\$2,000,000 Louisiana Patient's Compensation Fund (LPCF) not required OR Self Insured
	Medicare/Medicaid Sanctions
Ambulatory Surgical Center	Accreditation – Accreditation Association for Ambulatory Health Care (AAAHC) or The Joint Commission on Accreditation of Health Organizations (JCAHO)
	BCBSLA Addendum C form
	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review – Only if not AAAHC or JCAHO accredited
Birthing Centers	Accreditation – Accreditation Association for Ambulatory Health Care (AAAHC), Commission for the Accreditation of Birth Centers (CABC) or The Joint Commission on Accreditation of Health Organizations (JCAHO) Accreditation Certificate
	BCBSLA Addendum C form
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Additional Criteria Must use closest hospital that meets the following criteria: <ul style="list-style-type: none"> • within five miles of the birthing center with normal expected travel times (i.e., no river separating the center and the hospital, no draw bridges, etc.) <ul style="list-style-type: none"> • hospital must have a NICU • hospital must have surgical obstetrics capability • hospital must be accredited There must be 24 hours/7 days per week full obstetrical call coverage that will take the patient in transfer; with a transfer agreement being filed with the hospital's MSO and provided to BCBSLA when credentialed.

Facility Type	Criteria
Cardiac Cath Lab (Outpatient)	Accreditation – Accreditation Association for Ambulatory Health Care (AAAHC) or The Joint Commission on Accreditation of Health Organizations (JCAHO) Accreditation Certificate
	BCBSLA Addendum H form
	Occupational License Tax or Operational License
	Clinical Laboratory Improvement Amendment (CLIA) Waiver (processing lab only)
	License
	General & Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review Only if not AAAHC or JCAHO accredited and approved by Vice President
	Data Registry
	Peer Review Process
Diagnostic Services (including CMS Independent Diagnostic Testing Facilities)	Accreditation – Accredited facility types: Nuclear Medicine, MRI, CT and PET by American College of Radiology (ACR) or Inter-societal Accreditation Commission (IAC) or other appropriate accreditation as applicable
	BCBSLA Addendum E form
	OptiNet® OptiNet Score of 80% or more for each modality (Modalities exception: vascular ultrasound, bone density, cardiac monitoring, cardiopulmonary and pulmonary stress tests, and neuromonitoring)
	Occupational License Tax or Operational License
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Dialysis Facility	State License – Department of Health and Hospitals (DHH)
	Clinical Laboratory Improvement Amendment (CLIA) Certificate Required for draw sites only
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions

Facility Type	Criteria
Durable Medical Equipment (DME) Supplier	Accreditation <ul style="list-style-type: none"> • The Joint Commission on Accreditation of Health Organizations (JCAHO) • Community Health Accreditation Program (CHAP) • Healthcare Quality Associates of Accreditation (HQAA) • National Board of Accreditation for Orthotic Supplies (NBAOS) • Board of Certification/Accreditation, International (BOC) • Accreditation Commission for Healthcare (ACHC) • National Association of Board of Pharmacy (NABP) • Commission on Accreditation of Rehabilitation Facilities (CARF) • American Board for Certification in Orthotics, Prosthetics and Pedorthists (ABC) • The Compliance Team Accreditation (TCT) • National Supplier Clearinghouse (NSC) Medicare Administrative Contractor (approved Medicare wavier for pharmacy NSC acceptance letter)
	Sleep Study (SC) <ul style="list-style-type: none"> • JCAHO • American Academy of Sleep Medicine • Accreditation Commission for Healthcare
	BCBSLA Addendum B form
	Occupational License Tax or Operational License Permit from DHH if DME sells Oxygen (not required if provider has a pharmacy license)
	Products Liability Insurance – \$1,000,000/\$1,000,000 Louisiana Patient's Compensation Fund (LPCF) not required
	Medicare/Medicaid Sanctions
Home Health Agency	Copy of Letter or Certificate of Medicare Participation
	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Home Infusion	Occupational License Tax or Operational License
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Hospice	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/ \$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$1,000,000 without LPCF
	Medicare/Medicaid Sanctions

Facility Type	Criteria
Hospitals	Accreditation – The Joint Commission on Accreditation of Health Organizations (JCAHO) or Det Norske Veritas (DNV)
	BCBSLA Addendum C form
	State License – Department of Health and Hospitals (DHH) If a hospital has a home health provider number, you will need a separate License.
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review
	Only if not JCAHO or DNV accredited
IOP/PHP Psych/CDU	Accreditation – Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission on Accreditation of Health Organizations (JCAHO) Certificate, preferred, but not required
	BCBSLA Addendum C form
	State License – Department of Health and Hospitals (DHH)
	National Contract (For IOP & PHP programs only) Holds a regional and/or national contract with a Plan recognized behavioral health vendor: <ul style="list-style-type: none"> United Behavioral Healthcare – United Healthcare <ul style="list-style-type: none"> Life Synch – Humana CIGNA Behavioral Health – Aetna Behavioral <ul style="list-style-type: none"> Health Value Options – Magellan
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review Only if not JCAHO or CARF accredited

Facility Type	Criteria
Laboratory	Lab Certification – College of American Pathologists (CAP), Commission of Office Laboratory (COLA) or The Joint Commission on Accreditation of Health Organizations (JCAHO)
	BCBSLA Addendum G form
	Lab must provide full array of services, Provider Contracting-approved Attachment G and College of American Pathologists certification.
	For Full Service Labs Only <ul style="list-style-type: none"> Clinical Laboratory Improvement Amendment (CLIA) Certificate Certificate of Compliance -- issued to a laboratory after an inspection that finds the laboratory to be in compliance with all applicable CLIA requirements. Certificate of Accreditation -- issued to a laboratory after an inspection that finds the laboratory to be in compliance with all applicable CLIA requirements. Certificate of Waiver -- issued to a laboratory to perform only waived tests.
	For Draw Sites Only <ul style="list-style-type: none"> Occupational License Tax or Operational License CLIA certificate
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Lithotripsy/Orthotripsy	Occupational License Tax or Operational License
	Clinical Laboratory Improvement Amendment (CLIA) Certificate if lab work is being performed
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Nursing Home	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Radiation Center	Louisiana Department of Environmental Quality (DEQ) License
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions

Facility Type	Criteria
Residential Treatment	Accreditation – Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission on Accreditation of Health Organizations (JCAHO)
	BCBSLA Addendum C form
	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review
	Only if not CARF or JCAHO accredited
Retail Health Clinic	Accreditation – Accreditation Association for Ambulatory Health Care (AAAHC) or The Joint Commission on Accreditation of Health Organizations (JCAHO) (for general 94 only, not VI, WW or HA)
	Health Assessment
	Specialty Type of HA – No Directory Listing
	Certificate of good standing as a business in Louisiana
	Immunization/Vaccinations Services
	VIVI Specialty code only – No directory listing
	Workplace Wellness
	WW Specialty code only – No directory listing
	Medical Director must participate independently in BCBSLA networks; BCBSLA Medical Director must approve workplace wellness center
	BCBSLA Addendum F form
	Occupational License Tax or Operational License
Skilled Nursing Facility	Professional Liability – \$500,000/\$500,000 Louisiana Patient's Compensation Fund (LPCF) not required
	Medicare/Medicaid Sanctions
	Site Visit – If "Vaccines for Children" provider number is not available
	BCBSLA Addendum C form
	State License – Department of Health and Hospitals (DHH)
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions

Facility Type	Criteria
Sleep Lab/Center	Accreditation – The Joint Commission on Accreditation of Health Organizations (JCAHO), American Academy of Sleep Medicine (AASM) or Accreditation Commission for Health Care (ACHC)
	Occupational License Tax or Operational License
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
Specialty Pharmacy	Pharmacy License
	DEA and CDS License
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Express Scripts, Inc. (ESI) Letter or email from ESI Must maintain a current contract with ESI (NetworkCompliance@express-scripts.com)
Urgent Care Clinic	Accreditation – The Joint Commission on Accreditation of Health Organizations (JCAHO), Urgent Care Association (UCA), QUAD A Global Accreditation Authority OR Accreditation Association for Ambulatory Health Care (AAAHC) Accreditation Certificate
	BCBSLA Addendum D form – affiliated physician must complete and sign
	Occupational License Tax
	Professional Liability Insurance – \$100,000/\$300,000 with Louisiana Patient's Compensation Fund (LPCF) OR \$1,000,000/\$3,000,000 without LPCF OR Self Insured
	Medicare/Medicaid Sanctions
	Site Review Only if Not Accredited