

Credentialing for Hospital-based Providers

All information submitted must be legible, current and without restriction. We will return all submitted information to the provider if the application is not signed and dated. Signature and date must be original. Signature stamps or date stamps are not acceptable.

A hospital-based provider is defined as a provider that only sees patients as a result of their being admitted or directed to the hospital. A provider IS NOT considered hospital-based if you have patients referred directly to you from another physician or organization. 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 are not required to be listed in our providers directories.

Hospital-based providers who wish to be listed in our provider directories should instead refer and adhere to the credentialing criteria for professional providers.

Hospital-based providers who DO NOT wish to be listed in our provider directories should adhere to the guidelines below.

Required forms:

- Louisiana Standardized Credentialing Application (LSCA) *(select sections only)*:
 - General Information
 - Primary/Secondary Location (complete as many sections as needed; up to four practice locations)
 - Specialty
 - Professional Licenses
 - General Questions
 - Provider Statement to Release Information
- Network Interest Form

Required supporting documentation:

(you must submit current copies of the following documents as applicable by specialty)

- Professional State License
- Employer Identification Number (EIN) Letter
- Appropriate iLinkBlue application packet which includes the following forms:
 - iLinkBlue Application
 - Business Addendum Agreement
 - Electronic Funds Transfer (EFT) application and a copy of a preprinted voided check
 - Administrative Representative Registration Form
- Provider Network Agreements, as applicable
- W-9 Form

If you are interested in network participation and you did not receive agreements or your group does not have an agreement on file, please contact our Network Development department to request the appropriate agreement(s):

email: network.development@bcbsla.com

phone: 1-800-716-2299, option 1

How to submit your information to Blue Cross:

You may fax, email or mail your application and supporting documents to Blue Cross as follows:

email: network.administration@bcbsla.com

fax: (225) 297-2750

mail: Network Administration - BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898

Our Network Operations department only provides status updates to the provider in question. To check the status of an application or for additional information you may contact Network Operations at 1-800-716-2299, option 3.

