



### Providers Applying for Network Participation

During the credentialing process, an eligible provider can request Blue Cross reimburse claims as a network provider. Louisiana has a law that makes provisions for healthcare insurers to compensate non-participating providers—who have applied for network participation and meet specific criteria—as though they are a participating network provider during the credentialing process.

Under this provision, Blue Cross will process the eligible applicant's claims at the member's in-network level of benefits. The eligible applicant agrees to accept Blue Cross' allowables and the member's cost share as payment in full. The applicant may not balance bill the member.

To be eligible for this provision, you must meet the following criteria:

1. You must be applying for network participation to join a provider group that already has an executed group contract on file with Blue Cross, and *(This provision is not available for solo practitioners.)*
2. You must be an active member on a network hospital medical staff. You must list this information in the hospital affiliations section on the appropriate credentialing application.
3. For nurse practitioners and physician assistants, you must submit the following with your initial application. *Blue Cross will deny the request if the following is not submitted.*
  - Nurse practitioners must submit a collaborative physician agreement.
  - Physician assistants must submit a supervising physician agreement.
4. Your initial application for network participation must include a written letter of request. The letter should ask Blue Cross to invoke the Louisiana law that extends existing requirements for credentialing of physicians to all healthcare providers. The letter must include your agreement to hold our members harmless for payments above the allowable amount. To request these provisions, send us a letter on your letterhead and signed by the provider. Write the letter similar to the sample below:

**{Date}**

*Dear Blue Cross and Blue Shield of Louisiana:*

*In accordance with the Louisiana law extending certain requirements for credentialing of physicians to all healthcare providers, please accept this written request to reimburse **{provider's name}** for services provided 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 Blue Cross 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}**

### How to submit your letter of request

Complete and submit your letter of request with the initial credentialing application via DocuSign®. **We do not accept faxed or mailed forms.** If using the Louisiana Standardized Credentialing Application, it is available online at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click "Join Our Networks."

### Contact us

For questions regarding this Louisiana law, contact our Provider Credentialing Department at 1-800-716-2299, option 2 or [pcdmstatus@bcbsla.com](mailto:pcdmstatus@bcbsla.com).