

Providers Applying for Network Participation

Eligible providers can request that Blue Cross reimburse their claims as a network provider during the credentialing process. 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 application process.

Under this provision, the eligible applicant's claims will be processed 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 and not balance bill the member.

To be eligible for this provision the following criteria must be met:

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. *This provision is not available for solo practitioners; or*
2. You must have admitting privileges to a network hospital. Blue Cross credentialing policy allows primary care providers to have an arrangement with hospitalist group to admit patients in lieu of their own hospital privileges.
3. Your initial application for network participation must include a written letter of request asking Blue Cross to invoke the Louisiana law that extends existing requirements for credentialing of physicians to all healthcare providers, and 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, 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}

Send to:

BCBSLA - PCDM
P.O. BOX 98029
Baton Rouge, LA 70898-9029

For questions regarding this Louisiana law, contact our Provider Credentialing department at 1-800-716-2299, option 2.