Provider Credentialing & Data Management Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.

- This also means we are unable to hear you during the webinar.

- Please submit your questions directly through the webinar platform only.
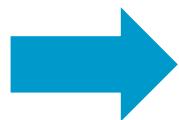
How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."

- Once your question is answered, it will appear in the "Answered" tab.

- All questions will be answered by the end of the webinar.

CREDENTIALING, CONTRACTING, RECREDENTIALING & DATA MANAGEMENT

February 2024

Presented by:

Melonie Martin
provider relations representative

WELCOME!

✓ Today's presentation will take you on a journey through the **credentialing** and **recredentialing** processes.

✓ We will also explain the network **contracting** process.

✓ We will show you how to update and **manage the data** Blue Cross has on your provider record.

THE BASICS

Credentialing Is Required for Network Participation

✓ Blue Cross and Blue Shield of Louisiana credentials all practitioners and facilities that participate in our networks.

✓ We partner with **symplrCVO** to conduct credentialing verification processes for our commercial and Blue adVantage networks.

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THE BASICS

We credential
professional

&

facility providers
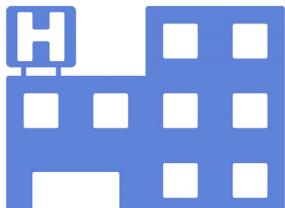
Credentialing Is Required for Network Participation

- Since 1996, Blue Cross fully credentials providers who apply for network participation.

- Our credentialing program is accredited by the Utilization Review Accreditation Commission (URAC).

- Providers must meet certain criteria as regulated by our accreditation body and the Blue Cross Blue Shield Association.

THE BASICS

There are two types of Blue Cross provider records a provider can obtain:

Network-participating provider record

↳ Contract on File
&
Provider **IS** credentialed

Non-participating provider record
(for filing claims only)

↳ No Contract
&
Provider **IS NOT** credentialed

What is a Participating Provider?

- Provider who has entered into a contractual agreement with Blue Cross to provide covered services to our members.

- Payments are based on the provider's schedule of allowable charges.

- Provider may bill the member for any deductible, coinsurance, copayment and/or non-covered service. Provider agrees not to collect any amount over the allowable charge from the member.

- Payment goes directly to the participating provider.

- Participating providers see increased Blue Cross patient volume since members receive higher benefits when using network providers.

- Only participating providers are listed in our online provider directory featured on our corporate website (**www.bcbsla.com**).

What is a Non-participating Provider?
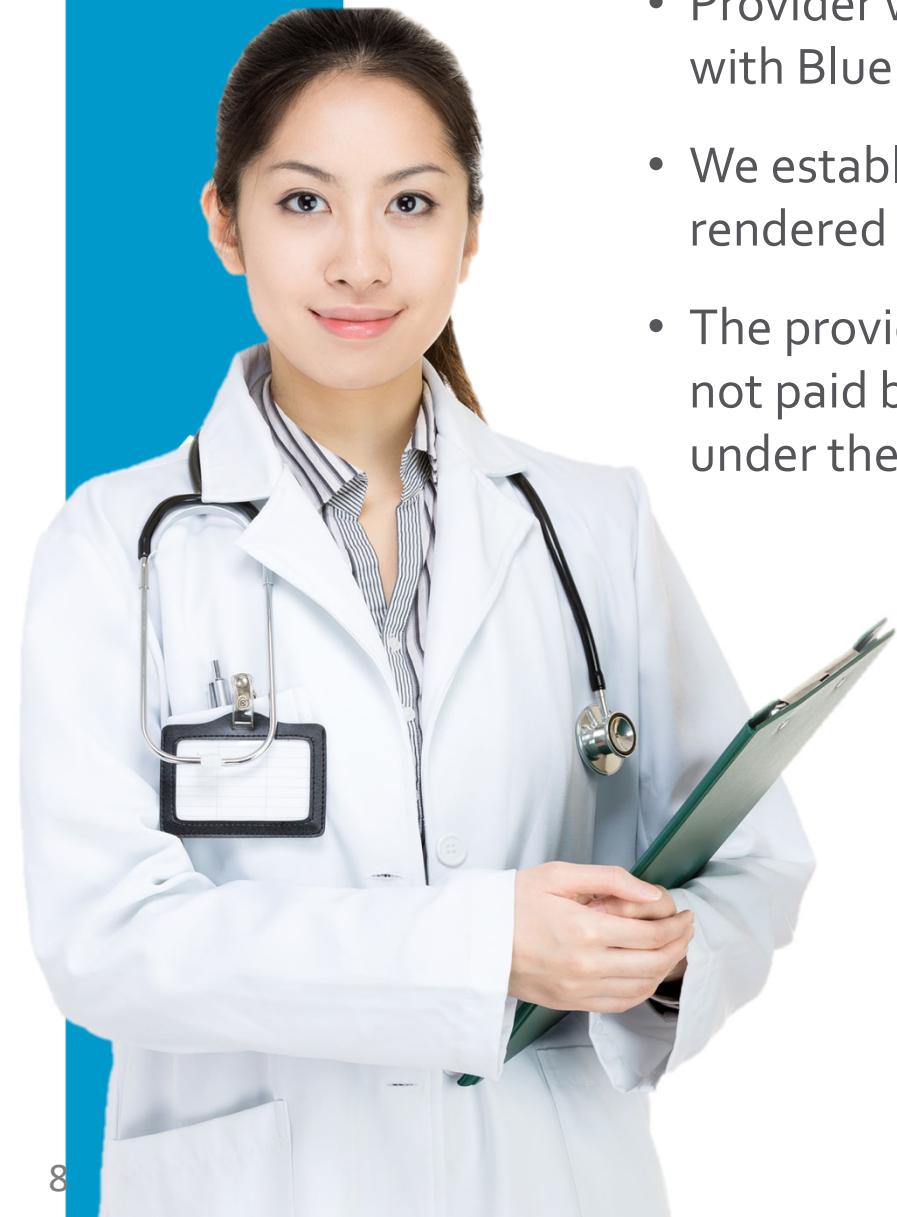
- Provider who has chosen not to sign a network agreement with Blue Cross.

- We establish a non-participating rate for covered services rendered by non-participating providers.

- The provider may balance bill the member for all amounts not paid by Blue Cross with the exception of services covered under the No Surprises Act.

  - In most situations, Blue Cross payments for claims to a non-participating provider are sent directly to the member.

  - Some members may have no benefits for services provided by non-participating providers without obtaining prior approval.

  - Non-participating providers are **NOT** listed in our online provider directory.

Applying for Credentialing

Professional Provider Network Availability

The following professional provider types must meet certain criteria to participate in our networks:

- Acupuncturists
- Applied Behavioral Analysts (ABA)
- Audiologist
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Registered Nurse First Assistants (CRNFA)
- Clinical Nurse Specialist (CNS)
- Doctor of Chiropractic (DC)
- Doctor of Osteopathic (DO)
- Doctor of Medicine (MD)
- Doctor of Podiatric Medicine (DPM)
- Doctor of Dental Surgery (DDS)
- Doctor of Medicine in Dentistry (DMD)
- Hearing Aid Dealer
- Licensed Addictive Counselor (LAC)
- Licensed Professional Counselor (LPC)
- Licensed Clinical Social Worker (LCSW)

- Nurse Practitioner (NP)
- Occupational Therapist (OT)
- Optometrist (OD)
- Physician Assistant (PA)
- Psychologist (PhD)
- Physical Therapist (PT)
- Registered Dietician & Nutritionist (RD)
- Registered Nurse First Assistants (RNFA)
- Speech-Language Pathologist & Audiologist (SLP)

View the *Credentialing Criteria* for these professional provider types at www.bcbsla.com/providers >Network Enrollment >Join Our Networks >Professional Providers >Credentialing Process.
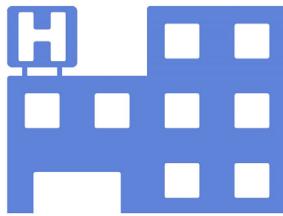
Facility Network Availability

The following facility types must meet certain criteria to participate in our networks:

- Ambulance Service
- Ambulatory Surgical Center
- Birthing Centers
- Cardiac Cath Lab (Outpatient)
- Diagnostic Services (including CMS Independent Diagnostic Testing Facilities)
- Dialysis Facility
- DME Supplier
- Emergency Medicine Physician Groups
- Home Health Agency
- Home Infusion
- Hospice
- Hospitals
- IOP/PHP Psych/CDU
- Laboratory

- Lithotripsy/Orthotripsy
- Nursing Home
- Radiation Center
- Residential Treatment
- Retail Health Clinic
- Skilled Nursing Facility
- Sleep Lab/Center
- Specialty Pharmacy
- Urgent Care Clinic

View the *Credentialing Criteria* for these facility types at **www.bcbsla.com/providers** >Network Enrollment >Join Our Networks > Facilities and Hospitals >Credentialing Process.
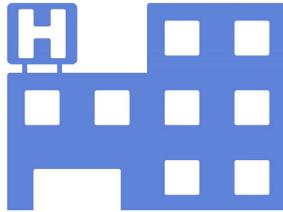
HOSPITAL-BASED PROVIDERS

A hospital/facility-based provider includes:

- Providers who **only** see patients as a result of their being admitted or directed to the hospital.

- Providers who **only** read test results or perform services in a facility, for which a member cannot directly make an appointment.

- Medical staff.

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 can be allowed to participate in our networks without credentialing requirements. We do not list those providers in the directory and allow the hospital's credentialing to stand.

A provider is **NOT considered hospital-based** if they have patients referred directly to them from another physician or organization or if the member can make an appointment with the physician.

TELEHEALTH ONLY PROVIDERS

Our credentialing policy includes guidance for the provision of telehealth services to our members **WHEN**:

- **Louisiana-based, in-network provider**
  - Must be in process of or have completed credentialing/contracting to participate in our network.
  - Must be employed or affiliated with a physical practice located in Louisiana.
    - Behavioral health telehealth-only providers are not required to be employed or affiliated with a physical practice located in Louisiana.

- **Out-of-state provider with Louisiana-based practice**
  - Must be employed or affiliated with a Louisiana-based group or entity.
  - Must have a Louisiana State license as required for their specialty.
  - If not licensed in the state of Louisiana, then a Telehealth Permit issued by the Louisiana Board of Medical Examiners (LSBME) is required (includes the condition of maintaining affiliation with a Louisiana based practice or entity).

- **Out-of-state provider without Louisiana-based practice affiliations**
  - Must be credentialed/contracted with another Blue Plan.
  - Can be individually credentialed/contracted or part of a group or entity that is credentialed/contracted with the out-of-state Blue Plan.
  - Claims filing is based on the providers physical location when rendering the telehealth service.

- **National telehealth solution/vendor**
  - A national telehealth solution contracts directly with Blue Cross to offer our members telehealth services accessible in the home plan region and outside of it to ensure access while members are out of their home plan area.

THE PAPERWORK

You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

Applications are available online at **www.bcbsla.com/providers**.
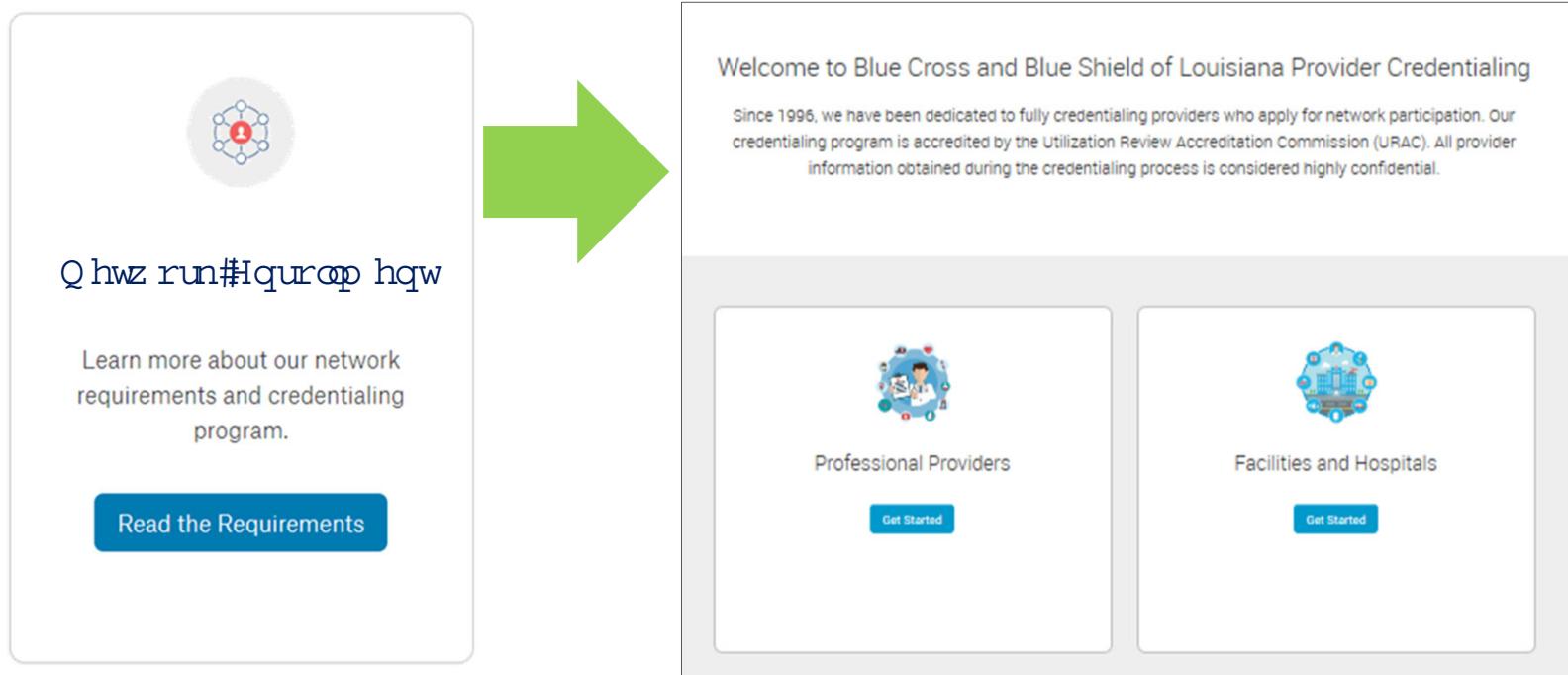
Choose **Network Enrollment**, then **Join Our Networks** page then, select **Professional Providers** or **Facilities and Hospitals** to find credentialing packets.

THE PAPERWORK for professional providers

Overview	Credentialing Process	**Join Our Networks**	Update Your Information	FAQs

Join Our Networks

Your request can take up to 90 days to process once all required information has been received. The BCBSLA Welcome to the Network notification letter will notify you of next steps and your network participation effective date shall be the effective date indicated on the signature page of your provider agreement. BCBSLA does not backdate network participation. Any claims submitted prior to network participation will process as out-of-network. When a claim is processed as out-of-network, payment for services may go to the member not to the provider.

Applying for network participation has been made easy. Our online applications can now be completed, signed and submitted digitally with **DocuSign.** Each packet includes a checklist of all required documents. Please follow that checklist to ensure all information is included with the submission of your application. Blue Cross uses the LSCA for both credentialing and recredentialing applications.

Professional Initial Credentialing Packet

The Professional (initial) credentialing packet includes a checklist of all required documents.

- To **join our networks through a new contract**, or **joining an existing group**, complete the checklist under "I wish to PARTICIPATE in Blue Cross' network(s)."

- If you **want a provider record only for filing claims**, complete the checklist under "I wish to obtain a Blue Cross record only as a NON-PARTICIPATING provider."

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THE PAPERWORK for professional providers

Professional Initial Credentialing Packet

This Packet is in **DocuSign®** to be completed, signed and submitted digitally.

The **Checklist** must be completed.

- Submit all the indicated documents.

- Incomplete credentialing packets (missing information or submitted incorrectly) may be returned. A letter is sent advising of the missing information and how to resubmit.

THE PAPERWORK for professional providers

Blue Cross uses the **Louisiana Standardized Credentialing Application** (LSCA) for initial credentialing.

The **LSCA Attachment A** is to report the hours per day the professional provider is available for patient appointments at each practice location.

- Location information reported must correlate to the locations reported on the LSCA, as applicable.

- This form is also used to report telehealth services.

To be listed in the directory, provider must be available to schedule patient appointments **a minimum of 8 hours per week** at the location listed.

THE PAPERWORK for professional providers

The **iLinkBlue Application Packet** is part of our credentialing packet and must be completed.

iLinkBlue Service Agreement

Business Associate Addendum

Electronic Funds Transfer (EFT) Enrollment Form

Administrative Representative Registration Form

iLinkBlue is our secure online provider tool. It is your source for eligibility, benefits, claims filing, claims research, payment queries, authorization requests and more.

www.bcbsla.com/ilinkblue

THE PAPERWORK for facilities

Join Our Network

Overview	Credentialing Process	**Join Our Network**	Update Your Information	Frequently Asked Questions

Join Our Network

Your request can take up to 90 days to process once all required information has been received. The BCBSLA Welcome to the Network notification letter will notify you of next steps and your network participation effective date shall be the effective date indicated on the signature page of your provider agreement. BCBSLA does not backdate network participation. Any claims submitted prior to network participation will process as out-of-network. When a claim is processed as out-of-network, payment for services may go to the member not to the provider.

Applying for network participation has been made easy. Our online Facility Initial Credentialing packet can now be completed, signed and submitted digitally with **DocuSign.** Each packet includes a checklist of all required documents. Please follow that checklist to ensure all information is included with the submission of your application.

Facility Initial Credentialing Packet

Some of the required credentialing supporting documentation for Facilities and Hospitals includes:

- Health Delivery Organization (HDO) Form
- HDO Attachment, as applicable
- State License
- Malpractice Liability Certificate (copy of declarations page)

Network facilities and hospitals are reverified every three years from their last credentialing acceptance date. Blue Cross sends reverification packets directly to facilities and hospitals based on the correspondence information on file.

The Facility Initial Credentialing Packet includes a checklist of all required documents needed for credentialing.

THE PAPERWORK for facilities

Facility Initial Credentialing Packet

This Packet is in **DocuSign®** to be completed, signed and submitted digitally.

The **Checklist** must be completed.

- Submit all indicated documents.

- Incomplete credentialing packets (missing information or submitted incorrectly) may be returned. A letter is sent advising of the missing information and how to resubmit.

Louisiana

Credentialing Checklist for Facilities

All required documents must be fully completed with a handwritten signature and date (as applicable). Requests that are incomplete or missing information will be returned and the processing time will start over once all required information is received.

There are two options below for obtaining a Blue Cross provider record. You may choose to participate in our networks or simply obtain a provider record as a non-participating provider for the purpose of filing claims. Use the appropriate checklist below to fully complete this credentialing packet. See Facility Providers Credentialing Criteria for more information.

Choose One (non-participating provider checklist on back)

☐ I wish to PARTICIPATE in Blue Cross' network(s)

☐ New Contract
Our Network Development department will contact you regarding a new network agreement.

☐ Complete the Health Delivery Organization (HDO) Information Form

  ☐ Complete the Health Delivery Organization Statement of Attestation

☐ Complete the applicable HDO Attachment

  ☐ HDO Attachment A: Ambulance Company

  ☐ HDO Attachment B: DME Supplier or Pharmacy

  ☐ HDO Attachment C: Hospital, Ambulatory Surgical Center or Free-standing Skilled Nursing Facility

    ☐ Complete the Patient Safety Regulation Statement of Attestation (*if applicable*)

  ☐ HDO Attachment D: Urgent Care Clinic / Walk-in Clinic

  ☐ HDO Attachment E: Diagnostic Radiology (Free-standing)

  ☐ HDO Attachment F: Retail Health

  ☐ HDO Attachment G: Laboratory

  ☐ HDO Attachment H: Outpatient Cath Lab

☐ Complete the iLinkBlue Service Agreement

☐ Complete the Business Associate Addendum to the iLinkBlue Service Agreement

☐ Complete the Electronic Funds Transfer (EFT) Enrollment Form

☐ Enclose a canceled check/bank letter confirming account

☐ Complete the Administrative Representative Registration Form

☐ Complete the Administrative Representative Acknowledgment Form

☐ Enclose an EIN Letter

☐ Enclose a W-9 Form

☐ Enclose a copy of state license

☐ Enclose a copy of Malpractice Liability Certificate (*copy of policy declarations page*)

☐ Enclose this completed checklist

Submit all required documents using one of the options below:

mail: BCBSLA - PCDM
      P.O. Box 98029
      Baton Rouge, LA 70898-9029

email: network.administration@bcbsla.com
fax: (225) 297-2750
       Attention: PCDM

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Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company
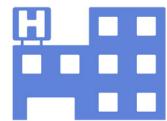
THE PAPERWORK for facilities

Blue Cross uses the **Facility Credentialing Application** for initial credentialing.

There are attachment forms included with the main credentialing form. Facilities should complete only those that apply.

- Attachment A – Ambulance
- Attachment B – DME Supplier
- Attachment C – ASC, Hospital, IOP, PHP, Psych, CDU, SNF, LTAC, Rehab
- Attachment D – Urgent Care, Walk-in Clinic
- Attachment E – Diagnostic Services
- Attachment F – Retail Health Clinic
- Attachment G – Laboratory
- Attachment H – Outpatient Cath Lab

Blue Cross still accepts the HDO Information Form and affiliated attachments.

THE PAPERWORK for facilities

The **iLinkBlue Application Packet** is part of our credentialing packet and must be completed.

iLinkBlue Service Agreement

Business Associate Addendum

Electronic Funds Transfer (EFT) Enrollment Form

Administrative Representative Registration Form

iLinkBlue is our secure online provider tool. It is your source for eligibility, benefits, claims filing, claims research, payment queries, authorization requests and more.

www.bcbsla.com/ilinkblue

Let's Get Credentialed

THE CREDENTIALING PROCESS

- Providers will remain non-participating in our networks until a signed agreement is received by our contracting department.

- The credentialing committee approves credentialing twice per month.

- Network providers are recredentialed every three years from their last credentialing acceptance date.

To inquire about the status of your initial credentialing application, you may send and email to **PCDMstatus@bcbsla.com**.

VERIFYING YOUR INFORMATION

We partner with **symplrCVO**, to assist with the primary source verification of our credentialing and recredentialing applications.

Professional providers in the credentialing and recredentialing process may be directly contacted by symplrCVO to verify application details and supporting documentation. This does not apply to facilities.

symplrCVO will make three attempts to contact the provider. If unsuccessful, the credentialing process is stopped, and the application is rejected. For providers in the recredentialing process, network participation may be terminated.

If you have questions about this process, you may email our Provider Relations Department at **provider.relations@bcbsla.com**.

CREDENTIALING DELEGATION PROGRAM

- It is an extension of our accredited credentialing program and is available to groups **with 50 or more practitioners**.

- An approved delegation entity essentially credentials its own providers and sends the information to Blue Cross to create their provider records.

- This program allows you to expedite your credentialing experience so you can complete the Blue Cross credentialing process with fewer steps.

- After a provider group is approved as a delegation entity, it will not be necessary to submit provider applications to be set up in the Blue Cross system.

If you have any questions about the Credentialing Delegation Program, please email **credentialing.delegation@bcbsla.com**.

The *Credentialing Delegation Program* guide explains the steps network provider groups must take and the documents required to become a delegated entity. It is sent to providers requesting to join the program.

REIMBURSEMENT DURING CREDENTIALING

Reimbursement During Credentialing applies to <u>all</u> professional provider types, when criteria are met.

Reimbursement During Credentialing will be granted to <u>all</u> professional providers **joining an existing contracted provider group**. That contracted group must have the **same provider type contract** on file with Blue Cross. This allows for in-network reimbursement on submitted claims during the credentialing process. Reimbursement during credentialing is backdated one month prior to the date of application receipt.

This provision does not apply for solo practitioners.

Providers should not file/submit claims until receiving a provider number letter from our PCDM Department notifying you of the Reimbursement During Credentialing effective date.

If you have any questions about the Reimbursement During Credentialing Process, send an email to **PCDMstatus@bcbsla.com**.

EXPEDITED PROCESSING

Expedited processing applies to a limited group of professional providers only. In most cases, this applies to practitioners with admitting privileges or admitting arrangements.

Louisiana law allows professional providers a 30-day expedited application processing. To be eligible for expedited processing, providers must meet the following criteria:

- Providers who are:
    - Already credentialed with Blue Cross and are joining a new group, or
    - Are not yet credentialed but are joining a provider group that already has an executed group agreement on file with Blue Cross for the same provider type.

    Example: An NP applying for network participation must be joining a provider group that already has an executed allied health agreement on file with Blue Cross.

- Physicians must have admitting privileges to a network hospital or an approved exception.

- When applicable, provider must list their admitting privileges information in the hospital affiliations section on the appropriate credentialing application.

- Blue Cross credentialing policy allows certain eligible providers to have an arrangement with a hospitalist group to admit their patients in lieu of their own hospital privileges. A copy of the arrangement must be submitted with the credentialing application.

- Agree to hold our members harmless for payments above the allowable amount.

EXAMPLE LETTER TO BLUE CROSS

To request expedited processing, include the following with the initial credentialing application:

- Letter asking Blue Cross to invoke the expedited process.
- The letter must:
    1. Include your agreement to hold our members harmless for payments above the allowable amount.
    2. Identify the provider group name.
    3. Be on company letterhead and signed by the provider or an authorized representative. An electronic signature is acceptable.
- When applicable, signed admitting privileges agreement to a network hospital.

Sample Letter

{Date}

Dear Blue Cross and Blue Shield of Louisiana:

In accordance with the Louisiana law extending certain requirements for credentialing of healthcare providers, please accept this written request for expedited processing for *{provider's name}* 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}

THE CREDENTIALING COMMITTEE

- Has the final authority to make decisions regarding provider participation.

- Provides guidance and suggestions for the credentialing process.

- Is made up of a diverse group of network providers from across the state with no other management role at Blue Cross.

- Includes multiple Blue Cross employees from Medical Management and Provider Credentialing & Data Management departments.

EFFECTIVE DATES

For non-participating providers (requesting a provider record only), Blue Cross allows an effective date up to two years back for providers who want a provider record only for filing claims.

For participating providers, Blue Cross cannot retroactively allow network participation prior to a provider's credentialing date. Our accrediting organization strictly prohibits it. Effective dates are based on:

Delegation Program Providers	New Providers Not Credentialed	Providers Already Credentialed
The effective date for delegated providers is based on approval of the Credentialing Delegation spreadsheet by our Medical Director.	If you are eligible for reimbursement during credentialing (joining an existing contracted group), then it is one month prior to the date of receipt of application **OR** If you are not eligible for reimbursement during credentialing, then it is the approved date by the Credentialing Committee **AND** the execution of your network agreement.	If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is within 90 days of the calendar date, then it will be that date, but not before the group's effective date. If the requested effective date on the Provider Update Request Form (Existing Providers Joining a New Provider Group) is greater than 90 days of the calendar date, then it will be 90 days from the day the information was received, but not before the group's effective date.

Signing the Contract

NETWORK AGREEMENT (the final paperwork)

Once the credentialing process is completed, the next step in the process is to ensure the provider has a signed network agreement.

Our Provider Contracting representatives will work with the provider for the appropriate networks available for participation. Providers remain non-participating in our networks until a signed agreement is received by our Contracting Department.

The signed network agreement will include the effective date of network participation, which will be the date of approval from the Credentialing Committee.

If you have any questions about the contracting process, send an email to **provider.contracting@bcbsla.com**.

THE NETWORK AGREEMENT the final paperwork

Professional providers who are new to the network may not always be required to sign a contract.

new agreement **IS REQUIRED** when:

- Newly credentialed solo practitioners

- Newly credentialed providers joining a group not currently participating with Blue Cross

- Newly credentialed providers joining a participating group that does not have an agreement on file for the provider type:

    Example 1: a nurse practitioner (NP) joins a participating physician group (only has a physician agreement on file). The group must sign an allied agreement to cover the NP.

    Example 2: a physician joins a participating allied group (only has an allied agreement on file). The group must sign a physician agreement.

- Existing network providers asking to join a different network

- **Some** participating providers, groups or facilities changing Tax ID number (TIN). *This is outlined on Slide 47.*

THE NETWORK AGREEMENT the final paperwork

Professional providers who are new to the network may not always be required to sign a contract.

A new agreement **IS NOT REQUIRED** when:

- A newly credentialed physician and/or allied provider joins a participating group that already has the applicable physician and/or allied agreement on file.

- A newly credentialed physician and/or allied provider joining a participating group, through Blue Cross' Delegated Credentialing Agreement program **and** that group has the applicable physician and/or allied agreement on file.

Staying in the Network

RECREDENTIALING

Network providers must be approved through our **recredentialing** process **every three years** (or within 1 year in some cases) from the last credentialing acceptance date. Blue Cross is partnered with symplrCVO to recredential our network providers. Blue Cross sends* recredentialing applications to providers approximately 6 months prior to their recredentialing due date. Instructions are included on how to return completed forms. Blue Cross or symplrCVO will complete the verification process.

Required applications:

professional providers: Louisiana Standardized Credentialing Application (LSCA) **or** CAQH Application or
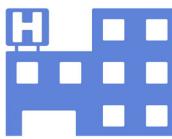
facilities: Facility Credentialing Application and any applicable application attachments

If you have questions during the process, you may email recredentialing@vhpla.com or call (318) 807-4755.

The provider's correspondence record information is used when sending recredentialing applications.

RECREDENTIALING

professional

Providers due for recredentialing are sent an email (provider email on file) six months prior to recredentialing due date.
The email provides:

- A link to the LSCA, if using CAQH you can provide your CAQH ID
- A checklist of required supporting documentation
- Instructions on how to complete and return the application

OR

If information is missing from submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then provider may be terminated from the network.

RECREDENTIALING

facility

Facilities due for recredentialing are sent an email (provider email on file) six months prior to recredentialing due date.

The email provides:

- A link to the Facility Credentialing Application
- A checklist of required supporting documentation
- Instructions on how to complete and return the application

If information is missing from submitted recredentialing application, the provider is then contacted by a recredentialing specialist with a deadline to return the needed information. If not received timely, then provider may be terminated from the network.

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SUPPORTING DOCUMENTATION NEEDED FOR RECREDENTIALING PROCESS

professional

- Completed credentialing form

- Completed Attachment A - Location Hours

- Copy of state license

- Copy of DEA registration and CDS license *(as applicable)*

- Copy of Malpractice Liability Certificate (*copy of policy declarations page*)

- A copy of the Collaborative Physician Agreement/Supervising Physician Agreement for NPs and PAs
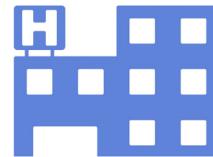
facility

- Completed credentialing form

- Completed attachment(s), as applicable

- Copy of state license

- Copy of W-9

- Copy of Malpractice Liability Certificate (copy of policy declarations page)

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How Members Find You

ONLINE PROVIDER DIRECTORIES

www.bcbsla.com >Find a Doctor or Drug >Local Provider Directory

ONLINE PROVIDER DIRECTORIES

Keeping your information up to date with us is extremely important to help our members find you.

We publish demographic information in our online provider directory. The directory is available on our website at **www.bcbsla.com**.

- Addresses (location information)
- Phone numbers
- Accepting new patients
- Providers working at certain locations
- Information about telehealth services

For professional providers to be listed in our directories, they must be available to schedule patients' appointments a **minimum of 8 hours per week** at the location listed.

It is the contractual responsibility of all participating providers keep their information current with Blue Cross. To report changes in your information, use the **Provider Update Request Form**. Our Provider Credentialing & Data Management Department will work with you to help ensure your information is current and accurate.

UPDATING YOUR INFORMATION

Our **Provider Update Request Form** accommodates all your change requests, which are handled directly by our Provider Data Management team.

It is important that we always have your most current information!

This form allows you to make any of the following changes. Simply check the appropriate box(es) to indicate the type of change needed. You may select more than one option.

The form is available online at www.bcbsla.com/providers >Resources >Forms.

UPDATING YOUR INFORMATION

It is important that we always have your most current information!

- Indicate on the Provider Request Form the type of change you are requesting.

- You will **only** need to fill out the section of this form that needs updating. Completing the entire form is not required.

TYPE OF CHANGE
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

UPDATING YOUR INFORMATION

It is important that we always have your most current information!

Our **Provider Update Request Form** accommodates these change requests:

- ✓ **Provider Information** allows you to update your address, phone, fax, email address, hours of operation and more.

- ✓ **EFT Termination or Change** option is to update your EFT information.

- ✓ **Existing Providers Joining a New Provider Group** is used to link an individual provider to an existing provider group or clinic.

- ✓ **Terminate Network Participation** is to request termination from one or more of our networks.

- ✓ **Tax ID Number Change** is to report a change in your Tax ID number.

- ✓ **Add a New Practice Location** is for when a provider is adding practice location(s) on an existing Tax ID.

- ✓ **Remove Practice Location** is for when a provider is removing a practice location(s) on an existing Tax ID.

UPDATING YOUR INFORMATION

It is important that we always have your most current information!

Some change selections on the **Provider Update Request Form** include a checklist of required supporting documentation needed to complete your request.

- Complete the checklist:

- Ensure all requested items on the checklist are included or completed before submitting.

Submissions that are missing checklist items will be returned.

For this practice location (please select at least one option):
- ☐ I am available to see patients at least 16 hours per week on a regular basis.
- ☐ I see patients here at least one day per month, but less than one day per week on a regular basis.
- ☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.
- ☐ I read tests or provide other services but do not see patients at this location.
- ☐ I do not practice here, but this location is within the medical group with which I am employed.

SECOND PHYSICAL ADDRESS (if necessary)

Physical Address

City, State and ZIP Code	Phone Number	Fax Number

Email Address

Type of Practice: ☐ No change ☐ Solo ☐ Multi-specialty Group ☐ Single Specialty Group
☐ Hospital-based ☐ Hospital-employed ☐ Healthplan/Payor-owned

Accepting New Patients   Age Range of Patients (check all that apply)
☐ New   ☐ Existing Only   ☐ 0-6 years   ☐ 7-11 years   ☐ 12-18 years   ☐ 19-65 years   ☐ Over 65
☐ Other: _____   ☐ All Ages   ☐ Other: _____

Office Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Practice Hours (available appointment hours)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

For this practice location (please select at least one option):
- ☐ I am available to see patients at least 16 hours per week on a regular basis.
- ☐ I see patients here at least one day per month, but less than one day per week on a regular basis.
- ☐ I cover or fill-in for colleagues within the same medical group on an as-needed basis only.
- ☐ I read tests or provide other services but do not see patients at this location.
- ☐ I do not practice here, but this location is within the medical group with which I am employed.

CHECKLIST

Before returning this form to Blue Cross, please ensure the following:

- ☐ A copy of the Malpractice Liability Insurance Certificate is attached
- ☐ Check if this a new group or clinic not already on file with Blue Cross and complete the included iLinkBlue agreement packet (Note: current providers joining groups that are on file do not need to complete the iLinkBlue packet.

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UPDATING YOUR INFORMATION

When requesting a **Tax ID Number Change**, it may be required that the provider undergo the credentialing process again.

TYPE OF CHANGE
Check all applicable boxes below to indicate the information you wish to change. This allows you to complete the required sections of the forms, as appropriate.

☐ Demographic Information	☐ Electronic Funds Transfer (EFT) Termination or Change	☐ Existing Providers Joining a New Provider Group (*includes solo providers creating a new provider group*)
☐ Termination Request	☐ Tax ID Number Change	☐ Add New Practice Location (Existing Tax ID)
☐ Remove Practice Location (Existing Tax ID)		

- Most **professional providers** are already credentialed and simply changing Tax ID number does not require credentialing.

- **Facilities** changing Tax ID number must be credentialed under the new number.

- Credentialing is <u>not</u> required for **delegated providers** changing to, or joining a non-delegated group <u>when</u> they are not already credentialed through delegated group for the same specialty.

- New contracting is required <u>when changing to a Tax ID number that is not already set up in our system</u>.

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ATTESTING TO YOUR DIRECTORY INFORMATION

Provider Attestation Form

Our PCDM Department sends either a **prefilled Provider Attestation Form** via DocuSign® (or a spreadsheet to larger groups) every 90 days to providers listed in our online provider directories. These providers are **required to review** their information.

✓

If the information is correct, then electronically give attestation, sign and return the form.

X

If any of the information is incorrect, please complete the Provider Update Request Form (a link is included in the attestation form). This allows us to update the information we publish in our directories.

⟫⟫ Failure to complete this attestation of information will result in provider being removed from our online provider directories.

ATTESTATION OF TELEHEALTH SERVICES

Telehealth Attestation Form

- The Centers for Medicare & Medicaid Services (CMS) requires Blue Cross to verify if providers offer telehealth services.

- The Telehealth Status Attestation form will be sent by email to the Provider through DocuSign.

- Please do not decline the Telehealth Status Attestation form.

- If a "Yes" response is indicated for a location on the Telehealth Attestation form, BCBSLA will identify the provider in our provider directories as offering telehealth services at that location.

CMS defines telehealth as "professional consultations, office visits, and office psychiatry services through brief communication technology-based service/virtual check-in, remote evaluation of the pre-recorded patient information, and inter-professional internet consultation."

Supporting Our Providers

THE PCDM DEPARTMENT

Provider Network Setup, Credentialing, Contracting & Demographic Changes

Sam Measels
director, Provider Credentialing and Information
sam.measels@bcbsla.com

Vielka Valdez
director, Provider Network Operations
vielka.valdez@bcbsla.com

Kaci Guidry
manager, Provider Data Management & PCDM Status
kaci.guidry@bcbsla.com

Kristin Ross
manager, Provider Contract Administration
kristin.ross@bcbsla.com

To check the status on your credentialing application or provider data update, please email **PCDMstatus@bcbsla.com** or call 1-800-716-2299, option 2.

THE PROVIDER PAGE www.bcbsla.com/providers

Choose **Network Enrollment** to view more information about our networks.

THE NETWORK ENROLLMENT PAGE

You **MUST** complete and submit documentation to start the process for credentialing **OR** to obtain a provider record.

Applications are available online at **www.bcbsla.com/providers**.
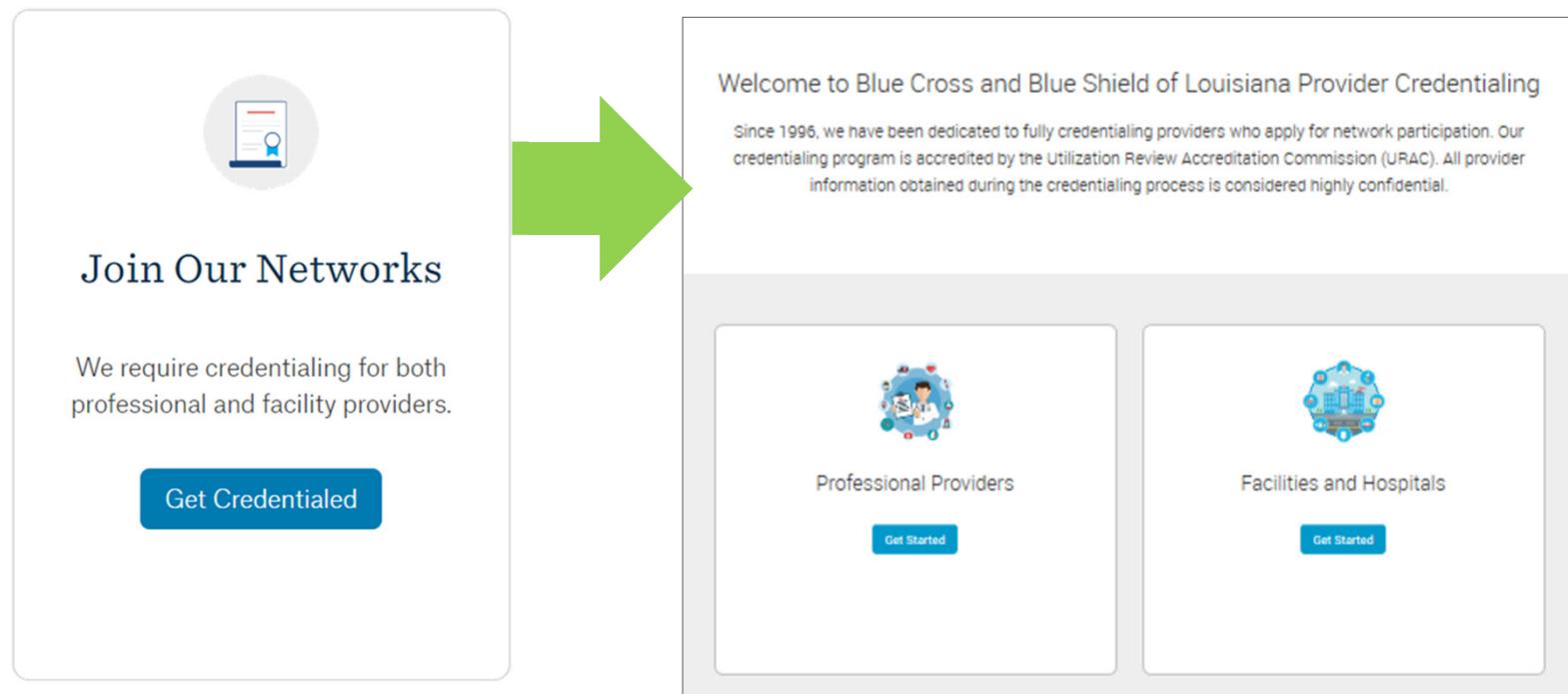
Choose **Network Enrollment**, then **Join Our Networks** page, then select **Professional Providers** or **Facilities and Hospitals** to find credentialing packets.

CREDENTIALING FAQs

www.bcbsla.com/providers >Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals >Frequently Asked Questions

QUESTION TIME!

At this time, we will address the questions you submitted electronically through the webinar platform.

You may email questions after the webinar to provider.relations@bcbsla.com.

More Good Information

Easily Complete Forms with DocuSign®

Credentialing packets:

- **Professional** (initial)

- **Facility** (initial)

> **After submitting your documents through DocuSign, please do not send via email.**

Forms:

- **Provider Update Request Form** – to update information such as:
  - Demographic Information – for updating contact information.
  - Existing Providers Joining a New Provider Group – if you are joining an existing provider group or clinic or adding new providers to your group.
  - Add Practice Location – to add a practice location(s).
  - Remove Practice Location – to remove a practice location(s).
  - Tax Identification Number (TIN) Change – to change your Tax ID number.
  - Terminate Network Participation – to terminate existing network participation or an entire provider record.
  - EFT Term/Change Request – to change your electronic funds transfer (EFT) information or to cancel receiving payments via this method.

- **EFT Enrollment Form** – to begin receiving payments via electronic funds transfer (EFT).

Easily Complete Forms with DocuSign®

Complete, sign and submit applications and forms to the PCDM Department digitally with **DocuSign®**.

This streamlines submissions by reducing the need to print and submit hardcopy documents, allowing for a more direct submission of information to Blue Cross.

It allows you to electronically upload support documentation and even receive reminder alerts to complete submission and confirm receipt.

What is DocuSign?

As an innovator in e-signature technology, DocuSign helps organizations connect and automate how various documents are prepared, signed and managed.

View our *DocuSign® Guide* online at **www.bcbsla.com/providers** >Network Enrollment >Join Our Networks >Professional Providers/Facilities and Hospitals >Join Our Networks.

Easily Complete Forms with DocuSign®

iLinkBlue Application

Included in the iLinkBlue packet:

- The **iLinkBlue Service Agreement** is a legal agreement between the provider and Blue Cross and Blue Shield of Louisiana required for accessing iLinkBlue.

- The **Business Associate Addendum** is used to grant third-party agents such as a billing agency or management company access to iLinkBlue under the provider's iLinkBlue Service Agreement.

- It is required only if the provider uses a billing agency or management company that will need to access iLinkBlue on behalf of the provider.

Electronic Funds Transfer (EFT) Enrollment Form

- EFT is a free provider service where Blue Cross deposits your payment directly into your checking account.

- With iLinkBlue, you have access to EFT notifications and Payment Registers/ Remittance Advices (can be printed directly).

- All Blue Cross providers **must** be part of our EFT program, including those signed up for iLinkBlue.

- The EFT Enrollment Form includes a guide with detailed instructions on how to complete the form.

To change or update your Blue Cross payments via EFT, complete the **Provider Update Request Form**.

Administrative Representative Registration and Acknowledgement

- We require that each provider organization designate at least one administrative representative to self-manage user access to our secure online services.

- Your administrative representative is responsible for managing your secure access to the following Blue Cross online services:
  - iLinkBlue
  - BCBSLA authorizations
  - Behavioral health authorizations
  - Pre-service review for out-of-area members (BlueCard® members)
  - and more

- If you are part of a provider group or facility that already has registered an administrative representative with Blue Cross, you do not have to submit the Administrative Representative Registration Form.

The Administrative Representative Registration packet is also available online at **www.bcbsla.com/providers** >Electronic Services >Admin Reps.