

Downloading and Completing The Louisiana Standardized Credentialing Application Form

Downloading the Document

1. Right click on the document
2. Highlight “Save As”
3. Enter the destination on your computer to which the file is to be saved
4. Hit “OK”

Opening the Document

The Louisiana Standardized Credentialing Application Form is encoded to work with Adobe Acrobat version 5.0 and higher. Once you have Adobe Acrobat, or another program designed to manipulate PDF files, installed on your computer, simply double click on the PDF file that you saved to your computer. This will open the PDF file.

The basic version of Adobe Acrobat may be downloaded free of charge at the Adobe Website (www.adobe.com). The higher versions of Adobe Acrobat are available for purchase through Adobe, as well as various office supply outlets and software distributors.

- Adobe Acrobat Version 5.0 will allow you to complete the form and print it for your files. The resulting document may be photocopied for repeated use.
- Adobe Acrobat Version 6.0 and higher will allow you to save the completed PDF file to your computer with the changes that you made that are unique to the specific provider.
- There are other programs available that will also allow you to save the changes that you make to the PDF file.

Creating a Unique Document for Each Provider

With the unmodified, original document open, do the following:

1. Click “File” in the upper left hand corner.
2. In the drop down menu, click “Save As.”
3. Enter a name for the new file (suggest using the name of the provider.)
4. Select where the new document will be saved on the computer.
5. Once these selections have been made, click “OK.”

Entering Data Into the Individualized Provider Document

1. Use the mouse or the TAB key to move the cursor throughout the document.
2. Scroll to the appropriate fields and then enter the data as requested.
3. Due to the variation in the length of names for some hospitals, health plans, and addresses, you will need to use the SPACE BAR instead of the TAB key to move through those fields on the form.

Saving and Printing the Unique Document

1. To save the file (using Adobe Acrobat Version 6.0 and higher or other commercial programs that allow manipulation and saving of PDF files) either single click on the Floppy Disk Icon in the Formatting Toolbar or single click on “File” and then single click on “Save.” The Save Dialogue box will allow you to select the file name and location on the computer where it will be stored.
2. To print the document, either single click on the Printer Icon on the Formatting Toolbar or single click on “File” and the single click on “Print.” The Printer Dialogue box will allow you to select the printer if more than one is available.

Tips for Completing the Louisiana Standardized Credentialing Application Form

By far, the most common deficiency encountered by health plans processing the credentialing application form is a lack of legibility on hand written documents. By using the encoding embedded in the downloaded PDF document, the form may be completed in a typed format. Making use of this feature will greatly facilitate the acceptance of the document by the health plan credentialing personnel.

The second most common deficiency encountered by health plans is lack of completeness of the form. As noted in the preface of the application form, simply stating “See C.V.” is not acceptable. Each form field should be reviewed and succinctly answered. Do not leave a field blank as the health plan reviewer will not know if you overlooked the question. If the question does not apply, enter “N/A” or “Not Applicable.”

The third most common deficiency is failure to attach the required supporting documentation with the application form. The lack of this supporting information will force the health plan to halt the review process and contact the applicant seeking the missing documents. This poses lengthy and avoidable delays. The required documents are as follows:

1. State licenses including current licenses held in other states
2. State CDS license
3. Federal DEA registration form
4. Curriculum Vitae
5. Certificate(s) of Professional Liability Insurance (Valid at time of application)

6. History of malpractice suits in the past five years regardless of whether a judgment or settlement has been paid
7. Explanation of any “Yes” Answers to the General Questions Section on Page 8
8. Current Employer Identification Number (EIN) letter with W-9 Form or Federal Tax Deposit Coupon
9. Education Certificate for Foreign Medical Graduates (ECFMG) if applicable
10. Health Plan Agreement (if applicable)

The fourth most common deficiency leading to delays in processing the credentialing application form is failure to include valid addresses for organizations and agencies that the health plan must contact to verify the accuracy of the statements or documentation submitted. (See “Verification Process” below.)

Verification Process

As part of the due diligence process mandated by NCQA guidelines, health plans will verify information submitted by the applicant concerning the medical school, residency and fellowship training. Licensure and board certification may also be verified by the health plan. Frequently, the requests from the health plan’s credentialing specialists processing the application to medical schools and licensing boards go unanswered. Without this independent verification, the application cannot be processed. The health plans will notify the provider when such requested documents have not been received so that the provider may intervene. Failure by providers to respond to notices by the health plan that such required verification documents have not been received will unduly delay the processing of the application form. Although the health plan has a 90-day statutory time limit to complete the credentialing process ***once all required information is received***, the health plan is not obligated to intervene on behalf of the provider to obtain this information. It is the provider’s responsibility to intervene when requested documents or verifications have not been provided to the health plan.

According to La. R.S. 22:11.1, the health plan is required to inform the provider within thirty (30) days of receipt of an application of all defects and reasons known at that time that the application is deemed to be not correctly completed. The health plan is also required to inform the provider in the event that any verification or verification supporting statement has not been received from a third party within sixty (60) days of the date of such a request.