

Thank you for your interest in the Northeast Louisiana Physician Hospital Organization (NLPHO). Please print, sign, & return the Louisiana Standardized Credentialing Application form, Physician Services Agreement, W-9 form, fee survey, Provider Attestation, and Nurse Practitioner & Physician Assistant questionnaire (*if applicable*). Attach copies of your DEA certificate, LA narcotics certificate, certificate of insurance, and ECFMG certificate (*if applicable*).

Your minimum fee reimbursement applies to **new** contracts only. Reimbursement for existing contracts has already been established. Whether joining an existing provider group or as a new provider, you agree to participate in all existing commercial contracts. Our contracts include Aetna Health Plan, Blue Bell Creameries, Insurance Systems, Mississippi Administrative Service, NovaSys PPO, Private Healthcare Systems (PHCS)/MultiPlan, and PPOplus. For a sample of our fee schedule, please submit a maximum of twenty (20) CPT codes. We will then forward the fees to you.

Effective January 1, 2008, NLPHO began participation in a Medicare Advantage HMO. Reimbursement will be 100% of the current Medicare fee schedule. If joining an existing provider group who has agreed to participate, you will automatically be deemed as a participating provider. If you are a new provider and wish to participate in the HMO, you must complete the Arcadian physician election form & downstream agreement.

Your application will be considered complete when all requested information has been provided. The **application fee of \$650** covers credentialing, processing of the application, and operational expenses of the PHO.

Applicants have the right to be informed of the status of their credentialing or recredentialing application, upon request. Please contact me if you have questions at (318) 387-7358 or (800) 937-0970. My e-mail address is <u>tidwellj@stfran.com</u>.

Sincerely,

. Jan Tidwell

Certified Credentialing Specialist