

Provider Complaint — Submission Form

This form should be completed for provider complaints only.

Provider/provider representative information:

Provider name:				
NPI number(s):		Tax ID number:		
Provider street address:				
City:	State:		ZIP code:	
I am a participating provider.		I am not a participating provider.		
Provider representative:				
□ Office Staff		Billing agency		
□ Law firm		□ Other (specify):		
Contact name:		Contact phone number:		
Contact email:		Street address:		
City:	State:		ZIP code:	

Provider complaint

A provider complaint is defined as dissatisfaction with a policy, procedure, payment, or any other communication or action by the MCO, excluding request of reconsideration or appeal for specific claims.

To ensure timely and accurate processing of your request, please check the appropriate complaint category or categories below.

Credentialing timeliness	Demographic data update	Interaction with Healthy Blue
	timeliness	staff
Disagree with result of	□ Disagree with Healthy Blue	Disagree with other Healthy Blue
previously filed claim appeal	payment policy	policy or procedure
Other:	•	

Detail explanation:

Send this form and supporting documentation to Healthy Blue by email at <u>laprovidercomp@healthybluela.com</u>.

While email is the preferred method, complaints may also be submitted through the options below:

Tier 1 Escalation: Provider Services Contact	Mailing and Physical:	
Information	Healthy Blue	
	10000 Perkins Rowe	
	Suite G-510	
	Baton Rouge, LA 70810	
	Annie Garnier	
Tier 2 Escalation: Management Level Contacts	Manager of Operations	
	Annie.Garnier@healthybluela.com	
Tier 3 Escalation: Executive Level Contacts	Dexter Trivett	
	COO	
	Dexter.Trivett@healthybluela.com	

https://providers.healthybluela.com

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