

[Date]

[Provider name]
[Provider address 1]
[Provider address 2]
[City, State ZIP code]

Subject: RE: Provider Network Monitoring Staff Roster Request

Dear [Addressee]:

At Healthy Blue, we are committed to helping ensure that our members receive specialized behavioral health services (SBHS) from qualified providers who meet established requirements per the Behavioral Health Services Manual for providing these services. As part of our Provider Network Monitoring Program, and in compliance with state contractual requirements, Healthy Blue routinely evaluates our providers' adherence to provider qualifications and requirements at the organizational and individual staff level to ensure providers are meeting the standards set forth by the Louisiana Department of Health (LDH).

Please read this letter in its entirety.

Healthy Blue will utilize Behavioral Health Provider Network Monitoring Tool Elements, which includes SBHS program requirements established by rules, regulations, and the Medicaid Behavioral Health Service Provider Manual to complete this review. Behavioral Health Provider Network Monitoring Tool Elements can be accessed via LDH website at <https://ldh.la.gov/page/1890>.

This review will include policy, procedure, and staff record reviews. For the review of staff records, we ask that you submit a complete roster of all staff (name, NPI #, credentials, education level, and position) utilizing the attached form to us by <<date>>. If you have questions, please contact your Provider Relationship Management team.

We appreciate your participation and cooperation with our network monitoring activities. As always, our goal is to partner with you to obtain the highest quality of care for, and ensure the safety of, your patients — our members.

Sincerely,

<Reviewer Name and Credentials>
<Employee Title>
Healthy Blue

<https://provider.healthybluel.com>