

[Date]

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

Subject: Provider Network Monitoring Review results

Dear [Addressee]:

Thank you for your cooperation with Healthy Blue's recent provider network monitoring review on [Date]. **We reviewed records for your agency/practice and determined that you have met the compliance requirements.** An acceptable Provider Network Monitoring Review rating requires a cumulative average score of 100%.

Your scores are as follows:

Agency type	% scored
Overall compliance score	

We hope you find the results of the review valuable. If you have questions or would like to discuss your score, please call [Name of Provider Network Monitoring analyst] at **[phone number]**.

Sincerely,

[Staff Name]
[Provider Network Monitoring Reviewer]
Healthy Blue

<https://provider.healthybluelouisiana.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association.

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