



CHANGE OF OWNERSHIP FOR HOME HEALTH CARE OR SKILLED NURSING FACILITIES ONLY

Change of ownership helpful hints

We've compiled a list of tips and hints for the required paperwork. Follow the appropriate instructions below in either the Buyer or Seller section. You'll find our provider applications and signature documents at bcbsm.com/providers.

Buyer

- The Buyer may not be approved for the same lines of business as Seller.
- Effective dates of approved lines of business may vary.
- The Buyer is not eligible to treat members, new or existing, until fully credentialed and contracted.
- The Buyer must either stop all care or negotiate with the seller for use of the old records.

Application — please use the *New Facility Provider Enrollment form*

- Complete the fax cover page first. It'll populate the rest of the pages with the NPI and TIN. Please do not use your own cover page.
- **Don't** hand write on the fax cover page as it'll delay processing.

Section hints

1. Complete all demographics fields.
2. Mark the boxes of the networks in which you want to participate.
3. Please provide your Professional ID and include required documentation.
4. Complete all address fields (primary, credentialing, payment/remit, mailing and medical records request). For multiple locations under the same NPI, use the Additional Location fields. For separate NPIs, please use additional *New Facility Provider Enrollment* forms for each NPI.

5. Please include a copy of the Medicare approval letter identifying address matching primary practice location. The Medicare Recognized Change of Ownership (CHOW) letter is optional. If this change of ownership is not recognized by Medicare, complete Section 5A.
6. Choose the applicable services you offer.
7. Choose the applicable Behavioral Health services you offer.
8. **Don't forget to sign.**

Required documents

- Please see the [Facility Enrollment Required Document Checklists \(PDF\)](#).
- Please complete the signature documents under the *+ BCBSM agreements and signature documents* section. You must click the + to see all the options.
- If an application is returned for missing information, the facility **must fax in the entire completed enrollment package** including the missing documentation.

Seller

- Seller must maintain existing active record through completion of the Buyer's approved application process **OR** Seller would need to transfer existing members to an active provider.
- NOTE: Seller may need to re-credential, submit a Facility Attestation and fulfill all contracting and credentialing requirements.
- The Seller must determine when to submit the termination form.

Termination — please use the *Facility Provider Termination form*

- Complete the fax cover page first. It'll populate the rest of the pages with the NPI and TIN. Please do not use your own cover page.
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Section hints

- Please complete all fields in the reason for termination, facility provider information and contact information sections.
- **Don't forget to sign.**

Required documents

Please see the [Required Documents Checklist \(PDF\)](#) then select the + located under *BCBSM agreements and signature documents* on the *Provider enrollment* web page.

