<table>
<thead>
<tr>
<th>Facility Classification</th>
<th>To avoid processing delays…gather these items before you get started. If applying to network, complete the application signature document for each network.</th>
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<tbody>
<tr>
<td><strong>Ambulatory Infusion Center (AIC)</strong></td>
<td>- Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)&lt;br&gt;- Accreditation Certificate from one of the following:&lt;br&gt;  - Accreditation Commission for Health Care (ACHC)&lt;br&gt;  - Community Health Accreditation Program (CHAP)&lt;br&gt;  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)&lt;br&gt;- Primary practice location in Michigan&lt;br&gt;- Type 2 National Provider Identifier (NPI)&lt;br&gt;- Identified owner of Facility&lt;br&gt;- State of Michigan Pharmacy License identifying address matching Primary practice location&lt;br&gt;- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)&lt;br&gt;- Staff Roster- must have an employed pharmacist, medical director, and registered nurse</td>
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<td><strong>Ambulatory Surgical Facility (ASF)</strong></td>
<td>- Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)&lt;br&gt;- Unrestricted Accreditation Certificate as an ambulatory health care provider from one of the following:&lt;br&gt;  - American Osteopathic Association (AOA)&lt;br&gt;  - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)&lt;br&gt;  - Healthcare Facilities Accreditation Program (HFAP)&lt;br&gt;  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)&lt;br&gt;  - Accreditations Association for Ambulatory Health Care (AAAHC)&lt;br&gt;- Advisory or Governing Board (member list)&lt;br&gt;- Medicare Approval Letter identifying address matching Primary practice location and approval as ambulatory surgical services supplier&lt;br&gt;- State of Michigan Freestanding Surgical Outpatient Facility License identifying address matching Primary practice location&lt;br&gt;- Primary practice location in Michigan&lt;br&gt;- Type 2 National Provider Identifier (NPI)&lt;br&gt;- Identified owner of Facility&lt;br&gt;- Staff Roster (complete list) with Medical Director&lt;br&gt;- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
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<tr>
<td><strong>End Stage Renal Disease Facility (ESRD)</strong></td>
<td>- Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)&lt;br&gt;- Advisory or Governing Board (member list)&lt;br&gt;- Medicare Approval Letter identifying address matching Primary practice location&lt;br&gt;- Primary practice location in Michigan&lt;br&gt;- Type 2 National Provider Identifier (NPI)&lt;br&gt;- Identified owner of Facility&lt;br&gt;- Staff Roster (complete list)&lt;br&gt;- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
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</table>
| Federally Qualified Health Center (FQHC) | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Medicare Approval Letter identifying address matching Primary practice location and approval as Federally Qualified Health Center  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
|---|---|
| Halfway House | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Accreditation Certificate from one of the following:  
  - American Osteopathic Association (AOA)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
- State of Michigan residential/outpatient substance abuse program License identifying address matching Primary practice location  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Staff Roster (complete list) with Medical Director  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| Home Health Care Facility (HHC) | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Accreditation Certificate from one of the following:  
  - Accreditation Commission for Health Care (ACHC)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Community Health Accreditation Program Inc. (CHAP)  
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
- Medicare Approval Letter identifying address matching Primary practice location  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Staff Roster (complete list) with Medical Director, at least one RN, and one other therapist such as Physical Therapist, Speech Therapist, Occupational Therapist, Social Worker, or Registered Dietician.  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| Home Infusion Therapy (HIT)                                      | • Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
|                                                                 | • Accreditation Certificate from one of the following: 
|                                                                 |   - Accreditation Commission for Health Care (ACHC)  
|                                                                 |   - Community Health Accreditation Program Inc. (CHAP) 
|                                                                 |   - Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 
|                                                                 | • Medicare Approval Letter identifying address matching Primary practice location and approval as Durable Medical Equipment supplier  
|                                                                 | • Primary practice location in Michigan  
|                                                                 | • Type 2 National Provider Identifier (NPI)  
|                                                                 | • Identified owner of Facility  
|                                                                 | • Staff Roster- must have an employed pharmacist, medical director, and registered nurse.  
|                                                                 | • State of Michigan Pharmacy License identifying address matching Primary practice location  
|                                                                 | • Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
| Hospice                                                      | • Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
|                                                              | • Accreditation Certificate from one of the following: 
|                                                              |   - Community Health Accreditation Program Inc. (CHAP) 
|                                                              |   - Healthcare Facilities Accreditation Program (HFAP)  
|                                                              |   - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
|                                                              | • Advisory or Governing Board (member list)  
|                                                              | • Medicare Approval Letter identifying address matching Primary practice location and approval as Hospice Agency  
|                                                              | • State of Michigan Hospice Agency License identifying address matching Primary practice location  
|                                                              | • Primary practice location in Michigan  
|                                                              | • Membership Certificate from one of the following: 
|                                                              |   - National Hospice and Palliative Care Organization (NHPCO) 
|                                                              |   - Michigan Hospice and Palliative Care Organization (MHPCO)  
|                                                              | • Type 2 National Provider Identifier (NPI)  
|                                                              | • Identified owner of Facility  
|                                                              | • Staff Roster (complete list) with Medical Director, registered nurse, licensed social worker, pastoral/bereavement counselor  
|                                                              | • Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
| Long Term Acute Care                                         | • Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)
**Hospital (LTACH)**

- Accreditation Certificate from one of the following:
  - Accreditations Association for Ambulatory Health Care (AAAHC)
  - American Osteopathic Association (AOA) BCBSM recognized for LTACH
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
  - Council of Accreditation (COA)
  - Healthcare Facilities Accreditation Program (HFAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - BCBSM recognized for LTACH

- Advisory or Governing Board (member list)

- Medicare Approval Letter identifying address matching Primary practice location and approval as Long Term Acute Care Hospital

- State of Michigan Acute Care Hospital License identifying address matching Primary practice location

- Primary practice location in Michigan

- Type 2 National Provider Identifier (NPI)

- Identified owner of Facility

- Staff Roster (complete list) with Medical Director

- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)

- Must have a written transfer agreement with an acute care hospital

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**Outpatient Physical Therapy Facility (OPT)**

- Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)

- Accreditation Certificate from one of the following:
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
  - Community Health Accreditation Program Inc. (CHAP)
  - Healthcare Facilities Accreditation Program (HFAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

- Advisory or Governing Board (member list)

- Medicare Approval Letter identifying address matching Primary practice location and approval as one of the following:
  - Rehabilitation agency for outpatient physical therapy services
  - Comprehensive Outpatient Rehabilitation Facility

- Primary practice location in Michigan

- Type 2 National Provider Identifier (NPI)

- Identified owner of Facility

- Membership Certificate from American Physical Therapy Association (APTA)

- Staff Roster (complete list)

- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)

- Must attest to providing PT services (required) and may also provide, OT, ST (etc.) services on Enrollment Form

- Must be operational for 6 months prior to application being submitted to BCBSM (verified on the application form)
<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Requirements</th>
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</table>
| **Outpatient Psychiatric Center (OPC)** | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Accreditation Certificate from one of the following:  
  - Accreditations Association for Ambulatory Health Care (AAAHC)  
  - American Osteopathic Association (AOA)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
- Advisory or Governing Board (member list)  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Staff Roster (complete list) including one of each of the following:  
  - Psychiatrist  
  - Fully Licensed Psychologist  
  - Social Worker  
  - Medicare Director  
  - Owner  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| **Rural Health Clinic (RHC)** | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks) - Accreditation Certificate from one of the following:  
  - Accreditations Association for Ambulatory Health Care (AAAHC)  
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
- Medicare Approval Letter identifying address matching Primary practice location and approval as Rural Health Clinic. Must bill Medicare services to Medicare as an “institutional provider”  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Staff Roster (complete list) including:  
  - Medical Director  
  - Owner  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| **Skilled Nursing Facility (SNF)** | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Accreditation Certificate from one of the following:  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
- Medicare Approval Letter identifying address matching Primary practice location and approval as Skilled Nursing Facility  
- State of Michigan License identifying address matching Primary practice location, verifying compliance with all federal regulatory requirements, and identifying facility as one of the following:  
  - Nursing Home  
  - Long Term Care Facility  
  - Hospital Long Term Care Unit  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
- Director of Nursing and Medical Director |
| **Substance Abuse Facility (SA)** | - Liability/Malpractice Insurance verification (for BCN, BCNA, BCC networks)  
- Accreditation Certificate from one of the following:  
- Advisory or Governing Board (member list)  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- Staff Roster (complete list) including one of each of the following:  
  - Psychiatrist  
  - Fully Licensed Psychologist  
  - Social Worker  
  - Medicare Director  
  - Owner  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)  
- Director of Nursing and Medical Director |
- Accreditations Association for Ambulatory Health Care (AAAHC)
- American Osteopathic Association (AOA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council of Accreditation (COA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

- Advisory or Governing Board (member list)
- DEA License (if providing Methadone services) identifying address matching Primary practice location
- State of Michigan License (identifying address matching Primary practice location) as one or more of the following:
  - Residential (Standard)
  - Outpatient (Standard)
  - Methadone (Standard)
- Primary practice location in Michigan
- Type 2 National Provider Identifier (NPI)
- Identified owner of Facility
- Staff Roster (complete list) including one of the following:
  - MD/DO physician- Psychiatrist
  - Fully Licensed Psychologist
  - Registered Nursing on site for 24 hour basis required for Residential program only
  - At least one masters level clinician with Certified Addictions Counselor (CAC or CCADC) certification
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)