



## LONG-TERM ACUTE CARE HOSPITAL (LTACH) APPLICATION

This application is used for the following BCBSM networks/programs:

- Traditional
- Medicare Supplemental
- Medicare Advantage PPO

### GENERAL INFORMATION

#### I. BCBSM's LTACH Program(s)

##### **Traditional**

Participation in Blue Cross Blue Shield of Michigan's (BCBSM) Long-Term Acute Care Hospital (LTACH) Traditional program is on a formal basis only. Services provided in a non-participating LTACH may *not* be reimbursed by BCBSM to either the facility or the member.

The attached application and requested information applies to facilities that want to participate in BCBSM's LTACH network for members enrolled in our Traditional product. Members who have the LTACH benefit are eligible to receive care at a participating LTACH. Please note that members enrolled in non-Medicare PPO and Point of Service products (e.g., Community Blue PPO, Blue Preferred PPO, Blue Preferred Plus PPO, Blue Choice POS, etc.) use the BCBSM Traditional network *unless* a separate network for LTACH services has been established for those members. Such members must have a benefit for LTACH services, and services must meet the members benefit criteria to be payable (e.g., all LTACH cases must be approved/authorized by BCBSM prior to providing services to the member). Member benefits and eligibility should always be verified with BCBSM before providing services.

##### **Medicare Advantage PPO**

Facilities that are Medicare certified as Long-Term Acute Care Hospitals are eligible to apply for participation in the BCBSM Medicare Advantage PPO network which became effective January 1, 2010 for individual and group customers. To participate in the MA PPO network, LTACHs are not required to participate in the Traditional network but must have and maintain all of the same requirements for Traditional participation.

##### **Medicare Supplemental**

Patients for whom Medicare is primary may also have Medicare Supplemental coverage through BCBSM. This benefit, if available to the patient, may provide coverage for payment of applicable Medicare deductibles, copayments and/or for days of care in excess of those paid for by Medicare. In general, the date on which the LTACH is eligible to receive Medicare Supplemental payments (using BCBSM's facility code) will be the same as the effective of the facility's Medicare certification as an LTACH. This date could be different than the facility's effective date for participation in BCBSM's Traditional or MA PPO programs. However, due to claims filing limitations, BCBSM will generally not assign a BCBSM Medicare Supplemental facility code with a retroactive effective date that exceeds a two year period.

Qualified LTACHs are eligible to obtain a BCBSM facility code for the billing of covered Medicare Supplemental services even if the facility does not qualify for or elects *not* to participate with BCBSM in

our Traditional or MA PPO programs. LTACHs that make this election must complete this application. However, the only attachments these LTACHs must submit are: the IRS documents, the facility license, proof of Medicare certification, and proof of accreditation.

## **II. BCBSM's LTACH Qualification Requirements for Traditional and MA PPO Networks**

In order to participate with BCBSM as a Long-Term Acute Care Hospital in the Traditional or MA PPO Programs the facility must, at minimum, have and maintain the following:

- licensure by the state of Michigan as an acute care hospital
- Medicare certification as a Long-Term Acute Care Hospital (i.e., facilities do not qualify for BCBSM Traditional or MA PPO participation during the six-month Medicare qualifying period for LTACH status from Medicare)
- full accreditation (three or four years) by at least one national accreditation organization approved by BCBSM such as but not limited to, the Joint Commission, or the American Osteopathic Association (AOA)
- compliance with an applicable state Certificate of Need (CON) requirements
- a transfer agreement with an acute care hospital
- a governing body that is legally responsible for the conduct of the LTACH
- demonstration that the facility conducts program evaluation and utilization review to assess the appropriateness, adequacy and effectiveness of the program's administrative and clinical components
- an absence of fraud and/or other illegal activities
- has a financial structure that follows generally accepted accounting principles and practices
- has written policies and procedures that meet generally accepted standards to assure the quality of patient care and is able to demonstrate compliance with such policies and procedures
- an absence of inappropriate utilization or practice patterns as identified through valid subscriber complaints, medical necessity audits, peer review, and utilization management

## **III. Traditional Network Reimbursement**

Reimbursement is made only for covered services provided by an LTACH that is approved and contracted with BCBSM. Reimbursement is limited to the lesser of the billed charge or the BCBSM all inclusive per-diem maximum payment level indicated on the Rate Schedule for the level of service/tier preauthorized by BCBSM for each day of care. Sample components of this per diem are listed in Addendum C of the LTACH BCBSM Participation Agreement.

If, you obtained a copy of the application from our corporate website (bcbsm.com), you may contact us for a sample rate sheet, or it is available on web-DENIS. If/when the facility is approved for participation, the most current rate sheet will be sent to the facility along with the participation agreement. The rates apply to all participating LTACHs and are not negotiable.

## **IV. Medicare Advantage PPO Network Reimbursement**

Reimbursement for LTACHs in the MA PPO network is made at the BCBSM Payment Rate(s) for the applicable service, less any applicable member copayments or deductibles. For the first year of the program (through December 31, 2010), the BCBSM Payment Rate for LTACHs will be 100% of the facility's CMS payment rate(s). For out-of-network providers, payment is made at CMS rates but the member is subject to additional out-of-network copayments and deductibles.

## **V. The BCBSM Participation Agreements**

The applicable Traditional and/or MA PPO LTACH participation agreement(s) will be sent if/when the facility is approved for participation. If you would like to review the agreement(s) prior to submitting the application, you may request a sample copy from BCBSM's Provider Contracting department, or, the Traditional agreement is available as a link in the participation chapter of the provider manual on web-DENIS for those providers that already have web-DENIS access. . The Traditional participation agreement is also on file with the Michigan Office of Financial and Insurance Regulation (OFIR). The payment rates and the terms and provisions of the Traditional and MA PPO agreements are not negotiable.

**NOTE: The information supplied in this application is general information only and is subject to change without notice. The application does not constitute a provider agreement or a provider manual. Members' benefit plans will vary.**

## **LONG-TERM ACUTE CARE HOSPITAL (LTACH) APPLICATION INSTRUCTIONS**

Please print (in ink) or type the information requested in the space provided. If the application was retrieved from the provider enrollment section of the BCBSM website (bcbsm.com), you may print, complete and mail the application. Return the completed application, along with the required attachments to:

Patricia Helfrick, RN  
Qualifications Consultant  
Provider Contracting – 513E  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

If the LTACH is already participating in BCBSM's Traditional program but now wishes to participate in its MA PPO Program, please contact the person listed at the end of this section. An application may not be necessary.

Please be certain that the application is complete and all required attachments are enclosed at the time of submission to BCBSM. The application should not be submitted to BCBSM until the facility has obtained proof of its Medicare certification as a Long-Term Acute Care Hospital from the Centers for Medicare and Medicaid Services (CMS) and the facility has met all other qualifications for participation. It takes approximately two weeks for us to review a complete application. Incomplete applications will be returned and this will significantly delay the approval process.

Please contact the person listed at the end of this section if you do not receive an acknowledgement letter within two weeks from sending the application.

After we review the application and accompanying documentation, we may contact the designated representative of the facility to set up an appointment for an on-site visit. The on-site visit includes a review of a sample of medical records to evaluate the applicant's compliance with BCBSM requirements, as described in this application. The facility should be ready for the on-site review at the time it submits the application.

If the facility is approved for Traditional and/or MA PPO program participation, the applicable participation agreement(s) will be offered. If the facility is not approved, we will send notification in writing indicating the reason(s) for the denial.

The facility may not submit claims and is not eligible for reimbursement unless and until participation is approved by BCBSM, both parties have signed the LTACH Traditional and/or MA PPO participation agreement(s) and an LTACH facility billing code is activated. If the facility is approved and offered participation agreement(s), it will be asked to retain the agreement for its records and return the signed Signature Document(s) to BCBSM. The countersigned copy of the Signature Document(s) will be returned to the facility after the BCBSM LTACH code has been activated for billing purposes, generally, within 10-14 days of our receipt of the signed Signature Document(s). The effective date for MA PPO is the date indicated on the Signature Document. The effective date for participation in the BCBSM Traditional LTACH Program is the date the application is approved by BCBSM (which is indicated on the Signature Document). It is not retroactive to the date the application was submitted or received.

If this application pertains to an ownership change and BCBSM countersigns the participation agreement retroactively to the date the ownership change became effective, claims submitted by the facility during the retroactive time period will not necessarily be paid. This is because the facility is still subject to any applicable claims filing limitations.

Facilities that are approved to receive Medicare Supplemental payments may begin receiving those payments on the date the facility receives its Medicare certification as an LTACH. Because of claims filing limitations, BCBSM generally will not assign a Medicare Supplemental facility code with a retroactive effective date that extends beyond the previous 12 month time period. Facilities that are approved for the Medicare Supplemental-only program will receive a letter confirming their facility code assignment.

Except for the situations described in the above two paragraphs, BCBSM will not grant retroactive participation or payment.

With the implementation of National Provider Identifiers (NPI) in 2008, BCBSM crosswalks the claims from the facility's NPI to the assigned BCBSM LTACH facility code for claims processing. Therefore BCBSM recommends obtaining one NPI (in accordance with federal guidelines) for each location and provider type. Federal guidelines also allow for an NPI to be obtained for unique combinations of tax ID, location and taxonomy (specialty codes). By choosing the same identification structure for your NPI numbers as your BCBSM provider codes, you will significantly improve our ability to accurately and promptly process your claims

After the participation agreement has been signed by both parties, your provider consultant will send or deliver package with information on how to sign up for electronic billing and web-DENIS, BCBSM's web based information system for providers. Through web DENIS the facility will have access to provider manuals and patient data such as contract eligibility and benefits. The facility will also be added to our mailing list for the appropriate BCBSM provider publication (e.g., *The Record*). It is the LTACH's responsibility to be familiar with and adhere to all BCBSM billing and benefit requirements. It is also the responsibility of the LTACH to ensure the facility's billing department (or billing agency) is compliant with all of BCBSM's billing requirements.

Participating LTACHs must bill BCBSM on the institutional electronic claim format. Facilities that would like more information about electronic billing should contact BCBSM's Electronic Data Input (EDI) Helpline at (800) 542-0945 for electronic billing information after their BCBSM facility code has been received.

Facilities that participate in the Traditional and/or MA PPO programs or receive Medicare Supplemental payments from BCBSM must notify BCBSM *immediately* of any change in the facility's ownership, tax identification number, NPI, Medicare certification number, Medicare certification status, address, telephone number, etc.

### **Multiple Locations/NPI**

If the facility is applying for participation (or an ownership change) for more than one location, each location must meet all requirements in order to be approved. A separate BCBSM provider code is issued for each approved location and each approved location receives its own participation agreement(s). A separate application must be submitted for each location. Before completing the application, please make/print additional copies. The application for the first location must be completed in its entirety (with all attachments submitted). For each additional application submitted, complete the following sections: General Information (1.0), Medicare Certification (3.0), Licensure (4.0), Accreditation (5.0) and Staffing (6.0). For all other sections, indicate "same" where there is no difference. Where the information for a location is different than the first location, answer the questions and submit corresponding attachments. Before submitting the applications, please review all sections carefully to be sure appropriate information was completed for each location. Of course, if you prefer to submit a "complete" application for each site, you may do so.

**Please direct any questions regarding completion of the application to:**

**Patricia Helfrick, RN**

**Qualifications Consultant**

**PHelfrick @bcbsm.com**

**Telephone: 313-448-7896**

**Fax: 866-393-8533**

**BLUE CROSS BLUE SHIELD OF MICHIGAN  
LONG-TERM ACUTE CARE HOSPITAL APPLICATION**

**1.0 General Information**

Indicate the type of application being submitted: (Check all that apply)

- The facility would like to formally participate in BCBSM's Traditional Program and also bill BCBSM for covered Medicare Supplemental services.
- The facility would like to formally participate in BCBSM's MA PPO Program, or
- The facility elects not to participate in BCBSM's Traditional Program – but wishes only to obtain a BCBSM facility code for the billing of covered Medicare Supplemental services.  
(Note: Facilities that make this election must complete this application, however, the only attachments the facility must submit are: the IRS documents (1.10), the facility's Medicare certification (3.4 and 3.5) and the facility's license (4.1), and proof of accreditation (5.1 or 5.2).
- Ownership change involving a change in the facility's federal Tax Identification Number  
**Please contact the person listed on the previous page regarding the ownership change before completing this application.**

1.1 Business Name (This is the name the facility uses when doing business, or the DBA. It will be used for directories.)

\_\_\_\_\_

1.2 Facility Site Address (for directory).

\_\_\_\_\_

Suite Number \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State MI Zip Code \_\_\_\_\_

1.3 Facility Telephone Number (for directory). ( \_ \_ ) \_\_\_\_\_

1.4 Date facility began providing LTACH services to patients. (MM/DD/YEAR) under the Tax Identification Number listed in question 1.9

\_\_\_\_\_

1.5 Is the facility accepting new patients at this time?

- Yes
- No

1.6 Remittance address (This is the location where all BCBSM vouchers, checks and remittance advices should be sent.)

\_\_\_\_\_

Suite number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_  
Zip \_\_\_\_\_

1.7 Enter the facility's 10 digit National Provider Identifier (NPI) (required).

\_\_\_\_\_

1.8 Tax Name (This is the name on file with the IRS and may be different from the facility's business name.)

\_\_\_\_\_

1.9 Enter the facility's federal tax identification number (TIN).

\_\_\_\_\_

**1.10 Attach a copy of Federal Tax Deposit Coupon - form 8109 - or a copy of IRS notification letter - form SS4 (147c) or another document issued by the IRS with the facility's federal tax identification number (TIN) on it. Note: W-9s are not acceptable because they are not issued by the IRS.**

1.11 Check applicable field:  
 For profit  
 Nonprofit/Tax Exempt

**1.12 If the facility is non-profit, attach the IRS document authorizing tax exempt status.**

1.13 Fiscal Year End (MM/DD/YEAR) \_\_\_\_\_

1.14 Facility's website (URL), if applicable \_\_\_\_\_

1.15 For all owners of this facility list the individual or entity, address, occupation and the percentage of ownership.

<u>Name</u>	<u>Address</u> (Home address for individuals)	<u>Occupation</u>	% <u>Ownership</u>
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%



- 1.16 Place a check mark to indicate the services provided by the facility
- Dialysis
  - IV Therapy
  - Vent Care/Vent Weaning
  - Terminal Vent Weaning
  - Complex Skin or Wound Care
  - Cardiac Monitoring for complex medical conditions
  - Respiratory and oxygen services requiring 24-hour availability of respiratory therapy staff
  - Additional therapies and services:
    - licensed physical therapists
    - licensed bachelor or master's prepared social workers
    - licensed occupational therapists
    - certified speech and language pathologists
    - registered dieticians
  - Other, please describe below or attach an additional sheet as necessary
- 
- 

- 1.17 Is this LTACH located in another acute care hospital?
- Yes
  - No

- 1.18 If the answer to 1.17 above was "Yes", please indicate the name and address of the hospital:
- 

## 2.0 **Administration**

- 2.1 **Attach a copy of the LTACH's organizational chart. If the LTACH is part of a larger hospital, LTACH, or health care system, also attach the system's organizational chart and indicate where the LTACH falls within it.**

- 2.2 List the name and credentials of the facility's administrator:

Name \_\_\_\_\_

Credentials (Degrees/Certificates, etc.) \_\_\_\_\_

- 2.3 Administrator's scheduled number of hours per week at facility \_\_\_\_\_

- 2.4 **Attach a copy of the administrator's job description, and qualifications.**

- 2.5 Has the facility ever been subject to a Corporate Integrity Agreement with the federal government, or has an officer, director, owner or principal of the facility ever been convicted of, pled guilty to or been placed in a diversion program for commission of any crime or other violation of law relating to the provision of health care or payments for health care services?

- Yes
- No

If "Yes," please explain:

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**3.0 Centers for Medicare and Medicaid (CMS) Certification**

3.1 Provide the facility's LTACH Medicare certification number.

\_\_\_\_\_

Medicare effective date (MM/DD/YEAR) \_\_\_\_\_

3.2 Has the facility ever been excluded by Medicare or has the facility's Medicare certification as a LTACH ever been revoked, suspended or terminated?

- Yes
- No

3.3 If "Yes," please explain. (Attach additional pages if needed).

\_\_\_\_\_  
\_\_\_\_\_

3.4 **Attach a copy of the letter issued by CMS that reflects the facility's Medicare certification status. Note: the Medicare number indicated on the letter must match the number that was provided in 3.1.**

3.5 **If the Medicare effective date exceeds one year from the date of this application, submit a copy of the last Michigan Department of Consumer & Industry Services survey.**

3.6 **If this application is being submitted due to a change in ownership, attach a copy of the CMS letter indicating authorization for the change in ownership.**

**4.0 Licensure**

4.1 State the facility's acute care hospital license number, as issued by the state of Michigan, and its expiration date.

License # (permanent ID): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4.2 **Attach a copy of the facility's state of Michigan license as an acute care hospital**

**5.0 Accreditation**

5.1 Indicate which of the following accreditations the LTACH has:

- Joint Commission
- AOA
- Other (list)

\_\_\_\_\_

5.2 **Attach a copy of the LTACH's accreditation certificate and a complete copy of the most current accreditation survey report.**

5.3 **If this application is being submitted due to a change in ownership, attach a copy of the letter indicating the transfer or extension of accreditation to the new owner.**

**6.0 Staffing**

6.1 **Attach a copy of a current staff roster with credentials (e.g., MD, DO, RN, RT, RD, etc.) and job titles for all professional/clinical staff (including physicians).**

6.2 Indicate the name of the facility's nursing director.

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6.3 Indicate the name of the physician medical director responsible for the direction of the medical care at the facility.

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MD    DO

6.4 Medical director's specialty and board certification (if applicable)

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6.5 Indicate the medical director's average number of scheduled hours per week at the facility (including both administrative and clinical duties).

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## 7.0 **Medical Record Documentation**

The medical record must document the medical necessity of all services rendered. All documentation must be clearly legible, signed, and dated.

BCBSM's general requirements for medical record documentation include, but are not limited to:

- patient identification information
- history
- clinical findings (including tier level)
- physician orders (certification of treatment)
- results of diagnostic testing (if applicable)
- diagnostic assessment
- daily progress notes (e.g., complex wound)
- weekly review of the treatment plan by the multidisciplinary team
- discharge summary

Additionally, the BCBSM LTACH program requires:

- The physician must write an assessment and treatment plan within 24 hours of a member's transfer from a hospital. The hospital history and physical, discharge summary, and discharge orders do not fulfill this requirement unless the attending physician in the LTACH was also the attending physician in the hospital. When that is the case the hospital history and physical may be used on admission to the LTACH. The admitting physician must then sign the history and physical and update as necessary.
- Documentation of a progress note is required at a minimum of at least once daily. The physician's progress notes should provide documentation of the medical necessity of continued skilled care and must include the following:
  - interim history including reference to the patient's response to therapy and current symptoms
  - clinical findings on re-examination
  - interpretation of results of diagnostic tests
  - diagnostic assessment
  - changes in therapy plan and rationale, including documentation of any treatment or procedure actually performed or prescribed

**7.1 Attach a copy of the facility's policies and procedures for medical record documentation. At minimum, these policies and procedures must meet BCBSM's medical documentation requirements as described above.**

**7.2 Attach a blank copy of all the facility's medical record forms**

**8.0 Utilization Management**

A utilization management system can result in improved member care and improved planning for more appropriate, effective, and efficient use of the facility's resources.

**8.1 Attach a copy of the facility's current utilization management policy.**

**9.0 Financial and Billing Information**

9.1 Does the facility maintain records of transactions that conform to generally accepted accounting principles?

- Yes
- No

9.2 Are billing charges uniformly applied? That is, for identical services is the charge the same for all patients?

- Yes
- No

If "No," provide an explanation below:

\_\_\_\_\_

9.3 In the past five years, has the facility filed a petition for relief under the U.S. Bankruptcy Code, or has any action been taken to dissolve, liquidate, terminate, consolidate, merge or sell all or substantially all of facility's assets?

- Yes
- No

If "Yes," provide an explanation below:

\_\_\_\_\_

9.4 Does the facility use a billing department or billing agency that is located outside of Michigan?

- Yes
- No

If "Yes," please indicate the contact person, company name, address, telephone number, (and email address if available) for the company or billing agency that is responsible for submitting claims for services provided at the facility.

Contact person \_\_\_\_\_

Company name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**10.0 Management Contracts**

10.1 Does the facility have management contract(s) with an outside organization for the provision of core, non-clinical services (e.g., administrative services, staffing services, personnel management, etc.)

Yes

No

If "Yes," please provide the name of the organization and describe the services provided by this outside organization in the space provided below. BCBSM may request a copy of the management contract at a later date.

\_\_\_\_\_  
\_\_\_\_\_

**11.0 Contact Person**

11.1 Please give the following information for a contact person for any questions BCBSM may have regarding this application:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## 12.0 Signature and Attestation

I certify by my signature below that:

- I have reviewed the information in this application and to the best of my knowledge it is a complete and accurate representation of this facility's status and operations.
- I understand that BCBSM may choose to do an onsite survey after review of this application to verify program compliance and to verify the accuracy of any information provided.
- The facility's Medicare certification as a LTACH is current and valid.
- Facility is not currently an excluded entity by Medicare and does not employ individuals who are Medicare excluded individuals.
- All licenses for employed or contracted professional/clinical providers who provide direct patient care in the LTACH are current and valid in Michigan.
- The facility's JCAHO or AOA accreditation is current and valid.
- The facility's Michigan license as an acute care hospital is current and valid.
- The facility will submit claims electronically to BCBSM in the institutional claim format.
- The enclosed policies and procedures have been implemented and are enforced by this facility.
- The facility maintains financial records that conform to generally accepted accounting principles and practices.
- I understand the effective date of Traditional participation, if granted, is the date the application is approved by BCBSM, and for MA PPO, the date indicated on the Signature document, and is **not** the date the application was sent or received.
- For the Traditional or MA PPO Programs, I understand the facility is not eligible to submit claims for payment under this program until it is approved by BCBSM, both parties sign the participating agreement, BCBSM claims processing systems are activated, and BCBSM has countersigned the Signature Document(s)
- I understand and agree that if the facility does not qualify to participate or has elected not to participate in BCBSM's Traditional LTACH Program and if BCBSM assigns a LTACH facility code that is *only* for Medicare Supplemental payments, that BCBSM has the right to audit the facility's patient records to verify that all services billed and paid are benefits under the members' certificate or benefit plan descriptions and that covered services billed and paid were delivered and documented. I understand that BCBSM will have the right to recover any monies paid for services paid in error, that were not benefits (i.e., not covered services) or that were not appropriately documented in facility's medical records.
- I understand and agree that BCBSM's payment rates and the terms and conditions of its standard participation agreements are not negotiable.

Note: This application must be signed by the person at the facility who is responsible for the overall administration of the LTACH program.

### Authorized facility representative

By \_\_\_\_\_  
(signature-required)

Name \_\_\_\_\_  
(print or type)

Title \_\_\_\_\_  
(print or type)

Date \_\_\_\_\_

### **LTACH Application Attachment Check List**

- Federal Tax Deposit Coupon (form 8109), a copy of the IRS notification letter (form SS4 147c), or a copy of the Electronic Federal Tax Payment System voucher (form 9787) or document from the IRS that identifies the Tax Identification Number (TIN)
- IRS document authorizing non-profit/tax exempt status (if applicable)
- hospital's organizational chart showing the LTACH in the hospital's organizational structure (if applicable)
- facility's organizational chart
- facility administrator's job description, duties, and qualifications
- proof of Medicare certification as a LTACH (including Medicare number)
- proof of facility's Michigan licensure as an acute care hospital
- accreditation certificate and most recent survey report
- physician medical director's board certification or eligibility (if applicable)
- facility's current staffing roster, credential, and titles (employed and contracted staff)
- current licenses for professional/clinical staff (including medical director and nursing director)
- facility's policies and procedures related to medical record documentation requirements (such as physician progress notes) that show compliance with BCBSM program requirements
- facility's current utilization management and quality assurance programs
- attestation statement signed by an authorized facility representative

**Return the completed application, along with the required attachments to:**

**Patricia Helfrick, RN  
Qualifications Consultant  
Provider Contracting – 513E  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998**