

Letter of intent to become an outpatient psychiatric care (OPC) facility

For Blue Cross commercial and Blue Care Network commercial

August 2026

To Whom It May Concern:

Group/practice name: _____

Group NPI: _____

This Letter of Intent (LOI) is to confirm that the group/practice named above (Group) is a group provider seeking temporary approval to continue billing using the SA modifier for limited licensed providers while it commits to becoming a participating Outpatient Psychiatric Care (OPC) facility with Blue Cross Blue Shield of Michigan and/or Blue Care Network of Michigan (BCBSM/BCN). **This LOI is not a guarantee that Group will attain status of an OPC facility. Ultimate designation as an OPC facility is contingent upon Group satisfying all applicable requirements, and subject to the sole discretion of BCBSM/BCN.**

Group understands that only currently contracted BCBSM/BCN groups that commit to becoming an OPC are eligible for such temporary continuance. Group understands that it is only eligible to perform the types of same services as it currently performs as a group/practice (e.g., individual, group, family therapy) and it may not perform higher level intensive services (e.g., crisis services, adult/child intensive services). Group and its group members must comply with all requirements of the group agreement during the term of this LOI.

Group has reviewed and understands the requirements necessary to complete enrollment as an OPC. Group hereby attests that each of the following are in process or completed, and will be maintained once completed:

1. A multidisciplinary team including: (check off status for each)
 - a. A board-certified or board-eligible psychiatrist on staff
 - ☐ Complete
 - ☐ In-process, planned completion date: _____
 - ☐ Consulting psychiatrist, credentialed with BCBSM
 - b. A fully licensed psychologist or master's level limited licensed psychologist, or LLP, or PhD LLP with a supervisory or consulting licensed psychologist, or LP contractual relationship.
 - ☐ Group has a fully licensed psychologist (LP) on staff
 - ☐ Group has an MA, LLP on staff with LP supervision externally
 - ☐ Group is in the process of hiring for one of the positions as noted in 1.b.

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- c. A licensed master's social worker (LMSW)
- ☐ Group has a fully licensed LMSW on staff
 - ☐ Group is in the process of hiring this position

2. Accreditation by one of the following:

- The Joint Commission, or TJC
- American Osteopathic Association, or AOA
- Council on Accreditation of Services for Families and Children, or COA
- Commission on Accreditation of Rehabilitation Facilities, or CARF
- National Committee for Quality Assurance, or NCQA
- MDHHS Certification Letter for Community Mental Health Services

a. Name of accreditation being pursued: _____

b. Current status:

- ☐ Preapplication
- ☐ Application submitted/date: _____
- ☐ In process
- ☐ Anticipated accreditation date: _____

Group acknowledges that it will need a separate NPI for the new OPC facility. Group hereby attests that it has read and understands the document [“Clinical Program Requirements For Behavioral Health Outpatient Psychiatric Care Facility”](#) in its entirety and will continue to act in good faith to meet all requirements and general guidelines necessary to become an OPC as soon as possible.

Group acknowledges and agrees that unless this LOI is signed by 3/1/27, Group can no longer bill incident-to as of 3/1/27. Group further acknowledges and agrees that in addition to taking the steps outlined in this LOI, it must complete OPC enrollment and credentialing by 9/1/27 or BCBSM/BCN will have the right to terminate this LOI effective 9/1/27; Group can no longer bill incident-to using modifier SA; and Group may be subject to audit. If, in its sole discretion, BCBSM/BCN determines it is not viable for Group to satisfy the terms of this LOI and/or complete enrollment and credentialing as an OPC by 9/1/27, BCBSM/BCN may terminate this LOI immediately upon written notice to Group, and Group will no longer be able to bill incident-to using modifier SA effective as of the date of such notice.

I attest, on behalf of Group, to the veracity of the above information and request that BCBSM/BCN consider us for temporary OPC status:

Name: _____

Title: _____



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Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Signature: _____

This document may be signed electronically, including by typing your name in the box above in a readable font. This typed signature is legally binding and shall have the same effect as a handwritten signature.

Date: _____

To submit this form:

Complete this form then save and email it as an attachment to OPCLetterofIntent@bcbsm.com with the subject line "OPC Letter of Intent."