<table>
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<tr>
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</table>
| Ambulatory Infusion Center (AIC) | - Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Accreditation Certificate from one of the following:  
  - Accreditation Commission for Health Care (ACHC)  
  - Community Health Accreditation Program (CHAP)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- Primary practice location in Michigan  
- Type 2 National Provider Identifier (NPI)  
- Identified owner of Facility  
- 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)  
- Staff Roster- must have an employed pharmacist, medical director, and registered nurse |
| Ambulatory Surgical Facility (ASF) | - Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Unrestricted Accreditation Certificate as an ambulatory health care provider from one of the following:  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - The Joint Commission (TJC)  
  - Accreditations Association for Ambulatory Health Care (AAAHC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- Advisory or Governing Board (member list)  
- Medicare Approval Letter identifying address matching Primary practice location and approval as ambulatory surgical services supplier  
- State of Michigan Freestanding Surgical Outpatient Facility 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) |
| End Stage Renal Disease Facility (ESRD) | - Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Accreditation Certificate from one of the following:  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- Advisory or Governing Board (member list)  
- 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)  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
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| Federally Qualified Health Center (FQHC) | • Liability/Malpractice Insurance verification (for BCN and BCNA 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 and BCNA networks)  
• Accreditation Certificate from one of the following:  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
• 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 and BCNA 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)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
• 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) |
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| **Home Infusion Therapy (HIT)** | - Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Accreditation Certificate from one of the following:  
  - Accreditation Commission for Health Care (ACHC)  
  - Community Health Accreditation Program Inc. (CHAP)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- 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 and BCNA networks)  
- Accreditation Certificate from one of the following:  
  - Accreditation Commission for Health Care (ACHC)  
  - Community Health Accreditation Program Inc. (CHAP)  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- 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) |
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<tr>
<td><strong>Long Term Acute Care Hospital (LTACH)</strong></td>
<td>- Liability/Malpractice Insurance verification (for BCN and BCNA networks)</td>
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<tr>
<td></td>
<td>- Accreditation Certificate from one of the following:</td>
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<tr>
<td></td>
<td>- Accreditations Association for Ambulatory Health Care (AAAHC)</td>
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<tr>
<td></td>
<td>- Healthcare Facilities Accreditation Program (HFAP)</td>
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<tr>
<td></td>
<td>- Commission on Accreditation of Rehabilitation Facilities (CARF)</td>
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<td></td>
<td>- Council of Accreditation (COA)</td>
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<td></td>
<td>- The Joint Commission (TJC) BCBSM recognized for LTACH</td>
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<td></td>
<td>- The Substantial Compliant Medicare (CMS) Site Survey</td>
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<td></td>
<td>- Advisory or Governing Board (member list)</td>
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<td></td>
<td>- Medicare Approval Letter identifying address matching Primary practice location and approval as Long Term Acute Care Hospital</td>
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<td>- State of Michigan Acute Care Hospital License identifying address matching Primary practice location</td>
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<td></td>
<td>- Primary practice location in Michigan Type 2 National Provider Identifier (NPI) Identified owner of Facility</td>
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<td>- Staff Roster (complete list) with Medical Director</td>
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<td>- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
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<td>- Must have a written transfer agreement with an acute care hospital</td>
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<tr>
<td><strong>Outpatient Physical Therapy Facility (OPT)</strong></td>
<td>- Liability/Malpractice Insurance verification (for BCN and BCNA networks)</td>
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<tr>
<td></td>
<td>- Accreditation Certificate from one of the following:</td>
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<td>- Commission on Accreditation of Rehabilitation Facilities (CARF)</td>
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<tr>
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<td>- Advisory or Governing Board (member list)</td>
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<td>- Medicare Approval Letter identifying address matching Primary practice location and approval as one of the following:</td>
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<td></td>
<td>- Rehabilitation agency for outpatient physical therapy services</td>
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<td></td>
<td>- Comprehensive Outpatient Rehabilitation Facility</td>
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<td>- Primary practice location in Michigan</td>
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<td></td>
<td>- Type 2 National Provider Identifier (NPI)</td>
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<tr>
<td></td>
<td>- Identified owner of Facility</td>
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<tr>
<td></td>
<td>- Membership Certificate from American Physical Therapy Association (APTA)</td>
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<td></td>
<td>- Staff Roster (complete list)</td>
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<td>- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</td>
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<td>- Must attest to providing PT services (required) and may also provide, OT, ST (etc.) services on Enrollment Form</td>
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<td>- Must be operational for 6 months prior to application being submitted to BCBSM (verified on the application form)</td>
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| Outpatient Psychiatric Center (OPC) | - Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Accreditation Certificate from one of the following:  
  - Accreditations Association for Ambulatory Health Care (AAAHC)  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- 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  
  - Medical Director  
  - Owner  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
| Psychiatric Residential Treatment Facility (PRTF) | - Complete Questions for Psychiatric Residential Treatment Facilities  
- Accreditation Certificate from one of the following:  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
- Type 2 National Provider Identifier (NPI)  
- Provide a copy of Licensure as a Child Caring Institution or a Adult Foster Care facility  
- Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
- Staff Roster (complete list) including:  
  - Medical Director  
  - Owner  
  - Psychiatrist and/or fully licensed psychologist  
  - Registered Nurse  
  - Para Professionals  
- Must have EMS response time of (20) minutes or less in urban areas and (45) minutes or less in rural areas  
- Identify and list local in network hospitals that can provide acute treatment to patients if needed  
- Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |
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| **Rural Health Clinic (RHC)**          | • Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
• 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 and BCNA networks)  
• Accreditation Certificate from one of the following:  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
• 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 |
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| Substance Abuse Facility (SA) | • Liability/Malpractice Insurance verification (for BCN and BCNA networks)  
• Accreditation Certificate from one of the following:  
  - Accreditations Association for Ambulatory Health Care (AAAHC)  
  - Healthcare Facilities Accreditation Program (HFAP)  
  - Commission on Accreditation of Rehabilitation Facilities (CARF)  
  - Council of Accreditation (COA)  
  - The Joint Commission (TJC)  
  - The Substantial Compliant Medicare (CMS) Site Survey  
• 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  
• Registered nursing personnel for residential facilities performing medical detoxification must be on-site 24 hours a day, seven days a week. Registered nursing personnel for residential facilities that do not deliver medical detoxification must be on-site or on call 24 hours a day, seven days a week. The response time to the facility must be sixty (60) minutes or less.  
• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s) |