Blue Cross Blue Shield Blue Care Network of Michigan

Facility Enrollment Required Document Checklist

Facility Classification	*To avoid processing delays…gather these items before you get started. If applying to network, complete the application signature document for each network.*
Ambulatory Infusion Center (AIC)	• 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 (CHAP) - Joint Commission on Accreditation of Healthcare Organizations (JCAHO) • 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, BCNA, BCC networks) • Unrestricted Accreditation Certificate as an ambulatory health care provider from one of the following: - American Osteopathic Association (AOA) - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) - Healthcare Facilities Accreditation Program (HFAP) - Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - Accreditations Association for Ambulatory Health Care (AAAHC) • 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, BCNA, BCC networks) • 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)

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
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)

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:

	- 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)