

Enrollment documents helpful hints - new providers only

Applying for participation with Blue Cross Blue Shield of Michigan and Blue Care Network doesn't have to be confusing or frustrating. We've compiled a list of tips and hints for the required paperwork. Locate your provider type below and follow the tips and hints.

You'll find our provider applications and signature documents at bcbsm.com/providers.

New Group Provider

(Practitioners affiliated to your group must already be enrolled)

Application

- Complete the fax cover page first. It'll populate the rest of the pages with the NPI and TIN.
- **Don't** hand write on the fax cover page as it'll delay processing.

Section hints

1. Complete all demographics fields.
2. Mark the boxes of the networks in which you want to participate:
For traditional, only mark **participating**, and mark BCN/BCN Advantage at the bottom.
3. Complete all address fields (remit, mailing, primary and medical records request).
4. Add all services offered at your locations:
These are the services members can search for on our online provider directory.
5. Add any additional practice locations.
6. Add providers to your group.
7. Complete and sign.
8. Request access to our online tools for your group, including web-DENIS, e-referral, claims data and vouchers.
9. If you need access to self-service online (Addendum G), complete this section. You'll need access to self-service to make future changes to your group (for example, add/change providers affiliated to your group, address changes and termination).
10. Indicate yes or no on the questions. **Don't forget to sign.**

Required documents

Select the + located under BCBSM agreements & signature documents.

Group signature document

- Select the boxes that apply to your group. You may have multiple provider types.
- Complete all fields, sign and date. Contract effective date is based on signature date.

Group practice agency authorization and acknowledgement

- Complete the upper section of page 1 and check boxes for the networks for which you're applying.
- Have all providers affiliated to your group complete and sign page 2.

Additional documentation

- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (Blue Cross and BCN don't accept W9s).

New Individual Practitioner

Application

- Complete the fax cover page first. It'll populate the rest of the pages with the NPI and TIN.
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Section hints

1. Complete all demographics fields.
2. Complete your tax information.
3. Complete our specialty and board certification information.
4. Mark the boxes of the networks in which you want to participate:
For traditional, only mark **participating**, and mark BCN/BCN Advantage at the bottom.
5. Complete all address fields (remit, mailing, primary and medical records request).
6. Add all services offered at your locations:
These are the services that members can search for on our online provider directory.
7. Add any additional individual practice locations.
8. Request access to our online tools here, including web-DENIS, e-referral, claims data and vouchers.
9. Indicate yes or no on the questions. **Don't forget to sign.**

Required documents

Select the + located under BCBSM agreements & signature documents.

Combined signature document

- Check all boxes for the networks you are applying for, complete all sections and sign.

Additional documentation

- Tax Identification Number and Internal Revenue Service document identifying TIN and associated payee name (Blue Cross and BCN don't accept W9s).
- State of Michigan professional license.

New Outpatient Psychiatric Center (OPC) – FACILITY

Application

- Complete the fax cover page first. It'll populate the rest of the pages with the NPI and TIN.
- **Don't** hand write on the fax cover page as it'll delay processing.
- Complete the general sections and the sections that apply to your facility type.

Section hints:

1. Complete all demographics fields and select one facility type (outpatient psychiatric care).
2. Mark the boxes of the networks in which you want to participate:
 - For traditional, only mark **participating**.
3. Complete all fields:
 - Include the required documents for your provider type. See the [Facility Enrollment Required Document Checklist](#).
 - BCN requires specific malpractice levels for participation. See application for information.
4. Complete all address fields (remit, mailing, credentialing, primary and medical records request):
 - List your additional locations here, if applicable.
5. Complete ownership information:
 - Include the all staff information, including medical director and nursing.
6. Locate provider type (outpatient psychiatric care) and complete all fields:
 - Add any special services offered at your locations (five maximum). This helps match member need to available providers.
7. Request access to our online tools for your facility, including web-DENIS, e-referral, claims data and vouchers.
8. Add existing users to your facility NPI.
9. Don't forget to sign.

Required documents

Signature documents

Select the + located under BCBSM agreements & signature documents:

- If applying for Blue Cross (Traditional), open the BCBSM OPC Participation Agreement signature document.
- If applying for Blue Cross' MH & SA Managed Care Program, open the MH & SA Managed Care Program Facility agreement signature document.
 - For each signature document, complete all fields, sign and date.

Additional documentation

[Facility Enrollment Required Document Checklist](#)

NOTE: Applications, signatures and required documents are subject to change. Visit our website at bcbsm.com/providers for current forms and information.

