

Self Service Menu Item	Documents required by BCBSM/BCN	
	Documents to Upload	Corresponding Agreement to review and retain for your records
Enroll and Add Practitioners (enrolling a new practitioner not already affiliated with BCBSM/BCN and adding them to the Group)		
The following documents are required to enroll the new Practitioner (this section is only applicable for a small number of provider types):		
When enrolling an Anesthesia Assistant (AA)	<ul style="list-style-type: none"> ▪ BCBSM Anesthesia Assistant Certification (PDF) ▪ BCBSM Anesthesia Assistant Combined Signature (PDF) 	<ul style="list-style-type: none"> ▪ N/A ▪ Practitioner Affiliation Agreement for Blue Preferred Plus Anesthesiology Services
When enrolling an Athletic Trainer	<ul style="list-style-type: none"> ▪ BCBSM Athletic Trainer Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Athletic Trainer Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF)
When enrolling a Certified Nurse Practitioner (CNP) (no behavioral health services)	<ul style="list-style-type: none"> ▪ Certification from one of the following national entities with effective and expiration dates: <ul style="list-style-type: none"> - American Nurses Credentialing Center (ANCC) - National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties - National Certification Board of Pediatric Nurse Practitioners and Nurses - Nurse Practitioner Program of the United States Department of Health and Human Services - The Oncology Nursing Certification Program 	<ul style="list-style-type: none"> ▪ N/A
	<ul style="list-style-type: none"> ▪ BCBSM Certified Nurse Practitioner Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Certified Nurse Practitioner Provider Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)

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When enrolling a Certified Nurse Practitioner (CNP) (with behavioral health services)	<ul style="list-style-type: none"> ▪ Certification from one of the following national entities with effective and expiration dates: <ul style="list-style-type: none"> - American Nurse Credentialing Center (ANCC) - National Certification Corporation for the Obstetric/Gynecology and Neonatal Specialties - National Certification Board of Pediatric Nurse Practitioners and Nurses - Nurse Practitioner Program of the United States Department of Health and Human Services - The Oncology Nursing Certification Program - Certification from at least one behavioral health specialty with effective and expiration dates 	<ul style="list-style-type: none"> ▪ N/A
	<ul style="list-style-type: none"> ▪ BCBSM Certified Nurse Practitioner including Behavioral Health Services Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Certified Nurse Practitioner Provider Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ BCBSM Mental Health and Substance Abuse Managed Care Network Participation Agreement (PDF)
When enrolling a Clinical Nurse Specialist - Certified (CNS-C) (no behavioral health services)	<ul style="list-style-type: none"> ▪ Current licensure from state of Michigan as a Registered Nurse with a clinical nurse specialist certification. ▪ BCBSM Clinical Nurse Specialist - Certified Individual Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Clinical Nurse Specialist - Certified Participation Agreement (PDF) ▪ BCBSM Clinical Nurse Specialist - Certified Selection Standards (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)

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When enrolling a Clinical Nurse Specialist - Certified (CNS-C) (with behavioral health services)	<ul style="list-style-type: none"> Current licensure from state of Michigan as a Registered Nurse with a clinical nurse specialist certification BCBSM Clinical Nurse Specialist - Certified Individual Signature Document (PDF) 	<ul style="list-style-type: none"> BCBSM Clinical Nurse Specialist - Certified Participation Agreement (PDF) BCBSM Clinical Nurse Specialist - Certified Selection Standards (PDF) TRUST Network Practitioner Affiliation Agreement (PDF) BCBSM Medicare Advantage PPO Provider Agreement (PDF) BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) BCBSM Mental Health and Substance Abuse Managed Care Network Agreement
When enrolling a Certified Nurse Midwife (CNM)	<ul style="list-style-type: none"> Nurse Midwife (CNM) Request for Verification Form Certification from the American College of Certified Nurse Midwives (ACCNM) with effective and expiration dates For CNMs performing deliveries, the following are also required: <ol style="list-style-type: none"> Written confirmation of established privileges with hospital(s) and/or has hospital-affiliated birthing centers Written confirmation of an established, interdependent relationship for medical consultation/collaboration or referral to an OB/GYN-refer to Addendum B, Qualification Standards in CNM Provider Participation Agreement 	<ul style="list-style-type: none"> N/A
	<ul style="list-style-type: none"> BCBSM Certified Nurse Midwife Combined Signature Document (PDF) 	<ul style="list-style-type: none"> BCBSM Certified Nurse Midwife Provider Participation Agreement (PDF) BCBSM Medicare Advantage PPO Provider Agreement (PDF) BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)

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When enrolling a Certified Registered Nurse Anesthetist (CRNA)	<ul style="list-style-type: none"> ▪ Certification from the Council on Certification or Recertification of Nurse Anesthetists ▪ BCBSM Certified Registered Nurse Anesthetist Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ N/A ▪ BCBSM Certified Registered Nurse Anesthetist Direct Reimbursement Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)
When enrolling a Physician Assistant (PA)	<ul style="list-style-type: none"> ▪ Physician Assistant/Physician Attestation Form ▪ Physician Assistant Combined Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Physician Assistant Provider Participation Agreement ▪ BCBSM Medicare Advantage PPO Provider Agreement ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment
Licensed Marriage and Family Therapist (LMFT)	<ul style="list-style-type: none"> ▪ BCBSM Licensed Marriage and Family Therapist Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ Licensed Marriage and Family Therapist Traditional Participation Agreement (PDF)
Limited Licensed Psychologist (LLP)	<ul style="list-style-type: none"> ▪ Limited Licensed Psychologist Signature Document 	<ul style="list-style-type: none"> ▪ Limited Licensed Psychologist Traditional Participation Agreement

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When enrolling practitioners for Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatry (DPM)	<ul style="list-style-type: none"> ▪ BCBSM Practitioner Combined Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment(PDF) ▪ Blue Preferred Plus Practitioner Affiliation Agreement (PDF) ▪ Blue Preferred Plus Individual Anesthesiology Contract (PDF)
For MD/DO requesting to be a BCN PCP with the new group		<ul style="list-style-type: none"> ▪ Guidelines for BCN PCP processing: <ul style="list-style-type: none"> – Medical Care Group (MCG) Endorsement Guidelines (PDF)

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For Doctor of Chiropractic (DC)	<ul style="list-style-type: none"> ▪ BCBSM Practitioner Combined Signature Document 	<ul style="list-style-type: none"> ▪ N/A ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ BCBSM TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ Blue Preferred Plus Practitioner Affiliation Agreement (PDF)

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For Doctor of Medical Dentistry (board certified oral surgeons only)	<ul style="list-style-type: none"> ▪ BCBSM Dental/Oral Surgeon Combined Signature Document 	<ul style="list-style-type: none"> ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ Blue Preferred Plus Individual Practitioner Affiliation Agreement (PDF)

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For Vision Specialist-Ophthalmologist	<ul style="list-style-type: none"> ▪ BCBSM Ophthalmologist Combined Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Vision Specialist Provider Participation Agreement (PDF) ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement ▪ BCBSM Medicare Advantage PPO Provider Agreement ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ Blue Preferred Plus Individual Practitioner Contract PDF
For Optician or Optometric Supplier	<ul style="list-style-type: none"> ▪ BCBSM Vision Specialist Provider Individual Participation Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Vision Specialist Provider Participation Agreement (PDF)

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For Optometrist (OD)	<ul style="list-style-type: none"> ▪ BCBSM Optometrist Combined Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Vision Specialist Provider Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)
For Hearing Practitioners- Otolaryngology specialties	<ul style="list-style-type: none"> ▪ BCBSM Otolaryngologist Combined Signature Document 	<ul style="list-style-type: none"> ▪ Hearing Specialist Provider Participation Agreement (PDF) ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ Blue Preferred Plus Individual Practitioner Contract PDF

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For Audiologists and Hearing Aid Dealer	<ul style="list-style-type: none"> ▪ BCBSM Hearing Aid Dealer Combined Signature Document 	<ul style="list-style-type: none"> ▪ Hearing Specialist Provider Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)
For Behavioral Health Practitioners-Psychiatrist	<ul style="list-style-type: none"> ▪ BCBSM Psychiatrist Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Mental Health and Substance Abuse Managed Care Network Agreement (PDF) ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)

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For Fully Licensed Psychologists	<ul style="list-style-type: none"> ▪ BCBSM Fully Licensed Combined Participation Agreement Individual Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Mental Health and Substance Abuse Managed Care Network Agreement (PDF) ▪ BCBSM Practitioner Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)

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For Licensed Master Social Worker (LMSW)	<ul style="list-style-type: none"> ▪ BCBSM Licensed Master Social Worker Participation Agreement Individual Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Mental Health and Substance Abuse Managed Care Network Agreement (PDF) ▪ Clinical Licensed Masters Social Worker Traditional Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)
When enrolling a Licensed Behavior Analyst (LBA)	<ul style="list-style-type: none"> ▪ Licensed Behavior Analyst Individual Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Licensed Behavior Analyst Traditional Participation Agreement (PDF)
When enrolling a Licensed Professional Counselor (LPC)	<ul style="list-style-type: none"> ▪ BCBSM Licensed Professional Counselor Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Licensed Professional Counselor Traditional Participation Agreement (PDF) ▪ BCBSM TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Mental Health and Substance Abuse Managed Care Network Agreement (PDF)

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Allied Health Practitioners: Independent Physical Therapist (IPT), Independent Occupational Therapist (IOT), Independent Speech Language Pathologist (ISLP)	<ul style="list-style-type: none"> ▪ BCBSM Independent Therapist Combined Signature Document (PDF) 	<ul style="list-style-type: none"> ▪ BCBSM Traditional Independent Physical Therapist Participation Agreement (PDF) ▪ TRUST Network Practitioner Affiliation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF) ▪ Blue Preferred Plus Individual Practitioner Contract (PDF)
For Prosthetics and Orthotic Supplier (P&O)	<ul style="list-style-type: none"> ▪ Certification from one of the following: <ul style="list-style-type: none"> - Accreditation Commission for Health Care INC - American Board of Certification in Orthotics & Prosthetics - Board of Certification/Accreditation International - Commission of Accreditation of Rehabilitation Facilities - Community Health Accreditation Program - Health Care Quality Association on Accreditation - National Association of Boards of Pharmacy - The Compliance Team, Inc. - The Joint Commission - The National Board of Accreditation of Orthotic 	<ul style="list-style-type: none"> ▪ N/A
For Prosthetic and Orthotic Supplier	<ul style="list-style-type: none"> ▪ BCBSM Prosthetic and Orthotic Supplier Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM DME/Prosthetic and Orthotic Supplier Participation Agreement (PDF)

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For Certified Registered Nurse Anesthetist (CRNA)	<ul style="list-style-type: none"> ▪ BCBSM Certified Registered Nurse Anesthetist Combined Participation Agreement Individual Signature Document 	<ul style="list-style-type: none"> ▪ BCBSM Certified Registered Nurse Anesthetist Direct Reimbursement Participation Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement (PDF) ▪ BCBSM Medicare Advantage PPO Provider Agreement Practitioner Attachment (PDF)
<p>The following documents are required to add the practitioner to the group. It is understood that the group, its representative or delegate is responsible for having each group member/individual practitioner execute the Group Practice Agency Authorization and Acknowledgement Form. Group must retain copies of such executed form and provide to BCBSM upon request.</p>		
When adding MD, DO, DC, DPM, psychiatrist, fully licensed psychologist, LBA, LPC, athletic trainer and vision specialists (e.g. optometrist, ophthalmologist, optician) to the group, when the group is PAR with the BCBSM Traditional Network or, when adding licensed master social workers, hearing specialties (e.g. audiologist, hearing aid dealer, otolaryngologist), CNP, CRNA, CNM, IPT, IOT or ISLP to the group.		<ul style="list-style-type: none"> ▪ BCBSM Group Practice Agency Authorization and Acknowledgement (PDF)