

## Facility Enrollment Required Document Checklist

Facility Classification	<i>To avoid processing delays, gather these items before you get started. If applying to network, complete the application signature document for each network.</i>
<b>Ambulatory Infusion Center (AIC)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following:               <ul style="list-style-type: none"> <li>- Accreditation Commission for Health Care (ACHC)</li> <li>- Community Health Accreditation Program (CHAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• State of Michigan Pharmacy License identifying address matching Primary practice location</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Staff Roster- must have an employed pharmacist, medical director, and registered nurse</li> </ul>
<b>Ambulatory Surgical Facility (ASF)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Unrestricted Accreditation Certificate as an ambulatory health care provider from one of the following:               <ul style="list-style-type: none"> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- The Joint Commission (TJC)</li> <li>- Accreditations Association for Ambulatory Health Care (AAAHC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as ambulatory surgical services supplier</li> <li>• State of Michigan Freestanding Surgical Outpatient Facility License identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) with Medical Director</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>End Stage Renal Disease Facility (ESRD)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following:               <ul style="list-style-type: none"> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list)</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>

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<b>Federally Qualified Health Center (FQHC)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as Federally Qualified Health Center</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>Halfway House</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Council of Accreditation (COA)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• State of Michigan residential/outpatient substance abuse program License identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) with Medical Director</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>Home Health Care Facility (HHC)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditation Commission for Health Care (ACHC)</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Community Health Accreditation Program Inc. (CHAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Medicare Approval Letter identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• 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.</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>

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<b>Home Infusion Therapy (HIT)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditation Commission for Health Care (ACHC)</li> <li>- Community Health Accreditation Program Inc. (CHAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as Durable Medical Equipment supplier</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster- must have an employed pharmacist, medical director, and registered nurse.</li> <li>• State of Michigan Pharmacy License identifying address matching Primary practice location</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>Hospice</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditation Commission for Health Care (ACHC)</li> <li>- Community Health Accreditation Program Inc. (CHAP)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as Hospice Agency</li> <li>• State of Michigan Hospice Agency License identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan</li> <li>• Membership Certificate from one of the following: <ul style="list-style-type: none"> <li>- National Hospice and Palliative Care Organization (NHPCO)</li> <li>- Michigan Hospice and Palliative Care Organization (MHPCO)</li> </ul> </li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) with Medical Director, registered nurse, licensed social worker, pastoral/bereavement counselor</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>

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<b>Long Term Acute Care Hospital (LTACH)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditations Association for Ambulatory Health Care (AAAHC)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Council of Accreditation (COA)</li> <li>- The Joint Commission (TJC) BCBSM recognized for LTACH</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as Long Term Acute Care Hospital</li> <li>• State of Michigan Acute Care Hospital License identifying address matching Primary practice location</li> <li>• Primary practice location in Michigan Type 2 National Provider Identifier (NPI) Identified owner of Facility</li> <li>• Staff Roster (complete list) with Medical Director</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Must have a written transfer agreement with an acute care hospital</li> </ul>
<b>Outpatient Physical Therapy Facility (OPT)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Community Health Accreditation Program Inc. (CHAP)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as one of the following: <ul style="list-style-type: none"> <li>- Rehabilitation agency for outpatient physical therapy services</li> <li>- Comprehensive Outpatient Rehabilitation Facility</li> </ul> </li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Membership Certificate from American Physical Therapy Association (APTA)</li> <li>• Staff Roster (complete list)</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Must attest to providing PT services (required) and may also provide, OT, ST (etc.) services on Enrollment Form</li> <li>• Must be operational for 6 months prior to application being submitted to BCBSM (verified on the application form)</li> </ul>

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<b>Outpatient Psychiatric Center (OPC)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditations Association for Ambulatory Health Care (AAAHC)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Council of Accreditation (COA)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) including one of each of the following: <ul style="list-style-type: none"> <li>- Psychiatrist</li> <li>- Fully Licensed Psychologist</li> <li>- Social Worker</li> <li>- Medical Director</li> <li>- Owner</li> </ul> </li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>Psychiatric Residential Treatment Facility (PRTF)</b>	<ul style="list-style-type: none"> <li>• Complete Questions for Psychiatric Residential Treatment Facilities</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Council of Accreditation (COA)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Provide a copy of Licensure as a Child Caring Institution or a Adult Foster Care facility</li> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Staff Roster (complete list) including: <ul style="list-style-type: none"> <li>- Medical Director</li> <li>- Owner</li> <li>- Psychiatrist and/or fully licensed psychologist</li> <li>- Registered Nurse</li> <li>- Para Professionals</li> </ul> </li> <li>• Must have EMS response time of (20) minutes or less in urban areas and (45) minutes or less in rural areas</li> <li>• Identify and list local in network hospitals that can provide acute treatment to patients if needed</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>

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<b>Rural Health Clinic (RHC)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• 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”</li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Staff Roster (complete list) including: <ul style="list-style-type: none"> <li>- Medical Director</li> <li>- Owner</li> </ul> </li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>
<b>Skilled Nursing Facility (SNF)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Medicare Approval Letter identifying address matching Primary practice location and approval as Skilled Nursing Facility</li> <li>• 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: <ul style="list-style-type: none"> <li>- Nursing Home</li> <li>- Long Term Care Facility</li> <li>- Hospital Long Term Care Unit</li> </ul> </li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> <li>• Director of Nursing and Medical Director</li> </ul>

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<b>Substance Abuse Facility (SA)</b>	<ul style="list-style-type: none"> <li>• Liability/Malpractice Insurance verification (for BCN and BCNA networks)</li> <li>• Accreditation Certificate from one of the following: <ul style="list-style-type: none"> <li>- Accreditations Association for Ambulatory Health Care (AAAHC)</li> <li>- Healthcare Facilities Accreditation Program (HFAP)</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>- Council of Accreditation (COA)</li> <li>- The Joint Commission (TJC)</li> <li>- The Substantial Compliant Medicare (CMS) Site Survey</li> </ul> </li> <li>• Advisory or Governing Board (member list)</li> <li>• DEA License (if providing Methadone services) identifying address matching Primary practice location</li> <li>• State of Michigan License (identifying address matching Primary practice location) as one or more of the following: <ul style="list-style-type: none"> <li>- Residential (Standard)</li> <li>- Outpatient (Standard)</li> <li>- Methadone (Standard)</li> </ul> </li> <li>• Primary practice location in Michigan</li> <li>• Type 2 National Provider Identifier (NPI)</li> <li>• Identified owner of Facility</li> <li>• 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.</li> <li>• Internal Revenue Service document identifying TIN and associated payee name (BCBSM/BCN does not accept W-9s)</li> </ul>