

Non-clinical health worker Enrollment Form



PLEASE:

1. Complete the application in its entirety.
2. No handwritten forms, please type.
3. This coversheet must be the first page of your form submission.
4. Fax the enrollment form and attachments (i.e. supporting documents) to 1-855-306-9762 or email to bccproviderdata@mibluccrosscomplete.com. Be sure to submit the enrollment form separately for each provider. (For example: if you register two or more providers, you must send a fax/email for each provider. They cannot be bundled into one transmission.)
5. You can also mail the completed forms and documentation to: Blue Cross Complete of Michigan, Provider Network Operations, 4000 Town Center Suite 1300, Southfield MI 48075
6. Supporting documents checklist is located at the end of the enrollment form, please review and ensure all required documents are submitted along with this enrollment form.

Fax to:	1-855-306-9762 Attn: Provider Network Operations	
Email to:	BCCproviderdata@mibluccrosscomplete.com	
From:		
Date:		
Type 1 NPI:		
Type 2 NPI: (if applicable)		
Tax identification number:		
Is the provider enrolled in CHAMPS**?	Yes	No
	If yes, Effective date: _____ End date: _____	
If "No", please be advised your application will be closed with no further action taken.		

*Blue Cross Complete does not control this website and is not responsible for its content

** Michigan Department of Health and Human Services enrollment system

Non-clinical health worker Enrollment



Tax Identification Number	Type 1 NPI	Type 2 NPI
---------------------------	------------	------------

Section 1: Demographic data

*denotes a required field

1. *Provider name and title/degree			
2. *Provider type description			
3. Gender		4. Date of Birth	
5. Name of organization (if applicable)			
6. *Tax identification number			
7. *Tax identification name (as filed with the IRS)			
8. *Tax exempt?	Yes	No	
9. Associated NPI numbers			
10. *Medicaid number			
11. *Medicare number			

Section 2: Address information

*denotes a required field

1. Business address (may be published in the Blue Cross Complete provider directory)	
a. *Street address	
b. *City	
c. *State	
d. *Zip code	
e. * County	
f. *Primary telephone number	
g. Fax number	
h. Email	
i. Areas Served (County/Counties Served)	
2. Payment or remit address (if different from your business address)	
a. Street address	
b. City	
c. State	
d. Zip code	

Non-clinical health worker Enrollment



Tax Identification Number	Type 1 NPI	Type 2 NPI
---------------------------	------------	------------

3. Mailing address (if different from your business address)	
a. Street address	
b. City	
c. State	
d. Zip code	

Section 3: Contact Information

* denotes a required field

1. Contact information – please provide the name and contact information of a person who can answer questions about information in this enrollment form	
a. *Contact name	
b. *Telephone number	
c. *Email address	

Section 4: Insurance information

* denotes a required field

1. Insurance		
<p>Non clinical health workers must maintain: a level of commercial general liability insurance in the amount of \$500,000 each occurrence, \$500,000 Personal & Advertising Injury, \$1,000,000 General Aggregate. Automobile Liability Instance for bodily injury and property damage as required by law. Workers' Compensation Insurance coverage according to applicable laws governing work activities. Employers Liability Insurance at \$500,000 each accident, \$500,000 each employee by disease and \$500,000 aggregate disease. Please provide copies of all fact sheets.</p>		
a. Current commercial general liability coverage	Occurrence	Per aggregate
b. Expiration date		
c. Liability coverage is renewed	Annually <input type="checkbox"/>	Continuous <input type="checkbox"/>
f. Carrier name		
g. Current Employers liability coverage	Each	Per aggregate
h. Expiration date		
i. Liability coverage is renewed	Annually <input type="checkbox"/>	Continuous <input type="checkbox"/>
j. Carrier name		
k. Coverage amounts	Per occurrence	Per aggregate

Non-clinical health worker Enrollment



Tax Identification Number	Type 1 NPI	Type 2 NPI
---------------------------	------------	------------

Section 5 – Enrollment signature

* denotes a required field

I certify that:

- All required certificates and licenses are current and valid.
- I understand that Blue Cross Complete may do an on-site survey after review of this application to verify program compliance and the accuracy of any information provided.
- All employed and contracted health care professionals maintain current Michigan licenses or certifications as required for their positions. All staff members are licensed or certified as required for their positions.
- The provider maintains financial records that conform to generally accepted accounting principles and practices.
- All policies and procedures are implemented and enforced by this provider.
- The provider will comply with any requests for information, documentation or on site review reviews necessary to credential the site.
- The provider conducts program evaluation and utilization review to assess the appropriateness and effectiveness of its programs.
- I understand the effective date of participation is the date the application is actually approved by Blue Cross Complete and is not the date the application was submitted or received.
- I understand the provider is not eligible to submit claims for payment until it is approved by Blue Cross Complete, both parties sign the agreements, and the processing systems are updated.
- I understand Blue Cross Complete’s payment rates and the terms of its standard participation agreement are not negotiable.
- Blue Cross Complete shall be held harmless for any claims and lawsuits that arise as a result of the misrepresentation of information provided in response to this application.
- Neither the provider nor its managing employees, officers, directors, or major shareholders or owners (i.e. person with beneficial ownership of 5 percent or more) appear in Social Security Administration’s *Death Master File*; the *National Plan and Provider Enumeration System*; the *Medicare Exclusion Database*; the Michigan Department of Health and Human Services /Medical Services Administration, *Sanctioned Provider List*; the Licensing and Regulatory Affairs *Disciplinary Action Report*; and any other database as the secretary of HHS may prescribe. Nor has facility, its managing employees, offices, directors, partners, agents, or major shareholders or owners (i.e. person with beneficial ownership of 5% or more) been suspended, debarred or otherwise excluded under the Federal Acquisition Regulation as described in 42 CFR 438.610.
- There are no pending investigations, legal actions, or matters subject to arbitration involving the provider or its managing employees, officers, directors, or major shareholders or owners (i.e. person with beneficial ownership of 5% or more) on matters relating to payments from governmental entities, both federal and state, for health care or prescription drug services. Additionally, neither the provider nor its managing employees, officers, directors, major shareholders or owners (i.e. person with beneficial ownership of 5% or more) have been criminally convicted or have had a civil judgment entered against them for fraudulent activities.

*Print or type name	* Practitioner Signature and title	*Date
---------------------	------------------------------------	-------

Non-clinical health worker Enrollment



Tax Identification Number	Type 1 NPI	Type 2 NPI
---------------------------	------------	------------

[Non-clinical health worker enrollment required document checklist](#)

Provider classification	To avoid processing delays, please ensure all items are submitted
Non-clinical health worker Doula	<ul style="list-style-type: none"> • Commercial General Liability insurance • Automobile Liability insurance • Workers’ Compensation Insurance • Employers Liability insurance • Michigan Department of Health and Human Services Doula registry approval email • Type 1 National Provider Identifier • Type 2 National Provider Identifier (if applicable) • W9 form
Non-clinical health worker Community health worker/representative	<ul style="list-style-type: none"> • Commercial General Liability insurance • Automobile Liability insurance • Workers’ Compensation Insurance • Employers Liability insurance • Type 1 National Provider Identifier • Type 2 National Provider Identifier (if applicable) • W9 form
Non-clinical health worker Lifestyle Coach	<ul style="list-style-type: none"> • Commercial General Liability insurance • Automobile Liability insurance • Workers’ Compensation Insurance • Employers Liability insurance • Type 1 National Provider Identifier • Type 2 National Provider Identifier (if applicable) • W9 form