

Maternal Infant Health Program 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 2 NPI:		
Tax identification number:		
Is the provider enrolled in CHAMPS**?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the provider already enrolled with Blue Cross Blue Shield of Michigan or Blue Care Network?	Yes	No
If "No," to either question, 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

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Type 2 NPI	Tax Identification Number
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Section 1: Demographic data

*denotes a required field

1. *Provider name	
2. *Tax identification number	
3. *Tax identification name (as filed with the IRS)	
4. *Tax exempt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Providers website (URL address)	
6. Associated NPI numbers	
7. State license number	
8. *Medicaid number	
9. *Medicare number	

Section 2: Address information – please make copies for additional addresses

* denotes a required field

1. Practice address (must be an address where health care services are rendered and 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	
2. Payment or remit address (if different from your practice address)	
a. Street address	
b. City	
c. State	
d. Zip code	

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3. Mailing address (if different from your practice address)

a. Street address	
b. City	
c. State	
d. Zip code	

4. Medical records request (if different from your practice 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	

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Section 4: Malpractice insurance information

*denotes a required field

1. Malpractice Insurance		
All hospitals must maintain \$5,000,000 of combined single-limit professional liability insurance and \$5,000,000 of combined single-limit general liability insurance or professional liability insurance (which includes general liability coverage) of \$5,000,000 combined single limit. All other facilities must maintain a level of medical liability insurance in the amount of \$500,000/\$1,000,000 and general liability insurance in the amount of \$1,000,000/\$2,000,000. Please provide copies of both fact sheets.		
a. Current medical liability coverage	Occurrence	Per aggregate
b. Expiration date		
c. Liability coverage is renewed	Annually <input type="checkbox"/>	Continuous <input type="checkbox"/>
d. Current general liability coverage	Occurrence	Per aggregate
e. Expiration date		
f. Liability coverage is renewed	Annually <input type="checkbox"/>	Continuous <input type="checkbox"/>
g. Are physicians, practitioners and professional clinicians covered under the malpractice insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Carrier name		
i. Coverage amounts	Per occurrence	Per aggregate

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Section 5 – Enrollment signature

I certify that:

- All required certificates and licensures are current and valid.
- The Maternal Infant Health Program Provider must have an organized medical staff established in accordance with policies and procedures developed by the Maternal Infant Health Program Provider which will be responsible for maintaining proper standards of medical care. Criteria for membership on the medical staff must be established and enforced by a credentials evaluation program established by the Maternal Infant Health Program Provider.
- 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.
- Written criteria for participation of medical staff exist for this Maternal Infant Health Program Provider.
- 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 Maternal Infant Health Program Provider maintains financial records that conform to generally accepted accounting principles and practices.
- All policies and procedures are implemented and enforced by this Maternal Infant Health Program Provider.
- The Maternal Infant Health Program Provider will comply with any requests for information, documentation or on site review reviews necessary to credential the site.
- The Maternal Infant Health Program 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 Maternal Infant Health Program 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 Maternal Infant Health Program 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 Maternal Infant Health Program 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 Maternal Infant Health Program 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
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[MIHP enrollment required document checklist](#)

Provider classification	To avoid processing delays, please ensure all items are submitted
Maternal Infant Health Program (MIHP)	<ul style="list-style-type: none"> • Liability or malpractice insurance verification • Michigan Department of Health and Human Services certification • Type 2 National Provider Identifier • Internal Revenue Service document identifying tax ID number and associated payee name