Behavioral Health - Institutional Provider Recredentialing Application

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(For UB Claim Submission)

Only psychiatric PHP and IOP facilities are required to attest to the appropriate corresponding program criteria attached. Recredentialing is conducted every three years and unless you are notified, participation will remain effective with no gaps.

If you have any questions, please call 800-756-2749 or send an email to prov.net@bcbsnd.com.

Institutional Provider Type *(Place a check next to ALL correct classifications)*

Psychiatric

- ☐ Residential Treatment Center (RTC)
- ☐ Partial Hospitalization Program (PHP)
- ☐ Intensive Outpatient Program (IOP)

Substance Use

- ☐ Residential Treatment Center (RTC)
- ☐ Partial Hospitalization Program (PHP)
- ☐ Intensive Outpatient Program (IOP)

Hospital

- ☐ Psychiatric Hospital

Institutional Provider Information *(Please complete a separate application for each practicing location)*

Name of Facility		Federal TIN	
NPI		Effective Date of Group	
Physical Street Address Street City State Zip		Billing/Mailing Address (*If different from physical address*) Street City State Zip	
Patient Appointment Phone #	Office Fax #	Billing Phone #	Billing Fax #
Credentialing Contact Name and Phone #		Credentialing Contact Email	
Name and Title of Chief Administrator		Total Licensed Bed Capacity	
Facility accepts *(Check all that apply):* ☐ Credit Card ☐ Debit Card ☐ Neither			

Current License/Certificate *(Attach a current copy of all licenses and certificates that apply)*

Issued By	Current State License Or Certification #	Original Issue Date (*MM/DD/YYYY*)	Expiration Date (*MM/DD/YYYY*)
State			
Medicare Certification #			
Medicaid			
Joint Commission Accreditation or other CMS approved accreditation with deeming authority			
Other			

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

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Malpractice/Liability Insurance

Attach a copy of malpractice insurance face sheet.

Release and Attestation

The undersigned is authorized to act on behalf of the institution/facility (Entity), and certifies that all information submitted on this application and all attachments hereto are correct, true and complete to the best of my knowledge.

The Entity consents to complete disclosure of and authorization to make available to Blue Cross Blue Shield of North Dakota (BCBSND), its affiliates or any of their agents, all relevant information pertaining to and deemed necessary and appropriate in the investigation and processing of this application, including but not limited to, information obtained through a third party such as an insurance company, licensing authority, accrediting agency or governmental agency.

The Entity releases and discharges BCBSND, its affiliates and their representatives, credentials committees, administrators, governing bodies, agents, employees and all other persons or entities supplying information to them, from liability or claims of any kind or character in any way arising out of inquiries or disclosures made in good faith in connection with this application.

The Entity agrees to update this application while it is being processed should there be any change in the information provided regarding the Entity that could affect the application or its outcome. A photocopy of this document shall be as effective as the original.

Name (*Print or Type*)	Title
Signature	Date (*MM/DD/YYYY*)

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Psychiatric - Partial Hospitalization Program (PHP) *(Please ensure your program meets criteria specified below for the type of services you provide. Signature is required)*

- Continuous structured treatment of psychiatric illness by a multidisciplinary health care treatment team. PHP is typically held during daytime hours and provides 20 or more hours per week to treat multidimensional instability not requiring 24-hour care.
- Multidisciplinary assessment with a treatment plan which addresses psychological, social, medical, cognitive and substance use needs. This should include coordination of care with patient's outpatient providers.
- Partial Hospital Programs are staffed by a multidisciplinary treatment team under the leadership of a qualified physician.
- Clinical assessment at least once per day.
- Individual or group family modalities must be provided.
- Psychiatric or medication evaluation at least once per week and more frequent as clinically indicated.
- Recovery oriented individualized treatment plan.
- Safety plan developed.
- Prompt family or support system involvement is expected at every level of treatment plan development, unless clinically contraindicated.
- Coordination of care with other clinicians, relevant to the treatment being provided, is documented.
- Linkage and/or coordination with the patient's community resources with the goal of returning the patient to his/her regular social environment as soon as possible, unless contraindicated. School contact should address Individualized Educational Plan/s as appropriate, for school age children.
- Treatment is individualized and not determined by a programmatic timeframe. It is expected that the focus will be preparing the patient for adaptive function in the community setting.
- Goals are clear, achievable and time-limited with a focus on reduction of the symptoms that led to admission.
- Skilled nursing care is on-site and a qualified physician is available during all program treatment hours to assist with crisis intervention and to assess and treat medical and psychiatric problems.
- Blood or urine drug screening is considered if clinical progress is not occurring or when substance misuse is suspected.
- All therapeutic services are provided by licensed or certified professionals in accordance with state laws.
- Discharge planning is initiated on the day of admission and includes coordination with family and community resources to allow a smooth transition back to outpatient services, family integration, and continuation of the recovery process.
- Documentation standards include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to the therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan.

I attest that the Institution/Facility below meets all of the above program criteria.

Name (*Print or Type*)	Title
Signature	Date (*MM/DD/YYYY*)

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Psychiatric - Intensive Outpatient Program (IOP) *(Please ensure your program meets criteria specified below for the type of services you provide. Signature is required)*

- A short-term structured treatment for psychiatric illness is provided by a multidisciplinary health care treatment team. The treatment is more intensive than outpatient treatment but less intensive than partial hospital programming. Treatment will include a minimum duration of 3 hours per treatment day and will not exceed 19 hours per week.Multidisciplinary assessment with an individualized treatment plan which addresses psychological, social, medical, cognitive, and substance use needs. This should include coordination of care with patient's outpatient providers.
- Blood or urine drug screening is considered if clinical progress is not occurring or when substance misuse is suspected.
- Psychoeducation is provided.
- Structured clinical programming is provided.
- Goal-directed treatment plan. Goals are clear, achievable and time-limited with a focus on reduction of the symptoms that led to admission.
- Prompt family or support system involvement is expected at every level of treatment plan development, unless doing so is clinically contraindicated.
- Coordination of care with other clinicians, relevant to the treatment being provided, is documented.
- Linkage and/or coordination with the patient's community resources with the goal of returning the patient to his/her regular social environment as soon as possible, unless contraindicated. School contact should address Individualized Educational Plan(s) as appropriate for school children.
- Treatment is individualized and not determined by a programmatic timeframe. It is expected that the focus will be preparing the patient for adaptive functioning in the community setting.
- Discharge planning is initiated on the day of admission and includes coordination with family and community resources to allow a smooth transition back to outpatient services, family integration, and continuation of the recovery process.
- Documentation standards include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to the therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan.

I attest that the Institution/Facility below meets all of the above program criteria.

Name (*Print or Type*)	Title
Signature	Date (*MM/DD/YYYY*)

SUBMIT INSTRUCTIONS

If you are having difficulty submitting the form once completed, please send using one of the following methods:

- Email (Please follow these steps):
  - Click on 'File' at the top of your screen
  - Click on 'Save As'
  - Save the completed form on your computer
  - Attach the completed form to an email and send to providerforms@bcbsnd.com
- Fax: 701-282-1910
- Mail: 4510 13th Ave S
  Fargo, ND 58121

SUBMIT FORM

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