

OUTPATIENT PSYCHIATRIC CARE FACILITY GENERAL INFORMATION

I. Blue Cross Blue Shield of Michigan and Blue Care Network Outpatient Psychiatric Care Facility Programs

The Outpatient Psychiatric Care, or OPC, program provides benefits for medically necessary and medically prescribed services in a participating OPC for these purposes:

- To treat emotional or mental disorders that are listed as mental disorders in the latest version of the *DSM* or *ICD* manual and to evaluate and diagnose a behavioral health disorder versus a non-covered condition
- To determine if the patient with a behavioral health disorder is likely to respond favorably to treatment and expected to show improvement

All OPC facilities are considered by Blue Cross Blue Shield of Michigan and Blue Care Network to be freestanding so applicants can be hospital-owned or nonhospital-owned. Participation as an OPC is considered an in-network provider. Services provided in a nonparticipating OPC facility are not reimbursed to either the facility or the member.

Most members enrolled in Blue Cross' PPO products (for example, Community Blue PPO and Blue Preferred PPO) also use the Traditional network. Members who have coverage through other Blue Cross plans also use the Traditional network when receiving services in Michigan and may have their own precertification requirements that must be complied with before payment by Blue Cross or BCN can be made. Members enrolled in any of the above Blue Cross or BCN products may have elected to use a separate insurance carrier for mental health services or may have elected to use a separate mental health and substance use network that imposes substantial out-of-network penalties and requires prior authorization for all services. Therefore, member benefits and eligibility should always be verified before providing services.

II. Blue Cross and BCN's Outpatient Psychiatric Care Facility Qualification Requirements

To participate with Blue Cross and BCN as an OPC facility at all approved sites must, at minimum, have and maintain the following:

(a) A multidisciplinary staff for the provision of services which must include:

- A board-certified or board-eligible psychiatrist
- A fully licensed psychologist or master's level limited licensed psychologist, or LLP, or PhD LLP with a supervisory or consulting licensed psychologist, or LP contractual relationship
- A licensed master's social worker, or LMSW

Note: Staff may also include the following (not required) and, if included, such staff is permitted to provide services in accordance with Blue Cross and BCN policy for the service rendered: Limited licensed psychologists, or LLPs, licensed professional counselors, or LPCs, licensed marriage and family therapists, or LMFTs, and advance practice nurses holding a national nurse practitioner specialty certification from the American Nurses Association as a clinical specialist in adult or child and adolescent psychiatric and mental health nursing.

(b) General requirements include:

- Organization as a legal entity
- Full accreditation, either three or four years, for each facility site, by address, by one of the following:
 - The Joint Commission, or TJC
 - American Osteopathic Association, or AOA
 - Council on Accreditation of Services for Families and Children, or COA
 - Commission on Accreditation of Rehabilitation Facilities, or CARF
 - National Council on Accreditation, or NCQA
 - MDHHS Certification Letter for Community Mental Health Services
- A comprehensive range of mental health services available to the community that may include but isn't limited to:
 - Individual psychotherapy
 - Group psychotherapy
 - Psychiatric evaluation and medication management
 - Family therapy
 - Psychological testing
 - Crisis services
 - Other specialty services as developed in conjunction with Blue Cross and BCN
- Emergency services must be available on a 24-hour basis through program staff.
- The core leadership team named above assumes overall responsibility for quality and coordination the care for all patients.
- Significant involvement by a psychiatrist in an OPC facility includes regularly scheduled hours in the facility, and availability for emergency consultation within two hours.
- Proof of current licensure and CAQH attestations and certification for all professional and clinical providers on staff, as required.
- An organized patient record system that meets Blue Cross and BCN requirements regarding documentation and evaluation of care as outlined in the provider manual.
- Absence of inappropriate utilization or practice patterns as identified through valid

subscriber complaints, medical necessity audits, peer review and utilization management

- Have an absence of fraud and illegal activities
- Maintain adequate patient and financial records

Note: It's Blue Cross and BCN's policy to recredential participating providers every two to three years to verify continued compliance with all qualification requirements.

III. Outpatient Psychiatric Care Facility Reimbursement

Traditional and MHSAMC Programs

For covered services performed, Blue Cross and BCN will pay the lesser of billed charges, or the maximum reimbursement rate set forth in Blue Cross and BCN's applicable rate schedules, less any applicable copayments and deductibles. Participating providers in this program are required to bill Blue Cross and BCN for covered services and to accept Blue Cross and BCN's applicable payment as payment in full for covered services, except for any applicable member copayments or deductibles.

IV. Blue Cross and BCN Participation Agreements

Blue Cross and BCN OPC facility participation agreements are available on the bcbsm.com OPC home web page. The participation agreements are on file with Michigan's Department of Insurance and Financial Services, and their terms and provisions aren't negotiable.

The applicable participation agreement signature documents for each Blue Cross and BCN network or program being requested on the application are available on the OPC home web page and must be completed, signed and returned with a completed facility application.

Note: The information supplied is general information only and is subject to change without notice. It doesn't constitute a provider agreement or a provider manual and members' benefit plans will vary.

After we review the application and accompanying documentation, we may contact the designated representative of the facility to set up an appointment for an on-site visit. The on-site visit includes a review of a sample of medical records to evaluate the applicant's compliance with Blue Cross and BCN requirements, as outlined in this application.

The facility must be ready for the on-site review at the time of submitting the application. If the facility is approved for program participation, the appropriate notification will be issued. If the facility isn't approved, we'll send notification in writing indicating the reasons for the denial.

The facility may not submit claims and isn't eligible for reimbursement unless and until the facility's application for participation is approved by Blue Cross and BCN. The effective date for participation in the Blue Cross and BCN OPC networks will be the date the application is approved by Blue Cross and BCN. It isn't retroactive to the date the application was sent or received.

Clinical program requirements

For behavioral health outpatient psychiatric care facilities

For Blue Cross commercial, Medicare Plus BlueSM
BCN commercial and BCN AdvantageSM

March 2026

A separate Blue Cross PIN is assigned to each approved location with a separate NPI. With the implementation of the National Provider Identifier, or NPI, Blue Cross crosswalks the claims from the facility's NPI to the Blue Cross OPC PIN (such as Blue Cross' internal identifier) for processing.

Therefore, Blue Cross recommends obtaining one NPI (in accordance with federal guidelines), for each location. Federal guidelines also allow for an NPI to be obtained for unique combinations of tax ID, location and taxonomy (specialty) codes.

Upon completion of the application and contracting process, the facility will receive a welcome package with information on how to sign up for electronic billing and access to Availity, Blue Cross' web-based information system for providers. Through Availity the facility will have access to provider manuals, newsletters (for example, The Record), the Blue Cross and BCN Medical Necessity Criteria and patient data, such as contract eligibility and benefits. It's the facility's responsibility to be familiar with and to adhere to all Blue Cross and BCN billing and benefit requirements. It is also the responsibility of the facility to ensure its billing department (or billing agency) is compliant with all Blue Cross and BCN billing requirements.

Participating OPC facilities must submit claims for covered services to Blue Cross or BCN using the CMS 1500 electronic equivalent claim form.

Facilities that participate in the Blue Cross and BCN OPC program must notify Blue Cross or BCN immediately of any change in the facility's ownership, tax identification number, NPI, address, telephone number, etc.

Multiple locations

If the facility is applying for participation (or an ownership change) for more than one location, each location must meet all requirements to be approved. A separate application must be submitted for each location.