Contract Request Form (Effective April 2024)

Prior to completing this form, make sure that Blue Cross and Blue Shield of Minnesota (Blue Cross) is accepting contract requests for this location's specialty. You can find this information at https://www.bluecrossmn.com/providers/join-our-network **Note: This form must also be used to add an additional location or NPI.**

Fields marked with a red! are mandatory. Fields marked with a blue! are mandatory if the situation is applicable.

CONTACT INFORMATION (of the person completing this form)

! Name		! Email		Phone	

! TYPE OF REQUEST (must select **one** option only)

New contract request (choose if the Tax ID for the group or location does not have a contract with Blue Cross)	☐
New location, NPI, or specialty (choose if the Tax ID for the group or location has a contract with Blue Cross)	☐
Other change (! describe):	☐

GENERAL LOCATION INFORMATION (complete a separate contract request form for any additional locations)

! Legal business name				
! Doing business as (DBA) name (limit to 55 characters)				
! NPI or UMPI				
! Tax ID				
! Tax ID type	☐ Federal tax ID ☐ Social Security number			
! Is this location tax exempt?	☐ Yes ☐ No			
! Has the Tax ID for this location recently changed?	☐ Yes (! explain)			☐ No
! Has there been a recent merger or buyout of this location?	☐ Yes (! explain)			☐ No
! Clinic email address (for contracting documents)				
! Legally authorized signer (for contracting documents)				
Clinic website URL				

ADDRESESS

! **Physical location address**		**Mailing address** (complete if mail is not deliverable at the physical location address)		**Pay-to address** (complete if the billing address is different from the physical address)	
! Clinic effective date		Street		Street	
! Street		Suite		Suite	
! Suite		City		City	
! City		State		State	
! State		Zip		Zip	
! County				Phone	
! Zip					
! Appointments Phone Number					

SPECIALTY INFORMATION

! Specialty (e.g., dermatology, podiatry, radiology, etc.)	
! Which format will this location use to submit claims?	☐ 1500/837P ☐ UB/837I
What code(s) will this location be billing?	
! If this is a facility, list the specialty license(s) and/or certification(s) (e.g., 245G) **AND provide a copy of the facility's license.**	
! If this is a Medicare certified facility, list the Medicare# **AND provide proof of Medicare certification.**	
! If this is a certified lab, list the CLIA# AND provide a copy of the CLIA cert.	

THIS INFORMATION (MARKED WITH AN *) IS ONLY TO BE ANSWERED BY THE FOLLOWING PROVIDER TYPES:
MULTI-SPECIALTY CLINIC, GENERAL PRACTICE, FAMILY MEDICINE, INTERNAL MEDCINE, OB/GYN, PEDIATRICS. APRN SPECIALTIES OF: ADULT, FAMILY NURSE PRACTITIONER, GERENTOLOGICAL NURSE PRACTITIONER, ADOLESCENT/ PEDIATRIC MEDICINE.

! Is this location a primary care clinic?*	Yes ☐ No ☐

! Hospital affiliation - hospital name*		NPI		! City	
! Hospital affiliation - hospital name*		NPI		! City	
! Hospital affiliation - hospital name*		NPI		! City	

INFORMATION FOR PROVIDER DIRECTORIES

! Should the physical location address appear in the provider directory?	☐ Yes	☐ No (! explain)	
! Is this location accepting new patients?	☐ Yes	☐ No (! explain)	

Is this location, including parking, entry ways, and other relevant space accessible for people with disabilities?	☐ Yes ☐ No
Are the exam rooms accessible for people with disabilities?	☐ Yes ☐ No
Does this office have equipment accessible for people with disabilities?	☐ Yes ☐ No
Does this location provide virtual/telehealth appointments?	☐ Yes ☐ No

Check all the options that apply to this location.	☐ American Sign	☐ Braille materials	☐ Large print	☐ Learning headsets
	☐ Onsite interpreters	☐ Public Transportation	☐ Qualified	☐ Remote video or telephonic interpreters
	☐ Taped Text	☐ Tele-communication devices	☐ Television captioning devices	☐ Video Text Displays

Regular Office Hours														
Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thur Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Urgent Care Office Hours													
Mon Open	Mon Close	Tue Open	Tue Close	Wed Open	Wed Close	Thu Open	Thur Close	Fri Open	Fri Close	Sat Open	Sat Close	Sun Open	Sun Close

Have the staff at this location completed cultural competency training in the last 12 months?	☐ Yes (! list month and year)	☐ No

DESIGNATIONS

Is this location a school that only provides student health services?	☐ Yes ☐ No
Is this location enrolled with the Minnesota Department of Health (MDH) as an Essential Community Provider?	☐ Yes ☐ No
Is this location designated as either a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)?	☐ Yes ☐ No

PROVIDER CAPABILITIES

! Is this location a solo practice/sole proprietorship?	☐ Yes ☐ No
! If this is a solo practice/sole proprietorship, when did this solo practice open for business?	
! For locations that are **not** tax-exempt, list the owner(s) of this location along with their clinical title (e.g., MD, LMFT, etc.)	1. 2. 3. 4. 5.
What are the race and/or ethnicities of practitioners at this location? (optional information)	
! How many hours per week is this location open for business?	
! Where/How are services provided?	☐ Designated office/clinic location ☐ Client's home ☐ Telehealth/Virtual ☐ Nursing Home ☐ Mobile Unit ☐ Other - please explain:
! What % of appointments are held via telehealth or virtually?	

MANDATORY ENROLLMENT WITH MINNESOTA HEALTH CARE PROGRAMS

Before a request for a contract can be considered, providers located in the state of Minnesota must enroll with Minnesota Health Care Programs (MHCP). MHCP is administered by the Minnesota Department of Human Services (DHS). The following must be enrolled:

- All clinic or facility NPIs
- Every clinic or facility location (if one NPI is affiliated with multiple locations)
- All affiliated practitioners

Note: Enrolling with MHCP does not mean that providers have to contract with MHCP (although providers may do this if they wish).

! Is the NPI of the location on this contract request form either enrolled or contracted with MHCP?
☐ Yes ☐ No

If "yes" was selected, please provide a copy of your MHCP Enrollment or Welcome Letter/Notification along with this request.

If "no" was selected, please enroll with MHCP, and do not submit this contract request form until you receive a MHCP Enrollment or Welcome Letter/Notification. Instructions for enrolling with MHCP can be found on DHS's website: https://mn.gov/dhs/partners-and-providers/enroll-with-mhcp/ Select "Enrollment process for Managed Care Organization (MCO) network providers".

! By checking the following box, the person completing this form attests that the information provided above is true, accurate, and complete. ☐

ADDITIONAL INFORMATION OR COMMENTS

QUESTIONS

Please see our Provider Frequently Asked Questions document which answers the majority of administrative questions that providers have. The Provider FAQ can be found near the top of the following web page: https://www.bluecrossmn.com/providers/network-participation/join-our-network. If your question is not addressed, please contact Provider Service. Their number is included in the FAQ.

Email completed forms and documentation to provider.enrollment.and.credentialing@bluecrossmn.com.