Sub-Acute Inpatient Behavioral Health Facility Questionnaire/Attestation

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Complete a separate form for each inpatient facility location

Facility Name		Number of Beds	
Facility Address, Suite, City		State	ZIP
Facility Tax ID	Organization NPI		
Executive Officers' Names and Titles (CEO, COO, CFO, CMO)	Owners' Names (if not a corporation)		

1. Is your facility licensed by the state of Arizona to provide behavioral health services to patients who require 24-hour skilled care? ☐ Yes ☐ No

2. Is your facility accredited? ☐ Yes ☐ No	If yes, what is the name of the accrediting organization?

3. Does your facility conduct both a face-to-face psychiatric evaluation and a physical examination of the patient within 24 hours of admission (provided by either an MD/DO physician or a registered nurse practitioner)? ☐ Yes ☐ No

4. Are your services primarily for custodial, recreational, educational, or respite care? ☐ Yes ☐ No

5. Services offered:	Integrated Therapeutic Services	Educational Services	Activities of Daily Living	Other
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

6. Does your facility have the capacity to achieve treatment goals in a reasonable period of time? ☐ Yes ☐ No

7. Does your facility have a designated medical director who is either an MD/DO physician or registered nurse practitioner and provides direction for the medical care of the patients' physical health? ☐ Yes ☐ No

Medical Director Name and Degree	NPI	License #

8. Is an MD/DO physician or registered nurse practitioner on site or on call at all times? ☐ Yes ☐ No

9. Does your facility have a designated clinical director who is an independently licensed behavioral health professional and provides direction for the behavioral health services rendered to patients? ☐ Yes ☐ No

Clinical Director Name and Degree	NPI	License #

10. Does your facility have 24/7 on-site registered nursing coverage, providing medication management and other duties? ☐ Yes ☐ No

Name and license number for each RN (attach additional page(s) as needed):

RN Name	License #
RN Name	License #
RN Name	License #

11. Does your facility have sufficient licensed behavioral or mental health professional staff to provide appropriate treatment? ☐ Yes ☐ No

Name and license number for each licensed behavioral health professional (attach additional page(s) as needed):

Name	NPI	License #
Name	NPI	License #
Name	NPI	License #

12. Are all professional services offered by your facility rendered by an individual who is appropriately licensed, certified, or credentialed for the service, and who would qualify as an eligible provider if delivering the service outside of an inpatient facility setting? ☐ Yes ☐ No

Additional Comments

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ATTESTATION

Blue Cross® Blue Shield® of Arizona (AZ Blue) requires inpatient behavioral health facilities that service AZ Blue members to adhere to the standards of care stated here. All sub-acute inpatient behavioral health facility providers must:

1. Be licensed by the state of Arizona to provide behavioral health services to patients who require 24-hour skilled care
2. Maintain accreditation by a recognized accrediting organization (hospitals with 50 beds or more must have Medicare certification; other inpatient facilities must have Medicare certification or accreditation by TJC, AOA-HFAP, DNV, or CARF)
3. Conduct both a face-to-face psychiatric evaluation and a physical examination of a patient within 24 hours of the patient's admission
4. Ensure that the facility's services are not primarily for custodial, recreational, educational, or respite care
5. Ensure that services offered include integrated therapeutic services, educational services, and activities of daily living
6. Maintain adequate staff and facilities and adhere to policies to ensure that patients achieve treatment goals in a reasonable period of time
7. Retain a designated medical director who is an MD/DO physician or registered nurse practitioner, and who provides direction for the medical care of patients' physical health
8. Retain a physician MD/DO or registered nurse practitioner who is either on site or on call at all times (24/7)
9. Retain a designated clinical director who is an independently licensed behavioral health professional and provides direction for behavioral health services rendered to patients
10. Retain 24/7 on-site registered nursing coverage, providing medication management and other duties
11. Retain sufficient licensed behavioral or mental health professional staff to provide appropriate treatment
12. Ensure that all professional services offered are rendered by an individual who is appropriately licensed, certified, or credentialed for the service, and who would qualify as an eligible provider if delivering the service outside of an inpatient facility setting

Authorized Electronic Signature:

I am [name] _____, [title] _____

for [facility name ("Facility")] _____.

By entering my name in the electronic signature field below, I attest: (i) I am authorized to make the representations in this form on behalf of the Facility; and (ii) I have reviewed the information provided in this form and verify that it is accurate and complete. On behalf of the Facility, I acknowledge and agree that any misstatements or omissions on this form or failure to comply with the above listed requirements may result in any one or more of the following actions: denial of participation in the AZ Blue provider network, denial of claims (ineligible for coverage), recoupment of claims, and termination of the Facility's participation agreement.

/s/_____ ____/____/_____

Authorized Electronic Signature Date (mm/dd/yyyy)

Sign, save, and email to ProvNet@azblue.com *(be sure to attach required documentation)*

or fax to AZ Blue Provider Partnerships at 602-864-3142

Questions? Call 602-864-4231 or 800-232-2345, ext. 4231

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