

Thank you for your interest in Provider Secured Services.

Doing business electronically saves your business time and money. We encourage you to sign up for Provider Secured Services, a free service for enrolled BCBSM and BCN facilities, and providers that allow you to view patient eligibility, track claims and much more online. Begin the process by completing the following application.

Provide the first name, last name and phone number of all users that need access to Provider Secured Services. For security and privacy reasons, login IDs cannot be shared among users. If the office is new to Provider Secured Services, also include a *Use and Protection Agreement*. If the office already has access to Provider Secured Services, it is not necessary to submit the agreement again. To ensure forms are processed timely and accurately, complete the forms online, print and fax to BCBSM, otherwise processing may be delayed. Also include a valid contact email address.

Below is an explanation of the terms you will see on this application:

**Provider Secured Services ID (web-DENIS user ID):** Assigned login ID from the BCBSM Provider Secured Services Application Team. **NPI (National Provider Identifier):** A unique 10-digit number assigned by the federal government.

**Cloning:** Cloning an ID only copies the provider codes/NPI's from one ID to another, this does not include features or additional services.

**Set ID:** A unique 5 or 6 digit code identifying the office for BCN e-referral access.

**Facility Code:** A unique 5 digit number assigned by BCBSM or BCN for enrolled facilities.

**Outlined below are the features available on Provider Secured Services, their purpose and the information required to gain access.**

**Claims tracking** is available to enrolled BCBSM and BCN providers and facilities to track claims online.

For access, list the enrolled NPI number(s) on the application.

**Applicable sections are: 2 or 4 & Sections 6.**

**EFT (Electronic Funds Transfer)** is available to all enrolled BCBSM and BCN providers and facilities. This feature enables users to have funds deposited into their financial institution and receive vouchers online.

For access, enrolled NPI number(s) must be listed on the application. Once the office has access to Provider Secured Services, this feature requires an online registration for the NPI number(s) listed on the application.

**Applicable sections are Sections 2 or 4 & Section 6.**

**Complete both sections on Pages 2 & 3 or the access will not be granted.**

**Prenote** is available for enrolled BCBSM hospitals and rural health clinics. This feature allows facilities to submit and view prenotifications online.

For access, list enrolled BCBSM NPI (s) on **page 1** of the application.

Select the Claims Tracking/EFT feature along with the Prenote feature.

Application section is: **Section 6**

**BCN PCP Claims Summary** is available to all PCP providers. This feature allows access to view BCN claim summaries by provider.

For access, list a valid NPI number of the BCN Primary Care Physician.

Select the Claims tracking/EFT feature along with the BCN PCP Claim Summary feature.

**Applicable sections are: Section 4 & Section 6.**

**e-referral.** This feature allows users to submit and view referrals.

For access, list the NPI number(s).

For new offices, include the NPI number(s).

For existing e-referral offices, list the current Set ID assigned to the office.

**Applicable sections are: Section 3 or 4 & Section 6.**

**Complete both sections on pages 2 & 3 or the access will not be granted.**

**Health e-Blue** is available to BCN Primary Care Physician Organizations, BCBSM Medicare Advantage PPO and Commercial PPO Physicians and Physician Organizations. This feature allows users to view patient information regarding gaps in care and update patient's health information online.

BCN Primary Care Physicians also use this feature to enter BCN Health e-Blue Living Qualification Form details.

For access, list one of the following:

- State license number(s) for physician access
- BCN IH code Physician Organization name/identifier
- BCBSM MA PPO and Commercial Organization name/identifier

**Applicable sections are: Section 5 & Section 6.**

**Complete both sections on pages 2 & 3 or the access will not be granted.**

**Medical Drug PA** - is available to medical physicians. This tool allows the physicians to complete the medical drug prior authorizations request online through Provider Secured Services.

Applicable sections are: Section 4 and Section 6.

**Complete and submit both pages of this application. If the information provided on this application is inaccurate or incomplete the specific feature within Provider Secured Services may not be granted. Sections 1, 6, and 7 are required for processing.**



**Facility Secured Access Application**  
 Users cannot take the assigned IDs to other organizations.  
 Please complete electronically

**Section 1.**

Facility Name (where users are located)			Specialty, Hospital name
Street Address and Suite Number (address where users are located)			Contact Person
City	State	Zip Code	Contact Person's Telephone and Extension (    )
Tax ID:			Contact Person's email address

Email Address to receive assigned Provider Secured Services ID(s):

<p><b>Section 2.*</b>          For offices requesting additional Provider Secured Services IDs needing Claims Tracking/EFT access, enter the User ID from this office to clone with the same NPI(s).</p> <p align="center">_____</p> <p align="center">Provider Secured Services ID</p>	<p><b>Section 3.</b>          For offices that currently have access to e-referral and are requesting access for additional users, provide the SetID.</p> <p align="center">_____</p> <p align="center">Set ID</p>
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**Section 4.**  
 NPIs listed in the section below are for new access for Provider Secured Services and e-referral. Identify the NPI number and associated Facility or Group name. If applicable, also identify the assigned Medicare Provider Code/NPI number(s).  
 For existing e-referral users needing to add NPI(s) to the Set ID - submit the e-referral Request for Group ID Changes.  
 If additional space is needed, attach a separate listing of Facility or Group name, assigned NPI and Medicare Provider Code/NPI Number(s).  
 To view an example of a specific required code, place the mouse pointer in the center of the input field.

Facility or Group Name	_____	_____	_____
Assigned NPI Number(s)	_____	_____	_____

**Section 5. For Health e-Blue access, select the applicable network(s) below.**

<input type="checkbox"/> BCN HMO Physicians	<input type="checkbox"/> BCBSM Medicare Advantage PPO	<input type="checkbox"/> BCBSM Commercial
BCN HMO and/or BCBSM Physicians <span style="float:right">For individual providers, enter the Michigan state license number(s).</span>		
_____		
BCN Physician Organization <span style="float:right">Enter the BCN IH Code(s)</span>		
_____		
BCBSM Physician Organization Name/ Identifier(s)		
_____		

**To obtain secured access user IDs, complete page 3 of this form.**

**Facility Secured Access Application**  
 To obtain secured access IDs, complete this form  
 Please complete electronically

**If the facility does not have access to Provider Secured Services, submit a Use and Protection Agreement with this application.**

Facility Name

**Section 6. Check all the requested features for each user, if a feature is not selected the user will receive eligibility ONLY.**

All individuals using Provider Secured Services must be included below to receive a user ID. Provider Secured user IDs may not be shared among the office staff.

The following do not qualify for Medical Drug PA: DME, Billing Service, Immunization Pharmacies, and Home Infusion Therapy. You must bill using Professional Provider Codes.

Name (Type in full legal name for each user) <b>MANDATORY</b>	User's Telephone Number <b>MANDATORY</b>	Claims Tracking & EFT	BCN PCP Claims Summary	e-Referral / Prenote	Health e-Blue (HEB)	Medical Drug PA	Assigned Provider Secured Service ID (If BCBSM has assigned the user an ID)
Example: John Doe	248-222-1111						Example: P#####

**Section 7. Mandatory Authorization for use and access**

I hereby state the information provided on this application is correct and the provider/facility NPI(s) listed pertain to the facility only

\_\_\_\_\_  
 Facility authorized signature  
**Do not use a signature stamp on the line above**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Type name of the authorized signer

\_\_\_\_\_  
 Signer's title

**If there are questions, call 1-877-258-3932. Hours of operation: Monday-Friday 8 am-8 pm**

To the extent you are applying for access as a facility, all confidentiality provisions contained in your Participating Hospital Agreement/Hospital Affiliation Agreement are applicable to every individual user granted secured access by this application.

I understand by signing this application I agree to only use and/or disclose BCN/BCBSM patient data for permissible treatment, payment and healthcare operation activities that allow me to service and care for my Blues patients. I also further agree that I will only use and/or disclose Medicare Advantage data to service and care for my Medicare Advantage patients.

By signing above, I represent that I am a Provider or the Authorized Representative and warrant that I have been granted full legal authority by corporate resolution, appropriate delegated signature authority, or as permitted by a signature policy, to enter into and bind the provider and/or provider group to contracts and agreements and intending to be legally bound have executed this agreement on the date above.

**Fax Application to 1-800-495-0812**

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**PROFESSIONAL / FACILITY USE AND PROTECTION AGREEMENT**  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**  
**Secured Provider Portal/web-DENIS**

This Use and Protection Agreement is effective as of \_\_\_\_\_ between Blue Cross Blue Shield of Michigan (BCBSM) a Michigan Mutual insurance company of Blue Cross and Blue Shield Association, and the undersigned User (the User).

**WHEREAS**, BCBSM owns and/or maintains certain computer data files containing, among other things, information regarding eligibility and benefits available to BCBSM and BCBSM Subsidiaries and Affiliates, subscribers and their eligible dependents, the status of claims for health care services rendered to those subscribers and their eligible dependents, as well as current and historical utilization information concerning any subscriber and their eligible dependents and information about rendered health care (medical/professional, facility, etc.) services that may be payable by BCBSM or BCBSM Subsidiaries or Affiliates. Through the Michigan Department of Community Health, BCBSM may also provide access to computer data files containing eligibility and benefit information pertaining to Medicaid beneficiaries and information about rendered health care services that may be payable by the State of Michigan Medicaid program.

**WHEREAS**, the computer data files may consist of protected health information (PHI), as that term is defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) at 45 CFR §160.103, trade secrets and other information which is valuable, proprietary and confidential.

**WHEREAS**, User is a licensed professional or facility health care provider, third party administrator, primary care group, billing service bureau, medical association, governmental agency, billing agency or other authorized entity or individual having a legitimate right and need to obtain direct access to the computer data files to resolve Treatment and Payment matters such as eligibility and coverage issues associated with BCBSM and BCBSM Subsidiaries and Affiliates subscribers and their eligible dependents, and /or Medicaid beneficiaries;

**NOW, THEREFORE**, in consideration of the forgoing and in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

**ARTICLE 1**  
**DEFINITIONS**

A. **BCBSM Subsidiaries and Affiliates.** BCBSM Subsidiaries and Affiliates shall mean all present and future subsidiaries and affiliates of BCBSM. Subsidiaries and Affiliates may maintain Protected Information in BCBSM computer data files.

B. **The State Of Michigan Medicaid Program.** The State of Michigan Medicaid Program refers to the program operated by the Michigan Department of Community Health which has contracted with BCBSM to provide Medicaid Providers with access to Protected Information related to Medicaid beneficiaries.

C. **Protected Information.** Protected Information shall mean information contained in the BCBSM computer data files including among other things PHI, trade secrets and other information that is valuable, propriety and confidential, such as the Provider Secured Services/web-DENIS User's Manual; information regarding eligibility and benefits available to BCBSM and BCBSM Subsidiaries and Affiliates subscribers and their eligible dependents and Medicaid beneficiaries, the status of claims for health care services rendered to those subscribers and their eligible dependents, utilization information, as well as current and historical information concerning any subscriber and their eligible dependents, and information about rendered health care (medical/professional, facility, etc.) services that may be payable by BCBSM, BCBSM Subsidiaries or Affiliates and/or the State of Michigan Program.

D. **Treatment and Payment.** Treatment and Payment shall have the same meaning as those terms defined in the HIPAA at 45 CFR § 164.501.

**ARTICLE 2**  
**USER RESPONSIBILITIES**

**A. Use and Protection of Protected Information**

1. User agrees to access only the minimum necessary, as defined in HIPAA 45 C.F.R. §514 amount of Protected Information for the limited purpose of resolving Treatment and Payment matters such as eligibility and coverage issues involving User or a client of User and associated with BCBSM and BCBSM Subsidiaries and Affiliates' subscribers, their eligibility dependents, and /or Medicaid beneficiaries.

2. User agrees not to cause, authorize or permit the Protected Information to be disclosed to, used or duplicated, in whole or in part, by any person or entity other than authorized officers and employees to whom disclosure is necessary to carry out the purposes set forth in this Agreement. User shall not, and shall ensure that its authorized officers and employees, do not Use or disclose as those terms are defined in HIPAA at 45 CFR §160.103 Protected Information received from BCBSM in any manner that would constitute a violation of applicable law.

3. User agrees to use the Protected Information solely for the purposes stated herein and shall not use the Protected Information for any profit-making or other unauthorized or illegal use.

4. User agrees to hold all Protected Information strictly confidential, to use the same care as a reasonable person in similar circumstances would use to protect his, her or its own trade secrets, confidential and proprietary information, PHI, and to comply with all applicable federal and state laws including but limited to those governing the confidentiality and security of the Protected Information such as HIPAA, as amended. This provision shall survive termination of this Agreement.

5. User agrees to inform each person authorized to use the Protected Information pursuant to this Agreement of the obligations contained within the Agreement and ensure their compliance with the terms of the Agreement.

6. User agrees to report immediately to BCBSM any actual or suspected unauthorized use, duplication or disclosure of Protected Information or any breach of unsecured protected health information; and to take all necessary steps to halt such unauthorized practices. Included with such notice shall be the identification of each person whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed. A "breach" has the meaning set forth in 45 CFR §145.402 of HIPAA.

User shall comply with applicable laws that require notifications to individuals in the event of an unauthorized access to or release of personally-identifiable information ("PII") or PHI, as defined by applicable state or federal law, or other event requiring notification ("Notification Event"). When notification to individuals is required, User shall coordinate with BCBSM to (a) investigate the Notification Event, (b) inform all affected individuals and (c) mitigate the Notification Event. Mitigation including but is not limited to securing credit monitoring or protection services for affected individuals. Users shall be responsible for any and all costs associated with responding and mitigating such Notification Events, including but limited to mailing costs, personnel costs, attorney fees, credit monitoring costs, and other related expenses or costs. User agrees to indemnify, holds harmless, and defend BCBSM from and against any and all claims, damages, fines costs or other related harm associated with Notification Events. This provision shall survive termination of the Agreement.

7. User agrees not to distribute or duplicate the Protected Information including any non-literal duplication such as abridgement summary description, synthesis, outline, or computer storage, without first obtaining the express written consent of BCBSM.

8. User agrees not to alter, add to, delete, or attempt to alter, add to or delete the Protected Information.

9. User agrees to protect User's access ID and personal password and not to share User's ID and password with any other person under any circumstances. User agrees not to post User's password in writing to User's computer screen or otherwise where others can view it. User agrees to change the password frequently, but no less often than every thirty (30) days. User agrees to report immediately to BCBSM any actual or suspected unauthorized use of User's ID password, and to take all necessary steps to halt such use. Unless and until BCBSM is notified of unauthorized use of User's ID and password, all activities undertaken with User's ID and password are deemed to be undertaken by User.

10. Before using Provider Secured Services/web-DENIS to access any Protected Information pursuant to this Agreement a User who renders services to a patient/cardholder agrees to verify at the point of contact that patient/cardholder is the subscriber named on the BCBSM identification card, or an eligible dependent of the subscriber.

## **B. Conditions for Access On Behalf Of Third Parties**

1. Users, such as service bureaus, vendors, third party administrators, primary care groups and billing agents, who are business associates of third parties, may access Provider Secured Services/web-DENIS on such third parties' behalf. Such Users are subject to all of the responsibilities and obligations of "Users" set forth in this Agreement as well as the additional responsibilities and obligations set forth below.

2. Users who access Provider Secured Services/web-DENIS on behalf of third parties agree to obtain the written authorization of the third party, utilizing the "Authorization for Representative Access" which is included herein by reference as Addendum B. All executed versions of Addendum B must be submitted to BCBSM prior to accessing Provider Secured Services/web-DENIS on behalf of a given client.

3. Users who access Provider Secured Services/web-DENIS on behalf of third parties must report additions and deletions to this list of provider identification numbers on a monthly basis.

4. Users who access Provider Secured Services/web-DENIS on behalf of third parties agree to obtain prior approval from BCBSM of all language contained in newsletters or other publications advertising their ability to offer access to BCBSM information databases via Provider Secured Services/web-DENIS.

C. **Indemnity.** User agrees to indemnify and hold BCBSM and BCBSM Subsidiaries and Affiliates harmless against any and all liability, losses, damages and cost including reasonable attorney fees, imposed upon or assessed to BCBSM arising out of any and all claims, demands, awards, settlements or judgments related to the access to, the use or the disclosure of Protected Information by the User or by its agents, servants and employees. This provision shall survive termination of this Agreement.

D. **Feature Enhancements.** The provisions of this Agreement will apply to any feature enhancements, modifications, or other changes BCBSM makes to the Protected Information or to web-DENIS unless otherwise provided in writing

E. **Third Party Beneficiaries.** Article 2 of this Agreement is intended and shall be interpreted to be for the benefit of BCBSM as well as BCBSM Subsidiaries and Affiliates. BCBSM and BCBSM Subsidiaries and Affiliates are individually entitled to enforce their legal rights under this Article 2.

## **ARTICLE 3 BCBSM's RESPONSIBILITIES**

A. Upon credential verification, BCBSM will provide User access via Provider Secured Services/web-DENIS to eligible Protected Information as indicated on the Use and Protection Agreement Featuring Access Addendum which may include where indicated, Protected Information regarding eligibility for benefits coverage, claims status, as well as such future enhancements to Protected Information.

B. BCBSM will provide User with access to the on-line User's Manual, and telephone help for support during normal working hours.

C. BCBSM agrees to use its best efforts to maintain and provide access to Provider Secured Service/web-DENIS and to incorporate any changes in Protected Information promptly; provided, however, that the protected information will be subject to retroactive corrections as necessary and access to the Protected Information does not guarantee payment for any services provided.

**ARTICLE 4**  
**GENERAL PROVISIONS**

**A. User Breach.**

1. Any violation by the User of the Use and Protection provisions contained in Article 2 of this agreement, including any misrepresentation, false billing, fraud, abuse or any other use not expressly authorized under this Agreement will be considered a material breach of this Agreement and will give BCBSM the immediate right to terminate this Agreement without any prior notice and to discontinue access to any Protected Information. Within twenty-four (24) hours after the effective date of termination, User will destroy all originals and copies of any Protected Information gained through access of Provider Secured Services/web-DENIS in its possession and shall certify in writing that all such originals and copies printed from Provider Secured Services/web-Denis have been destroyed.

2. In all instances of any breach material or otherwise, BCBSM and BCBSM Subsidiaries and Affiliates shall be entitled to pursue all remedies available at law against the User, including all costs and reasonable attorney fees.

**B. Normal Termination.** Either party may terminate this Agreement for any reason upon thirty (30) days written notice to the other.

**C. Limitation of Liability.** BCBSM is not responsible for any loss or damage arising from your use of this website, including but not limited to any incidental, indirect, consequential, or special damages, such as loss of revenue or income, pain and suffering, emotional distress or similar damages even if we have been advised of the possibility of such damages. Users must be at least 18 years old and cannot:

- Erase or alter any copyright or other proprietary notices on any copies you made;
- Reproduce, transmit, publish or distribute any part of the BCBSM/BCN Provider Secured Services/web-DENIS for commercial, public, or other purposes without our written consent;
- Allow anyone to co-brand BCBSM Provider Secured Services/web-DENIS or any portion (which means a name, logo trademarks or other means or attribution or identification of any party is displayed in such manner reasonably likely to give a User the impression that it has the right to display, publish, or distribute BCBSM Provider Secured Services/web-DENIS or its accessible content);
- Frame BCBSM Provider Secured Services/web-DENIS or any portion (where BCBSM Provider Secured Services/web-DENIS or portion will appear on the same screen with a portion of another website);
- Interfere with privacy or publicity rights of others;
- Send a sexually-explicit image; use obscene, defamatory, threatening, harassing, abusive, or hateful language;
- Violate the Children's Online Privacy Protection Act as amended;
- Use this website as a substitute for professional medical advice;
- Adversely affect resources or availability of this website to others; or
- Send material or information containing software viruses, corrupted data, mass mailings, or any form of spam.

**D. Assignment.** Any assignment or transfer or attempted assignment or transfer of User's rights or obligations under this Agreement will null and void and shall result in immediate termination of this Agreement

**E. Title and Ownership.** All rights to title and ownership of the Protected Information will remain with BCBSM and with BCBSM Subsidiaries and Affiliates, and with respect to Medicaid data, the State of Michigan Program, as applicable. All rights to title and ownership to Provider Secured Services/web-Denis and to the Provider Secured Services/web-DENIS User's Manual will remain with BCBSM. User will not acquire any ownership title, license or other interest in either the Protected Information or Provider Secured Services/web-DENIS except as expressly stated in this Agreement.

F. **Notices.** All notices required under this Agreement shall be in be writing and sent by First Class mail or by posting written notice to User on Provider Secured Services/web-DENIS. All notices required to be provided under this Agreement to BCBSM shall be in writing and sent by facsimile.

**Communication to BCBSM should be faxed to 1-800-495-0812**

**Attention:** BCBSM Provider Secured Services

G **Amendments** This Agreement may be amended by BCBSM upon 30 days written notice to User. Additionally, this Agreement may be amended by both parties in writing when signed by a duly authorized representative of each party.

H **Governing Law.** This Agreement will be constructed and governed by the laws of the State of Michigan.

I. **Execution.** This Agreement shall be executed in duplicate and each copy shall be deemed an original.

J. **Enforceability.** The invalidity of unenforceability of any of the terms or provisions of this Agreement shall not affect the validity or enforceability of any other term or provision.

K. **Section Headings.** Section Headings are inserted for convenience only and shall not be used in any way to construe the terms of this Agreement.

L. **Waiver.** The waiver of any breach or violation of this Agreement shall not constitute a waiver of any subsequent breach or violation of the same or any other term or provision.

M. **Entire Agreement.** This Agreement, together with the Addendum(s) if any, attached, embodies the entire understanding of the parties in relation to the subject matter hereof, and no other agreement understanding, or representation, verbal or otherwise, relative to the subject matter hereof exists between the parties at the time this Agreement is executed.

**Signing Authority,**

I understand by signing this document I agree to only use and/or disclose BCN/BCBSM patient data for permissible treatment, payment and healthcare operation activities that allow me to service and care for my Blues patients. I also further agree that I will only use and or disclose Medicare Advantage data to service and care for my Medicare Advantage patients

By signing below, I represent and warrant that I have been granted full legal authority, by corporate resolution, appropriate delegated signature authority, or as permitted by a signature authorization policy, to enter into and bind the User, provider and / or provider group to contracts and agreements and intending to be legally bound with BCBSM have executed this Agreement on the date below.

**FOR USE BY THE PRACTICE/FACILITY SIGNING AUTHORITY**

\_\_\_\_\_  
(Type Practice/Facility Name - Same as listed on application)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Authorized Individual)  
**(Do Not Use a Signature Stamp on the Above Line)**

\_\_\_\_\_  
(Type the Name of the Authorized Individual)

\_\_\_\_\_  
(Title of Authorized Individual)