



Dear Provider:

Thank you for your interest in Blue Cross Blue Shield of Michigan's internet claim tool (ICT). The ICT is designed to facilitate claim processing for providers who are currently submitting paper claims. In order for you to have access and send claims via the tool, you must be enrolled in web-DENIS and complete the following items:

- Your NPI must be registered with Provider Enrollment prior to enrolling in the ICT
- BCBSM Customer Profile (form enclosed or complete it online).
- On-line BCBSM EDI Trading Partner Agreement (TPA) and Provider Authorization (directions enclosed). **Please use your facility tax ID number as your TPA user ID and password.**

If you have questions regarding your BCBSM Customer Profile or the TPA and Provider Authorization forms, please call BCBSM, EDI Helpdesk at 800-542-0945, option 1. You can also call this number if you plan to bill **Medicare or Medicaid**, and we will provide you with the required paperwork.

If you are not enrolled in web-DENIS, please follow the enrollment instruction below:

- Go to bcbsm.com and select I AM A: **Provider** on the right side of the page.
- In the blue box under I AM A: **Provider**, select **More**.
- Under **Welcome Providers**, select **Learn how to sign up for Provider Secured Services**.
- Follow the instructions under; **It's easy to sign up**.

If you're having problems completing the Secured Access application or the Use and Protection Agreement form, please call BCBSM, web-DENIS Support at 248-486-2496 or 877-258-3932.

Note: To use the BCBSM claim tool, you must have Microsoft Internet Explorer 6.0 or higher on the PC (Macintosh not supported) you are using.

Once you have enrolled in web-DENIS and completed all required paperwork, a BCBSM representative will contact you regarding ICT training.

Thank you for your interest in the ICT. We look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "John Bialowicz".

John Bialowicz
Manager
ETP Contracting and Relations

The following pages contain step-by-step instructions for completing the on-line TPA and the Provider Authorization/Unique Receiver ID forms.

Instructions for completing the Trading Partner Agreement:

1. Using your Web browser, go to bcbsm.com
 - Select I AM A: **Provider**.
 - In the blue box under I AM A: **Provider**, select **More**.
 - On the left side of the page, under **Provider Services**, select **Electronic Connectivity (EDI)**.
 - On the right side of the page, under **Returning users**, select **Complete the Trading Partner Agreement**.
2. Enter the EDI-assigned TPA User ID and Password (your facility tax ID), using your Tab key to move from field to field. Click **Enter**.
3. The Name and Partner Type we have on file for you will be displayed on the screen. If this is correct, click **Continue**. If the information is not correct, click **Contact BCBSM**, which will generate an e-mail to us. In the content of the e-mail, indicate your Login ID and the correct trading partner name and type.
4. The Provider Menu will appear. Click on **Trading Partner Agreement**.
5. Enter the phone, e-mail address, name and title of the representative submitting the form. An acknowledgement of our receipt of the TPA will be sent to the e-mail address indicated. If you do not enter an e-mail address, an acknowledgement is not returned to you.
6. Before clicking **I Agree**, be sure to print a copy of the form for your records using your browser. We will not be able to print copies and mail to you once submitted. Note: Do not mail the printed copy of the form to BCBSM EDI.
7. Click **I Agree**.

The TPA entries will not be submitted if you do not click on the, I Agree button.

Important note: After 20 minutes of inactivity on the TPA web forms have passed, the system will time out and you will need to login again. Any information that had been entered on the screen that had not been submitted will be lost.

Instructions for completing the Provider Authorization/Unique Receiver ID form:

1. If you have just submitted the TPA Web-form and are already at the Provider Main Menu, skip steps 2 and 3 and proceed to step 4.
2. Using your Web browser, go to bcbsm.com:
 - Select I AM A: **Provider**.
 - In the blue box under I AM A: **Provider**, select **More**.
 - On the left side of the page, under **Provider Services**, select **Electronic Connectivity (EDI)**.
 - On the right side of the page, under **Returning users**, select **Complete the Trading Partner Agreement**.
3. Enter the EDI-assigned TPA User ID and Password (your facility tax ID), using your Tab key to move from field to field. Click **Enter**.
4. The **Provider Menu** will appear. Click the **Institutional Provider Authorization** link.

5. Use the drop-down menu on each line to specify payers you will be submitting claims to.
6. Enter your **Provider IDs** and **NPIs** on each line for payers you select from the drop down as applicable. Be sure to follow the help information shown on the screen for each source of payment.
7. Enter **541884924F** for your **Submitter ID** on each line that you entered a Provider ID on.
8. Enter **541884924F** for your **Unique Receiver ID** on each line that you entered a Provider ID on.
9. Once you have completed all information, click **Submit and Return to Main Menu**. To enter more Provider IDs, click **Submit and Enter More**.

An acknowledgement of our receipt of your provider authorizations will be sent to the e-mail address indicated on the TPA screen.

Entries will not be submitted if you do not click on the Submit button.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Return via fax to: 866-411-5583
or Mail to: Attn: Claim Tool-MC L858
Blue Cross Blue Shield of Michigan
53200 Grand River Ave.
New Hudson, MI 48165-9801

BCBSM Customer Profile - Institutional

Please complete each section in its entirety. Incomplete information may delay set-up at BCBSM.

Customer Information

Provider Name			
Mailing Address			
City			State
			Zip Code
Facility Tax ID Number	Additional Facility Tax ID Number (if applicable)	Specialty	Practice Mgmt System
Internet Provider	Hardware	Internet Explorer Version Number	

General Contact Information

Primary Name			
Telephone Number	Extension	Fax Number	E-mail
Remarks/Comments:			

Payer Selection

Please indicate below which payers you wish to send electronically through BCBSM. Please also indicate how you are currently sending those claims - "P" for paper or "E" for electronic.

Payers	Institutional Claims Specify by placing a check mark in boxes below	Current method of submission to payer (Indicate P for paper or E for electronic)		Electronic Remittances Specify by placing a check mark in boxes below	For use by BCBSM only
BCBSM	<input type="checkbox"/>	P <input type="checkbox"/>	E <input type="checkbox"/>	<input type="checkbox"/>	
BCN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aetna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CIGNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

