Dear Provider,

Thank you for your interest in Blue Cross Blue Shield of Michigan's internet claim tool (ICT).

The ICT is software designed for Michigan providers who only have the ability to submit <u>paper claims</u>. Having a web-DENIS/Provider Secured Services ID does not automatically grant access to the Internet Claim Tool.

In order to use the ICT for claim submission, you **must be enrolled in web-DENIS** and:
- Meet the operating system and Internet browser requirements[1],
- Register your NPI with Provider Enrollment prior to enrolling in the ICT;
- Complete a BCBSM Customer Profile;
- Complete an on-line BCBSM EDI Trading Partner Agreement (TPA) and Provider Authorization (directions attached).
  - To receive your TPA user ID and password, call the BCBSM EDI Helpdesk at 1-800-542-0945 - select the TPA option.

If you have questions regarding your BCBSM Customer Profile or the TPA and Provider Authorization forms, please call BCBSM EDI Helpdesk at 1-800-542-0945.

If you are not enrolled in web-DENIS, please follow the enrollment instruction below:
- Go to **bcbsm.com** and select **Providers** above the blue banner bar.
- Select the **web-DENIS** link located under the Become a Blues Provider section of the page.
- On the web-DENIS FAQ page, select **Learn how 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 1-877-258-3932.

Once you have enrolled in web-DENIS and completed all required steps, a BCBSM representative will contact you via email regarding your account setup and accessing the online computer based ICT training.

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

John Bialowicz, Manager
Electronic Business Interchange Group

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[1] Requirements are subject to change. As of Aug. 2015:
> **OPERATING SYSTEM: Must be Windows version Vista, 7, 8 or 8.1**
> - The ICT is not compatible with Macintosh and Apple or the OS X operating system.
>
> **INTERNET BROWSER: Must be Microsoft Internet Explorer version, 9, 10 or 11**
> - Mozilla Firefox and Google Chrome are not supported
>
> Contact your system administrator or visit Microsoft.com for assistance and technical support. BCBSM EDI is unable to support browser incompatibility issues.

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 **Providers** above the upper blue banner bar.
   • On the Welcome Providers page, click on the **Quick Links** box.
   • From the Quick Links list, select **Electronic Connectivity (EDI).**
   • On the Electronic Connectivity (EDI) page, select **Complete the Trading Partner Agreement** under **EDI agreements**.
   • Enter your User ID and Password and click **Enter**.

2. Enter the EDI-assigned TPA User ID and Password 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, <u>I Agree</u> 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 **Providers** above the upper blue banner bar.
   • On the Welcome Providers page, click on the **Quick Links** box.
   • From the Quick Links list, select **Electronic Connectivity (EDI).**
   • On the Electronic Connectivity (EDI) page, select **Update your Provider Authorization Form** under **EDI agreements**.
   • Enter your User ID and Password and click **Enter**.

3. Enter the EDI-assigned TPA User ID and Password, using your Tab key to move from field to field. Click **Enter.**

4. The Provider Menu will appear. Click the **Professional Provider Authorization** link.

5. Use the drop-down menu on each line to specify payers you will be submitting claims to.

6. Enter your National Provider Identifier (**NPI)** 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 **c0web** for your **Submitter ID** on each line that you entered the NPI on.

8. Enter **c0web** for your **Unique Receiver ID** on each line that you entered the NPI 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.

Return via fax to: 877-269-1070
Or mail to: Attn: Claim Tool – MC L858
Blue Cross Blue Shield of Michigan
53200 Grand River Avenue
New Hudson, MI 48165-9801

Blue Cross Blue Shield Blue Care Network of Michigan

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

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

Customer Information

Practice Name		Total number of providers
Mailing Address		
City		State / Zip Code
EIN/Tax ID Number	SSN (if associated with your NPI)	Microsoft Windows Version
THE INTERNET CLAIM TOOL IS NOT COMPATIBLE WITH MACINTOSH OR APPLE COMPUTERS		Internet Explorer Version

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	**Professional 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 / FEP	☐	☐	☐	☐	
BCN	☐	☐	☐	☐	
Medicare Advantage	☐	☐	☐	☐	
Medicare B	☐	☐	☐	☐	
Medicaid	☐	☐	☐	☐	
Commercial	☐	☐	☐	N/A	

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User Information

List the name, e-mail address, phone number with extension, and web-DENIS/Secured Access ID of every individual who will be using the BCBSM claim tool. If you don't have a web-DENIS/Secured Access ID for each person, you must complete the web-DENIS/Secured Access application and the Use and Protection Agreement. Please attach additional page(s) if necessary.

User Name	E-mail Address	Telephone Number	Extension	web-DENIS Secured Access ID

Provider Name and Numbers

Please use the space below to record the provider name and group or individual NPI number(s). Group practices should include the names and Type I NPI number(s) for all individual providers associated with their Tax ID/practice. Complete lines for each payer you wish to submit claims to using the BCBSM claim tool. Please attach additional page(s) if necessary.

Note: Your Type I and Type II NPI numbers will always be 10-digit numeric. If your NPI is the same for all lines of business listed below, you only need to enter it once. Report additional NPIs where appropriate. **Groups with Type II NPIs must report the name of each individual provider, along with that provider's Type I NPI, if they will report them as a rendering provider in electronic claims.**

BCBSM, BCN, Medicare and Medicare Advantage: If your site is designated as a BCBSM/BCN group entity, report your 10-digit Type II NPI. If you are not designated as a group, report your individual10-digit Type I NPI.

Medicaid and Commercial: Report the Tax ID number and the Type II or Type I NPI number(s) you use when submitting claims to that payer.

Provider Name	BCBSM		BCN		Medicare Advantage	
(First, Middle, Last)	Group NPI Number	Individual NPI Number	Group NPI Number	Individual NPI Number	Group NPI Number	Individual NPI Number

Provider Name	Medicare		Medicaid		Commercial Payers	
(First, Middle, Last)	Group NPI Number	Individual NPI Number	NPI Number	Tax ID	NPI Number	Tax ID