

## BCBSM EDI CLEARINGHOUSE REGISTRATION

**Note:** A User ID and password are required to access the BCBSM – EDI Trading Partner/Provider Authorization application. This information was provided to you when you initially registered your submitter/provider information. If you cannot locate or do not have a User ID and password, please contact us at 800-542-0945, option 3.

### STEP-BY-STEP INSTRUCTIONS FOR COMPLETING THE PROVIDER\NPI AUTHORIZATION AND UNIQUE RECEIVER ID FORM

- Go to bcbsm.com
- Select “I Am a Provider”
- Under the Provider Services Menu, select “Electronic Connectivity(EDI) ”
- On the right side of the page, under “Returning users”, select “Update your Provider Authorization Form”
- Enter your User ID and Password and click “Enter”

### PROVIDER REGISTRATION STEPS

1. Once you are successfully logged on, the “Provider Menu” will appear. Click on the appropriate link:
  - Professional Provider Authorization
  - Institutional Provider Authorization
  - Dental Provider Authorization
2. **Provider ID:** Enter the provider ID assigned to each payer for which you will be submitting claims. Please refer to the ‘Help’ language on the screen for specific provider ID format for each provider ID.
3. **NPI:** Enter the NPI associated with your provider ID. The NPI is a 10-digit number (consisting of 9-numeric digits followed by one numeric check digit). If an NPI is entered and does not pass the check digit routine, you will receive an error message. If you receive this message, verify the NPI you entered. Be sure to follow the help information shown on the screen for each source of payment.


**Reminder -** All BCBSM providers must report their NPI to our enrollment areas as soon as possible. More information can be found at [www.bcbsm.com/provider](http://www.bcbsm.com/provider) and following the HIPAA/NPI link.

4. **Source of Payment:** Use the drop-down menu on each line to specify payers for which you will be submitting claims.
5. **Submitter ID:** Enter your BCBSM EDI-assigned submitter ID. A Submitter ID is required on each line for which you entered a Provider ID. If you are not sure of your ID, please contact your submitter, service bureau or software vendor.
6. **Unique Receiver ID (URI): Optional - complete this field only if you would like an electronic 835 remittance file.** Enter the ID on each line for each Source of Payment that will be receiving electronic remittance information. This URI ID is usually the same as the submitter ID. Providers can designate one entity to receive all remittance information, or may choose a different entity for each source of payment.
7. Once you have completed all information entries, print a copy for your files using the print option on your web browser and then click the **Submit and Return to Main Menu** button located at the bottom of the screen. To enter more Provider IDs, click the **Submit and Enter More** button. **Please note that entries will not be submitted if you do not click on the submit button.**

## Provider Authorization Screen Example

Professional Provider Authorization - Microsoft Internet Explorer provided by Blue Cross Blue Shield of MI

File Edit View Favorites Tools Help

 Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan  
An independent licensee of the  
Blue Cross and Blue Shield Association.

**Blue Cross Blue Shield of Michigan  
Trading Partner Agreement**

**This entry screen is for adds and updates only. It does not display previously entered data.  
Please allow 48 hours for adds and updates to process before submitting data for the new information.**

**Professional Provider Authorization / Unique Receiver ID form**  
Professional Provider's Name  
3/22/2007 10:31:28 AM

**Help:**  
ATTENTION BLUE CARE NETWORK PROVIDERS: Effective 7/1/2005 you should use your assigned Bill Pin Number for Blue Care Network Authorizations.  
Blue Cross Blue Shield Provider ID: Should be full ten-character provider ID. If nine characters, add a zero to the end.  
Blue Care Network Bill Pin: Should be full ten-character provider ID. If nine characters, add a zero to the end.  
Medicare Provider ID: Should be 7,9, or 10 characters (depending on provider type). First character must be numeric.  
Medicare DMERC Provider ID: Should be ten characters. First character must be numeric. Only used for providers submitting Medicare B Durable Medical Equipment (DME) claims.  
Medicaid Provider ID: Must be two digit type code followed by seven digit provider code assigned by Medicaid (total=9 numeric digits).

**National Provider Identifier (NPI):** The NPI will consist of 9 numeric digits followed by one numeric check digit.  
**Group NPI:** When entering a Group NPI, the associated Group Provider ID should be reported in the Provider ID field.  
**Individual NPI:** When entering an Individual NPI, the associated Individual Provider ID should be reported in the Provider ID field.  
**Commercial:** Federal Tax ID of the provider.  
**Submitter ID:** First character must be a C, T or H. Second character must be a zero (0).  
**Unique Receiver ID (URI)** is only required for 835 remittance destination which can be different for each source of payment.  
**Provider email addr:** Enter email address where the provider authorization acknowledgements are to be sent.  
**The Sender and Receiver ID** must be the EDI-assigned billing location code of the submitter/receiver.

Provider ID:	NPI:	Source of payment:	Submitter ID:	Unique Receiver ID:
<input type="text" value="2"/>	<input type="text" value="3"/>	Blue Cross Blue Shield <input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
<input type="text"/>	<input type="text"/>	Blue Cross Blue Shield <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Blue Cross Blue Shield <input type="text"/>	<input type="text"/>	<input type="text"/>

Done Internet

start P. 11:06 AM

Please contact us at 800-542-0945, option 3 with any questions you have regarding these procedures to register your NPIs with BCBSM – EDI Business.

**Note:** The screen snapshot above reflects 'professional' but, the step-by-step instructions are the same for dental, facility and professional providers.