Blue Cross Blue Shield Blue Care Network of Michigan

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

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 providers that allows 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 form 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.
iEXCHANGE ID: A unique 5 digit code identifying the office for BCN e-referral access.
Provider Code: A unique 7 to 10 digit number assigned by BCBSM or BCN for enrolled providers.

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 to track claims online.
For access, list the enrolled NPI number(s) on the application.
Applicable sections are: Sections 2 or 4 & Section 6

EFT (Electronic Funds Transfer) is available to all enrolled BCBSM and BCN professional providers. 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 1 & 2 or the access will not be granted.

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

Complete both sections on Pages 1 &2 or the access will not be granted.

e-referral Access is available to enrolled Blue Care Network (BCN) providers. This feature allows provider offices to submit and view referrals for primary care physicians and primary care groups. This feature also allows specialists to verify referrals for patients.
For access, list the NPI number(s) enrolled with BCN.
For new offices, include the NPI number(s) enrolled with BCN.
For existing e-referral offices, list the current iEXCHANGE assigned to your office.
Applicable sections are: Sections 3 or 4 & Section 6.

Complete both sections on pages 1 & 2 or the access will not be granted

Health e-Blue is available to BCN Primary Care Physicians and 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 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 or more of the following:

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

Applicable sections are: Section 5 & Section 6.

Make sure you complete both sections on pages 1 & 2 or the access will not be granted.

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

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Professional Secured Access Application

Users cannot take their assigned ID to other practices/locations.

Section 1.

Office/Practice Name (**where users are located**)			Provider Specialty
Street Address and Suite Number (**address where users are located**)			Contact Person
City	State	Zip Code	Contact Person's Telephone and Extension ( )
Tax ID			BCBSM use only

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

Section 2. For offices requesting additional Provider Secured Services IDs, enter the User ID from this office to clone with the same NPI(s).

_____
Provider Secured Services ID

Section 3. For offices that currently have access to e-referral and are requesting access for additional users, provide the iEXCHANGE.

_____
iEXCHANGE

Section 4.

NPIs listed in the section below are for new access for Provider Secured Services and BCN e-referral. Identify the NPI number and associated Provider 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 iEXCHANGE - submit the e-referral Request for Group ID Changes

If additional space is needed, attach a separate listing of Provider/Group names, 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.

Provider or Group Name			
Assigned NPI Number(s)			
Medicare Provider Code			

Section 5.

For Health e-Blue access, select the applicable network(s) below

☐ **BCN HMO Physicians** ☐ **BCBSM Medicare Advantage PPO** ☐ **BCBSM Commercial**

BCN HMO and/or BCBSM Physicians — For Individual Providers, enter the Michigan state license number.

BCN Physician Organization — Enter the BCN IH Code.

BCBSM Physician Organization or Organization Identifier(s)

For BCBSM Use Only

Prospect # | Provider Secured Services IDs | LDAP Date

To obtain secured access user IDs, complete page 2 of this form.

Professional Secured Access Application

To obtain secured access user IDs, complete this form.

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

Practice Name (Provider Name)

Section 6. **Check all the requested features for each user. Note: If a feature is not selected, users receive eligibility ONLY.**

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

Name (Type in full legal name for each user) MANDATORY	User's Telephone # MANDATORY	Claims Tracking & EFT	BCN PCP Claims Summary	e-referral (BCN only)	Health e-Blue (HEB)	Assigned Provider Secured Service ID (If BCBSM has assigned the user an ID)
Example: John Doe	**248-222-1111**	X		X		**Example: P######**

NOTE: If additional space is needed, attach an additional page 2.

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

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

Provider authorized signature
Do not use a signature stamp on the line above

Date

Type or print name of the authorized signer

Signer's title

If there are questions, call 1-877-258-3932.

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

Mail application to:
Blue Cross Blue Shield of Michigan
53200 Grand River
Mail Code L832
New Hudson, MI 48165

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