



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
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MEDICAID - MICHIGAN and BCBS - MICHIGAN 270/271- ELIGIBILITY

Instructions for Completing Online Enrollment Request

Note: The following instructions can be used for both payers: **BCBS MI** and **MI Medicaid**

When completing the online enrollment, see below-- Step 4), C. “**Source of Payment**” to select “**Blue Cross Blue Shield**” and “**Medicaid**” by adding two lines.

- 1) Go to <https://editest.bcbsm.com/tpalogon.html>
 - 2) Enter User ID and password (same as BCBS of MI username and password).
 - Note: If provider does not have a BCBS MI username and password they will contact EDI Helpdesk, 800.542.0945, option 3 or email EDISupport@bcbsm.com to get logon id and password; providers should have their BCBSM assigned provider id and specify Institutional, Professional (Tax ID as well as provider id).
 - A logon id and password will be assigned to access TPA/Provider Authorization on the Website. Notification will be made via fax or email with instructions. Process should take no more than 24 hours.
 - 3) Once you are logged in, choose Professional Provider Authorization or Institutional Provider Authorization.
 - 4) Then enter the following information:
 - a. Provider ID = Legacy Provider ID
 - i. Note: A professional provider ID must be 10 characters. An institutional provider ID must be 5 characters.
 - b. NPI = Provider’s NPI
 - c. Source of Payment = “**Blue Cross Blue Shield**”
Use an additional line to select “**Medicaid**”
 - d. Submitter ID = **c0ina** (that's a zero) for Professional Providers. Submitter ID = **204202692** for Institutional Providers.
 - e. Unique Receiver ID = **LEAVE THIS FIELD BLANK**
 - f. Provider email address = email address that Michigan can send confirmation to.
 - g. Click Submit
 - 5) After doing all of the steps above, BCBS Michigan will send a confirmation email that the enrollment will be effective in **48 hours**. The payer will not send another email. **Transactions should work in 48 hours**.
 - 6) After completing all of these steps, send an email to enrollment@practiceinsight.net with the following info: provider name, NPI, provider ID, user ID and password, letting us know that you have enrolled.
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