



Capario EDI
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**Payer Agreement Instructions for
Michigan Blue Care Network (95610) / Michigan MCBS (BS017)
Michigan Medicaid (MC035) / Michigan Medicare Advantage (MR117)
Michigan PlusBlue - Medicare Advantage DME (MR118)**

Please ensure your Capario contract is updated with the line of business you wish to enroll and complete the payer enrollment process BEFORE submitting claims to Capario for any of the above payers. If you are unsure about your current status please contact Capario sales at: sales@capario.com or (800) 586-6870.

We recommend enrolling using the convenience of our enrollment tool located on the Capario portal. This tool allows you to enter providers, select the payers and transactions for which you want to enroll, and produces pre-filled forms for processing. If you are not currently using the Capario portal, you can contact us at sales@capario.com and our team will ensure that you are set up and will provide a quick tutorial on using the enrollment tool.

Enrollment can be completed without the enrollment tool by following the instructions below.

Guidelines for Enrolling with this Payer

To enroll for electronic claims submissions providers must contact Blue Cross Blue Shield of Michigan EDI Helpdesk at (800) 542-0945, Option 1, to obtain a provider logon and password for completing the online forms authorizing Capario's Submitter ID as your submitter and unique Receiver ID, (which directs the 835).

- To complete the Trading Partner Agreement and update the Provider Authorization Form go to: <http://editest.bcbsm.com/tpalagon.html>
- Under Submitter Information, please add Capario as your Submitter:
 - Submitter ID: C001M

Also, complete the Capario enrollment spreadsheets and email them our EDI Team. The spreadsheets are located in our Resource Center:

- **Capario Provider Spreadsheet** - This is completed for each new provider.
http://www.capario.com/downloads/xls/provider_bulk_spreadsheet-Interim.xlsx
- **Capario Payer Enrollment Spreadsheet** - This is completed when requesting enrollment with a payer for providers previously added to the Capario system. Please note the instruction tab on each spreadsheet form for details about the information to enter in each column.
http://www.capario.com/downloads/xls/enrollment_bulk_spreadsheet-Interim.xlsx

Email the completed spreadsheet(s) to:

provider.enrollment@capario.com

Questions? Contact Capario EDI Enrollment at: (800) 792-5256 Option 1