

## Tennessee Blue Cross Blue Shield 837 and 835

### EDI Enrollment Instructions:

- Please save this document to your computer and then open it in the Adobe Reader program.
- Complete the forms using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- Enrollment timeframe is approximately **30 – 45 business days**.
- BCBS sends enrollment confirmation notices to the provider's email and fax number provided.
- To check status of EDI enrollment, please contact **BCBS at 800-924-7141, Enrollment**.

### 837 Claim Transactions:

#### Electronic Billing Request (3 pages)

Complete the form as appropriate. Section III.

User Access: **Skip**.

### 835 Electronic Remittance Advice:

#### Electronic Remittance Advice (ERA) Authorization Agreement (3 pages)

Complete the form as appropriate.

Provider or Authorized Individual must sign where indicated on Page 2.

### Submit Completed Documents:

Email or Fax to BCBS at

[ecomm\\_sysconfig@bcbst.com](mailto:ecomm_sysconfig@bcbst.com)

423-535-7523

# Electronic Billing Request

## I. PERSONAL/GROUP/FACILITY INFORMATION - PLEASE PRINT LEGIBLY

Group Practice Name:

Group NPI Number:

☐ Please check to apply changes to all providers currently linked to the Group NPI.

Provider Name:

Provider NPI:

Tax Identification Number:

(Required)

Contact Name:

Phone:

Fax:

Your confirmation letters will be faxed to the fax number listed above; if the fax number is left blank the confirmation will be sent to the mailing address on file. **Note:** It is your responsibility to notify your billing agent or clearinghouse that you are now set up to send and receive electronic transactions.

## II. ELECTRONIC BILLING INFORMATION - PLEASE PRINT LEGIBLY

### Claims Submission

Who will submit your claims? (select one)

Select ONE Option and include all applicable information.

(If you are unsure of the Submitters identification number, verify this information with your vendor before completing.)

☐ Filing Direct with Purchased Software or In House Software

Software Company Name:

Submitter Identification Number:

Phone:

Ext:

List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAA.X12, ECAAA.X12)

☐ Reports

Mailbox Name

☐ Remits

Mailbox Name

☐ Filing with third party/billing agent

Please provide information only for the agency that submits the claims to BlueCross BlueShield of TN.

Billing Agent / Clearinghouse Name:

Billing Contact:

Phone:

Ext:

(Required)

Third Party Submitter Identification Number:  (Required)

Address:

City:

State:

Zip:

### Retrieval of Reports/Remits through Secure File Gateway (SFG)

Claims Acknowledgement (277CA)\*\*

277CA reports will be routed to the claims submitter.

\*\*NOTE: if a 3rd party submits your claims, the 3rd party will receive the 277CA reports.

Electronic Remittance Advice (835)

BlueCross BlueShield of Tennessee is pleased to be part of a new CAQH solution that enables providers to enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA) with multiple payers through a single online process at no cost to the provider. The CAQH EFT/ERA enrollment tool offers providers a single point of entry for enrollment in electronic payments with multiple payers, including BlueCross BlueShield of Tennessee. The CAQH solution will facilitate compliance with the 2014 EFT/ERA mandate under the Affordable Care Act, eliminate administrative redundancies and create significant time and cost savings. Visit <https://solutions.caqh.org> to sign up today.

### Additional ANSI Transactions

270 Eligibility

276 Claim Inquiry

Please contact the eBusiness Service Center at (423) 535-5717 or e-mail: [eBusiness\\_service@BCBST.com](mailto:eBusiness_service@BCBST.com) for Technical Support assistance.

Note: It is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by BlueCross BlueShield of Tennessee. An electronic control number (ECTN) is issued for each EDI claim received and serves as the receipt confirmation.

ANSI Format Testing Information, Companion Guides, Edit Listings, Secure File Gateway System Information, and the HIPAA Compliancy Self Testing Web Tool can be found on the BlueCross BlueShield of Tennessee Web site at [www.bcbst.com/providers/ecomm/](http://www.bcbst.com/providers/ecomm/).

### III. User Access - PLEASE PRINT LEGIBLY

BCBST's Secure File Gateway (SFG) allows trading partners to submit electronic claims and download electronic reports using multiple secure managed file transfer protocols. The SFG provides the ability for HTTPS, SFTP, and FTP/SSL connections. Below is a short description of each protocol, please check each protocol you will use. You have the option to check all three. **If you are not sure which Protocol you are using, please contact your vendor.**

- ☐ HTTPS Website https://mftweb.bcbst.com/myfilegateway - The BCBST secure website allows individuals to login with their secure credentials and submit electronic claims or download electronic reports. - **This option is for a MANUAL LOGIN, Scripting should not be used with this option.**
- ☐ SFTP - server mftstftp.bcbst.com - The BCBST SFTP server allows trading partners to automate their processes to submit electronic claims or download electronic reports.
- ☐ FTP/SSL - server mftftps.bcbst.com - The BCBST FTP/SSL server is an additional option to allow trading partners to automate their processes to submit electronic claims or download electronic reports.

Please list **all individuals** who will be accessing BlueCross BlueShield of Tennessee systems. If more space is needed, please make additional copies of this page. It is the responsibility of the client to notify BlueCross BlueShield of Tennessee when an individual listed below leaves the employment of the client or has a legal name change. Failure to do so may result in the agreement being terminated.

Individual Names (New Users Only) - All fields required to set up USERS

Account Type	First Name and Last Name	Phone #	Email Address
<input type="checkbox"/> Batch ID			
ONLY 1 BATCH ID PER MAILBOX			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> Individual ID			

NOTE: To revoke an individual's access, please fax a request on provider's letterhead to (423) 535-7523 noting the name(s) to be removed, the tax ID number and Secure File Gateway (SFG) mailbox to which they have access.

### IV. ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT

**The client sending and receiving data will:**

Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents. Maintain complete accurate and unaltered copies of all Source Documents from all Data Transmissions for no less than six (6) years. Provide information, documents and other cooperation necessary to assist BlueCross BlueShield of Tennessee in research as it pertains to problem resolution. Hold BlueCross BlueShield of Tennessee harmless from any and all claims, actions, damages, liabilities, cost or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by provider, provider's employees or business associates. Understand it is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by BlueCross BlueShield of Tennessee. An electronic control number (ECTN) is issued for each EDI claims received and serves as the receipt confirmation. Understand it is the provider and submitter's responsibility to retrieve the BlueCross BlueShield of Tennessee 277CA files and review them for any claims rejections needing to be corrected and resubmitted. Understand that any assigned individual User IDs should not be shared, should be used only by the individual. **HTTPS Protocol (Individual Account) should not be hard-coded into any system or script.** Provider's User ID and password serves as their electronic signature and the provider will be liable for improper sharing including any illegal acts when using password. User ID and password are not part of the provider's capital property and should not be given to the new owner of that operation. A new owner must obtain their own User ID and password.

#### IV. ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT- Continued:

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name: \_\_\_\_\_  
(Please Print)

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

All information contained in this profile will remain in effect unless otherwise notified.

Please fax to: (423) 535-7523 or mail to:

Email: [eBusiness\\_sysconfig@bcbst.com](mailto:EBusiness_sysconfig@bcbst.com)  
or Mail to:

**BlueCross BlueShield of Tennessee**  
**Attn: Provider Network Services**  
**1 Cameron Hill Circle, Ste 0007**  
**Chattanooga, TN 37402**



**BlueCross BlueShield of Tennessee**  
1 Cameron Hill Circle  
CH1.4  
Chattanooga, TN 37402  
Phone: (800) 924-7141  
Fax: (423) 535-7523  
Email: [ecomm\\_sysconfig@bcbst.com](mailto:ecomm_sysconfig@bcbst.com)

# Electronic Remittance Advice (ERA) Authorization Agreement

## Provider Information

Please enter information about the practice or company that you wish to enroll.

Provider Name\* ⓘ : \_\_\_\_\_

Doing Business as Name (DBA): \_\_\_\_\_

### Provider Address

Street\* ⓘ : \_\_\_\_\_ Ste, Flr, Bldg (Optional): \_\_\_\_\_

City\* ⓘ : \_\_\_\_\_ State/Province\* ⓘ : \_\_\_\_\_ ZIP/Postal Code\* ⓘ : \_\_\_\_\_

## Provider Identifiers Information

Provider Federal Tax Identification Number (TIN)\* ⓘ : \_\_\_\_\_

TIN Type\* :      SSN      EIN

National Provider Identifier (NPI)\* ⓘ : \_\_\_\_\_

I'm NPI exempt

## Provider Contact Information

This is the person in the provider's office that handles ERA/EFT business.

### Provider Contact Name\* ⓘ

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number\*: \_\_\_\_\_ Telephone Extension Number: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

## Provider Agent Information

Do you use an outside billing agency as an authorized agent for your business?\*

Yes      No

### Provider Agent Contact Name\* ⓘ

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Telephone Number\*: \_\_\_\_\_ Telephone Extension Number: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Method of Retrieval:

Clearinghouse Name:

### Authorized Signature

I have authorization to submit this ERA request on behalf of the tax ID above.

Signature:

# Appendix

## Associated Information Bubbles/Descriptions

Name	Description
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Street	The number and street name where a person or organization can be found. This cannot be a PO Box.
City	City associate with provider address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
Provider Federal Tax Identification Number (TIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health care providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Contact Name	Name of a contact in provider office for handling EFT/ERA issues.
Provider Agent Contact Name	Name of a contact in agent office for handling EFT/ERA issues.
Method of Retrieval	The method in which the provider will receive the ERA from the health plan.
Clearinghouse Name	Official name of the provider’s clearinghouse.
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment. May be used with electronic and paper-based manual enrollment.