
BCBS Tennessee, TennCare Medicaid 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE Pages 2-4 of this document to your computer.
- OPEN the file in Adobe Reader program and type directly onto the form
- COMPLETE the enrollment using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request. Or, the provider may contact Change Healthcare at (800) 956-5190.

837 Claims Transactions:

Electronic Billing Request (3 pages)

On Page 1, under the **'Personal/Group/Facility Information'** section, complete all fields.

Provider or Authorized Person must print name, position, date, and sign at the top of Page 3.

835 Electronic Remittance Advice:

GO TO and LOG ONTO the payer portal at –

<https://payerenrollservices.com/>

- Select **'Begin Enrollment'** to create a login.
- Once you have logged in, you will be taken to the **'Provider Information'** screen. Enter in all the requested information, then click **'Continue.'**
- On the **'Provider Contact Information'** screen, enter in all the requested information then click **'Continue.'**
- On the **'Bank Information'** screen, answer **'Yes'** if you wish to enroll for EFT. If not, answer **'No'** then click **'Continue.'**
 - If you answered **'Yes'** to the prompted question, click **'Add Bank.'** Enter in all the requested information, then click **'Submit.'**
 - You must then attach a voided check or bank letter. Attach the file, then hit **'Submit.'**
- On the **'Enrollment'** screen, click **'Add Enrollment.'**
- From the **'Payer'** dropdown box, select **'BlueCross BlueShield of Tennessee.'**
- Under **'Service Selection,'** check **'ERA'**. If you are enrolling for EFT too, check **'EFT.'**
- You will be given two options: TIN, TIN & NPI(s).
 - Choose **'TIN'** if you wish to enroll all NPIs associated with your Tax ID.
 - Choose **'TIN & NPI(s)'** if you wish to enroll some of the NPIs associated with your Tax ID.
- Under the **'ERA Information'** screen, click the **'Clearinghouse'** dropdown, select **'Practice Insight,'** and click **'Continue.'**
 - **Please note:** A pop up will appear that an additional step is required. Click **'OK'** to proceed.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.

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.)
<input type="checkbox"/> 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) <input type="checkbox"/> Reports _____ Mailbox Name <input type="checkbox"/> Remits _____ Mailbox Name
<input checked="" type="checkbox"/> 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: Practice Insight Billing Contact: Enrollment Dept/ Martha Johnson Phone: 713-333-6000 Ext: 2 (Required)
	Third Party Submitter Identification Number: 161622439 (Required) Address: 1 Greenway Plaza City: Houston State: TX Zip: 77046
	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 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/ecomml/.

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 mftsftp.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	NOT APPLICABLE		
<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
or Mail to:

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