



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.

06/27/2011 (IE, FE)

<http://www.bcbst.com/providers/>

Blue Cross Blue Shield TENNESSEE and Medicaid TENNESSEE (BlueCare and TennCare Select ONLY) Enrollment Instructions –Professional and Institutional Claims & ERA

IMPORTANT: *The BCBS Tennessee edi enrollment process and forms will also enroll the provider for Medicaid Tennessee—BlueCare and TennCare Select Plans ONLY. BlueCare and TennCare members will have an id that begins with “ZECM”. For other Medicaid TN claims, refer to the member’s health insurance card to determine the payer.*

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect data will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Make a copy of the completed form pages, in case you should need to follow up or resubmit.

FAX COMPLETED FORMS TO-
BCBS TN
Attn: Provider Network Services
423-535-7523

837- CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

If the provider has NOT submitted claims electronically to this payer or if the provider HAS SUBMITTED electronic claims to this payer VIA ANOTHER CLEARINGHOUSE, and they now want to submit via Practice Insight, the provider must complete this form:

1. Electronic Billing Request (3-page form)

Page 1- Section 1 Complete this section with data specific to the Billing Provider.

The billing provider can be a group, or individual provider, if billing solo.

Page 1- Section II, See “Who will receive your Electronic Remits?”

Check one of these: Provider Office Third Party Paper Remits

Put a ✓ next to “Third Party” (to authorize Practice Insight for retrieval of ERAS).

Page 2- Skip this page.

Page 3- Signature required by authorized person in provider’s office-

Name, Position, Signature, Date Required.

835- ERAS Electronic Remittance Request (New) or (Change of Service)

To authorize Practice Insight to retrieve 835 ERA files, the provider must complete this form:

1. Electronic Billing Request (3-page form).

See instructions, as described above for 837-Claims.

2. Letter of Authorization on provider’s letterhead must accompany this form. The letter must name

Practice Insight, LLC as the chosen clearinghouse and retriever for ERA files. (See sample authorization letter on last page of these enrollment documents).

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not receive confirmation within 30 days after submitting this request, contact your reseller or support vendor for assistance. Or, you can phone the payer direct, BCBS TN Provider Network Services at 800-924-7141.

Electronic Billing Request

I. PERSONAL/GROUP/FACILITY INFORMATION

Group Practice Name: _____

Group NPI Number: _____

Please check if you are asking that the changes listed in this profile apply to all providers currently tied to your tax ID.

Provider Name: _____

Provider NPI: _____

Tax Identification Number: _____

(Required)

Contact Name: _____

Phone: _____

Fax: _____

Your confirmation letter 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

Claims Submission

Who will submit your claims? (select one)	Enter applicable information after selecting which option. (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: _____ List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAA.X12, ECAAAA.X12) <input type="checkbox"/> Reports _____ <input type="checkbox"/> Remits _____
<input type="checkbox"/> Filing with third party/billing agent	Please provide information only for the agency that submits the claims to BlueCross BlueShield of Tennessee. Billing Agent / Clearinghouse Name: _____ Billing Contact: _____
	Third Party Submitter Identification Number: _____ Address: _____ City: _____ State: _____ Zip: _____
	Retrieval of Reports/Remits
Who will retrieve your Electronic Confirmation?	<input type="checkbox"/> Provider Office <input type="checkbox"/> Third Party
Who will retrieve your Electronic Remits?	<input type="checkbox"/> Provider Office <input type="checkbox"/> Third Party <i>*(LOA Required)</i> <input type="checkbox"/> Paper Remits

Additional ANSI Transactions

278 Authorization /Referral **(LOA Required)*

270 Eligibility 276 Claim Inquiry Please contact the Electronic Business Service Center at (423) 535-5717 or e-mail: Ecomm_Techsupport@BCBST.com for Technical Support assistance.

***LOA:** A Letter of Authorization is required if someone other than you will retrieve the ANSI 278 or 835 transaction response. Please attach an authorization letter on your office letterhead with the entire enrollment package. *Please note, that in order to better serve your needs, requests received that do not include a letter of authorization and/or the appropriate information as requested above will not be processed. This information is required in order to complete your Electronic Billing Request.*

***Note:** It is your responsibility to obtain and maintain the BlueCross BlueShield of Tennessee Electronic Receipts Confirmation Reports as proof of receipt of claims and for timely filing purposes.

Note: ANSI Format Testing Information, Companion Guides, Edit Listings, Bulletin Board 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/ecommm/.

III. User Access

Modem Access Form
Dial-Up User Modem Registry Form

All Dial-Up Users connecting to BlueCross BlueShield of Tennessee (BCBST) for the purpose of sending and receiving files electronically are now required to register their MODEM phone numbers.

IMPORTANT: Failure to register your MODEM phone numbers may result in a loss of access. MODEM phone numbers will be used to identify connections to BCBST. This will function much like Caller ID.

PLEASE LIST MODEM PHONE NUMBERS BELOW. For Example: (111) 222-3333

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Note: All responses to ANSI transactions will be delivered electronically to the Submitter's EC Gateway BBS mailbox unless otherwise specified. **Only HIPAA compliant software can be used. Please review:**
http://www.bcbst.com/providers/ecommm/getting_started/ for listing of approved vendors.

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

Please list **all individuals** who will be accessing BlueCross BlueShield of Tennessee systems. Please indicate the computer systems and transactions each individual will be accessing to ensure that proper security clearance is granted. 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)
(First Name, Middle Initial and Last Name)

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 not 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, costs, or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by provider, providers employees or business associates.

Understand it is the providers responsibility to obtain and maintain the BlueCross BlueShield of Tennessee Electronic Receipts Confirmation Reports as proof of receipt of claims and for timely filing purposes.

Understand it is the provider and submitters responsibility to retrieve the BlueCross BlueShield of Tennessee 997 Functional Acknowledgement files and the Electronic Receipts Confirmation Reports 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 that individual, and should not be hard-coded into any system or script. Scripting on the EC Gateway Bulletin Board System is not supported due to potential security violations.

Providers 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 providers 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.

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name: _____
Please Print Name

Position: _____

Signature: _____ Date: _____

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

Please fax to: (423) 535-7523 or mail to: **BlueCross BlueShield of Tennessee**
Attn: Provider Network Services
PO Box 180176
Chattanooga, TN 37402

Sample Letter

On Provider's Letterhead

(Date)

FAX TO: 423-535-7523

BCBS Tennessee
Attn: Provider Network Services
PO Box 180176
Chattanooga TN 37402

To Whom It May Concern:

The following providers would like to receive the 835 Electronic Remittance Advice through this clearinghouse submitter:

Practice Insight, LLC
Submitter Tax ID Number: 161622439
Telephone: (713) 333-6000
Fax: (713) 333-6006

(Group Provider name and group BCBS and or Medicaid ID # and NPI)

OR

(Provider name and provider BCBS and or Medicaid ID # and NPI)

Note: If billing BCBS Tennessee as a group, only list the group information. If each provider bills BCBS Tennessee individually, each provider name and ID # is required and should be listed on this request.

Sincerely,

(Signature)

(Authorized Name)
(Title)