

BLUE CROSS BLUE SHIELD TENNESSEE

PRE-ENROLLMENT INSTRUCTIONS – 00890



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard Processing time is 15-30 business days

WHAT FORM DO I NEED TO COMPLETE?

- Electronic Billing and EFT Change/Add Request
 - *Please note: Do not complete section III-User Access

WHERE SHOULD I SEND THE FORM?

- Fax the form to (423) 535-7523, or
- Mail the form to:
 - BlueCross BlueShield of Tennessee
 - Attn: Provider Network Services
 - PO Box 180176
 - Chattanooga, TN 37402

HOW DO I CHECK STATUS?

- Approval notices will be sent directly to the provider office. To check status you may call 800-924-7141 and ask if your provider ID has been linked to Office Ally's submitter ID 330897513.
- Once you have received verbal or written notification of your approval you MUST contact Office Ally at 866-575-4120 option 1 and notify them of the approval. You will need you have your NPI#, Tax ID, and BCBS provider ID when you call.

WHAT PROVIDER NUMBER DO I USE?

- NPI #
- BCBS TN Provider Number

835 INSTRUCTIONS

- If you want Office Ally to receive your electronic remittance advice:
 - Along with the enrollment form, the provider needs to fax a Letter of Authorization on company letterhead. The Letter of Authorization should state that they are authorizing Office Ally to pick up their ANSI 835 remittance files.
 - Under Section II – Electronic Billing Information you must select “Third Party” as the selection for the question: “Who will retrieve your Electronic Remits?”
- If you do not want Office Ally to receive your Remittance Advice, then you must select “Paper Remits” for the question: “Who will retrieve your Electronic Remits?”

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **Provider/Practice Name as pre-enrolled with the insurance payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payor”.**
- **Provider email address where you can be notified of setup completion.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**

Electronic Billing and EFT Change/Add Request

Reason for submitting form

Adding a Provider to Electronic Billing
 Changing information on a current Electronic Provider
 EFT Add/Change

I. PERSONAL/GROUP/FACILITY INFORMATION

Group Practice Name (If requesting group change/add): _____

Provider Name: _____

NPI Number: _____ Tax Identification Number: _____
(Required) (Required)

Please check if all providers under the tax should have the same set up as the providers detailed in this profile.

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

Will you be submitting any other ANSI transaction and version (e.g., 4010A1)?

270 Eligibility; 276 Claim Inquiry; 278 Authorization/Referral; 820 Premium Payment; 834 Enrollment/Disenrollment

1.	2.	3.	4.	5.
Claims Submission				
Who will submit your claims? (select one)		Enter applicable information after selecting which option. <small>(If you are unsure of the Submitter's identification number, verify this information with your vendor before completing.)</small>		
<input type="checkbox"/> Filing Direct with Purchased Software		Software Company Name: _____ Submitter Identification Number: _____ Phone: () - Ext:		
<input type="checkbox"/> Filing Direct with In House Software		List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAX.X12, ECAAX.X12) 1. _____ 2. _____		
<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 Tennessee. Billing Agent / Clearinghouse Name: <u>Office Ally</u> Billing Contact: <u>Customer Service</u> Submitter Identification Number: <u>330897513</u> Phone: (<u>866</u>) <u>575</u> - <u>4120</u> Ext: <u>1</u> Address: <u>16703 SE McGillivray Blvd., Ste 300</u> City: <u>Vancouver</u> State: <u>WA</u> Zip: <u>9868</u>		
Retrieval of Reports/Remits				
Who will retrieve your Electronic Confirmation?*		<input type="checkbox"/> Provider Office <input checked="" type="checkbox"/> Third Party		
Who will retrieve your Electronic Remits? **		<input type="checkbox"/> Provider Office <input type="checkbox"/> Third Party <input type="checkbox"/> Paper Remits		

*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.

****A letter of authorization is required if someone other than you will retrieve the ANSI 276/278 or 835 transaction response. Please attach an authorization letter on your letterhead with the entire enrollment packet.**

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/. Please contact the Electronic Business Service Center at (423) 535-5717 or e-mail: ecommm_techsupport@bcbst.com for technical support assistance.

Important: 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 view http://www.bcbst.com/providers/ecommm/getting_started/ for listings of approved vendors.**

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		

Note: All responses to ANSI transactions will be delivered electronically to the Submitter's EC Gateway BBS mailbox unless otherwise specified.

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. 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. PAYMENT INFORMATION

Please check this box if you do NOT wish to receive payment via Electronic Funds Transfer

Make checks payable to:		Payment Details:	
Pay to Name:		<input type="checkbox"/> Roll payments to single check for all providers in the Group <input type="checkbox"/> Payments should be for individual provider	
Electronic Funds Transfer Information* (EFT):			
Bank Information	Bank Name:	Bank Branch:	
	Address:	City:	State: Zip:
	Phone: () - Ext:	Fax: () -	After Hours: () - Ext:
Account Information	Bank Routing Number: (9 digits)	Bank Account Number:	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____		

*As part of receiving your funds via EFT, you are also agreeing to no longer receive a paper copy of your remittance advice. You can now view/print a copy of your remittance advice by accessing e-Health Services® through the BlueAccess link of www.bcbst.com. Electronic Remittance Advices are available without EFT.

Please attach a copy of a voided check if you elect to receive EFT.

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, provider's employees or business associates.

Understand it is the provider's 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 submitter's 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.

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.

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