Guide to Completing the Electronic Remittance Advice (ERA) Enrollment Form

The ERA service enables Blue Cross and Blue Shield of Louisiana to provide you with an electronic remittance advice, which is a statement of your claims payments in an electronic format. A copy of this form is available online at www.bcbsla.com/providers >Electronic Services >Clearinghouse.

1 PROVIDER INFORMATION

Provider Name – Complete legal name of institution, corporate entity, practice or individual provider

Street Address – The number and street name where a person or organization can be found

City – City associated with provider address field

State/Province – The 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

2 PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) / Employer Identification Number (EIN) – 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 healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted by 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 healthcare 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.

Trading Partner ID – The provider's submitter ID assigned by health plan, the provider's clearinghouse or vendor

3 PROVIDER CONTACT INFORMATION

Contact Name – Name of a contact in provider office for handling ERA issues

Title – Title of the contact person

Telephone Number – Associated with the contact person

Email Address – An electronic mail address at which the health plan might contact the provider

Fax Number – A number at which the provider can be sent facsimiles

4 ELECTRONIC REMITTANCE ADVICE INFORMATION – Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment.

Provider Tax Identification Number (TIN) – See explanation under Section 2 above.

National Provider Identifier (NPI) – See explanation under Section 2 above.

Method of Retrieval – The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

Note: Blue Cross groups all Electronic Remittance Advices by NPI, if available. When NPI is not available, ERAs are grouped by TIN.

5 ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name – Official name of the provider's clearinghouse

Clearinghouse Contact Name – Name of a contact in clearinghouse office for handling ERA issues

Telephone Number – Telephone number of contact

Email Address – An electronic mail address at which the health plan might contact the provider's clearinghouse

6 ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name – Official name of the provider's vendor

Vendor Contact Name – Name of a contact in vendor office for handling ERA issues

Telephone Number – Telephone number of contact

Email Address – An electronic mail address at which the health plan might contact the provider's vendor

7 SUBMISSION INFORMATION

Reason for Submission

- **New Enrollment –** Select this option when not already enrolled for ERA (835)

- **Change Enrollment –** Select this option when changing from an existing Trading Partner to a new Trading Partner. Blue Cross allows set-up of ERA (835) for only <u>one</u> Trading Partner ID (i.e. PXXXXXXX) at a time. The existing Trading Partner will be terminated 30 days from the enrollment date of your new Trading Partner.

- **Cancel Enrollment –** Select this option when altogether terminating enrollment from the ERA (835) process

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.

- **Electronic Signature of Person Submitting Enrollment** – A typed rendering of a name unique to a particular person used as confirmation of authorization and identity

- **Written Signature of Person Submitting Enrollment** – A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

- **Printed Name of Person Submitting Enrollment** – The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment

- **Printed Title of Person Submitting Enrollment** – The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

- **Submission Date** – The date on which the enrollment is submitted

8 RETURN INFORMATION

The form lists fax number and email address of Blue Cross EDI Services as the following options for returning the ERA (835) Enrollment Form.

Fax: (225) 298-2945

Email: EDIservices@bcbsla.com

Providers should contact their financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. Shown below are the Data Elements that are necessary for re-association:

CCD Record #	Field #	Field Name
5	9	Effective Entry Date
6	6	Amount
7	3	Payment Related Information

Late/Missing EFT and ERA Transactions Resolution Procedures:

ERA (835) files are available weekly in Trading Partner mailboxes on Mondays, and no later than Wednesday, you may contact Provider Credentialing & Data Management by calling 1-800-716-2299, option 2. Please include the Trading Partner ID, check number, check amount, check date and NPI.

EFT transactions are typically available at the provider's bank on Wednesday. If you have not received your deposit by close of business on Wednesday, you may contact Provider Credentialing & Data Management by calling 1-800-716-2299, option 2.

For questions about the ERA Form, please contact EDI Services at 1-800-716-2299, option 3. Also visit www.bcbsla.com/providers >Electronic Services >Clearinghouse Services.

To check the status of your ERA Form, you may submit your **request** via email to EDIservices@bcbsla.com. Please include the provider or group name, NPI, TIN or EIN and Trading Partner ID. Please allow three to five business days for setup.

To check the status of your EFT Form, you may contact Provider Credentialing & Data Management at 1-800-716-2299, option 2. Please have the provider or group name, NPI and TIN or EIN. Please allow up to 15 business days for setup.

Provider's NPI must already be on file with Blue Cross. For more information on reporting your NPI to Blue Cross, you may contact Provider Credentialing & Data Management at 1-800-716-2299, option 2. Blue Cross does not set up ERAs for out-of-state providers or Vantage ERAs.

Electronic Remittance Advice (ERA) Enrollment Form

By completing this form, you are enrolling for the receipt of an ERA (835), to be delivered to the Trading Partner ID you are specifying in this enrollment. <u>All</u> fields must be completed in order for us to complete processing of the enrollment.

PROVIDER INFORMATION

Provider Name

Provider Address: Street

City	State/Province	ZIP Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)	Trading Partner ID

PROVIDER CONTACT INFORMATION

Contact Name	Title

Telephone Number	Email Address	Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

❑ Provider Tax Identification Number (TIN): _____

❑ National Provider Identifier (NPI): _____

Method of Retrieval

❑ From Health Plan   ❑ Secure FTP

❑ From Clearinghouse   ❑ SOAP/MIME

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name

Clearinghouse Contact Name	Telephone Number	Email Address

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name

Vendor Contact Name	Telephone Number	Email Address

~Over~

SUBMISSION INFORMATION

Reason for Submission

❑ New Enrollment

❑ Change Enrollment

❑ Cancel Enrollment

Authorized Signature

This information is to remain in full force and effect until Blue Cross and Blue Shield of Louisiana has received written notification from me of its change or cancellation in such time and in such manner as to afford Blue Cross a reasonable opportunity to act on it.

_____

Electronic Signature of Person Submitting Enrollment

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Written Signature of Person Submitting Enrollment

_____

Printed Name of Person Submitting Enrollment

_____

Printed Title of Person Submitting Enrollment

_____

Submission Date

RETURN INFORMATION

Please return your completed ERA Enrollment Form in one of the following ways:

Email: EDIservices@bcbsla.com

Fax: (225) 298-2945

If you have any questions about this form or your ERA enrollment status, please contact EDI Services at:

Phone: 1-800-716-2299, option 3   Email: EDIservices@bcbsla.com

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Internal Use Only

TPM set-up completed on: _____

Employee ID No.: _____