Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**

- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.

If you have more than ten payers to enroll, please make additional copies of this form.

Submit the completed Payer Request Form to:
Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form.

Please check: ☐ New Request ☐ Change Request

Billing Service Name (if applicable):

TIN or INOVALON ID:

Contact Name:

Phone: ( ) Fax: ( ) Email:

Group/Provider Name:

Please check for designation: ☐ Professional ☐ Institutional

Billing Tax ID: Indicate ☐ TIN/EIN ☐ SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Inovalon Enrollment
enrollmentsupport@inovalon.com

INSTRUCTIONS

- Print these instructions. Refer to them as you complete the registration process.

- Please type provider information on the form for ease of processing at Inovalon.

- Complete the agreement with provider information listed on file at BCBS.

- **Contact BCBS if you are unsure what the payer has on file – Inovalon is unable to obtain this information.**

- **TN BCBS Electronic Billing Request**
  - Page 1: Section I. PERSONAL/GROUP/FACILITY INFORMATION
  - If you submit claims to BCBS as a group: Complete with Group Practice Name and Group NPI. Choose "apply to all providers linked to the Group NPI."
  - If you submit claims to BCBS as an individual provider: Enter the Provider Name and NPI.
  - Enter the billing provider TIN.
  - Enter office contact information.
  - Note: EDI enrollment confirmation will be sent to the provider at the fax number or mailing address provided.
  - **Forward the setup confirmation letter to Inovalon to allow claims to process.**

- **Do not alter pre-filled submitter information in Section II or Page 2: Section III.**

- If you wish to enroll in 835 ERA Remittance for this payer, visit the Change PES Website at https://payerenrollservices.com to sign up.

- Page 2: User Access
  - If you will have additional contact persons accessing your TN BCBS information, complete these fields.

- Page 3: Section IV. Electronic Transmission Acknowledgment
  - Enter the name and title (CEO, Owner, Manager etc) of the person authorized to sign this document.
  - After printing, sign, and date the form.

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Electronic Billing Request

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

PLEASE PRINT LEGIBLY

Group Practice Name: _____ Group NPI: _____

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

Provider Name: _____ Provider NPI: _____

Tax Identification Number: _____
(Required)

Contact Email Address: _____

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 when you are set up to send and receive electronic transactions.

II. ELECTRONIC BILLING INFORMATION - *PLEASE PRINT LEGIBLY*

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 submitter's Identification number, verify this information with your vendor before completing.)
Filling 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: _____
☐ Filling 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: _____ *(Required)* Billing Contact: _____ Phone: _____ Ext: _____ 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 Change Payer Enrollment Services 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 Change Payer Enrollment Services 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 Change Payer Enrollment Services 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 **Change PES Website: https://payerenrollservices.com/** 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.

*LOA: A Letter of Authorization is required if someone other than you will retrieve the ANSI 835 transaction response. Please attach an authorization letter on your office letterhead with the entire enrollment packet. *"Please note that in order to better serve your needs, requests received that do not include the 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 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 website at ***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 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** *(Required)*
☐ Batch ID			
ONLY 1 BATCH ID PER MAILBOX			
☐ Individual ID			
☐ Individual ID			
☐ 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.

PLEASE PRINT LEGIBLY

IV. ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT

PLEASE PRINT LEGIBLY

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 claim 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 that 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.

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

Email: eBusiness_sysconfig@bcbst.com

Mail to:
BlueCross BlueShield of Tennessee
Attn: Provider Record Maintenance
1 Cameron Hill Circle, Ste 0007
Chattanooga, TN 37402-0007