BlueCross BlueShield of Tennessee

Electronic Provider Profile

Date: _____

Business Name: _____

SECTION 1 – PURPOSE FOR PROFILE

Please <u>PLACE A CHECK MARK</u> *using blue or black ink* by the purpose for completing the Electronic Provider Profile. The chart below indicates with an "X" the sections that need to be completed on the profile form.

	Purpose for Profile	1	2	3	4	5	6	7*	8*	9	10	11	12	13
	New to BlueCross BlueShield of Tennessee and/or Riverbend Government Benefits Administrator (RGBA)* **Dial-Up Connection to Bulletin Board System (BBS)**	X	X	X	X	X	X				X	X	X	X
	New to BlueCross BlueShield of Tennessee **Web Connection to AccessEDI**	X	X	X		X	X			X	X	X	X	X
	Change Address, Phone or Contact Information	X	X	X							X	X		
	Change Vendor, Billing Service, Clearinghouse, AccessEDI	X	X		X	X	X				X	X	X	X
	Change/Add Recipient of Electronic Reports and/or Electronic Remits	X	X				X				X	X	X	X
	Add Provider to Existing Provider's Profile	X	X	X	X	X	X				X	X	X	X
	Add Employee's Access to Bulletin Board System (BBS) or AccessEDI	X	X								X		X	X
	RGBA Medicare Requesting PC-ACE Billing Software or Adding Provider Number*	X	X	X			X	X			X	X	X	X
	RGBA Medicare Requesting 3270 Emulation Software or Access for DDE*	X	X	X						X	X	X	X	X
	Other (Please explain)													

Heading above columns 1–13: Sections To Complete

*Riverbend Government Benefits Administrator Medicare Providers
The Centers for Medicare and Medicaid Services (CMS) requires Medicare providers to complete an Electronic Data Interchange (EDI) Agreement prior to billing electronically. The CMS EDI Agreement, the license agreement for the PC-ACE software and/or the 3270 Emulation software for Direct Data Entry (DDE) can be found on the Riverbend Government Benefits Administrator Web site at www.riverbendgba.com/edi/getting-started.shtm. If you do not have Internet access, please call (423) 535-3057 for assistance.

**For questions regarding completion of this form, please call (800) 924-7141 (Speak *ENROLLMENT*).
To avoid unnecessary delays, please return all pages.**

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/ecomm/tech_info.shtm.   Please contact the Electronic Business Service Center at (423) 535-5717 or e-mail ecomm_techsupport@bcbst.com for Technical Support assistance.

SECTION 2 – CLIENT INFORMATION

Name: _____
(Name on file with IRS)

Federal Tax ID Number: _____

BlueCross BlueShield of Tennessee Provider Number (if applicable): _____
   (*For multiple providers, please list all provider name(s) and provider number(s) in Section 11 of this form.*)

Riverbend Government Benefits Administrator (RGBA) Medicare Provider Number (if applicable): _____
   (*For multiple facilities, billing institutional claims to RGBA, please list all facility name(s) and facility number(s) in Section 11 of this form.*)

National Provider Identifier (NPI) _____
   (*For multiple providers, please list all NPI(s) in Section 11 of this form.*)

SECTION 3 – DEMOGRAPHIC INFORMATION

Provider's Physical Location (*No P.O. Boxes please*):

_____   _____   _____   _____
Address   City   State   Zip

Office Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

Electronic Mailing/Correspondence Address (EMC): (Used only for mailing correspondence related to electronic billing)

☐ Same as above

☐ Other: _____   _____   _____   _____
                 Address   City   State   Zip

Billing Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

SECTION 4 – TRANSACTIONS and VERSION

All providers will be set up for the ANSI-837 Claims transaction unless otherwise indicated below. Please indicate the ANSI-837 claims version to be submitted: _____. If the version is left blank, the most current version available will be set up.

☐   Do not want ANSI-837 Claims transaction. (Check only if you do not want to be set up to transmit ANSI-837 claims.)

Please indicate any other ANSI transactions **and** version (i.e., 4010A1) to be submitted:
_____

Other available transactions:

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

Note: A letter of authorization is required if someone other than the provider will retrieve the 276/277 or 278 transaction response. Please include an authorization letter on the provider's letterhead with the completed Electronic Provider Profile form.

All responses to ANSI transactions will be delivered electronically to the submitter's EC Gateway Bulletin Board System (BBS) mailbox unless otherwise specified.

SECTION 5 – YOUR VENDOR INFORMATION

Will your office send the file(s) directly to BlueCross BlueShield of Tennessee? ☐ Yes (Complete Section A)

☐ No   (Complete Section B)

A. Your office will be using: *(Check one)*

☐ In-House Programmed Software   ☐ PC-ACE Pro32 (Riverbend Medicare Only)

☐ Purchased Software   ☐ AccessEDI (Web-based claims submission tool)
                                  Please include name of Practice Management (P/M) software

Name of P/M or Software Company: _____ Federal Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____E-mail: _____

Please go to Section 12 and list all **individuals** who will be sending and/or receiving files via the BlueCross BlueShield of Tennessee Bulletin Board System (BBS) or AccessEDI.

B. Your office will be using: *(Check all that apply)*

If you are unsure of the Submitter's ID Number to be used in the ISA, GS, and NM1 data segments, please verify this information with your vendor before completing this section.

☐ Clearinghouse (an entity that submits claims for Providers and Billing Agencies)

Name of Clearinghouse: _____ Submitter ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

☐ Billing Agency (an entity that manages and submits claims for Providers directly or via a Clearinghouse)

Name of Billing Agency: _____ Submitter ID Number:_____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

If your office is using a billing agency, does your billing agent use a clearinghouse to send data to BlueCross BlueShield of Tennessee?

☐ No

☐ Yes, please indicate name of clearinghouse:

Name of Clearinghouse: _____ Submitter ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

☐ Other option (Please explain) _____

SECTION 6 – ELECTRONIC CONFIRMATION REPORTS AND ELECTRONIC PAYMENT REMITTANCE ADVICE

A. Will your office retrieve your electronic confirmation reports from BlueCross BlueShield of Tennessee?

☐ Yes   ☐ No, please indicate who will retrieve reports:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

Note: 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.

B. Does the provider wish to retrieve payment remittance advice electronically from BlueCross BlueShield of Tennessee?

☐ Yes, our office requests electronic payment remittance advice.   ☐ No, continue to the next applicable section

If Yes, who will retrieve your electronic payment remittance advice?

☐ Provider's office   ☐ The company listed below

Note: A letter of authorization is required if someone other than the provider will retrieve the payment remittance advice. Please include an authorization letter on the provider's letterhead with the completed Electronic Provider Profile form.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Fax Number: _____

Phone Number: _____ E-mail: _____

Please go to Section 12 and list all **individuals** who will be retrieving reports and/or payment remittance advice from the BlueCross BlueShield of Tennessee Bulletin Board System (BBS) or AccessEDI.

SECTION 7 – PC-ACE SOFTWARE INFORMATION *(for RGBA Medicare providers only)*

☐ First time downloading PC-ACE software. **(NOTE: Software is not available to Billing Agencies or Clearinghouses)**

The PC-Ace Pro32 installation software may be downloaded free of charge on the Riverbend Government Benefits Administrator Web site at: www.riverbendgba.com/edi/downloads.shtm. A profile is required.

☐ Please send software. **(Note: If you are unable to download the PC-Ace Pro32 software from the Riverbend Government Benefits Administrator Web site and require BlueCross BlueShield of Tennessee to mail the software, a $25.00 shipping and handling fee will apply. Please do not send payment with completed profile. Invoice will be mailed)**

☐ We are currently using PC-ACE and request the RGBA Medicare provider number(s) listed on Page 2 be added.

Please list current PC-ACE file name: _____

Note: A PC-Ace License Agreement is required for each software installation . A CMS EDI Agreement is required for each provider. The PC-ACE License Agreement and the CMS EDI Agreement can be found on the Riverbend Government Benefits Administrator Web site at www.riverbendgba.com/edi/getting-started.shtm.

Please go to Section 12 and list all **individuals** who will be sending and/or receiving files via the BlueCross BlueShield of Tennessee Bulletin Board System (BBS) using PC-ACE.

SECTION 8 – 3270 EMULATION/DDE ACCESS INFORMATION *(for RGBA Medicare providers only)*

☐ Please send software

Please check the operating system of the computer on which the software will be installed:

☐ Win 95 ☐ Win 98 ☐ Win NT ☐ Win 2000 ☐ Win ME ☐ Win XP

Number of software packages requested: _____

(One (1) software package required per computer @ $200.00 per package + tax)

(Note: Please do not send payment with completed profile. Invoice will be mailed.)

☐ Access to DDE using other connectivity software.   Please list the software you will be using:

_____

☐ Add additional provider number(s) to existing DDE software.

Original Medicare provider number:_____   Provider number(s) to be added: _____

Note: A 3270 License Agreement is required for each package ordered. A CMS EDI Agreement must be on file for each provider. The 3270 License Agreement and the CMS EDI Agreement can be found on the Riverbend Government Benefits Administrator Web site at www.riverbendgba.com/edi/getting-started.shtm.

Note: Vendors requesting 3270 software or remote system access must have the Medicare Remote Access System Agreement Form completed by their provider. This form can be found at the Riverbend Government Benefits Administrator Web site at www.riverbendgba.com/edi/getting-started.shtm..

Please go to Section 12 and list all **individuals** who will be using the 3270 dial-up software and/or need access to DDE.

SECTION 9 – AccessEDI (WEB BASED CLAIM FILING/RESPONSE AND MANUAL KEY SUBMISSION SYSTEM)

☐ Claim File Submission ANSI 837

The Claims Submission application allows the provider to submit a batch of claims from the providers billing software to the payer using the Web Browser.

☐ Browser Based Entry - BBE **(Professional Only)**

The Browser Based Claims Entry application is a Claims Entry Wizard used to manually enter claims via the Web Browser to send to the Payer. (Note: This option includes Online Error Correction – OLEC)

SECTION 10 – 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's 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.

Acknowledged By: _____
           (Provider Office Employee)

Electronic Provider Profile Completed By: _____

Title: _____ Date: _____

Company: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

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

Please indicate how you would like to be notified once your request has been processed:

☐ Mail (Mailed to EMC address listed on page 2)

☐ Fax (Faxed to EMC fax number listed on page 2)

Note: It is your responsibility to notify your billing agent or clearinghouse that you are now set up to send and receive electronic transactions**.**

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

<div align="center">

BlueCross BlueShield of Tennessee
Electronic Provider Profile

</div>

<u>SECTION 11</u> – PROVIDER NAMES AND NUMBERS

<div align="center">

Please complete this section for multiple provider numbers

</div>

BlueCross BlueShield of Tennessee assigned provider number: Please list below the provider name(s) and provider number(s) if applicable.

Riverbend Government Benefits Administrator (RGBA) Medicare provider number: Please list the RGBA Medicare facility name(s) and facility number(s) if applicable.

If adding provider(s) to an existing practice, with no other changes, only list new provider(s).

Provider/Facility Name	BlueCross BlueShield of Tennessee Provider Number	RGBA Medicare Facility Number	National Provider Identifier	Tax Identification Number (If different from page 2)

Attach additional pages if necessary.

Electronic Provider Profile

SECTION 12 – INDIVIDUAL ACCESS INFORMATION

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 proper security is granted. If more space is needed, please make additional copies of this page.

☐ **Individual names are already on file.**

If adding new users to access an existing BBS mailbox, please list mailbox(s): _____

If adding new users, please list all individual names below.

BlueCross BlueShield of Tennessee must comply with CMS privacy and security regulations and assign individual IDs. 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.

Important: All responses to ANSI transactions submitted via the BBS will be delivered electronically to the Submitter's BBS mailbox unless otherwise specified.

All responses to ANSI transactions submitted via AccessEDI will be delivered electronically to the Submitter's AccessEDI mailbox unless otherwise specified.

Individual Name (First Name, Middle Initial and Last Name)	Email Address *(Required for AccessEDI)*	EC Gateway Bulletin Board System	Confirmation Reports	835 Remittance	AccessEDI	For RGBA Medicare Providers only	
						3270 Dial-Up Connectivity	Mainframe/DDE

Note: To revoke an individual's access, please fax a request on the provider's letterhead to (423) 535-3334 noting the name(s) to be removed, the tax ID number and BBS mailbox to which they have access.

SECTION 13 – 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 and/or connecting to Riverbend Government Benefits Administration (RGBA) for Direct Data Entry (DDE) access 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 and RGBA. This will function much like Caller ID.

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

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Tax ID:	Facility Name:	
Provide Number(s):		**Daytime Phone Number with EXT:**
Form Completed by:		**Date:**

Please fax or mail the completed form: **Mailing Address:**

Attn: User MODEM Registry   **BlueCross BlueShield of TN**
Fax: (423) 535-7523   **Attn: Provider Network Services**
PO Box 180176
Chattanooga, TN 37402

If you have any questions, please call (800) 924-7141