

BlueCross BlueShield of Tennessee Electronic Vendor Profile (Billing Agents/Clearinghouses/Vendors)

Note: All provider offices wanting to be set up for electronic billing are required to complete an Electronic Profile form. Electronic Profile forms can be obtained by calling Provider Network Services at 1-800-924-7141 and saying "Network Contracting" or by visiting the BlueCross BlueShield of Tennessee Web site at bcbst.com/providers/ecommm/getting_started/.

For ANSI format testing information, please contact the Electronic Business Service Center at 423-535-5717 or e-mail to ecommm_techsupport@bcbst.com.

Section 1 – Client Information

I am completing this as a: Billing Agency Clearinghouse Vendor

Name: _____ Federal Tax ID Number: _____
(Name on file with Internal Revenue Service)

Section 2 – Demographic Information

Mailing/Correspondence Address:

Address	City	State	Zip Code
Billing Contact	Phone Number	Fax Number	E-mail Address

Section 3 – Transactions and Version

A. 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: _____

Select transactions in which you wish to be enrolled.

<input type="checkbox"/> 270 Eligibility	<input type="checkbox"/> 278 Authorization/Referral	<input type="checkbox"/> 834 Enrollment/Disenrollment	<input type="checkbox"/> 837-I Claims Submission
<input type="checkbox"/> 276 Claim Inquiry	<input type="checkbox"/> 820 Premium Payments	<input type="checkbox"/> 837-P Claims Submission	

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

B. Will your office send the file(s) to BlueCross BlueShield of Tennessee? Yes No
(If no, please list below who will send the file)

Name		Federal Tax ID Number	
Address	City	State	Zip Code
Contact	Phone Number	Fax Number	E-mail Address

C. Will you need separate file names for each of your clients? Yes No

D. Will you need separate mailboxes for each of your clients? Yes No

Please go to Section 6 and list all **individuals** who will be sending and/or receiving files via the BlueCross BlueShield of Tennessee Bulletin Board System (BBS).

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Section 4 – Software Information

Type of Software (*Check all that apply*)

In-House Programmed Software Purchased Software Clearinghouse Other (Please explain)_____

Name of Clearinghouse or Software Company		Federal Tax ID Number	
City	State	City	State
Phone Number	Fax Number	Phone Number	Fax Number

Section 5 – Electronic Confirmation Reports/Electronic Payment Remittance Advice

It is the submitter’s responsibility to correct submitter level errors and to notify the provider of problems.

Note: If you will be retrieving the confirmation reports for your clients, it must be noted on each provider’s Electronic Provider Profile.

If you will be retrieving remittances for your clients, a letter of authorization on the provider’s letterhead will be required from each provider office.

Go to Section 6 and list all **individuals** who will be retrieving reports and/or remittances from the BlueCross BlueShield of Tennessee EC Gateway Bulletin Board System (BBS).

Section 6 – Individual Access Information

List all individuals who will be accessing BlueCross BlueShield of Tennessee systems. 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 mailbox, please list mailbox (es): _____

BlueCross BlueShield of Tennessee must comply with the Center for Medicare & Medicaid Services (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 will be delivered electronically to the Submitter’s EC Gateway Bulletin Board System (BBS) mailbox unless otherwise specified.

If adding new users, list all individual names below.

Individual Name (First Name, Middle Initial and Last Name)

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

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Section 7 – 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, agents, 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.

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

Acknowledged By: _____
(Signature/Approval)

Electronic Vendor Profile Completed By: _____

Title: _____ Date: _____

Company: _____ E-mail Address: _____

Phone Number: _____ Fax Number: _____

Fax to: (423) 535-7523 or mail to:

**BlueCross BlueShield of Tennessee
Attn: Provider Network Services 2.4 CH
PO Box 180176
Chattanooga, TN 37402**

Please indicate how you would like to be notified once your request has been processed (Correspondence will be sent to the information listed on page 1: Mail Fax)

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Section 8 – 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

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

Please fax or mail the completed form:
Attn: User MODEM Registry
Fax: 423-535-7523

Mailing Address:
BlueCross BlueShield of Tennessee
Attn: Provider Network Services – 2.4 CH
PO Box 180176
Chattanooga, TN 37402

If you have any questions, please call 1-800-924-7141, Monday through Friday, 8 a.m. to 5:15 p.m. (ET).