

Payer-to-Payer Claims Information

Use this form to set up Payee IDs to allow a Managed Care Organization/vendor to submit Medicaid Reclamation claims for recovering Medicaid payment from private insurance. Once completed, email the form to PNS_GM@bcbst.com or fax it to **(423) 535-3066**.

Please note: This form should only be used for Medicaid Subrogation/Managed Care Organizations/Medicaid Agencies to recover payment from other insurance carriers that aren't part of BlueCard®.

Carrier Information

Carrier/Agency Name: _____

Contract Number (if applicable): _____

Tax ID: _____ NPI: _____

Physical Address

Street Address: _____

City: _____ State: _____ ZIP: _____

Remittance Address for Payments

Same as Physical Address

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Clearinghouse Information (Claim Filing Vendor)

Clearinghouse or Billing Agency Name: _____

Submitter Number (Tax ID): _____

If you're an established managed care organization, please list your mailbox names in the fields below. If you'd like to submit Medicaid Reclamation claims electronically, please complete the [Electronic Billing Request form](#).

Remittance Mailbox: _____

Report Mailbox: _____

Attestation Information

Please review this information and sign below before returning the completed form.

Claims Acknowledgement (277CA)*

277CA reports will be routed to the claim submitter.

* If a third party submits your claims, the third party will receive the 277CA Reports.

Note: Please review all electronic reports to make sure we've received your claim. An electronic control number (ECTN) is issued for each electronic data interchange (EDI) claim received and serves as the receipt confirmation.

When sending and receiving data, you'll need to:

- › Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents.
- › Provide information, documents and other cooperation necessary to help us complete research for problem resolution.
- › Maintain complete, accurate and unaltered copies of all source documents from all data transmissions for a minimum of six years.
- › Retrieve BlueCross 277CA files and review them for any claim rejections that need to be corrected and resubmitted.

- › Keep all assigned individual user IDs confidential. Your user ID and password serve as your electronic signature and shouldn't be shared. You'll be liable for improper sharing, including any illegal acts when using the password. User IDs and passwords aren't part of your capital property and shouldn't be given to the new owner of that operation. A new owner must get their own user ID and password.
- › Obtain and review all electronic reports to ensure we've received the claim. (An electronic control number is issued for each EDI claim received and serves as the receipt confirmation.)
- › Submit remittance requests via the Change Healthcare Payer Enrollment Services website at payerenrollservices.com.

Additionally, you must agree to hold BlueCross harmless from any and all claims, actions, damages, liabilities, costs or expenses, including without limitation, reasonable attorney fees, arising out of any act or omission of performance by the provider, provider's employees or business associates.

For technical support, please call the eBusiness Service Center at **(423) 535-5717** or email eBusiness_service@BCBST.com.

Contact Information

I agree to the Attestation Information.

I understand that it's a crime to knowingly provide false, incomplete or misleading information to an insurance carrier for the purpose of de-fraudulence. Such actions include penalties such as imprisonment, fines, and denial of benefits.

I'm authorized to complete the above information on behalf of the Carrier/Agency:

Contact Name (Submitter): _____

Title: _____

Contact Email: _____ Phone Number: _____