

## BCBST Secure File Gateway Transition

The EC Gateway Bulletin Board will transition to Secure File Gateway effective May 1, 2012. On this date, you will no longer be able to submit electronic claims or retrieve electronic reports and remittance advice statements using the EC Gateway Bulletin Board.

BCBST's new Secure File Gateway (SFG) system allows trading partners to submit electronic claims and download electronic reports using multiple secure managed file transfer protocols. The SFG provides the ability to transmit files to BCBST using HTTPS, SFTP, and FTP/SSL connections. Below is a short description of each protocol.

- 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.
- SFTP - server mftstftp.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 follow the steps outlined below to transition to the new Secure File Gateway:**

1. If your office submits directly to BCBST (no 3<sup>rd</sup> party submitter involved) fill out the attached "Secure File Gateway Request for Access" form.
2. If your office submits through a third party, such as a billing agent or clearinghouse, please use your normal support channels to make them aware of this change. BCBST is also actively contacting 3<sup>rd</sup> party trading partners to ensure a successful transition.
3. Consult with your vendor and provide them with this document in order to aid in configuration of your practice management software for the new Secure File Gateway.

If you have any questions about this transition or for technical support, please contact us at:

Phone: 423-535-5717, Option 2  
E-mail: [ebusiness\\_support@bcbst.com](mailto:ebusiness_support@bcbst.com)  
Monday through Thursday, 8 a.m. to 5:15 p.m. (ET)  
Friday, 9 a.m. to 5:15 p.m. (ET)

# Secure File Gateway Technical Information

## **FTP/SSL Connection Setup:**

Address: mftftps.bcbst.com  
Inbound Port: 990  
Outbound Data Port Range: 10880-10980  
Mode: Passive

## **SFTP Connection Setup:**

Address: mftsftp.bcbst.com  
Inbound Port: 1022  
Current Authentication: Password  
Mailbox Directory Structure:

- /Inbox
- /Outbox

We currently only support password authentication for inbound connections. We have submitted a product enhancement from our vendor to allow for key-based authentication.

# SECURE FILE GATEWAY (SFG) REQUEST FOR ACCESS

## I. PROVIDER / VENDOR INFORMATION - PLEASE PRINT LEGIBLY

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_  
(Required)

Contact Name: \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Your User ID's and Passwords 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.

## II. SECURE FILE GATEWAY (SFG) MAILBOX INFORMATION

List existing mailboxes (Ex. UBAAA, PTAAA, ECAAA)

Reports Mailbox Name: \_\_\_\_\_ Remits Mailbox Name: \_\_\_\_\_

## III. USER ACCESS - PLEASE PRINT LEGIBLY

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)
<input type="checkbox"/> Batch ID Only 1 Batch ID			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> Individual ID			
<input type="checkbox"/> 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

## IV. ELECTRONIC TRANSMISSION ACKNOWLEDGEMENT

### The client sending and/or 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, Email - ecomm\_sysconfig@bcbst.com or mail to:

BlueCross BlueShield of Tennessee  
Attn: Provider Network Service  
1 Cameron Hill Circle, Ste 0007  
Chattanooga, TN 37402-0007