BLUE CROSS BLUE SHIELD OF ARIZONA (53589) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Electronic Remittance Advice Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Send the completed form(s) using one of the below methods:
  - **Fax**:   (602) 864-3135
  - **Email**: ERAEnroll@azblue.com (Use "ERA Enrollment" for the Subject line)
  - **Mail**:
        BCBSAZ eSolutions B101
        Blue Cross Blue Shield of Arizona
        P.O. Box 13466
        Phoenix, AZ 85002-3466

WHAT IS THE TURNAROUND TIME?

- Activation to being receiving electronic remittance advice may take up to 30 days.

HOW DO I CHECK STATUS?

- To check the status of your ERA enrollment you must contact BCBSAZ eSolutions using one of the following methods:
  - Phone: (602) 864-4844
  - Email: esolution@azblue.com

Helpful tips for completing
Electronic Remittance Advice Enrollment

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Electronic Remittance Advice Enrollment Form

PROVIDER INFORMATION

Provider Name	Doing Business As Name (DBA)

A. Supply the provider name

PROVIDER ADDRESS

Street	City	State/Province	Zip Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI)

B. Supply your Federal Tax ID number and National Provider Identifier (NPI)

OTHER IDENTIFIERS

Trading Partner ID

PROVIDER CONTACT INFORMATION

Provider Contact Name	Telephone Number	Telephone Number Extension

Email Address	Fax Number

C. Supply the provider contact name, telephone number and email address

PROVIDER AGENT INFORMATION

Provider Agent Name

Provider Agent Contact Name	Telephone Number	Telephone Number Extension

Email Address	Fax Number

ELECTRONIC REMITTANCE ADVICE INFORMATION

PREFERENCE FOR AGGREGATION OF REMITTANCE DATA (E.G. ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER)

☐ Provider Tax Identification Number (TIN) ☒ National Provider Identifier (NPI)

Method of Retrieval	☐ CORE Web Service	☐ MyFileGateway	☐ SFTP – Trading Partner hosted
	☐ SFTP – BCBSAZ hosted	☐ FTP – Trading Partner hosted	☐ FTPS – Trading Partner hosted

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name	Clearinghouse Contact Name

Telephone Number	Email Address

D. Supply the name of the Clearinghouse used for ERA transaction

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name

SUBMISSION INFORMATION

Reason for Submission ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

AUTHORIZED SIGNATURE

Electronic Signature of Person Submitting Enrollment	Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment

Submission Date

E. Please choose reason for submission, sign (either written or electronic), print your name and submission date

SUBMIT BY EMAIL

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Electronic Remittance Advice Enrollment Form

PROVIDER INFORMATION	
Provider Name	Doing Business As Name (DBA)

PROVIDER ADDRESS			
Street	City	State/Province	Zip Code/Postal Code

PROVIDER IDENTIFIERS INFORMATION	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	National Provider Identifier (NPI)

OTHER IDENTIFIERS
Trading Partner ID

PROVIDER CONTACT INFORMATION		
Provider Contact Name	Telephone Number	Telephone Number Extension
Email Address	Fax Number	

PROVIDER AGENT INFORMATION		
Provider Agent Name		
Provider Agent Contact Name	Telephone Number	Telephone Number Extension
Email Address	Fax Number	

ELECTRONIC REMITTANCE ADVICE INFORMATION

PREFERENCE FOR AGGREGATION OF REMITTANCE DATA (E.G. ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER)

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ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Clearinghouse Name	Clearinghouse Contact Name
Telephone Number	Email Address

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION
Vendor Name

SUBMISSION INFORMATION

Reason for Submission		
☐ New Enrollment	☐ Change Enrollment	☐ Cancel Enrollment

AUTHORIZED SIGNATURE	
Electronic Signature of Person Submitting Enrollment	Written Signature of Person Submitting Enrollment
Printed Name of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment
Submission Date	

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SUBMISSION INSTRUCTIONS

Return this authorization form to: BCBSAZ eSolutions B101, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466
Fax: (602) 864-3135 • Email: ERAEnroll@azblue.com (Please use **Subject: ERA Enrollment** on your email submission.)

If you have questions about completing this form, please contact: BCBSAZ eSolutions
Phone: (602) 864-4844 • Email: ESolution@azblue.com

Activation may take up to 30 days.

PROVIDER INFORMATION

Provider Name – Complete legal name of institution, corporate entity, practice or individual provider.

Doing Business As Name (DBA) - A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it. **Provide this information only if applicable**.

Provider Address – *Street* The number and street name where a person or organization can be found. *City* City associated with provider address field. *State/Province* ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country. *ZIP Code/Postal Code* System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers – *Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity. *National Provider Identifier (NPI)* A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers – *Trading Partner ID* The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.

PROVIDER CONTACT INFORMATION

Provider Contact Name – Name of a contact in provider office for handling ERA issues. *Telephone Number* Associated with contact person. *Email Address* An electronic mail address at which the health plan might contact the provider. *Fax Number* A number at which the provider can be sent facsimiles.

PROVIDER AGENT INFORMATION

Provider Agent Name – Name of provider's authorized agent.

Provider Agent Contact Name – Name of a contact in the agent office for handling ERA issues. *Telephone Number* Associated with contact person. *Email Address* An electronic mail address at which the health plan might contact the provider. *Fax Number* A number at which the provider can be sent facsimiles.

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) – Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. Blue Cross Blue Shield of Arizona bundles payments only by NPI.

Method of Retrieval – The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name – Official name of the provider's clearinghouse.

Clearinghouse Contact Name – Name of a contact in clearinghouse office for handling ERA issues. *Telephone Number* Telephone number of contact. *Email Address* An electronic mail address at which the health plan might contact the provider's clearinghouse.

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name – Official name of the provider's vendor. The reference to "vendor" means "software vendor".

SUBMISSION INFORMATION

Authorized Signature – The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment. *Written Signature of Person Submitting Enrollment* A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity. *Printed Name of Person Submitting Enrollment* The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment. *Printed Title of Person Submitting Enrollment* The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.

Submission Date – The date on which the enrollment is submitted.