



Capario Enrollment
1901 E. Alton Ave. #100
Santa Ana, CA. 92705
Phone: (800) 792-5256 Option 1
Fax: (404) 877- 3324
provider.enrollment@Capario.com

Payer Agreement Instructions for Tennessee BCBS (BS032) | TennCare (MC092)

To enroll with this payer complete and send the payer agreement directly to Tennessee Blue Cross Blue Shield. In addition please complete and send the Capario Provider Enrollment Form to our EDI Team. Specific instructions for this Payer are shown below.

If you are a Capario customer then complete the Payer enrollment process BEFORE submitting claims to Capario for this Payer.

If you are not yet a Capario customer please contact Capario sales at: ProviderSales@Capario.com or 800-586-6870.

Guidelines for Enrolling with this Payer

1. Fax or Mail the Electronic Billing and EFT/Add Request to:

Blue Cross Blue Shield of Tennessee
Attn: Provider Network Services
P.O. Box 18076
Chattanooga, TN 37402
Fax: (423) 535-7523

2. Fax or Mail the Capario Provider Enrollment Form to:

Fax: (404) 877-3324
EDI Team
Capario
1901 E. Alton Ave. Suite 100
Santa Ana, CA. 92705

To obtain the Capario Provider Enrollment Form, go to:
www.capario.com/services/resource_center/enrollment_instructions.html

Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1

Electronic Billing and EFT Change/Add Request

Reason for submitting form

- Adding a Provider to Electronic Billing Changing information on a current Electronic Provider
 EFT Add/Change Software Request New User

I. PERSONAL/GROUP/FACILITY INFORMATION

Group Practice Name (If requesting group change/add): _____

Provider Name: _____

NPI Number: _____ Tax Identification Number: _____
(Required) (Required)

Contact Name: _____ Phone: _____ Fax: _____

II. ELECTRONIC BILLING INFORMATION

Will you be submitting any other ANSI transaction and version (e.g., 4010A1)?

Options Available: 270 Eligibility; 276 Claim Inquiry; 278 Authorization/Referral; 820 Premium Payment; 834 Enrollment/Disenrollment

1.		2.		3.		4.		5.	
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Claims Submission

Who will submit your claims? (select one)	Enter applicable information after selecting which option. <small>(If you are unsure of the Submitter's identification number, verify this information with your vendor before completing.)</small>
<input type="checkbox"/> Filing Direct with Purchased Software	Software Company Name: _____ Submitter Identification Number: _____ Phone: () - Ext: _____
<input type="checkbox"/> Filing Direct with In House Software	List existing mailboxes if associated with a group. (Ex: UBAAA.X12, PTAAA.X12, ECAAA.X12) 1. _____ 2. _____
<input type="checkbox"/> Filing with third party/billing agent	Please provide information only for the agency that submits the claims to BlueCross BlueShield of Tennessee. Billing Agent / Clearinghouse Name: _____ Billing Contact: _____ Submitter Identification Number: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____

Retrieval of Reports/Remits

Who will retrieve your Electronic Confirmation?*	<input type="checkbox"/> Provider Office <input type="checkbox"/> Third Party
Who will retrieve your Electronic Remits? **	<input type="checkbox"/> Provider Office <input type="checkbox"/> Third Party <input type="checkbox"/> Paper Remits

*It is your 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.

****A letter of authorization is required if someone other than you will retrieve the ANSI 276/278 or 835 transaction response. Please attach an authorization letter on your letterhead with the entire enrollment packet.**

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/ecom/. Please contact the Electronic Business Service Center at (423) 535-5717 or e-mail: ecom_techsupport@bcbst.com for technical support assistance.

Important: All responses to ANSI transactions will be delivered electronically to the submitter's EC Gateway BBS mailbox unless otherwise specified. ***Only HIPAA compliant software can be used. Please view http://www.bcbst.com/providers/ecom/getting_started/ for listings of approved vendors.**

III. User Access

Modem Access Form Dial-Up User Modem Registry Form
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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

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Note: All responses to ANSI transactions will be delivered electronically to the Submitter's EC Gateway BBS mailbox unless otherwise specified.

Note: To revoke an individual's access, please fax a request on the provider's letterhead to (423) 535-7523 noting the name(s) to be removed, the tax ID number and BBS mailbox to which they have access.

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 that proper security clearance is granted. 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.	EC Gateway Bulletin Board System	Confirmation Reports	835 Remittance
Individual Names (New Users Only) (First Name, Middle Initial and Last Name)			

ELECTRONIC TRANSMISSION 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 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.

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.

Third parties must obtain and use their own unique User ID and password to send or receive EDI transactions.

Providers are not required to submit a new EDI form each time their method of electronic billing is changed or they began using another type of EDI.

Provider must provide advanced notification of changes that might impact a provider's use of EDI. Providers are not required to notify their Medicare contractor if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

The binding information in an EDI Enrollment Form does not expire if the person who signed that form for a provider is no longer employed by the provider.

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name: _____

Please Print Name

Position: _____

Signature: _____ Date: _____

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

Mail (Mailed to EMC address listed on page 1)

Fax (Faxed to EMC fax number listed on page 1)

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.

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