



Before submitting electronic 837 claims, a Trading Partner Agreement and Provider Authorization Form must be completed. To receive the associated 835 remittance files, electronic submitters must also complete an ERA Enrollment form. This document contains step-by-step instructions for each form.

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Please note: After 20 minutes of inactivity on any of these Web forms, the system will time out and you will need to login again. Any information that had been entered on the screen that had not been submitted will be lost.



STEP #1: Instructions for completing the Trading Partner Agreement Form

Please note: After 20 minutes of inactivity on any of the Web forms, the system will time out and you will need to login again. Any information that had been entered on the screen that had not been submitted will be lost.

- 1) On the Trading Partner Login Page (<https://editest.bcbsm.com/tpalogon.html>), enter the TPA user ID and password you received from us. Click **Enter**.
- 2) The Name and Partner Type we have on file for you will be displayed on the screen. If this is correct, click **Continue**.

If the information is not correct, click on **Contact BCBSM**. In the body of the auto-generated e-mail, indicate your Login ID and the correct trading partner name and type.

- 3) The Provider Menu will appear.
- 4) Click on **Trading Partner Agreement**.
- 5) Enter the Phone, E-mail address, Name and Title of the representative submitting the form. An acknowledgement of our receipt of the TPA will be sent to the e-mail address you provide. If you do not enter an e-mail address, an acknowledgement is not returned to you.
- 6) **Before clicking I Agree, be sure to print a copy of the form for your records using your browser. We will not be able to print copies and mail to you once submitted. Note: Do not mail the printed copy of the form to BCBSM EDI.**
- 7) Click **I Agree**. TPA entries will not be submitted if you do not click on the **I Agree** button.

Note: We strongly encourage you to change your password once you have logged onto the system. To do so, click on Change Password. In the appropriate boxes, type your old password, then your new password. Once completed, click on Change Now, then click on Close.

The Provider Authorization and 835 ERA Enrollment Forms outlined in Steps #2 and #3 should only be completed once you have verified with your EDI submitter, service bureau or software vendor that they have tested with BCBSM and are approved for electronic submission. Failure to complete these steps will result in file or claim rejection.



STEP #2: Key notes for completing the Provider Authorization Form

Use the directions under each column heading for completing the authorization form

- 1) On the Trading Partner Login Page (<https://editest.bcbsm.com/tpalogon.html>), enter the TPA user ID and password you received from us. Click **Enter**.
- 2) The Provider Menu will appear.
 - a. Click on the **Professional Provider Authorization** link (if you bill on a 1500 claim form and your submitter ID begins with “c0” or “t0”).
 - b. Click on the **Institutional Provider Authorization** link (if you bill on a UB-04 form and your submitter ID is a tax identification number).
 - c. Click on the **Dental Provider Authorization** link (if you are requesting 835 electronic remittance for dental services for FEP or Medicare Advantage).
- 3) Use the drop-down menu on each line to specify payers you will be submitting claims to.
- 4) Enter your **Submitter ID** on each line that you entered an NPI. If you are not sure of your submitter ID, contact your submitter, service bureau or software vendor to obtain your current submitter ID.
- 5) Enter your **Trading Partner ID** on each line of the entity that will be receiving electronic remittance information on your behalf. By entering a Trading Partner ID, you are requesting the return of an 835 remittance file. You will be prompted to complete the 835 ERA Enrollment form (see *Step #3 Instructions for completing the 835 ERA Enrollment Form* below). The Provider Tax ID is only required when entering a trading partner ID for the 835 ERA unless otherwise specified in the column heading.
- 6) Enter an email address to receive an acknowledgement email of what you entered. If you enter an email and do not receive an acknowledgement, the authorization screen may have timed out and not accepted your update.
- 7) Once you have completed all information, print a copy for your files. To continue, either click **Submit** or **Submit for ERA**. Please note that entries **will not be submitted** if you do not click on the **Submit** button.

If you're having problems completing any of these forms, or if you have any questions about the TPA process, please call EDI at (800) 542-0945 and select the TPA option.



STEP #3: Instructions for completing the 835 ERA Enrollment Form

- 1) **Provider Information/Provider Name:** Complete legal name of institution, corporate entity, practice or individual provider
- 2) **Provider Contact Information/ Provider Contact Name:**
 - **Contact:** First and last name of person to be contacted to provide information that relates to the ERA (835)
 - **Telephone Number:** Number where contact can be reached
 - **Telephone Number Extension:** Telephone number extension, if applicable
 - **Email Address:** ***This field is auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen***
- 3) **Provider Identifiers:** ***All of these fields are auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen***
 - **Provider Federal Tax Identification or Employer Identification Number:** Number used to identify a business
 - **National Provider Identifier (NPI) –** HIPAA unique provider identifier
- 4) **Other Identifier(s):**
 - **Assigning Authority:** BCBSM-BCBS; BCBSM-BCN; BCBSM-Medicare A; BCBSM-Medicare B; BCBSM-Medicaid. The information populated corresponds to the line of business you selected on the Provider Authorization form
 - **Trading Partner ID:** Unique Receiver ID; place where 835 is to be sent; typically the same as the Submitter ID.
- 5) **Electronic Remittance Advice Information/Preference for Aggregation of Remittance Data:** This field is used to collect information regarding provider grouping (bulking) claim payment remittance advice (e.g., Account Number Linkage to Provider Identifier).
 - When mandated to use an NPI, your **Billing NPI** must be entered. If you are not mandated to use an NPI, enter your practice federal tax ID/employer identification number (EIN) **Note:** If payment via Electronic Funds Transfer (EFT) is also being used, this entry must be the same Linkage ID entered for EFT.
 - **Tax Identification Number (TIN) –** a federal tax identification number (TIN) or employer identification number (EIN) (9 Numeric)
 - **National Provider Identifier (NPI) -** Unique identification number for covered healthcare providers (10 Numeric)
- 6) **Method of Retrieval:** Select one of the items from the drop down list. This is how the provider will receive their Electronic 835/ERA from BCBSM:
 - **SFTP** (preferred method - direct connection to BCBSM using a direct submitter id with self-created or vendor software, or you will use a third-party trading partner to retrieve your 835/ERA)
 - **Secure HTTPS** (direct internet connection; NOTE: self-created or your vendor software must be able support this method of retrieval)



- 7) **Submission Information/Reason for Submission:** *****This field is auto-populated from Provider Authorization screen; to make corrections go back to Provider Authorization screen*****
- **New Enrollment:** Enrollment of a new ERA account
 - **Change Enrollment:** This information facilitates the change of the trading partner id for receipt of the 835.
 - **Cancel Enrollment:** Use to terminate receipt of ERA – 835 Standard Transaction
- 8) **Submission Information/Authorized Signature:**
- **Electronic Signature of Person Submitting Enrollment:** Typed Signature of preparer or responsible individual
 - **Printed Title of Person Submitting Enrollment:** Enter the title of the person who signs the form
 - **Submission Date:** Enter the date the ERA Enrollment Form is submitted.

Other Information

If you need help with your ERA registration, please call the EDI Helpdesk at 1-800-542-0945 and select the appropriate option.

RA Vouchers: BCBSM/BCN/Medicare Advantage remittance advice vouchers are viewable online through BCBSM Provider Secured Services. Information on how to sign up is available at www.bcbsm.com; or you can contact your Blues Provider Consultant or Provider Affairs Representative; or call the BCBSM Web Support Team at 1-877-258-3932.

Alert: The federal mandate called EFT-ERA Operating Rules requires BCBSM to inform providers who are using the Electronic Remittance Advice/835 transaction for posting, and receiving payment by Electronic Funds Transfer (EFT), to notify their financial institution/bank regarding their use of EFT and to notify them to send the provider the health plan payment trace number information for reassociation which is located in the Addenda record of the banking industry EFT format called CCD+.

Missing/Late ERA (835 Transaction)

After completing the ERA/835 setup if your practice or facility also receives payment by EFT and these are not received within 4 business days of each other:

- Contact your clearinghouse when a clearinghouse is used to receive your ERA/835.
- For all others, contact the BCBSM EDI Helpdesk at (800) 542-0945 or email edisupport@bcbsm.com (with subject line: Missing Late ERA). Prior to contacting BCBSM please have ready the following: NPI, check date, check number and/or reference number, check amount, and line of business (i.e. BCN)