



# Electronic Remittance Advice Registration Tip Sheet using Availity® Provider Portal

## Instructional Overview

Electronic Remittance Advice (ERA) or ANSI 835 is a HIPAA-compliant method of receiving claim payment and remittance details from Blue Cross and Blue Shield of Texas (BCBSTX). In addition, ERA files may be automatically posted to your patient accounting system.

Listed below you will find detailed information as well as helpful hints to complete online ERA enrollment through Availity.

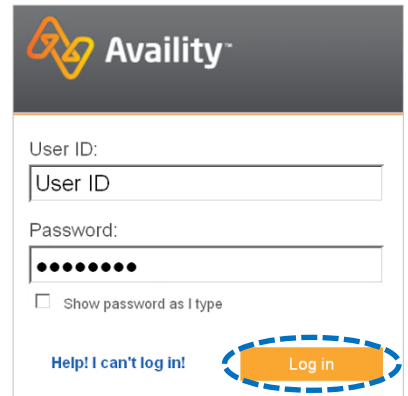
*Check with your billing service, clearinghouse or software vendor to confirm ERA-compatibility of auto-posting software.*

**Federal Employee Program® (FEP®) Dental Providers:** The ERA enrollment process for Federal Dental Blue supplement policies will continue to be administered by DNoA.

### 1) Getting Started

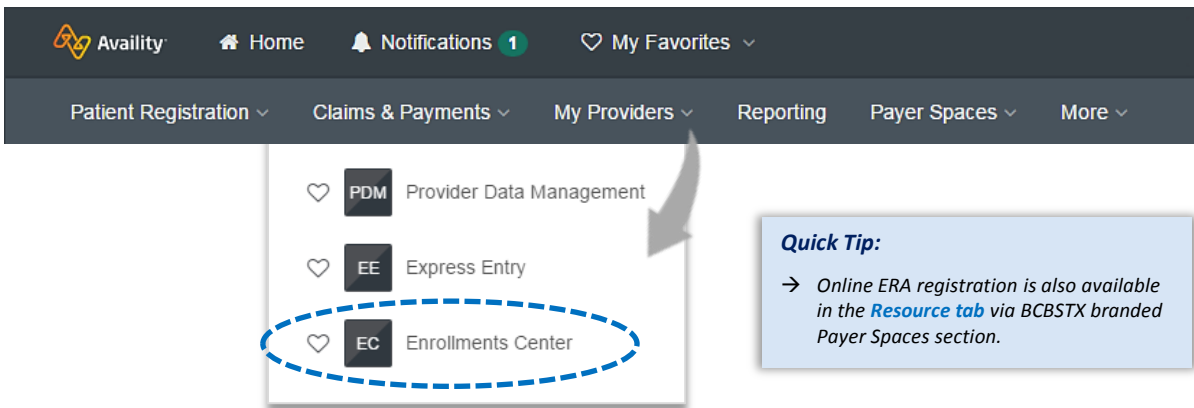
- ▶ Go to [availity.com](http://availity.com)
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in** button

**Note:** Only registered users can access online ERA registration via Availity.



### 2) Accessing ERA Registration

- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Enrollments Center** then click **ERA Registration (BlueCross BlueShield of Texas)**



**Note:** Online ERA registration is only accessible to assigned Availity Administrators.

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### 3) Receiver Selection

- ▶ Select one of the following options for **Who will receive your ERA files?**
  - **Provider**
  - **Clearinghouse**

**When selecting Provider:**

- ▶ For ERA files to be received in the provider’s Avality mailbox:
  - Select **Provider**
  - Choose **Organization** from the drop-down menu
- ▶ Select **Submit**

**\* Required fields**

\*Who will receive your ERA files:  **Provider**  Clearinghouse

\*Select Organization to Register:  ▼

Organization Id:

You are about to be re-directed to a third-party site away from Avality's secure site, which may require a separate log-in. Avality provides the link to this site for your convenience and reference only. Avality cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Avality.

**When selecting Clearinghouse:**

- ▶ For ERA files to be received by a third-party clearinghouse:
  - Select **Clearinghouse**
  - Enter the Avality Clearinghouse Customer ID
  - Select **Search**
  - Verify results match the clearinghouse name
- ▶ Select **Submit**

**\* Required fields**

\*Who will receive your ERA files:  Provider  **Clearinghouse**

\*Avality Clearinghouse Customer Id:

**We found clearinghouse: Electronic Solutions Plus - 11111**

\*Select Organization to Register:  ▼

Organization Id:

You are about to be re-directed to a third-party site away from Avality's secure site, which may require a separate log-in. Avality provides the link to this site for your convenience and reference only. Avality cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Avality.

**Quick Tip:**

→ *The Avality Clearinghouse Customer ID should be 4 to 6 digits (no letters). You may contact your clearinghouse to obtain this ID.*

### 4) Terms and Conditions

- ▶ Users will be re-directed from Avality to BCBSTX secure website to complete enrollment
- ▶ Review the Terms and Conditions and select **I agree to the Terms and Conditions**
- ▶ Select **Next**

Terms	Select Location / User Information	Provider Information	Electronic Remittance Advice Information	Submission Information	Review & Confirm	Finish
<b>Electronic Remittance Advice (ERA) Enrollment Form</b>						
<b>Terms and Conditions</b>						
<p>Prior to enrolling for ERA, you must be registered with Avality®. Avality, LLC supports the exchange of electronic remittances in the ASC X12 835, version 5010A1 format. The ERA enrollment process establishes an electronic mailbox where Avality will place the electronic remittance file(s) received from payer(s). The provider's Federal Tax ID is required to establish an ERA Receiver mailbox and also will be used to parse remittance transactions from the payer. There is no charge to register with Avality. Visit <a href="http://avality.com">avality.com</a> for details.</p> <p>If you are a billing service or clearinghouse requesting to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.</p> <p><small>Avality is a registered trademark of Avality, LLC. Avality is a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Avality provides administrative services to the Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas. These Plans make no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services offered by such vendors, you should contact the vendors directly.</small></p> <p><input checked="" type="checkbox"/> I agree to the Terms and Conditions</p> <p><input checked="" type="button" value="Next"/></p>						

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5) Location/User Selection

Select the provider billing/group NPI (type 2) and location

**Note:** If your NPI and Tax ID numbers do not populate, they will need to be entered via Express Entry before continuing.

Enter the **Receiver Name** and select one of the options to continue:

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

NPI	Plan	Tax ID
<input checked="" type="radio"/> 1234567890	State	123456789

Name: ABC Medical Clinic  
 Primary Specialty: Family Practice  
 Office Address: 000 S Mountain View, Chicago IL 12345-0000  
[New Enrollment / Change Enrollment / Cancel Enrollment](#)

Availity Customer ID \*   
 Receiver Name \*  ?

**Note:** Providers receiving their own files should enter **Availity** as the **Receiver Name**.

6) Provider Information

Verify the pre-populated data and enter the following information:

- **Provider Contact Name** – indicate contact information for the person completing the enrollment
- **Telephone Number**
- **Email Address**

Provider Name: ABC Medical Clinic  
 Street: 000 S. Mountain View  
 City: Chicago  
 State/Province: State  
 ZIP Code/Postal Code: 12345-0000

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 999999999  
 National Provider Identifier (NPI): 1234567898

Provider Contact Name\*: Carla  
 Title: Administrator  
 Telephone Number\*: 999-999-9999  
 Telephone Number Extension:   
 Email Address\*: administrator@aol.com  
 Fax Number:

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Select **Next**

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## 7) ERA Information

- ▶ Enter provider **Tax ID** or **NPI** for **Preference for Aggregation of Remittance Data**

**Note:** The system will default to NPI.

- ▶ Enter **Clearinghouse Name** or **Vendor Name**

- ▶ Select **Next**

**Electronic Remittance Advice (ERA) Enrollment Form**

Terms    Select Location / User Information    Provider Information    Electronic Remittance Advice Information    Submission Information    Review & Confirm    Finish

Electronic Remittance Advice Information ⓘ

\* = required

Preference for Aggregation of Remittance Data\* ⓘ

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Electronic Remittance Advice Clearinghouse Information\* ⓘ

Clearinghouse Name

Electronic Remittance Advice Vendor Information\* ⓘ

Vendor Name

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## 8) Submission Information

- ▶ Choose reason for submission:

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

- ▶ Select **Next**

**Electronic Remittance Advice (ERA) Enrollment Form**

Terms    Select Location / User Information    Provider Information    Electronic Remittance Advice Information    Submission Information    Review & Confirm    Finish

Submission Information ⓘ

**Reason for Submission**

New Enrollment

Change Enrollment

Cancel Enrollment

**Authorized Signature**

Name of Person Submitting Enrollment: Carla

Title of Person Submitting Enrollment:

Submission Date    April 1, 2019

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## 9) Review and Confirm

- ▶ Verify the information submitted is correct and select **I agree**
- ▶ ERA and Electronic Payment Summary (EPS) or Remittance Advice (RA) files can be delivered to different receivers and if applicable, select **Use same for Electronic Payment Summary (EPS)**
- ▶ Choose option for **Provider Tax Identification Number (TIN)** or **National Provider Identifier (NPI)**
- ▶ To receive ERA files when claims are processed in Blue Plans states other than Illinois, Montana, New Mexico, Oklahoma or Texas, select **I would like to receive Blue Plan Secondary Payer ERAs (Medicare Primary) from states other than Illinois, New Mexico, Oklahoma and Texas**
- ▶ Select **Submit**

**Electronic Remittance Advice (ERA) Enrollment Form**

	Terms	Select Location / User Information	Provider Information	Electronic Remittance Advice Information	Submission Information	Review & Confirm	Finish
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**Review and Confirm**

Provider Name: ABC Medical Clinic  
Payer: Blue Cross and Blue Shield of Texas

The undersigned hereby certifies that the information provided herein is true and accurate to the best of my knowledge and that he or she has been duly authorized by all necessary, to execute this agreement on behalf of the above mentioned to form a legally binding contract with Blue Cross and Blue Shield of Texas a Division of Health Care Service Corporation, A Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

I agree

Use same for Electronic Payment Summary (EPS)

Apply changes to additional location.

I would like to receive Blue Plan Secondary Payer ERAs (Medicare Primary) from states other than Illinois, Montana, New Mexico, Oklahoma and Texas.

## 10) Finish

After enrollment has been completed, you will receive online confirmation that the ERA enrollment was successfully received by the payer. Additionally, an acknowledgement letter with the effective date will be mailed to you.

Provider claim summaries will continue to be delivered by mail for 31 days after the ERA enrollment has been completed.

**Have questions or need additional education?** Email Electronic Commerce Services at [ecommerceservices@bcbstx.com](mailto:ecommerceservices@bcbstx.com).

*Be sure to include your name, direct contact information & Tax ID or billing NPI.*

Dental Network of America, LLC (DNOA) is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company.

Dental Network of America, LLC, is a separate company that acts as the administrator of dental programs for Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas.

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