



Blue Cross and Blue Shield of Louisiana requires that participating providers enroll in our electronic funds transfer (EFT) service. EFT allows providers to receive payment directly into their accounts electronically. You can download a copy of the EFT Enrollment Form at www.BCBSLA.com/providers >Resources. The following information should help you complete the form.

1 CONSENT

The consent legally allows Blue Cross to electronically transfer funds to your financial account. The provision for Blue Cross to deduct funds applies when an erroneously credit occurs such as a banking error.

2 PROVIDER INFORMATION

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

Street Address – The number and street name where a person or organization can be found

City – City associated with provider address field

State/Province – The 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

3 PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number (TIN) / 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 by 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.

Group NPI (if applicable) – If part of a provider group, please also report the NPI for your group.

4 PROVIDER CONTACT INFORMATION

Provider Contact Name – Name of a contact in provider office for handling ERA issues

Title – Title of the contact person

Telephone Number – Associated with the 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

5 RETAIL PHARMACY INFORMATION *(this section should be completed by pharmacies only)*

Pharmacy Name – Complete name of pharmacy

NCPDP Provider ID Number – The NCPDP-assigned unique identification number

6 FINANCIAL INSTITUTION INFORMATION

Financial Institution Name – Official name of the provider's financial institution

Financial Institution Routing Number – The 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited

Type of Account at Financial Institution – The type of account the provider will use to receive EFT payments (e.g. checking, savings, etc.)

Provider's Account Number with Financial Institution – The provider's account number at the financial institution to which EFT payments are to be deposited

Account Number Linkage to Provider Identifier – Choose to enter either the Provider TIN or NPI for the purpose of grouping (bulking) claim payments. Provider preference for grouping (bulking) claim payments must match preference for v5010 X12 835 remittance advice.

7 SUBMISSION INFORMATION

Reason for Submission

- **New Enrollment** – Check to indicate applying for new EFT enrollment

Include with Enrollment Submission

- **Voided Check** – A voided check is attached to provide confirmation of Identification/Account Numbers. Temporary checks are not accepted.

or

- **Bank Letter** – A letter on bank letterhead that formally certifies the account owners routing and account numbers

Authorized Signature – The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Written Signature of Person Submitting Enrollment – The (usually cursive) rendering of a name unique to a particular person used as conformation of authorization and identity

Printed Name of Person Submitting Enrollment – The printed name of the person signing the form

Submission Date – The date on which the enrollment is submitted

8 RETURN INFORMATION

The form lists the mailing address, fax number and email address of Blue Cross' Network Operations as three options for returning the EFT Enrollment Form.

Mail to: Attn: NAD / BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898-9029

Fax: (225) 297-2750

Email: network.administration@bcbsla.com

Providers should contact their financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. Shown below are the Data Elements that are necessary for re-association:

CCD Record #	Field #	Field Name
5	9	Effective Entry Date
6	6	Amount
7	3	Payment Related Information

Late/Missing EFT and ERA Transactions Resolution Procedures:

ERA (835) files are available weekly in Trading Partner mailboxes on Mondays, and no later than Wednesday, except during holidays or unexpected office closures. If you do not receive your ERA by close of business on Wednesday, you may contact EDI Services at 1-800-216-2583 or email EDIServices@bcbsla.com. Please include the Trading Partner ID, check number, check amount, check date and NPI.

EFT transactions are typically available at the provider's bank on Wednesday. If you have not received your deposit by close of business on Wednesday, you may contact EDI Services by calling 1-800-216-2583.

For questions about the ERA Form, please contact EDI Services at 1-800-216-2583. Also visit www.BCBSLA.com/providers >Electronic Services >Clearinghouse Services.

To check the status of your ERA Form, you may submit your **request** via email to EDIServices@bcbsla.com. Please include the provider or group name, NPI, TIN or EIN and Trading Partner ID. Please allow three to five business days for setup.

To check the status of your EFT Form, you may submit your request via email to network.administration@bcbsla.com. Please include the provider or group name, NPI and TIN or EIN. Please allow up to 15 business days for setup.

Provider's NPI must already be on file with Blue Cross. For more information on reporting your NPI to Blue Cross, you may contact the Provider Data unit of Network Operations at 1-800-716-2299, option 3.

Blue Cross does not set up ERAs for out-of-state providers.



To receive your Blue Cross and Blue Shield of Louisiana payments via electronic funds transfer (EFT), please complete the following information. Be sure to complete a separate Electronic Funds Transfer Enrollment Form for each payment location. Please contact your financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. See Guide to Completing the EFT Enrollment Form for detailed instructions (*included with this form*).

CONSENT		
<p>I hereby authorize Blue Cross and Blue Shield of Louisiana, hereinafter called COMPANY, to initiate credit entries, and in accordance with LSA R. S. 250.38 to initiate adjustment for any credit entries made in error to the account indicated below.</p> <p>I hereby authorize the financial institution/bank named below, hereinafter call BANK, to credit and/ or debit the same to such account. I am aware that the weekly Provider Payment Register will no longer be mailed to our office, but it will be available for viewing and/or printing in the iLinkBLUE <i>Provider Suite</i>.</p>		
PROVIDER INFORMATION		
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)	Group NPI (if applicable)	
PROVIDER CONTACT INFORMATION		
Provider Contact Name		Title
Telephone Number	Email Address	Fax Number
RETAIL PHARMACY INFORMATION		
Pharmacy Name		
NCPDP Provider ID Number		
FINANCIAL INSTITUTION INFORMATION		
Financial Institution Name		
Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution
Account Number Linkage to Provider Identifier		
<input type="checkbox"/> Provider Tax Identification Number (TIN): _____ <input type="checkbox"/> National Provider Identifier (NPI): _____		

~Over~

SUBMISSION INFORMATION

Reason for Submission

New Enrollment

Include with Enrollment Submission

Voided Check (*temporary checks are not accepted*)

or

Bank Letter

Authorized Signature

This information is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. An EFT Termination/Change Form must be completed if **any** of the above information changes.

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Submission Date

RETURN INFORMATION

Please return your completed Electronic Funds Transfer Enrollment Form in one of the following ways:

Mail to: Attn: NAD/BCBSLA
P.O. BOX 98029
Baton Rouge, LA 70898-9029

Email: network.administration@bcbsla.com

Fax: (225) 297-2750

If you have any questions about this form or your EFT enrollment status, please contact Network Operations at:

Phone: (800) 716-2299, option 3

Email: network.administration@bcbsla.com

For internal use only: iLB set up complete.

