

Payer Agreement Instructions for Utah Blue Cross Blue Shield Payer ID BS033

Are you set up with the Payer?

This enrollment form is for submitters who have completed all necessary arrangements with this payer. Although payer requirements vary, please be sure to:

- Register your NPI with this Payer
- Contract with this Payer, if needed. You must have a valid Provider Identification Number (PIN).

In addition there may be other EDI payer requirements. For more specific information please contact the Payer's Provider Relations Department.

McKesson Requirements

Complete the Exhibit B & Carrier Agreement Tracking Form (CAT Form) and fax to the McKesson EDI Enrollment Department at: 800-633-4763. These forms are included in the next two pages.

- This form is used to update the provider/practice profile with the correct information so that approval can be obtained from the payer for electronic submission.
- This form can also be used if you are making changes to an existing setup for this payer, i.e. change to Provider PIN or NPI.
- Please ensure that any tracking information is included. This is used when contacting the payer for approvals.
- Failure to complete this form and submit to McKesson may delay the processing of this payer with the clearinghouse.
- The Exhibit B & CAT Form does not go to the payer, only to McKesson EDI Enrollment.

Payer Enrollment

- Some payers require original forms.
- If the payer accepts copies, be sure to include all pages of the agreement and verify that they are legible.
- Submit one agreement per Provider Group ID
- Incomplete or incorrect agreements may be denied or returned by the payer and may require the enrollment process be started from the beginning.
- Approvals can take 3 – 4 weeks.

Payer Approvals

- In some cases the payer will send the approval to the provider/practice instead of notifying the clearinghouse. If you receive payer approval please let us know by faxing a copy to EDI Enrollment at: 800-633-4763.
- DO NOT transmit claims to this payer until you have verified with the Enrollment Department that the clearinghouse has received and updated the approval in their system.

Guidelines for completing: Utah Blue Cross Blue Shield Payer ID BS033

Providers must enter their Blue Shield provider number to be set up to send claims electronically.

A valid Blue Shield Group/ Provider ID consists of 14 digits.

When you have completed this agreement please fax to:

McKesson EDI Enrollment

800-633-4763

FAX TO 1-800-633-4763

Each provider in the practice planning to submit health care transactions electronically must be included in this enrollment form. If a provider has more than one office, please complete a separate form for each office.

PLEASE CHECK ONE OF THE BELOW CHOICES

- Add on Provider (Adding Provider to existing McKesson Account)*
- Add on Payer (Adding Payer to a Provider with an existing McKesson account)**
- Update or Change to a Provider’s PIN or Group Number for requested payers.**

*Adding a provider to an account may result in a pricing increase depending on the pricing plan you are currently on. If you are not sure what pricing plan you are on, please contact your Value Added Reseller or the EDI Enrollment Department at 1-800-689-4550

** If adding or changing information regarding an Insurance Carrier/Payer for an existing provider you must also complete the Carrier Agreement Tracking Form (CAT Form) which is page 2 of this document.

Client ID: _____ Practice Tax-ID: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ VAR # _____

Telephone: _____ Facsimile: _____

Billing service name: _____ Billing Service Tax

ID: _____ (If applicable) applicable) (If applicable)

<i>First Name</i>	<i>Last Name</i>	<i>Credential</i>	<i>Specialty</i>	<i>Individual NPI</i>	<i>Group NPI</i>

Practice Name:	
Practice Tax ID:	

Please include this form with the Exhibit B. Complete this form for each provider in the practice after all agreements have been forwarded to the respective carriers. You may wish to retain a copy of this form for your records.

In the grid below, please enter **ALL** of the requested information for each carrier/payer to enroll. **This is critical information that is required to complete your enrollment process. The clearinghouse cannot contact payers to confirm your approval for electronic transmission without first knowing the date agreements were mailed to them.**

*Please indicate the appropriate Payer ID Number below each payer as indicated in the payer directory. The Phoenix Payer Directory can be found online at http://www.lytec.com/download/Phoenix_Payer_List.pdf for Lytec users or at http://www.medisoft.com/download/Phoenix_Payer_List.pdf for Medisoft users

Payer	Provider #1	Provider #2	Provider #3
	Name:	Name:	Name:
	Ind NPI:	Ind NPI:	Ind NPI:
	Group NPI:	Group NPI:	Group NPI:
Medicare	Ind #	Ind #	Ind #
	Grp #	Grp #	Grp #
Medicaid	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #
BCBS	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #
TriCare	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #
RR Medicare	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #
Other	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #
Other	Ind #	Ind #	Ind #
Payer ID	Grp #	Grp #	Grp #

Please note the date on which you sent each carrier agreement to the carrier and the service used to send it (i.e., UPS, FedEx, Airborne Express, etc.) as well as a package tracking number, if applicable.

Carrier/Payer Name	Date Mailed	Service Used	Tracking Number

EDI TRANSACTION ENROLLMENT

Please or type in form fill document below. Illegible or incomplete documents will not be processed.

PROVIDER ENROLLMENT INFORMATION			
Provider Type	<input type="checkbox"/> Professional (<i>Medical</i>)	<input type="checkbox"/> Institutional (<i>Hospital</i>)	<input type="checkbox"/> Dental
Practice Name			<input type="checkbox"/> New Client Request
Contact(s)			<input type="checkbox"/> Add / Change of Info
Address			Submitter/Trading Partner ID
City, St, Zip			
Email			Availity Remit Submitter ID
Phone ()	Fax ()		
Format	<input type="checkbox"/> ANSI 4010A1 <input type="checkbox"/> UB92/UB04	Group NPI:	
Files will be downloaded by:	<input type="checkbox"/> Practice	<input type="checkbox"/> Billing Service	<input type="checkbox"/> Clearinghouse
Tax ID Number			

OUTSIDE CLEARINGHOUSE OR BILLING SERVICE INFORMATION			
<i>complete this section if provider's office IS NOT connecting directly to Availity Clearinghouse or UHIN.</i>			
Business Name			Submitter/Trading Partner ID
Address			Availity Remit Submitter ID
City, St, Zip			
Contact(s)			Tax ID Number
Phone ()	Fax ()		
Email			

PRACTICE MANAGEMENT SYSTEM (<i>Utah clients only</i>)	
Software Vendor	
Transmitting Claims Via	<input type="checkbox"/> UHINT <input type="checkbox"/> Proclaim <i>*requires a dialup telephone connection</i>

SELECT TRANSACTION TYPE	
<i>NOTE: *Utah submitters will no longer receive paper remits once electronic remits have been activated.</i>	
<i>**837 enrollment is for Utah submitters only.</i>	
<i>Contact Availity for 837 enrollment for Idaho, Oregon and Washington.</i>	
<input type="checkbox"/> 270 / 271 – Eligibility Request & Response	<input type="checkbox"/> 835 – Remittance Advice <i>*electronic copy only for Utah</i>
<input type="checkbox"/> 276 / 277 – Claim Status Inquiry & Response	<input type="checkbox"/> 837 – Claim Submission <i>**Utah submitters only</i>

LIST REGENCE PROVIDER NAME(S) & ID NUMBER(S)
 Idaho = 12 digits Oregon = 9 digits Utah = 14 digits Washington = 4 to 6 digits
(attach list if needed)

Legacy Provider ID	Individual NPI	Provider Name

Please email or fax this form to:

IDAHO Phone 800 713-1693 Fax 877-329-3342 Email edisupport@regence.com	OREGON Phone 800 713-1693 Fax 877-329-3342 Email edisupport@regence.com	UTAH Phone 801-333-2900 or 888-344-5583 Fax 877-329-3342 Email edisupport@regence.com	WASHINGTON Phone 206 464-3822 or 800 373-1477 Fax 877-329-3342 Email edisupport@regence.com
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REGENCE EDI USE ONLY
NOTES OR COMMENTS: