



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 Illinois (BCBSIL). 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.

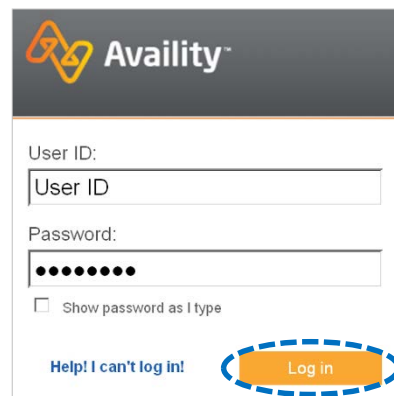
Check with your billing service, clearinghouse or software vendor to confirm ERA-compatibility of auto-posting software.

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

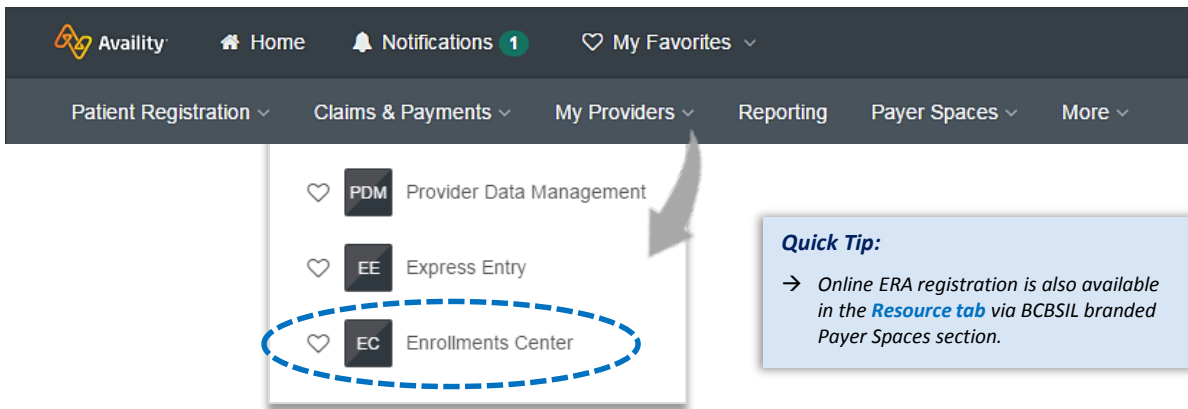
- ▶ Go to availity.com
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in** button

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 Illinois)**



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 Inc. [v]

Organization Id: 111111

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.

Submit Cancel

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: 11111 [Search]

We found clearinghouse: Electronic Solutions Plus - 11111

* Select Organization to Register: Organization Inc. [v]

Organization Id: 10101

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.

Submit Cancel

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 BCBSIL secure website to complete enrollment
- ▶ Review the Terms and Conditions and select **I agree to the Terms and Conditions**
- ▶ Select **Next**

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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Terms and Conditions

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 avality.com for details.

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.

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.

I agree to the Terms and Conditions

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Instructional Overview

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) [1234567890]

Electronic Remittance Advice Clearinghouse Information* ⓘ

Clearinghouse Name [Clearinghouse]

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

Review and Confirm

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

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 Illinois 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.

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Submit

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@bcbsil.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.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.