Electronic Remittance Advice – ERA

Program Information Guide and Authorization Form

Revised March 2017

INTRODUCTION

BMC HealthNet Plan (BMCHP) has introduced a convenient new service for enrollment in the Electronic Remittance Advice (ERA) program. Enrollment is easy, it's free, and it helps us save time and money.

Advantages of the Electronic Admittance Advice program (ERA) include:

- Increased security of information
- Less time spent on claims tracking
- Expedited patient account reconciliation
- Easier retrieval of archived data

What is an Electronic Remittance Advice (ERA), also known as an 835?
An ERA is an electronic file that explains claim payment and remittance information. In compliance with HIPAA, the ERA is received within three days before or three days after the receipt of the Electronic Funds Transfer (EFT), if you are also registered in BMCHP's EFT program. The HIPAA compliant X12 835 format can be automatically posted to your patient accounting system.

Is ERA Required or Voluntary?
ERA is a voluntary program, but we encourage all qualified providers to participate in the program. Our voluntary program has grown tremendously because of the convenience, cost efficiency, and security associated with processing ERA transactions.

What Steps are Necessary to Become an ERA Provider?
- The ERA Authorization form (ERA-1) that includes the required HIPAA Compliant set of data elements must be completed by providers and submitted to:
  ERA.Requests@BMCHP-wellsense.org

- You are required to proactively contact the financial institution referenced in your enrollment form to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful re-association.

When are Initial Enrollment and Subsequent Changes Effective?
All 835 enrollment requests (start, change, cancel) are effective the Tuesday following receipt of this form.

Can Providers Change Their ERA Information Account?
Providers may change ERA enrollment information as needed by completing the areas that pertain to requested changes on the ERA-1 form and noting the reason for submission as "Change".

Provider Instructions for Completing the Attached ERA Authorization Form (ERA-1)

Please Check One:

☐ New Enrollment   ☐ Change Enrollment   ☐ Cancel Enrollment

Provider Identification Information

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric
Provider Tax Identification Number or Employer Identification Number	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
Provider National Provider Identifier (NPI)	A 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 under HIPAA.	Numeric (10 digits)
Provider Contact Information:		
Name	Name of a contact in provider office for handling ERA issues	Alphanumeric
Telephone Number	Associated with contact person	Numeric (10 digits)
E-Mail Address	An electronic mail address at which the health plan might contact the provider	Alphanumeric

Account Number Linkage To Provider Identifier

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)		
Provider Tax Identification Number (TIN)	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
National Provider Identifier (NPI)	A 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 under HIPAA.	Numeric (10 digits)

Authorization Information

Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper- based manual enrollment (must provide either Electronic or Written Signature)	
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment	
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment	
Submission Date	The date on which the enrollment is submitted	CCYYMMDD
Requested ERA Start/Change/ Cancel Date	The date on which the requested action is to begin	CCYYMMDD

Clearinghouse Information

Clearinghouse	Official name of the provider's clearinghouse

Vendor Information

Vendor	Official name of the provider's vendor

ERA Authorization Form (ERA-1)

Please Check One:

☐New Enrollment   ☐Change Enrollment   ☐Cancel Enrollment

Provider Identification Information

Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

Account Number Linkage Information

Account Number Linkage to Provider Identifier		
Provider Tax Identification Number or Employee Identification Number		
Provider National Provider Identifier (NPI)		

Authorization Information

Authorized Signature		
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment		
Printed Title of Person Submitting Enrollment		
Submission Date		
Requested ERA Start/Change/ Cancel Date		

Clearinghouse Information

Official name of the provider's clearinghouse	

Vendor Information

Official name of the provider's vendor	

Please return this form to ERA.Requests@BMCHP-wellsense.org