


Electronic Fund Transfer (EFT) is a HIPAA-standard transaction from Blue Cross and Blue Shield of Montana (BCBSMT) to the provider’s designated financial institution, which offers providers a secure method of claim payments. This alternative to receiving paper checks can help save you time and reduce the risk of lost or misrouted checks.

Electronic Remittance Advice (ERA) or ANSI 835 is a HIPAA-compliant method of receiving claim payment and remittance details from BCBSMT. In addition, ERA files may be automatically posted to your patient accounting system. *Check with your billing service, clearinghouse or software vendor to confirm ERA-compatibility of auto-posting software.*

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

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

1) Getting Started

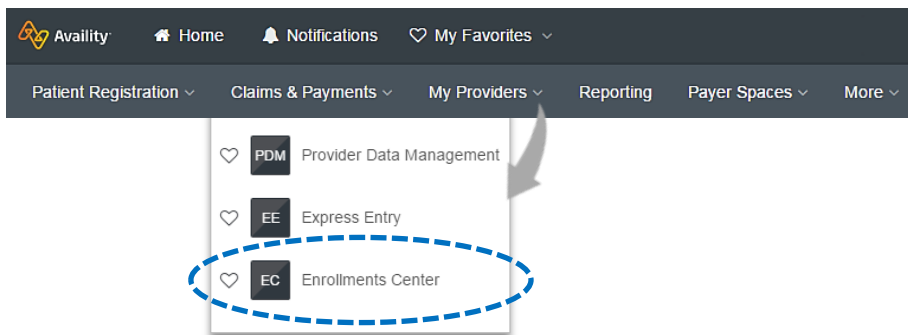
- ▶ Go to [Availity](#) 
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**



Note: Only registered Availity users can access online EFT & ERA registration.

2) Accessing EFT & ERA Enrollment

- ▶ Select **My Providers** from the navigation menu
- ▶ Select **Enrollments Center**



Note: Contact your Availity Administrators if the **Enrollments Center** is not listed in the **My Providers** menu.

3) Select Transaction Enrollment

▶ Select **Transaction Enrollment**

EC Enrollments Center

Multi-Payer Enrollments

- EE** Express Entry
- ERA** ERA Enrollment
- MA** Medical Attachments Setup
- PDM** Provider Data Management
- CER** Claim Encounter Reconciliation Application (CERA) Setup
- TE** Transaction Enrollment

Quick Tip:
→ If you have previously enrolled for EFT and ERA with BCBSMT, you do not need to enroll again.

4) Start Enrollment

▶ Select **Enroll**, then choose **Enroll a provider**

Home > Transaction Enrollment

Transaction Enrollment Enrollment Status [Learn More](#)

Enroll ▾

Enroll a provider

Upload and enroll a list of providers

Quick Tips:

- The **Enroll** option will display for Availity Administrators and/or users who are authorized to enroll for 835 transactions.
- If enrolling multiple providers for ERA, you may select **Upload and enroll a list of providers**.

Organization: [Dropdown]

Provider: Search by Name... [Dropdown]

Registration ID: ANY [Text]

Health Plan: ALL [Dropdown]

Transactions: ALL [Dropdown]

Enrollment Status: IN PROGRESS [Dropdown]

Submission Date: Last 30 Days [Dropdown]

Last Modified Date: ALL [Dropdown]

5) Select Provider

- ▶ Select **Organization**
- ▶ For ERA files to be received in your Availity mailbox, leave the **Deliver ERA files to a Clearinghouse** box unchecked
- ▶ For ERA files to be received by a third-party clearinghouse, select the **Deliver ERA files to a Clearinghouse** checkbox
 - ▶ Next, select the **Clearinghouse Organization** from the drop-down listing
- ▶ Enter the **Provider Identifier Information** (Tax ID and Billing Type 2 NPI number)

Provider Enrollment

1 Select Provider
2 Select Health Plan
3 Select Transaction
4 Add Identifiers
5 Add Financial Information
6 Submit Enrollment

Home > Transaction Enrollment > Enroll

Transaction Enrollment Enroll Learn More

ADD PROVIDER

Organization
ABC Clinic

Deliver ERA files to a clearinghouse?

Clearinghouse Organization ⓘ
XYZ Clearinghouse

Provider

Provider Identifiers Information:

Provider Federal Tax Identification Number (TIN) / Employer Identification Number (EIN) ⓘ What's this
123456789

National Provider Identifier (NPI) ⓘ What's this Not Required
1234567890

Quick Tips:

→ The NPI number is required when submitting the enrollment to BCBSMT.

→ If Transaction Enrollment was previously used, you may select the **Provider** from the drop-down list.

- ▶ Next, enter **Provider Information** (for Tax ID and NPI entered above)
- ▶ Enter **Provider Contact Information** (the authorized person completing enrollment on behalf of the provider)
- ▶ Select **Continue**

Provider Information:

Provider Name ⓘ What's this
ABC Clinic

Street ⓘ What's this
123 Anywhere Sr.

City ⓘ What's this
City View

State / Province ⓘ What's this

Zip Code / Postal Code ⓘ What's this
12345

Provider Contact Information:

Provider Contact Name ⓘ What's this
Jane Doe

Title ⓘ What's this

Telephone Number ⓘ What's this
555-555-5555

Email Address ⓘ What's this
anyone@email.com

Fax Number (optional) ⓘ What's this

Cancel Continue

6) Select Health Plan (Payer)

- ▶ Enter or select **BCBS Montana** from the **Health Plan (Payer)** drop-down listing
- ▶ Choose the **Provider Type** (*professional, institutional or both*)
- ▶ Select **Continue**

Transaction Enrollment Enroll [Learn More](#)

PROVIDER INFORMATION

Provider Name ABC Clinic	Provider NPI 1234567890	Provider TIN (EIN) 111111111	Organization Name ABC Organization	Customer ID 1111
Authorized Contact Name Jane Doe	Authorized Phone Number 999-999-9999	Authorized Email Address anyone@email.com		

SELECT HEALTH PLANS

Health Plan (Payer) ⓘ
BCBS Montana
A maximum of 10 health plans can be selected.

Provider Type ⓘ
 Professional Institutional Both

7) Select Transaction

- ▶ Select **Transaction** (*Electronic Remittance Advice, Electronic Payment Summary, and/or Electronic Funds Transfer*)
- ▶ To receive ERA files when claims are processed in Blue Plans states other than Illinois, Montana, New Mexico, Oklahoma or Texas, select **Enroll in Medicare Crossover**
- ▶ Select **Continue**

SELECT TRANSACTIONS

Health Plan (Payer)	Transactions
BCBS Montana	<input type="checkbox"/> Enroll in Medicare Crossover <input type="checkbox"/> Electronic Remittance Advice <input type="checkbox"/> Electronic Payment Summary <input checked="" type="radio"/> Electronic Funds Transfer

NOTE: You must be enrolled for electronic remittance advice to enroll for electronic payment summary and Medicare crossover.

Do you currently receive electronic payments for this payer? Yes No

Provider's Account Number with Financial Institution

EFT Quick Tips:

- If enrolling for EFT, you will receive an additional prompt to enter financial information – see [step 8](#).
- If changing your financial institution, enter the **original account information** in the **Provider's Account Number with Financial Institution** field.

ERA Quick Tips:

- If you are already enrolled for ERA/EPS and want to change the direction of the delivery, make a selection under **Transactions**. If you are not making a change **DO NOT** make a selection.
- If EPS files need to be delivered to a different receiver, a separate enrollment must be submitted.

8) Add Financial Information (for EFT enrollment)

- ▶ Enter the **Financial Institution Information** for EFT delivery
- ▶ Choose **Provider Tax ID** or **NPI** for account number linkage to provider identifier
- ▶ Select submission reason:
 - ▶ **New Enrollment**
 - ▶ **Change Enrollment**
 - ▶ **Cancel Enrollment**
- ▶ Select one of the following options and **Choose File** to browse and attach:
 - ▶ **Voided Check**
 - ▶ **Bank Letter**
- ▶ Select **Continue**

ADD FINANCIAL INFORMATION

Financial Institution Information:

Financial Institution Name What's this

Financial Institution Routing Number What's this

Type of Account at Financial Institution What's this
 Checking Account Savings Account

Provider's Account Number with Financial Institution What's this

Account Number Linkage to Provider Identifier What's this
 Provider Tax Identification Number (TIN) / Employer Identification Number (EIN) National Provider Identifier (NPI)

Submission Information:

Reason for Submission
 New Enrollment Change Enrollment Cancel Enrollment

Include with Enrollment Submission What's this
 Voided Check Bank Letter

Upload File No file chosen

Authorized Signature: What's this
 Jane Doe

Quick Tips:

- Accepted voided check/bank letter file types include PDF and image files (i.e., JPEG).
- Temporary checks and deposit slips are not accepted.

9) Submit Enrollment

- ▶ Verify the information entered is correct and select **I agree**
- ▶ Once completed, you will receive online confirmation that the enrollment was successfully sent to BCBSMT

- Select Provider
- Select Health Plan
- Select Transaction
- Add Identifiers
- Add Financial Information
- Submit Enrollment**

SUBMIT ENROLLMENTS

BCBS Montana

Electronic Funds Transfer - Daily
[Download Enrollment Instructions](#)

Reason for Submission: New Enrollment

By clicking "I Agree" you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify or terminate an enrollment. You further acknowledge and agree that you have the legal authority to preform such action on behalf of your organization. In no event will Availity be liable for any losses or damages including without limitation, indirect or consequential losses or damages, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with this submission. I understand that I am authorizing health plans to initiate credit entries and to initiate debit entries and adjustments (only in the case of a duplicate payment transmitted to the bank) to my bank account, indicated in this registration.

I agree to the terms and conditions (Jane Doe)

Authorized Signature:
 Jane Doe

Quick Tip:

- BCBSMT will also mail an acknowledgement letter with the enrollment effective date to the provider.

10) Enrollment Status

- ▶ Enrollments that are in progress and submitted in the last 30 days will display on the **Transaction Enrollment** tool page by default
- ▶ Use **Filter** options to view enrollments and take action, as needed
- ▶ Filters display above the results as you select them and enrollments that meet the filter criteria display immediately
- ▶ Expand the **enrollment card** to view the process tracker and payer notes for the submitted enrollment

Organization

Provider

Registration ID

Health Plan

Transactions

Enrollment Status

Submission Date

Last Modified Date

Transaction Enrollment Enrollment Status [Learn More](#)

[Give Feedback](#)

Enroll ▾

✕ ABC Clinic (Customer ID: 123456)

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Status	Reg. ID	Cust. ID	Transaction	Payer	Process Tracker
ENROLLMENT SENT TO PAYER	12345	123456	835	PAPERLESS PAYER PAPERLESS	<div style="display: flex; gap: 5px;"> ✔ ○ ○ ✔ ○ </div>
Provider Name		NPI	TIN/EIN	Process Tracker	
ABC Clinic		1234567893	121121212		

Have questions or need additional education? Email [Electronic Commerce Services](#).

Be sure to include your name, direct contact information and 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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