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 Texas (BCBSTX). 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](http://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 Texas)**

**Quick Tip:**

Online ERA registration is also available in the Resource tab via BCBSTX branded Payer Spaces section.

**Note:** Online ERA registration is only accessible to assigned Availity Administrators.
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 Availity mailbox:
  - Select Provider
  - Choose Organization from the drop-down menu

- Select Submit

When selecting Clearinghouse:

- For ERA files to be received by a third-party clearinghouse:
  - Select Clearinghouse
  - Enter the Availity Clearinghouse Customer ID
  - Select Search
  - Verify results match the clearinghouse name

- Select Submit

4) Terms and Conditions

Users will be redirected from Availity to BCBSTX 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 and Conditions

Prior to enrolling for ERA, you must be registered with Availity®. Availity, LLC supports the exchange of electronic remittances in the ASC X12 B35, version 5010DA1 format. The ERA enrollment process establishes an electronic mailbox where Availity 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 Availity. Visit availity.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.

Availity is a registered trademark of Availity, LLC. Availity is a separate company that operates a health information network to provide electronic remittance information services in the states of Alabama, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia. These plans make no endorsement, representation or warranty regarding any products or services offered by these 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

Next
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

**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

- Select Next
Expanded Overview

Instructional Overview

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

8) Submission Information

- Choose reason for submission:
  - New Enrollment
  - Change Enrollment
  - Cancel Enrollment

- Select Next
Instructional Overview

9) Review and Confirm

- Verify the information submitted is correct and select I agree
- ERA and Electronic Payment Summary (EPS)* 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

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

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 Texas 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.

Submit

*EPS files are unavailable for TX Medicaid and Medicare Advantage products.

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 ecommerce@bcbstx.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 BCBSTX. BCBSTX 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.