

EDI Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Online Enrollment Instructions

Welcome to the instructions for online enrollment for your EFA and EFT. Please follow the instructions below to improve your experience in enrolling and receiving your electronic transactions. If at any point you have difficulty in this process, please contact the EDI Help Desk at (800) 480-1221.

Registering to Access the Online Enrollment Tool

Prior to submitting your enrollment information online, you will need to register with BSC to access the online enrollment tool. To register for access to this tool, please call the BSC EDI Help Desk at the number above.

When you call to register, you will be asked to provide simple demographic information which will allow the creation of a user account. Once registered, you will receive two emails shortly after your call.

The first email will confirm that an account was successfully created for you in PCH which is the application you will be using to electronically enroll for EFT and ERA. The email will look similar to the following and will include your User ID/Username.

Congratulations! A new user account for PCH has recently been created. You will receive a link to activate your account and to create a new password in a subsequent email.

After you have activated your user account, you can use the log-in information below to access Blue Shield of California's PCH e-attachment portal.

Your user name is as follows:

USER ID

*Once you have activated your account, use the following link to log in to PCH: [https://pch-
uat.sourcehov.com/Pch/bsclogin.aspx](https://pch-uat.sourcehov.com/Pch/bsclogin.aspx)*

Thank you!

Note: This is an auto generated mail. Please do not reply to this mail.

The second email will ask you to log in and create a password. It will look similar to the following:

In order to activate your user account for the PCH portal, please click the link below and create a new password. This link will expire in 24 hours.

LINK

Thank you!

Note: This is an auto generated mail. Please do not reply to this mail.

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Please follow the link in the second email, enter a password and click on submit as indicated below. Note: The Username in the screen capture is an example. Your Username was sent to you in the first confirmation email from BSC.

Change Password

Warning:

Please change your password:

Password Guidelines:

- Must be 8 characters in length
- Must contain at least one character from three of the following four groups: upper case letters, lower case letters, numerals, and special characters (for example: !, @, #, or \$)
- Cannot exactly match your username
- Passwords are case sensitive
- New password cannot match your previous 5 passwords

Username: ERAEFTTest4

New Password:

Confirm Password:

You will then be asked to create 2 security questions. Please select a question and provide an answer to the questions and click on submit.

Change Password

Security Details :

*1. Security Question:

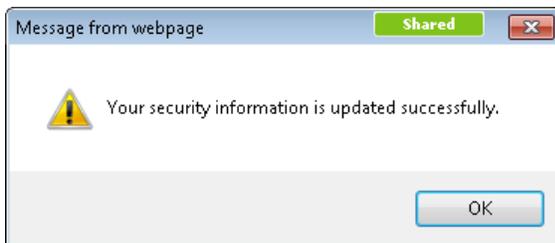
*1. Answer:

*2. Security Question:

*2. Answer:

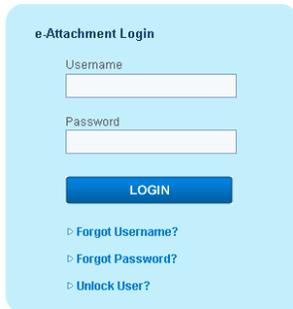
Your password is updated successfully.

You should then see a screen that says you successfully created your password and answered the security questions.



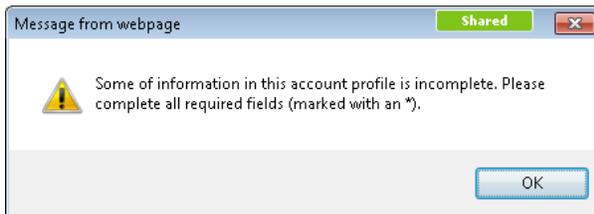
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After clicking ok, you will be directed to the log on screen. Please enter your username and password and click on Login.



The image shows a light blue rectangular box titled "e-Attachment Login". Inside the box, there are two input fields: "Username" and "Password". Below these fields is a blue button labeled "LOGIN". At the bottom of the box, there are three links: "Forgot Username?", "Forgot Password?", and "Unlock User?".

On your first login, you will see the following pop-up window. Click on "ok" which will clear the pop-up window.

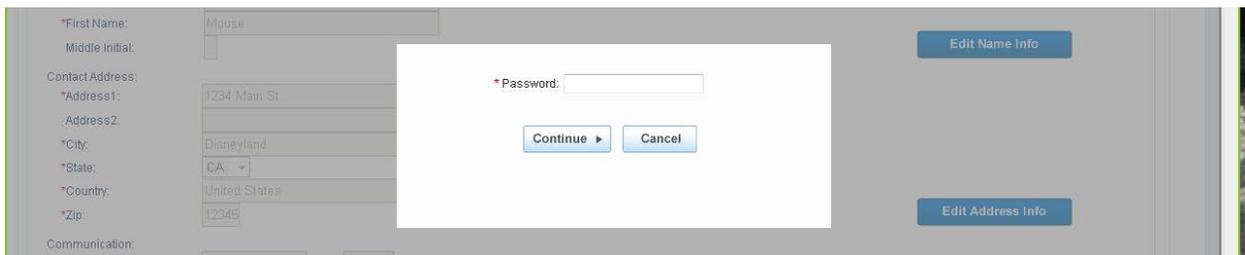


You will then need to update the consent information. Please click on the blue button on the right that says "Edit Consent Info".



The image shows a user profile form with various fields. Under "Communication", there are fields for *Phone (1-916-350-8595), *Email (BSCERAFT@yahoo.com), *Confirm Email (BSCERAFT@yahoo.com), CC Email, Fax No., and Mobile. Under "Consent Info", there is a *Consent field with radio buttons for Yes and No. On the right side, there are two blue buttons: "Edit Contact Info" and "Edit Consent Info".

Please enter your password to proceed.



The image shows a user profile form with a modal dialog box for password entry. The form fields include *First Name (Mausa), Middle Initial, Contact Address (*Address1: 1234 Main St, Address2, *City: Disneyland, *State: CA, *Country: United States, *Zip: 12345), and Communication. The modal dialog box has a *Password field and "Continue" and "Cancel" buttons. On the right side, there are two blue buttons: "Edit Name Info" and "Edit Address Info".

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The Edit Consent Screen will now become available:

Fax No:
Mobile:
Consent Info:
*Consent: Yes No
I agree to Blue Shield of California's [Privacy Policy](#) and to the [Terms & Conditions](#) for this website.

Edit Contact Info
Update Cancel

Please click on the Privacy Policy and Terms and Conditions to read Blue Shield of California's policy on these areas. You must consent to these prior to being allowed to proceed further. If you agree, please check the Yes box and click on Update. If you do not agree to these, you may enroll via fax which is described on the BSC Provider Portal at the following URL:

<https://www.blueshieldca.com/provider/home.sp>

You now have access to the Enrollment Forms. To continue, please go to the upper left of your screen where you will see ERA/EFT Enrollment. Hover over these words in the header and you will see a drop down menu appear called EDI ERA/EFT Enrollment. Click on this and you will be presented with the Enrollment Form.

Please fill out the Enrollment Form completely. The form is self explanatory for the most part. Please note the following:

1. If you have multiple National Provider Identifiers (NPIs), click on the "Add NPI" button that will bring up another field to enter another NPI number.
2. If you want to enroll for ERA, click the checkbox next to ERA enrollment which will then open that portion of the form. If you want to enroll for ERT, click the checkbox next to ERT enrollment which will then open that portion of the form. You may enroll for either or both during this process.

Field Definitions

Provider Information

1. Provider Name – Complete legal name of institution, corporate entity, practice or individual provider.
2. Provider Address
 - a. Street – The number and street name where a person or organization can be found
 - b. City – City associated with the provider address field
 - c. State – Two character code associated with the State
 - d. Zip Code/Postal Code: Postal-zone codes published by US Postal Service
3. Provider Identifiers
 - a. Provider Federal Tax Identification Number (TIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), used to identify your business entity
 - b. National Provider Identifier (NPI) – A Health Insurance Portability and Accountability (HIPAA) Administrative Simplification Standard. The NPI is a unique number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouse must use the NPIs in the

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administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

4. Provider Contract Information
 - a. Provider Contact Name – Name of a contact in provider office for handling EFT/ERA issues
 - b. Telephone Number – Telephone number associated with the contact person
 - c. Email address – An electronic mail address at which BSC can contact the provider
 - d. Fax Number – A number at which the provider can be sent facsimiles

ERA enrollment

5. Reason for Submission
 - a. New Enrollment – A new enrollment for ERA
 - b. Change – Make changes to an existing ERA set up
 - c. Cancel – Cancel ERA transactions already in place
6. Aggregation of Provider Remittance Data
 - a. Provider Federal Tax Identification Number (TIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), used to identify your business entity
7. Method of Retrieval – Please select how you wish to receive your ERAs
8. If Authorizing the Third Party Vendor/Clearinghouse is selected you must provide information on the Clearinghouse or Vendor.
9. Clearinghouse Name – Official Name of the Provider’s clearinghouse.
 - a. Email address – Email address of a contact at the clearinghouse
 - b. Telephone – Telephone number for a contact at the clearinghouse
10. Vendor Name – Only applicable if you are using a Vendor to act on your behalf. Official Name of Vendor
 - a. Email address – Email address of a contact at the vendor
 - b. Telephone – Telephone number for a contact at the vendor

EFT enrollment

11. Reason for Submission
 - a. New Enrollment – A new enrollment for EFT
 - b. Change – Make changes to an existing EFT set up
 - c. Cancel – Cancel EFT transactions already in place
12. Aggregation of Provider Remittance Data
 - a. Provider Federal Tax Identification Number (TIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), used to identify your business entity
13. Financial Institution Name: Official Name of the Provider’s Financial Institution
14. Financial Institution Routing Number: A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.
15. Type of Account: BSC only allows the use of checking accounts for EFT
16. Provider Account Number with the Financial Institution – Provider’s account number at the financial institution to which the payments are to be deposited.

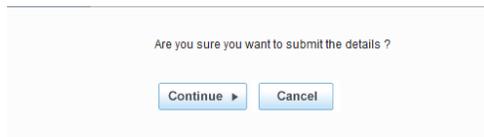
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17. Include with submission: You must upload either an image of a cancelled check or a copy of a bank letter for EFT enrollments.

Authorized Signature

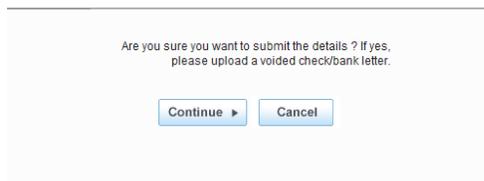
18. Electronic Signature of Person Submitting Enrollment – The name of the person submitting this enrollment form who is authorized by the provider or its agent to initiate, modify or cancel an EFT or ERA enrollment.
19. Printed Title of Person Submitting Enrollment – The title of the person submitting this enrollment form who is authorized by the provider or its agent to initiate, modify or cancel an EFT or ERA enrollment.

When completed, please click on “submit”. You should a screen similar to the following

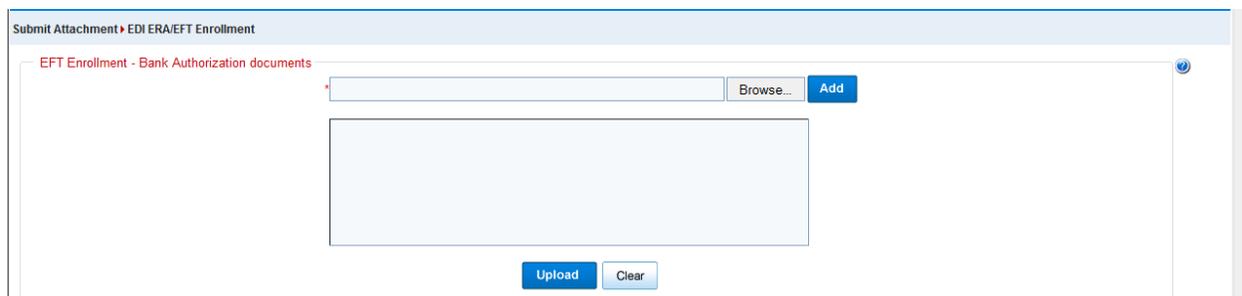


Please click on continue.

If you are enrolling for EFT, you will see the following pop-up window. If you are not enrolling for EFT, please disregard the steps for uploading a check or bank letter.



Please click on continue and you will be presented with the following:

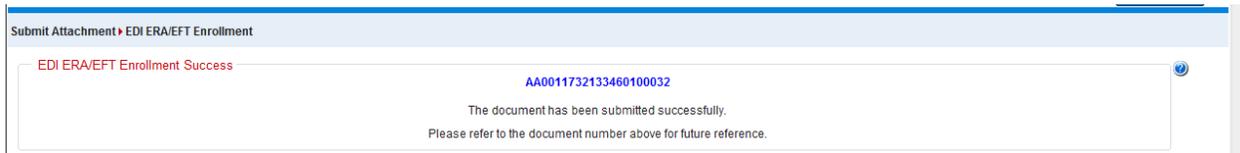


You must upload either an image of a voided check or a scanned bank letter with your EFT application. Acceptable file types are .jpg, .png, .gif, or .pdf. Microsoft Word documents are not acceptable.

Please click on Browse, find the image of your check or bank letter and select it. Click “Add” to add the file to your application and then click upload to upload this file.

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You will then be presented with the following. Please ensure you keep the tracking number for future reference.



A representative from BSC will contact you within 10 business days to complete your enrollment and coordinate the setup to receive the ERA and EFT transactions.