

**BCBS INTERPLAN BATCH ELECTRONIC CONNECTIVITY REQUEST
Medicare Crossover 835 – Payment/Remittance Advice**

This form should be completed by providers supplying Medicare services to members who hold additional insurance coverage with a Blue Cross and Blue Shield (BCBS) plan other than Blue Cross and Blue Shield of North Carolina (BCBSNC). BCBSNC electronically forwards 835 remittances for Medicare crossover claims received from other BCBS plans to North Carolina providers who hold a BCBSNC Provider ID. Providers submitting this form must also be receiving standard 835 Remittances not associated with Medicare.

Please complete the following information and fax this page to eSolutions at (919) 765-7101.

Provider Name:	
Provider's NPI:*	Provider's Federal Tax ID:*
*Important Notice: If there are multiple NPIs associated with the Federal Tax ID, please complete this form using the BCBSNC designated outbound payment NPI.	

Contact Name:	Title:
Mailing Address:	
City, State, Zip:	
Phone Number:	Fax Number:
Email Address:	

Are you changing vendor/clearinghouse or billing service for your Medicare Crossover remittances?
 Yes No **If yes, effective date of change** ___/___/___

Type of Receiver (select one): <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Service
ISA07 Receiver ID Qualifier **: _____ ISA08 Receiver ID **: _____
** As a Business Practice, BCBSNC defines the Receiver ID Qualifier to be "30" and the Receiver ID to be the "Federal Tax ID".

X12 Version:
Mode of Connectivity:
Secure FTP (via Internet)

X

AUTHORIZED SIGNATURE OF STAKEHOLDER

DATE OF AUTHORIZATION

PRINT NAME / TITLE OF AUTHORIZED SIGNER

BCBS INTERPLAN BATCH ELECTRONIC CONNECTIVITY REQUEST

Medicare Crossover 835 – Payment/Remittance Advice

Guidelines for the BCBS Inter-plan 835 Medicare Crossover Remittance Advice

The Medicare Crossover 835 Payment/Remittance Advice is available for Providers already registered to receive the 835 Payment/Remittance Advice transaction from Blue Cross and Blue Shield of North Carolina. This form allows providers supplying services to Medicare patients with additional coverage by a Blue Cross and Blue Shield (BCBS) plan other than BCBSNC to receive their 835 Remittance Advice through BCBSNC.

These providers submit their claims to Medicare. Medicare pays the primary coverage and forwards the supplemental billing information to the BCBS plan providing additional insurance. That BCBS plan processes the COB claim and creates an 835 Remittance that is forwarded to BCBSNC via Blue Exchange, an application maintained by the BCBS Association to transfer electronic files between all the BCBS plans in the country. BCBSNC receives the remittance and electronically forwards it to our provider.

The routing of the 835 Remittance Advice through Blue Exchange is based upon the Provider's NPI. Please note the following important facts for receiving and distributing your 835 Remittance Notifications:

- **BCBSNC returns remittances based upon the single NPI submitted on this form, which is associated with the Federal Tax ID also submitted.**
- **Provider entities that hold more than one BCBSNC NPI in association with the same Federal Tax ID must complete this form using the BCBSNC designated outbound payment NPI.**
- **All providers associated with the submitted Federal Tax ID will have their remittances returned to the single NPI also submitted on the form below.**
- **The provider receiving remittances on behalf of a group with multiple NPIs should be prepared to redistribute the 835 remittances as needed to other providers sharing the same Federal Tax ID.**
- **Paper remittance notifications received from other BCBS plans are not processed by BCBSNC.**

Identifying the Blue Cross and Blue Shield Payer:

BCBSNC bundles the remittances received from other Blue plans with remittances created at BCBSNC to return to our contracted provider's 835 Receiver. The Medicare crossover 835 Payment/Remittance Advice is not separated or batched separately. Provider's can identify remittances coming from a payer other than BCBSNC by reviewing the **Payer Identification Information** segment (Loop 1000A), where the REF01=F2. If the REF02 in this segment is other than one of the values listed below, this remittance record has been sent by a BCBS payer other than BCBSNC:

LCLA438D	BEBFAA053D
SLCA435WS1	CLMA278DF1
SLCA435WS2	CLMA283DF2
SLCA435WS3	CLMA003DF3
PCLA635D	

Providers should review the Payer Contact Information Segment (PER of Loop 1000A) of the 835 for contact information if they have questions about these remittances.