

Availity™ Electronic Funds Transfer

Electronic Funds Transfer (EFT) is a HIPAA-standard transaction from Blue Cross and Blue Shield of New Mexico (BCBSNM) 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.

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

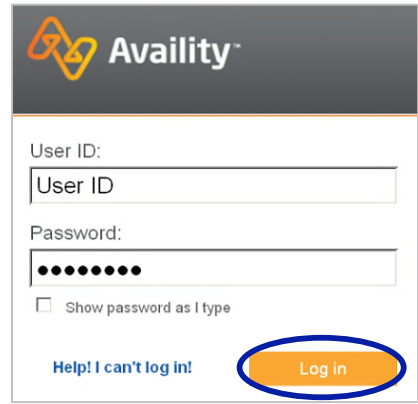
1. Getting Started

Go to availity.com

Select Availity Portal **Login** or **Register**

Enter User ID and Password

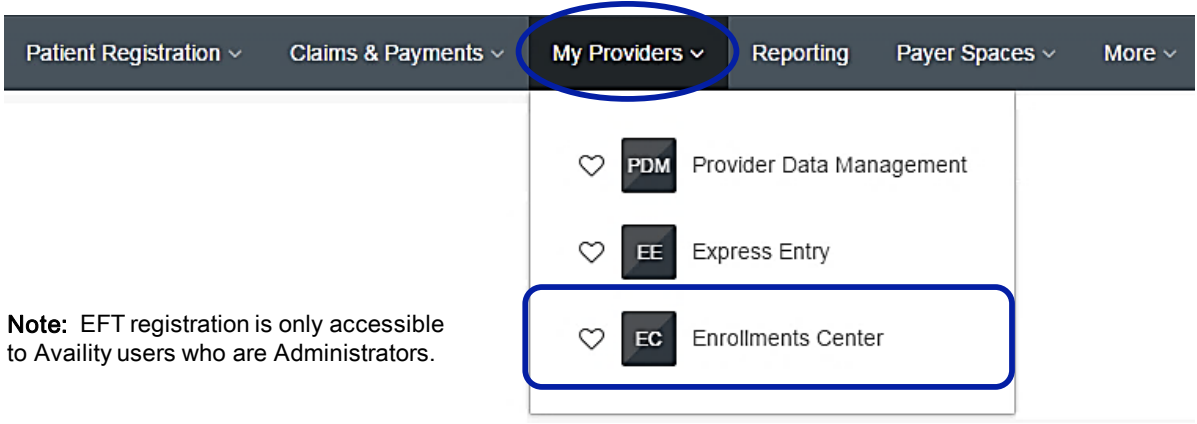
Select **Log in** button



2. Accessing EFT Registration

Select **My Providers** from the top main menu

Select **Enrollments Center** then click **EFT Registration (BlueCross BlueShield of New Mexico)**



Note: EFT registration is only accessible to Availity users who are Administrators.

3. Disclaimer

Users will be re-directed from Availity to BCBSNM secure website to complete enrollment

Review the disclaimer and click [I agree](#)

Disclaimer

You are about to re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, or services. You will remain logged in to Availity.

I AgreeCancel

4. Terms and Conditions

Review the Terms and Conditions and select [I agree to the Terms and Conditions](#)

Click [Next](#)

Electronic Funds Transfer (EFT) Authorization Agreement

TermsSelect Location & Payment CycleProvider InformationFinancial Institution InformationSubmission InformationReview & ConfirmFinish

Terms and Conditions

AGREEMENT AND AUTHORIZATION

1.1: Credits. Health Care Service Corporation, A Mutual Legal Reserve Company ("HCSC") agrees and the Provider herein ("Trading Partner") authorizes HCSC to satisfy its Payment Obligations by initiating fund transfers that result in payment to the Trading Partner by credit to the Trading Partner's account.

1.2: Debits. Neither HCSC nor Trading Partner ("Party") shall initiate a transaction in connection with a payment obligation for the purpose of debiting a bank account of the other Party, with the sole exception of transactions initiated by HCSC to reverse entries of previous fund transfers due to erroneous credits or debits.

1.3: Acknowledgement Regarding The Trading Partner Information. The Parties expressly acknowledge and agree that with respect to fund transfers pursuant to this EFT Agreement, HCSC and HCSC's bank are entitled to reasonably rely on the information provided by the Trading Partner regarding the Trading Partner's Bank and the Trading Partner's Third Party Service Provider and further that it is Trading Partner's responsibility to provide HCSC with accurate, complete and timely information including any changes to such information regarding its bank and Third Party Service Provider.

TIMING OF PAYMENTS

2.1: Timeliness.
Applicable to IL, NM, and OK:
Except as otherwise prohibited under applicable state "prompt pay laws," relating to payment of health insurance claims, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC's payment is timely if the fund transfer is completed on the next day completion can occur.

Applicable to TX:
Except as otherwise governed by state prompt pay laws, a payment from HCSC to the Trading Partner shall be considered timely with respect to any payment due date if the corresponding fund transfer is completed no later than three (3) days after such payment due date. If the fund transfer cannot be completed on such date because it falls on a weekend or a holiday, HCSC's payment is timely if the fund transfer is completed on the next day completion can occur.

2.2: Effect of Delay. HCSC shall not be in breach of this EFT Agreement or suffer any loss of discount or other penalty, with respect to a fund transfer that was initiated properly and timely by HCSC to the extent its completion is delayed because of failure or delay by the fund transfer system that could not be anticipated by HCSC, or rejection by the Trading Partner's Bank or due to any other conditions beyond HCSC's control.

I agree to the Terms and Conditions

Next

2

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.

Select hyperlink for:

- [New Enrollment](#)
- [Change Enrollment](#)
- [Cancel Enrollment](#)

Choose **Payment Option** after it appears

Click **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

Terms | **Select Location & Payment Cycle** | Provider Information | Financial Institution Information | Submission Information | Review & Confirm | Finish

Select Provider

NPI	Plan	Tax ID
<input checked="" type="radio"/> 1234567890	State	123456789

Select Provider Location

Name	Primary Specialty	Office Address
ABC Medical Clinic	Family Practice	000 S Mountain View, Chicago IL 12345-0000 New Enrollment / Change Enrollment / Cancel Enrollment

Select Payment Option

Payment Option* Weekly

[Next](#)

6. Provider Information

Verify the pre-populated information and enter the following:

- **Provider Contact Name**
- **Telephone Number**
- **Email Address**

Note: Enter the phone number in the following format without dashes (i.e., 3129999999).

Click **Next**

Electronic Funds Transfer (EFT) Authorization Agreement

Terms | **Select Location & Payment Cycle** | **Provider Information** | Financial Institution Information | Submission Information | Review & Confirm | Finish

Provider Information ?

Provider Name

Provider Address

Street

City

State/Province

ZIP Code/Postal Code

Provider Identifiers Information ?

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Provider Contact Information ?

* = required

Provider Contact Name*

Provider Contact Information

Title

Telephone Number*

Telephone Number Extension

Email Address*

Fax Number

[Back](#) [Next](#)

7. Financial Institution Information

Enter the routing number provided by your bank and select **Search**

The applicable **Financial Institution Name** will populate

Choose **Demand Deposit (Checking)** or **Savings**

Enter provider **Tax ID** or **NPI**

Note: The system will default to the **National Provider Identifier (NPI)** option for Aggregation of Remittance.

Click **Next**

The screenshot shows the 'Financial Institution Information' step of the EFT Authorization Agreement. The form includes a progress bar at the top with steps: Terms, Select Location & Payment Cycle, Provider Information, Financial Institution Information (current step), Submission Information, Review & Confirm, and Finish. The form fields are: Financial Institution Name (BANK INC.), Financial Institution Routing Number (111111111) with a Search button, Type of Account at Financial Institution (radio buttons for Demand Deposit (Checking) and Savings), Provider's Account Number with Financial Institution (999999999), and Account Number Linkage to Provider Identifier (radio buttons for Provider Tax Identification Number (TIN) and National Provider Identifier (NPI) which is selected). At the bottom, there are Back and Next buttons, with Next being highlighted.

Helpful Tip: If you are unable to locate your financial institution, contact the Electronic Commerce Center for assistance at ecommerceservices@bcbsnm.com or 800-746-4614.

8. Submission Information

Choose one of the following options:

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

Click **Next**

The screenshot shows the 'Submission Information' step of the EFT Authorization Agreement. The progress bar at the top highlights the current step: Terms, Select Location & Payment Cycle, Provider Information, Financial Institution Information, Submission Information (current step), Review & Confirm, and Finish. The form fields are: Reason for Submission (radio buttons for New Enrollment, Change Enrollment, and Cancel Enrollment), Authorized Signature (Name of Person Submitting Enrollment: Jane, Title of Person Submitting Enrollment: [blank]), and Submission Date (August 1, 2017). At the bottom, there are Back and Next buttons, with Next being highlighted.

9. Review and Confirm

Verify the information submitted is correct.

Failure to enter the correct information will result in a delay of funds.

Click **Submit**

Electronic Funds Transfer (EFT) Authorization Agreement

Terms	Select Location & Payment Cycle	Provider Information	Financial Institution Information	Submission Information	Review & Confirm	Finish
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Review and Confirm

I authorize Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of Blue Cross and Blue Shield Association, to deposit funds to the financial institution account identified below. I authorize the financial institution identified by the financial institution routing number below to accept and post this entry to the account indicated on this form, and I represent that I am the owner and/or authorized signer on the account.

Financial Institution Information

Financial Institution Name:	
Financial Institution Routing Number:	
Type of Account at Financial Institution:	Demand Deposit (Checking)
Provider's Account Number with Financial Institution:	999999999
Authorized Individual:	Jane
Authorization Date:	August 1, 2017

By clicking "Submit" you agree to authorize HCSC to deposit funds into the account listed above.

10. Finish

After enrollment has been completed, providers will receive online confirmation that the EFT enrollment was successfully received by the payer. Additionally, an acknowledgement letter with the effective date will be mailed to the provider.

Questions? Email the Provider Education Consultants at:

ecommerceservices@bcbsnm.com

Be sure to include your name, direct contact information, Tax ID or Billing NPI.