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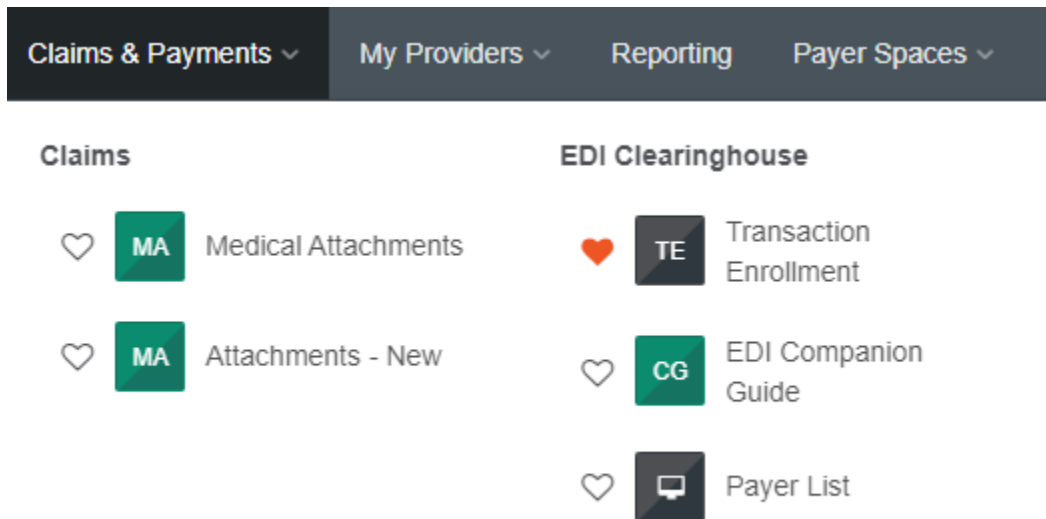
BCBSWY EFT Request Training Guide

2/4/2021 Version 1.0

Electronic Funds Transfers

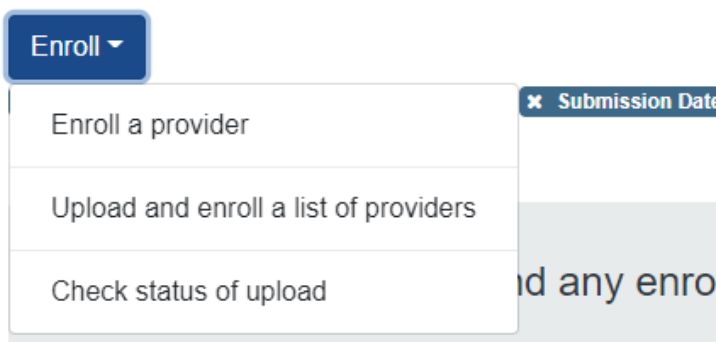
Blue Cross Blue Shield of Wyoming requires providers to submit electronic funds transfer (EFT) requests through the Availity portal, www.availity.com. New accounts, changes, and account cancelations can all be done on Availity. EFT requests will require independent validation of the information provided and can take up to 30 days to process.

To begin, navigate to the Transaction Enrollment tool under **Claims & Payments**.



Next select "Enroll" on the Transaction Enrollment screen. You can enroll a single EFT account by selecting "Enroll a provider" or multiple accounts by selecting "Upload and enroll a list of providers". You can also check the status of a request from here.

Transaction Enrollment



The next screen allows you to enter demographic information about your facility. Once you complete this information click Continue.

Transaction Enrollment Enroll [Learn More](#)

ADD PROVIDER

Organization

BCBSWY UAT Provider Org (Customer ID: 276856) x | v

Deliver ERA files to a clearinghouse?

Provider

Select Provider | v

Provider Identifiers Information:

Load provider information from organization?

Provider Federal Tax Identification Number (TIN) / Employer Identification Number (EIN) [What's this](#)

National Provider Identifier (NPI) [What's this](#) Not Required

You will then be asked to select the Health Plan that you would like to enroll with. Be sure to select BCBS Wyoming.

Health Plan (Payer) [What's this](#)

BCBS WYOMING (Payer ID: 53767) x |

A maximum of 10 health plans can be selected.

Back

Continue

Next you will be given the option to select the transaction type. To enroll in EFT check the box next to Electronic Funds Transfer.

Transactions

Electronic Remittance Advice Electronic Funds Transfer

You will then need to complete the financial information form. Be sure to upload either a copy of a voided check on a letter from your bank in .pdf format.

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](#)

Voiced Check Bank Letter

Upload File No file chosen

Finally, you will need to review the terms and conditions, and select "Agree".

SUBMIT ENROLLMENTS

BCBS WYOMING (53767)

Electronic Funds Transfer

[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 perform 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.

Once you have submitted your request you can track its status on the Enrollment Center dashboard. If a request is denied for any reason you will need to submit a new request. Requests cannot be edited.

Organization
BCBSWY UAT Provider Org (Customer ID: 276856) ▾

Provider
Search by Name... ▾

Registration ID
Search By Registration ID

Health Plan
ALL ▾

Transactions
ALL ▾

Enrollment Status
All x x ▾

Submission Date
ALL ▾

Last Modified Date

Transaction Enrollment Enrollr

Enroll ▾

BCBSWY UAT Provider Org (Customer ID: 276856) x All

Enrollments

Status APPROVED	Reg. ID 83084
Provider Name Test Cancel	Date Submitted 12/28/2020
Status APPROVED	Reg. ID 83083
Provider Name EFT Test	Date Submitted 12/28/2020