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PRE-ENROLLMENT INSTRUCTIONS – BCSIA



HOW LONG DOES PRE-ENROLLMENT TAKE?

The registration process takes up to 10 business days to complete from the time the registration form is received by the EC Registration Department.

WHERE SHOULD I SEND THE FORM(S)?

The completed form(s) can be sent to the EC Registration Department as follows:

- **Fax:** 1-800-691-1038; or
- **E-mail:** wellmarkecsolutionsregistration@hp.com

WHO CAN SIGN THE FORMS?

The provider or authorized representative.

WHAT FORM SHOULD I DO?

There are **3 required forms** that must be completed to enroll for electronic claim submission.

- The [Electronic Transaction Registration Packet \(click here\)](#) contains the 3 required forms:
 - Electronic Transaction Registration Form
 - Signature and Audit Agreement
 - Provider Authorization for Electronic Transactions via Third Party

For instructions on how to complete the required forms see page 2 of the packet.

***Note:** There are also two additional forms in the packet that are not required. These forms are a Submitter Change of Address Request Form and a Cancellation Request form. Complete these additional forms if they apply to you. These forms have been pre-filled with Office Ally's information for convenience.*

HOW DO I CHECK STATUS?

You should receive an email from Wellmark once you've been approved, however if you would like to check status:

- Email wellmarkecsolutionsregistration@hp.com and ask if your Provider Tax ID or NPI are linked to Office Ally's submitter number 000011475.
- Once you receive confirmation that you have been linked to Office Ally, to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**
- **For Tufts Health Plan Pre-Enrollments, please also include the billing address that was setup with the payer and if it is for a professional or institutional claim.**

Revised 10/1/2012