

# BCBS LOUISIANA (53120) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- BCBS LA Business Associate Profile
- Electronic Remittance Advice (ERA) Enrollment form – If you would like to receive ERAs through Office Ally.

## WHERE SHOULD I SEND THE FORM(S)?

- Email form to [EDIH@bcbsla.com](mailto:EDIH@bcbsla.com) or;
- Fax form to (225) 298-2945

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 3 business days.

## HOW DO I CHECK STATUS?

- To check the status, call (225) 291-4334 and ask if you have been linked to Office Ally submitter ID P0010990.
- Once you receive confirmation that you've 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 EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**



The Business Associate Profile form must be completed to reflect each provider/location that has authorized the Trading Partner to submit and receive BCBSLA electronic transactions.

Add new Provider Location      Submitter ID For Existing Submitters: P0010990

Print the provider name as it appears on each BCBSLA Payment Register.  Provider Name:	Print the provider s Federal Tax ID #:	Print NPI Number:

_____	_____	_____
<b>Provider/Clinic/Location Name</b>	<b>Date</b>	<b>Completed By</b>
_____	_____	
<b>Phone Number</b>	<b>Email Address</b>	

- Complete this form if you wish to enroll for claim submission only.
- 835/ ERA enrollments will only be processed by completing the new ERA Enrollment form found at [www.bcbsla.com](http://www.bcbsla.com) >I'm a Provider >Electronic Services >Clearinghouse
- Please allow 3-5 business days for set up.
- BCBSLA does not set up out of state providers.
- Provider's NPI must already be registered with BCBSLA Provider File area. You may contact the Provider File Department at 800-716-2299 option 3 for further information.

**Completed forms can be faxed: 225-298-2945 or emailed: [edich@bcbsla.com](mailto:edich@bcbsla.com). For questions regarding this form, please contact the EDI department: 225-291-4334.**

The ERA service enables Blue Cross and Blue Shield of Louisiana to provide you with an electronic remittance advice, which is a statement of your claims payments in an electronic format. A copy of this form is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Clearinghouse.

## 1 PROVIDER INFORMATION

**Provider Name** – Complete legal name of institution, corporate entity, practice or individual provider

**Street Address** – The number and street name where a person or organization can be found

**City** – City associated with provider address field

**State/Province** – The two character code associated with the State/Province/Region of the applicable country

**ZIP Code/Postal Code** – System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

## 2 PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number (TIN) / Employer Identification Number (EIN)** – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity

**National Provider Identifier (NPI)** – A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted by HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

**Trading Partner ID** – The provider’s submitter ID assigned by health plan, the provider’s clearinghouse or vendor.

## 3 PROVIDER CONTACT INFORMATION

**Contact Name** – Name of a contact in provider office for handling ERA issues

**Title** – Title of the contact person

**Telephone Number** – Associated with the contact person

**Email Address** – An electronic mail address at which the health plan might contact the provider

**Fax Number** – A number at which the provider can be sent facsimiles

## 4 ELECTRONIC REMITTANCE ADVICE INFORMATION – Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment.

**Provider Tax Identification Number (TIN)** – see explanation under Section 2 above.

**National Provider Identifier (NPI)** – see explanation under Section 2 above.

**Method of Retrieval** – The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

*Note: BCBSLA groups all Electronic Remittance Advices by NPI, if available. When NPI is not available, ERAs are grouped by TIN.*

## 5 ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

**Clearinghouse Name** – Official name of the provider's clearinghouse

**Clearinghouse Contact Name** – Name of a contact in clearinghouse office for handling ERA issues

**Telephone Number** – Telephone number of contact

**Email Address** – An electronic mail address at which the health plan might contact the provider's clearinghouse

## 6 ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

**Vendor Name** – Official name of the provider's vendor

**Vendor Contact Name** – Name of a contact in vendor office for handling ERA issues

**Telephone Number** – Telephone number of contact

**Email Address** – An electronic mail address at which the health plan might contact the provider's vendor

## 7 SUBMISSION INFORMATION

### Reason for Submission

- **New Enrollment** – Select this option when not already enrolled for ERA (835)
- **Change Enrollment** – Select this option when changing from an existing Trading Partner to a new Trading Partner. Blue Cross allows set-up of ERA (835) for only one Trading Partner ID (i.e. PXXXXXXX) at a time. The existing Trading Partner will be terminated 30 days from the enrollment date of your new Trading Partner.
- **Cancel Enrollment** – Select this option when altogether terminating enrollment from the ERA (835) process

**Authorized Signature** – The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.

- **Electronic Signature of Person Submitting Enrollment** – a typed rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Written Signature of Person Submitting Enrollment** – a (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Printed Name of Person Submitting Enrollment** – The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Printed Title of Person Submitting Enrollment** – The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Submission Date** – The date on which the enrollment is submitted

## 8 RETURN INFORMATION

The form lists the mailing address, fax number and email address of BCBSLA's EDI Department as three options for returning the ERA (835) Enrollment Form.

Mail to: Attn: EDI / BCBSLA  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

Fax: 1.225.298.2945

Email: [EDICH@bcbsla.com](mailto:EDICH@bcbsla.com)

Providers should contact their financial institution to arrange for the delivery of the CORE required minimum CCD+ Data Elements necessary for successful re-association of the electronic funds transfer (EFT) payment with the ERA (835) remittance advice. Shown below are the Data Elements that are necessary for re-association:

CCD Record #	Field #	Field Name
5	9	Effective Entry Date
6	6	Amount
7	3	Payment Related Information

**Late/Missing EFT and ERA Transactions Resolution Procedures:**

ERA (835) files are available weekly in Trading Partner mailboxes on Mondays, and no later than Wednesday, except during holidays or unexpected office closures. If you do not receive your ERA by close of business on Wednesday, you may contact EDI Services at 225.291.4334 or email [EDICH@bcbsla.com](mailto:EDICH@bcbsla.com). Please include the Trading Partner ID, check number, check amount, check date and NPI.

EFT transactions are typically available at the provider's bank on Wednesday. If you have not received your deposit by close of business on Wednesday, you may contact EDI Services by calling the *LINKLine* at 225.293.5465 or 1.800.216.2583.

For questions about the ERA Form, please contact EDI Services at 225.291.4334. Also visit [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >Electronic Services >Clearinghouse.

To check the status of your ERA Form, you may submit your **request** via email to [EDICH@bcbsla.com](mailto:EDICH@bcbsla.com). Please include the provider or group name, NPI, TIN or EIN and Trading Partner ID. Please allow three to five business days for setup.

To check the status of your EFT Form, you may submit your request via email to [network.administration@bcbsla.com](mailto:network.administration@bcbsla.com). Please include the provider or group name, NPI and TIN or EIN. Please allow up to 15 business days for setup.

Provider's NPI must already be on file with Blue Cross. For more information on reporting your NPI to Blue Cross, visit [www.bcbsla.com/providers](http://www.bcbsla.com/providers) >NPI or you may contact Network Operations at 1.800.716.2299, option 3.

Blue Cross does not set up ERAs for out-of-state providers.



# Louisiana

## Electronic Remittance Advice (ERA) Enrollment Form

By completing this form, you are enrolling for the receipt of an ERA (835), to be delivered to the Trading Partner ID you are specifying in this enrollment. All fields must be completed in order for us to complete processing of the enrollment.

PROVIDER INFORMATION		
Provider Name		
Provider Address: Street		
City	State/Province	Zip Code/Postal Code
PROVIDER IDENTIFIERS INFORMATION		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)	Trading Partner ID	
PROVIDER CONTACT INFORMATION		
Contact Name	Title	
Telephone Number	Email Address	Fax Number
ELECTRONIC REMITTANCE ADVICE INFORMATION		
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)		
<input type="checkbox"/> Provider Tax Identification Number (TIN): _____		
<input type="checkbox"/> National Provider Identifier (NPI): _____		
Method of Retrieval		
<input type="checkbox"/> From Health Plan <input type="checkbox"/> Secure FTP		
<input type="checkbox"/> From Clearinghouse <input type="checkbox"/> SOAP/MIME		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION		
Clearinghouse Name		
Clearinghouse Contact Name	Telephone Number	Email Address
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION		
Vendor Name		
Vendor Contact Name	Telephone Number	Email Address

~Over~

## SUBMISSION INFORMATION

Reason for Submission

- New Enrollment
- Change Enrollment
- Cancel Enrollment

Authorized Signature

This information is to remain in full force and effect until Blue Cross and Blue Shield of Louisiana has received written notification from me of its change or cancellation in such time and in such manner as to afford Blue Cross a reasonable opportunity to act on it.

\_\_\_\_\_  
Electronic Signature of Person Submitting Enrollment

\_\_\_\_\_  
Written Signature of Person Submitting Enrollment

\_\_\_\_\_  
Printed Name of Person Submitting Enrollment

\_\_\_\_\_  
Printed Title of Person Submitting Enrollment

\_\_\_\_\_  
Submission Date

## RETURN INFORMATION

Please return your completed ERA Enrollment Form in one of the following ways:

Mail to: Attn: EDI/BCBSLA  
P.O. BOX 98029  
Baton Rouge, LA 70898-9029

Email: [edich@bcbsla.com](mailto:edich@bcbsla.com)

Fax: (225) 298-2945

If you have any questions about this form or your ERA enrollment status, please contact EDI at:

Phone: (225) 291-4334

Email: [edich@bcbsla.com](mailto:edich@bcbsla.com)

### Internal Use Only

TPM set-up completed on: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_