

BCBS LOUISIANA PRE-ENROLLMENT INSTRUCTIONS – 53120



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard Processing time is 3 business days

WHAT FORM(S) DO I COMPLETE?

- BCBS LA EDI Transaction Addendum – Business Associate Profile
- BCBS LA ERA Enrollment Form – Complete if you want Office Ally to receive your ERA's

WHERE DO I SEND THE FORM(S)?

- Fax the form to (225) 298-2945; or
- Email the form to EDICH@bcbsla.com

WHO CAN SIGN THE FORM(S)?

- No signature is required.

HOW DO I CHECK STATUS OF PRE-ENROLLMENT?

- Call (225) 291-4334 and ask if you have been linked to Office Ally's submitter ID P0010990. 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



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:

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

- 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 >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. 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 >I'm a Provider >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 Network Operation department as three options for returning the EFT Application form.

- m. Attn: EDI / BCBSLA
P.O. Box 98029
Baton Rouge, LA 70898-9029
- f. 1.225.298.2945
- e. 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. 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 >Electronic Services >Clearinghouse.

To check the status of your ERA Form, you may submit your **request** via email to 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.

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 >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.

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 checked="" 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 checked="" type="checkbox"/> From Clearinghouse <input type="checkbox"/> SOAP/MIME		
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION		
Clearinghouse Name		
Office Ally Submitter ID P0010990		
Clearinghouse Contact Name	Telephone Number	Email Address
Customer Service	360-975-7000 x1	info@officeally.com
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

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

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

p. 1.225.291.4334

f. 1.225.298.2945

m. Attn: EDI / BCBSLA

P.O. Box 98029

Baton Rouge, LA 70898-9029

e. EDICH@bcbsla.com

Internal Use Only

TPM set-up completed on: _____

Employee ID No.: _____