



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
10/14/2011 (IE)

Blue Cross Blue Shield- **ALABAMA** EDI Enrollment Instructions

Add Provider To Existing BCBS AL EDI Billing Group

- ✓ **Verify general BCBS AL enrollment has been done to add the provider to the BCBS AL EDI billing group.** The provider's NPI # must already be enrolled ("on file") with the payer, BCBS and the provider must be recognized as being part of that billing group and linked to the billing group's NPI #.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider IDs are valid. Incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission for this request. Place copy in a file that can be easily referred to, in case you need to follow up on your request.

FAX COMPLETED FORMS TO-
EDI Services, 205-733-7362

837- CLAIMS Initial Provider Enrollment (New) or (Change of Service)

If the provider has NOT submitted electronic claims to this payer before, or if the provider wishes to request a CHANGE of SERVICE to authorize Practice Insight to submit claims and/or retrieve ERAs (electronic remits), **All Rendering Providers** must complete and submit this form:

1. **BCBS of Alabama EDI Enrollment Request for Existing Submitter ID** (2 pages, signature needed)
Section I - Complete with practice/facility information.
Section IV - List the individual rendering provider's name, NPI #, Tax ID #
(Page 2 is optional and only needed if you are adding several new providers to the billing group).

835- ERAS Electronic Remittance Request (New) or (Change of Service)

No ERA enrollment is needed when adding rendering provider(s) to the EDI billing group. If the billing provider group is already enrolled for and receiving ERAs from BCBS AL, then the individual provider(s) being added will also receive electronic remits for the claims that they submit as part of that billing group.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation of enrollment within 30 days after submitting this request, contact your EDI support vendor or reseller for assistance.
Or, you can call BCBS Services EDI at 1-205-220-6899.*



Existing Submitter ID:

[Empty box for Existing Submitter ID]

Section I.

PRACTICE/FACILITY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Section II.

VENDOR/CLEARINGHOUSE NAME: _____
CONTACT NAME: _____ BLUE CROSS VENDOR ID: _____

Section III.

Indicate the requested transaction(s): 837 – claim (batch)
 270/276/278 –eligibility, claim status, and referral (real-time)

Section IV. (Continue provider list onto page 2 if additional space is needed.)

NAME OF PROVIDER	PROVIDER NPI	TAX ID

Blue Cross will assign provider passwords and forward to the vendor.

Completed form(s) should be faxed to EDI Services at 205 733-7362 or emailed to EDIEnrollment@bcbsal.org.

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the health care provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;
- Authorizes Blue Cross and Blue Shield of Alabama (BCBSAL) (1) to disclose protected health information to the business associate identified in Section II (Business Associate); and (2) to return Provider passwords to Business Associate;
- Agrees to notify BCBSAL if the Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted to BCBSAL by Provider, its employees, and its agents;
- Agrees that BCBSAL has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with BCBSAL guidelines;
- Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and
- Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

Authorized Representative of Provider

Date

