



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
01/06/11 (FE, IE)

Blue Cross Blue Shield ALASKA Premera Blue Cross Enrollment Instructions – Professional Claims and ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED REQUEST FORMS TO-
PREMERA BLUE CROSS
425-918-7234**

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

If the provider has not submitted claims electronically to this payer-
-Or If the provider has been submitting claims to this payer via another clearing-house and wants to change their service to go through Practice Insight, the provider must complete this form for each billing provider.

1. Edi Trading Partner Information (2 Pages)

835 – ERAs Electronic Remittance Request (New or Change of Service)

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the provider must complete this form for each billing provider.

1. 835 EDI Authorization Form claims Payment & Remittance Advice (2 Pages)

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call 1-800-435-2715

EDI Trading Partner Information

CLEARINGHOUSE/BILLING SERVICE SUBMITTER – PROFESSIONAL or INSTITUTIONAL

Premera Blue Cross
PO Box 327
M/S 281
Seattle, WA 98111-0327

Phone: 800-435-2715
Fax: 425-918-4234
e-mail: edi@premera.com

To establish the process of exchanging electronic HIPAA transactions with Premera, please complete the following information and return to the above address. This form needs to be completed in full in order for us to assign a submitter ID and password. Please contact your software vendor or technical support staff for assistance in completing this form if necessary.

1. Trading Partner Demographics:

Provider or Group/Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email Address: _____

Tax ID: _____ Submitter ID (assigned by Premera): _____

National Provider Identifier (NPI): _____

Clearinghouse/Billing
Service Name: _____

Clearinghouse/Billing Service
Contact: _____

Clearinghouse/Billing Service
Submitter ID: _____

Clearinghouse/Billing Service
Address: _____

Clearinghouse/Billing Service City,
State, Zip: _____

Clearinghouse/Billing Service
Phone: _____

Special Requirement for Clearinghouse or Billing Service : Please attach a list of all the providers for whom you bill along with their tax ID.

2. Transaction(s):

Please enroll our office in the following transaction(s). (Mark the appropriate box(es)).

Note: The 270, 276, 278 transactions are only allowed for Premera related products.

Check Box	Transaction Number	Transaction Title	Version	Anticipated Date for Testing
<input type="checkbox"/>	270/271	Health Care Eligibility Benefit Inquiry and Response		
<input type="checkbox"/>	276/277	Health Care Claim Status Request and Response		
<input type="checkbox"/>	278	Health Care Services Review-Request for Review and Response		
<input type="checkbox"/>	835	Health Care Claim Payment/Advice (If you request the 835, a separate enrollment and authorization form will be sent to you)		
<input type="checkbox"/>	837	Health Care Claim: Professional		
<input type="checkbox"/>	837	Health Care Claim: Institutional		
<input type="checkbox"/>	837	Health Care Claim: Dental		

Will you accept 997 Functional Acknowledgements for ANSI transactions?

Yes No

Companion Documents can be found at: <http://www.wahealthcareforum.org/hipaa/companiondocs/default.asp>

These Companion Guides serve to provide any data clarifications to supplement the specifications outlined in the Implementation Guides and to provide more specific PBC requirements.

3. Delimiters for ANSI Transactions:

Premera delimiter defaults are:

- asterisk (*) for element separator
- colon (:) for sub-element separator
- tilde (~) for segment separator

Will you be using the Premera default delimiters?

Yes

No - Please indicate below the delimiters you will be using:

Element Separator Character: _____

Sub-Element Separator Character: _____

Segment Terminator: _____



BLUE CROSS

835 EDI Authorization Form Claims Payment and Remittance Advice

This Authorization Form is required for the set-up of the 835 Claims Payment and Remittance Advice. An original signature is required. Please return the completed form to the address below.

Premera Blue Cross
PO Box 327 MS281
Seattle, WA 98111-0327

Provider or Group/Facility Information:

Name: _____ Current PBC Submitter ID _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID: _____ National Provider Identifier (NPI): _____

Type of Remittance Requested: Professional Institutional Both

Do you share this tax ID with other groups, facilities or individual providers? Yes _____ No _____

IF Yes: *The 835 report (electronic remittance advice) will include payments for all providers who share this tax ID and will be sent to the submitter ID you specify below. Paper vouchers and the associated checks are not affected.*

Enter the Submitter ID of the office that will receive the 835 transactions _____

Clearinghouse/Billing Service Information:

Name: _____ Current PBC Submitter ID _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Contact Name: _____

I authorize the above named Clearinghouse/Billing Service to receive the 835 Health Care Claim Payment/Advice on my behalf.

Provider Signature: _____ **Date:** _____

Premera EDI Team Members

Spokane 1-800-435-2715 Option 2

Shari Johnson 509-252-7488
Beth Passmore 509-252-7842

Rowena Solomon
Lynnette Boulch
Linda Hunt

Seattle 1-800-435-2715 Option 1

425-918-4983 Dana Thomas 425-918-5129
425-918-4218 Lenea Dyer 425-918-3505
425-918-3294 Liza Franzen 425-918-3128

Bend, OR 1-800-435-2715 Option 3

Alex Dufault 541-318-2133
Leana Morton 541-318-2140

Fax 425-918-4234
e-mail - EDI@premera.com

835 Claims Payment and Remittance Advice Trading Partner Set-up Process

Premera will begin providing live data for the 835 transaction within approximately one full week following the set up in our systems. Following are some specific items to consider when setting up this transaction.

1. Review the Companion Guide, available at:
<http://www.wahealthcareforum.org/hipaa/companiondocs/default.asp>)
2. Files are Marked Production
The 835 files will be marked as production
 - ISA15 Usage Indicator, will be P (Production Data)
3. Electronic Remittance Versus Paper
 - The data between a provider's paper remittance and an electronic 835 remittance may differ due to the HIPAA requirement to provide only standard codes in the electronic transaction.
 - An example is procedure codes; the paper EOP may have a non-standard or local code represented when the corresponding 835 electronic remittance will only have standard procedure codes. Our 835 generation process translates non-standard codes to standard codes.
4. Paper Remittance and Checks
 - There is no current ability to provide the actual payment via EFT (electronic funds transfer).
 - Checks will continue to be mailed with the paper remit

Premera EDI Team Members			
Spokane	1-800-435-2715 Option 2	Seattle	1-800-435-2715 Option 1
Shari Johnson	509-252-7488	Rowena Solomon	425-918-4983 Dana Thomas 425-918-5129
Beth Passmore	509-252-7842	Lynnette Boulch	425-918-4218 Lenea Dyer 425-918-3505
		Linda Hunt	425-918-3294 Liza Franzen 425-918-3128
Bend, OR	1-800-435-2715 Option 3		
Alex Dufault	541-318-2133		
Leana Morton	541-318-2140		
		Fax 425-918-4234	
		e-mail - EDI@premera.com	