



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.  
10/5/11 (IE, FE New Submitter #)  
<http://empireblue.com/home-providers.html>

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## Empire Blue Cross - NEW YORK (BS803/00803) Enrollment Instructions – Professional 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. 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 FORM TO-**  
Empire BCBS NY EDI Technical Operations  
877-287-1410

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

No EDI enrollment to submit electronic claims.

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

If the provider wishes to authorize Practice Insight to retrieve 835-ERAS, see option to select 835 Remittance on this form (This is the same form used to request 837-claims, as described above.)

1. **Empire EDI Registration Form (1 page)**  
SEE Section III - EDI Transactions, put a ✓ in box next to "**835 Remittance**".  
SEE Section VIII - **Enter BOTH the Provider # and NPI**
2. **Change of Service Letter** - Required only for providers that are currently receiving 835 ERA files via another clearinghouse and that wish to authorize Practice Insight to receive their 835 ERA files. **See Sample Letter in the following pages.**

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## **ALLOW 2-4 WEEKS FOR PROCESSING**

*If you do not receive confirmation within 30 days, contact your support vendor or reseller for assistance or call BCBS NY Empire EDI direct at 1-866-889-7322.*



**EDI Registration Form**

Return to: Empire BlueCross BlueShield  
 NY EDI Technical Operations  
 15 MetroTech Center, Brooklyn, NY 11201  
 Phone: (866) 889-7322 Fax: (877) 287-1410

**NOTE: Unless otherwise indicated, all fields in all sections MUST be completed**

<b>Section I. Action</b> (choose one)		<b>Section II. Line of Business</b> (choose one)	
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		<input type="checkbox"/> BlueCross <input type="checkbox"/> BlueShield <input type="checkbox"/> Commercial (Requires Quicklink contract)	
<b>Section III. EDI Transactions</b> (check all that apply, Commercial allows 837 claim and EDI Reports ONLY)			
<input type="checkbox"/> 837 Claim		<input type="checkbox"/> 276/277 Claim Status & Response*	
<input type="checkbox"/> 835 Remittance (one receiver per provider)		<input type="checkbox"/> 278 Pre-certification & Specialty Care Referral*	
<input type="checkbox"/> EDI Reports (one receiver per provider)		<input type="checkbox"/> 834 Benefit Enrollment & Maintenance (Benefit administrators only)	
<input type="checkbox"/> 270/271 Eligibility Inquiry & Response*			
*Complete <a href="#">27x (TCP/IP Socket)</a> form if not currently exchanging 27x transactions with Empire			
<b>Section IV. Network Connectivity Provider</b> (choose one)*		<b>Section V. File Transfer Method*</b>	
<input type="checkbox"/> IVANS Dialup**		<input type="checkbox"/> Empire e-Link	
<input type="checkbox"/> IVANS Internet VPN**		<input type="checkbox"/> TCP/IP Socket	
<input type="checkbox"/> IVANS Frame Relay**		<input type="checkbox"/> FTP	
<input type="checkbox"/> ECC Technologies _____		<input type="checkbox"/> HTTPS**	
*Trading partner is responsible for obtaining a <a href="#">telecommunications connection</a> to Empire		*Choose one	
**Complete IVANS Communications Service Agreement if not currently connected to Empire		** Real-time transactions only	
<b>Section VI. Trading Partner/Submitter/Receiver Information</b> (leave Submitter ID field blank if you are a new submitter)			
Name _____		Submitter ID _____	
Operating as <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Vendor <input type="checkbox"/> Billing Agent			
Address _____			
City, State, Zip Code _____			
Contact Name _____		Phone # _____	
Contact Email Address _____		Fax # _____	
<b>Section VII. Software Vendor Information</b> (complete only if operating as a Provider or Billing Agent)			
Vendor Name _____			
Contact Name _____		Phone # _____	
Contact Email Address _____		Fax # _____	
<b>Section VIII. Provider Information</b> (review Companion Guide at <a href="http://www.empireblue.com/edi">www.empireblue.com/edi</a> /Facility or Provider HIPAA for EDI requirements)			
<u>Provider # or NPI</u>	<u>Provider Name</u>	<u>Provider # or NPI</u>	<u>Provider Name</u>

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

The person signing this form understands the provider is responsible for the data received by the trading partner. If the data is mishandled in any way, the provider will be held responsible. The third-party is prohibited from viewing, storing, modifying, or reporting the data for it's own use.

**Instructions Follow**

# Sample Letter

(Type on Provider's Letterhead)

Date

Empire BlueCross Blue Shield  
NY EDI Technical Operations  
15 MetroTech Center, Brooklyn, NY 11201

Dear EDI Enrollment:

The following providers wish to authorize **Practice Insight** to retrieve **Empire BCBS** ERA files:

Practice Insight      Sub ID # 019077

**Billing Providers:**

**(provider name)    (provider's PIN#)    (provider's NPI)**

Please delete the ERA authorization for these provider numbers from our previous service bureau,  
*(fill in name here)*.

Thank you for your attention to this matter.

Sincerely,

(provider's signature)

(provider name)