



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
07/20/2011 (IE)

<http://www.bcbsnc.com/content/providers/edi/hipainfo.htm#ecr>

Blue Cross Blue Shield - NORTH CAROLINA (Includes Blue Medicare Supplement) 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.
- ✓ **Keep 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 FORM TO-
BCBS North Carolina, EDI SERVICES
919-765-7101**

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

To authorize Practice Insight to submit 837 electronic claims, the following form must be completed for each billing provider group, or individual provider billing "solo".

1. Electronic Solutions – Electronic Connectivity Request (1 page)

SEE "Electronic Transactions" → "Professional Claims-837P" → "Effective Date"

ENTER desired effective date for 837- date to begin sending electronic claims.

SEE "Transaction Flow"

Put ✓ next to "From provider site to clearinghouse to BCBSNC"

Or Put ✓ next to "From provider site to billing service to clearinghouse to BCBSNC"

SEE bottom of form - be sure to include Date, Name/Title and Authorized Signature.

Optional: To receive 835 ERAs: (for PAR providers only)

SEE "Electronic Transactions" → "Electronic Remit – 835" → "Effective Date"

ENTER desired effective date for 835-ERAs to begin.

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

To authorize Practice Insight to retrieve 835 ERA files for the billing provider group or individual provider, use the same form as instructed above for 837 claims. See under "Electronic Transactions" column, "Electronic Remit – 835". Add an "Effective Date" to begin receiving remits.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation of enrollment within 30 days,
contact your EDI Reseller or Support Vendor for assistance or
call BCBS North Carolina EDI at 888-333-8594.*

Electronic Solutions - Electronic Connectivity Request

Please complete the following form and fax the form to **Electronic Solutions, (919) 765-7101**.
A Connectivity Request form is required for each provider group.

PROVIDER NAME			NATIONAL PROVIDER ID		
CONTACT NAME			TITLE		
MAIL ADDRESS		CITY	STATE		ZIP CODE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)		

VENDOR/CLEARINGHOUSE NAME			CONTACT NAME			TITLE		
MAIL ADDRESS		CITY	STATE		ZIP CODE			
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)					

BILLING SERVICE NAME			CONTACT NAME			TITLE		
MAIL ADDRESS		CITY	STATE		ZIP CODE			
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS (REQUIRED)					

Electronic Transactions	Connectivity Mode					Effective Date
	Batch				Real Time	
	HTTPS	FTP (Windows GUI)	FTP (Command Line)	SOAP	SOAP	
Eligibility Inquiry – 270/271						
Claims Inquiry – 276/277						
Auth. & Referral – 278						
Electronic Remit – 835 (Par providers only)						
Institutional Claims – 837I						
Professional Claims – 837P						

Mail Box Password (8 characters): _____

Type of Sender: Provider Clearinghouse Billing Service
CAQH/CORE certified: Yes No

Sender/Receiver ID (Federal Tax ID): _____

Transaction Flow: From provider site directly to BCBSNC
 From provider site to billing service to BCBSNC
 From provider site to clearinghouse to BCBSNC
 From provider site to billing service to clearinghouse to BCBSNC
 Other – Specify: _____

Date _____ Print Name/Title (Required) _____ Authorized Signature (Required) _____

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