
BCBS – Rhode Island 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 customer account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider ID #s are valid. 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 submitted paperwork, in case you need to follow up on your request.

FAX COMPLETED FORMS TO-
BCBS Rhode Island
401-459-1369

837- CLAIMS Billing 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), the billing provider must complete and submit this form:

1. Letter to BCBS Rhode Island authorizing Practice Insight to submit electronic claims (see sample letter).
 - If billing as a group, list group name and NPI number, along with all providers in group individually with NPI numbers.

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:

1. See 837-Claims enrollment

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.

Sample Letter

(Type on Provider's Letterhead)

Date

BCBS of Rhode Island
EDI Enrollment
444 Westminster Street
Providence, RI 02903

Dear EDI Enrollment:

The following providers wish to authorize **Practice Insight** to submit electronic claims to **BCBS Rhode Island** and retrieve ERA files:

Practice Insight Submitter #P0082122

Billing Providers:

(provider name) (provider's NPI#) (effective date)

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

Please advise if there are any problems/when enrollment is complete by emailing enrollment@practiceinsight.net or calling 713-333-6000, option 2.

Thank you for your attention to this matter.

Sincerely,

(provider's signature)

(provider name)

Fax to: 401-459-1369