BCBS MA (BS059)
ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- EDI Trading Partner Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Email form to payerenrollment@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 2-5 Business Days.
- The time it takes ERAs to start coming through is dependent upon the payer. Generally, ERAs begin coming through anywhere from within 10-45 business days.

HOW DO I CHECK STATUS?

- Once your enrollment has been processed and approved at the payer, you will receive an email confirming the approval from Office Ally.

MASSACHUSETTS

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EDI Trading Partner Enrollment Form

SUBMITTER REQUEST			
Type of request	New ☒ Update ☐ Cancel ☐		Cancel Date

GENERAL/DEMOGRAPHIC INFORMATION					
Date of Request		Submitter ID (assigned by BCBSMA)	70BS		
Submitter Name	Office Ally, LLC				
Address 1	16703 SE McGillivray Blvd. Suite 200				
Address 2					
City	Vancouver	State	WA	Zip Code	98683
Please indicate if you are a Billing Service or Clearinghouse		Billing Service ☐	Clearinghouse ☒		

SYSTEM/SOFTWARE			
Practice Management System/Software products (if applicable)			
Please indicate if you use NEHEN to submit claims/receive remittances	Yes ☐ No ☒		

CONTACT INFORMATION			
Primary Contact Name	EDI Enrollment Department	Title	Enrollment Success Department
Telephone #	726-201-4362	Fax #	360-896-2151
Email Address	payerenrollment@officeally.com		
Technical Contact Name	Cara Trahey	Title	EDI Enrollment Manager
Telephone #	726-201-4362	Fax #	360-896-2151
Email Address	cara.trahey@officeally.com		

TRANSACTIONS (Version 4010A1) ⓘ INDIVIDUAL FORMS MUST BE COMPLETED FOR EACH CLAIM TYPE REQUESTED.				
Transaction Type	837I ☐	837P ☒	837D ☐	835 ☒
Proposed Test Date	5/10/2010			
Target Production Date	6/01/2010			

PROVIDER INFORMATION

ⓘ REQUIRED. Please include all Billing Providers below for which you intend to submit claims transactions.

ⓘ Additional Providers can be entered on Page 3 of this form.

Provider Name	National Provider Identifier	Federal Tax Identifier	835
			Yes ☑
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐

Questions?	Send an email to EDISupport@bcbsma.com with "Enrollment Questions" in the Subject line.

Instructions:

➲ Complete this form

- **Email to: EDISupport@bcbsma.com**
- **Indicate "Enrollment Form" and your Submitter ID in the Subject line**
- **The EDI Support Team will contact you within 2 business days**

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ADDITIONAL PROVIDER INFORMATION

ⓘ REQUIRED. Please include all Billing Providers below for which you intend to submit claims transactions.

Provider Name	National Provider Identifier	Federal Tax Identifier	835
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
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