



BLUE CROSS BLUE SHIELD OF HAWAII (HMSA1) PRE-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [Electronic Trading Partner Agreement](#)

WHERE SHOULD I SEND THE FORM(S)?

- Mail original form to:
 - HMSA
Attn: EDI/HHIN Support-Room 521
PO Box 860
Honolulu, HI 96808-0860

WHAT IS THE TURNAROUND TIME?

- Approximately 5 – 10 business days

HOW DO I CHECK STATUS?

- Call 800-377-4672 and provide them with the provider's name and HMSA provider ID. Ask if the provider has been linked to Office Ally's Submitter ID **OFF001**.
- Once you receive confirmation that you've been linked to Office Ally, you must email support@officeally.com with the below information prior to submitting claims electronically.

Email Subject: Blue Cross Blue Shield of Hawaii (HMSA1) – EDI Approval

Body of Email:

Please log my EDI approval for Blue Cross Blue Shield of Hawaii.

- Provider Name
- NPI
- Tax ID
- Provider Submitter ID (Example: ABC123)