

# BCBS LOUISIANA (53120) EDI-ENROLLMENT INSTRUCTIONS

## WHICH FORMS SHOULD I COMPLETE?

- 837 Enrollment: BCBS LA Business Associate Profile (page 2)

## WHERE SHOULD I SEND THE FORM(S)?

- Email to EDIservices@bcbsla.com; OR
- Fax to (225) 298-2945

#### WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5-10 business days

#### HOW DO I CHECK STATUS?

- Email <u>EDIservices@bcbsla.com</u> and ask if you have been linked to Office Ally's Trading Partner ID (**P0010990**). Please include the Provider/Group Name, NPI, Tax ID, and Trading Partner ID.
- Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.



# **Business Associate Profile**

The Business Associate Profile (BAP) form must be completed to reflect each provider/location that has authorized the Trading Partner to submit and receive Blue Cross and Blue Shield of Louisiana electronic transactions.

0	Add new provider location	n Submitter ID for e	existing submitters: <u>P0010990</u>	
0	Note: This BAP form is for all electronic submissions with the exception of ERA (835) enrollment. ERA (835) enrollments will only be processed by completing the ERA Enrollment Form found at <a href="https://www.bcbsla.com/providers">www.bcbsla.com/providers</a> > Electronic Services > Clearinghouse Services.			
ovi	der Name*	Provider Tax ID Number	er NPI Number	
nt th	e provider name as it appears o	n each Blue Cross and Blue Shie	eld of Louisiana Payment Register.	
Provider/Clinic/Location Name Date			Completed By	

- Please allow 3-5 business days for setup.
- Provider's NPI must already be registered with Blue Cross and Blue Shield of Louisiana. You may contact Provider Credentialing & Data Management at 1-800-716-2299, option 2 to report an NPI.

Completed forms can be faxed to (225) 298-2945 or emailed to <u>EDIServices@bcbsla.com</u>. For questions regarding this form, please contact EDI Services at 1-800-716-2299, option 3.

**Phone Number** 

**Email Address**