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
    - **Subject Line:** BCBS MA ERA Enrollment – (insert Provider NPI)

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

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

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) (5010 Version effective 01/01/2012) ⓘ 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**

MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

EDI Trading Partner Enrollment Form

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 ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐
			Yes ☐