BLUE SHIELD OF CA PROMISE HEALTH PLAN (C1SCA) ERA/EFT ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

Choose one of the below methods to enroll for ERA/EFT's with Blue Shield of California Promise Health Plan

1. ERA/EFT Enrollment Form (second page)

2. ERA/EFT Online Enrollment

    - Call the EDI Help Desk at (800) 480-1221 to register for online access. Instructions can be found here.
    - Once account is created, you will need to complete the online enrollment
    - Under ERA Enrollment add the following information:
        - o Method of Retrieval – Please select how you wish to receive your ERAs
        - o Authorize Clearinghouse to receive your ERAs
        - o Clearinghouse Name: Office Ally
        - o Email Address: support@officeally.com
        - o Telephone: 360-975-7000 Option 1

WHERE SHOULD I SEND THE FORM(S)?

- Fax to (866) 276-8456

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Approximately 10 business days

Electronic Payments Enrollment Form Guide and Form

Please use this guide to complete the attached Provider Authorization form. Missing or incomplete information within the form may delay your enrollment. Please do not send or fax this guide with your completed form.

☐ Use one form per bank account authorized for deposit of your claim payments

- Indicate only Billing Tax ID numbers for which funds will be deposited in the authorized account (Provider Business Information)
- Indicate only NPI numbers for which funds will be deposited in the authorized account (Provider Business Information)

☐ Attach a copy of a voided check (photocopy voided checks for fax submissions)

- Enrollment requests cannot be processed without the copy of the voided check
- "Starter" checks or deposit slips cannot be accepted due to incomplete bank routing information
- Banking information provided in the enrollment form must match the voided check

Find Routing Number on Your Check

☐ Select a Remittance Advice (EOB) Option

- Direct EDI Trading Partners may receive 835 electronic remittances (ERA) directly from Blue Shield / Blue Shield of California Promise Health Plan
- Authorize a vendor/clearinghouse to receive electronic remittance (electronic EOB data to automate your payment posting) on your behalf (see the attached list of approved vendors/clearinghouses.

☐ Forms must be signed by authorized individuals

- Practitioner (MD, DO, DC, DDS, PhD, etc)
- Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, Billing Manager, etc.)

Mail Address:
Blue Shield of California / Blue Shield Promise
Attn: EDI Business Platform Services
4700 Bechelli Lane
Redding, CA 96002

Fax to: (530) 351-6150
Email: EDI_BSC@blueshieldca.com

Provider Authorization Form
Electronic Payment Information

Promise Health Plan

Designate a bank account for deposit of your claims payment amounts via Electronic Funds Transfer (EFT). Indicate how Remittance Advice (ERA) files will be received on your behalf.

Provider Business Information		
Name of Provider Organization:		
Billing Tax ID Number(s):		
NPI(s) (National Provider Identification):		
Physical address:		
City:	State:	Zip:
Primary contact name:	Telephone:	
Email Address:	Fax:	
Remittance Election Choose One:	☐ Trading Partner Enrolled to Receive ERA via SFTP Direct from BSC / Blue Shield Promise	
	☐ Authorizing the Third-Party Vendor/Clearinghouse below to Receive ERA	
Vendor/Clearinghouse or Trading Partner authorized to receive ERA:		
Name: Office Ally		
Address: PO Box 872020		
City: Vancouver	State: WA	Zip: 98687
Technical contact name: Customer Service	Telephone: 360-975-7000	
Email Address: support@officeally.com	Fax: 360-896-2151	
Bank Information Authorized for Deposit of Funds		
Name:	Branch phone:	
Branch address:		
Administrative contact:	Contact phone:	
Routing number (9 digits):	Account number:	
Attach a copy of a voided check to confirm banking information. Deposit slips are not accepted.		
Authorized Signature		
Signature:	Print name:	
Title:	Date:	

This form will certify that the Third Party named above is authorized to receive the provider electronic remittance advice (also known as the 835) for the provider listed or retrieved via direct connection. If you are currently receiving paper Explanation of Benefits, they will be discontinued at the time of enrollment. . Electronic Fund Transfer (EFT) requestors must be established Electronic Remittance Advice (ERA) recipients with Blue Shield and/or Blue Shield of California Promise Health Plan. The provider is responsible to notify Blue Shield of California and/or Blue Shield of California Promise Health Plan of any changes to Third Party information authorized to receive electronic remittance advice or account information for electronic funds transfer.

Mail Address:
Blue Shield of California / Blue Shield Promise Health Plan
Attn: EDI Business Platform Services
4700 Bechelli Lane
Redding, CA 96002

Fax to: (866) 276-8456
Email: EDI_BSC@blueshieldca.com