

WHICH FORMS SHOULD I COMPLETE?

- 835/Electronic Remittance Advice Enrollment Form
 - o This form should be used for All Premera Plans as listed below:
 - Premera
 - Lifewise of Oregon (only)
 - BCBS of Alaska
 - Federal Employee Program
 - NASCO Med Advantage
- For the following individual plans, you must enroll directly with Instamed to receive ERA's/EFT's:
 - Lifewise of Washington
 - Premera BC Individual
 - Alaska BCBS Individual

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to EDI@premera.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 20 business days.

HOW DO I CHECK STATUS?

- If you haven't started receiving your remittance files in the allotted timeframe, please email EDI@premera.com to confirm your NPI(s) are linked to Office Ally.

835/Electronic Remittance Advice Enrollment Form

See Page 2 & 3 for data element requirements & instructions

Provider Information

Provider Name	<input type="text"/>				
Provider Address	<input type="text"/>				
Street	<input type="text"/>				
City	<input type="text"/>	State/Province	<input type="text"/>	Zip Code/Postal Code	<input type="text"/>

Provider Identifiers Information

Provider Identifiers	<input type="text"/>		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	<input type="text"/>		
National Provider Identifier (NPI)	<input type="text"/>		
Other Identifiers	<input type="text"/>		
Assigning Authority	<input type="text"/>	Trading Partner ID	<input type="text"/>

Provider Contact Information

Provider Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Fax Number	<input type="text"/>		

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Must match EFT Preference – if applicable)

<input checked="" type="checkbox"/>	Provider Tax Identification Number (TIN)	<input type="text"/>
<input type="checkbox"/>	National Provider Identification Number (NPI)	<input type="text"/>
Method of Retrieval	<input type="text" value="Clearinghouse"/>	

Electronic Remittance Advice Clearinghouse Information (if applicable)

Clearinghouse Name	<input type="text" value="Office Ally"/>	Premera Submitter ID	<input type="text" value="AC035"/>
Telephone Number	<input type="text" value="360-975-7000"/>		
Email Address	<input type="text" value="payerenrollment@officeally.com"/>		

Reason for Submission (select one below)

<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Change Enrollment
<input type="checkbox"/>	Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment	<input type="text"/>		
Printed Title of Person Submitting Enrollment	<input type="text"/>		
Submission Date	<input type="text"/>	Requested ERA Effective Date	<input type="text"/>

Instructions for completing the 835/ERA Enrollment Form

THIS ENROLLMENT FORM SHOULD BE USED FOR ALL PREMERA PLANS INCLUDING BUT NOT LIMITED TO:

- **PREMERA**
- **LIFEWISE OF OREGON (only)**
- **BCBS of ALASKA**
- **Federal Employee Program**
- **NASCO**
- **Med Advantage**

- **NOTE: Must enroll directly with InstaMed to receive ERA's/EFT's for the following plans:**
 - **Lifewise of Washington**
 - **Premera Blue Cross Individual**
 - **Alaska Blue Cross Blue Shield Individual.**

- Type or print legibly.
- Use only black or blue ink to complete as a hard copy form.
- Electronic Remittance Advice (ERA) Enrollment Form available at edi@premera.com
- **Please allow up to 4 weeks for enrollment process, if after 4 weeks you do not start receiving ERA files, you may email the EDI Team at edi@premera.com**
- For questions about the paper or electronic enrollment process or this form, please contact the EDI Team at edi@premera.com.
- If you are a group or individual provider that would like to receive ERA's direct vs going thru a clearinghouse, please indicate DIRECT in the clearinghouse information, submitter ID and Trading partner ID fields.

Below are the CORE Data Element Groups (DEG) Identifiers, with (R) = Required, (O) = Optional (required when noted)

(DEG) **Provider Information, fill out completely:**

(DEG R) **Provider Name:** Complete legal name of institution, corporate entity, practice or individual provider

(DEG R) **Provider Address / (R) Street:** the number and street name where a person or organization can be found

(R) **City:** City associated with provider address field

(R) **State/Province:** Two Character Code associated with the State/Province/Region of the applicable Country

(R) **Zip Code/Postal Code:** System of postal-zone codes (zip stands for "zone improvement plan")

(DEG R) **Provider Identifiers:**

(R) **Provider, Federal Tax Identification Number (TIN):** A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

(R) **National Provider Identifier (Group NPI preferred if applicable):** A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-digit number is an intelligence-free numeric identifier. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standard transactions. (R) When provider has an NPI)

(DEG) **Other Identifiers:**

(O) **Assigning Authority:** Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid (required when applicable for the payer).

(R) **Trading Partner ID:** The Trading Partner ID (same as Premera Submitter ID) assigned by the health plan or the provider's clearinghouse or vendor. If you do not know the Trading Partner ID, email EDI at edi@premera.com.

(DEG) **Provider Contact Information:**

(R) **Provider Contact Name:** Name of contact in provider office for handling ERA matters & issues

(R) **Telephone Number:** Associated with the contact person

(R) **Email Address:** An electronic mail address at which the health plan might contact the provider (Required if available) (O)

Fax Number: A number at which the provider can be sent facsimiles

(O) **Preference for Aggregation of Remittance Data (e.g., Account Number Linage to Provider Identifier):** Provider preference for grouping (bulking) claim payments – when applicable must match preference for EFT payment.

(R) **Provider Tax Identification Number (TIN)** (Required if NPI not applicable)

(DEG R) **National Provider Identifier (NPI)** Group NPI preferred

(O) **Method of Retrieval:** Method in which provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.) (Required if provider is not using an intermediary clearinghouse or vendor)

(DEG O) **Clearinghouse Information** (Required if applicable)

(R) **Clearinghouse Name:** Official Name of the provider's clearinghouse (required if using a clearinghouse for receipt of 835/ERA file from a payer)

(R) **Premera Submitter ID** The Premera Submitter ID (same as Trading Partner ID) is where ERA files are to be sent/posted). Email EDI at edi@premera.com if you are unsure what the clearinghouse submitter ID is.

(DEG R) **Reason for Submission:** Must select one of the following,

New Enrollment

Change Enrollment

Cancel Enrollment

(DEG R) **Authorized Signature:** The signature of the provider or office representative (not the clearinghouse) that can enroll, modify or terminate an enrollment.

Written Signature of Person Submitted Enrollment – A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity (not the clearinghouse representative)

(O) **Electronic Signature of Person Submitting Enrollment** (not the clearinghouse representative)

(O) **Printed Title of Person Submitting Enrollment** – The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

(O) **Submission Date,** Date enrollment submitted

(O) **Requested ERA Effective Date (submit when you would like enrollment to start. We do not hold to start at a later date)**

*Note that once enrollment has been processed, ERA will be provided for **all product lines of business under Premera.** Plans or Groups are noted above.*

Fax the completed paper form to EDI: Fax Number: 425-918-4234

OR

Email the completed form to EDI: edi@premera.com

Researching Missing/Late 835/ERA Files that related to EFT (Electronic Funds Transfer) 'when applicable':

835/ERA files that have not been received after 5 business days of receipt of the corresponding EFT file can be researched by contacting the **Premera, EDI Team** at 800-435-2715 or at edi@premera.com

For EFT (electronic funds transfer) enrollment information go to:

<https://www.premera.com/provider/Tools/ElectronicFundsTransfer>.

Or call Premera Provider Relations at 877-342-5258 opt 4.