WELCOME TO OFFICE ALLY!



BLUECROSS BLUESHIELD NORTH CAROLINA PRE-ENOLLMENT INSTRUCTIONS

HOW LONG DOES PRE-ENROLLMENT TAKE?

o Standard processing time is 7-10 business days from receipt of enrollment form.

WHERE SHOULD I SEND THE FORMS?

Fax the forms to 919-765-7101

WHO CAN SIGN THE FORMS?

o Forms must be signed by the provider (if the form is for a solo doctor) or the president, CEO, or owner of the group (if the form is for a group).

HOW DO I CHECK STATUS?

- Approximately 7-10 business days after BlueCross BlueShield receives your form they will notify Office Ally of the approval. When Office Ally receives the approval, we will enter it in our system and notify you via email. After such time, you may begin submitting electronic claims for this payer.
- If you DO NOT receive notification from Office Ally, you must follow up with BlueCross BlueShield and notify
 Office Ally of the approval PRIOR to submitting claims.
- o You can follow up with BlueCross BlueShield by calling customer support at 888-333-8594
 - Ask if you are linked to Office Ally's submitter ID.
 - If it has been linked, you must notify Office Ally before submitting claims.

WHAT PROVIDER NUMBER DO I USE?

- Use one (1) provider number per form.
- ❖ The BCBS NC number is required. Also, please include your NPI.
- If you are a group, list only your group name and group number, do one form for each group number you have.

BCBSNC Electronic Connectivity Request (ECR): Instructions for Completion and Submission

Three Electronic Connectivity Request forms are available for submitters of electronic transmissions to BCBSNC EDI Services:

- The Batch Connectivity Request form for the following transactions:
 - 837 Claim/Encounter Professional (HCFA 1500) or Institutional (UB92)
 - 270/271 Eligibility Inquiry
 - 276/277 Claim Status Inquiry
 - 278 Authorization Review
 - 835 Payment/Remittance Advice.
- The 820 Premium Payments and 834 Enrollment form for electronic submitters of premiums and/or enrollment information.
- The Medicare Crossover (BCBS Inter-plan) 835 Payment/Remittance Advice
 (effective January 2005) for Medicare providers already registered to receive the
 835 Transaction. Providers supplying services to Medicare patients with additional
 coverage by a Blue Cross and Blue Shield (BCBS) plan other than BCBSNC can
 receive their 835 Remittance Advice through BCBSNC if they sign up with this ECR
 form.

1. Who completes an EDI Electronic Connectivity Request (ECR) form?

Every health care provider or employer group wishing to exchange electronic information with BCBSNC, whether submitting information directly or via another party, must complete an ECR form. However, an ECR form <u>must</u> be preceded by or accompanied by a BCBSNC Trading Partner Agreement if the health care provider or employer group will be electronically submitting directly to BCBSNC. Only direct senders of electronic transmissions need to file a BCBSNC Trading Partner Agreement. Verify with your vendor/clearinghouse that a Trading Partner Agreement has been established with BCBSNC on your behalf.

Providers and employer groups who do NOT transmit transactions directly to BCBSNC may have their vendor/clearinghouse or billing service complete the detail information on the ECR form; however, each provider or employer group must sign the form. Clearinghouses or billing services <u>cannot</u> sign the ECR form on behalf of the provider or employer groups they are servicing.

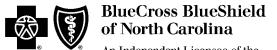
Each form contains sections that are clearly marked as provider, vendor/clearinghouse, billing service, or employer group information.

2. Which forms should be submitted?

Complete and submit only those forms that are applicable to the transactions that you send to BCBSNC.

3. What's new on the ECR forms?

 A single ECR form can now be completed to request connections to exchange 6 different transactions or transaction sets: the 270/271, 276/277, 278, 835, and the 837 (both professional and institutional). A provider can be set up for all of these transactions with just one form.



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- The new ECR form also requires Sender or Receiver ID Qualifiers, depending upon the transaction being sent, and the actual Sender or Receiver ID. BCBSNC requires direct senders of transactions to use their Federal Tax ID for their Sender or Receiver ID. Direct senders who may not have a Federal Tax ID may use their Social Security Number for the Sender ID.
- The "Type of Transaction" box includes an "Effective Date" the date by which the sender will be ready to transmit. This section also includes an "X12 Version" indicator. At this time, only the ASC 4010A1 version is available.

4. What do I do with the completed ECR form/s?

Completed forms may be faxed to BCBSNC EDI Services at (919) 765-7101. BCBSNC EDI Services returns a notification letter to the contact person listed in the form, verifying receipt of the ECR form(s), the information submitted, and the date submitters can expect to transmit.

EDI SERVICES BATCH CONNECTIVITY REQUEST

Please complete the following form and fax the form to EDI SERVICES (919) 765-7101.

A Connectivity Request Form is required for each provider group.

Valid for New Blue, PCP, MedPoint, State Health Plan, FEP, BlueCard and Traditional BCBSNC plans.

PROVIDER NAME					NATIONAL PROVIDER IDENTIFIER BCBSNC PROVIDER NUMBER				
CONTACT NAME				TITLE					
MAIL ADDRESS			CITY		STATE		ZIP CODE		
PHONE NUMBER		FAX NUMBER			EMAIL ADDRESS				
Are you changing veno clearinghouse or billing	dor/ g service:	Yes, Effective	e Date of Change	:	/		/ 200		
VENDOR/CLEARINGHOUSE NAME Office Ally			CONTACT NAME Eve Du B	ry		TITLE			
MAIL ADDRESS 32356 South Coast Highway			Laguna Bea	ach	STATE ZIP CODE CA 92651				
PHONE NUMBER 949-464-9129 FAX NUMBER			949-376-6951		support@officeally.com				
BILLING SERVICE NAME			CONTACT NAME			TITLE			
MAIL ADDRESS			CITY		STATE		ZIP CODE		
PHONE NUMBER FAX NUMBER				EM.					
Transaction Effective Date			X12 Vers	ion	Mode of Connectivity:				
270/271					HTTPS (via		•		
276/277							Command Line		
278					RealMed	iternet) \	Windows GUI (client	
835					Async —	→			
						m Proto	ocol:		
837 Institutional					_	X	YZ	Kermit	
837 Professional			4010A1		Baud Rate:				
Mail Box Password (8 cl	naracters): SB	OFALLY							
Type of Sender:	Provider	Billing Serv	ice X Clear	nghou	se				
Sender/Receiver ID (Fed	deral Tax ID):	30897513							
Electronic Audit Report	s should be sen	t to:	Provider	Billing	Service X	Clearing	ghouse		
Transaction Flow: From provider site to From provider site to Trom	o billing service	to BCBSNC	From pro		te to billing serv	vice to c	learinghouse to	o BCBSNC	
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Date An Independent licensee of the Blue Cross and Blue	Authorized Signature Authorized Signature Authorized Signature Authorized Signature								