

WELCOME TO OFFICE ALLY!



BLUECROSS BLUESHIELD NORTH CAROLINA PRE-ENROLLMENT INSTRUCTIONS

HOW LONG DOES PRE-ENROLLMENT TAKE?

- 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?

- 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.
- 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.



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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 must 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 cannot 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 vendor/clearinghouse or billing service: Yes, Effective Date of Change: _____ / _____ / 200____ No

VENDOR/CLEARINGHOUSE NAME Office Ally	CONTACT NAME Eve Du Bry	TITLE
MAIL ADDRESS 32356 South Coast Highway	CITY Laguna Beach	STATE ZIP CODE CA 92651
PHONE NUMBER 949-464-9129	FAX NUMBER 949-376-6951	EMAIL ADDRESS support@officeally.com

BILLING SERVICE NAME	CONTACT NAME	TITLE
MAIL ADDRESS	CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

Transaction	Effective Date	X12 Version
270/271		
276/277		
278		
835		
837 Institutional		
837 Professional		4010A1

Mode of Connectivity:

- HTTPS (via Internet)
 FTP (via Internet) Command Line client
 FTP (via Internet) Windows GUI client
 RealMed
 Async →

Modem Protocol:

- X Y Z Kermit

Baud Rate: _____

Mail Box Password (8 characters): **SBOFALLY**

Type of Sender: Provider Billing Service Clearinghouse

Sender/Receiver ID (Federal Tax ID): **330897513**

Electronic Audit Reports should be sent to: Provider Billing Service Clearinghouse

Transaction Flow:

- From provider site directly to BCBSNC
 From provider site to billing service to BCBSNC
 From provider site to clearinghouse to BCBSNC
 From provider site to billing service to clearinghouse to BCBSNC
 Other – Specify: _____

Date _____ Print Name/Title _____ Authorized Signature _____

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