

# BLUE CROSS BLUE SHIELD ALABAMA

## PRE-ENROLLMENT INSTRUCTIONS - 00510



### HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 2 weeks.

### WHAT FORM(S) SHOULD I COMPLETE?

- EDI Enrollment Request for Existing Submitter ID
  - EDI Enrollment Request Additional Providers – ONLY required if more room was needed to add providers and MUST be submitted with the EDI Enrollment Request for Existing Submitter ID form.
- EDI Enrollment Request for Electronic Remittance (835) Files – ONLY required if you want to Office Ally to receive your Electronic Remits on your behalf.

### WHO CAN SIGN THE FORM(S)?

- Owner or authorized personnel.

### WHERE SHOULD I SEND THE FORM(S)?

- The form(s) can be faxed to EDI Services at (205) 733-7362 or emailed to [EDIEnrollment@bcbsal.org](mailto:EDIEnrollment@bcbsal.org).

### HOW DO I CHECK STATUS?

- Call 205-220-6899 and have your NPI and Tax ID available. Ask if your NPI and/or Tax ID have been linked to Office Ally's Submitter ID: OALLY01, or Blue Cross Vendor ID: 709A.
- Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, please fax the following information to My Clients Plus at 888-653-7115.
  - My Clients Plus
  - Provider/Practice Name as pre-enrolled with the insurance payer
  - Fed Tax ID
  - Billing NPI
  - Insurance Payer (including State if BCBS, Medicare or Medicaid).
  - The statement "I have verified my provider ID has been linked to Office Ally with the Insurance Payor."
  - Provider email address where you can be notified of setup completion



Existing Submitter ID:

OALLY001

Section I.

PRACTICE/FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Section II.

VENDOR/CLEARINGHOUSE NAME: Office Ally

CONTACT NAME: Customer Support BLUE CROSS VENDOR ID: 709A

Section III.

Indicate the requested transaction(s):  837 – claim (batch)  
 270/276/278 –eligibility, claim status, and referral (real-time)

Section IV. (Continue provider list onto page 2 if additional space is needed.)

NAME OF PROVIDER	PROVIDER NPI	TAX ID

Blue Cross will assign provider passwords and forward to the vendor.

Completed form(s) should be faxed to EDI Services at 205 733-7362 or emailed to [EDIEnrollment@bcbsal.org](mailto:EDIEnrollment@bcbsal.org).

The undersigned hereby:

- Represents and warrants that he or she has full power and authority to execute this agreement on behalf of the health care provider identified in Section I (Provider) and to bind the Provider to the terms and conditions of this agreement;
- Authorizes Blue Cross and Blue Shield of Alabama (BCBSAL) (1) to disclose protected health information to the business associate identified in Section II (Business Associate); and (2) to return Provider passwords to Business Associate;
- Agrees to notify BCBSAL if the Business Associate changes;
- Agrees that Provider will be responsible for all electronic transactions submitted to BCBSAL by Provider, its employees, and its agents;
- Agrees that BCBSAL has the right to audit and confirm information submitted by or on behalf of Provider and shall have access to all original source documents and medical records related to Provider's submissions. All incorrect payments shall be adjusted in accordance with BCBSAL guidelines;
- Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and
- Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

\_\_\_\_\_  
Authorized Representative of Provider

\_\_\_\_\_  
Date





An Independent Licensee of the Blue Cross and Blue Shield Association.

Section I:

PRACTICE/FACILITY NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Section II:

835 VENDOR/CLEARINGHOUSE NAME: Office Ally
CONTACT NAME: Customer Service BLUE CROSS VENDOR ID: 709A

Section III:

Electronic Remittance Notices are formatted in the mandated HIPAA version and will be uploaded by Blue Cross to the specified FTP directory each Monday for the following Thursday's payment.
Required Information: Indicate the FTP directory where 835 remittance files should be delivered: OALLY001
Optional Information: Check here if a dial-up connection is needed.
NOTE: A dial-up connection is not required if the FTP server is accessed through the internet or a frame relay connection.

Section IV:

Table with 3 columns: PRACTICE/FACILITY NAME, PAYEE NPI\* (NPI receiving payment), TAX ID

\*The Payee NPI will be the group NPI if the provider is part of a group or the individual NPI if the provider is a sole practitioner.
NOTE: If the provider is part of a group, it is not necessary to enroll the Payee NPI/tax ID combination more than once. All providers will be included in the 835 remittance file if they are associated with the Payee NPI/tax ID combination listed in Section IV.

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Agrees that Provider will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all data from improper access; and
Agrees to establish and maintain procedures and controls so that information concerning Blue Cross subscribers, or any information obtained from Blue Cross, shall not be used by agents, officers, or employees of the billing service except as provided by Blue Cross.

Authorized Representative of Provider

Date