

BLUE SHIELD WYOMING PRE-ENROLLMENT INSTRUCTIONS – 00960



Noridian is requiring all providers to use their new Total Onboarding System for all EDI operations. In order to use this system you must:

1. Open your internet browser and go to: <https://noridian.totalonboarding.com>
2. Log into Total Onboarding with your assigned user name and password.
 - a. If you do not already have an account click on “Create a new Provider/Vendor account”
 - i. Follow the instructions outlined in the [Provider User Guide](#). You can also find this guide by going to <http://www.edissweb.com/gen/forms/onboard.html>. Select the appropriate state and then scroll down to the “User Guides for the TOB” section and select “Provider User Guide”.
 - b. You must elect Office Ally as your clearinghouse when enrolling with Total Onboarding. The instructions on how to do this are outlined in the [Provider User Guide](#). You MUST add Office Ally as your clearinghouse (vendor) in the manage vendors tool in order for Office Ally to submit claims on your behalf to any of the aforementioned states administered by Noridian.

HOW LONG DOES PRE-ENROLLMENT TAKE?

- 7 to 10 business days

WHERE SHOULD I SEND THE FORMS?

- Fax to EDISS at 1-877-269-1472

WHAT FORM SHOULD I DO?

- The forms that you need to complete will be listed on the home screen, after you have logged into Total Onboarding. Click on “View Forms” under the Action column. Now you can download and complete the appropriate forms.

HOW DO I CHECK STATUS?

- To check status log into your TotalOnboarding account at <https://noridian.totalonboarding.com> and look to see if your enrollment has been approved for production.

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, rather than contact Office Ally as directed above, 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.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**