

WELCOME TO OFFICE ALLY!



BCBS KANSAS / BCBS KANSAS CITY / MEDICARE OF KANSAS CITY

PRE-ENROLLMENT INSTRUCTIONS

HOW LONG DOES PRE-ENROLLMENT TAKE?

- 3-5 business days

WHAT PROVIDER NUMBER DO I USE?

- Provider NPI and BC legacy ID

WHERE SHOULD I SEND THE FORMS?

- Fax forms to 785.290.0720

WHO CAN SIGN THE FORMS?

- No signature required for change form. Remittance and new electronic submitter requests must be signed by the provider or designated responsible party.

HOW DO I CHECK THE STATUS OF MY APPLICATION?

- Call 800.472.6481 and have your provider NPI and legacy provider ID ready.
- Ask if the legacy provider ID is linked to submitter ID number 0006663, for Office Ally.
- If linked, you must contact My Clients Plus @ 877-525-1169 to notify us of the approval, and we must set up the approval with the clearinghouse before your claims will be sent electronically.



EDI Change Form Instructions

The change form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional provider numbers or transactions

Section 1

Trading Partner Information:

- Organization Name - print name of the organization submitting files
- Mailing Address - print the address of the organization
- City, State, Zip - print the city, state and zip code of the organization
- Telephone # - print telephone number of organization
- Fax # - print fax number of organization
- E-mail Address - print e-mail address of contact at the organization

Section 2

Vendor Information:

- Software Company Name - print name of software company that supports your practice management software
- Mailing Address - print address of software company
- City, State, Zip - print city, state and zip code of software company
- Contact Name(s) - print contact name(s) for the software company
- Telephone # - print telephone number of software company
- Fax # - print fax number of software company
- E-mail Address - print e-mail address for software company

Section 3

Billing Provider Numbers:

Enter provider numbers and transactions not previously submitted.

Blue Cross and Blue Shield of Kansas – 6-digit group number only

Blue Cross Blue Shield of Kansas City – 8-digit group number only

HealthNow NewYork, Blue Cross and Blue Shield Western New York, Blue Shield Northeastern NewYork – Submit 12 digit group and individual numbers.

PHP - Tax ID number or other assigned number.

EDI Midwest – Enter Tax ID number or payer specified provider number

NPI - 10 digit billing number (New York customers should also submit individual NPI numbers)

*****You must indicate the transaction to be added with the provider number and provider name.*****

Completed forms can be faxed to:

ASK, Inc.

P.O. Box 3500

Topeka, KS. 66601-3500

Fax number: 785-290-0720

*****All pages of EDI enrollment form must be returned***
EDI Change of Information Form**

This form is to be used to:

- a) change trading partner or vendor information, OR
- b) add additional provider numbers or transactions

To change trading partner contact information:

- e-mail new contact information to askedi@ask-edi.com (only if e-mail address contains name of facility) OR
- fax new contact information on company letterhead to 785-290-0720.

Section 1: Trading Partner Information

Trading Partner Number <u>0006663</u>
Organization Name (legal name): <u>Office Ally</u>
Mailing Address: <u>32356 S. Coast Hwy.</u>
City: <u>Laguna Beach</u>
State: <u>California</u> Zip: <u>92651</u>
Telephone #: <u>(949) 464-9129</u>
Fax #: <u>(949) 376-6951</u>
E-mail Address: <u>support@officeally.com</u>

Section 2: Vendor Information

Software Company Name: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____
Contact Name: _____
Telephone #: (____) _____
Fax: (____) _____
E-mail Address: _____

Section 3: Billing Provider Numbers or NPI and available transactions

Select the appropriate transaction for the provider number or NPI you are enrolling.

<u>Professional/Dental Provider(s)</u>			
<u>Payer</u>	<u>Payer Provider Number(s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Shield of Kansas: <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Blue Shield of Kansas City: <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837D (dental claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
HealthNow NY: <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837D (dental claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
BCBSWNY: <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837D (dental claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
BSNENY: <input type="checkbox"/> 837P (professional claims) <input type="checkbox"/> 837D (dental claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
PHP: <input type="checkbox"/> 837P (professional claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<u>EDI Midwest – Commercial Claims</u>			
Tax ID Number:			
Other Payers:			

<u>Institutional Providers</u>			
<u>Payer</u>	<u>Payer Provider Number (s)</u>	<u>NPI</u>	<u>Provider Name</u>
Blue Cross of Kansas: <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Blue Cross of Kansas City: <input type="checkbox"/> 837I (institutional claims) <input type="checkbox"/> 270/271 (eligibility inquiry/benefits) <input type="checkbox"/> 276/277 (claims status)	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
HealthNow NY: 837I (institutional claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
BCBSWNY: 837I (institutional claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
BSNENY: 837I (institutional claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
PHP: 837I (institutional claims)	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Tax ID Number			
Other Payers:			

General Information

Please provide in writing to ASK any future changes to the information contained in this EDI setup form within 5 business days of the change.

ASK will make every attempt to give 60 days notices of any material changes to the EDI system that may effect trading partners data transmissions. Updates to any system changes will be made through the e-mail list notification on the ASK Web site. Trading partners are responsible for signing up for the e-mail list notifications.

In an effort to keep our records up to date, provider numbers with no activity for at least six months will be removed from a trading partner number. Once removed from a trading partner number, the EDI enrollment form will need to be completed to re-add this number.

Kansas law applies to this business relationship.

Completed forms may be sent to:

ASK, Inc.

P.O. Box 3500

Topeka, KS 66601-3500

Fax number: 785-290-0720

*****All pages must be returned*****