

# BCBS MONTANA PRE-ENROLLMENT INSTRUCTIONS - BCSMT



## HOW LONG DOES PRE-ENROLLMENT TAKE?

- 3 to 4 business days

## WHERE SHOULD I SEND THE FORMS?

- Fax or email the forms to 406-449-0190 or [dredmond@hewedi.com](mailto:dredmond@hewedi.com)

## WHO CAN SIGN THE FORMS?

- No signature is required

## WHAT FORM SHOULD I DO?

- **BCBS of Montana New Clinic/Facility/Provider Request**

## HOW DO I CHECK STATUS?

- Office Ally will receive notification that you have been approved. Once we have entered the approval in our system you will receive notification via email (if you included your email address on the application).
- You can also call 877-565-5457 to check status.
  - Provide them with your Provider Tax ID
  - State that you are sending your claims through Office Ally
  - Ask if your pre-enrollment form has been processed
  - Once you receive confirmation you must contact Office Ally at 866-575-4120 option 1 before submitting any claims to be transmitted electronically. You will need your NPI #, Tax ID, and BCBS of Montana Provider #.

## **Note to My Clients Plus Users:**

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.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**

# Health-e-Web Enrollment

## BCBS of Montana New Clinic/Facility/Provider Request

Claims: \_\_x\_\_ Remittance: \_\_x\_\_

<b>Clinic/Facility/Provider Name</b>	
<b>Group NPI #</b>	
<b>EIN or SSN</b>	
<b>Contact Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>email Address</b>	
<b>Clearinghouse Name</b>	Office Ally
<b>Contact Name and phone number</b>	Anita Pisuit 866-575-4120 ext 224
<i>Repeat this information for each provider</i>	
<b>Provider Name</b>	
<b>EIN or SSN</b>	
<b>NPI</b>	
<b>BCBS Provider Number</b>	
<b>Provider Name</b>	
<b>EIN or SSN</b>	
<b>NPI</b>	
<b>BCBS Provider Number</b>	

Email forms to [dredmond@hewedi.com](mailto:dredmond@hewedi.com) or fax to 406-449-0190