PracticeInsight

Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
03/2008

Blue Cross Blue Shield - Western New York
ASK, INC
Enrollment Instructions – Professional Claims & ERA

- The provider MUST have a customer account setup at Practice Insight before enrolling with payers. Please contact your EDI solutions reseller to confirm your EDI account setup.
- Please complete the provider information on all forms.
- Where a signature is required use BLUE INK. Do not use a signature stamp.
- Make sure the provider IDs are valid—invalid or incorrect provider IDs will cause your enrollment to be delayed or rejected.
- Complete one set for each billing provider unless otherwise instructed.
- **Keep copies and send the originals to the payer unless otherwise instructed.**

837 - Initial Provider Enrollment and Re-Enrollment (Change of Service)

- If the provider has NOT submitted claims electronically to this payer or is currently submitting electronic claims either directly or through a serivce, the provider must complete the following enrollment forms:

1. EDI Change of Information Form (3 -page form)

   Option 1 Complete and Submit form online at → http://clyde.bcbsks.com/WebCom/Public/forms/ask_change_form.htm
   (See the following 2 pages for a printed example of the ASK Change of Information Online form. This example provides Practice Insight specific data that you will need to complete the form.)

   Option 2 Print 3-page "EDI Change of Information Form", complete by hand, and fax or mail. See address and fax information on page 3 of form.

835- Electronic Remittance Request (New Request or Change of Service)

- If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete the following sections:

1. EDI Enrollment Form ANSI 835 (3-page form)
   Requires signature and can be faxed. See fax number on page 3 of form.

ASK EDI
800-472-6481

ASK-EDI Forms

ASK Change of Information form

This form may be used to change Trading Partner demographic information, enroll additional provider numbers, or to change vendor information.

NOTE: As of 12/1/07 - Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.

*=required
** = fax number **or** e-mail address is required

Step 1: Trading Partner Information

Trading Partner Number : 6001727 *

Organization (Legal) Name:

Mailing Address: 2 E. Greenway Plaza, Suite 1030 *

City: Houston *

State: TX *

Zip: 77046 *

Contact Name(s): Enrollment *

Phone #: (713) 333.6000 *

Fax #: (713) 333.6006 **

E-mail Address: enrollment@practiceinsight.net **

Comments:

Step 2 : Identify Changes

What do you need changed?

- ☐ Add New Vendor
- ☑ Add Additional Provider Numbers
- ☐ Change to Trading Partner information

Billing NPI/Provider Numbers

* New York customers must submit a valid 12 character provider number for both group and individuals.
*Kansas and Kansas City customers - only billing provider numbers are required. Individual provider numbers are not needed unless they are used as the billing provider number.

BCBSWNY Choose Transaction: 837P

NPI # 1234567890 Provider # 112233445566

Provider/Group Name: Smith Street Clinic

Choose Payer: Choose Transaction:

NPI # Provider #

Provider/Group Name:

Choose Payer: Choose Transaction:

NPI # Provider #

Provider/Group Name:

Add More Lines

Submit Start Over

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 _____

Organization Name (legal name): _____

Mailing Address: _____

_____

City: _____

State: _____ **Zip:** _____

Telephone #: (____)_____

Fax #: (_____)_____

E-mail Address: _____

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

****** As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.***

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

Professional/Dental Provider(s)			
Payer	**Payer Provider Number(s)**	**NPI**	**Provider Name**
Blue Shield of Kansas: ☐ 837P(professional claims) ☐ 837D (dental claims) ☐ 270/271 (eligibility inquiry/benefits) ☐ 276/277 (claims status)			
Blue Shield of Kansas City: ☐ 837P (professional claims) ☐ 837D (dental claims) ☐ 270/271 (eligibility inquiry/benefits) ☐ 276/277 (claims status)			
HealthNow NY: ☐ 837P (professional claims) ☐ 837D (dental claims)			
BCBSWNY: ☐ 837P (professional claims) ☐ 837D (dental claims)			
BSNENY: ☐ 837P (professional claims) ☐ 837D (dental claims)			
PHP: ☐ 837P (professional claims)			
EDI Midwest – Commercial Claims			
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 partner 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*****

EDI Enrollment Form
ANSI 835
Payment/Advice (004010X091A1)

Section 1: Request Type:

☐ New enrollment (request for a new trading partner number)
☐ Existing trading partner adding additional provider numbers

Section 2: Trading Partner Information:

Trading Partner Number: (for existing trading partner) _____

Organization Name: (legal name) _____

Mailing Address: _____

_____

City: _____

State: _____ Zip: _____

Contact Name(s): _____

Telephone #: _____

Fax #: _____

E-mail Address: _____

Section 3: Type of Organization (new trading partner enrollment only):

☐ **Clearinghouse**
☐ **Billing Service**
(Leave blank if neither description fits the organization)

Section 4: Vendor Information (new trading partner enrollment only):

Software Company Name: _____

Mailing Address: _____

_____

City: _____

State: _____Zip: _____

Contact Name: _____

Telephone #: (____)_____

Fax #: (_____)_____

E-mail Address: _____

Section 5: Communication Type (New Trading Partner enrollment only):

- ☐ Internet
- ☐ Network Service Vendor (i.e.: IVANS or Vision Share)
- ☐ FTP - choose compression type and transfer type if using FTP

Compression Type

- ☐ Encryption
- ☐ PKZip
- ☐ UnixComp
- ☐ UnixTar
- ☐ UnixZip
- ☐ None

Transfer Type:

- ☐ ASCII
- ☐ Binary
- ☐ None

Section 6: Billing Provider Numbers:

******As of 12/1/07 – Requests to add provider numbers must include a valid NPI. Forms received without the NPI will be returned.***

Payer	Payer Provider Number(s)	NPI	Provider Name
Blue Shield and Blue Cross of Kansas			
Blue Shield and Blue Cross of Kansas City			
HealthNow NY			
BCBSWNY			
BSNENY			

Note: Payer provider numbers and NPI can only be loaded under one trading partner number for the 835 (electronic remittance).
Setup will be completed within 3-5 business days of receipt.

- If interested in submitting 837(claims) complete EDI Enrollment Form for 837, or the EDI change form, if you are an existing trading partner.
- NPI must be reported to payers before completing EDI enrollment.

Section 7: Provider Information:

Provider will be notified of 835 enrollment(s). Please submit provider information below if different than trading partner information:
*** = Required**

Provider/Organization: _____*

Address: _____*

City, State, Zip: _____*

Attention/Contact Name: _____

Telephone #: _____Fax#:_____*

E-mail Address: _____

Section 8:

Signatures **A signature is required from either the provider or an authorized provider representative. Only one billing provider may be enrolled per form.**

****Signing this agreement will override any previous 835 enrollments for the indicated provider numbers.**

Provider or Providers Representative:

_____

(Sign) **(Date)**

_____

(Print Name) **(Print Title)**

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Topeka, KS 66601-3500
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