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## BCBS Massachusetts Institutional 837 and 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- EDI enrollment processing timeframe is approximately 10 days.
- This payer requires EFT enrollment before claim submission. You must enroll for EFT online with PaySpan. If you are not already registered with PaySpan, you will need a registration code.
- You **MUST** submit at least one paper claim before you will be able to request a registration code to enroll for EFT.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the EDI setup request.

### 837 Claims Transactions:

#### Obtaining a Registration Code:

Call PaySpan at (877) 331-7154 or go to [www.payspanhealth.com/requestregcode](http://www.payspanhealth.com/requestregcode) and complete the required fields.

Your Registration Code request will go through validation and you should receive an email from PaySpan containing your Registration Code within 10 business days.

#### Completing the Registration:

Once you have your Registration Code, go to [www.payspanhealth.com](http://www.payspanhealth.com).

Click **'Register,'** enter your Registration Code, and click **'Submit.'**

Enter the Provider Identifier Number (PIN) and the Tax ID.

Click **'Start Registration.'**

Enter Provider Info, then click **'Next.'**

Enter Organization Info (Billing agencies should enter their own info and Tax ID), Click **'Next.'**

Enter Personal Info and designate a User Name and Password.

Enter Account Set Up Info (Account to have funds deposited into).

Verify your information, agree to the Services Agreement, Click **'Confirm.'**

### 835 Electronic Remittance Advice:

#### EDI Trading Partner Enrollment Form (1 page)

Verify the information on the form is correct.

Enter the date of the request under the **'General/Demographic Information'** section.

### Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment] record** for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to **"Save and Exit"** notes' window.



**MASSACHUSETTS**

**EDI Trading Partner Enrollment Form**

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

**SUBMITTER REQUEST**

Type of request	New <input checked="" type="checkbox"/>	Update <input type="checkbox"/>	Cancel <input type="checkbox"/>	Cancel Date
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**GENERAL/DEMOGRAPHIC INFORMATION**

Date of Request	Submitter ID (assigned by BCBSMA)
Submitter Name	
Address 1	
Address 2	
City	State Zip Code
Please indicate if you are a Billing Service or Clearinghouse	Billing Service <input type="checkbox"/> Clearinghouse <input type="checkbox"/>

**SYSTEM/SOFTWARE**

Practice Management System/Software products (if applicable)	
Please indicate if you use NEHEN to submit claims/receive remittances	Yes <input type="checkbox"/> No <input type="checkbox"/>

**CONTACT INFORMATION**

Primary Contact Name	Title
Telephone #	Fax #
Email Address	
Technical Contact Name	Title
Telephone #	Fax #
Email Address	

**TRANSACTIONS (Version 4010A1 -5010 Version effective 01/01/2012)**  
 ① INDIVIDUAL FORMS MUST BE COMPLETED FOR EACH CLAIM TYPE REQUESTED.

Transaction Type	837I <input type="checkbox"/>	837P <input type="checkbox"/>	837D <input type="checkbox"/>	835 <input type="checkbox"/>
Proposed Test Date				
Target Production Date				

**PROVIDER INFORMATION**

① REQUIRED. Please include all Billing Providers below for which you intend to submit claims transactions.  
 ① Additional Providers can be entered on Page 2 of this form.

Provider Name	National Provider Identifier	Federal Tax Identifier	835
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>

Questions? Send an email to [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com) with "Enrollment Questions" in the Subject line.

- Instructions:**
- Complete this form
  - Email to: [EDISupport@bcbsma.com](mailto:EDISupport@bcbsma.com)
  - Indicate "Enrollment Form" and your Submitter ID in the Subject line
  - The EDI Support Team will contact you within 2 business days