

## BCBS Rhode Island ERA

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- Complete the form using the provider's billing/group information as credentialed with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- Enrollment timeframe is 30 business days.
- BCBSLA emails a confirmation notice to the email address entered on the form.
- To check status of EDI enrollment, the provider may follow up with BCBS Rhode Island EDI by sending an email to [HIPAA.EDI.Support@bcbsri.org](mailto:HIPAA.EDI.Support@bcbsri.org)

### 835 Electronic Remittance Advice:

#### BCBS Rhode Island Letter of Authorization (1 Page)

See SAMPLE letter on next page

The letter must include Billing Provider Name, NPI, TIN and a provider contact. This letter will authorize Practice Insight to receive ERAs.

Complete all fields, as appropriate.

### 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(s).

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.

Date of return to Practice Insight: \_\_\_\_\_

Dear BCBS Rhode Island EDI Department:

Please accept this letter authorizing **Practice Insight Submitter # P0082122** as the receiver of 835 ERA files for the following billing provider.

Billing Provider Name:

Provider NPI:

Provider TIN or EIN:

Office Contact Name:

Office Contact Phone:

Office Contact Email:

Requested Effective  
Date:

Reason for Request:      \_\_\_\_\_ NEW Enrollment                      \_\_\_\_\_ Change Enrollment

**Please also link these rendering providers to the Practice Insight Submitter # P0082122 for “out of area” claims.**

<b>Provider Name</b> _____	<b>NPI #</b>
<b>Provider Name</b> _____	<b>NPI #</b>
<b>Provider Name</b> _____	<b>NPI #</b>
<b>Provider Name</b> _____	<b>NPI #</b>

Thank you for advising us once this request has been completed.

Sincerely,

(provider’s signature)

(provider name)