LOUISIANA BLUE

EDI Enrollment Instructions

Before you can submit electronic transactions to Blue Cross and Blue Shield of Louisiana (Louisiana Blue), you must complete, sign and return the Electronic Trading Partner Agreement. You can access this Electronic Trading Partner Agreement Packet at www.lablue.com/providers >Electronic Services >Clearinghouse Services.

To ensure accurate completion of the Trading Partner Agreement and avoid delays, the following instructions are provided to assist in completing the agreement and addendum that are required for your location.

If you need additional assistance, contact EDI Services at 1-800-716-2299, option 3 or EDIservices@lablue.com.

1 SUMMARY OF ATTACHED DOCUMENTS

Trading Partner Agreement – This is a legal agreement between your organization (the trading partner) and Louisiana Blue.

EDI Transaction Addendum (Trading Partner Profile) – This addendum provides EDI Services with critical information on the trading partner. Failure to complete this section properly may result in delayed or rejected transactions. This information is used to:

1. Establish internal files for ongoing communications.
2. Provide security clearance for the transactions and communication protocol selected.
3. Authorize the National Provider Identifier (NPI) numbers indicated for electronic transactions.

Business Associate Profile – When the trading partner identified on the EDI Transaction Addendum is a billing agency or clearinghouse, this page must be completed for each provider that has authorized the billing agency or clearinghouse to send/receive electronic transactions on their behalf. Failure to complete this section may result in rejected transactions.

NOTE: If enrolling for electronic remittance advices (835 ERA), the trading partner must also complete the Electronic Remittance Advices Enrollment form found at www.lablue.com/providers >Electronic Services >Clearinghouse Services.

2 INSTRUCTIONS FOR COMPLETING THE TRADING PARTNER AGREEMENT

Page 1 Agreement Statement

- **Trading Partner** – Enter the name of the organization that will be sending electronic transactions.
- **Date** – Enter the current day, month and year on which the agreement is being submitted.

Page 8 – Agreed To:

- **Trading Partner** – Enter the name of the organization that will be sending electronic transactions.
- **By** – Signature of the person from the organization that has read and agreed to the terms of the agreement.
- **Name and Title** – Enter the name and the title of the person who signed in the above "By" field.
- **Address** – Enter the street address, city, state and ZIP code of the trading partner.
- **Date** – Enter the current month, date and year.
- **Contact** – Enter the name of the person whom EDI Services will work with.
- **Title** – Enter the job title for the contact person.
- **Telephone** – Enter the area code and telephone number for the contact person.
- **Facsimile** – Enter the area code and fax number for the contact person.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

3 INSTRUCTIONS FOR COMPLETING THE EDI TRANSACTION ADDENDUM

This information is required for all trading partners. A trading partner should only complete this form once for the initial set-up. Failure to complete this section may delay the submission process or result in rejected transactions.

Addendum

- **Trading Partner** – Enter the name of the organization that will be sending electronic transactions.

Trading Partner Profile

- **Organization/Company Name** – Enter the name of the organization/company that will be communicating electronically.
- **Address, City, State, ZIP** – Enter the business address of the organization/company.
- **Contact Person** – Enter the first and last name of the person that will be working with Louisiana Blue EDI staff regarding electronic communications.
- **Email** – Enter the email address for the contact person.
- **Phone Number** – Enter the area code and telephone number for the contact person.
- **Fax Number** – Enter the area code and fax number for the contact person.

Trading Partner NPI Numbers

- **NPI #** – Enter the NPI of the provider(s) that the trading partner will be sending electronic transactions. Only the NPI(s) identified will be authorized for electronic transactions. Failure to complete this information may result in delayed or rejected submissions. If additional space is needed, please attach an additional page with a complete list.

Transaction Selection

- **Standard Transactions** – If the trading partner plans to exchange the ANSI X12 standard transactions, check the boxes for each format that you plan to exchange with Louisiana Blue.
- **Communication Protocol** – Check the box for the communication protocol that you will be using to exchange transactions with Louisiana Blue.
- **Trading Partner (completed by)** – Enter the person's name that completed this addendum.
- **Date** – Enter today's date.
- **Phone** – Enter the area code and business telephone number of the person who completed this form.
- **Software Vendor Name** – Enter the company name of the electronic transactions software vendor.

4 INSTRUCTIONS FOR COMPLETING THE BUSINESS ASSOCIATE PROFILE

When the trading partner is a billing agency or clearinghouse, this page must be completed for each business associate (provider) who has authorized the trading partner to transact on his or her behalf. The Business Associate Profile form will supply critical information needed to authorize/link provider locations to the submitter. Failure to complete this section accurately may delay the submission process or result in rejected transactions. If additional space is needed to reflect all business associates, please copy this form.

- **Provider Name** – Enter each provider's name as found on his/her BCBSLA payment register.
- **Provider Tax ID Number** – Enter the Federal Tax Identification Number assigned to the provider listed in the Provider Name field.

  NPI Number – Enter the NPI of the provider listed in the "Provider Name" field.
- **Provider/Clinic/Location Name** – Enter the name of the provider/clinic/location that has authorized the trading partner to submit and receive electronic transactions.
- **Date** – Enter today's date.
- **Completed By** – Enter the person's name that completed this addendum.
- **Phone Number** – Enter the phone number of the person identified in the "Completed By" field.
- **Email Address** – Enter the email address of the person identified in the "Completed By" field.