



ERA Enrollment Instructions

Blue Cross Blue Shield of Massachusetts

Attention Providers:

In order to start receiving your ERAs for Blue Cross Blue Shield of Massachusetts through EDS, you will need to print and review the enrollment form. Please sign the form and submit to EDS with required documentation noted below.

Payer:	Blue Cross Blue Shield of Massachusetts
Payer ID:	CBMA1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	EDI Trading Partner Enrollment Form
Upload, Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Payer estimates 5-7 business days for processing. EDS will deliver ERAs directly to the EDS Portal upon receipt.



Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (* indicates required field)

* Payer Name			
A. Provider Information			
* Provider Name			
* Provider Address			
Street:			
City:		State/Province:	Zip Code/Postal Code:
B. Provider Identifiers Information			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
C. Provider Contact Name			
* Contact			
* Telephone Number			
* Email Address			
D. Electronic Remittance Advice Information			
* Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
D. Submission Information			
* Reason for Submission			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment	
		<input type="checkbox"/> Cancel Enrollment	
Authorized Signature			

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment

400 Vermillion St. Hastings MN 55033