

Rocky Mountain Health Plan 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the forms using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and **obtain appropriate signature(s)**.
- EDI enrollment processing timeframe is approximately **15 business days**.
- Upon completion of enrollment, you will receive an email from Rocky Mountain to confirm setup.
- To check status of EDI enrollment, please contact Rocky Mountain EDI at edicoordinator@rmhp.org .

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

ERA Enrollment Form

Complete the form as appropriate.

Submit Completed Documents:

Email or Fax the documents to Rocky Mountain Health Plan

Attention: IT/EDI

edicoordinator@rmhp.org

970-244-7880

ERA Enrollment Form

Instructions for completing the ERA Enrollment Form. * *Signifies Required Field*

Online Enrollment:

If you would like to begin receiving an 835 transaction from RMHP, go to rmhp.org/i-am-a-provider/provider-resources/commonly-used-forms-for-providers and choose the ERA Enrollment Form. Complete all required fields, save, and email to edicoordinator@rmhp.org. (Be sure your browser supports online pdf form edits, if not, you can print and fax the form using Paper Enrollment (below))

Paper Enrollment:

If you would like to begin receiving an 835 transaction from RMHP, and prefer to enroll through means other than online, go to rmhp.org/i-am-a-provider/provider-resources/commonly-used-forms-for-providers click on the ERA Enrollment Form. Print and complete legibly using only black or blue ink. Once completed, please fax the form to 970-244-7880, Attention: IT/EDI.

To check the status of an enrollment or to dis-enroll, please email: edicoordinator@rmhp.org

PROVIDER INFORMATION

* **Provider Name** - Complete legal name of institution, corporate entity, practice or individual provider.

* **Provider Address**

Street - The number and street name where a person or organization can be found.

City - City associated with provider address field.

State/Province - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

Zip Code/Postal Code - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

PROVIDER IDENTIFIERS INFORMATION

* **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

* **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers

* **Assigning Authority** - Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid.

Trading Partner ID - The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.

Provider License Number

License Issuer - Required if License Number is collected.

PROVIDER CONTACT INFORMATION

* **Provider Contact Name** - Name of a contact in provider office for handling ERA issues.

* **Telephone Number** - Associated with contact person.

* **Email Address** - An electronic mail address at which the health plan might contact the provider.

ELECTRONIC REMITTANCE ADVICE INFORMATION

ERA Enrollment Form

- * **Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)**. Provider preference for grouping (bulking) claim payment remittance advice - must match preference for EFT payment.
- * **Provider Tax identification Number (TIN)** - Numeric, 9 digits (Optional - required if NPI is not applicable)
- * **National Provider Identifier (NPI)** - Numeric, 10 digits (Optional - required if TIN is not applicable)
- * **Method of Retrieval** - The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.). Optional (Required if the provider is not using an intermediary clearinghouse or vendor).

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

- * **Clearinghouse Name** - Official name of the provider's clearinghouse.

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

- * **Vendor Name** - Official name of the provider's vendor.

SUBMISSION INFORMATION

- * **Reason for Submission; select from below.**

New Enrollment

Change Enrollment

Cancel Enrollment

ERA Enrollment Form

PROVIDER INFORMATION

Provider Name *

Provider Address

Street *

City *

State/Province *

Zip Code/Postal Code *

PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) *

National Provider Identifier (NPI) *

Other Identifier(s)

Assigning Authority *

Trading Partner ID

Provider License Number

License Issuer *

PROVIDER CONTACT INFORMATION

Provider Contact Name

Contact *

Telephone Number *

Email Address *

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) * (Select from below)

Provider Tax Identification Number (TIN) *

National Provider Identifier (NPI) *

Method of Retrieval - The Method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.) *

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name *

ERA Enrollment Form

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

SUBMISSION INFORMATION

Reason for Submission * (Select from below)

New
Enrollment
Change
Enrollment

Authorized Signature *

Submission Date:

Requested ERA Effective Date (Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be dual delivery period depending on whether the entity has such an agreement with its trading partner.)

Vendor Name *