eSolutions
Strengthen your revenue health
EDIinsight

Payer ID: 99030, ALOHA

# AlohaCare
# 837 Claims

**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 form using the provider's billing/group information as credentialed with this payer.
- **For Provider Groups: Attach a list of providers who bill under this group and include their individual NPI number.**
- Once completed, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is 2-3 weeks.
- Enrollment confirmation will be sent to the clearinghouse.

**837 Claim Transactions and 835 Electronic Remittance Advice:**

**EDI Enrollment Form for Electronic Claim (837) Submission**

Complete the form as appropriate.

If needed, complete the list of individual providers who bill under this group.

**Submit Enrollment Request to EDIinsight:**

**Login to EDIinsight. Go to [Search Tools] → [Enrollment]**

ADD or locate and select the payer enrollment request.

Click **[Attach File]** to attach completed/signed document.

**Click [SUBMIT Enrollment to PI] to forward request for processing**

For Provider Groups, *List individual providers* who bill under the group and include their individual NPI number.

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|---|---|
| Provider Name | Provider NPI Number |
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# EDI Enrollment Form for Electronic Claim(837) Submission

***ENROLLMENT REQUEST TYPE: Must select one option.** *** Denotes Important Field / Section**

New EDI Enrollment: ☐ Change Clearinghouse: ☐

## BILLING PROVIDER INFORMATION:

*Provider / Entity Name: _____

*Federal Tax Identification Number (TIN) OR Employer Identification Number (EIN): _____

*National Provider Identifier (NPI): _____

**NPI is required except for Atypical Provider and Single Member LLC.**

*Please select one of the option below, if NPI is not available.

Atypical Provider: ☐ Single Member LLC: ☐

**Atypical Providers: Providers that do not provide health care. Ex:Taxi Services, Long-term services & supports (CCFFH, E-ARCH) etc.**

Provider Groups: Please **attach a list** of providers who bill under the group & include their Fed Tax ID and NPI.

## CLEARINGHOUSE INFORMATION:

*Clearinghouse Name: **AdminiStep /HawaiiXchange** *Clearinghouse Contact: **Robert Arrona**
**AdministepProviderEnrollment@administep.com**

*Clearinghouse Phone# : 214-440-3115 Clearinghouse Fax#: 214-440-3101

## *APPLICABLE ONLY IF YOU ARE CHANGING EXISTING CLEARINGHOUSE:

Previous Clearinghouse Name: _____

Date [Notification sent to Previous Clearinghouse]: _____

Authorized Person's Name: _____ Title: _____ Phone#: _____

Print Name, Title & Phone# of Authorized Person from provider office who approved the change for clearinghouse.

Please **attach a list** of all providers/entities if same billing provider's Fed Tax ID is used for multiple providers.

## *PROVIDER CONTACT INFORMATION:

Name: _____ Title: _____

Email: _____ Phone#: _____

Signature: _____ Date: _____

**Note: Submission of EDI claim files, using same Federal Tax ID, through multiple clearinghouse is not allowed.**

**This EDI enrollment applies to 837I(UB) and 837P(HCFA) claim submission for Quest Integration and Medicare LOB.**
**835 ERA(Electronic Remittance Advice) is set to route to same clearinghouse.**
**Provider is fully responsible for information provided on this form.**
**Please submit completed EDI Enrollment Form to your clearinghouse.**