

Commercial ERA Payer	Capital District PHP (CDPHP) Professional and Institutional Enrollment Instructions – ERA
Payer Info	<p>This payer sends confirmation when ERA setup is approved. Yes <input checked="" type="checkbox"/> No</p> <p>Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup.</p> <p>Note: This payer does not guarantee an ERA will be generated for all payments.</p>
Checklist of Requirements	<p><input checked="" type="checkbox"/> The billing provider must have a EDInsight customer account.</p>
How and Where to Submit this Request	<p>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.</p>
Steps / Instructions for completing request.	<p>CDPHP 835 Electronic Remittance Advice (ERA) Enrollment Request (1 page)</p> <p>Complete this form by entering the billing provider's group information to include Group Name, Group NPI # and Group Tax ID #.</p> <p>SEE bottom of form. Signature required.</p>
Estimated Time of Completion	<p>Allow 2-4 Weeks for ERA setup to be completed by the payer.</p>
Contact Info to Follow Up or Make Inquiries	<p>The provider may follow up with the payer by sending email to the CDPHP Provider Relations Team at - E_Transaction_Help@cdphp.com .</p> <p>Support Vendors may contact the PI Enrollment Team for assistance in checking status of the enrollment. Before contacting PI Enrollment, attach a copy of the completed and signed payer form to the enrollment record within EDInsight Enrollment Manager.</p>



835 Electronic Remittance Advice (ERA) Enrollment Request

Please complete this form to initiate receipt of electronic claim remittance voucher statements from CDPHP® via the 835 transaction set and FAX to (518) 641-3301 or save as PDF and attach to email to EFax_835@cdphp.com. Large provider groups with multiple tax numbers and/or billing NPI numbers must complete a separate form for each tax/billing NPI combination.

Please direct questions about completing this form or matters concerning connectivity to the CDPHP Provider Relations team at E_Transaction_Help@cdphp.com.

Today's Date: _____

New Enrollment Change Enrollment Cancel Enrollment

Section I Provider Identification

Provider Name: _____

National Provider Identifier (NPI) #: _____ Tax Identification/EIN #: _____

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

Section II Provider Business Office Contact Information

Business Contact Name: _____ Title: _____

Telephone: _____ Ext.: _____ Fax: _____

E-mail Address: _____

Section III Technical Contact Information (if applicable)

Clearinghouse/Agent/Vendor Name: **Practice Insight (eSolutions Inc)**

Telephone: **(713)333-6000** Ext.: **2**

E-mail Address: **pi-enrollment@waystar.com**

Which tax ID number will you be submitting under?: **161622439**

Complete the following only if you will have a third-party vendor retrieving your 835 transactions from CDPHP:

I authorize **Practice Insight, LLC Tax ID 161622439** to act as my agent to view Capital District Physicians' Health Plan, Inc. (CDPHP), Capital District Physicians' Healthcare Network, Inc. (CDPHN), or CDPHP Universal Benefits, Inc. (CDPHP UBI) member data, including possible protected health information (PHI), in any format deemed appropriate by CDPHP, CDPHN, or CDPHP UBI, on my behalf. The entity listed above is my authorized business associate. I authorize the entity listed above to receive correspondence related to the submission and processing of ANSI X12 835 transactions on my behalf.

Signature: _____ Date: _____

Title: _____ Employer: _____