

## Group Health Cooperative of Eau Claire 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- 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 payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request.

### 835 Electronic Remittance Advice:

Complete and submit this enrollment using the billing provider's group information.

#### 1. Change Healthcare Payer Agreement Coversheet (1 page)

Check the box next to the CPID for the type of claims you'll be submitting to this payer.

#### 2. Group Health Cooperative of Eau Claire Electronic Transfer Remittance Advice Form (1 page)

The individual completing the agreement needs to enter the name, title, and sign where indicated. Check the box indicating the type of enrollment and enter the effective date where indicated. Enter the effective date after the "Route to Clearinghouse" field. Complete the "Business Contact" section.

### 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.

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.

Provider ID:

DBQ

NPI:

Tax ID:



**AUTO-VALIDATED**

**Payer Agreement Cover Sheet**

Return completed agreements to:  
Change Healthcare  
Attn: Shelia Steven; Enrollment  
100 Airpark Center East  
Nashville, TN 37217

**Agreement Type: Remittance**

Estimated Approval Time: 7

Multiple Clearinghouses: No

<input type="checkbox"/> CPID 5970	GROUP HEALTH COOPERATIVE of EAU CLAIRE - Institutional
<input type="checkbox"/> CPID 7453	GROUP HEALTH COOPERATIVE of EAU CLAIRE - Professional

CID \_\_\_\_\_

Submitter ID 923001

Customer ID 1006599

Billing ID 9230

Submitter Name ZIRMED INC

Reference ID \_\_\_\_\_

NPI \_\_\_\_\_

TaxID \_\_\_\_\_

Is the Technical Contact the same as the Business Contact? Yes  No



Remittance



# Electronic Transfer Remittance Advice Form

Please complete all sections below to be set up for the electronic transfer of 835 remittance advice.

Provider Name:	
Provider Address:	
Tax ID(s):	
NPI(s):	
Name/Title:	Signature:

**Which type of enrollment request?** (Please place an 'X' next to applicable options listed below.)

<input type="checkbox"/> New enrollment (when do you want it to take effect)	Effective Date: _____
<input type="checkbox"/> Change in enrollment (such as a switch in clearing houses)	Effective Date: _____
<input type="checkbox"/> Cancel enrollment (specify cancellation effective date)	Effective Date: _____

**Which type of file transfer?**

**Route to a clearing house** (specify effective date & contact info)      Effective Date: \_\_\_\_\_

Clearing House Name: CHC1

Clearing House Email: EDIEnrollmentSupport@changehealthcare.com

**Group Health Cooperative Secure FTP (must be able to ingest X12 835 standard format file):**

- SFTP connection: <https://sftp.group-health.com>
  - Connection set up form will be sent to the Business contact below
- If file level encryption is also required:
  - PGP encryption key will be provided to the Technical contact email address below.

**Information provided below for your setup:**

Group Health Cooperative	Group Health Cooperative Values	
• Tax ID: 396252984	• Sender/Receiver ID Qualifier:	ISA 05 30
• NPI: 1295800738	• Sender/Receiver ID:	ISA 06 396252984
		GS 02 Provider Tax ID#

<p><b>Business Contact</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><b>Technical Contact (internal or clearing house)</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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Please contact EDI Operations at [EDIOperations@group-health.com](mailto:EDIOperations@group-health.com) or (888) 203-7770 if you have questions. Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!