

**CENTENE
MULTI-PAYER REQUEST FORM
Enrollment Instructions –ERA ONLY**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing Provider record(s) added.** Please contact your EDI Support Vendor to confirm your EDI setup.

Bridgeway Health Solutions AZ	(68069)	Cenpatico TX	(68068)
Buckeye Community Health OH	(68069)	Cenpatico WI	(68068)
Celticare Health Plan MA	(68069)	Fidelis SecureLife MMP	(68069)
Cenpatico AZ	(68068)	Granite State Health Plan NH	(68069)
Cenpatico FL	(68068)	HealthNet Oregon	(68069)
Cenpatico GA	(68068)	IlliniCare Health Plan	(68069)
Cenpatico IL	(68068)	Louisiana Healthcare Connections	(68069)
Cenpatico IN	(68068)	Magnolia Health Plan MS	(68069)
Cenpatico KS	(68068)	Managed Health Services IN	(68069)
Cenpatico MA	(68068)	Managed Health Services WI	(68069)
Cenpatico NH	(68068)	Peach State Health Plan GA	(68069)
Cenpatico OH	(68068)	Pennsylvania Health and Wellness	(68069)
Cenpatico SC	(68068)	Silver Summit Health Plan Nevada	(68069)
		Sunflower State Health Plan KS	(68069)
		Sunshine State Health Plan FL	(68069)
		Superior Health Plan TX	(68069)

IMPORTANT: If the provider wishes to enroll for **BOTH- EFT AND ERA, Or IF THE PROVIDER IS CURRENTLY RECEIVING EFT** for any of the payers listed above, the provider must REGISTER via Payspan, instead of using this form. For PaySpan instructions go to previous page, click on **PaySpan Health** link. Or go to http://www.practiceinsight.net/RESELLER_Docs/Forms/PaySpan/PI.PaySpanMultiPayer_era.pdf

CHOOSE ONE METHOD- to submit to Practice Insight

- A. Enrollment Manager:** PI Support Vendors can submit request using this tool.
- B. Email:** enrollment@practiceinsight.net

ERAs (835) NEW or CHANGE OF SERVICE

CENTENE Corporation- Electronic Remittance Advice Request (2 pages)

Health Plan Name: ENTER the Centene plan
Health Plan Payer ID & State: ENTER the Centene plan payer ID and State
Payee Name: ENTER the billing provider's name.
Payee Phone Number: ENTER the billing provider's phone number.
IRS#: ENTER the billing provider's TAXID.
NPI#: ENTER the billing provider's NPI.
Remit: CHOOSE ONLY ONE OPTION.

See Page 2- Authorized Signature is required.

ALLOW 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 45 business days, contact your Practice Insight Support Vendor for assistance. Practice Insight Support Vendors may contact the Enrollment Dept at Practice Insight to make an inquiry regarding the status of ERA setup.



Electronic Remittance Advice Request

Providers who receive payment of claims by Centene Health Plans can request electronic remittance advices for their respective health plan. Please list the health plan name on the line below for the health plan you currently bill claims to for payment.

By signing the form below you are authorizing Centene Corporation to send your electronic remittance via the following clearinghouse:

Health Plan name: _____

Health Plan Payer ID & State: _____ **State** _____

Payee Name: _____

Payee Phone Number: _____

IRS#: _____

NPI#: * _____

*List all that apply.

Is your practice filing claims as group? **or Individual?**
Please Choose one

Address: _____

City, State and Zip code: _____

835 Yes, Please send electronic explanation of payment

Clearinghouse Name: _____

Clearinghouse ID#: _____

Sender/Receiver ID: _____

Technical Contact Name: _____

Technical Contact Phone: _____

Remit

Yes, please send a paper copy of the explanation of payment

No, please do not send a paper copy of the explanation of payment

If you answer YES to both the '835' and 'Remit', the paper copy will discontinue after 60 days.

Please note if you would like EFT's (Electronic Funds Transfers) set up you will need to contact PaySpan Health at: (877) 331-7154. Visit their website at: www.payspanhealth.com

Signature of Provider or Administrator:

Date:

Contact email address:

FAILURE TO COMPLETE FORM WILL DELAY PROCESSING YOUR REQUEST

For internal use only:

Received date: _____ By: _____

Provider or group id: _____

Please send completed form to: ediba@centene.com or fax to 866-266-6985
