

Minnesota Payers

Per attached payer list

Paperless 837, 835 and 270

ERA Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- Submit this payer enrollment request **within EDInsight –Enrollment Manager tool**, using **PAPERLESS** method.
- **See page 2 for special enrollment instructions.**
- **Support Vendors may contact the EDInsight Enrollment Department for assistance.**
- ERA enrollment timeframe is approximately 1-3 weeks.

837 Claims and 835 Electronic Remittance Advice:

The following information is needed to enter the enrollment into Enrollment Manager using the Online Paperless Method.

Billing Group/Provider Name:	
Provider Street Address:	
Provider City, State and Zip	
NPI:	
Tax ID:	
Name of Contact:	
Contact Phone Number:	
Contact Email Address:	
Enrollment:	<input type="radio"/> New Enrollment <input type="radio"/> Change Clearinghouse

Process:

- Log into EDInsight®. GO TO [Search Tools] [Enrollment]
- Add or Locate, then **Select payer enrollment record**
- Click **[SUBMIT Enrollment]**
- Complete online form, click **[SUBMIT Enrollment]**

Payer ID	Payer Name
07003	HealthPartners – Minnesota (HPAMN) *Provider must be enrolled for 837, 835 and 270
41147	PreferredOne - Minnesota
52629	UCare Minnesota *
55413	UCare Minnesota Individual & Family *
	Providers enrolling for UCare 835 must also complete the setup on-line with the following
	* Information:
	Go To: https://home.ucare.org/en-us/providers/
	Select Login in the upper-right and enter your provider credentials to login
	Select: Provider Inquiries and then Provider Forms
	Select and Complete one of the following forms. Select ClaimLynx as the clearinghouse to
	receive the 835 ERA.
	Electronic Funds Transfer / Electronic Remittance Advice Paper Form (Print and Mail)
81600	South Country Health Alliance (81600 / SCHA)
	Providers enrolling for South Country Health Alliance (81600) must also complete the
	setup on-line, using the following instructions
	GO TO https://primewest.org/scha/era#/
	Complete the ERA enrollment form
	Under Clearinghouse select: ClaimLynx.
	Contact name is: Russel Campbell
	Contact Phone : 952-593-5969
	Contact Email: info@claimlynx.com
	Click Submit. You should get a transaction ID #.
	OPTIONAL: Electronic Funds Transfer (EFT) can be requested at: https://primewest.org/scha/eft#/
94267	3M Health Partners