

## Mercy Maricopa Integrated Care 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- This is a 2-step enrollment. You must complete the online enrollment **AND** the payer form.
- See steps below to access the payer's web portal and complete the online request with the payer.
- SAVE Pages 2 and 3 of this document to your computer.
- OPEN the file in Adobe Reader program and type directly onto the form
- COMPLETE the enrollment using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the 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. Or, the provider may contact Change Healthcare at (800) 956-5190.

### 835 Electronic Remittance Advice:

#### Step 1- GO TO and LOG ONTO the payer portal at –

<https://payerenrollservices.com/>

- Select **'Begin Enrollment'** to create a login. If you already have a login, select **'Sign In.'**
- Once you have logged in, you will be taken to the **'Provider Information'** screen. Enter in all the requested information, then click **'Continue.'**
- On the **'Provider Contact Information'** screen, enter in all the requested information then click **'Continue.'**
- On the **'Bank Information'** screen, answer **'Yes'** if you wish to enroll for EFT. If not, answer **'No'** then click **'Continue.'**
  - If you answered **'Yes'** to the prompted question, click **'Add Bank.'** Enter in all the requested information, then click **'Submit.'**
  - You must then attach a voided check or bank letter. Attach the file, then hit **'Submit.'**
- On the **'Enrollment'** screen, click **'Add Enrollment.'**
- From the **'Payer'** dropdown box, select **'Mercy Care.'** Check the box to accept the acknowledgement, then click **'Continue.'**
- Under **'Service Selection,'** check **'ERA'**. If you are enrolling for EFT too, check **'EFT.'**
- Click the circle next to **'TIN & NPI(s).'** Enter the NPI(s) you wish to enroll, the effective date of the enrollment, then click **'Continue.'**
- Under the **'ERA Information'** screen, click the **'Clearinghouse'** dropdown, select **'CHANGE HEALTHCARE (Emdeon/WebMD).'** Enter **Trading Partner ID '133052274.'**
- If you have selected EFT, you will be prompted to confirm your bank account. Click **'Submit'** to confirm.

#### Step 2- Completing the Change Healthcare Form (2 pages)

- Complete the Provider Contact Information Fields.

### 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.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TAX ID: \_\_\_\_\_ NPI: \_\_\_\_\_

Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of the Person that submitted the agreement on Payer Enroll Services: \_\_\_\_\_