

Parkland Community Health Plan 835

EDI Enrollment Instructions:

- The billing provider must have an **EDInsight customer account**.
- **Submit** this payer enrollment request **within EDInsight-Enrollment Manager tool**.
- Please 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 this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- ERA setups are completed in approximately **15 business days**.
- To check status of EDI enrollment, please contact **Parkland Community Health at 800-306-8612** or email TXProviderEnrollment@aetna.com.

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Electronic Remittance Advice (ERA) Authorization Agreement

Complete all applicable fields.

Submit Completed Document:

Log into EDInsight-Enrollment Manager

Add or Select payer enrollment record.

Click [Attach File] to attach the document to the payer enrollment record.

Answer "Yes" to Submit the enrollment request.

Or, click [**SUBMIT Enrollment**] to submit.

PAYER ID:

SUBMITTER ID:



Change Healthcare ERA Provider Information Form

*This form is to ensure accuracy in updating the appropriate account

1 Provider Organization

Practice/ Facility Name		Provider Name				
Tax ID		Client ID		Site ID		
Address		City		STATE		ZIP
Contact Name						
E-mail Address		Telephone		Fax		

2 Vendor *(Change Healthcare certified vendor used to submit files to Change Healthcare)*

Vendor Name		Vendor Submitter ID	
Contact Name			
E-mail Address			

3 Payer

Payer ID		
Group ID	Individual Provider ID	NPI ID

4 Confirmations

Send Change Healthcare Claim Confirmations To:	
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Special Instructions:

**DO NOT SEND FORMS TO CHANGE HEALTHCARE. SEND FORMS DIRECTLY TO THE PAYER
FORMS SENT TO CHANGE HEALTHCARE WILL BE REJECTED.**

CHANGE HEALTHCARE REVISION FORM DATE:



Electronic Remittance Advice (ERA) Authorization Agreement

Page 2 – Definitions for DEG group data elements contained in Appendix.

DEG1		PROVIDER INFORMATION									
Provider Name											
Doing Business As Name (DBA)											
Provider Address Street											
City											
State/Province											
Zip Code/Postal Code											
DEG2		PROVIDER IDENTIFIERS INFORMATION									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)											
National Provider Identifier (NPI)											
DEG3		PROVIDER CONTACT INFORMATION									
Provider Contact Name											
Telephone Number											
Email Address											
Fax Number											
DEG7		ELECTRONIC REMITTANCE ADVICE INFORMATION									
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below											
Provider Tax Identification Number (TIN)											
National Provider Identifier (NPI)											
Method of Retrieval		CLEARINGHOUSE									
DEG8		ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION									
Clearinghouse Name		EMDEON									
Clearinghouse Contact Name		ENROLLMENT HELP DESK									
Telephone Number		866.924.4634									
Email Address		615-231-4843									
DEG10		SUBMISSION INFORMATION									
Reasons For Submission – Select from below											
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment											



Electronic Remittance Advice (ERA) Authorization Agreement	
Page 3 – Definitions for DEG group data elements contained in Appendix.	
Authorized Signature	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement
Electronic Remittance Advice (ERA)
An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial.
This authorization is to remain in effect until Parkland Community Health Plan, Inc. has received an ERA cancellation notification from me that affords Parkland Community Health Plan, Inc. a reasonable opportunity to act on it. Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.

Additional Required Information For Enrollment – MUST BE COMPLETED

ERA Receiver Information**		
Receiver ID		
Distribution Method** (must indicate one method)	<input type="checkbox"/> FTP Internet Log ID (8 characters) <input type="checkbox"/> TSO ID <input type="checkbox"/> NDMs Node Name (unique vendor ID) lower case <input type="checkbox"/> Emdeon Office (email address)***	Distribution

ERA Receiver Information and Distribution Method Choices:**

1. Emdeon Office*** is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you as the provider use the suite of Emdeon Office practice management products.
2. FTP Internet- this may be an FTP log on or it may be used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox- this is a dial up connection.
4. NDM S Node- this is typically used for 837 claim submissions.



Additional Information Required If Enrolling in Emdeon Payment Manager – Offered at no additional cost

Check the correct box to indicate a Payment Manager request	Yes <input type="checkbox"/> No <input type="checkbox"/>	Both ERA and Payment Manager <input type="checkbox"/>
If Payment Manager, does a User ID already exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Manager User ID:

Additional National Provider Identification (NPI) to be enrolled

NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI

General Reference Information

Payer Information

Payer ID: Parkland Community Health Plan 66917	Tax ID: 75-2603847
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Emdeon Confirmations – Internal Use Only

Send Emdeon 835 enrollment confirmations to: TXProviderEnrollment@aetna.com