

Security Health Plan 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 payer.
- **Please note:** This payer requires the form to be sent directly to them from the provider's office. It **cannot** be sent from a third party.
- EDI enrollment processing timeframe is approximately 10 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request.

835-ERA Electronic Remittance Advice Enrollment:

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

1. Security Health Plan Electronic Remittance Advice (ERA) Enrollment Request (3 pages)

Complete the 'Provider Contact Information' section on Page 1.

Check the Reason for Submission within the 'Submission Information' section on Page 1.

Provider or Authorized Individual must print name, title, date and sign where indicated on Page 2.

Email the completed form to shprpd@securityhealth.org.

SUBMIT the Enrollment Record to the PI Enrollment Team.

LOG INTO EDInsight, GO TO-[Enrollment Manager]

LOCATE and SELECT the payer enrollment record.

CLICK [SUBMIT Enrollment],

ENTER Note indicating... "Payer form emailed to the payer".

CLICK to "Save" note and submit the enrollment record.

The above action will advance the status of the enrollment record to PENDING.

PI Enrollment will add record onto Waystar platform to complete the enrollment request. The status of the record will be COMPLETED and an ACK email will be sent out advising the enrollment is complete.

Electronic Remittance Advice (ERA)

Enrollment Request

If you are a billing service or clearinghouse requesting to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files, or a copy of the Power of Attorney must be submitted with the enrollment form.

This ERA Enrollment Request will be used to activate ERA delivery related to all claims submitted by/on behalf of the enrolling provider, once claims are finalized.

If you have any questions regarding the ERA enrollment process, contact Provider Relations at 715-221-9640. Return your completed, signed form via fax to 715-221-9699, or email to shpprd@securityhealth.org.

All fields are required. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to the instructions beginning on page 2 before completing this form.

Provider information			
Provider name			
Street	City	State/Province	ZIP code/Postal code
Provider identifiers			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) _____			
National Provider Identifier (NPI): _____			
Provider contact information			
Provider contact name		Title	
Telephone number		Email address	
Fax number			
Electronic remittance advice information			
Preference for aggregation of remittance data (e.g. Account number linkage to provider identifier; please see instructions):			
<input type="checkbox"/> Provider Tax Identification Number (TIN) _____			
<input type="checkbox"/> National Provider Identifier (NPI) _____			
Electronic remittance advice clearinghouse information			
Clearinghouse name			
Submission information			
Reason for Submission (select one):			
<input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment			

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 Security Health Plan has received an ERA cancellation notification from me that affords Security Health Plan 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.

Authorized signature

By signing below, I hereby attest that I have read and agree to the terms and conditions stated above. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate means.

Electronic signature of person submitting enrollment

Printed name of person submitting enrollment

Printed title of person submitting enrollment

Submission date

ERA enrollment instructions

The ERA service enables Security Health Plan to provide you with an electronic remittance advice, which is a statement of your claims payment in an electronic format.

Provider information

Provider name – Complete legal name of institution, corporate entity or practice. For sole proprietors, the individual provider name.

Street – The number and street name where a person or organization can be found.

City – City associated with provider address field.

State/Province – ISO 3199-2 Two Character Code associated with the State/Province/Region of the applicable Country.

ZIP code/postal code – System of postal-zone codes (ZIP stands for “Zone Improvement Plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

Provider identifiers

Provider Federal Tax Identification Number (TIN)/ Employer Identification Number (EIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI) – Payee NPI for named provider/entity of practice.

Provider contact information

Contact name, title, telephone number, fax number and email address – Provide the contact information for the person handling ERA issues for the provider.

Electronic remittance advice information

Provider preference for grouping claim payment remittance advice – Must match preference for electronic funds transfer (EFT) payment. See Provider identifiers. **Note that based on Security Health Plan’s business processes our remittance advices are generated by Tax Identification Number (TIN).**

Electronic remittance advice clearinghouse information

Clearinghouse name – Official name of the provider’s clearinghouse.

ERA enrollment instructions (continued)

Submission information

Reason for submission

- **New enrollment** – Select this option when not already enrolled for ERA (835).
- **Change enrollment** – Select this option when changing from an existing Trading Partner to a new Trading Partner. Security Health Plan allows set-up of ERA (835) for only one Trading Partner ID at a time.
- **Cancel enrollment** – Select this option when terminating enrollment from the ERA (835) process.

Authorized signature – The written signature and printed name of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Submission date – The date on which the enrollment is submitted.

Fax: 715-221-9699

Email: shpprd@securityhealth.org

Contact Security Health Plan Provider Relations at 715-221-9640 or 1-800-548-1224, ext. 1-9640 to inquire about ERA enrollment status.