
**TriWest VACCN Region 5
ALASKA
837 Claims and 835 ERA**

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight 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 EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 20 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the EDI/ERA setup request. Or the vendor or provider may call 800-259-0264, option 1 or email PGBA.EDI@pgba.com to make an inquiry.

837 Claims' Enrollment: (An EDI Trading Partner Agreement must be "on file" with Tricare for the billing provider.)

1. PGBA Electronic Data Interchange (EDI) Provider Trading Partner Agreement (4 pages)

--IF the billing provider was PREVIOUSLY APPROVED to submit electronic claims to Tricare, this FORM IS NOT NEEDED. However, the request to submit claims must still be submitted to PI. If this provider is NOT requesting 835 ERA, skip to steps to Submit to EDIinsight Enrollment Team.

--IF this is the billing provider's FIRST TIME submitting electronic claims to Tricare, this form IS REQUIRED. ENTER/VERIFY information on the form for the billing provider group. OBTAIN signature of Provider or Authorized Person on Page 4.

835 Electronic Remittance Advice (ERA) Enrollment:

2. PGBA TriWest Electronic Remittance Advice (ERA) Enrollment Form (3 pages)

ENTER/VERIFY information on the form for the billing provider group UNDER 'Provider Identifiers Information' on Page 2-

PUT CHECK IN BOX to enroll all locations for this provider's TIN that are active in the payer's system.

IMPORTANT: If you do not wish to enroll all locations, specify locations to INCLUDE in space below.

OBTAIN signature of Provider or Authorized Person on Page 2.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - 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(s).

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.

The provider agrees to the following provisions for submitting VA CCN claims electronically to PGBA, LLC.

A. The Provider Agrees:

1. That it will be responsible for all VA CCN claims submitted to PGBA, LLC by itself, its employees, or its agents.
2. That it will not disclose any information concerning a VA CCN beneficiary to any other person or organization, except PGBA, LLC and/or its contractors, without the express written permission of the VA CCN beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to VA CCN, or as required by State or Federal law.
3. That it will submit claims only on behalf of those VA CCN beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file. For eligibility transactions, eligibility does not indicate authorization for services. Please follow VA CCN program procedures to obtain authorizations.
4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - Beneficiary's name,
 - Beneficiary's health insurance claim number,
 - Date(s) of service,
 - Diagnosis/nature of illness, and
 - Procedure/service performed.
5. That the Veteran's Administration or his/her designee and/or the contractor has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the, Federal regulations, and VA CCN guidelines.
6. That it will ensure that all claims for VA CCN primary payment have been developed for other insurance involvement and that VA CCN is the primary payer.
7. That it will submit claims that are accurate, complete, and truthful.

8. That it will retain all original source documentation and medical records pertaining to any such particular VA CCN claim for a reasonable period after the bill is paid.
9. That it will affix the PGBA, LLC assigned unique identifier number of the provider on each claim electronically transmitted to the contractor.
10. That the PGBA, LLC assigned unique identifier number constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed.
11. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.
12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the VA CCN program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.
13. That it will establish and maintain procedures and controls so that information concerning VA CCN beneficiaries, or any information obtained from VA CCN or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with S1106(a) of the Act).
14. That it will research and correct claim discrepancies.
15. That it will notify PGBA, LLC within 2 business days if any transmitted data are received in an unintelligible or garbled form.
16. Transmission Format. All standard transactions, as defined by Social Security Act § 1173(a) and the Transaction Rules, conducted between PGBA, LLC and Trading Partner or Business Associate, will only use code sets, data elements and formats specified by the Transaction Rules and the then current version of the PGBA, LLC Companion Guides. This section will automatically amend to comply with any final regulation or amendment to a final regulation adopted by HHS concerning the subject matter of this Section upon the effective date of the final regulation or amendment.

B. PGBA, LLC Agrees To:

1. Provide an acknowledgment of claim receipt. The acknowledgment will consist of a Claims Submission Summary Report and the Error Claims Summary Report. These reports will be provided to the direct submitter of the claims files.
2. Affix the intermediary/carrier number, as its electronic signature, on each remittance advice sent to the provider.
3. Ensure that payments to providers are timely in accordance with VA CCN's policies.
4. Ensure that no contractor may require the provider to purchase any or all electronic services from the contractor or from any subsidiary of the contractor or from any company for which the contractor has an interest. The contractor will make alternative means available to any electronic biller to obtain such services.
5. Ensure that all VA CCN electronic billers have equal access to any services that VA CCN requires VA CCN contractors to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the contractor sells directly, indirectly, or by arrangement.
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTICE:

Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by the Veteran's Administration under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as VA CCN claims are submitted to PGBA, LLC. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate.

In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as by the postmark or other appropriate evidence of transmittal.



Electronic Data Interchange (EDI)
Provider Trading Partner Agreement

Please complete all fields of this form and retain a copy of the completed Electronic Data Interchange (EDI) Provider Trading Partner Agreement for your records. Contact the PGBA EDI Help Desk at 1-800-259-0264, option 1 or by email at PGBA.EDI@pgba.com if you need assistance.

| Provider Information | | | |
|---|-------|--------|------|
| Provider Tax Identification Number | | | |
| National Provider Identification Number (NPI): | | | |
| (TIN): Street: | City: | State: | ZIP: |
| Billing Service Information | | | |
| Billing Service Name/Vendor: | | | |
| Street: | City: | State: | ZIP: |
| Authorized Signature | | | |
| I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below. | | | |
| I have agreed to the above by signing below on this _____ day of _____, in the year of _____. | | | |
| Authorized Signature: | | Title: | |
| Contact Name: | | | |

Mail or Fax your completed form to:
PGBA, LLC
Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
Fax: 803-264-9864

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Please complete all fields on page 1 and 2 of this form. Form Completion Guidelines can be found on pages 2 and 3. Please retain a copy of the completed ERA enrollment form for your records.

Note: Please allow 4 weeks for the enrollment process to be completed. If after 4 weeks you do not start receiving ERA files, you may contact the EDI Help Desk at 1-800-259-0264, option 1 or by email at PGBA.EDI@pgba.com.

| Provider Information | | |
|---|---------------------------|--|
| Provider Name: | | |
| Provider Address: | Street: | City: |
| Provider Identifiers Information | | |
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): | | National Provider Identifier (NPI): |
| Other Identifiers Assigning Authority: | | Trading Partner ID: |
| <input type="checkbox"/> <i>Note: Checking this box indicates enrolling all locations for this provider's TIN/EIN that are active in our provider files and will no longer receive a paper remit. Otherwise, if only specific locations are to be included, list them below. Attach additional sheets if necessary.</i> | | |
| National Provider Identifier (NPI) | Business Name and Address | |
| | | |
| | | |
| | | |
| | | |
| Provider Contact Information | | |
| Provider Contact Name: | | |
| Telephone Number: | Fax Number: | Email Address: |
| Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) (Must match EFT Preference) | | <input type="checkbox"/> Provider Tax Identification Number (TIN) |
| | | <input checked="" type="checkbox"/> National Provider Identifier (NPI) |
| Method of Retrieval (Required if provider is not using clearinghouse or vendor): | | |

(Continues on next page)

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name:

Telephone Number:

Email Address:

Reason for Submission:

New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date:

Requested ERA Effective Date:

Please enter in a requested effective date for this enrollment.

Form Completion Guidelines

- Please type or print legibly using blue or black ink.
- Once enrolled, ERA files that have not been received after 4 business days of receipt of the corresponding EFT file or check payment can be researched by calling or emailing the EDI Help Desk.
- Arrangements can be made for you to receive a paper copy of your remit in conjunction with an 835 transaction file for up to 31 days by contacting the EDI Help Desk. If you have any other questions regarding the information contained in this package, please contact our EDI Help Desk at 1-800-259-0264, option 1 or by email to PGBA.EDI@pgba.com.
- Mail or fax the completed form along with required documentation to:

PGBA, LLC
VA CCN Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
Fax: 803-264-9864

Provider Information

| | |
|------------------|---|
| Provider Name | Complete legal name of institution, corporate entity, practice or individual provider. |
| Provider Address | <p>Street: The number and street name where a person or organization can be found.</p> <p>City: City associated with provider address field.</p> <p>State/Province: ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country</p> <p>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.</p> |

Provider Identifiers

| | |
|--|--|
| Provider Federal Tax Identification Number (TIN) | A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity. |
| National Provider Identifier (NPI) | A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. |

Other Identifiers

| | |
|---------------------|---|
| Assigning Authority | Name of contact in provider's office for handling ERA issues. |
| Trading Partner ID | Associated with contact person. |

(Continues on next page)

| Provider Contact Information | |
|---|---|
| Provider Contact Name | Name of contact in provider's office for handling ERA issues. |
| Telephone Number | Associated with contact person. |
| Email Address | An electronic mail address at which the health plan might contact the provider. |
| Fax Number | A number at which the provider can be sent facsimiles. |
| Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) | Provider preference for grouping (bulking) claim payments – must match preference for EFT payment. Must fill out one of the two options below: Providers Tax Identification Number (TIN) or National Provider Identifier (NPI) |
| Clearinghouse Information | |
| Clearinghouse Name | Official name of the provider's clearinghouse. |
| Telephone Number | Telephone number of contact. |
| Email Address | An electronic mail address at which the health plan might contact the provider's clearinghouse. |
| Reason for Submission | New Enrollment Change Enrollment: write a note stating the needed change and the requested ERA effective date of the change. Cancel Enrollment: provide requested ERA effective date of the cancellation. |
| Authorized Signature | |
| Authorized Signature | The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment may be used with electronic and paper-based manual enrollment |
| Written Signature of Person Submitting Enrollment | A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity. |
| Printed Name of Person Submitting Enrollment | The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment. |
| Printed Title of Person Submitting Enrollment | The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment. |
| Submission Date | The date on which the enrollment is submitted. |
| Requested EFT Start/Change/Cancel Date | Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner. |