

East Carolina Behavioral Health / Trillium 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 EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 15 days.
- Support Vendors may contact the EDInsight Enrollment Team to request follow up on the ERA setup request.

835 Electronic Remittance Advice:

Complete and submit these 2 forms using the billing provider's group information

1. Change Healthcare Remittance Form (1 page)

CONFIRM/ENTER information, including- Contact Name, Phone and Email Address

2. Trillium 835 Response File Routing Change Form (1 page)

CONFIRM/ENTER information, ENTER Begin Date (ERA Eff Date)

OBTAIN "Officer Signature" ENTER Date signed

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(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.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
6284	56089	TRILLIUM HEALTH RESOURCES			
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					



835 Response File Routing Change Form

The purpose of this form is to give Providers in the Trillium Health Resources Network, who currently use a Clearinghouse to submit 837 batch claim files, the option to change the delivery location for 835 Response Files. A Provider may elect to have their 835 Response files directly routed to the Clearinghouse instead of receiving 835 Response files in their provider folder. This form may also be used to discontinue the routing of 835 Response files to the Clearinghouse. The Provider folder may also be known as the File Repository within Provider Direct or the File Transfer Protocol (“FTP”) Out-bound folder.

TERMS AND CONDITIONS: *The undersigned acknowledges that he/she is duly authorized to execute this form on behalf of Provider and is authorized to bind Provider to the terms and conditions set forth herein. Provider shall ensure that there is an agreement to process and submit 837 files to Trillium Health Resources on behalf of the Provider with the Clearinghouse named below. Provider is agreeing to allow Trillium Health Resources to place the 835 Response Files directly into the appropriate out- bound folder belonging to the Clearinghouse named below instead of the File Repository within Provider Direct or the FTP Out- bound folder. Furthermore, Provider understands the Clearinghouse will have access to ALL Provider 835 Response Files from routing change implementation date and that file level restrictions cannot be imposed by Trillium Health Resources. Provider also authorizes the Clearinghouse to have FTP Out-bound folder access consistent with the intent of these terms and conditions. Provider further agrees that if the agreement between the Provider and the Clearinghouse is terminated for any reason, the Provider shall immediately notify Trillium Health Resources by completing and submitting a 835 Response File Routing Change Form to discontinue routing 835 Response files to the Clearinghouse.*

***** PLEASE NOTE:** *Documents in the Clearinghouse folder will be subject to deletion after 90 days.*

Please complete the provider information section below and return this form to the IT Department at pdsupport@trilliumnc.org or fax to 252-215-6874. Please allow 7-10 working days for Clearinghouse routing to be set up.

Provider Name: _____ Provider Direct ID# _____

Provider Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Officer Contact Name: _____ Title: _____

Officer Contact Email: _____

Clearinghouse: Emdeon SSI Begin / End Date: _____

Officer Signature: _____ Date: _____
(Must be Executive Level)

For IT Department Use Only	
Approved by: _____	Date: _____
System Admin Notification: _____	Date: _____
835 Routing to Clearinghouse: _____	Begin/End Date: _____
Clearinghouse Folder: _____	Begin/End Date: _____
Denied by: _____	Date: _____
Denial Reason: _____	