
US Family Health Plan (USFHP) Texas and Louisiana Enrollment Instructions –Claims and ERA

- ✓ **BEFORE enrolling, the billing provider must be setup as a Practice Insight EDI Customer.**
Contact your EDI solutions vendor to confirm your EDI customer record has been setup.

CHOOSE ONE METHOD- to submit to Practice Insight

- A. PRACTICE INSIGHT ENROLLMENT MANAGER.**
PI Support Vendors can submit this request directly using EDI Insight Enrollment Manager Tool.
Select [ADD Payer Enrollment] to add enrollment record, then
Select [ATTACH File] to attach copy of the completed and signed forms.
Click [SUBMIT Enrollment To PI]
- Or-
- B. Email forms to: enrollment@practiceinsight.net**

CLAIMS (837)

Prior to submitting 837 electronic claims to this payer, the billing provider should contact the payer at 1-800-678-7347 to confirm their NPI # is on file with the payer.

ERAs (835) NEW or CHANGE OF SERVICE

Note: In order to enroll for 835s, the provider must have provided services to a US Family Health Plan member who resides in either the state of Texas or Louisiana. If a provider has seen a USFHP member from another region (i.e., New York, Maine, etc) the provider can contact and Register with the US Family Health Plan for that region. Information regarding each region can be found at www.usfhp.com.

- 1. US Family Health Plan – 835 EDI Enrollment Form (1-page)**
Section I ENTER the billing provider's group information to include group name, TIN and NPI.
ENTER Business Name as indicated on current W-9 form.
Section II ENTER each individual provider name and NPI # for which claims will be submitted.
- 2. Form W-9 Dept of the Treasury IRS Request for Taxpayer Identification Number... (1page)**
Complete or obtain copy of completed and signed W-9 form for this billing provider group.

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 20 business days after submitting this request, contact your Support Vendor. Practice Insight Resellers/Support Vendors may contact Practice Insight Enrollment to inquire regarding status of the ERA setup request.

US Family Health Plan - 835 EDI Enrollment Form

(Please see instructions on page 1)

Section I

Date:	• MD	• DO	• DPM	• Other:
Which form do you use to submit claims?	• HCFA-1500		• UB-04	
Provider/Facility Name:				
Provider Address :				
Provider City/State/Zip:				
Business Name as indicated on current 2011 W-9:				
Provider Tax Identification Number (TIN):	NPI 1 (if applicable):	NPI 2 (if applicable):		
Provider Office's Contact Name:	Phone Number for Office Contact:			
Provider E-mail Address:				
Billing Service/Clearinghouse Name:				
Billing Service/ Clearinghouse Contact Name:	Billing Service/Clearinghouse Phone Number:			
Billing Service/ Clearinghouse E-Mail Address:				
Availity Genkey : (Required)				

Section II

Please list each individual provider's name and their corresponding NPI 1 or NPI 2 in the space provided below.
(If necessary, please continue list on a separate piece of paper).

Provider Name	NPI

*****For Office USFHP Use Only*****

<ul style="list-style-type: none"> • INN • ONN <li style="text-align:center;">Network/Region • ALL • CYPR • STCA • STJN • STJO • SETX • SGLN • MMCN • WLBN <li style="text-align:center;">Network Representative • J.Blount • E.DeMien • M. Harris • E.Howard-Provost • K.Pace 	Contact Validation _____ Contact Phone Number _____ Validation Date _____ Notes: _____ _____ _____ _____
Date given to EDI Specialist: _____	
Signature: _____	Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.