

# ROCKY MOUNTAIN HMO (RMHMO) PRE-ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- Electronic Data Interchange Transaction Request Form
- Optum Provider Setup Form

## WHERE SHOULD I SEND THE FORM(S)?

- Submit the attached forms via one of the following methods:
  - Fax: (877) 630-2064
  - Email: [enrollments@optum.com](mailto:enrollments@optum.com)

## Electronic Data Interchange Transaction Request Form

### Section 1: Options

I would like to: ☐ New EDI Enrollment

☐ Change: ☐ Clearinghouse ☐ Billing Service ☐ Billing Office ☐ Direct Submitter

Health Insurance Portability and Accountability Act of 1996 (HIPAA) has mandated that covered entities be in compliance with adoption of the ASC X12 Technical Reports Type 3 (TR3), otherwise known as Version 5010, as a modification to the current X12 Version 4010 standards. RMHP is anticipating all trading partners to be in compliance with this requirement by January 1, 2012. Please contact your Provider Representative for scheduling testing of 5010.

### Section 2: Office/Submitter Profile

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Provider / Group Profile

Name of Physician, Degree Hospital, or Group	Tax ID	NPI

**Please attach additional providers if necessary.**

Fax the completed form to 970-244-7880; Attention: IT/EDI.

### Section 3: Clearinghouse/Direct Submitter Contact

If data will be submitted to RHMP by a party other than the office, such as a clearinghouse or billing office, please specify below. Failure to specify a clearinghouse or billing office when applicable may result in incorrect EDI set-up and/or delay in EDI transmission to RMHP.

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### Section 4: Inbound and Outbound Transmission Information

Please indicate which transaction type(s) you will be submitting:

Inbound ☒ 837P ☐ 837I

Please indicate if you wish to receive these outbound transmissions:

Outbound ☐ 835

997 Acknowledgement ☐ Yes ☐ No

### Section 5: Electronic Claims Transmittal Report Contact and Website Access to Retrieve Report

The Electronic Claims Transmittal Report provides information back to you on accepted and rejected claims.

The information below is used for contact information to be displayed on the report only. Note: Reports are available for retrieval from your clearinghouse or from the RMHP website, <https://providers.rmhp.org>.

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you choose to retrieve reports from our website, the next portion must be completed. All persons needing access to the RMHP website must be listed below. Each user must have a valid and unique email address in order to be assigned a login and password and have access to the website. Please indicate which type of access you are requesting. Please contact the EDI Help Line if individuals need to be removed or added.

**Note:** Electronic Claims Transmittal Reports are not mailed.

User Profile			Office Permissions	
Last Name	First Name	Email	ECT Report	File Submission
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



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## OPTUM Provider Setup Form

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Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum use only and will not be forwarded on to the payer with your enrollment agreements.

<b>Optum user ID:</b>	
<b>Contact Name:</b>	
<b>Group Name:</b>	
<b>Group Billing TIN:</b>	
<b>Group Billing NPI:</b>	
<b>Group Legacy ID:</b>	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name