

WHICH FORMS SHOULD I COMPLETE?

- Change Healthcare ERA Enrollment Form
- Triple-S Salud Provider Registry Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the **Change Healthcare ERA Enrollment Form** to Emdeon.ERA@officeally.com
- Mail the **Triple-S Salud Provider Registry Form** to:

Triple-S Salud, Inc.
Health Information System
PO Box 363628
San Juan, PR 00936-3628

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 14 days.



CHANGE HEALTHCARE ERA ENROLLMENT FORM

Email this form to Emdeon.ERA@officeally.com. The Email Subject should read: Emdeon ERA Enrollment. Please print legibly and complete the form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address: **City:** **State:** **Zip:**

PROVIDER IDENTIFIERS INFORMATION

Please note that if you are enrolling multiple NPIs, they can be listed on the last page of the enrollment packet.

Provider Federal Tax Identification Number

Employer Identification Number (EIN): **National Provider Identifier (NPI):**

PROVIDER CONTACT INFORMATION

Contact Name: **Phone Number/Extension:**

Email Address: **Fax Number:**

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier)

Note: Provider Preference for grouping (bulking) claim payment advice must match preference for EFT payment (i.e. Billing Provider). **Choose only one.**

- ☐ Provider Federal Tax Identification Number (TIN):
- ☐ National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

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**ELECTRONIC TRANSACTIONS TRANSMISSION
AND ERA PARTICIPATING PROVIDER REGISTRY**

NPI:

TAX ID:

Provider Name: _____

Provider Address (Office): _____

Telephone (specific OFI/FAX/Other): _____

Billing Contact: _____

Reason for Submission: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Will a third party billing company handle your Electronic Claims? ☐ Yes ☐ No

Company Name _____ Phone Number: _____

Billing Software (select 1 per office or write): _____

AirisPro /Medi2000	InstantMed	Medical Clinics/Practice	SecureClaim
Best2000	LabSoft	Meditrack	SimpelSoft
DentalMax	LAMARS	Med One	TekPro
DentOne	MCPC	OffiMed	TRA
IMClaim	MedCenter	Proclaim / Claim Control Pro	TurboMed
Infomedika	Medical Biller	SAIL	VisualMass

Specify Transmit Method:

☐ Clearinghouse _____ ☐ Triple-S Web Portal: _____

Will this be the only way to transmit to Triple-S?: ☐ Yes ☐ No

If No, please indicate the other way: _____

Where will you like to receive your electronic explanation of payment from Triple-S?

☐ Clearinghouse _____ ☐ Other _____

Date

Participating Provider's Signature



ITEMS RELATED TO ELECTRONIC BILLING USING HIPAA STANDARD FORMATS

Once you start billing in the 837 format you will receive the Explanation of Payment (Remittance Advise) the 835 HIPAA Standard Format. Your billing software must be able to interpret the content of this file. To be able to assist you in a timely manner it is imperative that you verify the responses and file you receive from us.

If you are transiting your claims thru a Clearinghouse, the Acknowledgment Report for those claims you sent us is delivered to your Clearinghouse that forwarded your claims to us. Triple-S will validate every claim received before 3:00PM AST. Triple-S will transmit back to the clearinghouse the acknowledgment report and the 997 standard transaction at the moment the 837 file is received. The 997 transaction only includes HIPAA errors, the Acknowledgement Report includes HIPAA and Business edit errors. The Triple-S Acknowledgment Receipt (Acuse de Recibo) that acknowledges receipt of the claims by the payer will be mailed weekly to the address in the Triple-S' files. If you do not receive the Acuse de Recibo, Triple-S has not received your claims. Please contact your billing representative as soon as possible to identify any situation.

The **Acknowledgement Receipt (Acuse de Recibo)** is divided in two sections. The first section includes all services that were dimmed not processable by the payer. These services must be corrected and retransmitted to Triple-S. The second part of the report lists all the claims received by Triple-S. These claims should match those you transmitted during the previous week.

I Certify that I have read and understand the above mentioned statement:

Name of Person In-charge:	Signature:	Provider's Name
_____	_____	_____
Title:	Date:	Provider's NPI
_____	_____	_____

Please complete all the information in block letters, sign the document using blue ink and send the original form to: Triple-S Salud Inc., Health Information System, PO Box 363628, San Juan, PR 00936-3628. For any question, please write us an email at: seshipaatests@ssspr.com.