THE HEALTH PLAN (34150) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Billing and 835/ERA Authorization and Set Up Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email the form to setup@abilitynetwork.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 10 business days

HOW DO I CHECK STATUS?

- You may check the status by calling (888) 499-5465 and verify if your Tax ID has been linked for ERAs

BILLING AND 835/ERA AUTHORIZATION AND SET UP FORM

The Health Plan – EDI Support Center
52160 National Road E
St. Clairsville, OH 43950

P: 800.624.6961 Ext 7649
740.695.7649

Email: hpecs@healthplan.org

The Health Plan requests the completion of this form to insure proper release of information to further protect your patient's healthcare information. This form is to be completed by the Practice/Group representative to provide the necessary information to The Health Plan for communication purposes.

In the majority of cases, healthcare providers/facilities, utilize outside vendors/billing companies/clearinghouses to assist in the processing of healthcare claims and payments. We are requesting notification who these outside vendors/companies/clearinghouses are representing your office/organization prior to releasing any HIPAA Protected Health Information.

This information should be kept current by completing another form to reflect these changes.

Below is a reference guide:

- Please include both the individual provider NPI or group NPI if applicable.
- Use one enrollment form per tax ID.
- EFT payments are administered by VPay for The Health Plan. Call to enroll at 1-855-893-3027.
- Please provide effective date of any updates.

Return completed form to the above address or email addresses. Allow 5-10 business days for processing. Processing times may vary based on volume received by The Health Plan.

Questions Contact: Provider Relations or Email roses@healthplan.org or Fax 740.699.6169

TYPE OF REQUEST: ☐ Initial ☐ Change ☐ Delete	EFFECTIVE DATE:	
PROVIDER NAME: PROVIDER OR FACILTY (CIRCLE ONE OR BOTH)	PROVIDER NATIONAL PROVIDER IDENTIFIER (NPI):	
FEDERAL TAX IDENTIFICATION NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___	GROUP NATIONAL PROVIDER IDENTIFIER (NPI):	
PROVIDER ADDRESS:		
PROVIDER TELEPHONE #:	PROVIDER FAX #:	
GROUP NAME (if applicable):		
CONTACT:	TELEPHONE #:	EMAIL:
REMIT ADDRESS:		
TELEPHONE #:	FAX #:	EMAIL:
OUTSIDE BILLING SERVICE NAME (if applicable):		
BILLING SERVICE ADDRESS:		
BILLING SERVICE CONTACT:	TELEPHONE #:	EMAIL:

BILLING AND 835/ERA (continued)
AUTHORIZATION AND SET UP FORM

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SET UP BY: ☐ By Tax ID; include all providers / facilities linked to tax ID above.
☐ Separate by provider NPIs. Please provide NPIs for separation.
☐ Split by Billing Service; provide locations of each billing service.

Details:

VENDOR / CLEARINGHOUSE FOR ELECTRONIC FILINGS (Place name under category)

ELECTRONIC CLAIMS 837	ELECTRONIC VOUCHERS ERA/835	ELIGIBILITY FILINGS 270	CLAIM STATUS 276

CONTACT:	TELEPHONE #:	EMAIL:

AUTHORIZATION AGREEMENT – PLEASE READ AND SIGN BELOW.
REQUIRES SIGNATURE OF PROVIDER / OWNER / GROUP REPRESENTATIVE.

Electronic Remittance Advice (ERA)
The Health Plan will transmit the claims payments in our HIPAA-compliant ERA transactions format.

AUTHORIZING NAME (PLEASE PRINT):	TITLE:
AUTHORIZING SIGNATURE:	DATE: