

THE HEALTH PLAN (34150) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Billing and 835/ERA Authorization and setup form

WHERE SHOULD I SEND THE FORM(S)?

- Email form to: setup@abilitynetwork.com

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- 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 is 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: <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> Delete EFFECTIVE DATE:		
PROVIDER NAME: PROVIDER OR FACILITY (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: <input type="checkbox"/> By Tax ID; include all providers / facilities linked to tax ID above. <input type="checkbox"/> Separate by provider NPIs. Please provide NPIs for separation. <input type="checkbox"/> 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:	

