



TRICARE West Region
Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
Fax: 803-264-9864

Dear Provider:

Thank you for your interest in Electronic Remittance Advice (ERA) with PGBA, LLC. Please take a moment to review the enrollment guidelines (Appendix A). Once you have reviewed the guidelines, please complete the enclosed enrollment form (Pages 2 & 3) with all required information.

In addition to ERA, PGBA, LLC also offers Electronic Funds Transfer (EFT), which requires a separate enrollment form. If you choose both transactions, you will need to contact your financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements necessary for successful reassociation of the EFT payment with the ERA remittance advice.

To help expedite the process, you may enroll online at www.myTRICARE.com. In order to enroll online, you must have a myTRICARE secure account. If you already have a myTRICARE secure account, please first log in, if you have not done so already. If you are not a registered myTRICARE secure account holder, please go to www.myTRICARE.com and register.

If you do not wish to enroll online, please fax or mail your completed forms to:

FAX: 803-264-9864

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Please retain a copy of the completed enrollment form for your records.

Online instructions for checking the status of ERA enrollment can be found at www.myTRICARE.com.

Please note, if you are not a TRICARE authorized provider, or an incomplete form is submitted, the enrollment form will be returned to the provider with a letter stating the reason for return.

Please allow 4 weeks for the enrollment process to be completed. If after 4 weeks you do not start receiving ERA files, you may contact the EDI Help Desk at 1-800-325-5920, Option #2 or by Email at EDI.TRICARE@PGBA.com.

Once enrolled, ERA files that have not been received after 4 business days of receipt of the corresponding EFT file or check payment can be researched by calling or Emailing the EDI Help Desk.

We are committed to making your transition to ERA as smooth as possible. Arrangements can be made for you to receive a paper copy of your remit in conjunction with an 835 transaction file for up to 31 days by contacting the EDI Help Desk.

If you have any questions regarding the information contained in this package, please contact our EDI Help Desk at 1-800-325-5920, Option #2 or by Email to EDI.TRICARE@PGBA.com.

ERA ENROLLMENT FORM

PROVIDER INFORMATION					
Provider Name					
Provider Address					
Street					
City		State		ZIP Code/ Postal Code	
PROVIDER IDENTIFIERS INFORMATION					
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)					
National Provider Identifier (NPI)					
Other identifier(s)	Trading Partner ID				7GW _____
<input type="checkbox"/> NOTE: Checking this box indicates enrolling all locations for this provider's TIN/EIN that are active in our provider files and will no longer receive a paper remit. Otherwise, if only specific locations are to be included, list them below. Attach additional sheets if necessary.					
TRICARE Provider Number (with suffix)	National Provider Identifier (NPI)	Business Name and Address			
PROVIDER CONTACT INFORMATION					
Provider Contact Name					
Telephone Number					



A CELERIAN GROUP COMPANY



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Toll-Free: 1-800-325-5920 opt 2
 www.myTRICARE.com by PGBA

Email Address			
Fax Number			
ELECTRONIC REMITTANCE ADVICE INFORMATION (See instructions)			
<i>Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)</i>		<i>Provider preference for grouping (bulking) claim payment advice – must match preference for EFT payment</i>	
		Select TIN or NPI and enter below:	
Provider Tax Identification Number (TIN) or National Provider Number (NPI)			
Method of Retrieval			
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION			
Clearinghouse Name			
Telephone Number			
Email Address			
SUBMISSION INFORMATION			
Reason for Submission		<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Authorized Signature			
Written Signature of Person Submitting Enrollment			
Printed Title of Person Submitting Enrollment			
Submission Date		Requested ERA Effective Date	

APPENDIX A

TRICARE WEST ERA ENROLLMENT

Form Completion Guidelines

Instructions for completing the ERA Enrollment form

- Please type or print legibly.
- Use only black or blue ink to complete paper form.
- Online form can be accessed at www.myTRICARE.com

Provider Information

- **Provider Name** - Complete legal name of institution, corporate entity, practice or individual provider.
- **Provider Address**- Associated with institution, corporate entity, practice, or individual provider.
- **Street** - The number and street name where a person or organization can be found.
- **City**- City associated with provider address field.
- **State/Province** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
- **Zip Code/Postal Code** - System of postal zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery) and exploit electronic reading and sorting capabilities.

Provider Identifiers

- **Provider Federal Tax Identification Number (TIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
- **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Other Identifiers

- **Assigning Authority** – Organization that issues and assigns the additional identifier requested on the form.
- **Trading Partner ID** – The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.



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Provider Contact Information

- **Provider Contact Name** - Name of a contact in provider office for handling EFT issues.
- **Telephone Number** -Associated with contact person.
- **Email Address** - An electronic mail address at which the health plan might contact the provider.
- **Fax Number** -A number at which the provider can be sent facsimiles.
- **Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)** - Provider preference for grouping (bulking) claim payments – must match preference for EFT payment.

- Must fill out one of the two options below:
- **Providers Tax Identification Number (TIN)** - as explained in “Provider Identifiers”.
- **National Provider Identifier (NPI)** - as explained in “Provider Identifiers”.

- **Method of retrieval** – Electronic remits can be retrieved in a HIPAA 835 file format directly or through a clearinghouse. Provider remits can also be viewed/downloaded from the myTricare web site if you are a member. Once set up for either method, paper remits will be stopped.

Clearinghouse Information

- **Clearinghouse Name** - Official name of the provider's clearinghouse.
- **Telephone Number** – Telephone number of contact.
- **Email Address** - An electronic mail address at which the health plan might contact the provider's clearinghouse.

Reason for Submission: Must select one from below

- **New Enrollment** – indicating new enrollment.
- **Change Enrollment** – write a note stating the needed change and the requested ERA effective date of the change.
- **Cancel Enrollment** – provide requested ERA effective date of the cancellation.

Authorized Signature - The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment may be used with electronic and paper-based manual enrollment.

- **Signature of Person Submitting Enrollment** - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
- **Printed Name of Person Submitting Enrollment** - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
- **Printed Title of Person Submitting Enrollment** - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
- **Submission Date** - The date on which the enrollment is submitted.
- **Requested ERA Effective Date** – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.