TRILLIUM HEALTH RESOURCES (56089) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

This is a two-step enrollment request. Please complete the following:

1. **TRILLIUM HEALTH RESOURCES – 835 RESPONSE FILE ROUTING CHANGE FORM (page 2)**
2. **Trillium Change of Vendor Spreadsheet (must be in excel format)**

WHERE SHOULD I SEND THE FORM(S)?

1. Email the 835 Response File Routing Change Form to PDSupport@TrilliumNC.org
   - Email Subject: ERA Enrollment Request_Trillium Health Resources
   - Email Body: Please process the attached request linking our Provider to SSI.
2. Email the Trillium Change of Vendor Spreadsheet to payerenrollment@officeally.com
   - Email Subject: ERA Enrollment Request_Trillium Health Resources
   - Email Body: Please process the attached spreadsheet to link the provider to the vendor.

WHAT IS THE TURNAROUND TIME?

3. Standard Processing Time is 10 Business Days.

HOW DO I CHECK STATUS?

4. If you have not received your remittance files within 30 business days of submitting the ERA Enrollment request, please email payerenrollment@officeally.com.
   - Email Subject: ERA Enrollment Status Request: Trillium Health Resources
   - Email Body: I have submitted the ERA Enrollment form to Trillium Health Resources on __/__/__ date. Please check with SSI to confirm the ERA Enrollment request has processed and approved.

Transforming Lives

Trillium HEALTH RESOURCES

835 Response File Routing Change Form

The purpose of this form is to give Providers in the Trillium Health Resources Network, who currently use a Clearinghouse to submit 837 batch claim files, the option to change the delivery location for 835 Response Files. A Provider may elect to have their 835 Response files directly routed to the Clearinghouse instead of receiving 835 Response files in their provider folder. This form may also be used to discontinue the routing of 835 Response files to the Clearinghouse. The Provider folder may also be known as the File Repository within Provider Direct or the File Transfer Protocol ("FTP") Out-bound folder.

TERMS AND CONDITIONS: *The undersigned acknowledges that he/she is duly authorized to execute this form on behalf of Provider and is authorized to bind Provider to the terms and conditions set forth herein. Provider shall ensure that there is an agreement to process and submit 837 files to Trillium Health Resources on behalf of the Provider with the Clearinghouse named below. Provider is agreeing to allow Trillium Health Resources to place the 835 Response Files directly into the appropriate out- bound folder belonging to the Clearinghouse named below instead of the File Repository within Provider Direct or the FTP Out- bound folder. Furthermore, Provider understands the Clearinghouse will have access to ALL Provider 835 Response Files from routing change implementation date and that file level restrictions cannot be imposed by Trillium Health Resources. Provider also authorizes the Clearinghouse to have FTP Out-bound folder access consistent with the intent of these terms and conditions. Provider further agrees that if the agreement between the Provider and the Clearinghouse is terminated for any reason, the Provider shall immediately notify Trillium Health Resources by completing and submitting a 835 Response File Routing Change Form to discontinue routing 835 Response files to the Clearinghouse.*

**** PLEASE NOTE: Documents in the Clearinghouse folder will be subject to deletion after 90 days.*

Please complete the provider information section below and return this form to the IT Department at PDSupport@TrilliumNC.org or fax to 252-215-6874. Please allow 7-10 working days for Clearinghouse routing to be set up.

Provider Name: _____ **Provider Direct ID#** _____

Provider Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Officer Contact Name: _____ **Title:** _____

Officer Contact Email: _____

Clearinghouse: ☐ Change Healthcare/Emdeon ☑ SSI **Begin / End Date:** _____

Officer Signature: _____ **Date:** _____

(Must be Executive Level)

For IT Department Use Only

Approved by: _____ Date: _____

System Admin Notification: _____ Date: _____

835 Routing to Clearinghouse: _____ Begin/End Date: _____

Clearinghouse Folder: _____ Begin/End Date: _____

Denied by: _____ Date: _____

Denial Reason: _____