Electronic Remittance Advice (ERA) Enrollment Form

Trillium Community Health Plan (Trillium CHP) supports the exchange of electronic remittances in the ASC X12 835, version 5010A1 format. The enrollment process establishes how the ERA will be delivered to the provider. The provider's Federal Tax ID is required to establish an ERA enrollment and may also be used to route remittance transactions through a clearinghouse.

If you are a Billing Service or Clearinghouse wishing to receive the ERA on behalf of a provider, the provider must complete the enrollment documents authorizing you to retrieve their remittance files.
In completing this form, please fill out sections 1-6 only.

Section 1: Change an existing or add a new ERA Account (select one)

I want to:

- ☐ Create a new ERA enrollment
- ☐ Change my ERA Enrollment information
- ☐ Delete my ERA account information

Indicate you want to receive the ERA file

☐ Provider downloads directly. ☐ Billing Service downloads directly. ☐ Route through Clearinghouse to provider or billing service

Section 2: Provider Information (DEG1) (Required) Must match W9 information on file.

Provider Name:				
Provider DBA:				
Provider Address:		City	State	Zip

Sectoin 3: Provider Identifiers Information (DEG2) (Required) Must match W9 information on file.

EIN OR TIN:		NPI:	

Section 4: Provider Contact Information (DEG3) (Required)

Business Contact Name:			
Telephone :		Fax Number:	
Email Address:			

Section 4a: Provider Contact Information (DEG3) (Optional)

Technical Contact Name:			
Telephone :		Fax Number:	
Email Address:			

Section 5: Clearinghouse Information (DEG8) (Required if using a Clearinghouse)

Clearinghouse Name:			
Telephone :		Fax Number:	
Address:			
Business Contact Name:			
Phone:		Email:	
Technical Contact Name:			
Phone:		Email:	

Section 6: Authorized Signature (DEG8) (Required)

Signature of person submitting:			
Title:			
Date of Submission:		ERA Effective Date:	

Section 7: Trillium Use Only		
Vendor IDs		
EDI Submitter ID		
IT Approval Date:		Provider Svcs Approval Date:

Electronic Remittance Advice (ERA) Enrollment Form Instructions

Please follow these instructions when completing the ERA Enrollment form. **If you have an LTPortal account you can complete your enrollment online.** The form is compliant with the Phase III C.O.R.E. Health Care Claim Payment/Advice Infrastructure Rule Ver. 3.0 for ERA enrollment forms. **This form can be populated on the computer and emailed to provider@trilliumchp.com. An physical signature is not required for completion.**

You must fill out one enrollment for each EIN or TaxId used. A single EIN or TaxId can be submitted on multiple enrollments, but each enrollment may only have one set of identifiers attached. For questions on completing the ERA form please contact Trillium Provider Relations Representative at (541)431-1925 or email amackenzie@trilliumchp.com for assistance.

Please allow 7-10 business days for the enrollment to be processed and approved. You will be contacted prior to the first ERA transmission. Unless you request otherwise your paper ERA will automatically be discontinued 30 days after the first ERA is sent.

Printed paper forms can be faxed to (541)-434-1291 or mailed to: Trillium, Attention: EFT/ERA Enrollments, PO Box 11740, Eugene, OR 97440.

Provider Information.

Provider Name, DBA Name and Practice Address: This must match the information submitted on your W-9.   The address MUST be the physical location of the main office(s). Please update your W-9 information if necessary as well as completing this form.

Provider Federal Tax Identification Number. A Federal Tax Identification Number, also know as an Employer Identification Number (EIN), is used to identify a business entity. This must match your W-9(s) on file.

National Provider Identifier (NPI): Please include the 10 digit National Provider Identifier (NPI) for the billing entity. This NPI should match the NPI previously registered with Trillium CHP.

Provider Contact Information.

Business Contact: Please supply the contact name and number that Trillium CHP should use when business related issues occur.

Technical Contact: Please supply the contact name and number that Trillium CHP should use for technical issues occur with the ERA.

Clearinghouse Information.

If your organization receives your ERAs via a clearinghouse please identify the company and the business and technical contacts. Please do not list your billing service or software vendor unless they function as a clearinghouse on your behalf.

Authorized Signature.

Signatures: For paper enrollments this should be the handwritten signature of the person authorized to complete this enrollment form. **If the enrollment is submitted electronically the typed name of the person is considered as the legal signature.**

Submission Date: Date the enrollment is being submitted.

Requested ERA Effective Date: Date the provider wished to begin receiving the ERA. If the enrollment cannot be approved prior to the requested date Trillium CHP will contact the provider and determine a corrected effective date.