INLAND EMPIRE HEALTH PLAN (IEHP1)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- ERA (835) Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Email the ERA (835) Enrollment Form to EDISpecialist@iehp.org

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 4 weeks

HOW DO I CHECK STATUS?

- To check the status of your ERA enrollment request, email EDISpecialist@iehp.org

ERA (835) Enrollment Form

Complete form and email to: EDISpecialist@iehp.org

Type of Electronic Submission ☐ 835/ERA ☐ Web Portal ☐ Both

Provider Information

_____ _____
Provider Name Doing Business As (DBA, if Applicable)

_____
Provider Physical Address

_____ _____ _____
City State Zip Code

Provider Identifiers Information

_____ _____
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

_____
National Provider Identifier (NPI)
(Group NPI, if applicable)

Other Identifiers

_____
Trading Partner Identifier (ID)

Provider Contact Information

_____ _____
Provider Contact Name Title

_____ _____ _____
Telephone Number with Extension Email Address Fax Number

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)
(Must match EFT Preference)

☐ Provider Tax Identification Number _____

☐ National Provider Identifier _____

Method of 835Retrieval: ☐ From health plan ☐ Download from health plan website ☐ From clearinghouse

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name _____

Telephone Number _____

Email Address _____

Reason for Submission

☐ New Enrollment   ☐ Change Enrollment   ☐ Cancel Enrollment

Authorized Signature

_____   _____
Electronic/Written Signature of Person Submitting Enrollment   Printed Title of Person Submitting Enrollment

_____   _____
Submission Date   Requested ERA Effective Date

Consent to Access Remittance Advice (RA) via IEHP Provider Website Only

IEHP's goal is provide our Trading Partners with a convenient method of receiving the remittance advice (RA). We are requesting your consent to discontinue mailing paper RAs. After your authorization is received, you will obtain access to your RA through the IEHP secure website, www.iehp.org. To view your RA on the secure provider website, you must have access to the internet as well as the current version of Adobe Acrobat Reader. Our Trading Partner's security is important. Only contracted partners with upgraded web security will be able to access RAs online. If your security has not been upgraded, you may do so by following the directions on our website or calling the IEHP Provider Relations Team at (909) 890-2054.

_____   _____
Provider Name   Tax Identification Number (TIN)

I _____ (print name and title) authorize IEHP to discontinue mailing the paper Remittance Advice (RA) and agree to access IEHP Claims RAs online only.

_____   _____
Signature   Date

Instructions for completing the *ERA Enrollment form*

Please type or print legibly.
Use only black ink or blue ink to complete paper form.
Online form can be accessed at www.iehp.org
Please allow 4 weeks for enrollment process which includes pre-note verification. If after 4 weeks you do not start receiving ERA files, you may contact the EDI Specialist Team at 909.890.2025 or send an email to EDISpecialist@IEHP.org.

For questions about the paper or electronic enrollment process, contact the EDI Specialist Team at 909.890.2025 or send an email to EDISpecialist@IEHP.org

Provider Information- **Please fill out completely**
Provider Name – Complete legal name of institution, corporate entity, practice, individual name or DBA, if applicable
Provider Physical Address – The number and street where a person or organization can be found
City – City associated with provider address field
State – ISO 3166-2 two character code associated with the state
Zip Code/Postal Code – System of postal-zone codes

Provider Identifiers
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) – A TIN or EIN is used to identify 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 HPI 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
Trading Partner ID – The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor

Provider Contact Information
Provider Contact Name – Name of contact in provider office for handling ERA issues
Provider Contact Title – Title of the contact for handling ERA issues
Provider Contact Telephone Number – Telephone number of provider contact with extension, if applicable
Provider Email Address – An electronic mail address at which the health plan might contact the provider
Provider Fax Number – A number at which the provider can receive 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
Provider's Tax Identification Number (TIN)
National Provider Identifier (NPI)

Method of Retrieval – Method in which provider will receive the ERA from the health plan

Clearinghouse Information
Clearinghouse Name – Official Name of the provider's clearinghouse
Telephone Number – Telephone Number of contact
Email Address – An electronic mail at which the health plan might contact the provider's clearinghouse

Reason for Submission – Must select from below
New Enrollment
Change Enrollment
Cancel Enrollment

Instructions for completing the *ERA Enrollment form*

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

Electronic/Written Signature of Person Submitting Enrollment – A (electronic or cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Title of Person Submitting Enrollment – The printed title of the person signing the form; may be used with electronic or paper-based manual enrollment
Submission Date – The date on which the enrollment form is submitted
Requested ERA Effective Date – Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advise (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.

Email the completed form to: EDISpecialist@IEHP.org

For questions about this form, please send an email to the EDI Unit at: EDISpecialist@IEHP.org

Researching Missing/Late Files
ERA files that have not been received after 4 business days of the corresponding EFT file can be researched by sending an email to the EDI Specialist Team at EDISpecialist@IEHP.org