



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
01/18/11 (FE,IE)
<http://www.rmhp.org/>

Rocky Mountain Health Plan (RMHM1) Enrollment Instructions – Professional/Institutional Claims and ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**Fax the Completed Form to Payer-
IT/EDI
970-244-7880**

837 - CLAIMS Provider Enrollment (New or Change of Service)

If the provider has NOT submitted claims electronically to this payer, Or, if the provider is currently submitting electronic claims to this payer and wishes to change their service, the provider must complete the following enrollment form:

1. Electronic Data Interchange Transaction Request Form (3 pages)

Complete Sections 1, 2 and 4.

Section 1- Put ✓ next to either "New" or "Change"

If "Change", Put ✓ next to type of service you are currently using to submit electronic claims.

Section 2- Complete by adding your Practice, Group or Facility information.

Under Provider/Group Profile, list Group Billing Provider and/or individual Billing Provider(s).

Include the Group or Individual Name, Tax ID # and NPI #

Section 4- Put ✓ for 837P (if sending prof claims) -Or- Put ✓ for 837I (if sending inst claims).

OPTIONAL: Put ✓ for 835 if the provider wishes to receive electronic remits.

835 - ERAs Electronic Remits (New or Change in Service)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the option is available on this form (this is the same form described above and used to enroll for 837-Claims).

1. Electronic Data Interchange Transaction Request Form (3 pages)

Complete Sections 1, 2 and 4.

Section 4- Put ✓ for 837P (if sending prof claims) -Or- Put ✓ for 837I (if sending inst claims).

Put ✓ for 835 if the provider wishes to receive electronic remits.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation of enrollment within 30 days after submitting your request, contact your reseller or support vendor for assistance. Or, you can call Rocky Mountain Health Plan direct to inquire about the status of your enrollment.
Western Slope providers: 970-244-7798 Front Range providers 303-689-7372*



Electronic Data Interchange Transaction Request Form

Section 1: Options

I would like to: New EDI Enrollment

Change: Clearinghouse Billing Service Billing Office Direct Submitter

Section 2: Office/Submitter Profile

Office Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Ext: _____ Fax: () _____

Contact Name: _____

Email: _____

Provider / Group Profile

| Name of Physician, Degree Hospital, or Group | Tax ID | NPI |
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Please attach additional providers if necessary.

Fax the completed form to 970-244-7880; Attention: IT/EDI.

Section 3: Electronic Claims Transmittal Report Contact

If data will be submitted to RHMP by a party other than the office, such as a clearinghouse or billing office, please specify below. Failure to specify a clearinghouse or billing office when applicable may result in incorrect EDI set-up and/or delay in EDI transmission to RMHP.

Office Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Ext: _____ Fax: () _____

E-Mail: _____

Contact Name: _____

Section 4: Inbound and Outbound Transmission Information

Please indicate which transaction type(s) you will be submitting:

Inbound 837P 837I

Please indicate if you wish to receive these outbound transmissions:

Outbound 835

997 Acknowledgement Yes No

