



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
10/24/2011 (IE, FE)

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## Medicaid - DELAWARE

### Enrollment Instructions - Professional 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 customer account setup
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider ID #s are valid. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the submitted paperwork, in case you need to follow up on your request.

#### MAIL COMPLETED FORMS TO-

Practice Insight, LLC  
Attn: Enrollment  
1 Greenway Plaza, Suite 350  
Houston, TX 77046

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

If the provider has NOT submitted electronic claims to this payer before, or if the provider wishes to request a CHANGE of SERVICE to authorize Practice Insight to submit claims the billing provider must complete and submit this form:

1. Delaware Title XIX Electronic Claim Submission Certification Statement (4 pages)  
Page 1 – Select Type of Authorization, Enter Billing Provider information.  
Page 3 – Enter Billing Provider Name, Billing NPI, and Taxonomy.  
Page 4 – Provider Signature Required. Do not sign under “Persons Authorized to Submit Claims Electronically.”

#### 835 - ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the billing provider must complete this form:

1. Delaware Title XIX Electronic Claim Submission Certification Statement (4 pages)  
Complete the same steps to submit 837-Claims.  
Page 3 – Put a ✓ Next to 835 ERA.

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#### ALLOW 2-4 WEEKS FOR PROCESSING

*If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call MCD DE Provider Relations at 302-454-7154.*

**DELAWARE TITLE XIX  
ELECTRONIC CLAIM SUBMISSION  
TRADING PARTNER AGREEMENT**

TYPE OF  
AUTHORIZATION:

Please specify:	New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
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Electronic Data Systems has developed, under authority granted by the State of Delaware Medicaid Program, a claim processing system to facilitate business transactions by electronically transmitting and receiving data in lieu of conventional paper-based documents.

This Agreement is made by and between the State of Delaware's Department of Health and Social Services, its fiscal agent, Electronic Data Systems (hereinafter referred to as EDS), and the undersigned provider (hereinafter referred to as Provider and/or Trading Partner):

Provider:	_____
NPI:	_____
Provider's Address:	_____ _____
Contact Person:	_____
Contact Phone:	_____
Email Address:	_____

1. EDS operates and maintains, under the authority of the Department of Health and Social Services, a paperless transaction system that allows providers to submit electronic transactions through the use of designated electronic media in compliance with current EDS electronic claim specifications and any revisions that may occur from time to time.
2. The Trading Partner agrees that it will complete, to the specifications and satisfaction of EDS, adequate testing appropriate to the electronic transactions it intends to submit, and further agrees that it will correct transaction errors or deficiencies as identified by EDS.
3. The Trading Partner attests that all services for which reimbursement will be claimed shall be provided in accordance with all federal and state laws pertaining to the Delaware Medical Assistance Program, and that all charges submitted shall not exceed the Provider's usual and customary charges for the same services and items provided to persons not entitled to receive benefits under the Delaware Medical Assistance Program.
4. The Trading Partner agrees that any payments made in satisfaction of claims submitted electronically will be delivered from federal and state funds and that any false claims, statements or documents, or concealments of a material fact may be subject to prosecution under federal and state law.

5. The Trading Partner shall allow EDS access to its claims data. Further, the Trading Partner shall take reasonable steps to insure that the claims data will be submitted only by authorized personnel.
6. The Trading Partner will institute and adhere to security procedures to prevent unauthorized access to data, data transmissions, security access codes, and any and all other private or protected data or records. Further, the Trading Partner will promptly notify EDS of any unlawful use or unintended disclosure of Protected Health Information or any unauthorized attempt to obtain access to or otherwise tamper with any protected data. In the event that any litigation arises concerning the unlawful or unauthorized disclosure or use of Protected Health Information, the Trading Partner will comply with requests for cooperation from EDS and the Department of Health and Social Services.
7. The Trading Partner agrees that electronic transmission of all data shall be in strict accordance with the standards set forth in this agreement; Electronic Claim Submission guidelines as put forth by EDS; and as defined by the Health Insurance Portability and Accountability Act. In the event that electronic transmission of data fails to comply with the above stated specifications, EDS may, with the approval of the Department of Health and Social Services, terminate this agreement upon written notice to the Trading Partner.
8. The Provider may modify its election to use, not use, or change a third-party service provider such as a billing agent or authorized vendor but understands that in the event that any such modification is made, it is incumbent upon the Provider to give written notice to EDS by submitting a new Trading Partner Agreement specifying that said change is being authorized. Regardless of any such change to a third-party service provider, all elements of this Trading Partner Agreement shall remain in effect and apply to all electronic transactions.
9. The Trading Partner understands and agrees that all other terms and conditions of participation in the Delaware Medical Assistance Program remain in effect and are unchanged by this Trading Partner Agreement.
10. Please specify if a billing agent or an authorized vendor will be used to submit claims:

BILLING AGENT	
Name of Agent:	_____
Address:	_____
Contact:	_____
Telephone:	_____

AUTHORIZED VENDOR	
Name of Vendor:	_____
Address:	_____
Contact:	_____
Telephone:	_____
Submitter ID:	_____



AUTHORIZATION TO SUBMIT ELECTRONIC CLAIMS

PROVIDER:

I hereby certify that I have examined this agreement and that the representations that are contained herein are true and correct. I hereby authorize the below stated individuals to submit electronic claims on my behalf to the State of Delaware Medicaid Program. I agree to notify EDS, in writing, of any changes to this agreement.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PERSONS AUTHORIZED TO SUBMIT CLAIMS ELECTRONICALLY:

I accept responsibility for the accuracy of electronic claims submitted to Medicaid and understand that any and all identification numbers used to submit electronic transactions are to remain confidential. I understand that failure to maintain confidentiality may result in falsified claims and may lead to criminal prosecution.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DEPARTMENT OF HEALTH AND SOCIAL SERVICES:

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

[Return Completed Form With Original Ink Signatures To:](#)

HP Enterprise Services  
Suite 100  
248 Chapman Road  
Newark, DE 19702