
Medicaid – INDIANA

Enrollment Instructions – Institutional and Professional Claims & 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.** Check to be sure provider IDs 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 submitting the forms. Keep copy of enrollment paperwork handy in case you need to follow up on your request.

FAX AND MAIL (HP Form and Provider's Release Letter) to-
Medicaid Indiana EDI Solutions Help Desk
Fax # - 317-488-5185

Mail: Original, completed and signed FORM and RELEASE LETTER (See mailing address on bottom of HP EDI Outbound Transactions Request Form).

837- CLAIMS Initial Provider Enrollment (New) -Or- Provider Re-Enrollment (Change of Service)

No 837 enrollment requirement. The provider can begin submitting electronic claims to Medicaid IN.

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

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete the following:

1. EDI Outbound Transactions Request (1-page form)

Notes: If billing Indiana Medicaid as a group, only list the group information.

If each provider bills Indiana Medicaid individually, each provider name and ID # is required and should be listed on this request. If Multiple locations with same NPI #, repeat NPI # with taxonomy and zip code for each service location.

2. Provider's Release Letter – See *SAMPLE LETTER on following page.*

Release Letter can be for a group of Providers with group Medicaid IN ID #. Or, if the request is for individual providers, there must be a RELEASE letter for each individual Medicaid IN provider.

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not receive confirmation within 30 days, contact your reseller for assistance or call HP EDI for Medicaid Indiana at 1-877-877-5182.



EDI OUTBOUND TRANSACTIONS REQUEST

Date	Trading Partner ID Used to Retrieve File(s)	Check one <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing company <input type="checkbox"/> Trading partner <input type="checkbox"/> Provider	
Company/Provider			
Street			Suite
City		State	ZIP Code+4 -
Telephone No. ()		E-mail Address	

Enroll these Indiana Health Coverage Programs (IHCP) providers to receive the outbound transaction files, as indicated.

Provider Name	LPI/NPI	Taxonomy	ZIP Code+4	Transaction Type	Signed Release
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LPI NPI		-	<input type="checkbox"/> 835 <input type="checkbox"/> 270/271 <input type="checkbox"/> 278	<input type="checkbox"/> Yes <input type="checkbox"/> No

For HP to permit this company to retrieve the outbound transaction files for the listed providers, release letters from each provider must be on file. The release letters must be signed and dated and contain the provider name, address, and provider number. The release letters must accompany a completed *EDI Outbound Transactions Request*. Fax or mail the completed forms to:

HP Indiana Title XIX
EDI Solutions Help Desk
950 N. Meridian St., Suite 1150
Indianapolis, IN 46204-4288
Fax: (317) 488-5185

If the forms are faxed to HP, the originals must be mailed to HP at the address indicated.

If this request is submitted by a provider for that same provider, this request, signed and dated, serves as the release letter.

Requestor Signature	Date
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SAMPLE

Note: If billing Indiana Medicaid as a group, only list the group information. If each provider bills Indiana Medicaid individually, each provider name and ID # is required and should be listed on this request.

(Use Provider's Letterhead)

(Date)

Attention: HP Indiana Title XIX
EDI Solutions Helpdesk
950 North Meridian Street, Suite 1150
Indianapolis IN 46204-4288

Subject: Provider's Release Letter to accompany –
EDI Outbound Transactions Request for 835 ERAs

The following providers would like to receive the 835 Electronic Remittance Advice through this clearinghouse submitter: Practice Insight, LLC Submitter # R327

Billing Provider Name (Group or Individual):
Billing Provider's Medicaid ID #:
Billing Provider's Address:

Sincerely,

Provider's Name
(Signature)
(Title)
Attached: HP EDI Outbound Transactions Request