



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms  
12/15/10 (NF, IE)

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**MVP Health Plan NY (14165)  
Preferred Care NY (PCNYO)  
Enrollment Instructions  
Professional/Institutional ERA only**

- ✓ **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.
- ✓ **Make 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 completed form direct to MVP HealthCare  
At fax #- 585-258-8071**

**835- ERAs Electronic Remittance Request (NEW and CHANGE OF SERVICE)**

To authorize Practice Insight to retrieve ERA files from this payer, the provider must complete these forms:

**1. MVP Health Care EDI Enrollment Form (1 page)**

SEE Practice/Facility Information    ENTER Billing Provider's information.  
SEE \*Payee ID    ENTER Billing Provider's Payee ID – (Required)  
SEE Name and NPI of Provider    ENTER Name and NPI for Billing Provider Group or Name and NPI for individual provider(s), only if billing "solo".  
SEE Contact Phone & Email (bottom of form)    ENTER requester's name, phone and email.

**2. Provider's Authorization Letter - Additional Requirement for "Change of Service" ONLY.**

SEE SAMPLE LETTER on the following pages. The letter must be on the Provider's stationery and should include all the information as shown on the SAMPLE letter.

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**ALLOW 2-4 WEEKS FOR PROCESSING**

If it has been over 30 days since request was submitted and the provider has not received confirmation or ERAs have not yet been received, contact your software support vendor for assistance or call MVP EDI Department at 877-461-4911.



MVP HEALTH CARE  
 EDI Enrollment Form  
[EDI@mvphealthcare.com](mailto:EDI@mvphealthcare.com)  
 Phone: 877-461-4911  
 Fax: 585-258-8071

Please allow 10 business days for processing.

**Enrollment Contact Information – Person to be notified when form has been processed**

Person to Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Organization Name: \_\_\_\_\_ Email: \_\_\_\_\_

Access ID (if known): \_\_\_\_\_

Choose **ONE** of the following:

- Clearinghouse/Trading Partner: Tax ID: \_\_\_\_\_  
 **NEW Direct Trading Partner: TESTING ONLY** Tax ID: \_\_\_\_\_

Transmission Method:

- FTP with PGP      SFTP        Internet

**Practice/Facility Information**

Name of Practice: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Practice Tax ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 Type of Practice:     Group     Solo     Facility

**835 \ ELECTRONIC REMITTANCE ADVICE \ ERA**

**Definition of Payee ID:** MVP Health Care generated number for the provider/ office/facility, located on the paper remittance and the paper check. **REQUIRED FOR ENROLLMENT**

**\*Payee ID:** \_\_\_\_\_

**Name and NPI of the Provider (all servicing providers)**

Name: \_\_\_\_\_ NPI \_\_\_\_\_  
 Name: \_\_\_\_\_ NPI \_\_\_\_\_  
 Name: \_\_\_\_\_ NPI \_\_\_\_\_  
 Name: \_\_\_\_\_ NPI \_\_\_\_\_

**\*Use another page if more than 4 providers are submitted.**

**HIPAA Transactions Sets – ANSI Format Only**

- 837I(UB)     837P (1500)     835 (Remit)     270/271 (Eligibility)     276/277 (Claim Status)

Software Vendor (direct partners, if known): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone & Email: \_\_\_\_\_

# SAMPLE

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

**(Use Provider's Letterhead)**

(Date)

Attention: MVP Health Care  
EDI Enrollment

Subject: Provider's Authorization Letter to accompany –  
MVP Health Care EDI Enrollment Form

The following providers would like to receive the 835 Electronic Remittance Advice through this clearinghouse submitter: Practice Insight, LLC Submitter # FTP00046

Please delete the ERA authorization for these provider numbers from our previous service bureau, (fill in name here).

Billing Provider Name (Group or Individual):  
Billing Provider's NPI #:  
Billing Provider's Tax ID #:  
Billing Provider's Payee ID :  
Billing Provider's Address:

Sincerely,

Provider's Name  
(Signature)  
(Title)  
Attached: MVP Health Care EDI Enrollment Form