



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
10/13/11 (IE)

Metropolitan Health Plan - (10850/52627) Availity Enrollment Instructions – Professional 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 COMPLETED FORMS TO-
Availity
972-383-6415

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

No Enrollment Necessary.

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 this form:

1. Conerstone Benefit Administrators, Metropolitan Health Plan & NorthStar Advantage (MHP) Electronic Remittance Advice Enrollment
Provider Signature Required

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since this request was submitted and ERAS are not being received, providers should contact their EDI support representative or reseller to inquire regarding status of the ERA enrollment. Resellers may contact Practice Insight, Enrollment Department for assistance.

**Conerstone Benefit Administrators,
Metropolitan Health Plan & NorthStar
Advantage (MHP)**



Electronic Remittance Advice Enrollment

To enroll with the Cornerstone Benefit Administrators, Metropolitan Health Plan, or NorthStar Advantage (MHP) to receive electronic remittance advice (835) files electronically via the Availity® Health Information Network, complete all fields on this page and fax the completed form to Availity, LLC at 972-383-6415. We will notify you via e-mail when we receive your forms.

Note: Do not send these forms to Metropolitan Health Plan. Availity will complete this step for you. Allow 10 business days for processing. Once approved, ERAs will automatically begin displaying in your ReceiveFiles mail box.

Availity Customer ID	<input type="text"/>		
NPI/UMPI	<input type="text"/>	Tax ID	<input type="text"/>
Contact Name	<input type="text"/>	Telephone Number	<input type="text"/>
E-mail Address	<input type="text"/>		
Provider Name	<input type="text"/>		
Provider Signature	<input type="text"/>	Date	<input type="text"/>

Notice: This signature must be that of an individual who is authorized to sign documents for the practice requesting this 835 enrollment.

Fax completed form to: **972.383.6415**

THIS TRANSMISSION IS A PROPRIETARY AND CONFIDENTIAL COMMUNICATION

The documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Thank you.