Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
6/30/2011 (IE)

Medicaid – Nevada
First Health Services Corporation
Enrollment Instructions – 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.** 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.

MAIL THE ORIGINAL, SIGNED AND COMPLETED FORMs TO-
First Health Services
EDI Coordinator
P O Box 30042
Reno, NV 894520-3042

837- Claim Submission (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, either directly or through another service company, and would like to submit through Practice Insight, the provider must complete the following form.

1. Medicaid Nevada - Service Center Authorization Form (1 page**)**
   Complete bottom section of form with provider information and authorized signature.

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. When completing the Medicaid Nevada Service Center Authorization Form (same form as for 837)--
   See section under “Authorize a Transaction”.
   Place a ✓ in the box next to “**Electronic Remittance Advice (835**)”
   Complete bottom section of form with provider information and authorized signature.

-AND- For Change of Service ONLY- (If you are already receiving ERAs via another Clearinghouse and you want to begin receiving ERAs via Practice Insight), the provider must complete:

2. On the Medicaid Nevada Service Center Authorization Form, See section under “**Terminate a Transaction**”.
   Place a ✓ in the box next to “**Electronic Remittance Advice (835)**.”
   At the right of the checkbox, write in the name of your previous Clearinghouse.

3. Letter on Provider stationery authorizing change of ERA receiver. (See sample letter on last page of this set of documents.)

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 First health Services edi dept. at 1-877-638-3472.

Service Center Authorization

Purpose: To authorize or terminate electronic transactions through a Service Center. A Service Center may be a clearinghouse or a provider business (direct submitter). Electronic transactions are processed only if authorized by the provider by use of this form. For Pharmacy transactions, contact the Technical Call Center at (800) 884-3238.

Mail this form to Magellan Medicaid Administration, EDI Coordinator, PO Box 30042, Reno, NV 89520-3042.

SERVICE CENTER SOURCE: Check one. Enter the business or clearinghouse name as appropriate.

☐ I will submit claims through a clearinghouse.

Clearinghouse Name:

MAGELLAN MEDICAID ADMINISTRATION USE ONLY

SC Code:

☐ I will submit claims directly from my business to Magellan Medicaid Administration (direct submitter).

Business Name:

AUTHORIZE A TRANSACTION: Check the box next to each transaction you wish to authorize.

I hereby authorize the Service Center named above to submit transactions on behalf of the provider until the provider notifies Magellan Medicaid Administration otherwise by use of this form.

☐ Eligibility Request/Response (270/271)
☐ Prior Authorization Request/Response (278/278)
☐ Claims Status Request/Response (276/277)
☐ Electronic Remittance Advice (835)*
☐ Professional claim (CMS-1500 claim: 837P)
☐ Institutional claim (UB-04 claim: 837I)
☐ Dental claim (Dental Claim: 837D)

* Paper remittance advices will cease 30 days after electronic remittance advices begin. Although multiple Service Centers may submit claims for one provider, only one Service Center can receive the electronic remittance advice.

TERMINATE A TRANSACTION: Check the box next to each transaction you wish to terminate.

I no longer authorize the Service Center named above to submit transactions on behalf of the provider unless the provider notifies Magellan Medicaid Administration otherwise by use of this form. (Enter the effective date below.)

☐ Eligibility Request/Response (270/271)
☐ Prior Authorization Request/Response (278/278)
☐ Claims Status Request/Response (276/277)
☐ Electronic Remittance Advice (835)
☐ Professional claim (CMS-1500 claim: 837P)
☐ Institutional claim (UB-04 claim: 837I)
☐ Dental claim (Dental Claim: 837D)

Effective date for termination of this transaction(s):

I understand that I am responsible for the information presented on claims that are submitted through the Service Center designated above and that all information presented on this authorization form is true, accurate, and complete. I further understand that payment and satisfaction of Nevada Medicaid and Nevada Check Up claims will be from federal and state funds and that false claims, statements, documents or concealment of material facts may be prosecuted under applicable federal and state laws.

Provider/Entity Name: ________________________________ Phone: ____________________

NPI/API *(one per form)*: ____

Federal Tax ID Number (or SSN): ____

Will you be submitting claims that have more than one payer (COB/TPL claims)? ☐ Yes ☐ No

Authorized Signature: ________________________________ Date: _____ / _____ / _____

(Type on Provider’s Letterhead)

Date

First Health Services
EDI Coordinator
P. O. Box 30042
Reno, NV 89520-3042

Dear EDI Enrollment:

The following providers wish to authorize **Practice Insight** to retrieve **Medicaid Nevada** ERA files:

Practice Insight   SC Code # **5204**

Billing Providers:

(provider name)   (provider’s NPI)

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

Thank you for your attention to this matter.

Sincerely,

(provider’s signature)

(provider name)