
Medicaid TEXAS

Texas Medicaid & Healthcare Partnership (TMHP)

Enrollment Instructions - Professional / Institutional 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. 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. Make a copy of the completed request in case you should need to follow up or resubmit.

FAX COMPLETED FORMS TO-
TMHP, EDI Help Desk
512-514-4228 or 512-514-4230

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

No Enrollment Necessary.

835 - ERAs Electronic Remittance Request (New)

(If provider is requesting to receive electronic remits for the FIRST TIME.)

1. **Electronic Remittance and Status (ER&S) Agreement (1 page) ON NEXT PAGE**
SEE "Set up Initially (first time)" should be checked.
SEE 2nd Section – Enter the Billing Provider's information.
SEE Bottom – Provider Signature Required with Title and Date.

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

(If the provider is requesting CHANGE OF SERVICE in receiving electronic remits.)

1. **Electronic Remittance and Status (ER&S) Agreement (1 page) ON PAGE AFTER NEXT**
SEE "CHANGE Production User ID" should be checked.
SEE 2nd Section – Enter the Billing Provider's information.
SEE See Bottom – Provider Signature Required with Title and Date

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 TMHP edi dept. at 1-888-863-3638.

Electronic Remittance and Status (ER&S) Agreement

Before your ER&S Agreement* can be processed, you MUST choose ONE of the following:

* These changes affect ONLY the ELECTRONIC version of the Remittance & Status Report. To make changes to the PAPER version of the R&S report, contact TMHP Provider Enrollment.

- Set up INITIALLY** (first time). Use Production User ID*: _____ (9 digits)
- CHANGE** Production User ID FROM: _____ (9 digits)
TO: _____ (9 digits)
- REMOVE** Production ID Remove: _____ (9 digits)

** The TMHP **Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Electronic Remittance & Status (ER&S) reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.

This information MUST be completed before your request can be processed.

| | | |
|--|------------------------|------------------------|
| Provider Name (must match TPI/NPI number) | Billing TPI Number | Provider Tax ID Number |
| Provider's Physical Address | Billing NPI Number | Provider Phone Number |
| Provider Contact Name (if other than provider) | Provider Contact Title | Contact Phone Number |

Do not complete this block UNLESS the ER&S will be downloaded by anyone OTHER than the provider.

| | |
|---|---|
| Name of Business Organization to Receive ER&S | Business Organization Phone Number |
| Business Organization Contact Name | Business Organization Contact Phone No. |
| Business Organization Address | Business Organization Tax ID |

Check each box after reading and understanding the following statements.

If you are unsure about anything that is stated below, contact the TMHP EDI Help Desk at (888) 863-3638.

All three statements must be checked before we can process your Electronic Remittance & Status Agreement.

- I (we) request to receive Electronic Remittance and Status information and authorize the information to be deposited in the electronic mailbox as indicated above. I (we) accept financial responsibility for costs associated with receipt of Electronic R&S information.
- I (we) understand that paper formatted R&S information will continue to be sent to my (our) accounting address as maintained at TMHP until I (we) submit an Electronic R&S Certification Request form.
- I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

Provider Signature

Date

Title

Fax Number

DO NOT WRITE IN THIS AREA — For Office Use

Input By: _____ Input Date: _____ Mailbox ID: _____
Effective Date 07302007/Revised Date 06012007



