



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
03/07/2011 (IE)

Medicaid - VIRGINIA ACS State Healthcare, LLC Enrollment Instructions – Professional Claims and 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 to make 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 submission. Place in a file that can be easily referred to, in case you should need to follow up on the enrollment request.

**FAX COMPLETED FORMS TO:
ACS State Healthcare, 1-888-335-8460**

837 CLAIMS Provider Enrollment (New) or (Change of Service)

Enrollment for electronic claim submission is no longer required.

835 ERAs Electronic Remittance Request (New)

If this is the FIRST TIME the provider is requesting ERAs from this payer, and the provider wishes to authorize Practice Insight to retrieve ERA files, the provider must complete this form.

1. **ACS, PROVIDER SERVICE CENTER AUTHORIZATION** (1 page)
 - Put ✓ for 30 60 90 or 120 (how many days to receive paper EOBS in addition to ERAs).
 - Skip down to bottom of form and ENTER Billing Provider information, signature, title and date.

835 ERAs Electronic Remittance Request (Change of Service)

If the provider HAS BEEN RECEIVING ERAs from this payer and the provider wishes to change their ERA service to cancel their 835 ERA enrollment with their current clearinghouse and authorize Practice Insight to retrieve ERA files, the provider must complete this form:

1. **ACS, PROVIDER SERVICE CENTER AUTHORIZATION** (1 page)
 - Put ✓ for 30 60 90 or 120 (how many days to receive paper EOBS in addition to ERAs)
 - Put ✓ for "I understand that only one service center can accept and process ..."
ENTER Name of Service Center to terminate (name of clearinghouse currently retrieving ERAs).
ENTER Effective Date (date when provider wants change of service to be in effect).
 - Skip down to bottom of form and ENTER Billing Provider information, signature, 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 ACS edi dept at 1-866-352-0766.



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Provider Service Center Authorization

Please review and check the block(s) which pertain to you:

Electronic remittance request (835):

I certify that I have authorized Service Center _____ to receive my electronic remittances (835) and that Service Center must have prior approval from ACS State Healthcare, LLC (ACS) to receive such electronic remittances. I also understand that I will continue to receive paper remittances **only** for the time period selected below after the electronic remittances start. **(If no time frame is selected below, the default is 60 days.)**

- 30 days**
 60 days
 90 days
 120 days

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center _____ effective on _____ for my 835s.

Claims Status Request/Response (276/277):

I certify that I have authorized Service Center _____ to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

* IF YOU DO NOT QUALIFY FOR A NPI AND ARE REQUESTING A NEW API IN YOUR ENROLLMENT PACKET, LEAVE THE NPI/API NUMBER BLANK AND IT WILL BE FILLED IN BY PROVIDER ENROLLMENT AFTER THE API IS ASSIGNED.

PROVIDER NAME NPI/API NUMBER

SIGNATURE DATE TELEPHONE NUMBER

PRINTED NAME TITLE

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Email to: Virginia.EDISupport@acs-inc.com or
 Mail Original to:
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