

---

## **Medicaid (MOLINA) - WEST VIRGINIA 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.
- ✓ **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-**  
Molina, 304-348-3380

### **837- CLAIMS Provider Enrollment (New) or (Change of Service)**

No EDI Enrollment required for submitting electronic claims.

### **835 – ERAs Electronic Remittance Request (New or Change of Service)**

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 files, the billing provider must complete this form.

#### **MOLINA Medicaid Solutions (one-page form)**

##### **See under “Providers”-**

##### **For “Provider or Group ID Number”**

ENTER: Provider Name and MCD W VA Provider # for the Billing  
Provider Group, or for the individual provider, if billing “solo”.

##### **For “Authorization required Name and Number”**

ENTER: An individual contact name and phone number for the Billing  
Provider and for “**Date**” ENTER Effective date for request.

---

## **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 Molina edi dept at 1-888-483-0793.*



May 1, 2010

In order for you or a third party to receive the 835 report, please complete the following.

**Providers:**

Provider or Group ID Number: \_\_\_\_\_

The submitter ID you want to receive the 835: \_\_\_\_\_

The name of the Provider or Third Party receiving the 835: \_\_\_\_\_

**Pharmacies only:**

The submitter ID that you want to receive the 835 for DME Supplies: \_\_\_\_\_

The submitter ID that you want to receive the 835 for Prescriptions: \_\_\_\_\_

*\* If you want to receive an 835 for prescriptions only please write none beside DME Supplies.*

The 835 will give information pertaining to the 837's that were processed. The 835's will contain the total charges and total payments. This report will not give edit reasons, denial or pended reasons. The providers can use the 835's to post all transactions to their accounts. The receiver of the 835's will need to have compatible software to download the 835's.

Please call the EDI Help Desk 888-483-0793 option 6 if you have any questions or if you need help completing this form.

Authorization required Name and Number: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

EDI Help Desk  
West Virginia Medicaid Project  
**Molina**

---

**THIS COMMUNICATION MAY CONTAIN CONFIDENTIAL AND/OR OTHERWISE PROPRIETARY MATERIAL** and is thus for use only by the intended recipient.

If you received this in error, please contact the sender and appropriately dispose of the facsimile and/or delete from all computers.