



emdeon™
business services

Emdeon Enrollment Guide

Nov 2 2012

Enrollment 1-2-3

Enrollment on Emdeon's systems is required to set up your system with access to the payers and transactions you need. Enrollment at Emdeon consists of two distinct processes, Setup and Payer Registration that can be broken down into 3 basic steps. This may include both Emdeon Enrollment (Set up) and Payer Enrollment/ Registration

Step 1 - Check the Payer List to determine if the transaction type you are interested in is available from the payers desired. The Payer List will also indicate what, if any, Payer enrollment is required. You will need the Payer ID(s) to fill out the PSF in step 2.

Step 2 - Emdeon Enrollment is accomplished with Provider Setup Forms (PSF) available for Batch Claim transactions and ERA's. Select the form from the Emdeon Setup Forms drop-down box that applies to your transactions.

- Batch Claims Provider Setup Form - new enrollments, additions to existing enrollments
- ERA Provider Setup Form – new enrollments for remittance files
- If changes are needed to your enrollment information please complete the appropriate form from the Emdeon Setup Forms drop-down list for your transaction types:
 - Batch Claims Change/Delete Form(ACD/CDF) - Changes to or deletions from existing enrollments
 - ERA Add/Change/Delete Form(ACD/CDF) – additions, changes or deletions to existing ERA enrollments

Step 3 - Payer Agreements are needed when payers require a separate enrollment process. As a service to our customers, Emdeon provides these agreements and will forward complete forms to the Just select the transaction type from the Payer Enrollment Forms drop-down list, then locate the payer name on the resulting page.

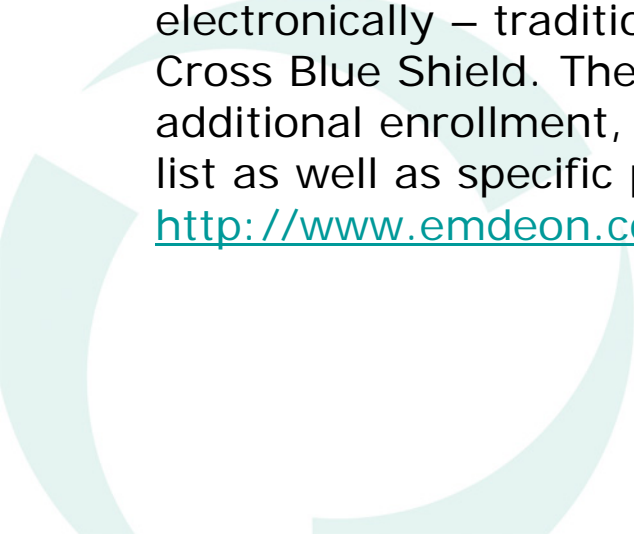
Enrollment Overview



Setup:

- The process of enrollment with Emdeon. This consists of entering information on Emdeon processing systems which enables a submitter to send and receive claims and ERA information electronically through Emdeon. Provider Setup Forms (PSF) and CDF (Change Delete Form) forms are used to enroll with Emdeon.

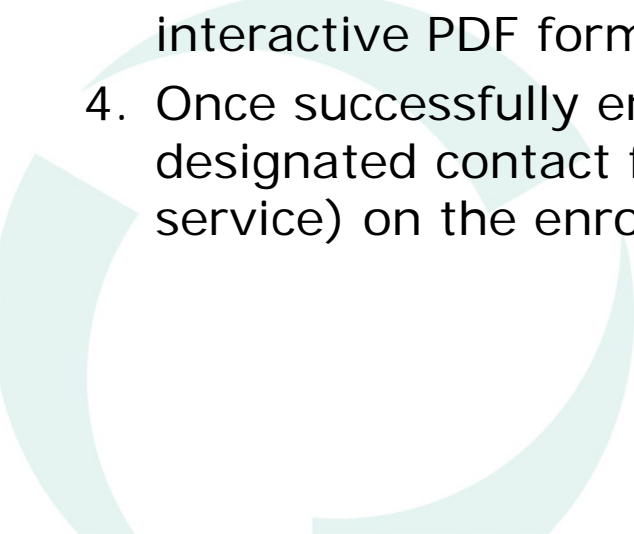
Payer Registration:

- The process of enrollment with payers. Payer registration is only necessary for payers that require additional enrollment prior to receiving claims electronically – traditionally payers such as Medicare, Medicaid and Blue Cross Blue Shield. The Emdeon Payer List indicates which payers require additional enrollment, often in the form of an agreement. The Emdeon Payer list as well as specific payer forms and requirements can be found at <http://www.emdeon.com/enrollment>.
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Enrollment



Setup

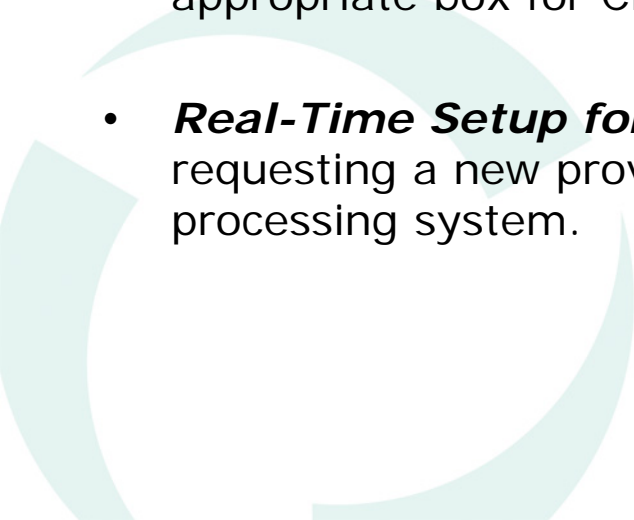
1. Enrollment forms can be submitted via email at batchenrollment@emdeon.com or via fax: 615-885-3713.
 2. The forms are tracked, sorted and distributed for processing. The Enrollment Team enters the enrollment information into the Emdeon enrollment systems. If the enrollment cannot be completed with the information provided, notification is sent to the client via email.
 3. Setups (PSF, CDF, and COV forms) are typically processed in less than three business days of receipt. Forms are available online in an interactive PDF format at www.emdeon.com/enrollment .
 4. Once successfully enrolled, a Confirmation is sent via email to the designated contact for correspondence (provider, vendor, or billing service) on the enrollment form.
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Enrollment Forms Continued - Claims

- **Claims Provider Setup Form (PSF)** The Claims PSF is used to enroll a new provider, group, or facility in on Emdeon's batch claims processing systems.
- **Claims, Change Delete (CDF)** form. These forms are used to change, or delete a provider, group, or facility in Emdeon's enrollment systems after the initial provider setup form has been received. Be sure to complete the existing information on the CD on the left side and *only* the new or changing information on the right side of the form. Also check the appropriate box for Change or Delete.
- **Change of Vendor letter (COV)** The COV is a letter submitted to Emdeon on the provider's letter head authorizing Emdeon to change the customer's existing vendor information. A Change of Vendor Letter is required when a provider or site changes from their existing Emdeon certified vendor to a new Emdeon certified vendor, or chooses to submit directly. A new Provider Set up Form or Change Delete form must be submitted with the COV. This letter does not require original signature however it must be signed, so it may be faxed or emailed with a PSF. This template can be found on our website. www.emdeon.com/enrollment.

Enrollment Forms Continued – ERA & RT



- **ERA PSF** The ERA PSF is used to add a new provider, group, or facility to Emdeon's Electronic Remittance Advice processing systems.
 - **ERA CDF** The ERA CD is used to change, or delete an existing provider, group, or facility on Emdeon's Electronic Remittance Advice processing systems after the initial provider setup form has been received. Be sure to complete the existing information on the left side and *only* the new or changing information on the right side of the form. Also check the appropriate box for Change or Delete.
 - **Real-Time Setup form** The Real Time Setup form is required when requesting a new provider, group, or facility be setup on Emdeon's real time processing system.
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Claims – Set Up Forms

Emdeon Claims Provider Setup Form		Email: batchenrollment@emdeon.com Fax: (615) 885-3713	
1 Provider Organization			
Practice/Facility Name			
Provider Name			
Provider Specialty Code		Tax ID	Site ID
Practice/Facility Provider Address		Street	
		City	State Zip Code
Contact Name		Contact Phone Number	
2 Vendor (Emdeon Certified Vendor used to submit files to Emdeon)			
Vendor Name			
Vendor Submitter ID			
Contact Name		Contact Phone Number	
3 Report Method			
TSO ID		Communication Protocol/Output	
Report Type Repository Report Options.pdf Human Read Spocsv.pdf		Report Format	
4 Payer			
M = Medical <input type="checkbox"/>		H = Hospital <input type="checkbox"/>	
Please list additional payers below Check the Emdeon Payer List to see if additional enrollment is required at: http://www.emdeon.com/PayerLists/payerlists.php			
Payer ID	Group ID	Individual ID	NPI ID
5 Confirmations (Enter E-mail address)			
Confirmations (Enter E-mail address)			

Revised 05/27/2009

Emdeon Claims Provider Setup Form

Section 1 - Provider Organization Practice / Provider Information and Demographics

NPI National Provider Identifier issued by CMS consisting for 10 digits.

Specialty Code 3 digit code which identifies the type of practice for a provider.

Tax ID/SSN 9 digit numeric that is specific to each facility or provider.

Site ID 4 character code that identifies the provider/group for submission of claims and distribution of reports. The Site ID is assigned by you Emdeon certified vendor.

Section 2 – Vendor Vendor Demographics

Submitter ID 9 digit field assigned to your Emdeon certified Vendor.

Section 3 – Report Method

TSO ID 4 digit character that identifies the site on the Emdeon system. The TSO's are required and assigned by your Emdeon certified vendor.

Communication Protocol/Output Choose the type of protocol used to submit claims to Emdeon.

Report Type This will be supplied by your Emdeon Certified Vendor

Report Format This will be supplied by your Emdeon Certified Vendor

Section 4 – Payer

Identify Medical or Hospital

Payer ID For information on specific payers, please see the Emdeon payer list at: <http://www.emdeon.com/PayerLists/payerlists.php>.

Provider ID and Group ID This is the provider ID assigned by the payer to send claims electronically.

NPI ID National Provider Identifier issued by CMS consisting for 10 digits.

Claims – Set Up Forms

Emdeon Claims Change & Delete Form				Email: batchenrollment@emdeon.com Fax: (615) 885-3713	
1 Current Enrollment Information					
Practice/ Facility Name					
Provider Name		Client ID			
Submitter ID		Tax ID		Site ID	
Address		City		State/Zip	
Phone		Email		TSO	
2 Confirmations					
Send Emdeon Claim Change/Delete Confirmations To:					
3 Changes/Deletions to Current Enrollment Information					
Section of PSF	Specific Field of PSF	Change or Delete	New Information		
Provider Organization					
Vendor					
Product Type					
Payer					

Claim CDF Created 10/08

Emdeon **CLAIMS** Change & Delete Form

Section 1 Current Enrollment Information

List all of the information that is CURRENTLY set up in Emdeon's systems.

Practice/Facility Name

Client id Claim Master clients only

Submitter ID 9 digit field assigned to your Emdeon certified Vendor.

Tax ID/SSN 9 digit numeric that is specific to each facility or provider.

Site ID 4 character code that identifies the provider/group for submission of claims and distribution of reports. The Site ID is assigned by you Emdeon certified vendor.

TSO ID 4 digit character that identifies the site on the Emdeon System. The TSO's are required and assigned by your Emdeon certified vendor.

Section 2 Confirmation Information

Confirmations will be sent to the email address provided in this section.

Section 3 Changes/Deletions to Current Enrollment Information

Change This will update the information selected to the new information listed on the form under *New Information*.

Delete The information currently in the system will be deleted from the selected field.

ERA - Setup Forms

Emdeon ERA Provider Setup Form								Email: batchenrollment@emdeon.com		Fax: (615) 885-3713	
1 Provider Organization											
Practice/Facility Name				Tax ID							
Practice/Facility Address		City		State		Zip Code					
Contact Name				Contact Phone Number							
2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)											
Vendor Name				Submitter ID							
Contact Name				Contact Phone Number							
3 ERA Receiver											
Receiver ID											
Distribution Method <small>(Must list one method)</small>		Distribution									
4 Payer (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) <small>***Following Payers MUST have Legacy ID's listed to complete Payer Enrollment: SB585-SB690-SB766-SKAR0-SKMDD-SMM50-SMMT0***</small>											
Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID				
5 Confirmations (Enter E-mail address)											
Confirmations (Enter E-mail address)											

Revised 10.23.2008

Emdeon ERA Provider Setup Form

Section 1 Provider Organization Practice / Provider Information and Demographics

Tax ID/SSN 9 digit numeric that is specific to each facility or provider.

Section 2 Vendor Vendor Demographics

Submitter ID 9 digit field assigned to your Emdeon certified Vendor.

Section 3 ERA Receiver

Receiver ID 9 digit numeric that will receive the Electronic Remittance Advice. (May be the same as the Tax ID)

Distribution Method This is how you will receive your file via a mailbox, select which format you will be using.

Section 4 Payer

Payer ID For information on specific payers, please see the Emdeon payer list at:

<http://www.emdeon.com/PayerLists/payerlists.php>.

Provider ID and Group ID This is the provider ID assigned by the payer to send claims electronically.

NPI National Provider Identifier issued by CMS consisting for 10 digits.

Section 5 Confirmations Confirmations will be sent to the email address provided in this section.

ERA - Setup Forms (ERA Merge Group)

Emdeon ERA Merge Group
Provider Setup Form

Email: batcherrollment@emdeon.com Fax: (615) 885-3713

1 Provider Organization				
Provider Name		Tax ID		
Provider Address	City	State	Zip Code	
Contact Name	Telephone			
2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)				
Vendor Name	Submitter ID			
Contact Name	Telephone			
3 Receiver				
Receiver ID				
How do you want your Era file split?	<input style="width: 100%;" type="text"/>			
Distribution Method <small>(Must list one method in the distribution field below)</small>	<input style="width: 100%;" type="text"/>		Default Distribution	
4 Payers (if additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.)***Following Must have Legacy ID's listed to complete Payer Enrollment: SE580-SB690-SB760-SKARO-SKMDD-SMMSD-SMMTD****				
Payer ID	Group ID	Individual ID	NPI	Distribution <small>(list if using option other than default)</small>
5 Send Confirmations To:				
Send Confirmations To:				

ERA Merge Group Provider Setup Form Revised 10/08

Emdeon ERA Merge Group Provider Setup Form

Section 1 Provider Organization Practice / Provider Information and Demographics

Tax ID/SSN 9 digit numeric that is specific to each facility or provider.

Section 2 Vendor Vendor Demographics

Submitter ID 9 digit field assigned to your Emdeon certified Vendor.

Section 3 ERA Receiver

Receiver ID 9 digit numeric that will receive the Electronic Remittance Advice. (May be the same as the Tax ID)

How do you want your Era file split? Choose how you wish your files to be split.

Distribution Method This is how you will receive your file via a mailbox, select which format you will be using.

Section 4 Payer

Payer ID For information on specific payers, please see the Emdeon payer list at:

<http://www.emdeon.com/PayerLists/payerlists.php>.

Provider ID and Group ID This is the provider ID assigned by the payer to send claims electronically.

NPI National Provider Identifier issued by CMS consisting for 10 digits.

Section 5 Confirmations Confirmations will be sent to the email address provided in this section.

ERA – Setup Forms (CHANGE & DELETE)

Emdeon ERA Change & Delete Form

Section 1 Current Enrollment Information

List all of the information that is CURRENTLY set up in Emdeon's systems.

Receiver ID 9 digit numeric that will receive the Electronic Remittance Advice. (May be the same as the Tax ID)

Submitter ID 9 digit numeric assigned to your Emdeon certified Vendor.

Tax ID/SSN 9 digit numeric that is specific to each facility or provider.

Emdeon ERA Product This is how you will receive your file via a mailbox.

Format Request The format in which you want to receive your ERA's.

Merge Group Required If you require your files to be split you will choose yes for merge.

Section 2 Confirmation Information

Confirmations will be sent to the email address provided in this section.

Section 3 Changes/Deletions to Current Enrollment Information

Change This will update the information selected to the new information listed on the form under *New Information*.

Delete The information currently in the system will be deleted from the selected field.

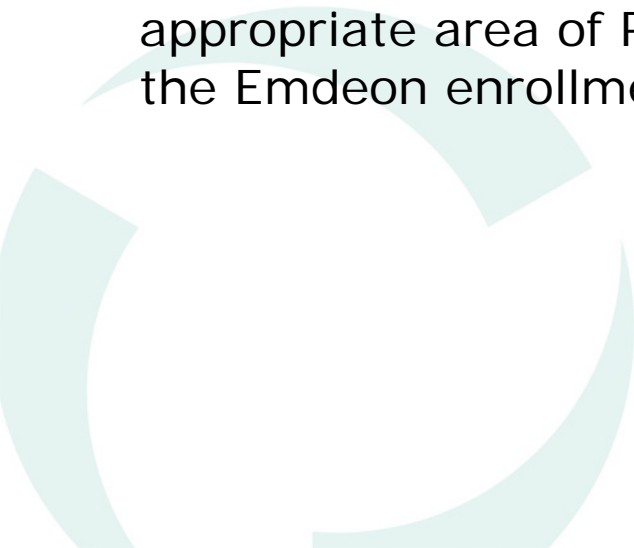
Emdeon ERA Change & Delete Form				Email: batchenrollment@emdeon.com Fax: (615) 885-3713	
1 Current Enrollment Information					
Practice/ Facility Name					
Provider Name				NPI ID	
Receiver ID		Submitter ID		Tax ID	
Address		City		State/Zip	
Phone		Email			
Distribution Method			Distribution Detail		
2 Confirmations					
Send Emdeon Claim Change/Delete Confirmations To:					
Notes					
3 Changes/Deletions to Current Enrollment Information					
Section of PSF	Specific Field of PSF	Change or Delete	New Information		
Provider Organization					
Vendor					
Product Type					
Payer					

ERA CDF Created 1/08

Enrollment – Payer Registration



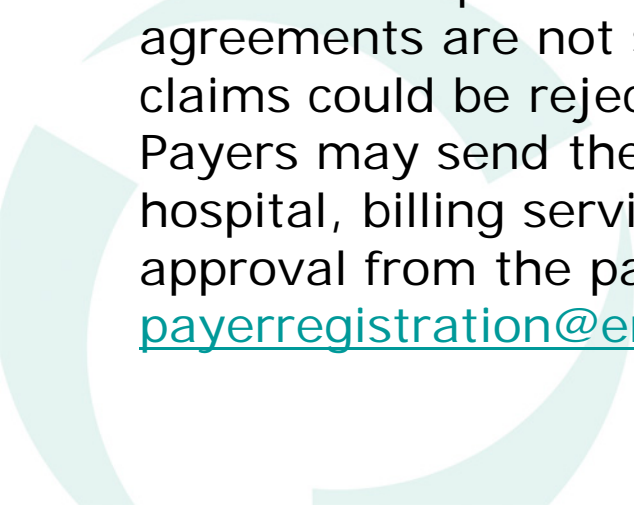
Payer Registration Forms

1. Payer Agreements are obtained by logging onto our website at <http://www.emdeon.com/enrollment>. Agreements should be submitted to Emdeon according to the instructions on the Emdeon Agreement Cover Page included with each Agreement.
 2. Once received, the forms are tracked, sorted and distributed to the appropriate area of Payer Registration for validation and entry into the Emdeon enrollment systems.
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Enrollment



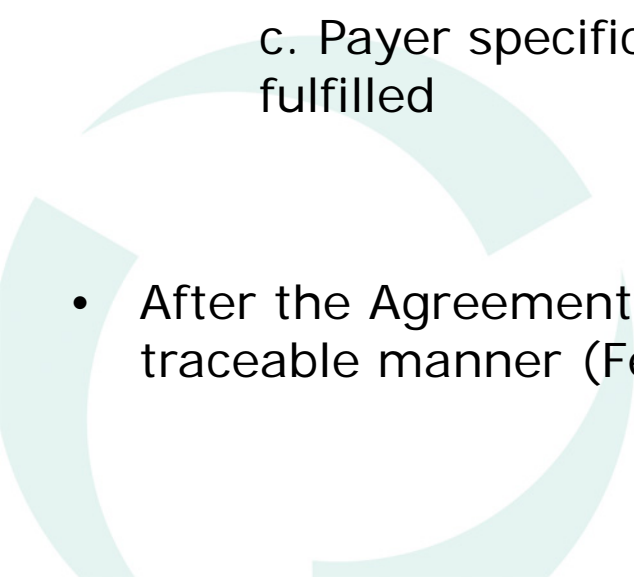
Payer Enrollment Forms

- ***Payer Agreement*** - Payer Agreements are forms required by the payer for enrollment. Payer agreements may be found at www.emdeon.com/enrollment under Payer Registration.
 - ***Payer Approval*** - Payer Approval is the notice sent from the payer advising that a client may begin to submit claims. These approvals are required in the payer systems **AND** Emdeon's systems in order for claims to process successfully. If payer approvals for those agreements are not set up correctly at the payer and Emdeon, claims could be rejected. Many payers handle approvals differently. Payers may send the approval to the provider, group, vendor, hospital, billing service, clearing house. If you receive notification of approval from the payer, please submit a Provider Approval form to payerregistration@emdeon.com or fax to 1-615-885-3713.
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Enrollment



Payer Registration

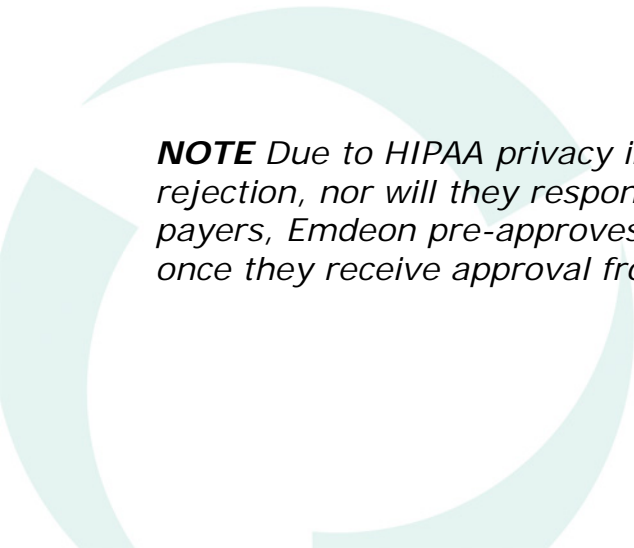
- Agreements are validated within one to four business days of receipt. Emdeon reviews the agreement for payer specific criteria:
 - a. The Agreement Cover Page is populated with all required information.
 - b. The Agreement is the correct version and all required information (signatures, dates, and ID's) is populated.
 - c. Payer specific requirements (such as original signatures) are fulfilled
 - After the Agreement is validated, it is forwarded to the payer in a traceable manner (FedEx) except for payers that have a P.O Box.
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Enrollment



Pending Approval Follow-Up

Agreements that are submitted to the payer by Emdeon but not approved within the expected turn around time are monitored by Enrollment. Enrollment contacts payers to verify approval status as soon as the normal turn around time is exceeded. Emdeon has no control over the processing time at the payer.

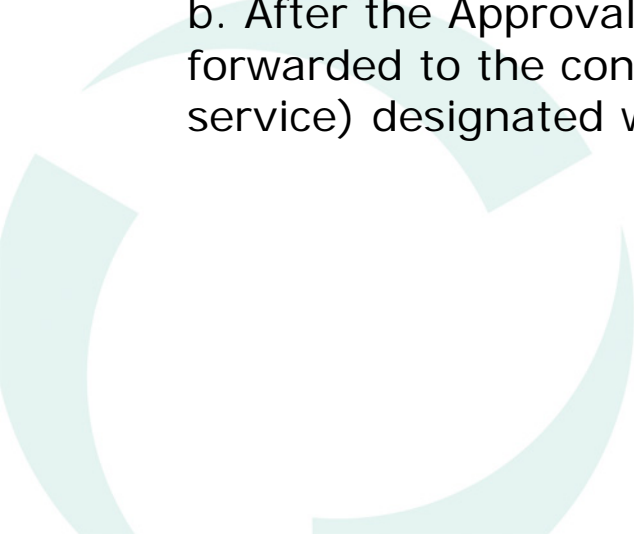


NOTE Due to HIPAA privacy interpretations, some payers do not notify Emdeon of provider approval or rejection, nor will they respond to status inquiries from Emdeon on behalf of providers. For these payers, Emdeon pre-approves the enrollment in our system so that the provider can begin submitting once they receive approval from the payer directly.

Enrollment



Payer Approval Processing

- Payer Approvals received by the provider/group must be submitted to Emdeon for processing. The approvals should be submitted via email to payerregistration@emdeon.com or faxed to 615-885-3713.
 - Payer Approvals are tracked, sorted and distributed to the appropriate area of Payer Registration to enter into the Emdeon systems.
 - a. The Approval is updated in the appropriate production system within five business days of receipt
 - b. After the Approval has been processed, an Approval Notification is forwarded to the contact for correspondence (provider, vendor, and billing service) designated within EBS systems.
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Enrollment



Enrollment Support

- **For Status of a Pending Enrollment or Approval**, or if you have questions or issues with an existing enrollment, please contact Customer Solutions at the number below.
 - In order for us to effectively serve you, you must contact Customer Service initially to obtain a case number or open a 24/7 case before escalating issues to Enrollment directly. To contact Customer Service call **1-866-924-4634**.
 - **To obtain payer registration requirements and agreements via the web:** <http://emdeon.com/enrollment>
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