

Agreement to Send Electronic Colorado Rocky Mountain Health Plans Claims

This agreement must be completed and approved by Rocky Mountain Health Plans prior to sending electronic Rocky Mountain Health Plans claims through ENS.

Instructions for completing this form:

1. Complete one agreement for each Tax ID. Complete the EDI Transaction Request Form.

Section 1 Select the options for new enrollment or to change billing/clearinghouses.

Section 2 Complete the Office/Submitter Profile, provider/Group Profile.

Section 5 please fills out this portion if you want to receive reports that are rejected or accepted. You must fill out your name and email address in order to receive these reports from RMHP.

- Fax the Agreement to: 877-630-2064
Electronic Network Systems
ATTN: Enrollment Dept.
1755 Telstar Drive, Suite 400
Colorado Springs, CO 80920

Electronic Data Interchange Transaction Request Form

Section 1: Options

I would like to: New EDI Enrollment
 Change: Clearinghouse Billing Service Billing Office Direct Submitter

Section 2: Office/Submitter Profile

Office Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ Ext: _____ Fax: () _____
 Contact Name: _____
 Email: _____

Provider / Group Profile

Name of Physician, Degree Hospital, or Group	Tax ID	NPI

Please attach additional providers if necessary.

Fax the completed form to 970-244-7880; Attention: IT/EDI.

Section 3: Electronic Claims Transmittal Report Contact

If data will be submitted to RHMP by a party other than the office, such as a clearinghouse or billing office, please specify below. Failure to specify a clearinghouse or billing office when applicable may result in incorrect EDI set-up and/or delay in EDI transmission to RMHP.

Office Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Ext: _____ Fax: () _____

E-Mail: _____

Contact Name: _____

Section 4: Inbound and Outbound Transmission Information

Please indicate which transaction type(s) you will be submitting:

Inbound 837P 837I

Please indicate if you wish to receive these outbound transmissions:

Outbound 835

997 Acknowledgement Yes No

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **Provider/Practice Name as pre-enrolled with the insurance payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payor”.**
- **Provider email address where you can be notified of setup completion.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**