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**Submit the completed Payer Request Form to:**

Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

## INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

**Note:** Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

**IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.**

If you have more than ten payers to enroll, please make additional copies of this form.

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**Questions or need assistance?**

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

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**INSTRUCTIONS**

Complete one form per TAX ID.

**PROVIDER BILLING INFORMATION**

Please type your responses directly into the form. Please check:  New Request  Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: (  )  Fax: (  )  Email:

Group/Provider Name:

Please check for designation:  Professional  Institutional

Billing Tax ID:  Indicate  TIN/EIN  SSN Billing NPI:

Street Address:

City:  State:  Zip:

Name of Authorized Signee:

Title of Authorized Signee:

**PAYER INFORMATION**

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

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## INSTRUCTIONS

- Providers must now complete ERA enrollment requests for Indiana Medicaid via an online portal, the Web interChange.
- PLEASE NOTE: Follow Medicaid's instructions exactly to set up your Web interChange account. Inovalon is not able to set up your account for you. Providers must set up their own account.
- Contact Medicaid for assistance regarding any of the Indiana Medicaid ERA enrollment process; Inovalon does not have access to this information.
- If you do not have a User ID and password for the Web interChange please view Medicaid's instructions and requirements to create one by visiting:  
<https://portal.indianamedicaid.com/hcp/provider/Home/tabid/135/Default.aspx> click on **Provider Enrollment**.
- If you have already created a Web interChange provider account, visit <https://portal.indianamedicaid.com/hcp/provider/Home/tabid/135/Default.aspx> to log in.
- Per Medicaid's EDI FAQ, you can setup ERA in your Web interChange:
  - Q. How do I get set up for the 835 transaction? I am already set up for 837.
  - A. Providers can initiate the 835 electronic Remittance Advice (ERA) enrollment by making updates to their provider profiles on Web interChange. Use the ERA/835 tab of Provider Maintenance of Web interChange to enroll, change, or delete an 835 setup. The change is effective immediately.
- If required, Inovalon uses Medical Claim Corp's Trading Partner ID R548.

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