
Submit the completed Payer Request Form to:

Inovalon Enrollment
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.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or 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

Medicaid Virginia ERA Enrollment Portal Instructions:

Clearinghouse Name: Medical Claim Corp

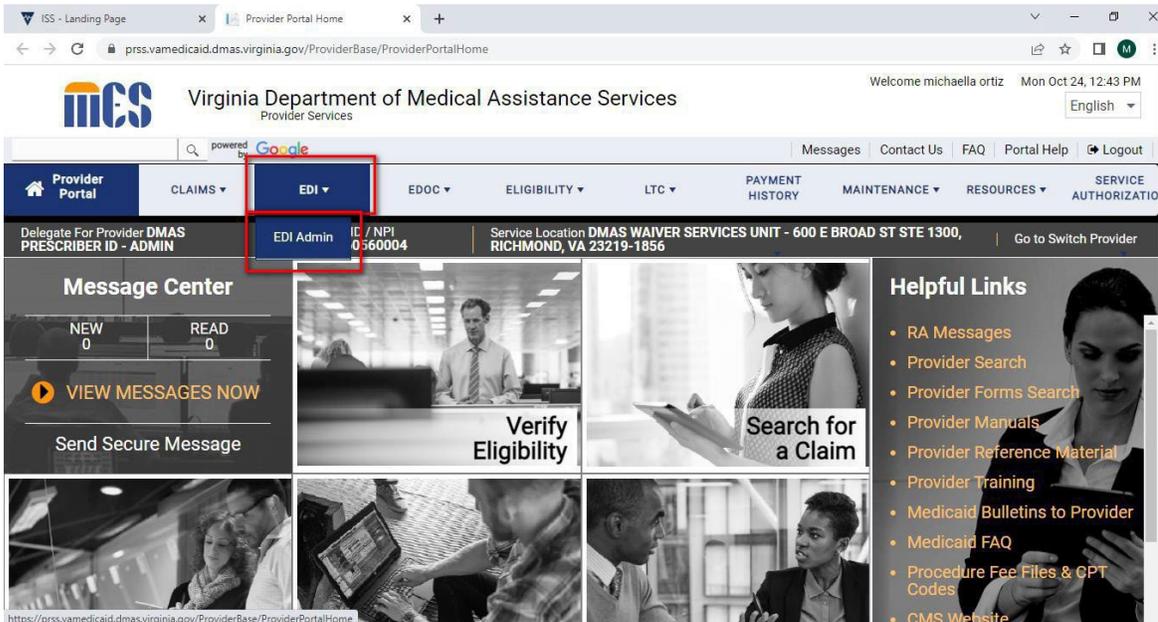
Trading Partner ID: 1392

Click on the link below

<https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>

For Remittance:

1. Login
2. Go to provider at top of page
3. Drop down to Provider Enrollment
4. Go to EDI and click on EDI Admin



The screenshot displays the Provider Portal interface. At the top, there is a search bar and navigation links for Messages, Contact Us, FAQ, Portal Help, and Logout. The main navigation menu includes options like CLAIMS, EDI (highlighted with a red box), EDOC, ELIGIBILITY, LTC, PAYMENT HISTORY, MAINTENANCE, RESOURCES, and SERVICE AUTHORIZATION. Below the menu, there is a section for 'Message Center' with 'NEW 0' and 'READ 0' indicators, and a 'VIEW MESSAGES NOW' button. To the right, there are 'Verify Eligibility' and 'Search for a Claim' buttons. The 'Helpful Links' section lists various resources such as RA Messages, Provider Search, Provider Forms Search, Provider Manuals, Provider Reference Material, Provider Training, Medicaid Bulletins to Provider, Medicaid FAQ, Procedure Fee Files & CPT Codes, and CMS Website.

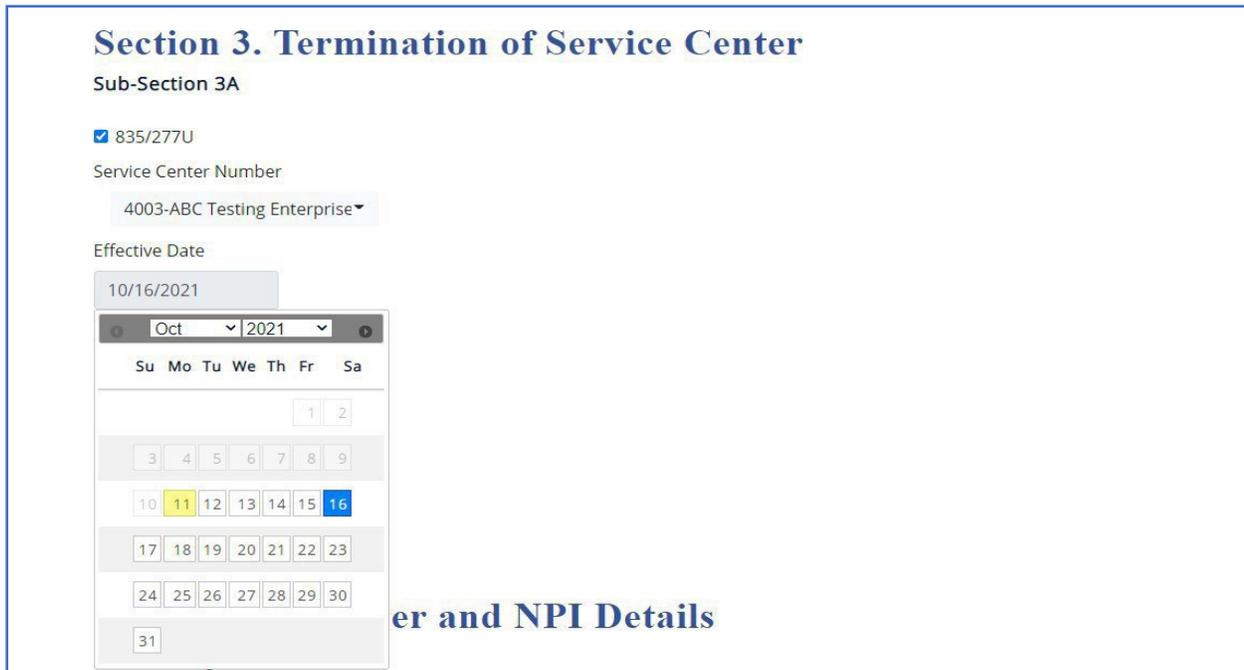
Questions or need assistance?

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If your facility is currently receiving Medicaid of Virginia ERAs from a trading partner, you will need to complete the following steps to terminate that authorization before authorizing Ability to receive your facility's ERAs. If not, then you can proceed to the steps to authorize Ability as your trading partner.

Terminate Authorization of a trading partner for 835 transactions

1. Select a Service Center from the dropdown in section 3A, check 835/277U checkbox and user should select effective date for this change. Effective date field will only accept value greater than or equal to today's date.



Section 3. Termination of Service Center

Sub-Section 3A

835/277U

Service Center Number

4003-ABC Testing Enterprise

Effective Date

10/16/2021

Oct 2021

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

er and NPI Details

Figure 9: SCENARIO 3 – Terminate 835/277U

2. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue.

Section 4. Provider and NPI Details

Provider/Delegate Name

Date

Primary Phone Number

NPI Number*

Email

Acknowledgement
 I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Figure 10: SCENARIO 3 – Provider and NPI Details

3. Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

Service Center (Transactions) Authorization Form

Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

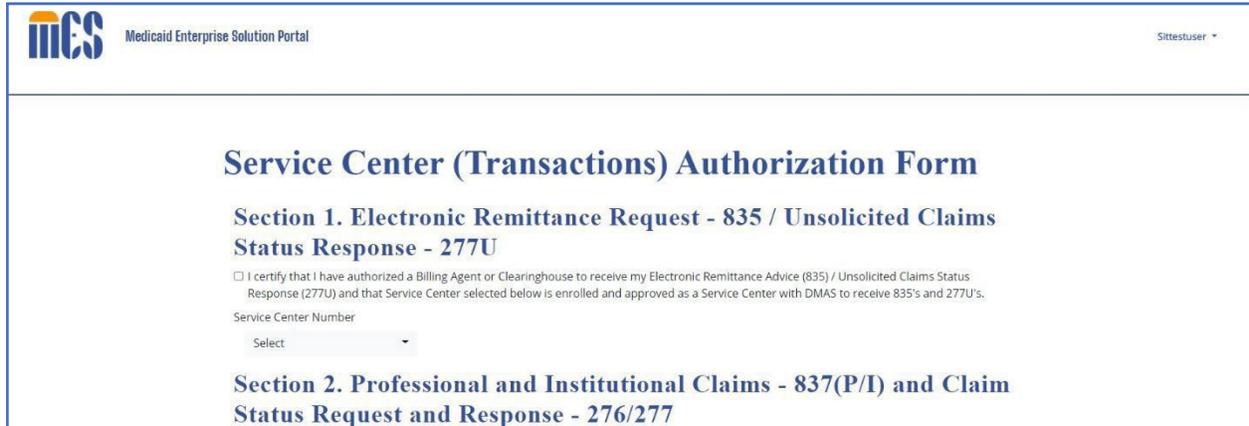
Figure 11: SCENARIO 3 – Successful Confirmation Message

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

EDI Provider Authorization Functionality for 835 transactions

1. Access and open EDI Service Center (Transactions) Authorization form.



mcs Medicaid Enterprise Solution Portal Sittestuser

Service Center (Transactions) Authorization Form

Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

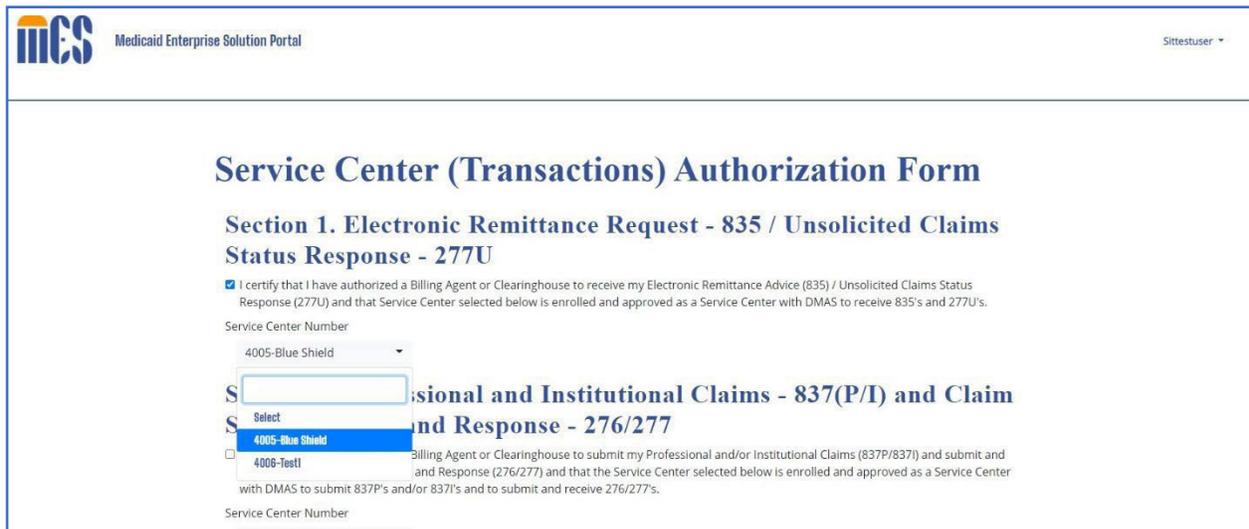
Service Center Number

Select

Section 2. Professional and Institutional Claims - 837(P/I) and Claim Status Request and Response - 276/277

Figure 1: SCENARIO 1 – Provider EDI Authorization page

2. Select a Service Center from the prepopulated dropdown list in Section 1 and check the checkbox of Section 1 to continue. **Please select 1392 Medical Claim Corp as your service center.**



mcs Medicaid Enterprise Solution Portal Sittestuser

Service Center (Transactions) Authorization Form

Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Service Center Number

4005-Blue Shield

Select

4005-Blue Shield

4006-Testl

Section 2. Professional and Institutional Claims - 837(P/I) and Claim Status Request and Response - 276/277

Billing Agent or Clearinghouse to submit my Professional and/or Institutional Claims (837P/837I) and submit and and Response (276/277) and that the Service Center selected below is enrolled and approved as a Service Center with DMAS to submit 837P's and/or 837I's and to submit and receive 276/277's.

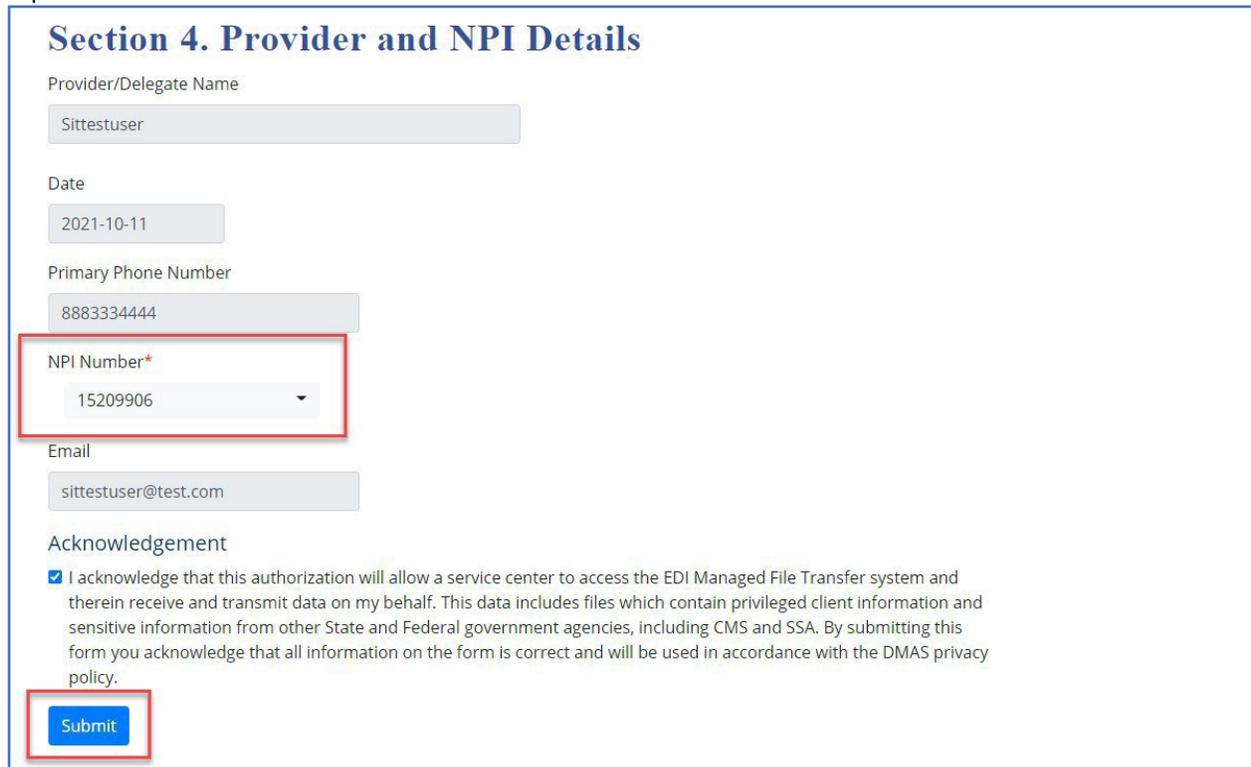
Service Center Number

Figure 2: SCENARIO 1 – Section 1 of Authorization Form

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com

3. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue as appropriate.



Section 4. Provider and NPI Details

Provider/Delegate Name
Sittestuser

Date
2021-10-11

Primary Phone Number
8883334444

NPI Number*
15209906

Email
sittestuser@test.com

Acknowledgement

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Submit

Figure 3: SCENARIO 1 – Section 4 NPI Details

4. Valid Details will be stored successfully in the database and user will get a confirmation message as shown.



MES Medicaid Enterprise Solution Portal

Form has been submitted successfully

Service Center (Transactions) Authorization Form

Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 4: SCENARIO 1 – Successful Confirmation Message

For questions or help with the portal please contact the EDI Support Unit at 1-866-352-0766.

Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or enrollmentsupport@inovalon.com