i-Plexus Solutions

INSTRUCTIONS: ELECTRONIC CLAIMS SETUP FORM	
NOTE: Fields indicated with an asterisk (*) are **required**.	
*** Please choose ONE of the following:**	
NEW	This is for clients who are signing up with i-Plexus for the first time
ADD	This is for use by clients to add information to an existing client account; such as adding a new practice, new provider, new payer, or other data not originally supplied during initial setup.
CHANGE	This is for use by clients to change existing data on their client account; such as updating an NPI, address, practice name, or tax ID.
DELETE	This is for use by clients wishing to remove data from their existing account, such as requesting to remove a payer, a practice or a provider.
Referred to by?:	If someone referred you to i-Plexus, please indicate their organization name here.
Section 1: Client Account Level Information	
Billing Service	Indicate whether the client account is a billing service account; which will be submitting data on behalf of one or more facilities
*** Administrative Contact**	Enter the name of the person in charge of the billing for the account and the person who should be contacted if we have questions about the account.
*** Phone/Fax/Email**	Enter the contact information to reach the Administrative Contact Person for the account
*** Client Account Name**	Enter the name of the main account that is under contract with i-Plexus; this account may be associated with multiple sub-accounts (referred to as practices)
*** Invoicing Address**	Enter the address where you would like the accounts invoices mailed
*** PMS Software Type**	Enter the name of your practice management system
*** Software Vendor Name**	Enter the name of the company that supports your practice management system
Vendor Phone/Fax/Email	Enter the contact information for the Software Vendor Company
*** File Format**	Select the appropriate electronic file format you will be using to submit your claims
*** File Extension**	Indicate the file extension(s) of your electronic claims files (e.g., txt, dat, prt, ins)
*** Submission Method**	Select the method in which you will connect to our system to submit your claim files
*** Account Username**	Indicate the username you would like to use to access your account. The username must be at least 3 characters in length, cannot be the same value as the password, should not contain any special characters (e.g, /, *, $, #, etc), and all alpha characters will be setup in lowercase letters only.
*** Account Password**	Indicate the password you would like to use to access your account. The password must be at least 3 characters in length, cannot be the same value as the username, should not contain any special characters (e.g, /, *, $, #, etc), and all alpha characters will be setup in lowercase letters only.
Section 2: Billing Level Information	
*** Practice/Facility Pay To Name (Bx 33)**	Indicate the name of the facility that is linked to your billing NPI and for which your claims are payable under

*** Address**	Indicate the address for the practice where you wish your payments to be sent by the various insurance carriers
*** Tax ID**	Enter the identification number you are credentialed under for tax purposes.
*** EIN or SSN**	Indicate whether the Tax ID you indicated is an EIN (employer identification number) or SSN (social security number) as it is recognized by the insurance companies
*** Billing NPI**	Enter the NPI (National Provider ID) that your facility is paid under by the insurance companies
CLIA	Enter the CLIA number for your facility used when submitting lab charges
Billing Taxonomy Code	Enter the taxonomy code that identifies the specialty of the billing entity. You may locate a list of current taxonomy codes at www.wpc-edi.com.
Billing Level Practice Identification Numbers: fields noted as required in the following fields are only required if any of the fields are populated.	
*** Payer Type**	Select the payer type name. If the payer type you wish to send is a commercial carrier and/or is not on the drop down list, please select 'Other'.
Payer Name (if Other)	This field should be used only if the payer type has been indicated as 'other'. For example, if there is a commercial carrier that requires enrollment or setup, you will indicate 'other' in the payer type field and the name of that carrier in this field.
*** Billing PTAN**	Enter the legacy billing ID assigned to the facility when credentialing with the carrier. This is the ID that the facility is recognized under at the carrier site.
Billing NPI	This field should only be used if there is a different billing NPI for one or more carriers you submit claims under. Enter the billing NPI that the facility is recognized and paid under for each specific carrier.
State	Enter the state code for each payer entry that is state specific (e.g, Medicare, Medicaid, BCBS)
*** LOB**	Line of Business. Enter whether the payer entry is being requested for professional or institutional claim submissions.
*** Curr Enrl**	.Indicate whether the billing legacy ID s and NPI have previously been used for electronic submissions to the carrier.
Section 3: Claim and Rendering Level Information	
Practice/Facility Physical Name	Enter the name of the facility if it is different than the facility name entered as the Pay-To name in section 2.
Physical Address	Enter the physical location address if it is different than the Pay-To address entered in section 2.
Rendering Level Provider Numbers: fields noted as required in the following fields are only required if any of the fields are populated.	
*** Rendering Provider Name**	Enter the rendering provider name that will be used for claims billing..
*** Credentials**	Enter the rendering providers credentials (e.g., MD, PT, DC, NP, etc)
*** Payer Type**	Select the payer type name. If the payer type you wish to send is a commercial carrier and/or is not on the drop down list, please select 'Other'.
Payer Name (if Other)	This field should be used only if the payer type has been indicated as 'other'. For example, if there is a commercial carrier that requires enrollment or setup, you will indicate 'other' in the payer type field and the name of that carrier in this field.
*** Indiv PTAN**	Enter the legacy Individual ID assigned to the provider when credentialing with the carrier. This is the ID that the Individual Provider is recognized under at the carrier site.

*** Indiv NPI**	Enter the Individual NPI that the Individual Provider is recognized under for each specific carrier. This value may or may not be linked to a billing level NPI that is different.
State	Enter the state code for each payer entry that is state specific (e.g, Medicare, Medicaid, BCBS)
LOB	This field should only be used when different than the billing level indicators for the same field named LOB. Line of Business. Enter whether the payer entry is being requested for professional or institutional claim submissions.
Curr Enrl	This field should only be used when different than the billing level indicators for the same field named Curr Enrl. Indicate whether the Individual legacy ID s or NPI have previously been used for electronic submissions to the carrier.

Section 4: Completed Forms

This section provides you with the contact information to send your completed form so that the setup process may begin.

Section 5: Comments

You may use this field to input any special information you feel is necessary to complete your setup request that may not already have been indicated on the setup form in other fields.

*** Section 6: Signature**

This section is required. A signature (either electronic or hand written) must be received on the setup reflecting that you agree to the terms of the setup form. We cannot process your setup if this section is incomplete.

Additional Information

1. Within **4 business hours** of receiving the setup form, an Implementations Representative will contact you to **confirm receipt**, provide you with important information regarding your setup process, and to provide you with their direct contact information.

2. Setup **turnaround time** is dependant upon the complexity of the setup requested, the number of setups in the current queue ahead of yours, and most importantly on the accuracy of the data provided on your setup form. However, standard turnaround time for any given setup is between **3-5 business days**. Should this time frame be delayed, the reason for delay will be communicated to you through you assigned Implementations Representative.

3. If you do not supply a **username and password** for the account in section 1 and this is a NEW setup request, then one will be created and assigned for you. Please note that we can only change usernames and passwords when the only line of business you use is electronic claims and/or ERA. Accounts using Eligibility or Statements cannot edit their username and passwords without delaying the use of the account for at least 72 hours. These changes are NOT recommended unless you believe there is a security issue with the access setup on your account.

4. A special note that the accuracy of the **provider legacy/PTAN identification numbers and NPI numbers** is critical to the successful and timely completion of your setup. These are the most commonly inaccurate pieces of data received on setups and are a large part of any delay customers may experience in the turnaround time of their setup request. Please take care in ensuring the data on this form for these values as well as all fields, is accurate to the best of your ability to avoid any unnecessary delays in processing your request. We recommend to clients that if there is any question at the validity of the data submitted for the payer assigned legacy ID's and/or NPI's that you contact the carriers directly to confirm these values before submitting your setup form.

5. Any necessary payer required **enrollment forms** will be supplied to clients on an as needed basis and will be accompanied by the necessary instructions to complete and forward these documents as required.