

# ALOHA CARE (99030) PRE-ENROLLMENT INSTRUCTIONS



## WHICH FORM(S) SHOULD I DO?

- HIPPA Transaction Set Form

## WHERE SHOULD I SEND THE FORM(S)?

- Email form to: [administeproviderenrollment@administep.com](mailto:administeproviderenrollment@administep.com); or
- Fax to: 214-440-3101

## WHAT IS THE TURN AROUND TIME?

- Turnaround time is approximately 2 weeks

## HOW CAN I CHECK THE STATUS OF MY EDI ENROLLMENT?

- Call Aloha Care's Provider Relations Department at (808) 973-1650 and ask if you've been approved for EDI claim submissions. ERAs will be activated as soon as EDI enrollment is complete.
- To complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

## **Note to My Clients Plus Users:**

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **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 Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**



# HIPAA TRANSACTION SET FORM

Fill in the information below. (\* denotes required field)

## PROVIDER INFORMATION

\*Provider Name: \_\_\_\_\_

*For Provider Groups: Attach a list of providers who bill under the group and include their individual NPI number.*

Indicate the Program for EDI Submission:       QUEST Integration       Medicare

\*Federal Tax ID: \_\_\_\_\_ Are you signed up for AC Online?     Yes     No

\* Type II NPI (non-LTSS providers only): \_\_\_\_\_

Name of software used for EDI Submission (If not applicable indicate "NA"): \_\_\_\_\_

## PROVIDER CONTACT INFORMATION

\*Name: \_\_\_\_\_ \* Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Method of Contact:  Phone       Fax       Email

## CLEARING HOUSE/THIRD PARTY CONTACT INFORMATION

\*Name: \_\_\_\_\_ \* Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Preferred Method of Contact:  Phone     Fax     Email

\*Date you started with clearing house: \_\_\_\_\_

\*Previous clearing house (if any): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_