Joint Venture Hospital Laboratories

ERA Enrollment / Update / Terminate

Version 1.4
March 2018

By default the JVHL typically sends ERA (835) files to the submitter that sent the claim. For instance if you utilize different clearinghouses based on the payer, then the 835 file would go back to the clearinghouse that submitted the claim. For example if Molina claims go through Clearinghouse A and all other claims go through Clearinghouse B, then 835s for Molina would be sent to Clearinghouse A and 835s for other payers would go to Clearinghouse B. Enrolling in ERA through this form will change this behavior and all ERA (835) files will be directed to the destination that you specify.

** You must contact your financial institution to arrange for delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. **

Access To The Website

- If you do not already have a PLMWeb/JVHL account, then sign up for one at
  http://www.jvhl.org/Assets/Utilities/Application_Check.asp
    - During the application process select JVHL PLM Provider Portal (ERA) as your application type
    - Select all organizations that are applicable to your role
- If you have a PLMWeb/JVHL account, but are not setup for ERA Maintenance, then email support@jvhl.org this ability be added to your account

Maintaining ERA Enrollment Information

- Once you have access, login to the PLMWeb website and then click on the ERA Enrollment menu option in the top menu.
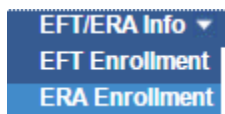
- Select the lab location that you are interested in updating ERA enrollment for

- If an ERA Enrollment entry has not already been made, then you will click the Add button. If an ERA Enrollment entry already exists, then you will click on the Change Button.

- After you have clicked on the add/change button you will be given the opportunity to enter your information.

Please direct ERA questions or issues to the JVHL IT Office at 1-800-445-4979.

By default the JVHL typically sends ERA (835) files to the submitter that sent the claim. For instance if you utilize different clearinghouses based on the payer, then the 835 file would go back to the clearinghouse that submitted the claim. For example if Molina claims go through Clearinghouse A and all other claims go through Clearinghouse B, then 835s for Molina would be sent to Clearinghouse A and 835s for other payers would go to Clearinghouse B. Enrolling in ERA through this form will change this behavior and all ERA (835) files will be directed to the destination that you specify.

Selected Lab For ERA Enrollment Information	
JOINT VENTURE HOSP LAB(JV)	
Provider Information	
Provider Name	
Provider Identifiers Information	
Provider Identifiers	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	
Provider Contact Information	
Provider Contact Name	
Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Electronic Remittance Advice Information	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	
Provider Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Method of Retrieval	⦿ SFTP ○ HTTPS ○ Clearinghouse
Electronic Remittance Advice Clearinghouse Information	
Clearinghouse Name	
Clearinghouse Contact Name	
Telephone Number	
Email Address	
Electronic Remittance Advice Vendor Information	
Vendor Name	
Vendor Contact Name	
Telephone Number	
Email Address	
Submission Information	
Reason for Submission	⦿ New Enrollment
Authorized Signature	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	
Submission Date	04/24/2017
Requested ERA Effective Date	mm/dd/yyyy

** You must contact your financial institution to arrange for delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. **

[Add] [Cancel]

- A description of the fields available are (Required Fields are bolded):
    - Provider Information
        - **Provider Name** – Name of the provider organization
    - Provider Identifiers Information
        - **Federal Tax ID** – Tax ID of the provider organization
        - **NPI** – NPI of the provider organization
    - Provider Contact Information
        - **Contact Name** – Name of the ERA contact at the provider organization
        - Title – Title of the ERA contact at the provider organization
        - **Telephone Number** – Telephone Number of the ERA contact at the provider organization
        - Telephone Extension – Telephone Extension of the ERA contact at the provider organization
        - Email Address – Email Address of the ERA contact at the provider organization
    - Electronic Remittance Advice Information
        - **Aggregation Preference (One must be entered)**
            - TIN
            - NPI
        - **Method Of Retrieval (One must be selected)**
            - SFTP – ERA should be placed on the JVHL's SFTP server for pickup
            - HTTPS – ERA should be placed on the JVHL's Secure Website for pickup
            - Clearinghouse – ERA should be delivered through the provider's clearinghouse
    - Electronic Remittance Advice Clearinghouse Information (If Applicable)
        - Clearinghouse Name – Name of the Clearinghouse the provider organization uses
        - Contact Person – Contact person's name at the Clearinghouse the provider organization uses
        - Telephone Number – Contact person's telephone number at the Clearinghouse the provider organization uses
        - Email Address – Contact person's email address at the Clearinghouse the provider organization uses
    - Electronic Remittance Advice Vendor Information (If Applicable)
        - Vendor Name – Name of the vendor that will be processing the ERA information
        - Vendor Contact Name – Contact person's name at the vendor that will be processing the ERA information
        - Telephone Number – Contact person's telephone number at the vendor that will be processing the ERA information
        - Email Address – Contact person's email address at the vendor that will be processing the ERA information
    - Submission Information

- o **Reason For Submission**
    - New Enrollment
    - Change Enrollment
    - Cancel Enrollment
- o **Authorized Signature (At least one must be entered)**
    - Printed Name of Person Submitting
    - Printed Title of Person Submitting
- o Requested Effective Date – Date that the provider organization would like the ERA Enrollment change being submitted to become effective

- Once you have completed the form, press the Change/Add to submit the information or the Cancel button to not submit the information you entered. You will be contacted within 3-5 business days to complete the setup.

Questions

If you have any questions, please contact one of the following JVHL employees

Rob Ramey
IT Director
(248) 594-0998 x202
support@jvhl.org

Change Summary

This section describes the differences between the current guide and previous guide(s).

Date	Version	Description
12/20/2013	1.0	New document that describes the electronic ERA enrollment process
11/5/2015	1.1	Updated contact information
2/9/2016	1.2	Updated contact information
4/24/2017	1.3	Updated logo and screenshots
3/26/2018	1.4	Updated logo