



Billing Agent Enrollment Checklist

(Counties pricing claims via Medicaid will, also, enroll as billing agents).

Billing Agent Enrollment Checklist

The table below contains a list of required fields for each step when enrolling as a Billing Agent/Clearinghouse. In the parenthesis you will find the options for that field. If there are a large number of options for the required fields, those options are located at the bottom of the document (See Required Field Names in bold)

Step 1 Provider Basic Information		
Required Field	Prior Selection (If field is conditional required)	Your Data
Tax Identifier Type (FEIN, SSN)		
FEIN	Tax Identifier Type: FEIN	
Organization Name	Tax Identifier Type: FEIN	
Organization Business Name	Tax Identifier Type: FEIN	
NPI		
Enrollment Request Date		
Address		
Phone Number		
Communication Preference (Standard Mail, E-Mail)		
E-Mail Address	Communication Preference: E-Mail	
Step 4 Claim Submission Method		
Required Field		Your Data
None (It is recommended that you select at least one Mode.) (Web Batch, Billing Agent/Clearinghouse, FTP Secured Batch, Online(Direct Data Entry))		
Step 5 EDI Billing Software Details		
Required Field	Prior Selection (If field is conditional required)	Your Data
Software Vendor Company Name		
Software Product Name		
Software Version		
Software Protocol		
Contact Title (Software Vendor)		
Contact First Name (Software Vendor)		
Contact Last Name (Software Vendor)		
Phone Number (Software Vendor)		
Address (Software Vendor)		
Step 6 EDI Contact Information		
Required Field	Prior Selection (If field is conditional required)	Your Data
EDI Contact Title		
EDI Contact First Name		
EDI Contact Last Name		
EDI Contact Phone Number		
EDI Contact Address		
Associated Transactions		
Step 7 Complete Enrollment Checklist		
Required Information		Comment if answer is Yes
Have you or any employee ever had an Assessment taken against you? (Yes, No) (If Yes, a comment is required)		
Have you or any employee ever had an Administrative Sanction taken against		

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you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Suspension of Payment taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Restitution Order taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Program Exclusion taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Program Debarment taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Pending Criminal Judgment taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Pending Civil Judgment taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Judgment Pending Under False Claims Act taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Criminal Fine taken against you? (Yes, No) (If Yes, a comment is required)	
Have you or any employee ever had a Civil Monetary Penalty taken against you? (Yes, No) (If Yes, a comment is required)	
Has applicant or employees ever been placed on the MED, LEIE, or similar database? (Yes, No) (If Yes, a comment is required)	
Has applicant or employees ever been charged with or convicted of any theft or fraud type crime(s)? (Yes, No) (If Yes, a comment is required)	
Has any state or federal health care program ever taken any type of administrative action against applicant or employees? (Yes, No) (If Yes, a comment is required)	
Has Applicant, or employees, ever been charged with or convicted of any health related crimes? (Yes, No) (If Yes, a comment is required)	
Has Applicant, or employees, ever been charged with or convicted of a crime involving the abuse of a child or an elderly adult? (Yes, No) (If Yes, a comment is required)	

Step 8 View/Upload Attachments

Required Field	Your Data
Trading Partner Agreement	
EDI Required Documentation (if applicable)	
Contracts and Agreements (if applicable)	

Step 9 Submit Enrollment Application for Review

Required Field	Prior Selection (If field is conditional required)
None	

List of options for required fields

Associated Transactions: 270 - Eligibility Inquiry, 271 - Eligibility Response, 276 - Claim Status Inquiry, 277 - Claim Status Response, 277U - Unsolicited Claims Status Response, 278 - Prior Authorization Request, 278 - Prior Authorization Response, 820 - Premium Payment (For MCO Providers Only), 834 - Benefit Enrollment (For MCO Providers Only), 835 - Healthcare Claim Payment Advice, 837D - Dental Claim outbound, 837D - Dental Claim, 837I - Institutional Claim outbound, 837P - Professional Claim, 837P - Professional Claim outbound