



835 EDI ENROLLMENT FORM

Healthcare providers who are interested in receiving 835s from the US Family Health for Texas and Louisiana must complete the attached application and follow the directions as set forth below.

Please note: In order to be enrolled to receive 835s from the US Family Health Plan in Houston, a healthcare provider must have provided services to a US Family Health Plan member who resides either in the state of Texas or Louisiana.

Providers will not be added into the Plan's system if they have not provided services to a US Family Health Plan member residing in either Texas or Louisiana. If a provider has seen a US Family Health Plan member from another region (i.e., New York, Maine, etc.), the provider needs to contact and register with the US Family Health Plan for that region. Information regarding each region can be found at www.usfhp.com.

For Texas HIX, Louisiana HIX, New Mexico Medicare Advantage and Texas Medicare Advantage 835 enrollment will be completed through Change Health at the following link and this form will not be necessary, <https://support.changehealthcare.com/customer-resources/enrollment-services>.

Please follow the directions below:

1. In order to perform 835 transactions with the US Family Health Plan, you will need a GENKEY from the clearinghouse Availity. If you do not currently have a GENKEY, please go to www.Availity.com and you will be able to sign-up for a GENKEY with no charge to you.
2. From your Availity account, you can enroll for ERAs through the Enrollments Center with the Transaction Enrollment tool. Use the Enroll Provider wizard to complete the required information, and enroll for Payer ID: USFHP.

Availity website

[Home](#) > [Enrollments Center](#)

EC Enrollments Center

Multi-Payer Enrollments

EE Express Entry	MA Medical Attachments Setup	PDM Provider Data Management
EFT EFT Enrollment View Payers	CER Claim Encounter Reconciliation Application (CERA) Setup	TE Transaction Enrollment

Transaction Enrollment Enroll [Learn More](#)

PROVIDER INFORMATION		
Provider Name Test Doc	Provider NPI 1234567890	Provider TIN (EIN) 123456789
Authorized Contact Name EDI Enrollment	Authorized Phone Number 1234567890	Authorized Email Address email@email.com

Health Plan (Payer) [What's this](#)

USFHP

A maximum of 40 health plans can be selected.

US FAMILY HEALTH PLAN (USFHP) TEXAS AND LOUISIANA (Payer ID: USFHP)

[Back](#) [Continue](#)

- Next, please complete the attached form. Section I should include information at the highest level for the provider. Section II should include all providers for which a claim will be submitted. For example, physician groups should include information regarding the group in Section I and then include all the individual physicians included in the group in Section II. Healthcare providers include solo practitioners, allied healthcare professionals, groups, facilities and ancillary providers.
- Please Note:** If you are a solo practitioner or an individual provider, you only need to complete Section I.
- Once the attached form is completed, **please forward the form and a copy of your current 2011 W-9 to your clearinghouse or billing service.**
- [Your clearinghouse/billing service](#) will then need to forward your completed EDI Form and the copy of your current 2011 W-9 to the US Family Health Plan via e-mail to CHPEDIAAlerts@christushealth.org.
- Once the EDI Form and your current 2011 W-9 are received by the US Family Health Plan and you, the provider, have been set up in the Plan's system, the Plan will notify your clearinghouse/billing service via email that you are ready to begin receiving 835 transactions with our Plan.
- Should you or your clearinghouse/billing service have any questions regarding the above process, you can [contact US Family Health Plan](#) via e-mail at CHPEDIAAlerts@christushealth.org.

