Hospice Enrollment Notification to Part D – MFT Setup Form

# 837I Submitter Information

**Complete and return this information to HospiceSupport@relayhealth.com**

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |
| Organization Name | Click or tap here to enter Organization Name |
| NPIs (if provider submission) | Click or tap here to NPIs separated by commas |
| Requester contact name | Click or tap here to enter First and Last Name |
| Requester contact phone | Click or tap here to enter a 10 digit phone number |
| Requester email | Click or tap here to enter the email address |
| Error-Issue escalation contact(s): | Click or tap here to enter contact name |
| **837I File submission Information** |  |
| Desired Username for 837I submission | Click or tap here to enter RHPS MFT site User Name. |
| Email address for file and password reset | Click or tap here to enter an email address to reset credentials |
| Host Name | Click or tap here to enter Host Name |
| Submitter IP address(es) | Click or tap here to enter Submitter IP address. |
| Connection Type  Click 1 | (SFTP (SSH)  FTP  Other |
| Port | Click or tap here to enter Port Number |
| **Response File Information (pull)** |  |
| Desired username for response files (if different than 837I submission) | Click or tap here to enter the alternate username |
| Email address for file and password reset for response files (if different than 837I submission) | Click or tap here to enter the alternate email address to reset credentials |
| Email address to notify when a response file is added to a directory | Click or tap here to enter notification email |
| Requester’s PGP Public encryption key for response file | Please send a copy with this form. |

I would like to have the response files pushed to us.

Please also complete the Transaction Facilitator BAA which can be found here: https://medifacd.mckesson.com/Hospice/Clearinghouses-Claim-Submitters/