AVAILITY ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Availity ERA Enrollment Form**

    - **NOTE:** If a *BCBS* payer is selected, you will automatically be enrolled for all BCBS payers listed on the form. The same rule is in place for *Regence* payers. If one Regence payer is selected, you will automatically be enrolled for all of the Regence payers.

WHERE SHOULD I SEND THE FORM(S)?

- Email to Support@officeally.com; OR

- Fax to 360-896-2151

WHAT IS THE TURNAROUND TIME?

- Once Office Ally receives your Availity ERA Enrollment Form, we will process the request within 24-48 business hours.

- The time it takes ERAs to start coming through to Office Ally is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of your ERA Enrollment Request, please email Support@officeally.com.

    - When you contact us, make sure to provide the **Payer**, **TIN/EIN** and **NPI** that was submitted on the form.

AVAILITY ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name:

Provider Address: **City:**   **State:**   **Zip:**

PROVIDER IDENTIFIERS INFORMATION

Provider Federal Tax Identification Number
Employer Identification Number (EIN):   **National Provider Identifier (NPI):**

PROVIDER CONTACT INFORMATION

Contact Name: **Telephone Number/Extension:**

Email Address: Fax Number:

LEGACY ID(S)

Legacy ID: (i.e. Secondary Provider Identification assigned by the payer) This section is only required if you are enrolling for any of the payers listed below. If you are unsure of your Legacy ID, please contact the payer(s) prior to filling in the form.

Amerigroup (26375) Legacy ID:

BCBS of Western NY Medicaid/CHP (00246) Legacy ID:

Colorado Community Health Alliance (COCHA) Legacy ID:

Summit Community Care (PASSE) Legacy ID:

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Continue to Page 2 for payer selection.

Please select those payers you wish to receive ERAs from **ONLY**.

This form can be used to enroll for ERAs from any of the following payers. Check all that apply.

Payer ID	Payer Name	Payer ID	Payer Name
26375	Amerigroup (Legacy ID required)	59064	Community Care Plan (Commercial)
93221	Asuris Northwest Health Plan	59065	Community Care Plan (Medicaid)
AVA01	Avalon Healthcare Solutions	CHPWA	Community Health Plan of WA
00050	BCBS of Colorado*	37363	ComPsych
00060	BCBS of Connecticut*	48117	CoreSource Kansas City
00601	BCBS of Georgia*	DEVOT	Devoted Health
00630	BCBS of Indiana*	00803	Empire BCBS New York*
00660	BCBS of Kentucky*	94999	Firstcare
00680	BCBS of Maine*	94998	Firstcare Medicaid
00241	BCBS of Missouri*	FLCCR	Florida Community Care
00770	BCBS of New Hampshire*	60058	Hennepin Health (MHP01)
00265	BCBS of Nevada*	45341	Maine Community Health Options
55891	BCBS of North Dakota (00820)*	MDXHI	MDX Hawaii
00834	BCBS of Ohio*	MNDH1	Minnesota Department of Health
00423	BCBS of Virginia (00923)*	12399	Physicians Health Plan (PHP) Northern Indiana
00246	BCBS of Western NY Medicaid/CHP*	PREHP	Presbyterian Health Plan
00950	BCBS of Wisconsin*	00851	Regence BCBS of Oregon
53767	BCBS of Wyoming (00960)*	00910	Regence BCBS of Utah
00562	BCBSMN Blue Plus Medicaid*	00611	Regence Blue Shield of Idaho
47198	Blue Cross of California (BC001)*	00932	Regence Blue Shield of WA
18768	Boulder Administration Services	SMPLY	Simply Health Care Plan
BRIDG	Bridgespan	PASSE	Summit Community Care (Legacy ID required)
68047	California Health and Wellness	80314	Unicare*
11345	Carecentrix	USFHP	US Family Health Plan
SB580	Carefirst BCBS DC*	VAPRM	Virginia Premier Health Plan
COCHA	Colorado Community Health Alliance (Legacy ID required)		