



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

Email this form to Support@officeally.com. The Email Subject should read: **Availity ERA Enrollment**. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

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.

Allcare Health CCO (MRIPA) Legacy ID:

Amerigroup (26375) Legacy ID:

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

Bright Health Plan Medicare (BRT01) PTAN:

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 |
|-----------------|---|-----------------|--|
| 36320 | Advocate Medical Group | DEVOT | Devoted Health |
| MRIPA | Allcare Health CCO (Legacy ID required) | DRHCP | Doctors Healthcare Plans |
| 26375 | Amerigroup (Legacy ID required) | EPF37 | El Paso First Health Plan HCO Healthcare Options |
| 93221 | Asuris Northwest Health Plan | EPF03 | El Paso First Health Plans CHIP |
| AVA01 | Avalon Healthcare Solutions | EPF02 | El Paso First HP Premier Plan STAR Medicaid HMO |
| 00050 | BCBS of Colorado | 00803 | Empire BCBS New York |
| 00060 | BCBS of Connecticut | 94999 | Firstcare |
| 00601 | BCBS of Georgia | 94998 | Firstcare Medicaid |
| 00630 | BCBS of Indiana | FLCCR | Florida Community Care |
| 00660 | BCBS of Kentucky | 00661 | Healthy Blue Louisiana |
| 00680 | BCBS of Maine | 60058 | Hennepin Health (MHP01) |
| 00241 | BCBS of Missouri | INET1 | IntegraNet |
| 00265 | BCBS of Nevada | KELSE | Kelsey Seybold |
| 00770 | BCBS of New Hampshire | 23284 | Keystone First (Mercy Health) |
| 55891 | BCBS of North Dakota (00820) | 42344 | Keystone First Community HealthChoices |
| 00834 | BCBS of Ohio | 11303 | Magnacare |
| 84980 | BCBS of Texas | 45341 | Maine Community Health Options |
| 00423 | BCBS of Virginia (00923) | MDXHI | MDX Hawaii |
| 00246 | BCBS of Western NY Medicaid/CHP | MNDH1 | Minnesota Department of Health |
| 00950 | BCBS of Wisconsin | 95885 | PCA HealthPlans Texas |
| 53767 | BCBS of Wyoming (00960) | 37330 | Physicians Health Plan (PHP) |
| 00562 | BCBSMN Blue Plus Medicaid | 12399 | Physicians Health Plan (PHP) Northern Indiana |
| 47198 | Blue Cross of California (BC001) | EPF10 | Preferred Administrators |
| 66727 | Boncura Health Solutions | EPF11 | Preferred Administrators Children's Hospital |
| 18768 | Boulder Administration Services | PREHP | Presbyterian Health Plan |
| BRIDG | Bridgespan | RPAWC | Ravenswood Physician Associates |
| BRT01 | Bright Health Plan Medicare (PTAN required) | 00851 | Regence BCBS of Oregon |
| 68047 | California Health and Wellness | 00910 | Regence BCBS of Utah |
| GCVCP | Cardiovascular Care Providers Inc (CVCP) | 00611 | Regence Blue Shield of Idaho |
| 11345 | Carecentrix | 00932 | Regence Blue Shield of WA |
| SB580 | Carefirst BCBS DC | RPPG1 | Resurrection Physician Providers Group |
| COCHA | Colorado Community Health Alliance (Legacy ID required) | SMPLY | Simply Health Care Plan |
| 59064 | Community Care Plan (Commercial) | PASSE | Summit Community Care (Legacy ID required) |
| 59065 | Community Care Plan (Medicaid) | 70259 | Trusted Health Plan Michigan |
| CHPWA | Community Health Plan of WA | 52629 | Ucare |
| 37363 | ComPsych | 55413 | Ucare Individual and Family Plan |
| CCHP1 | Cook Children's Health Plan | 80314 | Unicare |
| CCHP9 | Cook Children's Health Plan Star | USFHP | US Family Health Plan |
| 48117 | CoreSource Kansas City | VAPRM | Virginia Premier Health Plan |
| LADOC | Correctcare (LA Prisons & Parish Jails) | | |