



# 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](mailto: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](mailto: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](mailto: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.**

<b>Payer ID</b>	<b>Payer Name</b>	<b>Payer ID</b>	<b>Payer Name</b>
36320	Advocate Medical Group	DRHCP	Doctors Healthcare Plans
MRIPA	Allcare Health CCO (Legacy ID required)	EPF37	El Paso First Health Plan HCO Healthcare Options
26375	Amerigroup (Legacy ID required)	EPF03	El Paso First Health Plans CHIP
93221	Asuris Northwest Health Plan	EPF02	El Paso First HP Premier Plan STAR Medicaid HMO
AVA01	Avalon Healthcare Solutions	00803	Empire BCBS New York
00050	BCBS of Colorado	94999	Firstcare
00060	BCBS of Connecticut	94998	Firstcare Medicaid
00601	BCBS of Georgia	FLCCR	Florida Community Care
00630	BCBS of Indiana	00661	Healthy Blue Louisiana
00660	BCBS of Kentucky	60058	Hennepin Health (MHP01)
00680	BCBS of Maine	INET1	IntegraNet
00241	BCBS of Missouri	KELSE	Kelsey Seybold
00265	BCBS of Nevada	23284	Keystone First (Mercy Health)
00770	BCBS of New Hampshire	42344	Keystone First Community HealthChoices
55891	BCBS of North Dakota (00820)	11303	Magnacare
00834	BCBS of Ohio	45341	Maine Community Health Options
84980	BCBS of Texas	MDXHI	MDX Hawaii
00423	BCBS of Virginia (00923)	39190	MedStar Family Choice DC
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
MCDIL	Blue Cross Community Health Plans (66005)	EPF10	Preferred Administrators
47198	Blue Cross of California (BC001)	EPF11	Preferred Administrators Children's Hospital
66727	Boncura Health Solutions	PREHP	Presbyterian Health Plan
18768	Boulder Administration Services	RPAWC	Ravenswood Physician Associates
BRIDG	Bridgespan	00851	Regence BCBS of Oregon
BRT01	Bright Health Plan Medicare (PTAN required)	00910	Regence BCBS of Utah
68047	California Health and Wellness	00611	Regence Blue Shield of Idaho
GCVCP	Cardiovascular Care Providers Inc (CVCP)	00932	Regence Blue Shield of WA
11345	Carecentrix	RPPG1	Resurrection Physician Providers Group
SB580	Carefirst BCBS DC	SMPLY	Simply Health Care Plan
COCHA	Colorado Community Health Alliance (Legacy ID required)	PASSE	Summit Community Care (Legacy ID required)
59064	Community Care Plan (Commercial)	TRULI	Truli Health
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	52180	UMWA Health and Retirement Funds
CCHP9	Cook Children's Health Plan Star	80314	Unicare
48117	CoreSource Kansas City	38337	Upper Peninsula Health Plan
LADOC	Correctcare (LA Prisons & Parish Jails)	USFHP	US Family Health Plan
DEVOT	Devoted Health	VAPRM	Virginia Premier Health Plan