



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	EPF02	El Paso First HP Premier Plan STAR Medicaid HMO
MRIPA	Allcare Health CCO (Legacy ID required)	00803	Empire BCBS New York
26375	Amerigroup (Legacy ID required)	94999	Firstcare
93221	Asuris Northwest Health Plan	94998	Firstcare Medicaid
AVA01	Avalon Healthcare Solutions	00590	Florida Blue (BCBS Florida)
00050	BCBS of Colorado	FLCCR	Florida Community Care
00060	BCBS of Connecticut	00661	Healthy Blue Louisiana
00601	BCBS of Georgia	00541	Healthy Blue Missouri
00621	BCBS of Illinois	00602	Healthy Blue North Carolina
00630	BCBS of Indiana	60058	Hennepin Health (MHP01)
00660	BCBS of Kentucky	INET1	IntegraNet
00680	BCBS of Maine	KELSE	Kelsey Seybold
00241	BCBS of Missouri	23284	Keystone First (Mercy Health)
00265	BCBS of Nevada	42344	Keystone First Community HealthChoices
00770	BCBS of New Hampshire	11303	Magnacare
55891	BCBS of North Dakota (00820)	45341	Maine Community Health Options
00834	BCBS of Ohio	MDXHI	MDX Hawaii
84980	BCBS of Texas	MEDM1	Medica Government Programs
00423	BCBS of Virginia (00923)	13189	Meridian Health Plan
00246	BCBS of Western NY Medicaid/CHP	MHPIL	Meridian Health Plan IL Complete
00950	BCBS of Wisconsin	39190	MedStar Family Choice DC
53767	BCBS of Wyoming (00960)	MNDH1	Minnesota Department of Health
00562	BCBSMN Blue Plus Medicaid	95885	PCA HealthPlans Texas
MCDIL	Blue Cross Community Health Plans (66005)	37330	Physicians Health Plan (PHP)
47198	Blue Cross of California (BC001)	12399	Physicians Health Plan (PHP) Northern Indiana
66727	Boncure Health Solutions	EPF10	Preferred Administrators
18768	Boulder Administration Services	EPF11	Preferred Administrators Children's Hospital
BRIDG	Bridgespan	PREHP	Presbyterian Health Plan
BRT01	Bright Health Plan Medicare (PTAN required)	RPAWC	Ravenswood Physician Associates
68047	California Health and Wellness	00851	Regence BCBS of Oregon
GCVCP	Cardiovascular Care Providers Inc (CVCP)	00910	Regence BCBS of Utah
11345	Carecentrix	00611	Regence Blue Shield of Idaho
SB580	Carefirst BCBS DC	00932	Regence Blue Shield of WA
COCHA	Colorado Community Health Alliance (Legacy ID required)	RPPG1	Resurrection Physician Providers Group
59064	Community Care Plan (Commercial)	SMPLY	Simply Health Care Plan
59065	Community Care Plan (Medicaid)	PASSE	Summit Community Care (Legacy ID required)
CHPWA	Community Health Plan of WA	TRULI	Truli Health
37363	ComPsych	70259	Trusted Health Plan Michigan
CCHP1	Cook Children's Health Plan	52629	Ucare
CCHP9	Cook Children's Health Plan Star	55413	Ucare Individual and Family Plan
48117	CoreSource Kansas City	52180	UMWA Health and Retirement Funds
LADOC	Correctcare (LA Prisons & Parish Jails)	80314	Unicare
DEVOT	Devoted Health	USFHP	US Family Health Plan
DRHCP	Doctors Healthcare Plans	VAPRM	Virginia Premier Health Plan
EPF37	El Paso First Health Plan HCO Healthcare Options	A0102	Vivida Health Plan
EPF03	El Paso First Health Plans CHIP	77073	VNSNY Choice