## BCBS WESTERN NEW YORK MEDICAID/CHP (00246) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- CAQH Online Enrollment
  - o Required for those enrolling for **ERA** & **EFT** or **EFT** only.
  - Clearinghouse information
    - Clearinghouse Name: Office Ally
    - Clearinghouse Submitter ID: EN70006K
  - o Visit <a href="http://www.caqh.org/eft">http://www.caqh.org/eft</a> enrollment.php for additional CAQH information.
- E-Solutions ERA (835) Registration form
  - Preferences
    - Method of Retrieval: Clearinghouse (Secure FTP) 03
    - Preference of Aggregation of Remittance Data\*
      - If selecting by Tax ID it's suggested to only list the Tax ID under the provider data section of the enrollment.
  - o Clearinghouse information
    - Clearinghouse Name: Office Ally
    - Clearinghouse Contact Name: Customer Service
    - Telephone Number: (360) 975-7000 Option 1
    - Email Address: <u>support@officeally.com</u>

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

• Standard processing time is 15-30 days.

Phone: 360-975-7000 Fax: 360-896-2151