



WHICH FORMS SHOULD I COMPLETE?

This Payer requires both ERA & EFT to receive the payments electronically. EFT and ERA are supported at the Provider TIN level. All providers billing under that TIN will be enrolled in the EFT/ERA process.

This is a Two-Step Enrollment Process:

1. First you must complete the EFT Enrollment by contacting the payer at 800-963-0035 to start the EFT process.
2. Once you have confirmation from the payer you are set up for EFT, you **must** complete the following form and email it to Office Ally:
 - a. **MEDICAL OFFICE PROVIDER ENROLLMENT FORM (page 2)**
 - o You must complete:
 - Group Information and Provider Information Sections
 - Service Location Address
 - Pay To Address (if different)

WHERE SHOULD I SEND THE FORM(S)?

1. After you receive approval from the payer on EFT, email payerenrollment@officeally.com with
 - o Subject: Care Wisconsin Health Plan ERA Enrollment_(insert NPI)
 - o Email Body: Please process my Medical Office Provider (MOP) Enrollment Form for Care Wisconsin Health Plan.

WHAT IS THE TURNAROUND TIME?

- ERA Enrollment Standard Processing Time is 15-30 business days.

HOW DO I CHECK STATUS?

- Office Ally will email once we have confirmation from the vendor that Step 2 is completed.

