

ERA-ENROLLMENT INSTRUCTIONS

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)
 - 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
 - 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.





<u>MEDICAL OFFICE PROVIDER ENROLLMENT FORM</u>
Please complete and return via email to <u>enrollassist@cognizant.com</u>

Site ID: 337G	Phone:
Contact Name:	Fax: N/A
Email:	EDI □ ERA⊠ Eligibility □ CSI □
The information provided on this form MUST match what is on file with the payers.	
Group Information (if applicable)	Provider Information
Group Name:	First Name:
	MI:
DBA (if applicable):	Last Name:
	Title:
Group NPI:	Individual NPI:
TIN:	Specialty:
Service Location Address	Pay To Address (if different)
Street Address:	Street Address:
City, State, Zip +4:	City, State, Zip +4:
Payer Name	Payer ID
Care Wisconsin Health Plan	27004/U7004