CLOVER HEALTH (13285)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Change Healthcare Remittance Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30-45 business days

HOW DO I CHECK STATUS?

- To check the status of your ERA enrollment, send an email to Support@officeally.com

835 ENROLLMENT REQUEST

PAYER NAME

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:**

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

NOTE: If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

Payer Name:	Payer ID:

Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your account for electronic remittance advice (ERA).

Estimated approval timeframe: _____

Enrollment Agreement Instructions

To enroll for ERAs with _____:

1. Complete the attached payer enrollment form, which may include instructions to assist with your enrollment.

2. To create your enrollment record you can use the Admin Simp Spreadsheet to upload several enrollment records. Once the record's are created you can attach the form for each payer requiring an Enrollment form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > ERA Enrollment File Upload. You can also create individual records using Direct Data Entry (DDE) and attaching the form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > Enrollments.

3. **File upload either the Professional or the Institutional Change Healthcare Remittance form to Optum360**. **Do not include this instruction page.**

4. **Email either the Professional or the Institutional Change Healthcare Remittance form to: batchenrollment@changehealthcare.com or fax to: 615-885-3713.**

5. **Failure to upload the form to Optum360 and email or fax the form to Change Healthcare will cause rejection of your request.**

Who do I contact if I have questions?
Contact the Optum360 Enrollment Department at (866) 367-9778, option 1.

Payer Information

CPID	Payer ID	Payer		Type	Est Days	Multi CH

Special Enrollment Instructions

Vendor Information

Submitter ID	Submitter Name

Provider Information

Tax ID	NPI	Provider Number	Name

Address		City	State	Zip

Contact Name	Contact Phone

Contact Email Address

Confirmation Addresses

Primary Email Address	Secondary Email Address

ERA Receiver

Distribution Detail

Payer Information

CPID	Payer ID	Payer	Type	Est Days	Multi CH

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