

**WHICH FORMS SHOULD I COMPLETE?**

Enrollments are handled at the TIN Level, so all associated NPIs to said TIN will be automatically enrolled.

There are multiple options for enrolling with ECHO, see below for details:

1. If you would like to enroll for **ERA only** you can either choose to enroll for each payer individually or enroll for 'all payers'.
  - a. You can submit a request by completing the **ECHO EFT/ERA Enrollment Form (pages 5-7)**
    - Follow instructions at the top of the form to ensure all sections are complete. There are no additional fees applied for the ERA Only Option.
      - If you are enrolling for only **Certain Payers**:
        - In the Payer/Insurance Company Name write the name of the payer from pages 3-4.
        - Only ONE Payer can be listed on each Echo Enrollment form. If you would like to enroll with multiple Payers, multiple forms must be submitted.
      - If you are enrolling for **All Payers**:
        - In the Payer/Insurance Company Name write "All Payers"
        - In Section 1- Form Select, choose "ERA Only"
    - Submit the form via update in the [EDI Support page](#). Choose ERA/835 Enrollment Only – Attachment Required. You can also choose the form(s) to email instead to [EDI@echohealthinc.com](mailto:EDI@echohealthinc.com)
2. If you would like to enroll for **EFT & ERA** you can either choose to enroll for each payer individually (no cost) or enroll for 'all payers' at a fixed cost.
  - a. If you are enrolling for only **Certain Payers**, you can submit a request by completing the **ECHO EFT/ERA Enrollment Form (pages 5-7)**
    - Follow instructions at the top of the form to ensure all sections are complete. There are no additional fees applied for the ERA Only Option.
      - In the Payer/Insurance Company Name write the name of the payer from pages 3-4.
      - Only ONE Payer can be listed on each Echo Enrollment form. If you would like to enroll with multiple Payers, multiple forms must be submitted.
    - In Section 1- Form Select, choose "EFT & ERA"
  - b. If you would like to enroll for **EFT & ERA** via the All Payer EFT program, you can complete the [enrollment online](#) but a 1.99% per payment charge will apply. If you need assistance, contact ECHO at [allpayer@echohealthinc.com](mailto:allpayer@echohealthinc.com)

## WHERE SHOULD I SEND THE FORM(S)?

Email To: [EDI@EchoHealthInc.com](mailto:EDI@EchoHealthInc.com)

Mail To: ECHO Health Inc.  
810 Sharon Dr  
Westlake, OH, 41145

## WHAT IS THE TURNAROUND TIME?

The Time it takes ERAs to start coming through to Office Ally is dependent upon each individual Payer. Generally, ERAs can take anywhere from 14-45 business days to begin coming through.

## HOW DO I CHECK STATUS?

To check the status of your enrollment request, please contact ECHO at 440-835-3511 or by email at [EDI@EchoHealthInc.com](mailto:EDI@EchoHealthInc.com)

**ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM**

| Payer ID | Payer Name  | Payer ID | Payer Name   |
|----------|---|----------|--|
| 72467    | ACS Benefit Services                              | CCA01    | Central California Alliance for Health (CCAH)          |
| 128FL    | Aetna Better Health of Florida                    | INCS1    | CareSource Marketplace                                 |
| 68024    | Aetna Better Health of Illinois                   | MIMCS    | CareSource of Michigan Medicaid                        |
| 26337    | Aetna Better Health of Illinois MMAI              | 31114    | CareSource of Ohio                                     |
| 128KS    | Aetna Better Health of Kansas                     | CAS89    | CAS Coastal Administrative Services                    |
| 128KY    | Aetna Better Health of Kentucky                   | 65391    | CBHNP – Health Choice                                  |
| 128LA    | Aetna Better Health of Louisiana                  | CHOC1    | CHOC Health Alliance                                   |
| 128MD    | Aetna Better Health of Maryland                   | CCA01    | Central California Alliance for Health (CCAH)          |
| 128MI    | Aetna Better Health of Michigan                   | 38219    | Claimchoice Administrators (formerly AmeraPlan)        |
| 46320    | Aetna Better Health of New Jersey                 | 85468    | Clear Spring Health                                    |
| 128NY    | Aetna Better Health of New York                   | 77052    | Coastal TPA (Coastal Administrative)                   |
| 50023    | Aetna Better Health of Ohio                       | COACC    | Colorado Access  |
| 23228    | Aetna Better Health of Pennsylvania               | 35193    | Community Health Alliance                              |
| 66917    | Aetna Better Health -Parkland (TX)                | 27905    | Community Health Alliance (TN)                         |
| 28692    | Aetna Better Health of Texas / TX Medicaid & CHIP | 48145    | Community Health Choice                                |
| 128VA    | Aetna Better Health of Virginia                   | 45321    | Consumers Choice Health Plan                           |
| 128WV    | Aetna Better Health of West Virginia              | 78375    | Connecticare Medicare                                  |
| 13334    | Affinity Health Plan                              | 47165    | Core Benefits  |
| 00283    | AHF PHC California Medi-Cal (95422)               | 35182    | CoreSource (AZ/IA/IL/IN/MD/MN/PA)                      |
| 00283    | AHF Ryan White Grants (95433)                     | 48117    | CoreSource KC (FMH)                                    |
| AC101    | Allcare IPA                                       | 35187    | CoreSource Internal                                    |
| ALTAM    | AltaMed   | 35183    | CoreSource (OH)  |
| THO71    | AMA Insurance                                     | 75136    | CoreSource Little Rock                                 |
| 20029    | America's Choice Healthplan                       | 64270    | Corporate Plan Management                              |
| 26119    | American Insurance Administrators                 | 58102    | Covenant Administrators                                |
| 44444    | American Postal Workers Union (APWU)              | 39081    | Custom Benefit Administrators                          |
| 77013    | AmeriHealth Caritas                               | 82056    | Custom Design Benefits                                 |
| 45408    | AmeriHealth Caritas Next Florida                  | MCS03    | Delano Regional Medical Group (MCS)                    |
| 22248    | AmeriHealth Caritas PA/Mercy Health Plan          | 37253    | ELMCO (PHX)  |
| 64090    | Amfirst insurance                                 | 37216    | Employee Benefit Services                              |
| 59274    | AvMed, Inc.                                       | 37215    | Employee Benefits Corporation                          |
| 84323    | Banner Medicare Advantage Plus PPO                | 45319    | Evergreen Health                                       |
| 84324    | Banner Medicare Advantage Prime HMO               | 59313    | Evolution Healthcare                                   |
| 66901    | Banner University Care LTC                        | 94998    | Firstcare (also enroll 94999)                          |
| 88030    | Baylor Scott and White Health Care Plan           | 94999    | Firstcare Medicaid (also enroll 94998)                 |
| 39081    | Benefit Plan Administrators (WI)                  | 25169    | Gateway Health Plan - (Medicaid PA)                    |
| 18768    | Boulder Administration Services                   | 60550    | Gateway Health Plan - Medicare Assured                 |
| 68011    | Capitol Administrators                            | MCS03    | GemCare Medical Group (MCS)                            |
| CARMO    | Carelon Health – Palliative Care                  | 95192    | Group Health Cooperative Eau Claire                    |
| ARCS1    | CareSource of Arkansas                            | 25531    | Group Health, Inc. HMO (Emblem)                        |
| GACS1    | CareSource of Georgia                             | 13551    | Group Health, Inc. PPO (Emblem)                        |
| KYCS1    | Caresource of Kentucky                            | 47083    | Group Management Services (GMS)                        |
| INCS1    | CareSource of Indiana                             | 64246    | Guardian Life  |
| INCS1    | CareSource Marketplace                            | MIMCR    | HAP Caresource MI Health Link (Medicare-Medicaid Plan) |
| MIMCS    | CareSource of Michigan Medicaid                   | MICS1    | HAP Caresource MI Marketplace                          |
| 31114    | CareSource of Ohio                                | 62111    | Health Cost Solutions                                  |
| CAS89    | CAS Coastal Administrative Services               | 80142    | Health Partners Plans (PA)                             |
| 65391    | CBHNP – Health Choice                             | HMA01    | Healthcare Management Administrators                   |
| CHOC1    | CHOC Health Alliance                              | 71063    | HealthSCOPE Benefits                                   |

**ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM**

| Payer ID | Payer Name                                     | Payer ID | Payer Name   |
|----------|--|----------|--|
| 37272    | HealthSmart Benefit Solutions (JSL)            | OSCAR    | Oscar Health                                       |
| 37283    | HealthSmart Benefit Solutions (AA/GB)          | 04218    | Pan American Life Insurance                        |
| 87815    | HealthSmart Benefit Solutions (WF/AN)          | SLOS1    | Physicians Choice Medical Group of San Luis Obispo |
| 55247    | HIP Health Plan of NY                          | MCI01    | Physicians Choice Medical Group of Santa Maria     |
| 00257    | Highmark Health                                | 55768    | Piedmont Community Health Plan                     |
| 47181    | Highmark Health Options                        | 37224    | Pittman & Associates (HealthSmart Benefit)         |
| RP118    | Highmark Health Options West Virginia          | 00283    | Positive Health Care (95411)                       |
| 74431    | InHealth (Ohio PPO Connect)                    | CB404    | Preferred Health Plan of the Carolinas             |
| IMSMS    | Insurance Management Services                  | 61271    | Principal Life Insurance                           |
| 51020    | Integra Administrative Group                   | 37242    | Professional Claims Management                     |
| RP075    | Iowa Health Advantage                          | 35174    | QualChoice of Arkansas                             |
| 52189    | John Hopkins Healthcare (52189 & 52123)        | 73067    | Quick Trip Corporation                             |
| IP085    | Kaweah Delta HC District Emp Plan              | HMA01    | Regence Group Administrators (RGA)                 |
| IP084    | Kaweah Delta Medicare Advantage                | 37278    | ResourceOne  |
| KELSE    | Kelsey Seybold                                 | 74205    | Right Care from Scott & White                      |
| IP082    | Key Medical Group                              | 50114    | Sana Benefits                                      |
| IP083    | Key Medical Group – Medicare Advantage         | 72261    | SCAN Health Plan                                   |
| 42344    | Keystone First Community Health Choices        | 23285    | Select Health of South Carolina                    |
| 23284    | Keystone Mercy Health Plan                     | 87020    | Sentinel Security Life Insurance Company           |
| 77741    | Keystone VIP Choice                            | SIM02    | SIMPRA Advantage                                   |
| LSMA2    | LaSalle Medical Associates                     | 00381    | Snedeker Risk Management (A7637)                   |
| LCB01    | Line Constructions Benefit Fund                | 83245    | Southwestern Health Resources                      |
| 01260    | Magellan Behavioral Health                     | 25463    | Surest (previously Bind)                           |
| MCS03    | Managed Care Systems (MCS)                     | TKFMC    | TKFMC  |
| 20805    | Marrick Medical Finance                        | TRP1E    | Transamerica (TRP1E, TLINS)                        |
| 60230    | Masonry Welfare Trust Fund                     | 42137    | TriStar  |
| 04293    | Mass General Brigham Health Plan               | 91078    | Trusteed Plans Service Corporation                 |
| 25160    | MCA Administrators                             | 61425    | Trustmark Insurance Company / Starmark             |
| 39190    | MedStar Family Choice                          | 74227    | UHC Student Resources                              |
| RP062    | MedStar Family Choice DC                       | 52180    | UMWA Health & Retirement Funds                     |
| RP063    | MedStar Family Choice MD                       | 89070    | United Concordia                                   |
| 22823    | Med-American Benefits                          | 34677    | Village Practice Management Company                |
| 86052    | Mercy Care Plan (AHCCCS)                       | TH023    | WellMed Medical Management Inc.                    |
| 33628    | Mercy Maricopa Integrated Care/Mercy Care RBHA | 93050    | William C. Earhart Company                         |
| 41124    | Meritain Health                                | 62111    | W.C Beeler & Company                               |
| 38333    | Molina Healthcare                              |          |  |
| 81883    | Municipal Health Benefit Fund                  |          |  |
| 37256    | Mutual Assurance Administrators                |          |  |
| 77076    | Network Health Insurance (NHIC)                |          |  |
| 81264    | Nippon Life Benefits                           |          |  |
| 88027    | Northern Nevada Trust Fund (BPA)               |          |  |
| 22321    | One Call Medical                               |          |  |

**EFT (Electronic Funds Transfer) and  
ERA (Electronic Remittance Advice) Enrollment Form**

**INSTRUCTIONS**

- » This is a fillable form. Type your information into the form on your screen, or print the form and fill in the information.
- » Complete all sections that apply to your enrollment choice (EFT, ERA, or both EFT and ERA).
- » Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- » If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
- » Be sure to sign the form. Postal mail or email the completed form (secure email recommended). Postal mail: ECHO Health, Inc., 810 Sharon Drive, Westlake, Ohio 44145. Email: EDI@EchoHealthinc.com.
- » For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or EDI@EchoHealthinc.com.

**You will need to contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation.**

**Payer / Insurance Company Name:** \_\_\_\_\_  
*(Please specify only one Payer per form)*

For security purposes, please supply an ECHO Draft Number and matching Draft Amount to validate against your Tax ID. The Draft Number will be a 9-digit payment number beginning with a 1 or a 9. **NOTE: For ERA only, Draft Number and Draft Amount are *not required*.**

**ECHO Draft Number** \_\_\_\_\_ **ECHO Draft Amount \$** \_\_\_\_\_

**1-Form Select** *(Required)*

**EFT & ERA**  **EFT Only**  **ERA Only**

**2-Provider Information** *(Required)*

**Provider Name:** \_\_\_\_\_  
*(Complete legal name of institution, corporate entity, practice or individual provider)*

**Street:** \_\_\_\_\_  
*(The number and street name where a person or organization can be found)*

**City:** \_\_\_\_\_ **State/ Province:**  **ZIP Code/Postal Code:** \_\_\_\_\_  
*(City associated with provider address field)* *(ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.)* *(System of postal-zone codes [zip stands for "zone improvement plan"] introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.)*

**3-Provider Identifiers Information** *(Required)*

**Provider Identifiers**

**Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):** \_\_\_\_\_  
*(A Federal Tax Identification Number, also known as an Employer Identification Number [EIN], is used to identify a business entity)*

**Does provider have a National Provider Identifier (NPI) Number?**  **Yes**  **No**

**If "Yes," enter NPI. National Provider Identifier (NPI):** \_\_\_\_\_

*(A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.)*

**4-Provider Contact Information** (Required for **EFT Only** or for **EFT & ERA** "Form Select" choice)

**Provider Contact Name:**   
(Name of contact in provider office for handling EFT issues)

**Telephone Number:**  **E-mail Address:**   
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)

**4A-Provider Contact Information** (Required for **ERA Only** or for **EFT & ERA** "Form Select" choice)

**Provider Contact Name:**   
(Name of contact in provider office for handling ERA issues)

**Telephone Number:**  **E-mail Address:**   
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)

**5-Provider Agent Information** (If Applicable and you selected **EFT Only** or **EFT & ERA** "Form Select" choice)

**Provider Agent Name:**   
(Name of provider's authorized agent)

**Provider Agent Contact Name:**   
(Name of contact in agent office for handling EFT issues)

**Telephone Number:**  **E-mail Address:**   
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)

**5A-Provider Agent Information** (If Applicable and you selected **ERA Only** or **EFT & ERA** "Form Select" choice)

**Provider Agent Name:**   
(Name of provider's authorized agent)

**Provider Agent Contact Name:**   
(Name of contact in agent office for handling ERA issues)

**Telephone Number:**  **E-mail Address:**   
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider agent)

**6-Financial Institution Information** (Required for **EFT Only** or for **EFT & ERA** "Form Select" choice)

**Financial Institution Name:**   
(Official name of the provider's financial institution)

**Financial Institution Routing Number:**   
(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited)

**Type of Account at Financial Institution:**   
(The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)

**Provider's Account Number with Financial Institution:**   
(Provider's account number at the financial institution to which EFT payments are to be deposited)

**Account Number Linkage to Provider Identifier. Select one option below.**  
(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 advice)

**Provider Tax Identification Number (TIN)**     **National Provider Identifier (NPI)**

**7-Electronic Remittance Advice Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

**Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)**

(Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)

Does provider have a National Provider Identifier (NPI) Number?  Yes  No

Provider Tax Identification Number (TIN):   
(Required if NPI is not applicable)

National Provider Identifier (NPI):   
(Required if TIN is not applicable)

Method of Retrieval:   
(The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])

**8-Electronic Remittance Advice Clearinghouse Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

Clearinghouse Name:   
(Official name of provider's clearinghouse)

Clearinghouse Contact Name:   
(Name of a contact in the clearinghouse office for handling ERA issues)

Clearinghouse Telephone Number:   
(Telephone number of contact)

Clearinghouse E-mail Address:   
(An electronic mail address at which the health plan might contact the provider's clearinghouse)

**9-Electronic Remittance Advice Vendor Information** (Required for **ERA Only** or **EFT & ERA** "Form Select" choice)

Vendor Name:   
(Official name of provider's vendor)

Vendor Contact Name:   
(Name of a contact in vendor office for handling ERA issues)

Vendor Telephone Number:   
(Telephone number of contact)

Vendor Email Address:   
(An electronic mail address at which the health plan might contact the provider's vendor)

**10-Submission Information** (Required)

Reason for Submission:  New Enrollment  Change Enrollment  Cancel Enrollment

Printed Name of Person Submitting Enrollment:   
(The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment)

Submission Date (YYYYMMDD):   
(The date on which the enrollment is submitted)

**Authorized Signature** (The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment).

By signing below, provider acknowledges that the provider has read, agrees that it is subject to and agrees to comply with all terms and conditions, including those relating to the delivery of the services, which can be found at:  
<https://view.echohealthinc.com/EFTERA/termandcondition.aspx>.

**Signature of Person Submitting Enrollment:** \_\_\_\_\_  
(A [usually cursive] rendering of a name unique to a particular person used as confirmation of authorization and identity)

Postal mail or e-mail completed form (secure e-mail is recommended) to ECHO Health, Inc. If by email send to: [EDI@EchoHealthinc.com](mailto:EDI@EchoHealthinc.com).

CLEAR

PRINT