ECHO HEALTH
ERA-ENROLLMENT INSTRUCTIONS

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

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

WHERE SHOULD I SEND THE FORM(S)?

Email To: 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

Office Ally

ECHO HEALTH ERA PAYERS OFFERED (1/2)

ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM

ECHO Payer ID	Payer Name	ECHO Payer ID	Payer Name
72467	ACS Benefit Services	CAS89	CAS Coastal Administrative Services
128FL	Aetna Better Health of Florida	65391	CBHNP – Health Choice
68024	Aetna Better Health of Illinois	CHOC1	CHOC Health Alliance
26337	Aetna Better Health of Illinois MMAI	CCA01	Central California Alliance for Health (CCAH)
128KS	Aetna Better Health of Kansas	INCS1	CareSource Marketplace
128KY	Aetna Better Health of Kentucky	MIMCS	CareSource of Michigan Medicaid
128LA	Aetna Better Health of Louisiana	31114	CareSource of Ohio
128MD	Aetna Better Health of Maryland	CAS89	CAS Coastal Administrative Services
128MI	Aetna Better Health of Michigan	65391	CBHNP – Health Choice
46320	Aetna Better Health of New Jersey	CHOC1	CHOC Health Alliance
128NY	Aetna Better Health of New York	CCA01	Central California Alliance for Health (CCAH)
50023	Aetna Better Health of Ohio	38219	Claimchoice Administrators (formerly AmeraPlan)
128OK	Aetna Better Health of Oklahoma	85468	Clear Spring Health
23228	Aetna Better Health of Pennsylvania	77052	Coastal TPA (Coastal Administrative)
66917	Aetna Better Health - Parkland (TX)	COACC	Colorado Access
28692	Aetna Better Health of Texas / TX Medicaid & CHIP	35193	Community Health Alliance
128VA	Aetna Better Health of Virginia	27905	Community Health Alliance (TN)
128WV	Aetna Better Health of West Virginia	48145	Community Health Choice
00369	AgeRight Advantage (ARA01)	45321	Consumers Choice Health Plan
13334	Affinity Health Plan	78375	Connecticare Medicare
00283	AHF PHC California Medi-Cal (95422)	47165	Core Benefits
00283	AHF Ryan White Grants (95433)	35182	CoreSource (AZ/IA/IL/IN/MD/MN/PA)
AC101	Allcare IPA	48117	CoreSource KC (FMH)
ALTAM	AltaMed (Altura)	35187	CoreSource Internal
THO71	AMA Insurance	35183	CoreSource (OH)
20029	America's Choice Healthplan	75136	CoreSource Little Rock
00351	American Health Advantage of Indiana (RP115)	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	FCMS2	Family Choice Medical Services (Altura)
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)	32456	First Choice VIP Care SC
18768	Boulder Administration Services	00039	Florida Health Administrators (86753, FHA01)
68011	Capitol Administrators	25169	Gateway Health Plan - (Medicaid PA)
CARMO	Carelon Health – Palliative Care	60550	Gateway Health Plan - Medicare Assured
ARCS1	CareSource of Arkansas	MCS03	GemCare Medical Group (MCS)
GACS1	CareSource of Georgia	95192	Group Health Cooperative Eau Claire
KYCS1	Caresource of Kentucky	25531	Group Health, Inc. HMO (Emblem)
INCS1	CareSource of Indiana	13551	Group Health. Inc. PPO (Emblem)
INCS1	CareSource Marketplace	47083	Group Management Services (GMS)
MIMCS	CareSource of Michigan Medicaid	64246	Guardian Life
31114	CareSource of Ohio	MIMCR	HAP Caresource MI Health Link

Office Ally

ECHO HEALTH ERA
PAYERS OFFERED (2/2)

ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM

ECHO Payer ID	Payer Name	ECHO Payer ID	Payer Name
MICS1	HAP Caresource MI Marketplace	77076	Network Health Insurance (NHIC)
62111	Health Cost Solutions	00310	Network Health Plan (39144)
80142	Health Partners Plans (PA)	81264	Nippon Life Benefits
HMA01	Healthcare Management Administrators	88027	Northern Nevada Trust Fund (BPA)
37283	HealthSmart Benefit Solutions (AA/GB)	22321	One Call Medical
87815	HealthSmart Benefit Solutions (WF/AN)	OSCAR	Oscar Health
55247	HIP Health Plan of NY	04218	Pan American Life Insurance
00257	Highmark Health	SLOS1	Physicians Choice Medical Group of San Luis Obispo
47181	Highmark Health Options	MCI01	Physicians Choice Medical Group of Santa Maria
RP118	Highmark Health Options West Virginia	47027	Physicians Mutual Insurance Company
74431	InHealth (Ohio PPO Connect)	55768	Piedmont Community Health Plan
IMSMS	Insurance Management Services	37224	Pittman & Associates (HealthSmart Benefit)
51020	Integra Administrative Group	00283	Positive Health Care (95411)
RP075	Iowa Health Advantage	CB404	Preferred Health Plan of the Carolinas
87042	Iron Road Healthcare	61271	Principal Life Insurance
52189	John Hopkins Healthcare (52189 & 52123)	37242	Professional Claims Management
00424	JUDI Health (JUDIH)	35174	QualChoice of Arkansas
00351	Kansas Health Advantage (71066)	73067	Quick Trip Corporation
IP085	Kaweah Delta HC District Emp Plan	HMA01	Regence Group Administrators (RGA)
IP084	Kaweah Delta Medicare Advantage	74205	Right Care from Scott & White
KELSE	Kelsey Seybold	50114	Sana Benefits
IP082	Key Medical Group	72261	SCAN Health Plan
IP083	Key Medical Group – Medicare Advantage	37282	Select Benefit Admin
42344	Keystone First Community Health Choices	23285	Select Health of South Carolina
23284	Keystone Mercy Health Plan	SIM02	SIMPRA Advantage
77741	Keystone VIP Choice	00381	Snedeker Risk Management (A7637)
LSMA2	LaSalle Medical Associates (Altura)	83245	Southwestern Health Resources
LCB01	Line Constructions Benefit Fund	25463	Surest (previously Bind)
01260	Magellan Behavioral Health	26119	Thrivent/ Thrivent Financial (THRIV/30167/30166)
MCS03	Managed Care Systems (MCS)	TKFMC	TKFMC
20805	Marrick Medical Finance	TRP1E	Transamerica (TRP1E, TLINS)
60230	Masonry Welfare Trust Fund	00351	Tribute Health Plan of Oklahoma (31125)
04293	Mass General Brigham Health Plan	00189	TrueCare Mississippi
25160	MCA Administrators	42137	TriStar
39190	MedStar Family Choice	91078	Trusteed Plans Service Corporation
RP062	MedStar Family Choice DC	61425	Trustmark Insurance Company / Starmark
RP063	MedStar Family Choice MD	74227	UHC Student Resources
22823	Med-American Benefits	52180	UMWA Health & Retirement Funds
86052	Mercy Care Plan (AHCCCS)	89070	United Concordia
39114	Mercy Care Health Plans (WI / IL)	34677	Village Practice Management Company
33628	Mercy Maricopa Integrated Care/Mercy Care RBHA	TH023	WellMed Medical Management Inc.
41124	Meritain Health	93050	William C. Earhart Company
00351	Missouri Medicare Select (MMS01)		
38333	Molina Healthcare		
81883	Municipal Health Benefit Fund		
37256	Mutual Assurance Administrators		
00369	NHC Advantage (NHC01)		

ECHO® Payments Simplified

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:
(City associated with provider address field)

State/ Province:
(ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.)

ZIP Code/Postal Code:
(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: *(Associated with contact person)*

E-mail Address: *(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: *(Associated with contact person)*

E-mail Address: *(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: *(Associated with contact person)*

E-mail Address: *(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: *(Associated with contact person)*

E-mail Address: *(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: Clearinghouse
(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: Office Ally
(Official name of provider's clearinghouse)

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

Clearinghouse Telephone Number: 360-975-7000
(Telephone number of contact)

Clearinghouse E-mail Address: payerenrollment@officeally.com
(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 handing 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**.

CLEAR PRINT