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

ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM

ECHO Payer ID	Payer Name	ECHO Payer ID	Payer Name
72467	ACS Benefit Services	65391	CBHNP – Health Choice
128FL	Aetna Better Health of Florida	CHOC1	CHOC Health Alliance
68024	Aetna Better Health of Illinois	CCA01	Central California Alliance for Health (CCAH)
26337	Aetna Better Health of Illinois MMAI	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	00103	GemCare Medical Group (MCS) (MCS03)
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
CAS89	CAS Coastal Administrative Services		

ONLY ONE PAYER CAN BE LISTED PER ENROLLMENT FORM

ECHO Payer ID	Payer Name	ECHO Payer ID	Payer Name
MICS1	HAP Caresource MI Marketplace	81883	Municipal Health Benefit Fund
62111	Health Cost Solutions	37256	Mutual Assurance Administrators
80142	Health Partners Plans (PA)	00369	NHC Advantage (NHC01)
HMA01	Healthcare Management Administrators	77076	Network Health Insurance (NHIC)
37283	HealthSmart Benefit Solutions (AA/GB)	00310	Network Health Plan (39144)
87815	HealthSmart Benefit Solutions (WF/AN)	81264	Nippon Life Benefits
55247	HIP Health Plan of NY	88027	Northern Nevada Trust Fund (BPA)
00257	Highmark Health	22321	One Call Medical
47181	Highmark Health Options	OSCAR	Oscar Health
RP118	Highmark Health Options West Virginia	04218	Pan American Life Insurance
55204	Highmark Northeastern New York	SLOS1	Physicians Choice Medical Group of San Luis Obispo
55204	Highmark Western New York	MCI01	Physicians Choice Medical Group of Santa Maria
54704	Independent Blue Cross	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
IP084	Kaweah Delta Medicare Advantage	HMA01	Regence Group Administrators (RGA)
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	37282	Select Benefit Admin
23284	Keystone Mercy Health Plan	23285	Select Health of South Carolina
77741	Keystone VIP Choice	SIM02	SIMPRA Advantage
LSMA2	LaSalle Medical Associates (Altura)	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)	00504	Sydney Administrators / 5STAR Life Ins Co (5STAR)
20805	Marrick Medical Finance	26119	Thrivent/ Thrivent Financial (THRIV/30167/30166)
60230	Masonry Welfare Trust Fund	TKFMC	TKFMC
04293	Mass General Brigham Health Plan	TRP1E	Transamerica (TRP1E, TLINS)
25160	MCA Administrators	00351	Tribute Health Plan of Oklahoma (31125)
39190	MedStar Family Choice	00189	TrueCare Mississippi
RP062	MedStar Family Choice DC	42137	TriStar
RP063	MedStar Family Choice MD	91078	Trusteed Plans Service Corporation
22823	Med-American Benefits	61425	Trustmark Insurance Company / Starmark
86052	Mercy Care Plan (AHCCCS)	74227	UHC Student Resources
39114	Mercy Care Health Plans (WI / IL)	52180	UMWA Health & Retirement Funds
33628	Mercy Maricopa Integrated Care/Mercy Care RBHA	89070	United Concordia
41124	Meritain Health	34677	Village Practice Management Company
00351	Missouri Medicare Select (MMS01)	TH023	WellMed Medical Management Inc.
38333	Molina Healthcare	93050	William C. Earhart Company

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

(All fields are required unless otherwise indicated)

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.

» Sign the form. Postal mail *OR* send the completed form to ECHO® via the ECHO secure portal. Postal mail: ECHO Health, Inc., 810 Sharon Drive, Westlake, Ohio 44145. Or, send via the ECHO secure portal: https://edi.echohealthinc.com/new-ticket.

» For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or edi@echohealthinc.com.

» Once you receive EFT payments, if you encounter issues with missing or late delivery of 835s, please contact edi@echohealthinc.com, or contact your clearinghouse partner directly so they can reach out to ECHO Health Inc. on your behalf.

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

Payer / Insurance Company Name:

(Please specify only one Payer per form)

ECHO Draft Number: **ECHO Draft Amount $:**

For security purposes, please supply an ECHO Draft Number and matching Draft Amount to validate against your Tax ID. The Draft Number will be either a 9-digit payment number starting with "3" or a 10-digit number beginning with "1". **Note**: For ERA Only, Draft Number and Draft Amount are **not required**.

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.)

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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 <u>and</u> 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 <u>and</u> 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)*

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 number 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)**

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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: 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 contact in vendor office for handling ERA issues)

Vendor Telephone Number: [ ]
(Telephone number of contact)

Vendor E-mail 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 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 or paper-based manual enrollment.*

☐ By signing below, provider acknowledges that the provider has read, agrees that is it 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://enrollments.echohealthinc.com/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)

Note: Electronic signature (e-signature) is optional. If you prefer, print the completed form and sign it manually.

Postal mail OR send completed form via the ECHO secure portal. See page 1 of this form for instructions.

CLEAR **PRINT**