



HMO LOUISIANA (84555) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Change Healthcare ERA Enrollment**

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-10 business days

HOW DO I CHECK STATUS?

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



OPTUM 835 ENROLLMENT REQUEST

Email this form to Support@officeally.com or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

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
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					