HEALTH ALLIANCE PLAN MI (38224)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Health Alliance Plan (HAP) of MI Enrollment Form (page 5)**

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 10-15 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: New ERA Enrollment

Authorized Signature:

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

Submit by Email

Clear Form

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.

Optum360
Electronic Remittance Advice Enrollment

Updated: 4/30/2020

Payer Name: Health Alliance Plan of Michigan (HAP) (P&I)	Payer ID: 38224

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: 10-15 Business Days

Enrollment Agreement Instructions

To enroll for ERAs with Health Alliance Plan of Michigan (HAP) (P&I):

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

   Optum360 partners with Availity who goes through Change Healthcare / RelayHealth to this payer for ERAs. Please be sure to check either professional or institutional ERAs on the Change Healthcare form In order for Optum360 to correctly update your Optum360 ERA account. Please complete the attached forms for 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 the Change Healthcare Payer Agreement Cover Sheet and Health Alliance Plan (HAP) of MI to Optum360. Do not include this instruction page.**

4. **Fax the Change Healthcare Payer Agreement Cover Sheet and Health Alliance Plan (HAP) of MI to: 916-267-2963.**

5. **Failure to upload the forms to Optum360 and fax or email the forms 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.

DBQ

CHANGE HEALTHCARE

Return completed agreements to:
Change Healthcare
Attn: Enrollment Dept. (IADU-DC2)
301 Data Court
Dubuque, Iowa 52003

Payer Agreement Cover Sheet

Agreement Type: Remittance

Estimated Approval Time: 10

Multiple Clearinghouses: Yes

☐	**CPID 6466**	**HAP/AHL/CURANET - Professional**
☐	**CPID 6513**	**HAP/AHL/CURANET - Institutional**

Special Instructions: Agreement may be faxed to Change Healthcare 916-267-2963.

CID _____

Submitter ID 392886

Submitter Name Availity LLC

Customer ID 1046700

Billing ID 392886

Reference ID _____

6E

Remittance

Last Revised Date: 03/28/17

Health Alliance Plan (HAP) of MI

MCKESSON 943207296

NPI: _____

Tax ID:

Vendor Number: _____ Vendor number can be found in the upper left hand side of the paper remit report.

Provider Name: _____

Provider Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Can paper EOBs be turned off once Electronic Remittance Advice is received? ☐ Yes ☐ No

Signature: _____

Title: _____

Date: _____

Email: _____

Phone: _____