



# MAGELLAN ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- **Magellan Healthcare Electronic Remittance Advice Registration or Termination Form (ERA)**

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

- Email the form to [Support@officeally.com](mailto:Support@officeally.com) OR;
  - Subject should contain: **Magellan ERA Enrollment**
- Fax to (360) 896-2151

## WHAT IS THE TURNAROUND TIME?

- Standard processing time for enrollment is 2-3 business days.
- The time it takes ERAs to start coming through is dependent upon the payer. Generally, ERAs can take anywhere from 10 to 45 business days to begin coming through.

## HOW DO I CHECK STATUS?

- Once your enrollment has been received you will receive an email from Office Ally indicating that your application has been sent to Magellan for processing. If you are not receiving ERAs within 21 days, please email [Support@officeally.com](mailto:Support@officeally.com) with the following:
  - Subject should contain: **Checking Status on Magellan ERA Enrollment**
  - **Provider Name:**
  - **Tax ID:**
  - **NPI:**

## ELECTRONIC REMITTANCE ADVICE REGISTRATION OR TERMINATION FORM (ERA)

(Electronic Remittance Advice means receiving remittance data in an electronic form, such as the HIPAA X12.835.)

This form must be completed by individual provider applicants, provider groups, or organizations that are requesting that claims remittance (Explanation of Benefits and Explanation of Payments) be sent electronically, in lieu of printed documentation. In order to receive electronic claims remittance, you must have a W-9 and a National Provider Identifier on file with Magellan\*, and be the owner of the Taxpayer Identification Number (TIN) under which claims are paid. This form is also used by providers to terminate electronic claims remittance.

Please fax the completed form to one of the clearinghouses listed below. (Note, for Availity, you must register *online* at [www.availity.com](http://www.availity.com).) The clearinghouse will contact Magellan when they have finished processing your request.

### PROVIDER INFORMATION

PROVIDER NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TIN: \_\_\_\_\_ NPI #: \_\_\_\_\_ MIS #: \_\_\_\_\_

Check Type:  Employer Identification Number (EIN)  Social Security Number (SSN)  Tax Identification Number (ITIN)

NOTE: Groups must enroll their group number only

PROVIDER AGENT CONTACT NAME: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### ERA ELECTION INFORMATION

PLEASE FAX TO THE CLEARINGHOUSE WITH WHICH YOU ARE (OR WILL BE) ENROLLED:

| HealthEC  | PayerPath             | Capario               | Emdeon                | RelayHealth           | Availity  | Trizetto Provider Solutions LLC            | Office Ally           |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|--|-----------------------|
| 732-909-2445<br>(Fax)<br><a href="mailto:orbiteconnect.support@igiusa.com">orbiteconnect.support@igiusa.com</a> | 919-457-4128<br>(Fax) | 404-877-3324<br>(Fax) | 615-231-4843<br>(Fax) | 916-267-2963<br>(Fax) | Register at<br><a href="http://availity.com">availity.com</a> | 314-898-1890<br>(Fax)<br>Attn: Remit Group | 360-896-2151<br>(Fax) |

Providers must register with one of the Magellan-preferred clearinghouses above to guarantee delivery of files. Providers registering with another clearinghouse will be responsible for ensuring delivery of their files.

I request that claims remittance be sent electronically through the clearinghouse identified above. I understand that I will no longer receive paper remittance advice for claims I submit electronically.

ERA EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Cannot be earlier or more than 180 days from the date you sign this form.*

This authority shall remain in effect unless you submit a written cancellation notice to Magellan. Electronic transmissions of remittance advice will not occur until Magellan initiates a claim payment to you and a successful test is conducted between Magellan and your clearinghouse. The actual Effective Date (or Termination Date) will be assigned after this process occurs. Meanwhile, remittance advice will continue to be mailed to you.

**STOP** Electronic Remittance Advice. I understand I will receive paper remittance advice when this request is processed.

ERA TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Cannot be earlier than the date you sign this form.*

AUTHORIZED SIGNATURE: \_\_\_\_\_

The person(s) signing this form must be authorized to sign on behalf of the provider receiving claims remittances.

DATE: \_\_\_\_\_

\*In California, Magellan does business as Human Affairs International of California, Inc. and/or Magellan Health Services of California, Inc. – Employer Services. Other Magellan entities include Magellan Healthcare, Inc. f/k/a Magellan Behavioral Health, Inc.; Merit Behavioral Care; Magellan Health Services of Arizona, Inc.; Magellan Behavioral Health of Florida, Inc.; Magellan Behavioral of Michigan, Inc.; Magellan Behavioral Health of Nebraska, Inc.; Magellan Behavioral Health of New Jersey, LLC; Magellan Behavioral Health of Pennsylvania, Inc.; Magellan Providers of Texas, Inc.; and their respective affiliates and subsidiaries; all of which are affiliates of Magellan Health, Inc. (collectively “Magellan”). National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.