

MARYLAND PHYSICIANS CARE (22348) ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- [Emdeon EnrollNow \(Click here\)](#)
 - **NOTE:** This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- **Emdeon ERA Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to Emdeon.
- **Electronic Remittance Advice (ERA) Authorization Agreement**
 - **NOTE:** This will be sent directly to the payer.

WHERE SHOULD I SEND THE FORM(S)?

- **Emdeon EnrollNow:** Once completed online, click Submit.
 - **NOTE:** If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- **Emdeon ERA Enrollment Form:** Once completed, save and email to support@officeally.com
- **Electronic Remittance Advice (ERA) Authorization Agreement:** Once completed, email or fax to

MARYLAND PHYSICIANS CARE
Email: providers@marylandphysicianscare.com
Fax: 866-333-8024

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your **Emdeon ERA Enrollment Form**, we will process the request within 24-48 hours.
 - **Note:** Incomplete forms will delay the enrollment process, every field is **required**.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERA's can take anywhere from 14 to 45 days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check status, call Provider Relations at 800-953-8854 or email providers@marylandphysicianscare.com.

EMDEON ERA ENROLLMENT FORM



In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to Support@officeally.com, the Email Subject should read: **Emdeon ERA Enrollment**.

PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:

MARYLAND PHYSICIANS CARE (22348)

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIERS INFORMATION:

Provider Federal Tax Identification Number (TIN)

OR Employer Identification Number (EIN):

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION:

Provider Contact Name:

Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE INFORMATION:

**Preference for Aggregation
of Remittance Data:**

***Note:** Account Number Linkage to Provider Identifier. Must match preference for EFT payments.*

SUBMISSION INFORMATION:

Reason for Submission:

Authorized Signature:

***Note:** Electronic Signature (typed name) of Person Submitting ERA Enrollment.*

Instructions for Electronic Remittance Advice (ERA) Enrollment/Change/Cancellation

Page 1

Please use this guide to prepare/complete your Electronic Remittance Advice (ERA) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in ERA. The following is a reference guide only, **do not fax, or email the instructions with the completed authorization form. Return Pages 2-3 ONLY.** If you prefer to enroll/change/cancel electronically, please go to our website at www.marylandphysicianscare.com for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact Provider Relations at 1-800-953-8854, or email us at providers@marylandphysicianscare.com.

Please note that the descriptions for the data elements contained in the Electronic Remittance Advice (ERA) Authorization Form have been placed in an Appendix to make it easier to complete the form. Please refer to the Appendix when completing the form.

- Are you using one authorization agreement form per tax id number?**
 - Enrollment forms containing more than one tax id will be returned.
- Did you remember to put the NPI # on the authorization agreement form?**
 - Enrollment forms without an NPI number will be returned.
- Additional Information**
 - Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method.
 - If you do not use a vendor and have questions, please contact Provider Relations at **1-800-953-8854**, or email providers@marylandphysicianscare.com.
 - If you would like to link directly with Emdeon please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon.
- Need to change or cancel an existing enrollment?**
 - Complete a new authorization agreement form to make changes to an existing enrollment or to cancel an existing enrollment. Complete all parts of the form and mark the appropriate choice in the Submission Information section of the form. You are responsible for notifying Maryland Physicians Care of any information changes.
- Has the form been signed by the appropriate individuals?**
 - Unsigned forms will be returned.
- Have you completed all sections?**
 - Please type or print all requested information clearly. Incomplete and/or illegible fields will cause the form to be returned.
- Have a completed form to submit? Forms can be submitted by fax or email.**
 - Completed new or change authorization agreement forms with voided check and/or bank letter and completed cancellation authorization agreement forms can be submitted through one of the following methods:
Fax to: Maryland Physicians Care, Provider Relations 866-333-8024. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: providers@marylandphysicianscare.com. **Only one form per email.** Emails containing multiple forms will be returned.
- Need to check the status of your ERA enrollment?**
 - Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.
 - The online instructions on our website at www.marylandphysicianscare.com will instruct you to contact Provider Relations **1-800-953-8854** or email providers@marylandphysicianscare.com with any questions or to check enrollment status.
- Have you contacted your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements from the NACHA ACH/EFT payment file?**
 - Your financial institution must be a participating member of the Automated Clearinghouse Association (ACH) and accept the CCD+ format. You must proactively contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for the successful reassociation of the EFT payment with the ERA remittance advice.
- Do you have a Late or Missing EFT payment or ERA remittance advice?**
 - If you have not received your EFT payment or the corresponding ERA remittance advice by the 4th business day after you receive either the EFT payment or ERA remittance advice, contact your Provider Relations **1-800-953-8854**, email us at providers@marylandphysicianscare.com, or fax us at 866-333-8024.

Electronic Remittance Advice (ERA) Authorization Agreement

Page 2 – Definitions for DEG group data elements contained in Appendix.

DEG1		PROVIDER INFORMATION									
Provider Name											
Doing Business As Name (DBA)											
Provider Address Street											
City											
State/Province											
Zip Code/Postal Code											
DEG2		PROVIDER IDENTIFIERS INFORMATION									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)											
National Provider Identifier (NPI)											
DEG3		PROVIDER CONTACT INFORMATION									
Provider Contact Name											
Telephone Number											
Email Address											
Fax Number											
DEG7		ELECTRONIC REMITTANCE ADVICE INFORMATION									
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below											
Provider Tax Identification Number (TIN)											
National Provider Identifier (NPI)											
Method of Retrieval											
DEG8		ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION									
Clearinghouse Name		Emdeon									
Clearinghouse Contact Name		Enrollment Help Desk									
Telephone Number		866-924-4634									
Email Address		payerregistration@emdeon.com									
DEG10		SUBMISSION INFORMATION									
Reasons For Submission – Select from below											
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment											

Electronic Remittance Advice (ERA) Authorization Agreement

Page 3 – Definitions for DEG group data elements contained in Appendix.

Authorized Signature

Written Signature of Person
Submitting Enrollment

Printed Name of Person
Submitting Enrollment

Printed Title of Person
Submitting Enrollment

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement

Electronic Remittance Advice (ERA)

An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial.

This authorization is to remain in effect until Maryland Physicians Care has received an ERA cancellation notification from me that affords Maryland Physicians Care a reasonable opportunity to act on it. Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.