WHICH FORMS SHOULD I COMPLETE?

- You can enroll for ERAs using one of the following options:
  - **Option 1:** Enroll Online via the portal: **FLMMIS Portal**
  - **Option 2:** Complete the paper **Florida Medicaid Electronic Remittance Advice (ERA) Authorization Agreement Form** (Pg. 2)
- For additional instructions on the online or paper enrollment process, see the Payer's **ERA Enrollment Guide**

WHERE SHOULD I SEND THE FORM(S)?

- The paper form can be sent using either submission option listed below:
  - Fax to (866) 270-1497
    OR
  - Mail to
    > HP Provider Enrollment
    > PO Box 7070
    > Tallahassee, FL, 32314

WHAT IS THE TURNAROUND TIME?

- Processing may take up to 3 weeks

HOW DO I CHECK STATUS?

- If after 3 weeks you do not receive ERAs, contact the Payers EDI Operations Team at (866) 586-0961 to verify that your ERAs have been linked to Office Ally

Florida Medicaid Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information*

Provider Name*

Doing Business As Name (D/B/A)

Provider Address Street * *(Street Name and Number – NOT a P.O. Box)*

Provider Address *(Suite, Room, etc.)*

City*	State*	ZIP*

Provider Identifiers Information*

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	National Provider Identifier (NPI)^

Other Identifiers*

Assigning Authority – Florida Medicaid Provider Identification Number*	Trading Partner ID^
	86259 / 992376400

Provider Contact Information – *for ERA Issues***

Provider Contact Name*		
Telephone Number*	E-mail Address^	Fax Number

Electronic Remittance Advice Information*

Preference for Aggregation of Remittance Data* *(Must match preference submitted on EFT)*
☒ Provider Tax Identification Number (TIN)   ☐ National Provider Identifier (NPI)
NOTE: This information is being collected in the event Florida Medicaid changes ERA aggregation (which is currently done by Medicaid Provider Identification Number).

Electronic Remittance Advice Clearinghouse Information^

Clearinghouse Name
Office Ally

Telephone Number	E-mail Address
360-975-7000 Option 1	Teresa.Hiltenbrand@officeally.com

Submission Information*

Authorized Signature*

Printed Name of Person Submitting Enrollment*

Printed Title of Person Submitting Enrollment*	Submission Date*

Instructions for completing the ERA Authorization Agreement

- The online registration form may be accessed via the secure web portal (http://home.flmmis.com) under the Provider Demographic heading.
- Please type or print legibly in black or blue ink.
- Fields marked with an asterisk (*) are required.
- Fields marked with a carat (^) are required if the information is available.
- Please allow 3 weeks for processing. If after 3 weeks you do not receive ERA files, contact the EDI Operations team at (866) 586-0961 to inquire.