



MERCY MARICOPA INTEGRATED CARE (33628) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Mercy Maricopa Integrated Care Electronic Remittance Advice (ERA) Enrollment Form**
- **Emdeon ERA Enrollment Form**
 - **NOTE:** This form is emailed to Office Ally, not to Emdeon

WHERE SHOULD I SEND THE FORM(S)?

- Fax the Mercy Maricopa ERA form to (860) 975-0841; or email it to MercyMaricopaProviderRelations@aetna.com
- Email the Emdeon ERA Enrollment Form to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Aetna will process your enrollment form within 10-15 business days
- Office Ally will process your Emdeon ERA Enrollment Form within 24-48 hours

HOW DO I CHECK STATUS?

- To check the status of your enrollment, email MercyMaricopaProviderRelations@aetna.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 NAME AND PAYER ID:

PROVIDER INFORMATION:

Provider Name:

Provider Address:

PROVIDER IDENTIFIER 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

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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 2-4 ONLY. If you prefer to enroll/change/cancel electronically, please go to our website at www.MercyCareAZ.org for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact Network Management Enrollment at 602-263-3000 or 1-800-624-3879, or email us at MercyCareNetworkManagement@MercyCareAZ.org.

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 (if the provider is required to have an NPI) will be returned.
 - List additional NPI numbers to be enrolled in the space provided at the end of the enrollment form.
- ☐ **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 Network Management at 602-263-3000 or **1-800-624-3879** or email MercyCareNetworkManagement@MercyCareAZ.org.
 - To link directly with Change Healthcare please contact Change Healthcare Sales at 1-877-363-3666. There may be additional costs associated with Change Healthcare.
- ☐ **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 Mercy 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, change and cancellation authorization agreement forms can be submitted through one of the following methods: **FAX To:** Mercy Care, Network Management Enrollment at 860-975-3201. **Only one form per fax.** Faxes containing multiple forms will be returned. **Email To:** MercyCareNetworkManagement@MercyCareAZ.org. **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.MercyCareAZ.org will instruct you to contact Network Management Enrollment at 602-263-3000 or **1-800-624-3879**, or email MercyCareNetworkManagement@MercyCareAZ.org 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 Network Management representative at 602-263-3000 or **1-800-624- 3879** or email us at MercyCareNetworkManagement@MercyCareAZ.org or fax us at 860-975-3201.

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 Mercy Care has received an ERA cancellation notification from me that affords Mercy 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.

Additional Required Information For Enrollment – MUST BE COMPLETED

ERA Receiver Information**

Receiver ID	133052274	
Distribution Method** (must indicate one method)	<input checked="" type="checkbox"/> FTP Internet Log ID (8 characters) <input type="checkbox"/> TSO ID <input type="checkbox"/> NDMs Node Name (unique vendor ID) lower case <input type="checkbox"/> Change Healthcare Office (email address)*** <input type="checkbox"/> Change Healthcare Payment Manager	Distribution OFFALLEY

ERA Receiver Information and Distribution Method Choices**:

1. Change Healthcare Office*** is a suite of Change Healthcare practice management products, which includes a multitude of provider products. Change Healthcare Office should only be selected if you as the provider use the suite of Change Healthcare Office practice management products.
2. FTP Internet- this may be an FTP log on or it may be used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox- this is a dial up connection.
4. NDM S Node- this is typically used for 837 claim submissions.
5. Change Healthcare Payment Manager – Enter Payment Manager as the Receiver ID even if enrolling for Payment Manager as part of this ERA enrollment.

Additional Information Required If Enrolling in Change Healthcare Payment Manager – Offered at no additional cost		
Check the correct box to indicate a Payment Manager request	Yes <input type="checkbox"/> No <input type="checkbox"/>	Both ERA and Payment Manager <input type="checkbox"/>
If Payment Manager, does a User ID already exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Manager User ID:

Additional National Provider Identification (NPI) to be enrolled		
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI

General Reference Information	
Payer Information	
Payer ID: Mercy Care - 86052 Mercy RBHA - 33628	Tax ID: 86-0577381

Change Healthcare Confirmations – Internal Use Only
Send Change Healthcare 835 enrollment confirmations to: MercyCareNetworkManagement@MercyCareAZ.org

Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization Agreement

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DEG1 PROVIDER INFORMATION	
Data Element Name	Description
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person(s) who actually own it and are responsible for it
Provider Address - Street	The number and street name where a person or organization can be found
Provider Address - City	City associated with provider address field
Provider Address – State/Province	ISO 3166-2 two-character code associated with the State/Province/Region of the applicable Country
Zip Code/Postal Code	System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

DEG2 PROVIDER IDENTIFIERS INFORMATION	
Data Element Name	Description
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identifier Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digits number). This means that the numbers do not carry other information about the healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

DEG3 PROVIDER CONTACT INFORMATION	
Data Element Name	Description
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles

Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization Agreement

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DEG7 ELECTRONIC REMITTANCE ADVICE INFORMATION	
Data Element Name	Description
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment
Provider Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Method of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

DEG8 ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Data Element Name	Description
Clearinghouse Name	Official name of the provider's clearinghouse
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse

DEG10 SUBMISSION INFORMATION	
Data Element Name	Description
Reason for Submission - Select from below	
New Enrollment	
Change Enrollment	
Cancel Enrollment	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment