

METRO PLUS HEALTH PLAN (13265) 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.
- **Metro Plus ERA Provider Setup Form**

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.
- **Metro Plus ERA Provider Setup Form:** Once completed, send to batchenrollment@emdeon.com or Fax to: 615-885-3713.

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 the status of the **835 Enrollment Request Form**, please email or call Office Ally's Customer Support Department at support@officeally.com or (360) 975-7000 option 1.
 - Make sure to provide the **Payer, TIN/EIN** and **NPI** that was submitted on the form when you contact us.

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:

METRO PLUS HEALTH PLAN - PAYER ID 13265

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.

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



ERA Provider Setup Form

(Payer ID 13265)

Provider Organization

Practice/Facility Name					
Practice/Facility Address					
	City		State		Zip Code
Contact Name			Contact Phone		
Contact Email					
Tax ID			Billing NPI ID		

* All fields are required

Additional Associated Practices/Facilities

* All NPI IDs associated with a provider organization are required for full ERA enrollment. Attach a separate list if necessary.

Practice/Facility Name		NPI ID	
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Practice/Facility Name		NPI ID	
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Practice/Facility Name		NPI ID	
Practice/Facility Name		NPI ID	
Practice/Facility Name		NPI ID	

Submit completed form to Relay Health