

WHICH FORMS SHOULD I COMPLETE?

MODA Health requires both the ERA and EFT forms to be completed & signed.

Complete the ERA Enrollment Form (page 3) and the EFT Enrollment Form (page 5).
(do not include the instruction pages when sending completed forms to the payer)

WHERE SHOULD I SEND THE FORM(S)?

Fax to: (503) 412-4068; or

Mail to:

Moda Health/ODS/ODS Community

ATTN: EDI Department

601 SW 2nd Ave Portland, OR 97204

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 2-3 weeks.

HOW DO I CHECK STATUS?

If you have not received your ERA files within 3 weeks of submitting your form, please email edigroup@modahealth.com to confirm the approval of your ERA and EFT Enrollment Forms to link to Office Ally.



Electronic Remittance Advice (ERA) enrollment form instructions

General instructions:

1. Moda Health requires both the ERA and EFT forms to be completed and signed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2-3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
NOTE: Each clearinghouse may require providers to complete separate enrollment forms.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and list each applicable NPI. If there are different bank accounts for each NPI, complete one ERA/EFT form for each NPI.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the ERA Form

1. **Provider information**
 - a. Provider name – provider/clinic/facility name.
 - b. Doing business as name – DBA name if applicable.
 - c. Provider address – this can be the billing address or physical location.
2. **Provider identifiers information**
 - a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
 - b. National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI if you have one, otherwise provide Type I.
 - c. Other identifier/taxonomy code – provide if known but this is not a requirement.
3. **Provider contact information**
 - a. Provider contact name – name of contact person for the provider/clinic/facility.
 - b. Telephone number and extension – provider telephone and extension for the contact person.
 - c. Email address – email address of the provider contact person.
4. **Electronic Remittance Advice information**
 - a. Preference for aggregation of remittance data (e.g account number linkage to provider identifier):
 - Provider Federal Tax Identification Number – provide provider/clinic/facility TIN.
 - National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI, if you have one, otherwise provide Type I.
 - b. Method of retrieval – generally this should be “Clearinghouse.”
5. **Electronic Remittance Advice clearinghouse information**
 - a. Clearinghouse name – provide clearinghouse name. See the clearinghouse list below. Provider is required to select a clearinghouse from the drop-down menu. If your clearinghouse is not listed, reach out to your clearinghouse to confirm if they can connect to one of the clearinghouses listed.

6. Submission information

- a. Reason for submission – check if enrollment is new, change or cancel.
- b. Authorized signature – digitally stamped or written and printed name of the authorized personnel.
- c. Submission date – date form is submitted to Moda.

Changes to an existing 835 ERA/EFT setup

Bank account update:

Complete new EFT enrollment form and fax to Moda Health. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update:

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process. See the clearinghouse list.

Other updates:

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Moda Health Professional Relations department to update the TIN, EIN or NPI in our provider records.
Providerupdates@modahealth.com
Fax 503-243-3964
Phone 800-420-7758
- b. Contact Clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address:

- a. Providers are required to contact Moda Health Professional Relations department at providerupdates@modahealth.com to update the address in our provider records.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 ERA/EFT setup:

To cancel 835 ERA/EFT setup, send an email request to edigroup@modahealth.com.



Moda Health Electronic Remittance Advice (ERA) enrollment form

Section 1 ▶ Provider information (*required)

Provider name*:	Doing business as name (DBA)*:	
Street*:		
City*:	State/Province*:	ZIP code/Postal code*:

Section 2 ▶ Provider identifiers information (*required)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*:
National Provider Identifier (NPI)*:
Other identifier(s); provider taxonomy code:

Section 3 ▶ Provider contact information (*required)

Provider contact name*:	Telephone number:	Telephone extension:
Email address*:		

Section 4 ▶ Electronic Remittance Advice information (*required)

Preference for Aggregation of Remittance Data (e.g. account number linkage to provider identifier)

Provider Tax Identification (TIN):	National Provider Identifier (NPI):	Method of retrieval: Clearinghouse
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Section 5 ▶ Electronic Remittance Advice Clearinghouse information (*required)

Clearinghouse name* (select from drop down menu):

Section 6 ▶ Submission information (digitally stamped or written signature is required)

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Digitally stamped signature: X		
Written signature: X		
Printed name*:	Printed title:	Submission date (ccyyymmdd)*:

Confidential when completed. Please mail or fax to:

Moda Health
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

**NOTE: Do not include instructions when returning forms.
Do not send completed form via email.**



Electronic Fund Transfer enrollment form instructions

General instructions:

1. Moda Health requires both the EFT and ERA forms to be completed and signed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2–3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
NOTE: Each clearinghouse may require providers to complete a separate enrollment forms.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and list each NPI. If there are different bank accounts for each NPI, complete one ERA/EFT form for each NPI.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the EFT Form

- 1. Provider information**
 - a. Provider name – provider/clinic/facility name as listed in the W9 or IRS EIN assignment letter.
 - b. Doing business as name – DBA name if applicable.
 - c. Provider address – this can be the billing address or physical location.
- 2. Provider identifiers information**
 - a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
 - b. National provider identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI if you have one, otherwise provide Type I.
 - c. Other identifier/Taxonomy code – provide if known but this is not a requirement.
- 3. Provider contact information**
 - a. Provider contact name – name of contact person for the provider/clinic/facility.
 - b. Telephone number and extension – provider telephone and extension for the contact person.
 - c. Email address – email address of the provider contact person.
- 4. Financial institution information**
 - a. Financial institution name – provide name of financial institution.
 - b. Financial institution routing number – provide the ACH Transit Routing Number.
 - c. Type of account at financial institution – ‘Checking’ or ‘Savings’.
 - d. Provider’s account number with Financial Institution – provide the checking or savings account number.
 - e. Account number linkage to provider identifier:
Tax Identification Number (TIN) – provider/clinic/facility TIN linked to the checking account.
National Provider Identifier (NPI) – provider/clinic/facility NPI linked to the checking account.
 - f. A voided check for the account may be included with form submission.
- 5. Submission information**
 - a. Reason for submission – check if enrollment is new or change.
 - b. Authorized signature – digitally stamped or written and printed name of the authorized personnel.
 - c. Submission date – date form is submitted to Moda.

Changes to an existing 835 ERA/EFT setup:

Bank account update:

Complete new EFT enrollment form and fax to Moda Health. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update:

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process.

Other updates:

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Moda Health Professional Relations department to update the TIN, EIN or NPI in our provider records.
providerupdates@modahealth.com
Fax 503-243-3964
Phone 800-420-7758
- b. Contact clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address:

- a. Providers are required to contact Moda Health Professional Relations department to update the address in our provider records. See above contact information.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 setup:

To cancel 835 ERA/EFT setup, send an email request to edigroup@modahealth.com.



Moda Health Electronic Fund Transfer (EFT) enrollment form

Section 1 ▶ Provider information (*required)

Provider name*:	Doing business as name (DBA)*:	
Street*:		
City*:	State/Province*:	ZIP code/Postal code*:

Section 2 ▶ Provider identifiers information (*required)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*:
National Provider Identifier (NPI)*:
Other identifier(s); provider taxonomy code:

Section 3 ▶ Provider contact information (*required)

Provider contact name*:	Telephone number:	Telephone extension:
Email address*:		

Section 4 ▶ Financial institution information (*required)

Financial institution name*:	Financial institution routing number*:
Type of account at financial institution*: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provider's account number with financial institution*:
Provider Tax Identification Number (TIN):	National Provider Identifier (NPI):

Section 5 ▶ Submission information (digitally stamped or written signature is required)

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Digitally stamped signature: X		
Written signature: X		
Printed name*:	Printed title:	Submission date (ccyyymmdd)*:

Confidential when completed. Please mail or fax to:

Moda Health
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

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