MOLINA HEALTHCARE ERA ENROLLMENT INSTRUCTIONS



Phone: 360-975-7000

Fax: 360-896-2151

WHAT FORM(S) SHOULD I DO?

- ProviderNet Registration
 - o Go to https://providernet.adminisource.com/Start.aspx and click Register.
 - Agree to terms and conditions of ProviderNet.
 - o Select Molina Healthcare from the payer drop down.
 - Complete all required provider fields.
 - You will have the option to set up EFT payments during the registration process.
 - o For the connectivity option, select ChangeHealthCare to receive ERA's.
 - o Complete registration instructions can be found <u>here</u>.
- Emdeon ERA Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- ProviderNet registration is completed on line.
- Email Emdeon ERA Enrollment form to support@offically.com

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

Standard processing time is 1-2 weeks.

EMDEON ERA ENROLLMENT FORM



Molina Healthcare of Illinois (20934) Molina Healthcare of New Mexico (04423) Molina Healthcare of Ohio (20149)

Molina Healthcare of South Carolina (46299) Molina Healthcare of Wisconsin (ABRI1)

| PROVIDER INFORMATION | | | |
|---|-------------------------------------|--------|------|
| Provider Name: | | | |
| Provider Address: | City: | State: | Zip: |
| PROVIDER IDENTIFIERS INFORMATION | | | |
| Provider Federal Tax Identification Number Employer Identification Number (EIN): | National Provider Identifier (NPI): | | |
| PROVIDER CONTACT INFORMATION | | | |
| Contact Name: | Telephone Number/Extension: | | |
| Email Address: | Fax Number: | | |
| ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE) | | | |
| Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only one. | | | |
| Provider Federal Tax Identification Number (TIN): | | | |
| National Provider Identifier (NPI): | | | |
| SUBMISSION INFORMATION | | | |
| Reason for Submission: | | | |
| Authorized Signature: | | | |
| Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment. | | | |

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