OSCAR HEALTH (OSCAR)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 360 ERA Enrollment Packet** (begins on page 2)

WHERE SHOULD I SEND THE FORM(S)?

- Email to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 14-20 business days

HOW DO I CHECK STATUS?

- To check your ERA enrollment status, send an email to Support@officeally.com or call (360) 975-7000 option 1.

OPTUM 835 ENROLLMENT REQUEST

Email this form to Support@officeally.com or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required.**

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:**

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

NOTE: If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

Payer Name:	Payer ID:

Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your account for electronic remittance advice (ERA).

Estimated approval timeframe: _____

Enrollment Agreement Instructions

To enroll for ERAs with _____:

1. Complete the attached payer enrollment form, which may include instructions to assist with your enrollment.

2. In IEDI go to Utilities > ERA Enrollment > ERA Enrollment File Upload > ERA Enrollment Instructions. This will give you the guidelines to complete a file upload.

3. Next choose the Enrollments tab.

4. Click on +New ERA Enrollment to select your ERA Form from your computer to be file uploaded.

5. <mark>File upload just the completed Change Healthcare Remittance and payer forms to Optum360</mark>. **Do not include this instruction page.**

Who do I contact if I have questions?
Contact the Optum360 Enrollment Department at (866) 367-9778, option 1.

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

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

Enrolling in ERA/EDI 835 with Oscar Health
Oscar offers ERA to both in network and out of network providers. Please follow the instructions below based on your network status.

In Network Providers
In network providers must enroll in ACH before enrolling in ERA.

In Network Provider Enrollment Steps:
1. Enroll via the "Manage Payments" section of the Oscar Provider portal before completing the Change Healthcare enrollment form
    a. If you do not have an account with the Oscar Provider portal, you can create one here
2. Upon completion of the Oscar enrollment form, you will be prompted to continue your enrollment on the Change Healthcare website

Out of Network Providers
Out of Network Providers are required to enroll in ACH and ERA at the same time.

Out of Network Provider Enrollment Steps:
1. Complete the Oscar ACH & ERA enrollment form here
2. Complete the Change Healthcare ERA Enrollment form here
3. Contact Oscar once you have received two small deposits into your bank account

For questions, please contact (855) OSCAR-55.

_____

In order to complete this form, please agree to the following:

❏ **By marking this checkbox, I verify that I have completed the necessary steps listed above before submitting this form to Change Healthcare.**

Provider Name:

NPI:

Tax ID:

Provider Address:

Provider City:

State:

Zip code:

Provider Telephone Number:

Provider Email Address:

Contact Name: