

WHICH FORMS SHOULD I COMPLETE?

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

WHERE SHOULD I SEND THE FORM(S)?

- Email to Optum.ERA@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 14-20 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.

Email this form to Optum.ERA@officeally.com. 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 of emailing this form, please send it again. Please print legibly and complete the form in its entirety. Your application may be delayed if unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION**Provider Name:****Provider Address:****City:****State:****Zip:****PROVIDER IDENTIFIERS INFORMATION****Employer Identification Number (EIN):****National Provider Identifier (NPI):****PROVIDER CONTACT INFORMATION****Contact Name:****Phone 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 ERAs 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.



Electronic Remittance Advice Enrollment

Updated:

Payer Name		Payer ID	
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Overview

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

Estimated approval time frame:

Enrollment Agreement Instructions

To enroll for ERAs with

1. **Payer Form** – Complete the online enrollment and the attached enrollment forms.

2. **Admin Simp Spreadsheet** -- To create your enrollment record you can use the Admin Simp Spreadsheet to upload several enrollment records. Once the records are created you can attach the form for each payer requiring an Enrollment form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > ERA Enrollment File Upload. You can also create individual records using Direct Data Entry (DDE) and attaching the form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > Enrollments. You will need to enroll **BOTH the TIN & NPI** in order for the Record ID to process correctly.
Please note: Providers will need to enroll for both payer IDs OSCAR and RP039 in order to receive all ERAs.
3. Complete online process through: **Oscar Provider portal** by instructions given on the following pages.
4. **File upload** the Availity page and either the Professional or the Institutional Change Healthcare Remittance form with the Change Healthcare confirmation of completion page to Optum. **Do not include this instruction page.**
5. **Submit** *Only the Change Healthcare Remittance Form as the 1st page* to Change Healthcare or it will not be processed by CHC. Email the completed 2 page enrollment to Batchenrollment@changehealthcare.com or fax to 615-885-3713.
6. **Failure** to upload the forms (3 pages) to Optum and email or fax the 2 pages to Change Healthcare will cause rejection of your request.
7. **Sales Force Case** - Once you have received approval for ERAs *you will need to open a Sales Force Case informing us that you are approved* so that Optum Enrollments can update your IEDI ERA Record ID and the Availity Registration ID in order for you to receive the ERAs. Please specify "Approval for ERA" and provide the Record ID, TIN & NPI, Payer ID, Payer Name and date of the approval.

Who do I contact if I have questions?

Contact Optum Support at 1-866-678-8646 (1-866-OPTUM GO) choose Option #2



TRANSACTION ENROLLMENT INSTRUCTIONS

PAYER ID: OSCAR

PAYER NAME: OSCAR HEALTH

TRANSACTIONS Inst. Claims Prof. Claims ERA Eligibility Claim Status

: Please see below for enrollment instructions. For questions, please call our customer service center at (800) 282-4548 or you may open a support ticket through the application.

Enter Provider Information (print or type)		
Provider/Organization Name		
Provider Tax ID	Provider/Group NPI	
Provider Billing Address		
City	State	Zip
Authorized Name	Phone	
Email Address		
Online Enrollment Completed Date		

Please note: Providers will need to enroll for both payer IDs OSCAR and RP039 in order to receive all ERAs.

Enrollment Instructions

Check this box to confirm you have followed the steps below on the Change Healthcare paperwork AND emailed pages 2-4 to batchenrollment@changehealthcare.com. If you send this page to Change Healthcare as well, they will reject your enrollment.

Submission Instructions

Follow the instructions to enroll on the ChangeHealth Care paperwork and then upload the completed forms and the Availity form to Optum. Optum will then download to Availity's Transaction Enrollment portal. Select "Take Action" from the enrollment status page and then "Upload Enrollment Form."

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					

ALL STEPS OUTLINED BELOW MUST BE COMPLETED BEFORE SUBMITTING THIS FORM TO CHANGE HEALTHCARE.

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. Please complete the ERA enrollment form for Oscar Health Plan with Change Healthcare or contact your software vendor for assistance with submitting the enrollment form to Change Healthcare. If you need additional assistance with completing the Change Healthcare enrollment form please call 1-800-527-8133, Option 1.
3. Contact Oscar at (855) OSCAR-55 once you have received two small deposits into your bank account

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



This page must be completed and sent with ChangeHealth Care forms.

Provider Name:

NPI:

Tax ID:

Provider Address:

Provider City:

State:

Zip code:

Provider Telephone Number:

Provider Email Address:

Contact Name: