SENDERO IDEALCARE (11440)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Change Healthcare Electronic Remittance Advice (ERA) Enrollment**
- **Medical Office Provider Enrollment Form**

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30-35 business days

HOW DO I CHECK STATUS?

- To check the status of your ERA enrollment, send an email to Support@officeally.com

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: New ERA Enrollment

Authorized Signature:

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

Submit by Email

Clear Form

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.

Optum360
Electronic Remittance Advice Enrollment

Updated: 1/27/2020

Payer Name: Sendero IdealCare (835P)	Payer ID: 11440

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: 30-35 Business Days

Enrollment Agreement Instructions

To enroll for ERAs with Sendero IdealCare (835P):

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

Optum360 partners with Availity who goes through Change Healthcare to TriZetto for access to this payer. Please complete the attached forms in order to receive Professional ERAs.

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. **File upload just the completed Change Healthcare Remittance and payer forms to Optum360. 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.

Provider ID:

NPI:

Tax ID:

DBQ

AUTO-VALIDATED

CHANGE HEALTHCARE

Return completed agreements to:
Change Healthcare
Attn: Enrollment Dept. (IADU-DC2)
301 Data Court
Dubuque, Iowa 52003

Payer Agreement Cover Sheet

Agreement Type: Remittance

Estimated Approval Time: 28

Multiple Clearinghouses: No

☐ **CPID 1077**	**IDEALCARE - Institutional**
☑ **CPID 8104**	**IDEALCARE - Professional**

CID _____

Submitter ID 392886 **Customer ID** 1046700 **Billing ID** 392886

Submitter Name Availity LLC

Reference ID _____

NPI _____

TaxID

6E

Remittance

Last Revised Date: 07/26/19

Electronic Remittance Advice (ERA) Enrollment

NOTE: Complete all sections below. All fields are required.

Type of authorization: ■ **New** ☐ **Change**	**Line of Business** *(check all that apply)*: ■ **IdealCare by Sendero**

Provider Name

National Provider Identifier (NPI)	**Federal Tax ID**

Billing Address					
Number	**Street**	**Suite**	**City**	**State**	**ZIP**

Contact Information		
Name	**Phone Number**	**Email Address**

Clearinghouse Information			
Name	**Contact**	**Information**	
TriZetto Provider Solutions, LLC	PEApprovals	PEApprovals_TPS@Cognizant.com	800-969-3666

Upon receipt of the completed form the information submitted will be verified against the information on file for the provider.
After verification, a representative will contact the person listed in the Contact Information section above for an additional verification. The representative will ask the contact to verify a piece of information from a recently submitted claim. This verification must be successful before the enrollment can be completed.

Authorized signature:	**Date:**
Title:	**E-mail address:** *(if applicable)*
Contact name:	**Contact phone number:**

TRIZETTO Provider Solutions™

SITE ID:
1394

MEDICAL OFFICE PROVIDER ENROLLMENT FORM

Please complete and return via email to enrollassist@cognizant.com.
If you are unable to email this form, please fax it to 314-802-6913.

Contact Name: RelayHealth	Phone: 800-527-8133 option 1
Email: DBQTSHEnrollments@ChangeHealthcare.com	Fax: 916-267-2963
Remits: Yes X No ____	

The information provided on this form MUST match what is on file with the payers.

Group Information (if applicable)	Provider Information
Group Name:	First Name:
	MI:
DBA (if applicable):	Last Name:
	Title:
Group NPI:	Individual NPI:
Tax ID:	Specialty:

Service Location Address	Pay To Address (if different)
Street Address:	Street Address:
City, State, Zip +4:	City, State, Zip +4:
Location NPI:	

***Indicate below the Individual and/or the Group Provider numbers, legacy ID's or PTANS issued by the payers. *** Although these IDs may not be used on the claims, they are often required for EDI enrollment.

Insurance Company	Group Provider Number	Individual Provider Number
00019 - Cox Health Plan		
00119 – Cox Health Plan UB		
57082 - Essence Healthcare		
HESUN - HealthSun Health Plan		
F1472 - Family Health Partners Healthwave of Kansas		
00773 - Optum Health Specialty Vision Only		
75126 - Stones River IPA/HIA/ Amerivantage		
ATR01 - Always Care Benefits		

Additional Insurance Carriers

Please list below any other payers that represent a significant percentage of claim volume. This information will be used to determine if additional enrollment is required.

Insurance Company	Group Provider Number	Insurance Company	Group Provider Number
CLA11 - Community Health Solutions of Louisiana		SHMAP - Seton Health Plan Map	
WHLME - Western Highland Network		STAR1 - Seton Star Plan	
TCHD1 - Travis County Central Health (MAP)		ULA11 - Community Health Solutions of Louisiana UB	
CMSEB - Covenant Management Systems Employee Benefits		UHOKC - Global Health UB	
EPNSH - Seton Employee Plan Active		U3TMB - UTMB 3 Share UB	
76056- SETON CHIP via Mediview Inc		U3175 - Gateway to Better Health Plan - Encounters - UB	
76049 - United Health Care Chip - Mediview		U317M - Gateway to Better Health Plan - FFS – UB	
HLTHQ - HealthEQ Westlake Medical Center		IHP01/IHP02 - Amerigroup Virginia	
SHCAR - Seton Health Plan Care Plus		SHC30 - Sandhills Center Local Mgmt.	
SHPCH - Seton Health Plan Charity		SHC3U - Sandhills Center Local Mgmt UB	
SHEBP - Seton Health Plan Employee Benefit Plan		80440 - Eastpointe	
37363 – ComPsych		76619 – OSU Sooner Care	
UOCSO - Western Oregon Advanced Health – UB - (List both Oregon Medicaid AND Medicare ID – Both Required for this payer)		7661S – OSU Sooner Care Secondary	
DOCSO - Western Oregon Advanced Health (List both Oregon Medicaid AND Medicare ID – Both Required for this payer)		31165 - EyeMed	
BIPAZ - Brookshire IPA - Coastal Healthcare Management LLC		AIPAZ - Alamitos IPA - Coastal Healthcare Management LLC	
SMIPA - St. Mary IPA - Coastal Healthcare Management LLC		LIPAZ - Lakewood IPA - Coastal Healthcare Management LLC	
FCS01 - Family Care Specialist		PCACZ - Primary Care Associates of California	
Value Options All Plans Payer ID _____		GSMPA - Good Samaritan IPA - Coastal Healthcare Management	
PHP01- Providence Health Plan		MHCA2 - Managed Health Care Administration - Blue Choice	
PHP00 – Providence Preferred		PX113 – Providence Health Plan UB	

PHP0U – Providence Preferred UB		HSMBS – MBS dba Iowa Screening Programs	
11303 MagnaCare		E1303 MagnaCare UB	
TCMAP Travis County MAP		UCMAP Travis County MAP UB	
MV440 – Sendero IdealCare (1/1/19 and after)		UV440 – Sendero IdealCare UB (1/1/19 and after)	
MMMFL – MMM of FL		UMMFL – MMM of FL UB	

Notes:_____

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***Next Step**; using the information on this form, we will create the appropriate EDI enrollment forms. For your convenience we will pre-populate the forms with your information, as well as essential TriZetto Provider Solutions information. Upon receipt, you will simply need to review the forms for accuracy and sign in the appropriate fields (note: signatures should be completed by the provider or officer of the company). Please return the completed forms to TriZetto Provider solutions within 3 – 5 business days.*

Updated 1/30/2019