



FLORIDA HEALTH CARE PLANS (59322) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

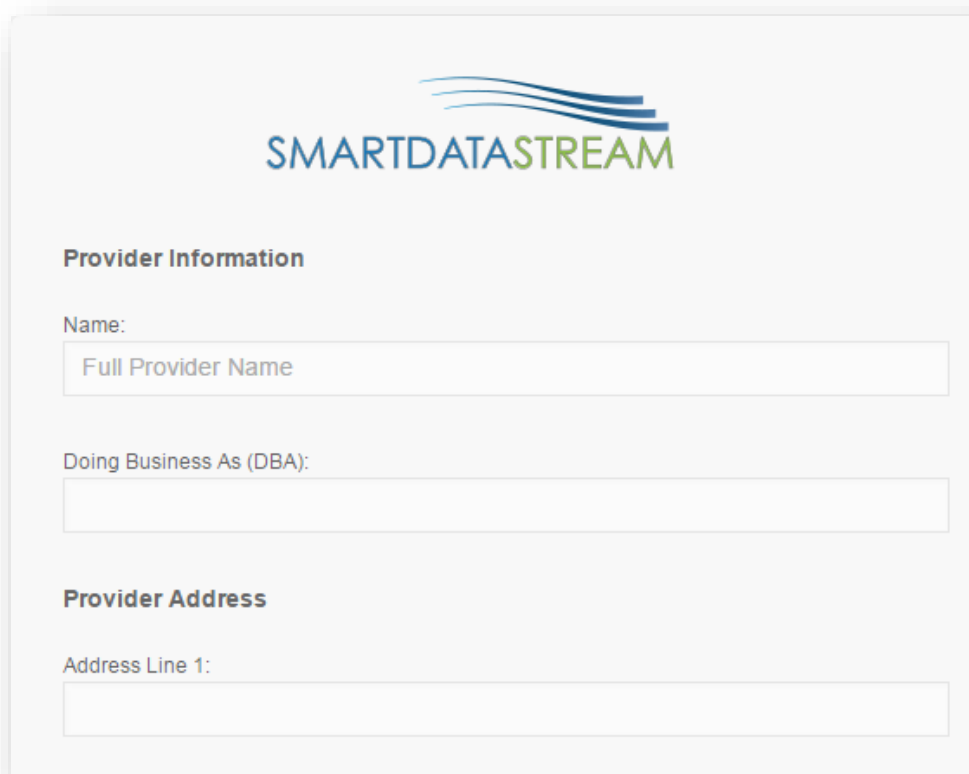
- No enrollment form is needed; however, you will need to call Stone Eagle/V-payer to create an ERA account.
 - Use the phone number on your V-pay payment page or call (877) 714-3222
 - Provide Stone Eagle with the basic information below:
 - Contact Name
 - Contact Phone
 - Contact Email
 - After your account is set up, you will be emailed a username and temporary password.
- Full instructions below to complete enrollment after the ERA account is set up.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 3-6 business days.
 - **NOTE:** ERAs for Continental General are for Major Medical coverage that is a part of American Enterprise Group.

Stone Eagle/V-Pay Enrollment Instructions

1. To opt in to receive 835s, you must begin by contacting Stone Eagle.
 1. To contact Stone Eagle, please use the VPay number found on the payment page with the payer you are attempting to enroll with.
 2. If you do not have this number, or do not have a payment page, you may call 877-714-3222
2. A Stone Eagle representative will then initiate a portal account for you and request the following basic information:
 - Contact Name
 - Contact Phone
 - Contact Email
3. Once the portal account has been activated, you will receive an email with a user name and temporary password to log in to the portal and instructions on how complete your enrollment.
4. Log in to the portal using the instructions from the email and complete your enrollment



The image shows a screenshot of a web form for SMARTDATASTREAM. At the top center is the SMARTDATASTREAM logo, which consists of three blue wavy lines above the text "SMARTDATASTREAM" in blue and green. Below the logo is the section header "Provider Information". Under this header, there are three input fields: "Name:" with a text box containing "Full Provider Name", "Doing Business As (DBA):" with an empty text box, and "Provider Address" with a sub-label "Address Line 1:" and an empty text box.

5. To have your ERAs routed to another clearinghouse, choose the “Clearinghouse” option under the Electronic Remittance Advice Information section, and then click “Add Payer.”

Electronic Remittance Advice Information

ERA Enrollment: Yes - I would like to receive ERAs
 No - I would not like to receive ERAs

Method of Retrieval: Clearinghouse
 Portal

Clearinghouse Information

* Payer Name: * Payer ID:

* Clearinghouse Name:

6. Click on the Payer Name drop down menu and select the payer you wish to receive ERAs for.

Electronic Remittance Advice Information

ERA Enrollment: Yes - I would like to receive ERAs
 No - I would not like to receive ERAs

Method of Retrieval: Clearinghouse
 Portal

Clearinghouse Information

* Payer Name: * Payer ID:

* Clearinghouse Name:

Submission

Reason for sub: New Enrollment
 Change Enrollment
 Cancel Enrollment

Authorized S

* Signature:

Submission Da:

7. Click the Clearinghouse Name drop down menu to choose the clearinghouse you wish to have your ERAs routed to.

The screenshot shows a web form titled "Electronic Remittance Advice Information". It contains several sections: "ERA Enrollment" with radio buttons for "Yes - I would like to receive ERAs" (selected) and "No - I would not like to receive ERAs"; "Method of Retrieval" with radio buttons for "Clearinghouse" (selected) and "Portal"; "Clearinghouse Information" with a text field for "Payer Name" containing "The Loomis Company" and an "Add Payer" button; "Submission Information" with a "Reason for submission:" label; "Authorized Signature" with a "Signature:" label and an empty text box; and "Submission Date:" with a text box containing "2017-03-10". A dropdown menu is open on the right side of the form, displaying a list of clearinghouse names starting with "-- Choose One --".

Electronic Remittance Advice Information

ERA Enrollment: Yes - I would like to receive ERAs
 No - I would not like to receive ERAs

Method of Retrieval: Clearinghouse
 Portal

Clearinghouse Information

* Payer Name: The Loomis Company

* Clearinghouse Name:

Add Payer

Submission Information

Reason for submission:

Authorized Signature

* Signature:

Submission Date: 2017-03-10

-- Choose One --
Availity
Claim.MD
ClaimsNet
DentalXChange
eMedix
Encoda
eProvider Solutions
eSolutions (Claim Remedi)
eTactics
Experian Health
GE Centricity
Greenway Health
Health Care IP
Healthcare Pays Network, LLC
HealthEWeb
InfiniEDI
Inmar
Instamed
Kareo
MedAssets
Navicare
Office Ally
OptumInsight
OS Inc
PNC Bank
Practice Insight
Quadax
Relay Health
Rycan
CST

8. Complete the enrollment form and click "Submit." This should bring you to the homepage with a list of available payers. If you see this list, your enrollment is complete.
9. You will begin receiving 835s 3~6 business days from the date of your completed enrollment.