



Electronic Remittance Advice (ERA) enrollment form instructions

General instructions:

1. Moda Health requires both the ERA and EFT forms to be completed and signed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2-3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
NOTE: Each clearinghouse may require providers to complete separate enrollment forms.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and list each applicable NPI. If there are different bank accounts for each NPI, complete one ERA/EFT form for each NPI.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the ERA Form

1. **Provider information**
 - a. Provider name – provider/clinic/facility name.
 - b. Doing business as name – DBA name if applicable.
 - c. Provider address – this can be the billing address or physical location.
2. **Provider identifiers information**
 - a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
 - b. National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI if you have one, otherwise provide Type I.
 - c. Other identifier/taxonomy code – provide if known but this is not a requirement.
3. **Provider contact information**
 - a. Provider contact name – name of contact person for the provider/clinic/facility.
 - b. Telephone number and extension – provider telephone and extension for the contact person.
 - c. Email address – email address of the provider contact person.
4. **Electronic Remittance Advice information**
 - a. Preference for aggregation of remittance data (e.g account number linkage to provider identifier):
 - Provider Federal Tax Identification Number – provide provider/clinic/facility TIN.
 - National Provider Identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI, if you have one, otherwise provide Type I.
 - b. Method of retrieval – generally this should be “Clearinghouse.”
5. **Electronic Remittance Advice clearinghouse information**
 - a. Clearinghouse name – provide clearinghouse name. See the clearinghouse list below. Provider is required to select a clearinghouse from the drop-down menu. If your clearinghouse is not listed, reach out to your clearinghouse to confirm if they can connect to one of the clearinghouses listed.

6. Submission information

- a. Reason for submission – check if enrollment is new, change or cancel.
- b. Authorized signature – digitally stamped or written and printed name of the authorized personnel.
- c. Submission date – date form is submitted to Moda.

Changes to an existing 835 ERA/EFT setup

Bank account update:

Complete new EFT enrollment form and fax to Moda Health. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update:

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process. See the clearinghouse list.

Other updates:

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Moda Health Professional Relations department to update the TIN, EIN or NPI in our provider records.
Providerupdates@modahealth.com
Fax 503-243-3964
Phone 800-420-7758
- b. Contact Clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address:

- a. Providers are required to contact Moda Health Professional Relations department at providerupdates@modahealth.com to update the address in our provider records.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 ERA/EFT setup:

To cancel 835 ERA/EFT setup, send an email request to edigroup@modahealth.com.

Clearinghouse Connection for ERA/EFT initial enrollment

Clearinghouse name	Contact and general enrollment information
Inovalon/Ability/MD Online	<p>Complete the Moda Health ERA and EFT enrollment form and fax to Moda.</p> <p>If you have any questions regarding Ability (MD Online) see contact information: Inovalon.com Main Support Line: 888-460-4310 customer.support@innovalon.com</p>
Availity	<p>Availity requires providers to enroll with them first in order to receive ERA from Moda.</p> <p>Connect to Availity Portal to find the Availity Multi Payer ERA 835 Enrollment form and Moda Health ERA form and EFT form. Please note Availity requires that providers are enrolled in their Premium Services Contract. The provider may need to pay a fee to upgrade their contract with Availity.</p> <ul style="list-style-type: none"> • Complete Availity Multi Payer ERA 835 Enrollment form and fax to Availity. <p>Availity provides a weekly report to Moda with the list of approved provider TIN and NPI. Then, Moda can start the enrollment process.</p> <p>If you have any questions regarding Availity, see contact information: 800-282-4548 availity.com</p>
Trizetto/Gateway EDI	<p>Trizetto/ Gateway EDI requires provider to enroll with them first in order to receive ERA from Moda.</p> <ul style="list-style-type: none"> • Complete the Moda Health ERA form and EFT form and fax to Gateway EDI Provider Enrollment 314-898-1932 <p>When Trizetto/Gateway EDI completes processing the provider enrollment forms, these are forwarded to Moda for processing.</p> <p>For any question regarding this process, please contact Trizetto/Gateway EDI Provider Enrollment: 800-969-3666 gateway.edi.com</p>
MCPS – Medical Claims Processing Solutions	<p>Complete the Moda Health ERA form and EFT form and fax to Moda Health.</p> <p>If you have any questions regarding MCPS, see below contact information: 417-890-6164, option 1 mcp-inc.com</p>
Office Ally	<p>Complete the Moda Health ERA form and EFT form and fax to Moda Health.</p> <p>If you have any questions regarding Office Ally, see below contact information: 866-575-4120 officeally.com</p>
Optum/Change Healthcare	<p>Providers are required to enroll through Optum/Change Healthcare to receive ERAs from Moda Health.</p> <ul style="list-style-type: none"> • Complete the Moda Health ERA form and EFT form and send or fax to Optum/Change Healthcare. <p>When Optum/Change Healthcare completes processing the provider enrollment forms, these are forwarded to Moda for processing.</p> <p>If you have any questions regarding Optum/Change Healthcare, see below contact information: 800-527-8133 Fax 916-267-2963 optum.com</p>



Moda Health Electronic Remittance Advice (ERA) enrollment form

Section 1 ▶ Provider information (*required)

Provider name*:	Doing business as name (DBA)*:	
Street*:		
City*:	State/Province*:	ZIP code/Postal code*:

Section 2 ▶ Provider identifiers information (*required)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*:
National Provider Identifier (NPI)*:
Other identifier(s); provider taxonomy code:

Section 3 ▶ Provider contact information (*required)

Provider contact name*:	Telephone number:	Telephone extension:
Email address*:		

Section 4 ▶ Electronic Remittance Advice information (*required)

Preference for Aggregation of Remittance Data (e.g. account number linkage to provider identifier)

Provider Tax Identification (TIN):	National Provider Identifier (NPI):	Method of retrieval: Clearinghouse
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Section 5 ▶ Electronic Remittance Advice Clearinghouse information (*required)

Clearinghouse name* (select from drop down menu):

Section 6 ▶ Submission information (digitally stamped or written signature is required)

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Digitally stamped signature: X		
Written signature: X		
Printed name*:	Printed title:	Submission date (ccyyymmdd)*:

Confidential when completed. Please mail or fax to:

Moda Health
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

**NOTE: Do not include instructions when returning forms.
Do not send completed form via email.**



Electronic Fund Transfer enrollment form instructions

General instructions:

1. Moda Health requires both the EFT and ERA forms to be completed and signed.
2. Once we receive the completed forms and/or confirmation from the clearinghouse to set up the provider (if applicable), allow 2–3 weeks for the enrollment process. The enrollment process includes pre-note verification, provider/clinic/facility name and TIN confirmation with IRS and verifying NPIs.
NOTE: Each clearinghouse may require providers to complete a separate enrollment forms.
3. If there are multiple NPIs under one TIN, complete one ERA/EFT enrollment form and list each NPI. If there are different bank accounts for each NPI, complete one ERA/EFT form for each NPI.
4. For questions regarding the forms, please send an email to edigroup@modahealth.com.

Completing the EFT Form

- 1. Provider information**
 - a. Provider name – provider/clinic/facility name as listed in the W9 or IRS EIN assignment letter.
 - b. Doing business as name – DBA name if applicable.
 - c. Provider address – this can be the billing address or physical location.
- 2. Provider identifiers information**
 - a. Provider TIN or EIN – provider/clinic/facility TIN or EIN.
 - b. National provider identifier – provide Type II NPI if enrolling a clinic, provider group or facility. If enrolling an individual provider or sole proprietor, provide Type II NPI if you have one, otherwise provide Type I.
 - c. Other identifier/Taxonomy code – provide if known but this is not a requirement.
- 3. Provider contact information**
 - a. Provider contact name – name of contact person for the provider/clinic/facility.
 - b. Telephone number and extension – provider telephone and extension for the contact person.
 - c. Email address – email address of the provider contact person.
- 4. Financial institution information**
 - a. Financial institution name – provide name of financial institution.
 - b. Financial institution routing number – provide the ACH Transit Routing Number.
 - c. Type of account at financial institution – ‘Checking’ or ‘Savings’.
 - d. Provider’s account number with Financial Institution – provide the checking or savings account number.
 - e. Account number linkage to provider identifier:
Tax Identification Number (TIN) – provider/clinic/facility TIN linked to the checking account.
National Provider Identifier (NPI) – provider/clinic/facility NPI linked to the checking account.
 - f. A voided check for the account may be included with form submission.
- 5. Submission information**
 - a. Reason for submission – check if enrollment is new or change.
 - b. Authorized signature – digitally stamped or written and printed name of the authorized personnel.
 - c. Submission date – date form is submitted to Moda.

Changes to an existing 835 ERA/EFT setup:

Bank account update:

Complete new EFT enrollment form and fax to Moda Health. Allow 10 business days for bank account update as this requires pre-note verification.

Clearinghouse update:

Complete new ERA enrollment form. Providers must contact their clearinghouses for specific instructions on their enrollment process.

Other updates:

Change in Tax Identification Number (TIN), Employer Identification Number (EIN) and/or National Provider Identification (NPI)

- a. Providers are required to contact Moda Health Professional Relations department to update the TIN, EIN or NPI in our provider records.
providerupdates@modahealth.com
Fax 503-243-3964
Phone 800-420-7758
- b. Contact clearinghouse for their specific instructions on their enrollment process.
- c. Providers will need to complete and submit new ERA and EFT forms.

Change in billing or physical address:

- a. Providers are required to contact Moda Health Professional Relations department to update the address in our provider records. See above contact information.
- b. New forms are not necessary as this does not affect the delivery of payment or ERA.

Cancellation of 835 setup:

To cancel 835 ERA/EFT setup, send an email request to edigroup@modahealth.com.



Moda Health Electronic Fund Transfer (EFT) enrollment form

Section 1 ▶ Provider information (*required)

Provider name*:	Doing business as name (DBA)*:	
Street*:		
City*:	State/Province*:	ZIP code/Postal code*:

Section 2 ▶ Provider identifiers information (*required)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*:
National Provider Identifier (NPI)*:
Other identifier(s); provider taxonomy code:

Section 3 ▶ Provider contact information (*required)

Provider contact name*:	Telephone number:	Telephone extension:
Email address*:		

Section 4 ▶ Financial institution information (*required)

Financial institution name*:	Financial institution routing number*:
Type of account at financial institution*: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provider's account number with financial institution*:
Provider Tax Identification Number (TIN):	National Provider Identifier (NPI):

Section 5 ▶ Submission information (digitally stamped or written signature is required)

Reason for submission <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment		
Digitally stamped signature: X		
Written signature: X		
Printed name*:	Printed title:	Submission date (ccyyymmdd)*:

Confidential when completed. Please mail or fax to:

Moda Health
ATTN: EDI Department
601 SW 2nd Ave
Portland, OR 97204
Fax number: 503-412-4068

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