Emanate Health IPA
PCP Provider Manual 2020

Electronic Remittance Advice (ERA)

1. PURPOSE:
    a. To effectively enroll eligible providers requesting to receive electronic remittance advice (ERA/835) files from NETWORK MEDICAL MANAGEMENT.

2. POLICY:
    a. It is the policy of NETWORK MEDICAL MANAGEMENT to provide eligible providers the means of receiving electronic remittance advice in lieu of paper. NETWORK MEDICAL MANAGEMENT has a standard procedure that is followed through to ensure provider registrations for ERAs are processed in a timely manner.

    b. The ERA registrations are completed for eligible Providers no later than eighteen (18) business days upon receiving a fully completed ERA Enrollment form.

3. PROCEDURE:
    a. Eligible providers will submit via email a fully completed ERA Enrollment form to ProviderNetworkOperations.Dept@nmm.cc

    b. All information provided from the submitted ERA Enrollment Form will be verified by the Provider Network Operations department. Any discrepancies in the form will be relayed back for corrections to the contact name provided from the enrollment form. Upon complete verification, submitted ERA Enrollment form will then be forwarded via email to Encounter.Data@nmm.cc with the subject line of ERA Registration.

    c. Testing Phases:
        i. Encounter team will coordinate with Rule meister and clearing house for first phase testing.
        ii. Once ERA testing has passed with the clearing house, second phase of testing will be performed with requesting provider.
        iii. Upon successful testing with provider, ERA will be moved into production.

    d. Changes and updates to this policy and procedure will be made on an as-needed basis

    e. Network Medical Management ERA Enrollment Form

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

Electronic Remittance Advice (ERA/835) files are electronic transactions that contain the same information as your paper remittances. **Please complete the sections below in its entirety and send to the following: FAX (626) 943-6309, via email, ProviderNetworkOperations.Dept@nmm.cc**

- ☐ Advantage Health Network (ADV)
- ☐ Adventist Health Physicians Network (GAMC / WMMC)
- ☐ Greater San Gabriel Valley Physicians (GSGP)
- ☐ Access Primary Care Medical Group (APCMG)
- ☐ Arroyo Vista Family Health Center (AVISTA)
- ☐ LaSalle Medical Associates (LSMA)
- ☐ Accountable Health Care (AHCIPA)
- ☐ Citrus Valley IPA (CVIPA)
- ☐ Greater Orange Medical Group (GOM)
- ☐ Other _____

PROVIDER INFORMATION	
Contracted Provider Group Name:	
Provider Main Office Address:	
Authorized Contact Person:	
Authorized Contact Person Phone:	
Authorized Contact Person Email:	
PROVIDER IDENTIFICATION INFORMATION	
Federal Tax ID:	
Group NPI:	
Individual Provider NPI(s):	
ELECTRONIC REMITTANCE ADVICE INFORMATION (ONLY CHECK ONE BOX) Preference for Agrregation of Remittance Data: (i.e., Account number linkage to Provider identifier). Please note, preference for grouping claim payment advice, must match preference for EFT payment (i.e., Billing Provider). Please fill in only one below:	
☐	Provider Federal Tax Identification Number: _____
OR	
☐	National Provider Identifier (NPI): _____

I _____, hereby authorize Network Medical Management to

Practice Owner/CEO

provide _____ with the Electronic Remittance Advice for our organization.

Authorized Party

Practice/Owner Name: _____
Practice/Owner Signature: _____ Date:_____

Please complete all sections. Incomplete submissions will not be processed.