

Health First Health Plans 835

EDI Enrollment Instructions:

- EFT enrollment is required with the payer directly. For assistance in completing the EFT/ERA form with the payer or creating an account, you can call the payer at (855) OSCAR-55

835 Electronic Remittance Advice:

- **Step 1** - Complete and checkmark the Oscar Health steps (2 pages)
 - Follow the steps indicated on the form to complete the Oscar Health website enrollment.
 - Fill in the provider contact details.
- **Step 2** - Completing the Change Healthcare Form (1 page)
 - Complete the Provider Contact Information Fields.
- **Step 3** - Confirm the enrollment authorization
 - After the provider's enrollment has been AUTHORIZED in Enrollment Central, as a final step, the provider must go to the OSCAR provider portal and choose Menu, Manage Payments then, under "ERA," click the arrow for OSCAR to indicate the enrollment has been completed at Change Healthcare. Once that step has been completed, OSCAR will approve the ERA setup in the OSCAR provider portal.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or [**ADD Payer Enrollment**] record for this payer.

SELECT record, CLICK [**ATTACH File**] to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK [Yes]

-Or-

CLICK [**SUBMIT Enrollment**] ENTER any notes (optional)

CLICK to "Save and Exit" notes' window.

Once EFT is setup, the provider will begin receiving Health First ERAs in response to their claims.

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.

In order to complete this form, please agree to the following:

By marking this checkbox, I verify that I have completed the necessary steps listed above before submitting this form to Change Healthcare.

Provider Name:

NPI:

Tax ID:

Provider Address:

Provider City:

State:

Zip code:

Provider Telephone Number:

Provider Email Address:

Contact Name:

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
9245					
Special Enrollment Instructions					
<p>***PLEASE NOTE: After the provider's enrollment has been AUTHORIZED in Enrollment Central, as a final step, the provider must go to the OSCAR provider portal and choose Menu, Manage Payments then, under "ERA," click the arrow for OSCAR to indicate the enrollment has been completed at Change Healthcare. Once that step has been completed, OSCAR will approve the ERA setup in the OSCAR provider portal.</p>					
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		
pi-enrollment@waystar.com					
ERA Receiver					
Distribution Detail					