



AMERIHEALTH CARITAS DC (77002) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Emdeon ERA Provider Information Form
- Emdeon ERA Provider Setup Form
- Optum ERA Setup Form

WHERE SHOULD I SEND THE FORM(S)?

- Email Emdeon and Optum ERA forms to enrollments@optum.com or;
- Fax forms to (877) 630-2064

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 30 business days.

HOW DO I CHECK STATUS?

- After 30 days, you can email enrollments@optum.com to verify if you are linked to Office Ally for ERAs.

PAYER ID:

SUBMITTER ID:



emdeon™

Emdeon ERA Provider Information Form

*This form is to ensure accuracy in updating the appropriate account

1	Provider Organization				
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
2	Vendor <i>(Emdeon certified vendor used to submit files to Emdeon)</i>				
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
3	Payer				
Payer ID					
Group ID		Individual Provider ID	NPI ID		
4	Confirmations				
Send Emdeon Claim Confirmations To:					
Special Instructions:	<ul style="list-style-type: none"> • None. 				
EMDEON REVISION FORM DATE:					



Change of Vendor Procedures for ERA

A “change of vendor” (COV) letter is required when an existing Emdeon provider changes software vendors. The letter is required when the provider changes from their existing Emdeon certified software vendor (submitter id) to a different Emdeon certified software vendor (submitter id).

Any new ERA Provider Set-Up Form (PSF) sent to Emdeon that requires a Change of Vendor (COV) letter will be considered incomplete without the accompanying letter. Emdeon will notify the provider if the “change of vendor” letter is required but not received.

Following are steps required for a provider to change Emdeon certified software vendors:

Step #1 Complete a Change of Vendor letter using the interactive template provided.

THE LETTER MUST BE PRINTED ON THE PROVIDER/SITE’S LETTERHEAD AND CONTAIN ALL INFORMATION LISTED IN THE BELOW TEMPLATE.

The Authorization letter (COV) must be signed and dated.

Step #2 Email to batchenrollment@emdeon.com or fax to 615.885.3713

This COV must be attached to a ERA Provider Set-Up Form (PSF)
<http://www.emdeon.com/enrollment/index.php> - Emdeon Set-Up Forms

Step #3 Emdeon will make the change in the appropriate Emdeon systems. Confirmation will be sent to the individual indicated within the ERA PSF when the set up is complete within 5 business days.

Step#4 If you are requesting spilt files you must submit a Merge Group ERA PSF with the COV LETTER.

PLEASE MAKE NOTE THAT THIS COV (CHANGE OF VENDOR) ONLY PROCESSES AT EMDEON. THIS FORM WILL CHANGE YOUR VENDOR CONNECTION WITH EMDEON AND DOES NOT CHANGE THE CLEARINGHOUSE LINKED WITH THE ANY PAYERS. THIS INFORMATION WILL NOT UPDATE WITH ANY PAYERS DIRECTLY NOR CHANGE WHERE THE PAYER SEND YOUR ERA FILES.

Signature Required

Emdeon Enrollment Department
Attn: Enrollment Department – ERA Set Up
batchenrollment@emdeon.com
Fax: 615.885.3713

Dear Emdeon

Currently, I am receiving my Electronic Remittance Advice through

I would like to start receiving my Electronic Remittance Advice through Emdeon Corporation using

This change request will also include ALL PROVIDERS associated with this tax ID.

Please carry over all payers associated with the below tax id.

Please move only the payers listed on the attached ERA PSF.

Please accept this letter as my request to change vendors. Following is specific information regarding my practice:

Name:

Practice:

Address:

Phone #:

Contact:

Email:

Tax Id:

Sincerely,

Signature Required

Printed Name

Title

Emdeon ERA Provider Setup Form

Email: batchenrollment@emdeon.com Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name							
Tax ID				Billing NPI ID			
Practice/Facility Address							
	City			State			Zip Code
Contact Name				Contact Phone Number			
Provider Email							

2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)

Vendor Name				Submitter ID			
Contact Name				Contact Phone Number			

3 ERA Receiver

Receiver ID							
Distribution Method (Must list one method)				Distribution			

4 Payer (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.) Following Payers MUST have Legacy ID's listed to complete Payer Enrollment: SB580-SB690-SKAR0-SKMD0

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations (Enter E-mail address)							
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****Section 1**** Provider Organization section must be fully completed with Facility/Provider information, failure to complete all fields may result in form rejections. **Do not** list Vendor or Billing Service information. ERA payer enrollment requires that this information be that of the Facility/Provider as multiple payers will contact the Facility/Provider contact to confirm enrollment. These payers will not accept the confirmation of enrollment from Vendors or Billing Services. Billing NPI is **required** to complete enrollment.

PLEASE MAKE NOTE THAT THIS COV (CHANGE OF VENDOR) ONLY PROCESSES AT EMDEON. THIS FORM WILL CHANGE YOUR VENDOR CONNECTION WITH EMDEON AND DOES NOT CHANGE THE CLEARINGHOUSE LINKED WITH THE ANY PAYERS. THIS INFORMATION WILL NOT UPDATE WITH ANY PAYERS DIRECTLY NOR CHANGE WHERE THE PAYER SEND YOUR ERA FILES



For Internal Optum use only:
 Enter in Emdeon Vision Suite
 Approve in ERA Manager

OPTUM ERA Setup Form

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum use only and will not be forwarded on to the payer with your enrollment agreements.

Optum user ID:	
Contact Name:	
Group Name:	
Group Billing TIN:	
Group Billing NPI:	
Group Legacy ID:	
Taxonomy Code:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name