



EMDEON ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Emdeon EnrollNow \(Click here\)](#)
 - Note: This is completed online.
 - Office Ally supports only the payer listed on the Emdeon ERA Enrollment Form below. Do not choose payers that are not listed on the Emdeon ERA Enrollment Form when completing the EnrollNow online form.
- Emdeon ERA Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Emdeon EnrollNow: Once completed online, click Submit.
 - Note: If the payer you are enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment Form.
- Email the Emdeon ERA Enrollment Form to enrollmentadmin@officeally.com

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your Emdeon ERA Enrollment Form, we will process the request within 24-48 hours.
 - Note: Incomplete forms will delay the enrollment process. Every field is **required**.
- The time it takes ERAs to start coming through is dependent upon that individual payer. Generally, ERAs can take anywhere from 14 to 45 business days to begin coming through.

HOW CAN I CHECK THE STATUS OF MY ERA ENROLLMENT?

- To check the status of your ERA Enrollment Request, please email or call Office Ally's Customer Support Department at support@officeally.com or 360-975-7000 option 1.
 - Make sure to provide the **Payer**, **TIN/EIN** and **NPI** that was submitted on the form when you contact us.



EMDEON ERA ENROLLMENT FORM

Email this form to enrollmentadmin@officeally.com. The Email Subject should read: Emdeon ERA Enrollment. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

PROVIDER INFORMATION

Provider Name:

Provider Address:

City:

State:

Zip:

PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number
Employer Identification Number (EIN):**

National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

Contact Name:

Telephone Number/Extension:

Email Address:

Fax Number:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier) Note: Provider Preference for grouping (bulking) claim payment advice must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

SUBMISSION INFORMATION

Reason for Submission:

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Please select those payers you wish to receive ERAs from **ONLY**.

Continue to Page 2 for payer selection.

This form can be used to enroll for ERAs from any of the following payers. Check all that apply.

Payer ID	Payer Name	Payer ID	Payer Name
62118	Aetna Senior Supplemental Ins. (Aetna SSI)	52189	Johns Hopkins Healthcare
13333	Affinity Health (Medicare Advantage)	52123	Johns Hopkins Healthcare (USFHP)
85600	Albuquerque Public Schools	77741	Keystone First VIP Choice
58234	Alliant Health Plans of Georgia	90096	Land of Lincoln Health
27514	Amerigroup (KS, LA, NJ, NY, NV)	22771	Managed Health Network (MHN)
77799	AmeriHealth Caritas Delaware	45627	MDWise Exchange Market Place
77051	AmeriHealth Connect	31354	MDwise Healthy Indiana Plan
64090	Amfirst Insurance Company	91313	MDwise Hoosier Care Connect
52312	Arbor Health Plan	35191	MDwise Hoosier Healthwise
SB580	BCBS District of Columbia / NCA (Carefirst)	EM205	MED3000 CMS Title 21 (M3014)
SB690	BCBS Maryland (CareFirst)	EM522	MED3000 PED Title 21 (M3006)
27004	Care Wisconsin Health Plan	12422	Medica2
251CC	Children's Community Health Plan Wisconsin	MAHC1	Medical Associates Health Plan (MAHP1)
52192	Cigna-HealthSpring (63092)	29076	Medical Mutual of Ohio
77023	Clover Health (CarePoint)	74289	MHNet
84129	Colorado Access	20572	MSA Care Guard
78375	Connecticare Medicare	81883	Municipal Health Benefit Fund
58112	Consumer Mutual of Michigan	34192	Mutual Health Services (Antares)
06451	County Care Health Plan	71412	Mutual of Omaha / United of Omaha
25133	Coventry Healthcare	04332	Network Health (Tufts)
39113	Dean Health Plan	77076	Network Health Insurance (NHIC) Medicare
56089	East Carolina Behavioral Health	39144	Network Health Plan of Wisconsin
31625	ElderPlan, Inc.	45129	New Mexico Health Connections
04326	Element Care, Inc.	85036	New Mexico Public Schools Ins. Authority
41041	Federated Mutual Health Insurance Co	85038	New Mexico Retiree Health Care Authority
48117	FMH Benefit Services (CoreSource KC)	OSCAR	Oscar Health
25169	Gateway Health Plan - Medicaid PA	72126	Peoples Health Network
60550	Gateway Health Plan (Medicare Assured)	47027	Physicians Mutual Insurance Co.
91741	Gateway Health Plan OH (Medicare Assured)	16111	POMCO
25531	Group Health, Inc. HMO (Emblem)	77003	Prestige Health Choice (AmeriHealth)
13551	Group Health, Inc. PPO (Emblem)	74205	Right Care from Scott and White
47738	Hamaspik Choice	CP001	Samaritan Health Services
10152	Harken Health	91184	Sanford Health Plan
77950	Health Alliance Medical Plan	23285	Select Health of South Carolina
62179	Health Choice Arizona	87020	Sentinel Security Life Ins. Co.
22100	Health Choice Integrated Care (HCIC)	37284	TransChoice - Key Benefit Admin.
11328	HealthCare Partners IPA of New York	82288	True Health New Mexico
77180	Healthy CT	L0230	Trusted Health Plan
76045	Heritage Physicians Network (SelectCare TX)	38337	Upper Peninsula Health Plan
47181	Highmark Health Options	12115	VA Fee Basis Programs
55247	HIP Health Plan of NY	94600	Valley Health Plan (Commercial/Medi-Cal)
22326	Horizon NJ Health	45276	West Virginia Family Health Plan