



EMDEON ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Emdeon ERA Enrollment Form
- [ERA Payer Enrollment Form\(s\)](#)
 - Once on the ERA Payer Enrollment Forms page, use the search box above the payer list to locate your payer(s). Click on the payer name to be taken to the enrollment form/instructions.
 - Clearinghouse Information:
 - Submitter ID: 330897513
 - Submitter Name: Office Ally
 - ERA Receiver Distribution Detail: OFFALLEY

WHERE SHOULD I SEND THE FORM(S)?

- Email the Emdeon ERA Enrollment Form to enrollmentadmin@officeally.com
- Email the Payer ERA Enrollment Form(s) to Batchenrollment@changehealthcare.com; OR Fax to (615) 885-3713

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)	76045	Heritage Physicians Network (SelectCare TX)
13333	Affinity Health (Medicare Advantage)	47181	Highmark Health Options
85600	Albuquerque Public Schools	55247	HIP Health Plan of NY
58234	Alliant Health Plans of Georgia	52189	Johns Hopkins Healthcare
27514	Amerigroup (KS, LA, NJ, NY, NV)	52123	Johns Hopkins Healthcare (USFHP)
64090	Amfirst Insurance Company	90096	Land of Lincoln Health
SB580	BCBS District of Columbia / NCA (Carefirst)	22771	Managed Health Network (MHN)
SB690	BCBS Maryland (CareFirst)	EM205	MED3000 CMS Title 21 (M3014)
27004	Care Wisconsin Health Plan	71890	Medica Health Plan Solutions
251CC	Children's Community Health Plan Wisconsin	12422	Medica2
52192	Cigna-HealthSpring (63092)	MAHC1	Medical Associates Health Plan (MAHP1)
77023	Clover Health (CarePoint)	29076	Medical Mutual of Ohio
84129	Colorado Access	13189	Meridian
78375	Connecticare Medicare	74289	MHNet
25133	Coventry Healthcare	81883	Municipal Health Benefit Fund
39113	Dean Health Plan	34192	Mutual Health Services (Antares)
56089	East Carolina Behavioral Health	71412	Mutual of Omaha / United of Omaha
31625	ElderPlan, Inc.	77076	Network Health Insurance (NHIC) Medicare
04326	Element Care, Inc.	39144	Network Health Plan of Wisconsin
41041	Federated Mutual Health Insurance Co	45129	New Mexico Health Connections
48117	FMH Benefit Services (CoreSource KC)	72126	Peoples Health Network
25169	Gateway Health Plan - Medicaid PA	47027	Physicians Mutual Insurance Co.
60550	Gateway Health Plan (Medicare Assured)	74205	Right Care from Scott and White
91741	Gateway Health Plan OH (Medicare Assured)	CP001	Samaritan Health Services
25531	Group Health, Inc. HMO (Emblem)	91184	Sanford Health Plan
13551	Group Health, Inc. PPO (Emblem)	87020	Sentinel Security Life Ins. Co.
47738	Hamaspik Choice	82288	True Health New Mexico
10152	Harken Health	L0230	Trusted Health Plan
77950	Health Alliance Medical Plan	38337	Upper Peninsula Health Plan
62179	Health Choice Arizona	12115	VA Fee Basis Programs
22100	Health Choice Integrated Care (HCIC)	75261	Web TPA/CHEC
77180	Healthy CT	45276	West Virginia Family Health Plan