



# 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](mailto:enrollmentadmin@officeally.com)
- Email the Payer ERA Enrollment Form(s) to [Batchenrollment@changehealthcare.com](mailto: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](mailto: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](mailto: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.**

<b>Payer ID</b>	<b>Payer Name</b>	<b>Payer ID</b>	<b>Payer Name</b>
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
04293	Allways Health Partners	52123	Johns Hopkins Healthcare (USFHP)
27514	Amerigroup (KS, LA, NJ, NY, NV)	90096	Land of Lincoln Health
64090	Amfirst Insurance Company	22771	Managed Health Network (MHN)
SB580	BCBS District of Columbia / NCA (CareFirst)	EM205	Med3000 CMS Title 21 (M3014)
SB690	BCBS Maryland (CareFirst)	71890	Medica Health Plan solutions
27004	Care Wisconsin Health Plan	12422	Medica2
65031	CarePlus Health Plans, Inc.	29076	Medical Mutual of Ohio
251CC	Children's Community Health Plan Wisconsin	13189	Meridian
52192	Cigna-HealthSpring (63092)	74289	MHNet
77023	Clover Health (CarePoint)	81883	Municipal Health Benefit Fund
84129	Colorado Access	34192	Mutual Health Services (Antares)
78375	Connecticare Medicare	71412	Mutual of Omaha / United of Omaha
25133	Coventry Healthcare	82275	Mutual of Omaha Medicare Advantage
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.	72126	Peoples Health Network
41041	Federated Mutual Health Insurance Co	47027	Physicians Mutual Insurance Co.
48117	FMH Benefit Services (CoreSource KC)	74205	Right Care from Scott and White
25169	Gateway Health Plan - Medicaid PA	CP001	Samaritan Health Services
60550	Gateway Health Plan (Medicare Assured)	91184	Sanford Health Plan
91741	Gateway Health Plan OH (Medicare Assured)	54154	Sentara Health Management
25531	Group Health, Inc. HMO (Emblem)	82288	True Health New Mexico
13551	Group Health, Inc. PPO (Emblem)	L0230	Trusted Health Plan
47738	Hamaspik Choice	38337	Upper Peninsula Health Plan
10152	Harken Health	12115	VA Fee Basis Programs
62179	Health Choice Arizona	75386	VillageMD of Northern Indiana
22100	Health Choice Integrated Care (HCIC)	75261	Web TPA/CHEC
77180	Healthy CT	45276	West Virginia Family Health Plan