



CHANGE HEALTHCARE (FORMERLY EMDEON) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Change Healthcare 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 **Change Healthcare ERA Enrollment Form** to Support@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 Change Healthcare 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.



CHANGE HEALTHCARE (FORMERLY EMDEON) ERA ENROLLMENT FORM

Email this form to Support@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.

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)	55247	HIP Health Plan of NY
13333	Affinity Health (Medicare Advantage)	52189	Johns Hopkins Healthcare
85600	Albuquerque Public Schools	52123	Johns Hopkins Healthcare (USFHP)
58234	Alliant Health Plans of Georgia	90096	Land of Lincoln Health
04293	Allways Health Partners	22771	Managed Health Network (MHN)
27514	Amerigroup (KS, LA, NJ, NY, NV)	EM205	Med3000 CMS Title 21 (M3014)
64090	Amfirst Insurance Company	71890	Medica Health Plan solutions
81079	BayCare Select Health Plans Inc	12422	Medica2
SB690	BCBS Maryland (CareFirst)	29076	Medical Mutual of Ohio
27004	Care Wisconsin Health Plan	13189	Meridian
65031	CarePlus Health Plans, Inc.	74289	MHNet
251CC	Children's Community Health Plan Wisconsin	81883	Municipal Health Benefit Fund
52192	Cigna-HealthSpring (63092)	34192	Mutual Health Services (Antares)
77023	Clover Health (CarePoint)	71412	Mutual of Omaha / United of Omaha
84129	Colorado Access	82275	Mutual of Omaha Medicare Advantage
78375	Connecticare Medicare	77076	Network Health Insurance (NHIC) Medicare
25133	Coventry Healthcare	39144	Network Health Plan of Wisconsin
39113	Dean Health Plan	45129	New Mexico Health Connections
56089	East Carolina Behavioral Health	72126	Peoples Health Network
31625	ElderPlan, Inc.	47027	Physicians Mutual Insurance Co.
04326	Element Care, Inc.	74205	Right Care from Scott and White
25169	Gateway Health Plan - Medicaid PA	91184	Sanford Health Plan
60550	Gateway Health Plan (Medicare Assured)	82288	True Health New Mexico
91741	Gateway Health Plan OH (Medicare Assured)	L0230	Trusted Health Plan
25531	Group Health, Inc. HMO (Emblem)	38337	Upper Peninsula Health Plan
13551	Group Health, Inc. PPO (Emblem)	12115	VA Fee Basis Programs
47738	Hamaspik Choice	25923	VieCare LIFE Butler
62179	Health Choice Arizona	75386	VillageMD of Northern Indiana
22100	Health Choice Integrated Care (HCIC)	75261	Web TPA/CHEC
76045	Heritage Physicians Network (SelectCare TX)	45276	West Virginia Family Health Plan
47181	Highmark Health Options		