



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) | 52189 | Johns Hopkins Healthcare |
| 13333 | Affinity Health (Medicare Advantage) | 52123 | Johns Hopkins Healthcare (USFHP) |
| 85600 | Albuquerque Public Schools | 40137 | Kalos Health |
| 58234 | Alliant Health Plans of Georgia | 36334 | MacNeal Health Providers-CHS |
| 04293 | Allways Health Partners | 22771 | Managed Health Network (MHN) |
| 27514 | Amerigroup (KS, LA, NJ, NY, NV) | 31149 | McGregor PACE |
| 64090 | Amfirst Insurance Company | EM205 | Med3000 CMS Title 21 (M3014) |
| 59274 | AvMed | 71890 | Medica Health Plan solutions |
| 81079 | BayCare Select Health Plans Inc | 12422 | Medica2 |
| SB690 | BCBS Maryland (CareFirst) | 74323 | Medical Benefits Mutual Life Insurance Co. |
| 52192 | Bravo Health (63092) | 29076 | Medical Mutual of Ohio |
| 27004 | Care Wisconsin Health Plan | 13189 | Meridian |
| 65031 | CarePlus Health Plans, Inc. | 74289 | MHNet |
| 68063 | Celtic Insurance | 81883 | Municipal Health Benefit Fund |
| 84146 | CHAMPVA-HAC (80214) | 34192 | Mutual Health Services (Antares) |
| 251CC | Children's Community Health Plan Wisconsin | 71412 | Mutual of Omaha / United of Omaha |
| 21062 | Christus Health New Mexico HIX | 82275 | Mutual of Omaha Medicare Advantage |
| 77023 | Clover Health (CarePoint) | 34009 | MYNEXUS Anthem, LLC |
| 84129 | Colorado Access | 77076 | Network Health Insurance (NHIC) Medicare |
| 78375 | Connecticare Medicare | 39144 | Network Health Plan of Wisconsin |
| 25133 | Coventry Healthcare | 45129 | New Mexico Health Connections |
| 39113 | Dean Health Plan | 17516 | North Shore LIJ (Employee Plan) |
| MWELT | District 9 Machinists Welfare Trust | 48026 | Northshore Physicians Associates |
| 56089 | East Carolina Behavioral Health | 36400 | Oak West Physician Association |
| 31625 | ElderPlan, Inc. | 72126 | Peoples Health Network |
| 03964 | Elderwood Health | 47027 | Physicians Mutual Insurance Co. |
| 04326 | Element Care, Inc. | 65054 | Premier Eye Care |
| BOONG | Foundation Benefit Administrators | PSKW0 | PSKW |
| 25169 | Gateway Health Plan - Medicaid PA | 74205 | Right Care from Scott and White |
| 60550 | Gateway Health Plan (Medicare Assured) | 91184 | Sanford Health Plan |
| 91741 | Gateway Health Plan OH (Medicare Assured) | 15682 | Senior Network Health |
| 39640 | Great Lakes PACE | 83035 | Senior Whole Health |
| 39167 | Group Health Co-op of South Central WI | 62180 | Steward Health Choice Generations |
| 25531 | Group Health, Inc. HMO (Emblem) | 82694 | The Macaluso Group |
| 13551 | Group Health, Inc. PPO (Emblem) | 82288 | True Health New Mexico |
| 64246 | Guardian Life Ins of America | L0230 | Trusted Health Plan |
| 47738 | Hamaspik Choice | 38337 | Upper Peninsula Health Plan |
| 62179 | Health Choice Arizona | 12115 | VA Fee Basis Programs |
| 22100 | Health Choice Integrated Care (HCIC) | 25924 | VieCare Life Beaver & LL Counties |
| 65062 | Health Network One | 25923 | VieCare LIFE Butler |
| 68035 | Health Plan of San Joaquin (HPSJ1) | 75386 | VillageMD of Northern Indiana |
| HCH01 | Healthcare Highways | 63114 | Viva Health Plan |
| 76045 | Heritage Physicians Network (SelectCare TX) | 77073 | VNS CHOICE Medicare |
| 47181 | Highmark Health Options | 75261 | Web TPA/CHEC |
| 55247 | HIP Health Plan of NY | 45276 | West Virginia Family Health Plan |
| 86066 | HMA Hawaii | 68039 | Western Health Advantage |