



## 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](mailto:Support@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 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](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.



# CHANGE HEALTHCARE (FORMERLY EMDEON) ERA ENROLLMENT FORM

Email this form to [Support@officeally.com](mailto: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

Please note that if you are enrolling multiple NPIs, they can be listed on the last page of the enrollment packet.

**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.**

<b>Payer ID</b>	<b>Payer Name</b>	<b>Payer ID</b>	<b>Payer Name</b>
62118	Aetna Senior Supplemental Ins. (Aetna SSI)	36334	MacNeal Health Providers-CHS
13333	Affinity Health (Medicare Advantage)	22771	Managed Health Network (MHN)
85600	Albuquerque Public Schools	31149	McGregor PACE
58234	Alliant Health Plans of Georgia	EM205	Med3000 CMS Title 21 (M3014)
04293	Allways Health Partners	71890	Medica Health Plan solutions
64090	Amfirst Insurance Company	12422	Medica2
59274	AvMed	74323	Medical Benefits Mutual Life Insurance Co.
81079	BayCare Select Health Plans Inc	29076	Medical Mutual of Ohio
SB690	BCBS Maryland (CareFirst)	13189	Meridian
52192	Bravo Health (63092)	74289	MHNet
27004	Care Wisconsin Health Plan	34192	Mutual Health Services (Antares)
65031	CarePlus Health Plans, Inc.	71412	Mutual of Omaha / United of Omaha
68063	Celtic Insurance	82275	Mutual of Omaha Medicare Advantage
84146	CHAMPVA-HAC (80214)	34010	MyNexus - Aetna Home Health
251CC	Children's Community Health Plan Wisconsin	34009	MYNEXUS Anthem, LLC
21062	Christus Health New Mexico HIX	77076	Network Health Insurance (NHIC) Medicare
84129	Colorado Access	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)	15682	Senior Network Health
91741	Gateway Health Plan OH (Medicare Assured)	83035	Senior Whole Health
39640	Great Lakes PACE	62180	Steward Health Choice Generations
39167	Group Health Co-op of South Central WI	82694	The Macaluso Group
64246	Guardian Life Ins of America	82288	True Health New Mexico
47738	Hamaspik Choice	85824	True Health New Mexico FEHBP
62179	Health Choice Arizona	L0230	Trusted Health Plan
22100	Health Choice Integrated Care (HCIC)	38337	Upper Peninsula Health Plan
65062	Health Network One	12115	VA Fee Basis Programs
68035	Health Plan of San Joaquin (HPSJ1)	25924	VieCare Life Beaver & LL Counties
HCH01	Healthcare Highways	25923	VieCare LIFE Butler
76045	Heritage Physicians Network (SelectCare TX)	75386	VillageMD of Northern Indiana
47181	Highmark Health Options	63114	Viva Health Plan
86066	HMA Hawaii	77073	VNS CHOICE Medicare
52189	Johns Hopkins Healthcare	75261	Web TPA/CHEC
52123	Johns Hopkins Healthcare (USFHP)	45276	West Virginia Family Health Plan
40137	Kalos Health	68039	Western Health Advantage

## LIST OF NPI(S):

Please separate NPIs using commas.