



## 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>
60054	Aetna	52123	Johns Hopkins Healthcare (USFHP)
85600	Albuquerque Public Schools	40137	Kalos Health
58234	Alliant Health Plans of Georgia	LNDMK	Landmark Healthcare
04293	Allways Health Partners	36334	MacNeal Health Providers-CHS
81079	BayCare Select Health Plans Inc	31149	McGregor PACE
SB690	BCBS Maryland (CareFirst)	29076	Medical Mutual of Ohio
52192	Bravo Health (63092)	74289	MHNet
27004	Care Wisconsin Health Plan	34192	Mutual Health Services (Antares)
65031	CarePlus Health Plans, Inc.	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
25133	Coventry Healthcare	77076	Network Health Insurance (NHIC) Medicare
MWELT	District 9 Machinists Welfare Trust	17516	North Shore LIJ (Employee Plan)
56089	East Carolina Behavioral Health	48026	Northshore Physicians Associates
03964	Elderwood Health	36400	Oak West Physician Association
04326	Element Care, Inc.	72126	Peoples Health Network
BOONG	Foundation Benefit Administrators	65054	Premier Eye Care
25169	Gateway Health Plan - Medicaid PA	PSKW0	PSKW
60550	Gateway Health Plan (Medicare Assured)	74205	Right Care from Scott and White
91741	Gateway Health Plan OH (Medicare Assured)	15682	Senior Network Health
39640	Great Lakes PACE	82694	The Macaluso Group
39167	Group Health Co-op of South Central WI	82288	True Health New Mexico
64246	Guardian Life Ins of America	85824	True Health New Mexico FEHBP
47738	Hamaspik Choice	L0230	Trusted 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
52189	Johns Hopkins Healthcare		

## LIST OF NPI(S):

Please separate NPIs using commas.