



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 Emdeon.ERA@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 Emdeon.ERA@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.

Payer ID	Payer Name	Payer ID	Payer Name
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	29076	Medical Mutual of Ohio
SB690	BCBS Maryland (CareFirst)	74289	MHNet
52192	Bravo Health (63092)	34192	Mutual Health Services (Antares)
27004	Care Wisconsin Health Plan	82275	Mutual of Omaha Medicare Advantage
65031	CarePlus Health Plans, Inc.	34010	MyNexus - Aetna Home Health
84146	CHAMPVA-HAC (80214)	34009	MYNEXUS Anthem, LLC
251CC	Children's Community Health Plan Wisconsin	77076	Network Health Insurance (NHIC) Medicare
25133	Coventry Healthcare	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
03964	Elderwood Health	72126	Peoples Health Network
04326	Element Care, Inc.	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.