



CHANGE HEALTHCARE (FORMERLY EMDEON) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

ALL LISTED FORMS ARE REQUIRED TO SUCCESSFULLY ENROLL

- **Change Healthcare ERA Enrollment Form** *(Page 2 & 3)*
- **[ERA Payer Enrollment Form\(s\)](#) Browse to the webpage in the link and follow instructions below**
 1. Once on the ERA Payer Enrollment Forms page, use the search box above the payer list to locate your payer(s).
 2. Click on the payer name to be taken to the enrollment form/instructions.

Note: Some enrollment instructions will require you to create an account on payerenrollservices.com, if you do not have one already.

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 | 64246 | Guardian Life Ins of America |
| 128CA | Aetna Better Health of California | 47738 | Hamaspik Choice |
| 128FL | Aetna Better Health of Florida | 65062 | Health Network One |
| 26337 | Aetna Better Health of Illinois | 68035 | Health Plan of San Joaquin (HPSJ1) |
| 128KS | Aetna Better Health of Kansas | HCH01 | Healthcare Highways |
| 128KY | Aetna Better Health of Kentucky | 76045 | Heritage Physicians Network (SelectCare TX) |
| 128LA | Aetna Better Health of Louisiana | 47181 | Highmark Health Options |
| 128MD | Aetna Better Health of Maryland | 52189 | Johns Hopkins Healthcare |
| 128MI | Aetna Better Health of Michigan | 52123 | Johns Hopkins Healthcare (USFHP) |
| 46320 | Aetna Better Health of New Jersey | 40137 | Kalos Health |
| 34734 | Aetna Better Health of New York | LNDMK | Landmark Healthcare |
| 50023 | Aetna Better Health of Ohio | 36334 | MacNeal Health Providers-CHS |
| 23228 | Aetna Better Health of Pennsylvania | 29076 | Medical Mutual of Ohio |
| 66917 | Aetna Better Health - Parkland (TX) | 74289 | MHNet |
| 38692 | Aetna Better Health of Texas / TX Medicaid & CHIP | 34192 | Mutual Health Services (Antares) |
| 128VA | Aetna Better Health of Virginia | 82275 | Mutual of Omaha Medicare Advantage |
| 128WV | Aetna Better Health of West Virginia | 34010 | MyNexus - Aetna Home Health |
| 85600 | Albuquerque Public Schools | 34009 | MYNEXUS Anthem, LLC |
| 58234 | Alliant Health Plans of Georgia | 77076 | Network Health Insurance (NHIC) Medicare |
| 04293 | Allways Health Partners | 17516 | North Shore LIJ (Employee Plan) |
| 81079 | BayCare Select Health Plans Inc | 48026 | Northshore Physicians Associates |
| SB690 | BCBS Maryland (CareFirst) | 36400 | Oak West Physician Association |
| 52192 | Bravo Health (63092) | 72126 | Peoples Health Network |
| 27004 | Care Wisconsin Health Plan | 65054 | Premier Eye Care |
| 65031 | CarePlus Health Plans, Inc. | PSKW0 | PSKW |
| 84146 | CHAMPVA-HAC (80214) | 74205 | Right Care from Scott and White |
| 251CC | Children's Community Health Plan Wisconsin | 15682 | Senior Network Health |
| 25133 | Coventry Healthcare | 82694 | The Macaluso Group |
| MWELT | District 9 Machinists Welfare Trust | 95677 | The Health Plan |
| 56089 | East Carolina Behavioral Health | 82288 | True Health New Mexico |
| 03964 | Elderwood Health | 85824 | True Health New Mexico FEHBP |
| 04326 | Element Care, Inc. | L0230 | Trusted Health Plan |
| 25169 | Gateway Health Plan - Medicaid PA | 12115 | VA Fee Basis Programs |
| 60550 | Gateway Health Plan (Medicare Assured) | 25924 | VieCare Life Beaver & LL Counties |
| 91741 | Gateway Health Plan OH (Medicare Assured) | 25923 | VieCare LIFE Butler |
| 39640 | Great Lakes PACE | 75386 | VillageMD of Northern Indiana |
| 39167 | Group Health Co-op of South Central WI | 63114 | Viva Health Plan |

LIST OF NPI(S):

Please separate NPIs using commas.