

**WHICH FORMS SHOULD I COMPLETE?****ALL LISTED FORMS ARE REQUIRED TO SUCCESSFULLY ENROLL**

- Change Healthcare ERA Enrollment Form (Page 3 & 4)
- [ERA Payer Enrollment Forms](#) Browse to the webpage in the link and follow instructions below
  - o Once on the ERA Payer Enrollment Forms page, use the search box above the payer list to locate your payer(s).
  - o 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](http://payerenrollservices.com), if you do not have one already.*

**Clearinghouse Information:**

- o Submitter ID: 330897513
- o Submitter Name: Office Ally
- o ERA Receiver Distribution Detail: OFFALLEY

**WHERE SHOULD I SEND THE FORM(S)?**

- Email the **Change Healthcare ERA Enrollment Form** to [Emdeon.ERA@officeally.com](mailto:Emdeon.ERA@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 TURNAROUND TIME?**

- Once Office Ally receives your Change Healthcare ERA Enrollment Form, we will process the request within 24-48 hours.
  - o **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 DO I CHECK STATUS?

- 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.
  - o 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](mailto: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.**

<b>Payer ID</b>	<b>Payer Name</b>	<b>Payer ID</b>	<b>Payer Name</b>
60054	Aetna	65062	Health Network One
128CA	Aetna Better Health of California	68035	Health Plan of San Joaquin (HPSJ1)
128FL	Aetna Better Health of Florida	HCH01	Healthcare Highways
26337	Aetna Better Health of Illinois	76045	Heritage Physicians Network (SelectCare TX)
128KS	Aetna Better Health of Kansas	47181	Highmark Health Options
128KY	Aetna Better Health of Kentucky	52189	Johns Hopkins Healthcare
128LA	Aetna Better Health of Louisiana	52123	Johns Hopkins Healthcare (USFHP)
128MD	Aetna Better Health of Maryland	40137	Kalos Health
128MI	Aetna Better Health of Michigan	LNDMK	Landmark Healthcare
46320	Aetna Better Health of New Jersey	36334	MacNeal Health Providers-CHS
34734	Aetna Better Health of New York	29076	Medical Mutual of Ohio
50023	Aetna Better Health of Ohio	86052	Mercy Care Plan (AHCCCS)
23228	Aetna Better Health of Pennsylvania	74289	MHNet
66917	Aetna Better Health - Parkland (TX)	34192	Mutual Health Services (Antares)
38692	Aetna Better Health of Texas / TX Medicaid & CHIP	82275	Mutual of Omaha Medicare Advantage
128VA	Aetna Better Health of Virginia	34010	MyNexus - Aetna Home Health
128WV	Aetna Better Health of West Virginia	34009	MYNEXUS Anthem, LLC
85600	Albuquerque Public Schools	77076	Network Health Insurance (NHIC) Medicare
58234	Alliant Health Plans of Georgia	17516	North Shore LIJ (Employee Plan)
04293	Allways Health Partners	48026	Northshore Physicians Associates
81079	BayCare Select Health Plans Inc	36400	Oak West Physician Association
SB690	BCBS Maryland (CareFirst)	72126	Peoples Health Network
52192	Bravo Health (63092)	65054	Premier Eye Care
27004	Care Wisconsin Health Plan	PSKW0	PSKW
65031	CarePlus Health Plans, Inc.	74205	Right Care from Scott and White
84146	CHAMPVA-HAC (80214)	96400	San Diego PACE
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
99660	Fresno PACE	12115	VA Fee Basis Programs
25169	Gateway Health Plan - Medicaid PA	25924	VieCare Life Beaver & LL Counties
60550	Gateway Health Plan (Medicare Assured)	25923	VieCare LIFE Butler
39640	Great Lakes PACE	26545	VillageCareMAX
39167	Group Health Co-op of South Central WI	75386	VillageMD of Northern Indiana
64246	Guardian Life Ins of America	63114	Viva Health Plan
47738	Hamaspik Choice		

**LIST OF NPI(S):**

Please separate NPIs using commas.