Office Ally

CHANGE HEALTHCARE (FORMERLY EMDEON) ERA ENROLLMENT INSTRUCTIONS

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, 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

- Email the **Payer ERA Enrollment Form(s)** to 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 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.

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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		40137	Kalos Health
	128CA	Aetna Better Health of California		LNDMK	Landmark Healthcare
	128FL	Aetna Better Health of Florida		36334	MacNeal Health Providers-CHS
	26337	Aetna Better Health of Illinois		29076	Medical Mutual of Ohio
	128KS	Aetna Better Health of Kansas		86052	Mercy Care Plan (AHCCCS)
	128KY	Aetna Better Health of Kentucky		33628	Mercy Maricopa Integrated Care
	128LA	Aetna Better Health of Louisiana		74289	MHNet
	128MD	Aetna Better Health of Maryland		34192	Mutual Health Services (Antares)
	128MI	Aetna Better Health of Michigan		82275	Mutual of Omaha Medicare Advantage
	46320	Aetna Better Health of New Jersey		34010	MyNexus - Aetna Home Health
	34734	Aetna Better Health of New York		34009	MYNEXUS Anthem, LLC
	50023	Aetna Better Health of Ohio		77076	Network Health Insurance (NHIC) Medicare
	23228	Aetna Better Health of Pennsylvania		17516	North Shore LIJ (Employee Plan)
	66917	Aetna Better Health - Parkland (TX)		48026	Northshore Physicians Associates
	38692	Aetna Better Health of Texas / TX Medicaid & CHIP		36400	Oak West Physician Association
	128VA	Aetna Better Health of Virginia		29237	Old Surety
	128WV	Aetna Better Health of West Virginia		72126	Peoples Health Network
	85600	Albuquerque Public Schools		65054	Premier Eye Care
	58234	Alliant Health Plans of Georgia		PSKW0	PSKW
	81079	BayCare Select Health Plans Inc		74205	Right Care from Scott and White
	52192	Bravo Health (63092)		37259	SAMBA
	27004	Care Wisconsin Health Plan		96400	San Diego PACE
	65031	CarePlus Health Plans, Inc.		15682	Senior Network Health
	84146	CHAMPVA-HAC (80214)		66010	SWHR-CNC
	251CC	Children's Community Health Plan Wisconsin		82694	The Macaluso Group
	MWELT	District 9 Machinists Welfare Trust		95677	The Health Plan
	56089	East Carolina Behavioral Health		TRP1E	Transamerica
	03964	Elderwood Health		TLINS	Transamerica Life Insurance
	04326	Element Care, Inc.		82288	True Health New Mexico
	RP061	Farm Bureau Advantage HMO		L0230	Trusted Health Plan
	99660	Fresno PACE		55413	UCare Individual & Family Plans
	25169	Gateway Health Plan - Medicaid PA		52629	UCare Minnesota
	60550	Gateway Health Plan (Medicare Assured)		12115	VA Fee Basis Programs
	39640	Great Lakes PACE		25924	VieCare Life Beaver & LL Counties
	39167	Group Health Co-op of South Central WI		25923	VieCare LIFE Butler
	64246	Guardian Life Ins of America		26545	VillageCareMAX
	47738	Hamaspik Choice		75386	VillageMD of Northern Indiana
	65062	Health Network One		63114	Viva Health Plan
	68035	Health Plan of San Joaquin (HPSJ1)			
	HCH01	Healthcare Highways			
	76045	Heritage Physicians Network (SelectCare TX)			
	47181	Highmark Health Options			
	52189	Johns Hopkins Healthcare			
	52123	Johns Hopkins Healthcare (USFHP)			

LIST OF NPI(S):

Please separate NPIs using commas.