

# 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)
- <u>ERA Payer Enrollment Forms</u> Browse to the webpage in the link and follow instructions below
  - 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 <a href="mailto:Emdeon.ERA@officeally.com">Emdeon.ERA@officeally.com</a>
- Email the Payer ERA Enrollment Form(s) to <a href="mailto:Batchenrollment@changehealthcare.com">Batchenrollment@changehealthcare.com</a>; 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 <a href="mailto:support@officeally.com">support@officeally.com</a> 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 <a href="Emailto:Em

application is unreadable of incomplete. All fields in <b>bold</b> are <b>required.</b>					
PROVIDER INFORMATION					
Provider Name:					
Provider Address:	City:	State:	Zip:		
PROVIDER IDENTIFIERS INFORMATION					
Please note that if you are enrolling multiple NPIs, they can be lis	sted on the last page of the enr	ollment packet.			
Provider Federal Tax Identification Number Employer Identification Number (EIN):	National Provi	der Identifier (NPI):			
PROVIDER CONTACT INFORMATION					
Contact Name:	Telephon	Telephone Number/Extension:			
Email Address:		Fax Number:			
ELECTRONIC REMITTANCE ADVICE INFORMATION (CI	HECK ONLY ONE)				
Preference for Aggregation of Remittance Data: ( Provider Preference for grouping (bulking) claim pay 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: Flectronic Signature (Typed Name) of Pers	son 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	36334	MacNeal Health Providers-CHS	
128CA	Aetna Better Health of California	29076	Medical Mutual of Ohio	
128FL	Aetna Better Health of Florida	62160	Medsolutions, Inc / eviCore	
26337	Aetna Better Health of Illinois	86052	Mercy Care Plan (AHCCCS)	
128KS	Aetna Better Health of Kansas	33628	Mercy Maricopa Integrated Care	
128KY	Aetna Better Health of Kentucky	34192	Mutual Health Services (Antares)	
128LA	Aetna Better Health of Louisiana	34010	MyNexus - Aetna Home Health	
128MD	Aetna Better Health of Maryland	34009	MYNEXUS Anthem, LLC	
128MI	Aetna Better Health of Michigan	77076	Network Health Insurance (NHIC) Medicare	
46320	Aetna Better Health of New Jersey	17516	North Shore LIJ (Employee Plan)	
34734	Aetna Better Health of New York	48026	Northshore Physicians Associates	
50023	Aetna Better Health of Ohio	36400	Oak West Physician Association	
23228	Aetna Better Health of Pennsylvania	29237	Old Surety	
66917	Aetna Better Health - Parkland (TX)	OSCAR	Oscar Health	
38692	Aetna Better Health of Texas / TX Medicaid & CHIP	72126	Peoples Health Network	
128VA	Aetna Better Health of Virginia	66063	Plan De Salud Menonita Vital	
128WV	Aetna Better Health of West Virginia	65054	Premier Eye Care	
85600	Albuquerque Public Schools	PSKW0	PSKW	
58234	Alliant Health Plans of Georgia	74205	Right Care from Scott and White	
81079	BayCare Select Health Plans Inc	37259	SAMBA	
52192	Bravo Health (63092)	96400	San Diego PACE	
27004	Care Wisconsin Health Plan	15682	Senior Network Health	
84146	CHAMPVA-HAC (80214)	66010	SWHR-CNC	
251CC	Children's Community Health Plan Wisconsin	31403	Texas Independence Health Plan Inc	
MWELT	District 9 Machinists Welfare Trust	82694	The Macaluso Group	
74284	Driscoll Childrens Health Plan	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	
39167	Group Health Co-op of South Central WI	25924	VieCare Life Beaver & LL Counties	
64246	Guardian Life Ins of America	25923	VieCare LIFE Butler	
47738	Hamaspik Choice	26545	VillageCareMAX	
65062	Health Network One	75386	VillageMD of Northern Indiana	
68035	Health Plan of San Joaquin (HPSJ1)	63114	Viva Health Plan	
HCH01	Healthcare Highways	75386	VillageMD of Northern Indiana	
76045	Heritage Physicians Network (SelectCare TX)	63114	Viva Health Plan	
47181	Highmark Health Options			
52123	Johns Hopkins Healthcare (USFHP)			
40137	Kalos Health			
LNDMK	Landmark Healthcare			

Please separate NPIs using commas.					
Office Ally, Inc   PO Box 872020   Vancouver, WA 98687   (360) 975-7000					

LIST OF NPI(S):