

EMDEON ERA ENROLLMENT INSTRUCTIONS



WHICH FORM(S) SHOULD I DO?

- [Emdeon EnrollNow \(Click here\)](#)
 - Note: This is completed online.
 - Office Ally supports only the payers listed on the Emdeon ERA Enrollment form below. Do not choose payers that are not listed on the Emdeon ERA Enrollment form when completing the EnrollNow online form.
- Emdeon ERA Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Emdeon EnrollNow: Once completed online, click Submit.
 - Note: If the payer you're enrolling for is not listed on this webpage, just enter the provider information and click Submit. The payer information will be entered on the Emdeon ERA Enrollment form.
- Email the Emdeon ERA Enrollment Form to enrollmentadmin@officeally.com

WHAT IS THE TURN AROUND TIME?

- Once Office Ally receives your Emdeon 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, ERA's can take anywhere from 14 to 45 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 enrollmentadmin@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.

EMDEON ERA ENROLLMENT FORM



Email this form to enrollmentadmin@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

**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.

Continue to Page 2 for payer selection

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
62118	Aetna Senior Supplemental Ins. (Aetna SSI)	52189	Johns Hopkins Healthcare
13333	Affinity Health (Medicare Advantage)	52123	Johns Hopkins Healthcare (USFHP)
85600	Albuquerque Public Schools	77741	Keystone First VIP Choice
58234	Alliant Health Plans of Georgia	90096	Land of Lincoln Health
77051	AmeriHealth Connect	45341	Maine Community Health Options
64090	Amfirst Insurance Company	22771	Managed Health Network (MHN)
52312	Arbor Health Plan	45627	MDWise Exchange Market Place
SB580	BCBS District of Columbia / NCA (Carefirst)	31354	MDwise Healthy Indiana Plan
SB690	BCBS Maryland (CareFirst)	91313	MDwise Hoosier Care Connect
27004	Care Wisconsin Health Plan	35191	MDwise Hoosier Healthwise
251CC	Children's Community Health Plan Wisconsin	EM205	MED3000 CMS Title 21 (M3014)
52192	Cigna-HealthSpring (63092)	EM522	MED3000 PED Title 21 (M3006)
77023	Clover Health (CarePoint)	12422	Medica2
84129	Colorado Access	MAHC1	Medical Associates Health Plan (MAHP1)
78375	Connecticare Medicare	29076	Medical Mutual of Ohio
58112	Consumer Mutual of Michigan	74289	MHNet
25133	Coventry Healthcare	81883	Municipal Health Benefit Fund
39113	Dean Health Plan	34192	Mutual Health Services (Antares)
56089	East Carolina Behavioral Health	71412	Mutual of Omaha / United of Omaha
31625	ElderPlan, Inc.	04332	Network Health (Tufts)
04326	Element Care, Inc.	77076	Network Health Insurance (NHIC) Medicare
41041	Federated Mutual Health Insurance Co	39144	Network Health Plan of Wisconsin
48117	FMH Benefit Services (CoreSource KC)	85036	New Mexico Public Schools Ins. Authority
25169	Gateway Health Plan - Medicaid PA	85038	New Mexico Retiree Health Care Authority
60550	Gateway Health Plan (Medicare Assured)	OSCAR	Oscar Health
91741	Gateway Health Plan OH (Medicare Assured)	72126	Peoples Health Network
25531	Group Health, Inc. HMO (Emblem)	47027	Physicians Mutual Insurance Co.
13551	Group Health, Inc. PPO (Emblem)	16111	POMCO
47738	Hamaspik Choice	77003	Prestige Health Choice (AmeriHealth)
10152	Harken Health	74205	Right Care from Scott and White
11328	HealthCare Partners IPA of New York	CP001	Samaritan Health Services
77950	Health Alliance Medical Plan	91184	Sanford Health Plan
62179	Health Choice Arizona	23285	Select Health of South Carolina
22100	Health Choice Integrated Care (HCIC)	87020	Sentinel Security Life Ins. Co.
76045	Heritage Physicians Network (SelectCare TX)	37284	TransChoice - Key Benefit Admin.
77180	Healthy CT	82288	True Health New Mexico
47181	Highmark Health Options	L0230	Trusted Health Plan
55247	HIP Health Plan of NY	38337	Upper Peninsula Health Plan
22326	Horizon NJ Health	94600	Valley Health Plan (Commercial/Medi-Cal)
		45276	West Virginia Family Health Plan