

# KAISER PERMANENTE OF HAWAII (94123) ERA ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Emdeon ERA enrollment Form
- [CAQH Online Enrollment](#)
  - For those enrolling for **ERA & EFT** or **EFT only**
  - If you are already enrolled for ERA & EFT with other payers, you must still enroll with Kaiser Permanente and select the correct Region.
  - Clearinghouse Information
    - Clearinghouse Name: **Change HealthCare** (previously Emdeon)
    - Clearinghouse ID: 133052274

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

- Emdeon Enrollment form should be emailed to [Support@officeally.com](mailto:Support@officeally.com)
- EFT & ERA Enrollment to be completed on the CAQH EnrollHub.

## HOW DO I CHECK STATUS?

- You will be able to monitor the status of all enrollments through the CAQH EnrollHub.

# EMDEON ERA ENROLLMENT FORM



In order to enroll to receive ERAs electronically from this payer, please fill out this form and return it via email to [Support@officeally.com](mailto:Support@officeally.com), the Email Subject should read: **Emdeon ERA Enrollment**.

## PAYER INFORMATION OF THE PAYER YOU ARE ENROLLING FOR ERAS FROM:

## PROVIDER INFORMATION:

**Provider Name:**

**Provider Address:**

## PROVIDER IDENTIFIERS INFORMATION:

**Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN):**

**National Provider Identifier (NPI):**

## PROVIDER CONTACT INFORMATION:

**Provider Contact Name:**

**Telephone Number:**

**Email Address:**

## ELECTRONIC REMITTANCE ADVICE INFORMATION:

**Preference for Aggregation  
of Remittance Data:**

**Note:** Account Number Linkage to Provider Identifier. Must match preference for EFT payments.

## SUBMISSION INFORMATION:

**Reason for Submission:**

**Authorized Signature:**

**Note:** Electronic Signature (typed name) of Person Submitting ERA Enrollment.