



# PHYSICIANS HEALTH PLAN (PHP) - NORTHERN IN (12399) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Optum 835 Enrollment Request
- Change Healthcare Agreement Cover Sheet
- Instamed Online Enrollment

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

- Email Optum 835 Enrollment Request to [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com)
- Email Changehealthcare Agreement Cover Sheet to [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com) AND [enrollmentcentral@changehealthcare.com](mailto:enrollmentcentral@changehealthcare.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 25-30 Business Days

## HOW DO I CHECK STATUS?

- Send an email to [Support@officeally.com](mailto:Support@officeally.com)



## 835 ENROLLMENT REQUEST

Email this form to [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com) or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. 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**.

### PAYER NAME

### 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:**

### SUBMISSION INFORMATION

**Reason for Submission:**

**Authorized Signature:**

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

**NOTE:** If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

Payer Name:

Payer ID:

## Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your account for electronic remittance advice (ERA).

Estimated approval timeframe: \_\_\_\_\_

## Enrollment Agreement Instructions

To enroll for ERAs with \_\_\_\_\_:

1. Complete the attached payer enrollment form, which may include instructions to assist with your enrollment.

2. To create your enrollment record you can use the Admin Simp Spreadsheet to upload several enrollment records. Once the record's are created you can attach the form for each payer requiring an Enrollment form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > ERA Enrollment File Upload. You can also create individual records using Direct Data Entry (DDE) and attaching the form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > Enrollments.
3. **Complete the online InstaMed enrollment for ERA/EFT required.**
4. **File upload the Change Healthcare Payer Agreement Cover Sheet and attached pages to Optum360. Do not include this instruction page.**
5. **Email the Change Healthcare Cover sheet and attached pages to: [enrollmentcentral@changehealthcare.com](mailto:enrollmentcentral@changehealthcare.com)**
6. **Failure to upload the form to Optum360 (3 pages) and email the form to Change Healthcare will cause rejection of your request.**

### Who do I contact if I have questions?

Contact the Optum360 Enrollment Department at (866) 367-9778, option 1.

Provider ID:

DBQ

NPI: 1231231238

Tax ID:



Return completed agreements to:  
Change Healthcare  
Attn: Enrollment Dept. (IADU-DC2)  
301 Data Court  
Dubuque, Iowa 52003

## Payer Agreement Cover Sheet

**Agreement Type: Remittance**

Estimated Approval Time: 10

Multiple Clearinghouses: No

### Special Instructions:

**CPID: 1174 is an ERA Only CPID and includes both professional and institutional lines of business.**

**NOTE: When enrolling for one payer, setups will be completed for all payer's on this agreement.**

CID

Submitter ID 392886

Customer ID 1046700

Billing ID 392886

Submitter Name Availity LLC

Reference ID

NPI 1231231238

TaxID

11B



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Remittance

Last Revised Date: 11/12/18

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<input type="checkbox"/> CPID 1174	LOCAL 371 AMALGAMATED WELFARE TRUST FUND - Professional	<input type="checkbox"/> CPID 5473	GEISINGER HEALTH PLAN - Professional
<input type="checkbox"/> CPID 1180	COLONIAL PENN LIFE INSURANCE - Professional	<input type="checkbox"/> CPID 5543	BANKERS LIFE AND CASUALTY - Institutional
<input type="checkbox"/> CPID 1181	Vibra Health Plan - Professional	<input type="checkbox"/> CPID 5624	HUMANA - CARESOURCE OF KENTUCKY - Institutional
<input type="checkbox"/> CPID 1194	CareSource of Georgia - Professional	<input type="checkbox"/> CPID 5650	US IMAGING NETWORK - Institutional
<input type="checkbox"/> CPID 1240	BANKERS LIFE AND CASUALTY - Professional	<input type="checkbox"/> CPID 5816	BROWN & TOLAND SUTTER SELECT - Professional
<input type="checkbox"/> CPID 1281	Passport Health Plan - Professional	<input type="checkbox"/> CPID 5846	ALTA BATES MEDICAL GROUP - Professional
<input type="checkbox"/> CPID 1289	BROWN & TOLAND MEDICAL GROUP - Professional	<input type="checkbox"/> CPID 5855	PERSONAL INSURANCE ADMINISTRATORS, INC. - Professional
<input type="checkbox"/> CPID 1634	Total Community Care - Institutional	<input type="checkbox"/> CPID 5914	Cal Optima Direct - Institutional
<input type="checkbox"/> CPID 1750	BROWN AND TOLAND - Professional	<input type="checkbox"/> CPID 5986	Cal Optima Long Term Care - Institutional
<input type="checkbox"/> CPID 1994	Sierra Health Services - Institutional	<input type="checkbox"/> CPID 6101	Optum Medical Network - Professional
<input type="checkbox"/> CPID 2526	CARESOURCE OF OHIO - Institutional	<input type="checkbox"/> CPID 6195	SUPERIOR VISION SERVICES - Professional
<input type="checkbox"/> CPID 2550	COLONIAL PENN LIFE INSURANCE - Institutional	<input type="checkbox"/> CPID 6259	HUMANA - CARESOURCE OF KENTUCKY - Professional
<input type="checkbox"/> CPID 2553	Vibra Health Plan - Institutional	<input type="checkbox"/> CPID 6444	US IMAGING NETWORK - Professional
<input type="checkbox"/> CPID 2559	GEISINGER HEALTH PLAN - Institutional	<input type="checkbox"/> CPID 6528	Passport Health Plan - Institutional
<input type="checkbox"/> CPID 2570	CareSource of Georgia - Institutional	<input type="checkbox"/> CPID 6584	EMHS Employee Health Plan - Institutional
<input type="checkbox"/> CPID 2839	HOMETOWN HEALTH PLAN NEVADA - Professional	<input type="checkbox"/> CPID 6674	COMMON GROUND - Institutional
<input type="checkbox"/> CPID 2893	AMERIHEALTH ADMINISTRATORS, INC. - Professional	<input type="checkbox"/> CPID 6778	COMMON GROUND - Professional
<input type="checkbox"/> CPID 2903	Cal Optima ICF - Institutional	<input type="checkbox"/> CPID 6827	MAINE COMMUNITY HEALTH OPTIONS - Professional
<input type="checkbox"/> CPID 2960	HOMETOWN HEALTH PLAN NEVADA - Institutional	<input type="checkbox"/> CPID 6867	BROWN & TOLAND HEALTH SERVICES - Professional
<input type="checkbox"/> CPID 3402	BLOCK VISION - Professional	<input type="checkbox"/> CPID 7143	CARESOURCE JUST4YOU (INDIANA) - Professional
<input checked="" type="checkbox"/> CPID 3596	PHP OF NORTHERN INDIANA - Institutional	<input type="checkbox"/> CPID 7263	CARESOURCE OF WEST VIRGINIA - Professional
<input type="checkbox"/> CPID 3815	PHP OF NORTHERN INDIANA - Professional	<input type="checkbox"/> CPID 7608	MAINE COMMUNITY HEALTH OPTIONS - Institutional
<input type="checkbox"/> CPID 3826	CARESOURCE OF OHIO - Professional	<input type="checkbox"/> CPID 7645	BROWN & TOLAND HEALTH SERVICES - Institutional
<input type="checkbox"/> CPID 3880	Sierra Health Services - Professional	<input type="checkbox"/> CPID 7688	CARESOURCE JUST4YOU (INDIANA) - Institutional
<input type="checkbox"/> CPID 4155	Noble AMA Select IPA - Professional	<input type="checkbox"/> CPID 7738	CountyCare Health Plan - Professional
<input type="checkbox"/> CPID 4221	Cal Optima Direct - Professional	<input type="checkbox"/> CPID 7741	EMHS Employee Health Plan - Professional
<input type="checkbox"/> CPID 4555	AMERIHEALTH ADMINISTRATORS - Institutional	<input type="checkbox"/> CPID 8676	CARESOURCE OF WEST VIRGINIA - Institutional
<input type="checkbox"/> CPID 4608	Optum Medical Network - Institutional	<input type="checkbox"/> CPID 8966	PERSONAL INSURANCE ADMINISTRATORS, INC. - Institutional
<input type="checkbox"/> CPID 4770	Total Community Care - Professional	<input type="checkbox"/> CPID 9688	CountyCare Health Plan - Institutional

The enrollment process for this payer is available online through the payer's website:

<https://register.instamed.com/eraeft>

Enter email and TIN and click "Get Started"

On the next screen choose the "ERA/EFT Only" option

Enter all provider information and near bottom of the page in the Remittance Delivery field – BE SURE TO CHOOSE "Change Healthcare" from the dropdown.

The payer has a Network Relations Team specifically dedicated to assisting with questions related to provider registration and online portal enrollment. Please contact this team directly at 866-945-7990 for any assistance.

Once the enrollment on the payer's website has been completed, please submit this agreement to Change Healthcare.

Provider Name: \_\_\_\_\_

Provider Contact Who Completed Payer's Online Enrollment: \_\_\_\_\_

National Provider Identifier (NPI): 1231231238

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): \_\_\_\_\_



By completing and submitting this form, I am confirming the completion of the enrollment process on the payer's website.