

EnrollNow Process-

Emdeon ERA enrollment Payer enrollment information for all payers listed below is now processed through a single electronic form. The user needs to provide practice, provider, and contact information and then select all payers from whom they wish to receive ERAs. When completed, they will select the submit button to send this information to Emdeon and we will facilitate the registration process with each selected payer.

This Web Form does NOT replace the need for the provider to be set up at Emdeon with the specific payer. The set up process for that step should still be done with the use of the ERA Provider set up form(s) located at www.emdeon.com/enrollment, through the Emdeon Enrollment Wizard* or your product specific process if not one of the two mentioned above.

When filling out this Web Form the Practice Information should be the practice information that is set up with the payer. (The practice information submitted within the web Form should match the Practice Profile information on file with the selected payer).

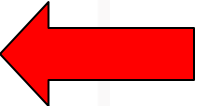
The Contact information is expected to be the Practice /Provider /Facility contact that the payer can use to confirm that the ERAs should be routed to Emdeon. This contact is also where additional communications will be sent regarding any status updates provided to Emdeon from the payer.

Below listed payers are currently available through the use of the Enrollnow process

Payers

- Advocate Physician Partners 36320 & 65093
- Americhoice APIPA (03432)
- Americhoice of MD (04567)
- Americhoice of NE (UFNEP)
- Americhoice of NJ (86047)
- Americhoice NYU (NYU01)
- Americhoice of TX (TEX01)
- Americhoice of WI (WID01)
- AARP (36273)
- BCBS Maryland (SB690)

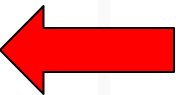
Carefirst ID: Required



- New Provider
- Update

- BCBS Washington DC (SB580)

Carefirst ID: Required



- New Provider
- Update

- Care Improvement Plus (77082)
- Cigna (62308)
- Cigna- Great West (80705)
- Connecticare (06105)
- GEHA (44054)
- MAMSI Life & Health (52148)
- Medica (94265)
- Oxford Health Plan (06111)
- Pacificare of CA (95959)
- Spectera (00773)
- Three Rivers Admin ERA (25175)
- UHC Great Lakes (95467)

PROVIDER ID GROUP LEVEL CONSISTS OF 5 TO 6 ALPHA NUMERIC CHARACTERS

THIS FIELD IS REQUIRED!!

PROVIDER ID GROUP LEVEL CONSISTS OF 2 TO 4 ALPHA NUMERIC CHARACTERS

THIS FIELD IS REQUIRED!!

- UMR Wasau/ UHIS (39026)
- Unison Health Plan (62183)
- United Healthcare (87726)
- United Healthcare Community Plan / KS (KanCare) (96385)
- United Healthcare of River Valley - John Deere (95378)
- UnitedHealthOne (81400)

1. To enroll please click or go to <http://www.emdeon.com/enrollnow/>

Emdeon Payer ERA Enrollment Form

Emdeon can accept ERA enrollment information for all payers listed below through a single electronic form. Please provide your practice, provider, and contact information below and then select all payers from whom you wish to receive ERAs. When completed, press the submit button to send this information to Emdeon and we will facilitate the registration process with each selected payer.

ATTENTION DENTAL PROVIDERS: Completion of this form is NOT required for all submitters to receive DENTAL ERAs. Please verify with your PMS Vendor or dentalsupport@emdeon.com prior to completing this form.

ATTENTION CONNECTICARE PROVIDERS: If you select the Connecticare Payer option below, you will be presented a field to enter your Connecticare payer ID. THIS IS A REQUIRED FIELD. If you do not have a Connecticare ID number, contact Connecticare to obtain one.

Practice Information

*Billing provider NPI

10 numeric digits only

*Billing provider Tax ID (Numbers only)

9 numeric digits only

NO DASHES

*Business Name (as it appears on W-9)

*Street Address

*City

*State

-

*ZIP Code

*Practice Type

- Group
- Facility
- Ancillary
- Solo Practitioner

Contact Information

*Contact Name

*Email Address

*Phone Number

Fax Number

Payers

- Advocate Physician Partners 36320 & 65093
- Americhoice APIPA (03432)
- Americhoice of MD (04567)
- Americhoice of NE (UFNEP)
- Americhoice of NJ (86047)
- Americhoice NYU (NYU01)
- Americhoice of TX (TEX01)
- Americhoice of WI (WID01)
- AARP (36273)
- BCBS Maryland (SB690)

Once you enter data you will receive a confirmation number and an email will be sent to the email address entered into the form. A quick link option to add another provider is also made available.

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Thank You - Transaction No. 4e17775032b8c

Thank you for your interest in Emdeon services. Please reference the receipt number above when contacting us regarding this transaction. Emdeon will facilitate your setup with the selected payers.

[Click here to add another provider](#)

Example Email

-----Original Message-----

From: forms@emdeon.com [mailto:forms@emdeon.com]

Sent: Friday, July 08, 2011 4:32 PM

To: none@none.com

Subject: PAYER ENROLLMENT FORM - Medical World

*** ENROLLMENT INFORMATION ***

Receipt No: 4e17775032b8c

NPI: 1234567891

Tax id: 123456789

Business Name: Medical World

Address: 123 Anywhere

City: Anywhere

State: TN

Zip: 37214

Contact Name: Dr. Joe

Phone: 9995551212

Email: none@none.com

2. Enter Facility or providers information. NPI & Facility and providers contact name is required.
3. Click on submit
4. When everything is entered you will receive a Thank you and a confirmation number

Special Notes:

* ... Emdeon Enrollment Wizard - The Enrollment Wizard is designed as a tool for partners using Emdeon Vision and is currently not available to provider-level users of Emdeon Vision. The Enrollment Wizard is a web-based application that enables you to Enroll new providers to receive Electronic Remittance Advice (ERA) from Emdeon without the need for Provider Set Up Forms and creates payer registration forms that are pre-populated with provider/facility. For more information about this tool, please contact your Emdeon Account Manager.

* ... Enrollment for 80705 Cigna-Great West requires each individual Provider to be enrolled for ERA. Please complete the enrollment form for each Provider within the Practice.

* ... Enrollment for Connecticare 06105 – Requires a Connecticare provider id. No requests added for Connecticare without this id will be processed by Emdeon or Connecticare.

Thank You

Emdeon Enrollment Department

1-866-924-4634

!!! IMPORTANT ERA ENROLLMENT INFORMATION REGARDING OPTUM PAYERS!!!

OPTUM PAYERS

Americhoice APIPA - 03432
Americhoice of MD - 04567
Americhoice of NE - UFNEP
Americhoice of NJ - NYU01
Americhoice of TX - TEX01
Americhoice of WI - WID01
AARP - 36273
Care Improvement Plus - 77082
GEHA - 44054
MAMSI Life & Health - 52148
Medica - 94265
Oxford Health Plan - 06111
Pacificare of CA - 95959
Spectera - 00773
Three Rivers Admin ERA - 25175
UHC Great Lakes - 95467
UMR Wausau/UHIS - 39026
Unison Health Plan - 62183
United Healthcare - 87726
UHC Community Plan/KS (KanCare) - 96385
UHC of River Valley – John Deere - 95378
UnitedHealthOne - 81400

All Optum payers listed above do not send approval notices. The enrollments are automatically approved once the first ERA has been received. In order for the first ERA to generate, you MUST be actively submitting claims to these payers.

If you previously received ERAs from Optum payers via another clearinghouse, and automated email notification will be sent to the email on file at Optum. This Change of Vendor request must be approved within 5 days of receiving the email. You MUST respond to the email to verify the change of clearinghouse to Change Healthcare. If you do not respond to this email your setup will not be completed on the payers end and you will not receive ERAs for the Optum payers.

Please ensure that the email that Optum has on file for you is correct, or you may not receive the Change of Vendor email notification. If you know that you are currently getting your Optum payer's ERAs through another clearinghouse, and do not receive the emailed COV Notification, then you can complete a COV letter for Optum found at this link: <http://www.emdeon.com/resourcepdfs/OPTUMCOV.pdf>

This letter MUST be on the letterhead for Practice/Provider requesting this change!

CHANGE OF VENDOR LETTER

_____ **Date**

Optum (ENS)
Attn: Enrollment Department – ERA Setup
enrollments@optum.com
Fax: 877-630-2064

Company Name: _____

Street Address: _____

City/State: _____

Zip Code: _____

Tin/NPI: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Please select from the below payer ID's only.

- ___ Americhoice AIPA - 03432 -
- ___ Americhoice of MD - 04567
- ___ Americhoice of NE - UFNEP
- ___ Americhoice of NJ - NYU01
- ___ Americhoice of TX - TEX01
- ___ Americhoice of WI - WID01
- ___ AARP - 36273

- ___ Care Improvement Plus - 77082
- ___ GEHA - 44054

- ___ MAMSI Life & Health - 52148
- ___ Medica - 94265

- ___ Oxford Health Plan - 06111
- ___ Pacificare of CA - 95959
- ___ Spectera - 00773

- ___ Three Rivers Admin ERA - 25175
- ___ UHC Great Lakes - 95467

- ___ UMR Wausau/UHIS - 39026
- ___ Unison Health Plan - 62183

- ____ United Healthcare - 87726
- ____ UHC Community Plan/KS (KanCare) - 96385
- ____ UHC of River Valley – John Deere - 95378
- ____ UnitedHealth One - 81400

Currently, I am receiving my Electronic Remittance Advice through

I would like to start receiving my Electronic Remittance Advice through Change Healthcare Corporation using **Electronic Network Systems, Inc.**

This change request will also include ALL PROVIDERS associated with this tax ID.

Written Signature of Person Submitting Form

Printed Name of Person Submitting Form

Email of Person Submitting Form

Have the provider send the change to: enrollments@optum.com or fax 877-630-2064

PLEASE NOTE: Once notification is received stating the change of vendor letter has been processed. You must re-enter your request in the Enrollnow portal.