

PAYER ENROLLMENT INSTRUCTIONS FOR

Before enrolling please be sure your Revenue Performance Advisor contract includes the transactions you will be using. If you are unsure of the transactions you are contracted for, contact our Enrollment Department at: (800) 792-5256, Option 1.

We recommend enrolling using our Portal enrollment tool. This free Portal allows you to enter providers and select the payers/transactions for your enrollment as it prefills the agreement forms for you. Another advantage of the enrollment tool is the ability to follow the progress of enrollments from initial generation through to payer approval. Our team can set you up and provide a quick tutorial. Contact us at edi@changehealthcare.com

If you are not enrolling with the free portal Enrollment tool, please following these instructions:

If this payer does not require an agreement, go to Step 2

STEP 1: COMPLETE AGREEMENT

- Complete all required fields on agreement and verify all information entered is correct.
- If the agreement requires signatures, we recommend signing in blue ink. Do not use signature stamps.

STEP 2: PAYER SPECIFIC INSTRUCTIONS

Estimated Payer Approval Time:

Business days if enrolling for the first time

Business days if changing vendor/clearinghouse

STEP 3: UPDATE YOUR REVENUE PERFORMANCE ADVISOR ENROLLMENT ID

- Provider Spreadsheet – This is completed for each new provider.
[Provider Spreadsheet - Click Here](#)
- Payer Enrollment Spreadsheet – This is completed when requesting enrollment with a payer for providers previously added to the Revenue Performance Advisor system. Please refer to the instruction tab on each spreadsheet form for details about the information to enter in each column.

****PLEASE NOTE**** The fields for tracking information are key for both your record keeping of enrollments and for Revenue Performance Advisor following up with payers for approvals. Be sure to enter all tracking for each enrollment.

[Payer Enrollment Spreadsheet - Click Here](#)

- Email the completed spreadsheet(s) to: enrollment@changehealthcare.com

QUESTIONS? CONTACT US:

Phone: (800) 792-5256 Option 1 or Email: penrollment@changehealthcare.com

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Provider Information

Provider Name:

Doing Business As Name (DBA):

Provider Address

Street:

City:

State/Province:

Zip Code/Postal Code:

Country Code:

Provider Identifiers

Provider Federal Tax Identification Number (TIN)

or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Provider Contact Information

Contact:

Title:

Telephone Number:

Telephone Number Extension:

Email Address:

Fax Number:

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN):

Nation Provider Identifier (NPI):

Submission Information

Reason for Submission:

New Enrollment

Change Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

(MUST BE ON PROVIDER LETTERHEAD)

Please change the below provider to be linked to RelayHealth (gate0012) for remittance and update the contact email on file to be the below.

- o Company Name:
- o Contact Name:
- o Contact Phone number:
- o Contact email address:
- o Street Address:
- o City/State:
- o Zip Code:
- o Group Tin/Group NPI:
- o Payer ID and Name:

_____ (signature)

Signee name:

Title: