



Change of Vendor Procedures for ERA

A “change of vendor” (COV) letter is required when an existing Emdeon provider changes software vendors. The letter is required when the provider changes from their existing Emdeon certified software vendor (submitter id) to a different Emdeon certified software vendor (submitter id).

Any new ERA Provider Set-Up Form (PSF) sent to Emdeon that requires a Change of Vendor (COV) letter will be considered incomplete without the accompanying letter. Emdeon will notify the provider if the “change of vendor” letter is required but not received.

Following are steps required for a provider to change Emdeon certified software vendors:

Step #1 Complete a Change of Vendor letter using the interactive template provided.

THE LETTER MUST BE PRINTED ON THE PROVIDER/SITE’S LETTERHEAD AND CONTAIN ALL INFORMATION LISTED IN THE BELOW TEMPLATE.

The Authorization letter (COV) must be signed and dated.

Step #2 Email to batchenrollment@emdeon.com or fax to 615.885.3713

This COV must be attached to a ERA Provider Set-Up Form (PSF)
<http://www.emdeon.com/enrollment/index.php> - Emdeon Set-Up Forms

Step #3 Emdeon will make the change in the appropriate Emdeon systems. Confirmation will be sent to the individual indicated within the ERA PSF when the set up is complete within 5 business days.

Step#4 If you are requesting spilt files you must submit a Merge Group ERA PSF with the COV LETTER.

Signature Required

Emdeon Enrollment Department
Attn: Enrollment Department – ERA Set Up
batchenrollment@emdeon.com
Fax: 615.885.3713

Dear Emdeon

Currently, I am receiving my Electronic Remittance Advice through

I would like to start receiving my Electronic Remittance Advice through Emdeon Corporation using

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

Please carry over all payers associated with the below tax id.

Please move only the payers listed on the attached ERA PSF.

Please accept this letter as my request to change vendors. Following is specific information regarding my practice:

Name:

Practice:

Address:

Phone #:

Contact:

Email:

Tax Id:

Sincerely,

Signature Required

Printed Name

Title

Emdeon ERA Provider Setup Form

Email: batchenrollment@emdeon.com Fax: (615) 885-3713

1 Provider Organization

Practice/Facility Name				Tax ID		
Practice/Facility Address						
	City			State		Zip Code
Contact Name				Contact Phone Number		

2 Vendor (Emdeon contracted & certified customer used to retrieve ERA files)

Vendor Name				Submitter ID		
Contact Name				Contact Phone Number		

3 ERA Receiver

Receiver ID						
Distribution Method <small>(Must list one method)</small>				Distribution		

4 Payer (If additional rows are required for payer ID selection, complete additional ERA Provider Setup Forms.)

*****Following Payers MUST have Legacy ID's listed to complete Payer Enrollment: SB580-SB690-SB760-SKAR0-SKMD0-SMMS0-SMMT0*****

Payer ID	Group ID	Individual ID	NPI ID	Payer ID	Group ID	Individual ID	NPI ID

5 Confirmations (Enter E-mail address)

Confirmations <small>(Enter E-mail address)</small>						
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