



# 835 Enrollment Amerigroup



**\*Please Note: As of October 1, 2015, Amerigroup has merged with Empire BlueCross BlueShield (Empire BCBS) to form Empire BlueCross BlueShield HealthPlus (Empire). ERA enrollment is now done through the same form as the Empire BCBS ERA enrollment form. Providers who have already signed up for Empire BCBS ERAs, do not need to enroll again for Amerigroup.\***

## ERA Enrollment Instructions

Please copy the link below and paste to your browser to direct you to the online form for ERA enrollment for Amerigroup (Empire BlueCross BlueShield HealthPlus).

<https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp>

### Payer Section (top of online form):

- User must check the box to insure that you are enrolling for ERAs for one of the payers listed.

Payer	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"><li>• Anthem CT, ME, NH, OH, KY, IN, MO, WI, VA</li><li>• Blue Cross and Blue Shield of Georgia and their affiliates</li><li>• Empire</li></ul>

### Provider Information Section:

- Enter Provider Name
- Enter Doing Business As Name (if applicable)

Provider Information	
Provider Name*	<input type="text"/>
Doing Business As Name(DBA)	<input type="text"/>

### Provider Address:

- Enter Street Address
- Enter City
- Enter State/Province
- Enter Zip code
- Country Code = USA



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## Provider Address

Street*	<input type="text"/>
City*	<input type="text"/>
State/Province*	<input type="text"/>
Zip Code/Postal Code*	<input type="text"/>
Country Code	<input type="text"/>

### Provider Data Section:

- Enter Agency/Billing Provider Tax ID
- Enter Agency/Billing Provider NPI
- Trading Partner ID is NY01097C

## Provider Data

**Do not submit duplicate requests for the same Tax ID or Tax ID/NPI combination.**

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)*	<input type="text"/>
National Provider Identifier	<input type="text"/>
Trading Partner ID*	NY01097C

### Provider Contact Information Section:

- Enter Contact Name
- Enter Agency/Billing Provider Phone #
- Enter phone extension if applicable
- Enter Email Address
- Enter Fax Number



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Provider Contact Information	
Contact*	<input type="text"/>
Telephone Number*	<input type="text"/>
Telephone Number Ext.	<input type="text"/>
Email Address*	<input type="text"/>
Fax Number	<input type="text"/>

## Preferences Section:

- Select information as shown below in the form

Preferences	
Preference for Aggregation of Remittance Data*	Method of Retrieval
<input type="radio"/> Tax Identification Number	Clearinghouse (HTTPS) 02 ▼
<input checked="" type="radio"/> National Provider Identifier	

## Clearinghouse Information Section:

- Enter the Clearinghouse Information

Clearinghouse Information	
Clearinghouse Name	EMDEON
Clearinghouse Contact Name	ENROLLMENT HELP DESK
Telephone Number	8669244694
Email Address	payerregistration@emdeon.com



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## Authorized Signature Section:

- Print the Name of Person Submitting Registration
- Print Title of Person Submitting Registration.
- Submission Date should be pre-populated (enter in today's date if not pre-populated)
- Ensure that the box is checked in the "By clicking submit, I acknowledge that I am authorized to act on behalf of the entity identified above."

***Once you have completed all the fields, click the submit button to send the form.***



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## Sample of online Empire BCBS ERA enrollment form:

← → ↻ <https://wellpoint-int.columncloud.com/SR/ERAEnrollmentSR.jsp>

### E-Solutions ERA (835) Registration Form

\* denotes required field

**Payer**

- Anthem CT, ME, NH, OH, KY, IN, MO, WI, VA
- Blue Cross and Blue Shield of Georgia and their affiliates
- Empire

**Provider Information**

Provider Name\*

Doing Business As Name(DBA)

**Preferences**

Preference for Aggregation of Remittance Data\* Method of Retrieval

Tax Identification Number

National Provider Identifier

**Provider Address**

Street\*

City\*

State/Province\*

Zip Code/Postal Code\*

Country Code

**Clearinghouse Information**

Clearinghouse Name

Clearinghouse Contact Name

Telephone Number

Email Address

**Provider Data**

**Do not submit duplicate requests for the same Tax ID or Tax ID/NPI combination.**

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

National Provider Identifier

Trading Partner ID\*

**Reason for Submission**

New Registration  Add to existing Trading Partner Registration

Change Registration  Cancel Registration

**Provider Contact Information**

Contact\*

Telephone Number\*

Telephone Number Ext.

Email Address\*

Fax Number

**Authorized Signature**

Printed Name of Person Submitting Registration\*

Printed Title of Person Submitting Registration\*

Submission Date

By clicking submit, I acknowledge that I am authorized to act on behalf of the entity identified above.

**Submit**

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