

PAYER ENROLLMENT INSTRUCTIONS FOR

86711

PACE Southeast Michigan

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

STEP 1: REVIEW

- Verify that all information on each agreement is correct.
- If an agreement requires signatures, we recommend signing in blue ink. Do not use signature stamps.

STEP 2: PAYER SPECIFIC INSTRUCTIONS

You must be submitting claims prior to requesting ERA. If you are not currently submitting claims, the payer WILL NOT set up ERA. Change Healthcare will not be able to check status on this payer. If you are actively submitting claims and have not received your ERA after 30 days, please contact the EDI team at EDI@changehealthcare.com with a check example.

Estimated Payer Approval Time:

5

Business days if enrollment for the first time

5

Business days if changing vendor/clearinghouse

STEP 3: UPDATE YOUR REVENUE PERFORMANCE ADVISOR ENROLLMENT ID

- Enter agreement tracking information on the Enrollment Detail Screen - Workflow Information Area.
- Update the Check Point Status and Check Point Date.
- Upload a copy of the completed agreement and/or any delivery confirmation to your Documents Tab.

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
7279	86711	PACE SOUTHEAST MICHIGAN	Professional	5	No
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
650202059	Proxymed (FKA Capario)				
Provider Information					
Tax ID	NPI	Provider Number	Name		
472778039	1285099523		Sodus Rehabilitation & Nursing Center		
Address			City	State	Zip
6884 Maple Ave			sodus	NY	14551
Contact Name				Contact Phone	
abe mostofsky				3478326899	
Contact Email Address					
amostofsky@phcare.com					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
E1enrollmentstatus@changehealthcare.com			amostofsky@phcare.com		
ERA Receiver					
Distribution Detail					
Proxymed					

