





**In order to ensure timely payment during the COVID-19 crisis IAMHP is strongly urging providers to sign up for EFT payment.**

Illinois still has a high percentage of providers receiving payment via paper check. Due to shipping volumes and decreased staff, this may cause a delay in a provider being able to post payment.

To register for no-cost EFT/ERA service, the appropriate MCO EFT partners and/or instructions are listed below. Registration can be done quickly and easily on-line.

<p><b>Blue Cross Community Health Plans</b></p>	<p>To enroll online <a href="#">click here</a> or complete the forms below:          ⇒ <a href="#">Electronic Funds Transfer Agreement</a>           ⇒ <a href="#">Electronic Remittance Advice Enrollment Form</a> </p>
<p><b>County Care Health Plan</b></p>	<p><u>INSTAMED:</u>          CountyCare offers two options for registering for EFT/ERA:          ⇒ Online: visit <a href="http://www.instamed.com/eraeft">www.instamed.com/eraeft</a>          ⇒ Paper: <a href="#">complete this form</a> and fax it to <b>877-755-3392</b>.          Contact InstaMed directly at <b>866-945-7990</b>          or <a href="mailto:connect@instamed.com">connect@instamed.com</a> with any questions.</p> <p><u>CHANGE HEALTHCARE:</u>          CountyCare also provides ERA through Change Healthcare. For the initial ERA enrollment set-up with Change Healthcare, please visit Change Healthcare's <a href="#">enrollment webpage</a> directly.</p> <p>If you currently work with a different clearinghouse for your Electronic Claims Submission, your clearinghouse would work directly with Change Healthcare to set up ERA. You can access the ERA enrollment form by clicking <a href="#">here</a>.</p> <p>If you or your clearinghouse have any questions regarding the ERA enrollment process or form completion, please contact Change Healthcare Provider Support at <b>877-363-3666</b> and follow the appropriate prompts.</p>

<p><b>IlliniCare Health</b></p>	<p><u>PAYSPAN:</u>  Register using PaySpan's enhanced provider registration process via the link below:</p> <p><a href="https://www.illinicare.com/providers/resources/electronic-transactions/payspan.html">https://www.illinicare.com/providers/resources/electronic-transactions/payspan.html</a></p>
<p><b>Meridian Health – A Centene Company</b></p>	<p>To enroll complete <a href="#">this form</a> and submit the following ways:</p> <ul style="list-style-type: none"> <li>⇒ Secure fax to <b>312-980-2381</b>.</li> <li>⇒ Scan and email to <a href="mailto:providerhelp.il@mhplan.com">providerhelp.il@mhplan.com</a>.</li> <li>⇒ Mail to: <p style="margin-left: 40px;"><b>Meridian Health</b>  <b>Attn: Provider Services</b>  <b>1 Campus Martius, Suite 700</b>  <b>Detroit, MI 48226</b></p> </li> </ul>
<p><b>YouthCare</b></p>	<p><u>PAYSPAN:</u>  Call PaySpan at 1-877-331-7154 to receive your registration code and pin number.</p> <p>Visit <a href="https://www.payspanhealth.com/">https://www.payspanhealth.com/</a> to register. You will need your registration code, pin number and TIN.</p>
<p><b>Molina Healthcare</b></p>	<p>Molina partners with Change Healthcare ProviderNet for electronic payments and remittance advices. Change Healthcare registration instructions (<a href="#">link</a>)</p> <p>Questions can be directed to Change Healthcare Provider Services at:</p> <ul style="list-style-type: none"> <li>⇒ <a href="mailto:wco.provider.registration@changehealthcare.com">wco.provider.registration@changehealthcare.com</a> or via phone at 1-877-389-1160</li> </ul>
<p><b>NextLevel Health Partners</b></p>	<p><b><u>Step 1 – Request Your EFT Registration Codes</u></b>  To request your registration code, send an e-mail to <a href="mailto:providersupport@payspanhealth.com">providersupport@payspanhealth.com</a> or visit this web page: <a href="https://www.payspanhealth.com/RequestRegCode/">https://www.payspanhealth.com/RequestRegCode/</a></p> <ul style="list-style-type: none"> <li>⇒ If you choose to send an e-mail to Provider support, please indicate that you are requesting registration codes for NextLevel Health. Also, please be sure to include your TIN.</li> <li>⇒ Your registration codes will be sent to you via e-mail, along with enrollment instructions within 24 – 48 hours of your request</li> </ul>

⇒ Contact the Payspan Provider Support team at 1-877-331-7154, Option 1 (hours of operation are Monday – Friday, 8:00 am – 8:00 pm eastern)

**Step 2 – Activate Your EFT Registration Codes**

⇒ Look for an e-mail from Payspan within 24 – 48 hours after your request

⇒ Follow the instructions included to activate your EFT registration codes

For additional assistance, please access the Payspan website at <https://www.payspanhealth.com/nps/Support/Index> or contact Payspan via email at [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)