Electronic Funds Transfer (EFT)

Provider Enrollment Guide

Preface

How to Guide: Enroll in Electronic Funds Transfer (EFT) and Reconcile **your Electronic Payments with ECHO's Provider Payments Portal.**

If your bank or financial institution is not located within the United States, you are not eligible for EFT of your payments to your account. In addition, your bank must have an American Bankers Association (ABA) routing number.

HOW DOES IT WORK?

- Complete the ERA/EFT enrollment form. Upon submission, paperwork outlining the terms and conditions will be emailed to you directly along with additional instructions for setup.

- ECHO Health supports both National Provider Identifier (NPI) and the Tax Identification Number (TIN) level enrollment. You will be prompted to select the option that you would like to use during the enrollment process.

- If you need assistance, contact ECHO Health at 888.834.3511.

- Please make sure you have an ECHO Health draft number and payment amount so we can validate your enrollment request. A draft number is listed as the EPC draft # on ECHO Health explanation of payments. If you do not have an ECHO draft number available, please call 888.834.3511.

Please Note: For security and verification of our providers during EFT enrollment, you must have received a payment from any payor implemented with ECHO before you can proceed with the enrollment process.

If you have never received a payment from ECHO for any payor, then you must wait to enroll for EFT after your first virtual credit card or check payment from ECHO is received.

Enroll in EFT:

Step 1
There are two different EFT enrollment options available:

Option 1
Enrollment with only *This Payor* (no fees apply), visit
https://enrollments.echohealthinc.com/EFTERAdirect/enroll

Option 2
Enrollment to receive EFT from *All Payors* processing payments on the Settlement Advocate platform (A fee for this service will apply), visit
https://enrollments.echohealthinc.com

The URL option selected above will redirect you to the appropriate page to start your EFT enrollment.

Provider EFT/ERA Enrollment Process
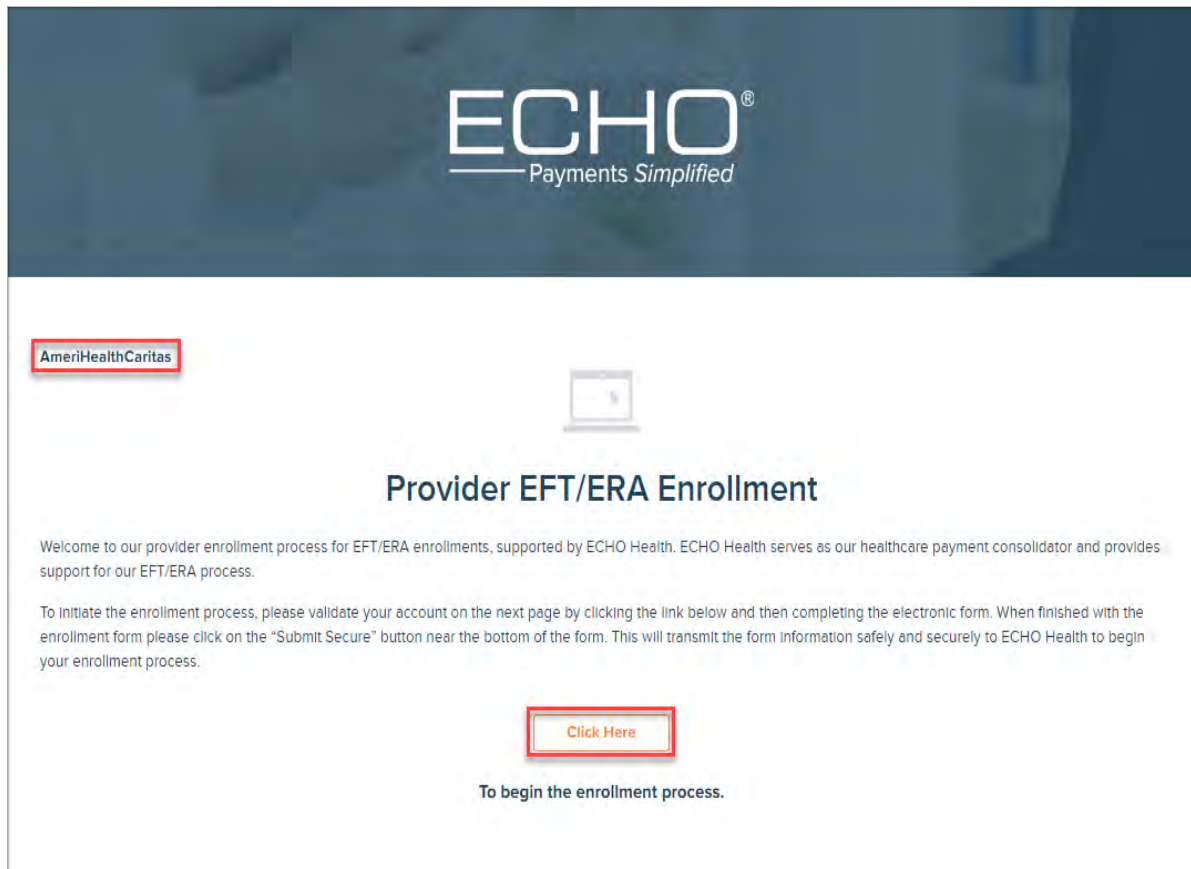
Step 2

Begin the EFT enrollment process by selecting the "Click Here" button.

AmeriHealth Caritas is listed on most enrollment pages but covers many plans. The EFT/ERA enrollment includes each of the following plans listed below.

- AmeriHealth Caritas Delaware
- AmeriHealth Caritas District of Columbia
- AmeriHealth Caritas Louisiana
- AmeriHealth Caritas New Hampshire
- AmeriHealth Caritas Northeast
- AmeriHealth Caritas Pennsylvania
- AmeriHealth Caritas Pennsylvania Community HealthChoices
- AmeriHealth Caritas VIP Care
- Blue Cross Complete of Michigan
- Keystone First
- Keystone First Community HealthChoices
- Keystone First VIP Choice
- PerformCare
- Prestige Health Choice
- Select Health of South Carolina

ECHO Account Authentication
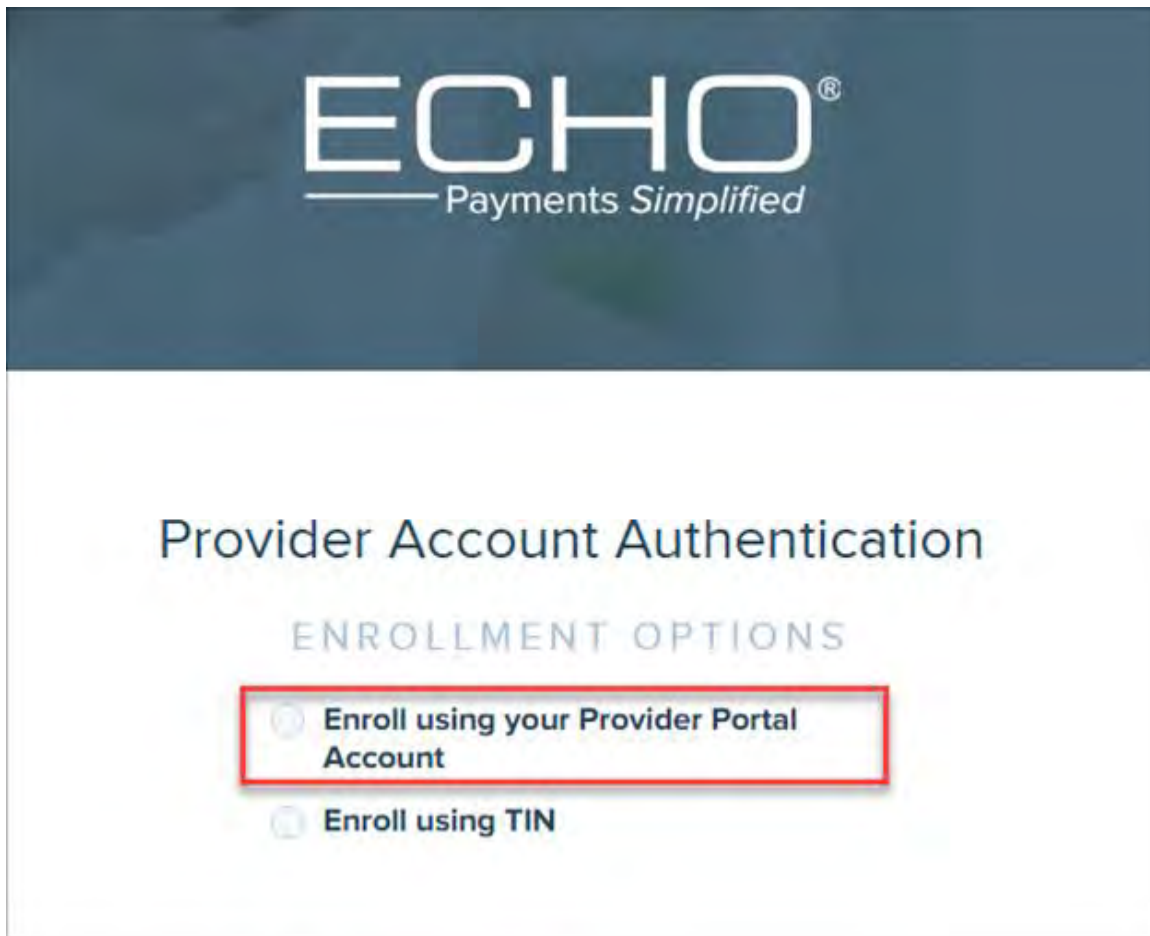
IMPORTANT: The screenshots in this guide display two enrollment options currently available.
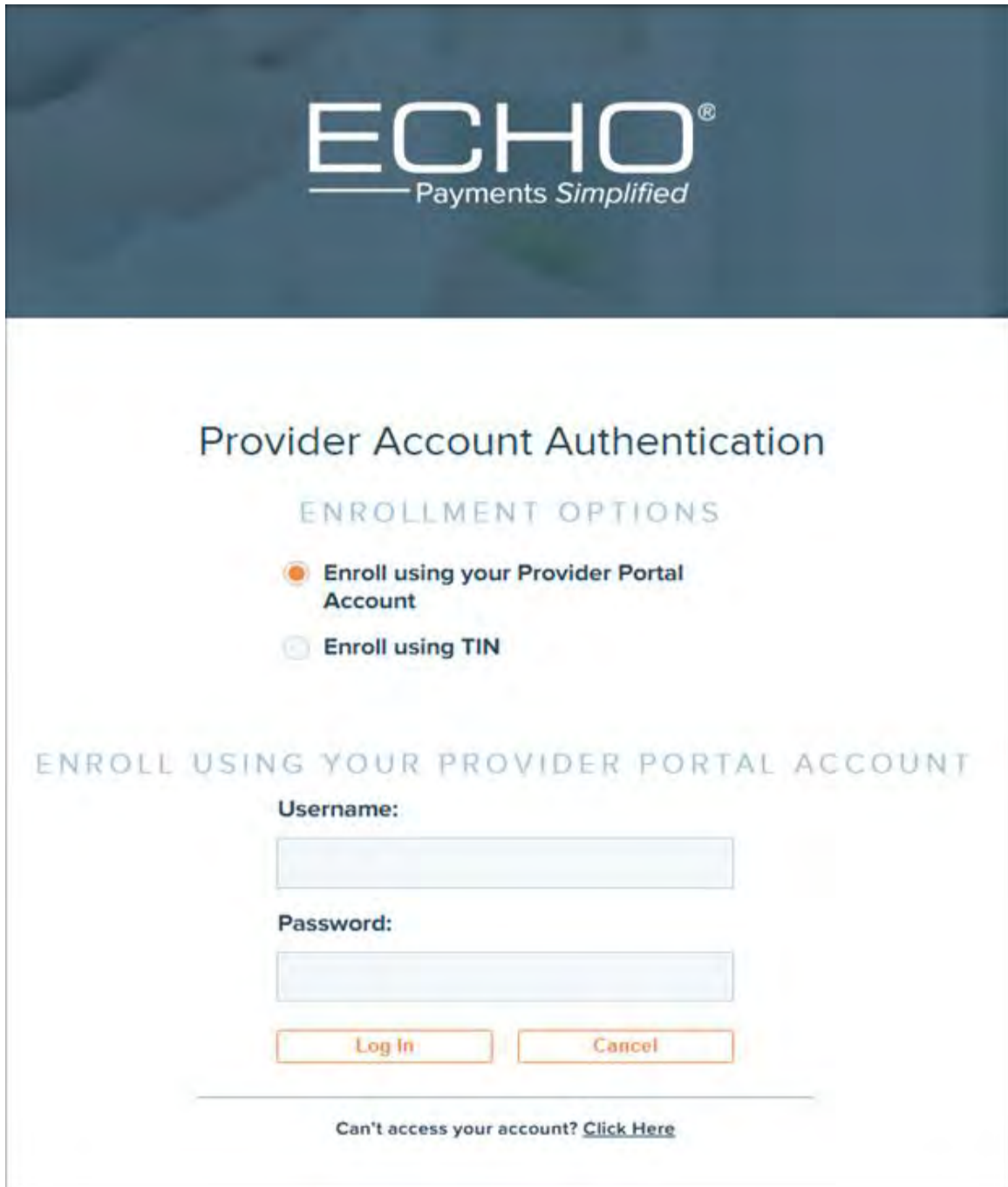
Once you have reached this step, the online screen will show three enrollment options. For security and compliance reasons, the option to **"Enroll using Enrollment Code"** is no longer available but still displays online. Since it is <u>not</u> an enrollment option available today, we have removed it from this guide. The two available enrollment options are explained in the following pages.

Step 3

    Providers who have a Provider Portal Account through another ECHO enrollment will select the first option to authenticate their account.

    The screen will change allowing the provider to access their Provider Portal Account with their username and password credentials.

Enroll using your ECHO Provider Portal Account

Step 4

Once the EFT enrollment is submitted, the enrollment information will be associated to the **providers' existing** ECHO provider payments portal account.

TIN Enrollment with an ECHO Draft No

Step 5

When selecting the **"Enroll using TIN" option**, the screen will display the required fields for a provider who has received an ECHO payment, also referred to as an **"ECHO Draft" from any payor. The ECHO Draft is a unique number assigned to a** payment and is also the check number if the payment is a check.

Once the information is completed on this page and the Submit button is selected, the provider will be prompted to complete the online enrollment form.

TIN Enrollment without an ECHO Draft No

Step 6

The screen in this step displays the required fields for a provider who has also received an ECHO payment from any payor. The difference between this screen and the previous is that the provider has a Payor check number instead of the ECHO draft number available.

The Payor Check No field must be populated with a Payor assigned check number from a payment issued by ECHO.

The Patient Account No is assigned by the provider to a patient and is included on the claim submitted to the Payor.

Once the information is completed on this page and the Submit button is selected, the provider will be prompted to complete the online enrollment form.

Please Note: If you have never received a payment from ECHO for any payor, then you must wait to enroll for EFT after your first payment from ECHO is received.

Step 7

Complete the EFT/ERA Enrollment Form

- Complete all sections that apply to your enrollment.

- Enrollments are handled at the TIN level. All NPIs associated with the specified TIN will be automatically enrolled.

- If your TIN would like to receive payments into more than one bank account, please contact EDI@EchoHealthinc.com.

- **If you prefer to enroll with multiple NPI's per** TIN, please submit an excel spreadsheet using the following information:

Please indicate one of the bank accounts as "Default Account" in case a new NPI is added to your TIN, or a claim is submitted without an NPI.

Tax ID	NPI	Routing Number	Account Number

- E-sign or print and manually sign the form.

  o Mail to: ECHO Health, Inc.
  810 Sharon Drive
  Westlake, OH 44145

  o Fax to: 440.835.5656

  o Email to: EDI@EchoHealthinc.com
  (secure email is recommended)

- For information about the status of your enrollment, or for any other questions, please contact ECHO at 888.834.3511 or EDI@EchoHealthinc.com.

EFT and ERA Enrollment Form

EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form

ECHO® Payments *Simplified*

AmeriHealthCaritas

Form Select

Enrollment Form Type: ● EFT & ERA ○ EFT Only ○ ERA Only

Provider Information

Provider Name: [Required]
(Complete legal name of institution, corporate entity, practice or individual provider)

Provider Address

Street:
(The number and street name where a person or organization can be found)

City:
(City associated with provider address field)

State or Province: -------------select------- ▼
(ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.)

ZIP Code/Postal Code:
(System of postal-zone codes [azip stands for "zone improvement plan"] introduced in U.S.in 1963 to improve maildelivery and exploit electronic reading and sorting capabilities.)

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number(TIN) or Employer Identification Number(EIN):
(A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity)

Does provider have a National Provider Identifier (NPI) Number? ○ Yes ● No

National Provider Identifier (NPI):
A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information

Provider Contact Name:
(Name of a contact in provider office for handling EFT and / or ERA issues)

Telephone Number: **Email Address:**
(Associated with contact person) *(An electronic mail address at which the health plan might contact the provider)*

Provider Agent Information *(If Applicable)*

Provider Agent Name:
(Name of a provider's authorized agent)

Provider Agent Contact Name:
(Name of contact in agent office for handling EFT and / or ERA issues)

Telephone Number **Email Address:**
(Associated with contact person) *(An electronic mail address at which the health plan might contact the provider agent)*

Financial Institution Information

Financial Institution Name:
(Official name of the provider's financial institution)

Financial Institution Routing Number:
(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited) Where is my routing number and account number? ❓

Type of Account at Financial Institution: -------------select------- ▼
(The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)

Provider's Account Number with Financial Institution:
(Provider's account number at the financial institution to which EFT payments are to be deposited)

Account Number Linkage to Provider Identifier. Select one option below.
(Provider preference for grouping [bulking] claim payments – must match preference for v5010 X12 835 remittance advice)
● Provider Tax Identification Number (TIN) ○ National Provider Identifier (NPI)

Enrollment Form continued

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Provider preference for grouping [bulking] claim payment remittance advice – must match preference for EFT payment)

Provider Tax Identification Number (TIN):
(Required if NPI is not available)

National Provider Identifier (NPI):
(Required if TIN is not available)

Method of Retrieval
(The method in which the provider will receive the ERA from the health plan [e.g., download from health plan website, clearinghouse, etc.])

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: --------------select-------------- ▼
(Official name of the provider's clearinghouse)

Clearinghouse Contact Name:
(Name of a contact in clearinghouse office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's clearinghouse)

Electronic Remittance Advice Vendor Information

Vendor Name:
(Official name of the provider's vendor)

Vendor Contact Name:
(Name of a contact in vendor office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's vendor)

Submission Information

Reason for Submitting: ● New Enrollment ○ Change Enrollment ○ Cancel Enrollment

Authorized Signature
(The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment)

Printed Name of the Person Submitting Enrollment:
(The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment)

Printed Title of Person Submitting Enrollment:
(The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment)

Submission Date:
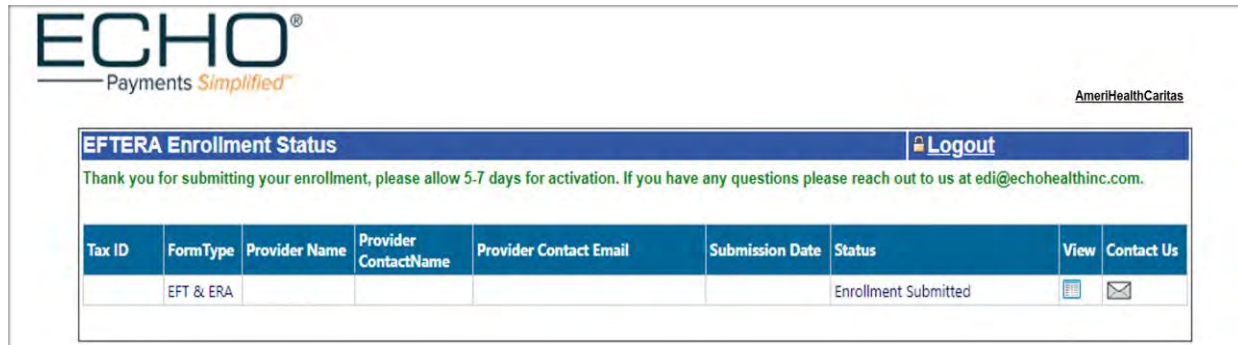*(The date on which the enrollment is submitted)*

☐ By checking this box *(required to submit this form)*, I accept the Terms and Conditions   Click here to read T&C

Actions

[Submit]   [Reset]

*Required field(s) must be filled To submit this form.

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STATUS Page

After submitting the enrollment form, you will be redirected to the "EFTERAEnrollmentStatus" page.

Step 8

The screen above is your confirmation page that your enrollment has been submitted. Within 5 – 7 business days, a small deposit between $.01 and $.99 will be added to your account. Please check to see if you have received this amount from PNC – ECHO. If you have not received the small deposit within 10 business days, please contact the enrollment team at ECHO 888.834.3511. Otherwise, with the small deposited amount, continue with the confirmation steps in the provider payments portal on the following pages.

ACH Deposit Confirmation Process

Step 9

To confirm your ACH Deposit, you do not have to register in the Provider Payments Portal account. Confirm your ACH deposit by selecting the link at the bottom of the screen on the www.providerpayments.com log in page.
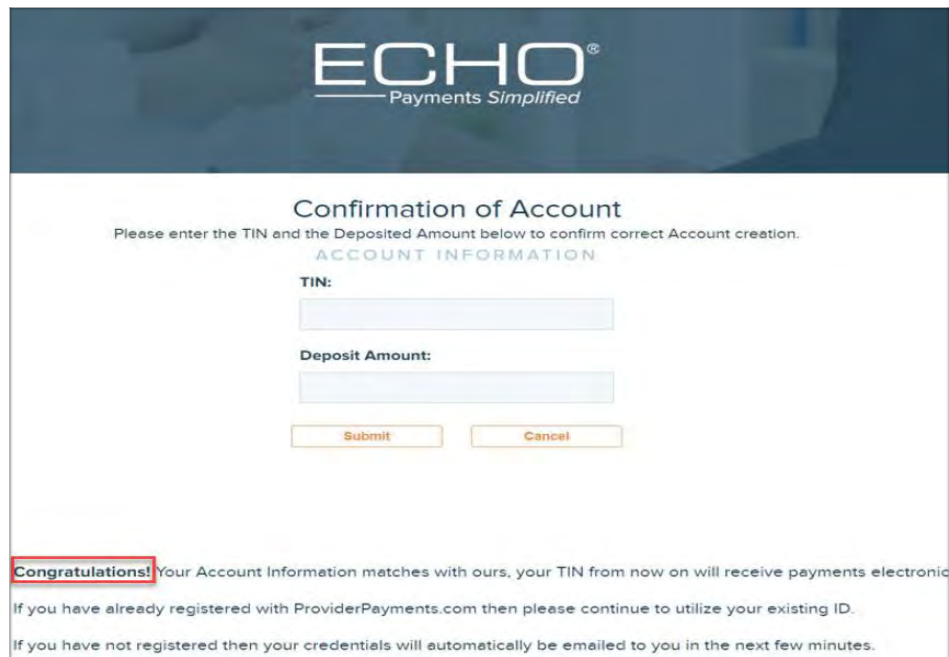
Account Confirmation

Step 10

Enter the TIN and Deposit Amount associated with the enrollment found on your bank statement or through your online banking account.

Successful Account Confirmation

Step 11

When a valid TIN and deposit amount have been entered, the Congratulations screen will display. At this point you are still not registered in ProviderPayments.com. Credentials will automatically be sent to you.

Provider Payments Portal – First-time Users

Step 12

Providers who register in the Provider Payments Portal for the first time can access the site by typing in the URL www.providerpayments.com

Create a New Account

To create a new account in the Provider Payments Portal, select the "clicking here" link at the bottom of this Log In page.

Create a New Provider Payments Account

Step 13

To setup access to your provider payments account, complete and submit the **"Create a New Account" form shown on this page. After your account is** created, you can log in using your credentials.

Step 14   Start using the Provider Payments Portal

Once you have logged in using your credentials, the Inquiry page lists the most recent payment documents delivered via ECHO. Additional capabilities include:

- a printable PDF copy of the remittance by clicking on the "EFF" link
- an "835" link to view the associated 835 file
- viewing the settlement status (including an image of the cleared check for payments issued on paper) via the links in the "Settlement" column
- an arrow icon that when selected expands the document to show claim details

Reconcile EFT payments with ERA

When you enroll to receive EFTs, a Corporate Credit or Debit Entry (CCD) will be generated by ECHO and passed to your financial institution for each payment issued. The CCD is a related addenda record transaction received with your EFT payment.

Each CCD contains a re-association trace number created by ECHO. You can use the re-association trace number to reconcile your EFT with your ERA. A re-association trace number is the check number that is associated with the payment transaction. The same check number can be found on the ERA record.

The re-association trace number is the check number.

Payee ID: 123456   NPI #:5555555555   Check reference   Payment amount: $500

Tax ID: 1111111111   Check #0529999   ID: 1234567890123   Date: 6/1/2017

To get your re-association trace number, contact your bank. Ask your bank to include the re-association trace number in the CCD transaction.

Billing system auto reconciliation process

When your billing system receives a CCD transaction, the re-association trace number will be in field 3 of the addenda record. If you auto-post your remittance advice into your billing system, contact your billing system vendor and ask where the re-association trace number is populated on the ERA report, and how the ERA and EFT payments are married.

Manual reconciliation process

If you do manual reconciliation, you can request a downloadable EFT report from your bank that contains the re-association trace number. This re-association trace number will also be found within the corresponding ERA file in Change Healthcare's Payment Manager. Once you have the EFT report and the ERA file and know where the re-association trace number is located on each report, you can match the EFT and the ERA together.

Change Healthcare is inspiring a better healthcare system.

Change Healthcare is a key catalyst of a value-based healthcare system – working alongside our customers and partners to accelerate the journey toward improved lives and healthier communities. While the point of care delivery is the most visible measure of quality and value, we are a healthcare technology solutions company that uniquely champions the improvement of all the points before, after, and in-between care episodes. With our customers and partners, we are creating a stronger, better coordinated, increasingly collaborative, and more efficient healthcare system that enables better patient care, choice, and outcomes at scale. For more information, www.changehealthcare.com.