

## Instructions

Providers can receive electronic payments by enrolling in Change Healthcare ePayment in four easy steps! If you have questions about this Change Healthcare ePayment Enrollment and Authorization Form, or if you need help accessing Change Healthcare Payment Manager, please call 866.506.2830 and select option 1. **Please allow for a 15 day validation period to process these EFT forms.**

### Step 1 - Complete EFT Authorization Form and include Validation paperwork

#### To complete enrollment you must provide the following:

- ✓ All forms require an original signature (no stamps or e-signatures).
- ✓ Electronic copy of a government issued ID (i.e. State Driver's License, Visa, Passport, Military ID etc.) (with signature), on payee legal entity's letter head. **CDAC Providers must provide a copy of State CDAC approval in lieu of letter head.**
- ✓ Contact name, address and phone number of Financial Institution.
- ✓ Bank authorization letter or voided check.
- ✓ Any bank account changes will require the validations set forth above for completion of changes as well as confirmation of the last EFT deposit amount with Change Healthcare.
- ✓ Provider Contact Information 1 & 2 is mandatory in page# 2 **(These are staff members that may be calling in for EFT/ERA information)**

Please check this box if you would like to enroll for all TIN & NPI (if provided) EFT Payers included on page 5 & 6

**All Payers that require Provider ids must indicate the payer assigned provider id (Trading Partner id) starting on page 7**

Otherwise, indicate the individual payer you would like to enroll on the below pages.

#### How to Submit the Change Healthcare ePayment Enrollment and Authorization Form by Email

This Change Healthcare ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using the online form. Please sign and email your completed Change Healthcare ePayment enrollment authorization form as a PDF attachment to

**EFTEnrollment@changehealthcare.com** or fax completed enrollment forms to **615.238.9615**. **Please allow for a 15 day validation period to process these EFT forms.**

### Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Change Healthcare will make a small deposit in your designated bank account with the reference note "EFT Enroll". After this has been deposited into your designated account, please call 866.506.2830 or email **EFTEnrollment@changehealthcare.com** for verification purposes.

### Step 3 - Start using Payment Manager to Search, View, Download and Print ERAs

You may access Change Healthcare Payment Manager <https://cda.changehealthcare.com/Portal/> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Change Healthcare Payment Manager, visit <http://www.emdeon.com/support/demos/paymentmanager/>

- \* Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Change Healthcare
- \* If you are an existing Payment Manager user, your services will be enabled under the assigned account
- \* If you are a new Payment Manager user, you will be given a username and password for your new account

### Step 4 - Contact your Financial Institution to Receive the CCD+ Reassociation Number

To reassociate payments and ERAs, a CCD+ Reassociation Number has been created and passed to your financial institution. To begin receiving this number, you must contact your financial institution and request it

To resolve a late or missing payment or ERA, please contact the EFT enrollment team at **866.506.2830**.

**Attachment 1: Provider Information**

Check here if you are updating existing enrollment information.

**Provider Identifiers Information**

↓ Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
↓ All Group and Provider National Provider Identifier (NPI)	

**Provider Information**

↓ Provider Name	
Doing Business As Name (DBA)	
↓ Provider Address Street	
↓ City	
↓ State/Province	
↓ Zip Code/Postal Code	
↓ Country Code	
License Number	
License Issuer	
↓ Provider Type	Medical      Dental      Pharmacy
Provider Taxonomy Code	

**Provider Contact Information 1 \*Required\***

↓ Provider Contact Name	
↓ Title	
↓ Telephone Number	
↓ Telephone Number Extension	
↓ Email Address	
Fax Number	

**Provider Contact Information 2 \*Required\***

↓ Provider Contact Name	
↓ Title	
↓ Telephone Number	
↓ Telephone Number Extension	
↓ Email Address	
Fax Number	

**Provider Agent Information**

Provider Agent Name	
Provider Agent Address	
Street	
City	
State/Province	
Zip Code/Postal Code	
Country Code	
Provider Agent Contact Name	
Provider Agent Contact Title	
Telephone Number	
Telephone Number Extension	
Email Address	
Fax Number	

## Retail Pharmacy Information

Pharmacy Name

Chain Number

Parent Organization ID

Payment Center ID

NCPDP Provider ID Number

Medicaid Provider Number

## † Financial Institution Information

New Enrollment     Change to Existing Enrollment     Deactivate Existing Bank Account

**\*Please complete if you are a new customer. If you are an existing customer needing to change bank information, please enter current (old) bank information here and complete the Bank Account Change EFT Validation Form on page 4.**

## Financial Institution Account # 1

† Financial Institution Name

### Financial Institution Address

† Street

† City

† State/Province

† Zip Code/Postal Code

† Financial Institution Telephone Number/Ext

† Financial Institution Contact Name

† Financial Institution Routing Number

† Type of Account at Financial Institution     Checking     Savings

† Provider's Account Number  
with Financial Institution

† Account Number Linkage to Provider  
Identifier     Provider Tax Identification  
Number (TIN)

National Provider Identifier  
(NPI)

## Bank Account Change EFT Validation Form

Last Four Digits of Account (h) @ Last EFT ( ) Date of ( )  
 .....V.....

Any bank account changes will require the validations set forth above for completion of changes as well as confirmation of the last EFT deposit amount with Change Healthcare.

\*Only use the following section if you are an existing customer needing to change banking information.  
 Please Complete new banking information below

### Financial Institution Account #2

↓ Financial Institution Name

#### Financial Institution Address

↓ Street

↓ City

↓ State/Province

↓ Zip Code/Postal Code

↓ Financial Institution Telephone Number/Ext

↓ Financial Institution Contact Name

↓ Financial Institution Routing Number

↓ Type of Account at Financial Institution

Checking

Savings

↓ Provider's Account Number  
with Financial Institution

↓ Account Number Linkage to Provider  
Identifier

Provider Tax Identification  
Number (TIN)

National Provider Identifier  
(NPI)

Check Box	Payer ID	Assigning Authority	Check Box	Payer ID	Assigning Authority
	CX097	Access Dental		BOONG	Boon Admin Services Inc (ERA req to rece EFT)
	22384	Administrative Concepts, Inc		52192	Cigna-HealthSpring
	43168	Advantica Administrative Service		71057	Cannon Cochran Management Services
	59374	Advantica and Delta Vision		75190	CareFirst Administrators/NCAS
	95340	Adventist Health System/West		cm001	Caremore
	62118	Aetna - Aetna Health and Life Insurance		68063	Celtic Insurance
	62118	Aetna - Aetna Life Insurance Company		64073	Centene
	62118	Aetna - Allianz Life Insurance Company		23626	Central Pennsylvania Teamsters Fund
	62118	Aetna - American Continental Insurance		37214	Central States
	62118	Aetna - American General Life Insurance		36222	Chicago Regional Council of Carpenters Welfare
	62118	Aetna - Combined Insurance Company		37227	CNIC (EFT required to receive ERA)
	62118	Aetna - Continental Life Insurance		84129	Colorado Access
	62118	Aetna - Union Fidelity Life Insurance		42723	Community First Health Plans
	62118	Aetna - Virginia Surety Company, Inc		35199	Cooperative Managed Care
	62118	Aetna - Washington National Insurance		58231	Core Administrative Services
	62118	Aetna/Genworth - Genworth Life Ins		42141	CTI Administrators
	95241	AGIA		39113	Dean Health Plan (DHP)
	26119	AIA		CX035	Dental Care Plus
	52193	Allegeant		CX093	Dental Select
	75137	AmeriBen		MWELT	District 9 Machinists Welfare Trust
	48055	American Progressive Life and Health		31625	ElderPlan, Inc.
	13788	Associated Administrators		52611	Electrical Workers Welfare Trust
	26202	Auxiant		FAMR1	FAI
	48055	AveraAdvantage		62045	Farm Bureau Health Plans
	59274	AvMed (EFT Req for ERA)		77054	Fidelis Secure Care of Michigan
	12X42	Banner Health AZ		85362	Foundation for Med Care of Tulare & Kings
	SX145	Banner Health AZ		46051	Generations - Hillcrest
	77078	Banner Health AZ (Medisun)		64246	Guardian Life Insurance Company
	44357	Benefits Administration Corp		10152	Harken
	20488	Better Health		86066	Hawaii Mainland Administrators
	SB790	Blue Cross Blue Shield of New Mexico		37111	HCH Administration (IL)
	77307	Blue Cross Blue Shield of Vermont		77023	Health (CarePoint Health Plans)
	32002	Blue Cross Complete of Michigan		77950	Health Alliance Medical Plans
	61124	Bluegrass Family Health		15064	Health First Health Plans (EFT req to rec ERA)
				68035	Health Plan of San Joaquin

Check Box	Payer ID	Assigning Authority	Check Box	Payer ID	Assigning Authority
	41178	HealthEZ (formerly America's TPA)		87020	Sentinel Security Life Ins Company
	37290	HealthServices for Children with Special		76342	Sierra Health Services (EFT req to rec ERA)
	77180	HealthyCT Inc		27094	Simply Health Care
	66003	Johns Hopkins Advantage MD		SX142	South Indiana Health Operations - HMO
	40523	Kaiser Foundation Health Plan		<b>38242</b>	<b>Southern Benefit Administrators.INC</b>
	35316	Key Benefit Administrators		67829	Sterling Life
	58112	Key Benefit Administrators		75299	Synermed (Angeless IPA)
	37217	Key Family of Companies		88019	Teacher's Health Trust
	37323	Key Solutions		43619	Teamsters Medicare Trust for Retired Emp
	LMCHP	Leon Medical Centers Health Plans		76048	Texas Children's Health Plan - CHIP
	48055	Marquette Life Insurance Company		75228	Texas Children's Health Plan - STAR
	74323	MedBen		13185	TexasFirst Health Plan (NTX)
	12422	Medica		DSHOP	The Dental Shop
	35205	MedPartners Administrative Services		74214	TML Intergovernmental Employee Benefits
	38164	Messa		48055	Today's Options powered by CCRX TMG
	27401	Michigan UFCW Unions & Employers		TRLTC	Transamerica
	81883	Municipal Health Benefit Fund		TRP1E	Transamerica
	39144	Network Health Plan of Wisconsin		TRP1P	Transamerica
	91068	Northwest Administrators		TLINS	Transamerica
	R0755	Ohio Benefit Administrators		TRCLF	Transamerica
	LIFE1	Optumcare (EFT required to rec ERA)		TRSEL	Transamerica
	76112	Oxford Life Insurance Company		37284	TransChoice - Key Benefit Administrators
	SX158	Paramount Health		39181	Triad Healthcare (CBHNP Amerihealth)
	47027	Physicians Mutual		73117	Tribute /SelectCare of Oklahoma
	91171	Physicians of Southwest Washington		77022	Ultimate Health Plans, Inc
	<b>33081</b>	<b>Pinnacle</b>		94174	United Administrative Service
	65088	Preferred Care Partners		59189	United Group Programs
	21524	Preferred Medical Claim Solutions (PMCS)		74227	United Healthcare Student Resources
	65054	Premier Eye Care		45282	University of Maryland Health Advantage
	48055	Pyramid Life Insurance Company		38337	Upper Peninsula Health Plan
	45281	Riverside		59266	Volusia Health Network
	28530	S & S Healthcare		75261	Web-TPA Employer Services, LLC
	31441	S & S Healthcare Strategies		91136	Welfare and Pension
	91184	Sanford		TH023	Wellmed
	24077	Santa Clara Family Health Plan (SCFHP)		37272	Wells Fargo TPA
	TH002	Scott & White Health Plan		68039	Western Health Advantage
	76045	SelectCare of Texas (HPN) Heritage		31048	Western Southern Financial Group (WSFG)
	83035	Senior Whole Health (SWH)		26335	Zepherella

Check Box	Payer ID	Assigning Authority	Provider Id / Legacy ID	Trading Partner Id
	93044	A&I Benefit Plan Administrator, Inc.	Provider ID- (R)	
	65093	Advocate Health Partners	Legacy ID- (R)	
	36320	Advocate HPO	Provider ID- (R)	
	13346	AFTRA Health Fund	Provider ID- (O)	
	77799	AmeriHealth Caritas Delaware	Provider ID- (R)	
	77002	AmeriHealth Caritas District of Columbia	Legacy ID- (R)	
	77075	AmeriHealth Caritas Iowa	Payee ID- (R)	
	27357	AmeriHealth Caritas Louisiana	Legacy ID- (R)	
	77001	AmeriHealth Caritas Northeast	Legacy ID- (R)	
	22248	AmeriHealth Caritas Pennsylvania	Payee ID- (R)	
	77013	AmeriHealth Caritas VIP Care Plus	Provider ID- (R)	
	77062	Co g{kf genj 'Ectkcu'XIR'Ectg	Provider ID- (R)	
	77062	Co g{kf genj (Ectkcu)RC(Eqo o wplk{U genj Ej qllegu	Provider ID- (R)	
	52312	Arbor Health Plan	Legacy ID- (R)	
	39185	Arise Health Plan	Provider ID- (O)	
	65391	CBHNP- Amerihealth	Legacy ID- (O)	
	35112	Employee Plans LLC	Legacy ID- (R)	
	77009	First Choice VIP Care Plus - SC	Provider ID- (R)	
	49096	FirstCare Health	Provider ID- (O)	
	26492	Florida True Health, Inc	Legacy ID- (R)	
	44054	GEHA	Provider ID- (R)	
	99208	Hawaii Medical Assurance Association	Legacy ID- (O)	
	11324	Health Plus	Legacy ID- (R)	
	11328	Healthcare Partners IPA	Vendor ID- (R)	
	96475	HealthLink	Vendor ID- (R)	
	77050	Healthy PA	Provider ID- (R)	
	77051	Healthy PA	Provider ID- (R)	
	22326	Horizon NJ Health	Legacy ID- (R)	
	13335	Hudson Health Plan	Legacy ID- (O)	
	13335	Hudson Health Plan	Trading Partner ID-(O)	
	SX073	Independent Health	Tax ID & Pharmacy Payee ID	
	36342	IPMG	Trading Partner ID-(O)	
	52189	Johns Hopkins Healthcare (EHP/PP)	Provider ID- (O)	
	52123	Johns Hopkins Healthcare (USFHP)	Provider ID- (O)	
	23284	Keystone Mercy Health Plan	Legacy ID- (R)	
	77741	Mg{uqpg'Hktu'VIP'Ej qlleg	Provider ID- (R)	
	20475	MDwise Excel Network	Payee ID- (R)	
	EM284	Med3000 CMS Safety Net	Provider ID- (R)	
	EM843	Med3000 CMS Title 19 Reform	Provider ID- (R)	
	EM205	Med3000 CMS Title 21	Provider ID- (R)	
	EM039	Med3000 Pedicare Title 19	Provider ID- (R)	
	EM522	Med3000 Pedicare Title 21	Provider ID- (R)	
	56205	MedCost Benefits	Legacy ID- (O)	
	MAHC1	Medical Associates Health Plan	Provider ID- (O)	
	CX078	Premier Dental	NPI-R; Brokers Agency - R	
	77003	Prestige Health Choice	Legacy ID- (R)	
	38303	Professional Benefit Services, Inc	Provider ID- (O)	
	22312	Qualcare	Vendor ID- (R)	
	23342	QualCare, Inc	Vendor ID- (R)	
	72261	SCAN Health Plan	Vendor ID- (R)	
	13162	SEIU	Provider ID- (O)	
	23285	Select Health of South Carolina	Legacy ID- (R)	
	04332	Tufts Health Plan	Provider ID- (R)	
	65250	University of Utah Health Plans	Vendor NPI- (R); Tax ID- (R)	
	63114	Viva Health	Vendor ID- (R)	
	62153	Windsor Medicare Extra	Vendor ID- (R)	

## Table I: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Change Healthcare. If you select a payer below, that payer will pay you directly and Change Healthcare shall not be involved in any of their payment transactions. As such, Change Healthcare makes no representations or warranties regarding the payment services provided by the payers set forth below.

Check Below to Enroll	Payer ID	Payer Name	Additional Provider ID Required/Optional (R/O)	Additional Requirements	Trading Partner id
	27514	Amerigroup	Legacy PIN – (R)	Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.	
<input type="checkbox"/>	SB580	CareFirst	NPI – (R)	<p>Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are not yet enrolled and want to enroll for both ERA and EFT from CareFirst please check the following box. <input type="checkbox"/></p> <p>You will receive CareFirst ERAs through Emdeon if this box is checked.)</p>	

### Check List

	<b>All forms require an Original signature (no stamps or e-signatures).</b>
	<b>Electronic copy of a government issued ID (i.e. State Driver's License, Visa, Passport, Military ID etc.) (with signature), on payee's (group/facility) legal entity's letter head / Company letter head</b> <b>CDAC Providers must provide a copy of State CDAC approval in lieu of letter head."</b>
	<b>Contact name, address and phone number of financial Institution.</b>
	<b>Bank authorization letter or voided check attached.</b>
	<b>Provider Contact Information 1 &amp; 2 is mandatory in page # 2</b>

To view the CORE required Maximum EFT Enrollment Data Set, please follow this link:

<http://www.changehealthcare.com/docs/default-source/enrollment-services/eft-data-element-descriptions.pdf?sfvrsn=2>

# Change Healthcare ePayment Enrollment and Authorization Form Acknowledgement

By signing below, Provider acknowledges that the Provider has read, agrees that it is subject to and agrees to comply with the Change Healthcare General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for changehealthcare.com. To view the Change Healthcare General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit: [www.changehealthcare.com/epayment/terms](http://www.changehealthcare.com/epayment/terms). To view the Privacy Policy for changehealthcare.com, please visit [www.changehealthcare.com/privacy](http://www.changehealthcare.com/privacy). In addition, by signing below, Provider represents and warrants that all of the information that it is providing to Change Healthcare is accurate and complete. In furtherance of the ePayment Services, Provider authorizes Change Healthcare Solutions LLC or one of its Affiliates to initiate ACH debit and credit entries to the above account(s) at the above depository financial institution(s). Provider acknowledges that the origination of ACH transactions to the above account(s) must comply with the provisions of U.S. law. Provider also acknowledges that in the provision of the ePayment Services, the Provider's enrollment information may be made available to the Payers making payment to the Provider through the ePayment Services.

Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Change Healthcare a new ePayment enrollment authorization form. Letters or other forms of communications will not be accepted. Any subsequent ePayment enrollment authorization form supersedes any previously submitted ePayment enrollment authorization form. **CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE ePayment enrollment authorization form WILL NOT BE RECOGNIZED.**

**† Please check the box below if you have elected to receive payments from Direct Payment Payers selected on Page 8**

I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Table 1 for all benefits payments. Provider acknowledges that the origination of ACH transactions to the above accounts must comply with the provisions of U.S. law. This agreement will remain in effect until I notify the Direct Payment Payer(s) of the desire to cancel or change this service or until I am notified by Direct Payment Payer(s) that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed.

As required by 42 C.F.R. 455.18 and 455.19, I understand in accepting electronic payment that such payment may be from Federal and State Funds and any falsification or concealment of a material fact may be prosecuted under Federal law.

IN WITNESS WHEREOF, the parties have caused this Change Healthcare ePayment Enrollment and Authorization Form to be executed by their respective duly authorized representatives.

## Submission Information

† Reasons for submission	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
† Authorized Signature			
† Printed Title of Person Submitting Enrollment			
† Submission Date			
† Requested EFT Start / Change / Cancel Date			