

## Learn how to receive electronic payments in four easy steps!

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

### To sign up to receive EFT:

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**Step 1: Access the Change Healthcare EPayment Enrollment Authorization Form (initial EFT enrollment) at <https://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms> under New Providers.**

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### **Step 2: Complete the Change Healthcare EPayment Enrollment Authorization Form.**

For data element descriptions required to complete this form, visit

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

To speed up the enrollment process, gather the following information before you begin:

- ✓ **Your Trading Partner ID:** This is the number assigned to you by the health plan. This number is also known as your Provider ID, Legacy ID, PIN ID or Payee ID. You will be asked for this number on page 7 of the EPayment Enrollment Authorization Form. You can find this number on your recent remittance. If you are unsure of your Trading Partner ID, please contact your Account Executive or call Provider Services at 1-800-617-5727.
- ✓ **Electronic copy of a government-issued ID** (i.e., state driver's license, visa, passport, military ID, etc.) displaying your signature on payee legal entity's letterhead.
- ✓ **Contact name, address, and phone number of financial institution.**
- ✓ **Bank authorization letter or voided check.**
- ✓ **Health plan payer ID: 77003.**

### **Key points of interest:**

- An original signature is required on all forms (no stamps or e-signatures).
- Provider contact information fields 1 and 2 are mandatory on page 2 of the Change HealthCare EPayment Enrollment Authorization Form so Change Healthcare can reach out to you with questions.
- If you have multiple NPIs and Prestige Health Choice Provider IDs under one TAX ID, please include a spreadsheet listing all NPIs and Provider IDs per TAX ID.

### **To add another payer**

As the Trading Partner and the Payer IDs are unique to each plan, providers must enroll separately for each plan. Once enrollment is complete for one health plan, you may complete the EFT Payer Add/Change/Delete Authorization Form to add additional payers as long as the payers share the same bank account, and the same authorizing person is available to sign the EFT Payer Add/Change/Delete Authorization Form. If either of those conditions do not exist, you will need to add an additional payer(s) as a new enrollment.

### Step 3: Print, sign, and send form.

The Change Healthcare EPayment Enrollment and Authorization Form includes some fields that enable you to complete it electronically. Please sign all forms with an original signature (no stamps or e-signatures) and send your completed Change Healthcare EPayment Enrollment Authorization Form as a PDF attachment via email to [eftenrollment@changehealthcare.com](mailto:eftenrollment@changehealthcare.com) or via fax to **1-615-238-9615**.

If you need additional support during the EFT enrollment process, please contact Change Healthcare's EFT enrollment support specialists at **1-866-506-2830** or [eftenrollment@changehealthcare.com](mailto:eftenrollment@changehealthcare.com) for assistance.

#### Key points of interest:

- Allow 15 business days for processing.
- Send form as a PDF.
- Email is the preferred option to expedite processing.
- Call Change Healthcare at **1-866-506-2830** if you have any questions.
- You will receive an email indicating acceptance or rejection of enrollment.

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### Step 4: Confirm test deposit to verify account.

Once you have completed the enrollment process, Change Healthcare will make a test deposit in an amount between \$0.01 and \$0.99 in your designated bank account with the reference note "EFT Enroll." After this has been deposited into your designated account, please call **1-866-506-2830** or email [eftenrollment@changehealthcare.com](mailto:eftenrollment@changehealthcare.com) for verification purposes.

#### Key points of interest:

- You must contact Change Healthcare to confirm receipt of test deposit.
- EFT will not begin until you have confirmed receipt of test deposit. If you do not confirm deposit within 60 days, you will need to fill out a new enrollment form. Change Healthcare will make at least four attempts to reach out to you if it does not hear from you after the deposit has been made.

### Start using Payment Manager to search, view, download, and print remittance advice.

Your paper remittance advice will stop in 31 to 45 days after your enrollment in EFT has been verified. However, you can easily view or print your remittance advice online through Change Healthcare's Payment Manager. Your Payment Manager username will be sent via e-mail once your EFT enrollment is processed. Please call **1-866-506-2830**, option 2 to receive your password.

Once you have your credentials, you may access Change Healthcare Payment Manager to search, view and print your payment and remittance advice. To see a quick tour of Change Healthcare Payment Manager, visit <http://www.emdeon.com/support/demos/paymentmanager/>.

If you are an existing Payment Manager user, your service 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.

## Reconcile EFT payments with the ERA.

When you enroll with Change Healthcare to receive EFTs, a Corporate Credit or Debit Entry (CCD) will be generated by Change Healthcare 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 Change Healthcare. 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 #: 55555555	Check reference	Payment amount: \$500
Tax ID: 11111111	<b>Check no.: 0529999</b>	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.

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To access EFT enrollment forms for new and existing providers, visit <https://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms>.

## New provider

- EPayment Enrollment Authorization Form – Initial EFT enrollment.
- Quick Collect ACH and 835 Normalization.

## Existing provider

- EFT Contact Request Form — add additional EFT contacts.
- EFT Payer Add/Change/Delete Authorization Form — add, change, or delete payers.
- EFT Test Transaction Resubmission Form — after initial test deposit is not received.
- EPayment Enrollment Authorization Form — to be used for bank changes.
- Payment Manager Authorization Request Form — change payment manager administrators.