

# Emdeon ePayment Enrollment and Authorization Form

## Instructions

Providers can switch from paper to electronic payments by enrolling in Emdeon ePayment in four easy steps! If you have questions about this Emdeon ePayment Enrollment and Authorization Form, can't locate your username or password for the Emdeon ePayment Online Enrollment Tool or if you need help accessing Emdeon Payment Manager, please call **866.506.2830** and select option 1.

### Step 1 - Pick an Enrollment Method and Initiate Enrollment

You have two options for enrollment. You can enroll online or simply submit the Emdeon ePayment Enrollment and Authorization Form and return it via email. This form is designed for small provider organizations that have a single Tax ID, NPI and Bank Account. Larger provider organizations, that need to enroll with more than one Tax ID, NPI or Bank Account should enroll online.

#### How to Enroll Online (Recommended)

Complete the Emdeon ePayment Enrollment and Authorization form at [www.emdeon.com/eft](http://www.emdeon.com/eft). After your information is verified, you will receive an email with your account information and instructions for completing your enrollment.

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

This Emdeon ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using your computer online and insert a digital signature. Email your completed Emdeon ePayment Enrollment and Authorization Form as an attachment to [EFTEnrollment@Emdeon.com](mailto:EFTEnrollment@Emdeon.com).

### Step 2 - Confirm Deposit to Verify Account

Once you have completed the enrollment process, Emdeon 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** for verification purposes. Upon confirmation of the deposit amount, 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 3 - Start using Emdeon Payment Manager to Search, View, Download and Print ERAs

You may access Emdeon Payment Manager <https://www107.medi.com/Portal/AccountLogin.faces> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Emdeon 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 Emdeon.

### 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**.

For a complete list of EFT enabled payers, please visit our [Payer List](#).

## Attachment I: Provider Information

☐ Check here if you are updating existing enrollment information.

### Provider Information

|                              |  |
|------------------------------|--|
| Provider Name                |  |
| Doing Business As Name (DBA) |  |
| <b>Provider Address</b>      |  |
| Street                       |  |
| City                         |  |
| State/Province               |  |
| Zip Code/Postal Code         |  |
| Country Code                 |  |

### Provider Identifiers Information

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) |  |
| National Provider Identifier (NPI)                                                       |  |

### Other Identifier(s)

| Assigning Authority |                                                  | Trading Partner ID |
|---------------------|--------------------------------------------------|--------------------|
| 65093               | Advocate Health Partners                         |                    |
| 13334               | Affinity                                         |                    |
| 27514               | Amerigroup                                       |                    |
| 77002               | AmeriHealth District of Columbia                 |                    |
| 22248               | AmeriHealth Mercy Health Plan                    |                    |
| 77001               | AmeriHealth Northeast LLC                        |                    |
| 22355               | AmeriHealth VIP Care                             |                    |
| 52312               | Arbor Health Plan                                |                    |
| SB580               | CareFirst                                        |                    |
| 65391               | CBHNP- Amerihealth                               |                    |
| 35112               | Employee Plans, LLC                              |                    |
| 37510               | First Choice VIP Care                            |                    |
| 26492               | Florida True Health, Inc.                        |                    |
| 99208               | Hawaii Medical Assurance Association (HMAA/HWMG) |                    |
| 11324               | Health Plus                                      |                    |
| 11328               | Healthcare Partners IPA                          |                    |
| 22326               | Horizon NJ Health                                |                    |
| 23284               | Keystone Mercy Health Plan                       |                    |
| 84223               | Keystone VIP Choice                              |                    |
| 27357               | LA Care                                          |                    |
| 20475               | MDWise Hoosier Alliance                          |                    |
| EM350               | Med3000 CMS Early Steps                          |                    |
| EM284               | Med3000 CMS Safety Net                           |                    |
| EM843               | Med3000 CMS Title 19 Reform                      |                    |
| EM205               | Med3000 CMS Title 21                             |                    |

List continues on the next page

## Other Identifier(s)

| Assigning Authority |                                 | Trading Partner ID |
|---------------------|---------------------------------|--------------------|
| EM039               | Med3000 Pedicare Title 19       |                    |
| EM522               | Med3000 Pedicare Title 21       |                    |
| 56205               | MedCost Benefit Services (MBS)  |                    |
| 04332               | Network Health                  |                    |
| 61129               | Passport Health Plan            |                    |
| TH131               | Physicians United Plan          |                    |
| 72261               | SCAN Health Plan                |                    |
| 23285               | Select Health of South Carolina |                    |
| 63114               | Viva Health                     |                    |
| 62153               | Windsor Medicare Extra          |                    |

|                        |                                  |                                 |                                   |
|------------------------|----------------------------------|---------------------------------|-----------------------------------|
| License Number         |                                  |                                 |                                   |
| License Issuer         |                                  |                                 |                                   |
| Provider Type          | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Pharmacy |
| Provider Taxonomy Code |                                  |                                 |                                   |

## Provider Contact Information

|                            |  |
|----------------------------|--|
| Provider Contact Name      |  |
| Title                      |  |
| Telephone Number           |  |
| Telephone Number Extention |  |
| Email Address              |  |
| Fax Number                 |  |

## Provider Agent Information

|                               |  |
|-------------------------------|--|
| Provider Agent Name           |  |
| <b>Provider Agent Address</b> |  |
| Street                        |  |
| City                          |  |
| State/Province                |  |
| Zip Code/Postal Code          |  |
| Country Code                  |  |
| Provider Agent Contact Name   |  |
| Provider Agent Contact Title  |  |
| Telephone Number              |  |
| Telephone Number Extention    |  |
| 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

#### Financial Institution Account # I

|                                                      |                                                                   |                                  |
|------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| Financial Institution Name                           |                                                                   |                                  |
| <b>Financial Institution Address</b>                 |                                                                   |                                  |
| Street                                               |                                                                   |                                  |
| City                                                 |                                                                   |                                  |
| State/Province                                       |                                                                   |                                  |
| Zip Code/Postal Code                                 |                                                                   |                                  |
| Financial Institution Telephone Number               |                                                                   |                                  |
| Telephone Number Extention                           |                                                                   |                                  |
| Financial Institution Routing Number                 |                                                                   |                                  |
| Type of Account at Financial Institution             | <input type="checkbox"/> Checking                                 | <input type="checkbox"/> Savings |
| Provider's Account Number with Financial Institution |                                                                   |                                  |
| Account Number Linkage to Provider Identifier        | <input type="checkbox"/> Provider Tax Identification Number (TIN) |                                  |
|                                                      | <input type="checkbox"/> National Provider Identifier (NPI)       |                                  |

# Emdeon 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 Emdeon General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for Emdeon.com. To view the Emdeon General Terms and Conditions, the Business Associate Terms and the ePayment Services Addendum please visit: [www.emdeon.com/epayment/terms](http://www.emdeon.com/epayment/terms). To view the Privacy Policy for Emdeon.com, please visit [www.emdeon.com/privacy](http://www.emdeon.com/privacy). In addition, by signing below, Provider represents and warrants that all of the information that it is providing to Emdeon is accurate and complete. In furtherance of the ePayment Services, Provider authorizes Envoy 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 will be made available to the Payers making payment to the Provider through the ePayment Services.

If Provider desires to revoke or modify the authority of any Authorized Representative or add additional Authorized Representatives, Provider must execute and deliver to Emdeon a new Attachment 2. Letters or other forms of communications will not be accepted. Any subsequent Attachment 2 supersedes any previously submitted Attachment 2. CURRENT AUTHORIZED REPRESENTATIVES NOT ON THE NEW ATTACHMENT WILL NOT BE RECOGNIZED.

Please check the box below if you have elected to receive payments from Direct Payment Payers.

☐ I hereby authorize Direct Payment Payer(s) to initiate ACH credit and debit entries to the account(s) listed in Attachment 3 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 Emdeon 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    |                                         |                                            |                                            |

## Table I: Direct Payment Payers

The payers listed below are offering to distribute EFT payments directly to you and not through Emdeon. If you select a payer below, that payer will pay you directly and Emdeon shall not be involved in any of their payment transactions. As such, Emdeon 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                                                                                                                                                                                                                                                                                                                                                                                                                                          | LOB  |
|--------------------------|----------|----------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> | 60054    | Aetna                | NPI - (R)                                      | Provide a voided check or banking letter (Photocopies are acceptable). Ensure the routing and account information on the check matches the bank account you designate to receive EFT payments from Aetna. If you are providing a banking letter instead of a voided check, please ensure it is printed on your bank's letterhead and includes your routing number, account number, the account holder's name and is signed by an authorized bank representative. | M    |
| <input type="checkbox"/> | 27514    | Amerigroup           | Legacy PIN – (R)                               | Providers must enroll using Amerigroup assigned Provider Identification Number. ERA is only available with EFT enrollment.                                                                                                                                                                                                                                                                                                                                       | M, H |
| <input type="checkbox"/> | SB580    | CareFirst            | NPI – (R)<br>and Provider<br>Group Number      | Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting CareFirst EFT. Are you currently setup for ERAs with CareFirst?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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"/> (You will receive CareFirst ERAs through Emdeon if this box is checked.)                   | M, H |
| <input type="checkbox"/> | 25133    | Coventry Health Care | Tax ID - (R), NPI - (O)                        | Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.                                                                                                                                                                                                                                               | M, H |
| <input type="checkbox"/> | 61101    | Humana Inc.          | N/A                                            | Providers must enroll or be enrolled for Electronic Remittance Advice (ERA) when selecting Humana EFT. Are you currently setup for ERAs with Humana?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you are not yet enrolled and want to enroll for both ERA and EFT from Humana please check the following box. <input type="checkbox"/> (You will receive Humana ERAs through Emdeon if this box is checked.)                               | M, H |
| <input type="checkbox"/> | 74289    | MHNet                | Tax ID - (R), NPI - (O)                        | Does the bank account you listed apply to all facilities/providers under this Tax ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify names and NPIs that should be set up for EFT.                                                                                                                                                                                                                                               | M, H |