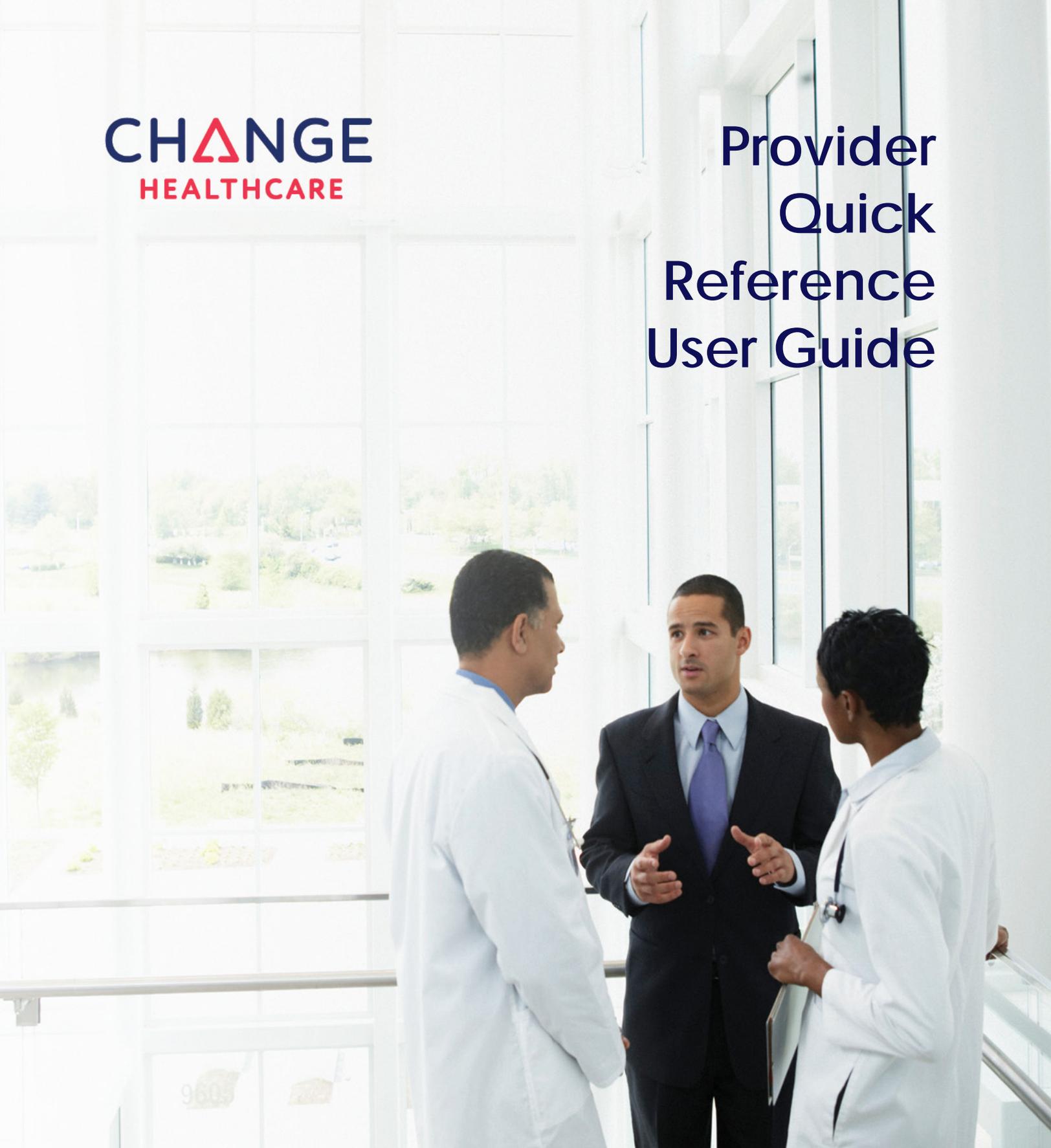




# Provider Quick Reference User Guide



## Preface

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## 1. Introduction

The purpose of this document is to assist providers with the following:

- Set up electronic funds transfer (EFT) and electronic remittance advice (ERA).
- Get support for after enrollment for EFT and ERA.
- Use the Vision and Payment Manager portals to view claims, ERA, and EFT transactions after enrollment.

## 2. EFT Enrollment Process

Electronic funds transfer (EFT) payment options help save time and simplify reconciliation. Through our partnership with Change Healthcare, we are pleased to continue to offer simpler, more efficient ePayment Solutions to help you maximize revenue and profit, reduce costs and errors, and increase payment efficiency.

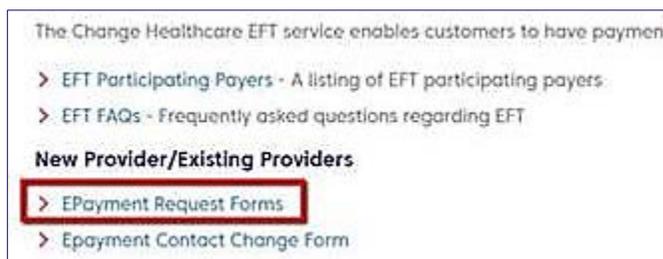
**If you are an existing EFT member with Change Healthcare and wish to add another payer to your service, please call 1-866-506-2830, option 2 to speak with an enrollment representative.**

If you would like to learn more or sign up for EFT, please visit Change Healthcare's ePayment website at [www.changehealthcare.com/eft](http://www.changehealthcare.com/eft) where you will be able to:

- Learn more about the EFT service offering.
- Check out Change Healthcare's Payer List to see all available EFT-enabled payers.
- Obtain the EFT enrollment forms.
- Register for Online EFT Enrollment and Account Management Access.

### How to Enroll in EFT

1. Providers will go to [www.changehealthcare.com/eft](http://www.changehealthcare.com/eft).
2. Click **EPayment Request Forms**.



3. Within the form, providers will check the appropriate option and complete the 3-page request. Select **Add/Change/Delete** if already enrolled with Change Healthcare but want to add another payer.



4. Providers will print and sign the completed form.
5. Providers will fax or email the completed and signed form to the email address or fax number listed on page one of the request form.
6. Once Change Healthcare Enrollment has received the request, providers will receive an email from [eftenrollment@changehealthcare.com](mailto:eftenrollment@changehealthcare.com) containing a hyperlink with the Unity Form for the appropriate selection chosen.
7. Once the Unity Form has been submitted and processed, providers will receive a confirmation email with the status.
8. Upon receiving the completed forms, Change Healthcare will have EFT enrollment completed within 15 business days. After the enrollment is completed, it typically takes 7-10 days to begin seeing EFT transactions.
9. A confirmation by email will be sent upon completion of EFT setup.

## EFT Enrollment Forms Questions: When to Call Change Healthcare

For EFT support during or after the enrollment process, you may contact 866-506-2830, option 2. Please be prepared with your tax ID and NPI. The following are scenarios when you would reach out to Change Healthcare and not the payer.

### Contact the Change Healthcare EFT Enrollment team for the following:

- Fill out a form or specific section or field on a form.
- Check the status of EFT enrollment.
- Check the status of a form—to find out if it's been processed.
- An EFT payment or EOB/ERA is missing—the following is required:
  - Tax ID
  - Payer Name/Payer ID
  - Check Number/EFT Payment Number
  - Payment Date
  - Payment Amount

- Used to receive EFT and now receiving printed checks—the following is required:
  - Tax ID
  - Payer Name/Payer ID
  - Check Number/EFT Payment Number
  - Payment Date
  - Payment Amount
- View my EOB/ERAs:  
Log in to the Payment Manager portal. Access can be requested after setup for EFT: <https://cda.changehealthcare.com/>.
- Change/update my banking information:  
Go to [www.changehealthcare.com/eft](http://www.changehealthcare.com/eft), and complete the EFT Request Form. For bank changes, mark **Change existing ePayment Banking**.

For questions regarding payment amounts and recipients, contact your payer representative.

### 3. ERA Enrollment Process

Providers who can automatically post 835 remittance data will save posting time and eliminate keying errors by taking advantage of 835 electronic remittance advice (ERA) file service.

You must have a claims vendor to sign up for ERA. Contact your existing claims vendor to enroll for ERA. If your claims vendor does not already have a connection with Change Healthcare, then proceed with the enrollment process.

If you do not have a claims vendor, please contact the sales department at 1-866-817-3813 to purchase software.

#### How to Enroll in ERA

1. Download Change Healthcare Provider ERA Enrollment Form at the following location: [ERA Enrollment Forms](#).
2. Input the payer ID into the payer search line.

Please Select a Product:  State (Govt. payers only):

Payer Type:  Payer Name:

Line Of Business:  Payer ID:

Services:  Code:

Additional Information:  Accepts Secondary ICD10 Ready  ICD10 Testing  ICD10 Required as of Compliance Date Changed Within Last Month

\* View List limits your results to 1000 rows  
\*\* Download List exports all the records to Excel

Claims Payer List																
CHANGE	PAYER NAME	ST	PAYER ID	MODEL	LOB	CARD	ENROLL	RE-ENR	TPO	SERVICE	REPORT LEVEL	COB	ICD10 READY	ICD10 TESTING	ICD10 REQUIRED AS OF COMPLIANCE DATE	ADDITIONAL INFO
	Change Healthcare Comp Billing		57570	COMMERCIAL	H	B	N	N	0	Claims	4	A				
	Change Healthcare Comp Billing		57570	COMMERCIAL	M	X	R	N	0	ERA						
	Change Healthcare Comp Billing		57570	COMMERCIAL	M	B	R	N	0	Claims	4	A				

3. Select and complete the appropriate form: INSTITUTIONAL or PROFESSIONAL.

The submitter ID on the form is the claims vendor ID.

Vendor Information	
Submitter ID	Submitter Name

4. Submit the ERA Enrollment Form via email or fax to Change Healthcare ERA Group:
  - Email: [batchenrollment@changehealthcare.com](mailto:batchenrollment@changehealthcare.com)
  - Fax: 1-615-885-3713
5. An acknowledgement of receipt sent to requester.
6. Upon receipt of completed ERA enrollment forms, the ERAs will be live within two weeks.
7. An email confirmation will be sent to the provider when ERA setup is complete.

## ERA Enrollment Forms Questions: When to Call Change Healthcare

### DURING ENROLLMENT:

For questions related to ERA Enrollment, please call Change Healthcare ePayment Solutions at **1-866-506-2830**, option 4, then 1 for assistance. Please be prepared with your tax ID and vendor information. **The following are scenarios when you would contact Change Healthcare—not the payer.**

**During enrollment**, contact Change Healthcare **ePayment Solutions** for the following:

- Questions regarding ERA enrollment forms, such as how to fill out a form or specific section or field on form.
- Check the status of ERA enrollment, such as has the form been processed.

**NOTE: ERA & EFT enrollment for all health plans must be enrolled under the payer ID. The list of payer IDs can be found at <https://access.emdeon.com/PayerLists/>.**

### AFTER ENROLLMENT:

For questions related to ERA after enrollment, contact 866-742-4355, option 1. The following are scenarios when you would contact Change Healthcare—**not** the payer.

**After enrollment**, contact Change Healthcare **EFT Enrollment** for the following:

#### Missing an ERA/EOB:

The following information is required:

- Tax ID
- Payer Name/Payer ID
- Check Number/EFT Payment Number
- Payment Date
- Payment Amount

### My ERA rejected:

The following information is required:

- Tax ID
- Payer Name/Payer ID
- ERA Date
- ERA Amount

### How can I view my EOB/ERA?

View your EOB/ERA by logging into the Payment Manager portal. Access can be requested after setup for EFT: <https://cda.changehealthcare.com/>.

**For questions regarding specific data within the ERA, please reach out to your payer representative.**

## 4. After Enrollment: Payment Manager Portal

- If a provider is set up for EFT, they can view electronic payments and ERA via the Payment Manager portal: <https://cda.changehealthcare.com/Portal/>.
- In payment Manager, you can view the following:
  - Downloadable complete ERA file.
  - Downloadable abbreviated version of the ERA that includes a snippet of the mandatory ERA fields.
  - Downloadable version of the PDF image of check payment that was process as an EFT or printed. If EFT, this PDF will reflect the Change Healthcare check number and the statement "PAYMENT MADE ELECTRONICALLY" is displayed. The PDF version does not show the payer check number or the NACHA file trace number.

## 5. After Enrollment: Vision Portal

Alternately, if a provider is not set up to receive EFTs but only ERAs, they may request access to the Vision Tool by contacting their channel partner vendor.

In Vision you may view the following:

- ERA summary data.
- Downloadable abbreviated version of the ERA that includes a snippet of the mandatory.
- ERA fields.
- Status of received claims.

**For portal support contact 1-866-506-2830, option 3. Please be prepared to provide your login information.**

- Please note that if the provider is not set up for Payment Manager (free for EFT users) they cannot view the PDF rendering of the payment. The only copy that will be received is the printed paper check.
- User Guides will be provided upon login setup.

- Change Healthcare is here to assist providers in all our Change Healthcare products.

If after reviewing this quick reference guide and you still need assistance, please reach out to our main at number at 1-866-506-2830 or go to <https://www.changehealthcare.com>.