

Electronic Funds Transfer (EFT) Provider Enrollment Guide





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 dial 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 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 payer **(no fees apply)** visit, <u>http://enrollments.echohealthinc.com/EFTERADirect/GHCEauClaire</u>

Enrollment to receive EFT from <u>All Payors</u> processing payments on the Settlement Advocated platform (A fee for this service will apply) visit, <u>https://enrollments.echohealthinc.com</u>

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



Provider EFT/ERA Enrollment Process

Echo [®] Payments Simplified	
Provider EFT/ERA Enrollment	
Welcome to our provider enrollment process for EFT/ERA enrollments, supported by ECHO Health, ECHO Health serves as our support for our EFT/ERA process.	healthcare payment consolidator and provides
To initiate the enrollment process, please validate your account on the next page by clicking the link below and then completion enrollment form please click on the "Submit Secure" button near the bottom of the form. This will transmit the form information your enrollment process.	g the electronic form. When finished with the safely and securely to ECHO Health to begin
Click Here	
To begin the enrollment process.	

Step 2

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



ECHO Account Authentication



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

Echo [®] Payments Simplified
Provider Account Authentication
ENROLLMENT OPTIONS
Enroll using your Provider Portal Account
Enroll using TIN
Enroll using Enrollment Code
ENROLL USING YOUR PROVIDER PORTAL ACCOUNT Username:
Password:
Log In Cancel
Can't access your account? Click Here

Step 4

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



TIN Enrollment with an ECHO Draft No

	Payments Simplified	
F	Provider Account Authentication	
	ENROLLMENT OPTIONS	
	Enroll using your Provider Portal Account	
	Enroll using TIN Enroll using Enrollment Code	
	ENROLL USING YOUR TIN I have Draft No I don't have Draft No Tax Identification Number (TIN):	
	Draft Number:	
	Submit Cancel	
Phone: 888.834.3511		ECH

Step 5

Most providers will select the second enrollment option "Enroll using TIN". The option to "Enroll using Enrollment Code" is no longer available due to security reasons.

The screen in this step displays the required fields for a provider who <u>has received</u> an <u>ECHO payment</u>, 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

ECHO [®] Payments Simplified
Provider Account Authentication
ENROLLMENT OPTIONS
Enroll using your Provider Portal Account
Enroll using TIN
Enroll using Enrollment Code
ENROLL USING YOUR TIN
Tax Identification Number (TIN):
Payor Check No:
Patient Account No:
Supervit Connect

Step 6

The screen in this step displays the required fields for a provider who <u>has also</u> <u>received</u> 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 <u>Payor assigned</u> 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 TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
- If your TAX ID would like to receive payments into more than one bank account, please contact <u>EDI@EchoHealthinc.com</u>.
- If you prefer to enroll with multiple NPI's per Tax ID, please submit an excel spreadsheet using the following information:

Please indica new NPI is a	te one of the dded to you	bank accounts as "Del r TIN, or a claim is subi	fault Account" in case a mitted without an NPI.
Tax ID	NPI	Routing Number	Account Number

- E-sign or print and manually sign the form.
 - Mail to: ECHO Health, Inc.
 810 Sharon Drive
 Westlake, OH 44145
 - Fax to: 440.835.5656
 - Email to: <u>EDI@EchoHealthinc.com</u> (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 <u>EDI@EchoHealthinc.com</u>.



EFT and ERA Enrollment Form

i dymento principante o		Advice) Enrollment Form
		ēl or
Form Select	A DISTORY DISACAN	977
Desuides Information		
Provider Information		
Complete legal nam	e of institution, corporate entity, practice or individual provider)	reduied
Street		
(The number and street name wh	ere a person or organization can be found)	7ID Code Postel Code:
City.	State or Province:select	System of postal cone codes (acip stands for "zone
(City associated with provider address field)	State/Province/Region of the applicable Country.)	improvement plan / introduced in 0 5 in 1963 to improve malidelivery and exploit electronic reading and sorting catabilities. I
National Provider Identifier (NPI): A Heath Insurance Forability and Accountability neathcare providers and all neard plana and hea- inseligence-free numeric loantifier (10-digit number medical speciaty: The NPI must be used in lieu of	Act (HIPAA) Administrative Simplification Standard. The NPI is a uniq breare clearinghouses must use the NPIs in the administrative and fir (). This means that the numbers do not carry other information about legacy provider identifiers in the HIPAA standards transactions.	ue igentification number for covered heathcare providers. Covere nancial transactions adopted under HIRAA. The NIPI is a 10-posoc heathcare providers, such as the state in which they live or their
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Enrollment Form continued

reletence for Aggre	antion of Domittance Date (e.g. Account Number Linkage to Drovider Identifier)
Provider preference for group	galion of Remittance Data (e.g., Account Number Linkage to Provider Identifier) ing (bulking) claim payment remittance advice – must match preference for EFT payment)
Provider Tax Identific	ation Number (TIN):
	(Required if NPI is not available)
lational Provider Ide	ntifier (NPI):
	(Required if TIW is not available)
nethod 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 Remittar	ce Advice Clearinghouse Information
learinghouse Name	salact Y
Acarmynouse Marrie	(Official name of the provider's clearinghouse)
learinghouse Conta	ct Name:
alaphana Numbar	(Name of a contact in clearinghouse office for nanoling ERA issues)
elephone Number.	(Telephone number of contact)
mail Address:	
	(An electronic mail address at which the health plan might contact the provider's clearinghouse)
Electronic Remittan	ce Advice Vendor Information
lendor Name	
citori runio.	(Official name of the provider's vendor)
endor Contact Nam	e:
alanhana Numbar	(Name of a contact in vendor office for handling EAA issues)
elephone Number.	(Telephone number of contact)
mail Address:	
	(An electronic mail address at which the health plan might contact the provider's vendor)
Submission Inform	ation
Reason for Submittin	NQ: New Enrollment Change Enrollment Cancel Enrollment
Authorized Signatu	Ire
The signature of an individua	I 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:
Printed Title of Perso	In 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 e By checking this box	aroliment is submitted) (required to submit this form). Lacceot the Terms and Conditions Click here to read T&C
Actions	
Ter street	
Submit	Keset
Required field(s) mi	ist be filled To submit this form.



STATUS Page

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

- Pavr	nents Simplified					
	and a state sea					
EFTER	A Enrollment Status			#Logout		
Thank you for submitting your enrollment, please allow 5-7 days for activation. If you l		have any questions please reach out to us at edi@echohealthinc.com.				
Thank yo	of for submitting your enrollm	ant, please allow 5-7 days for activation. If you	u have any questions please r	reach out to us at edi@e	chohealthin	c.com.
Thank yo	a for submitting your enrollm	ent, please allow 5-7 days for activation. If you	u have any questions please i	reach out to us at edi@e	chohealthin	c.com.
Thank yo Tax ID	FormType Provider Name	ent, please allow 5-7 days for activation. If you Provider ContactName Provider Contact Email	u have any questions please i Submission Date Sta	reach out to us at edi@e	chohealthin View	c.com. Contact Us

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 HNB – 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

Payments Simplified	
Log In Please enter your username and password to log in. ACCOUNT INFORMATION Username: Password: Log in	
Can't access your account? <u>Click Here</u>	
If you have not yet registered for the Provider Payments Portal, you can register now by <u>clicking here.</u> Confirm your ACH Deposit (Ping) by <u>clicking here.</u>	

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 <u>www.providerpayments.com</u> log in page.



Account Confirmation

	ECHO [®] Payments Simplified
Please enter the TI	Confirmation of Account N and the Deposited Amount below to confirm correct Account creation. ACCOUNT INFORMATION TIN:
	Deposit Amount:
	Submit Cancel

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

Payments Simplified
Confirmation of Account
Please enter the TIN and the Deposited Amount below to confirm correct Account creation.
TIN:
Deposit Amount:
Submit Cancel
Congratulations! Your Account Information matches with ours, your TIN from now on will receive payments electronic
If you have already registered with ProviderPayments.com then please continue to utilize your existing ID.
If you have not registered then your credentials will automatically be emailed to you in the next few minutes.

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

Echo [®] Payments Simplified	
Log In Please enter your username and password to log in ACCOUNT INFORMATION Username: 1 Password: Log In	
Can't access your account? <u>Click Here</u>	
If you have not yet registered for the Provider Payme Portal, you can register now by <u>clicking here.</u> Confirm your ACH Deposit (Ping) by <u>clicking here</u>	ents 4

Step 12

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

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

4	——— Payments <i>Simplified</i>
	Create a New Account
	ACCOUNT INFORMATION
	1
	Choose a username that is at least four (4) characters long; you may use numbers and/or letters.
	Email:
	An email address is needed so that your password can be emailed to you if you ever forget it.
	Password:
	Confirm Password:
	Tax Identification Number (TIN):
	Your 9-digit Tax Identification Number (TIN) should be
	entered without any spaces or dashes (-). Draft Number Verification Draft Number
	Draft Number:
	ECHO draft numbers contain no space or special characters and can be located on any past Explanation of payment. Draft Amount:
	The Draft Amount should be entered without a dollar sign (\$) Register Cancel

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.



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 #:555555555
 Check reference
 Payment amount: \$500

 Tax ID: 111111111
 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 ECHO's Payment Manager. Once you have the EFT report and the ERA file and know where the reassociation trace number is located on each report, you can match the EFT and the ERA together.

