

# CHANGE HEALTHCARE

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## Payer Enrollment Services (PES) Provider Portal User Guide

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## Preface

This user guide is for providers and their associates using Payer Enrollment Services (PES) and should not be distributed to unrelated parties.

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## Common Terms

**Authorized Agent:** A contact that can be added to a TIN during enrollment, usually from an outside billing agency that the provider is partnered with.

**Clearinghouse:** A clearinghouse is a company or service hub that connects providers and payers so that they can send and receive electronic claims information.

**Legal Business Name:** Complete legal name of institution, corporate entity, practice or individual provider.

**National Provider Identifier (NPI):** An NPI is a 10 digit numerical identifier for providers of health care services. It is national in scope and unique to the provider.

**NPI Exempt/Atypical Provider:** Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program.

**Remittance Grouping:** The type of grouping that a payer uses for claim remittance. Currently the options supported in PES are:

- TIN Only – Just the TIN is used to group payments and remittance
- TIN and NPI(s) – Combination of TIN and NPI(s) is used to group payments and remittance

**Tax Identification Number (TIN):** Your tax identification number is an identification number assigned to your practice by the Internal Revenue Service (IRS). It is also sometimes known as Employer Identification Number (EIN). In the case of a sole proprietorship, the provider might not have a Tax ID and would use his or her social security number (SSN) instead.



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**Voided Check:** A voided check is a blank, unused check with “VOID” handwritten across it and is used to verify your bank account. You must scan a voided check and upload the electronic image when adding a new bank account along with your other bank information.



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## Enrollment Statuses

At different stages of the enrollment process, you will see various statuses related to your enrollment. The following outlines what each status means and the next action from the user:

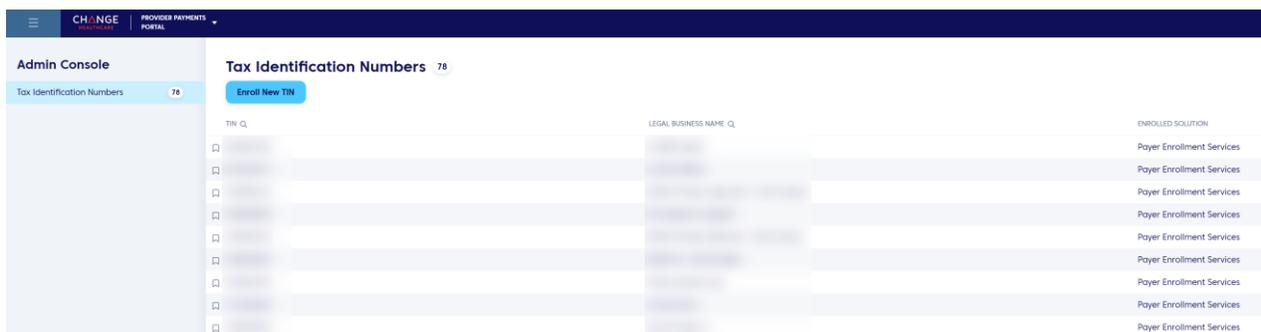
Status in Provider Portal	Status Description	User Action
In-Progress	User has started but not yet submitted the enrollment	Sign in and submit the enrollment
Submitted	Enrollment is in the Change Healthcare Support Operations queue for review	Wait to be contacted by Support Operations
Manual Review	Enrollment has been submitted in PES and is with Change Healthcare for processing	Wait for the status to get updated
Returned to Customer	Change Healthcare Support Operations has returned the enrollment to the provider (i.e. customer) for additional action	Log in to Provider Portal and update the enrollment
Pending Attachments	Change Healthcare Support Operations has returned the enrollment to the provider to upload an attachment	Log in to Provider Portal and upload the requested attachment
Rejected	Change Healthcare has rejected the enrollment and it will not be further processed	None
Payer Received	Enrollment has been Approved by Change Healthcare and was received by the payer for decisioning	Wait to receive a payer decision
Payer Approved	Payer has approved the enrollment	None. Successful enrollment process complete
Payer Rejected	Payer has rejected the enrollment and it will not be further processed	None



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## Provider Portal

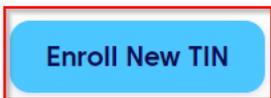
The Admin Console is the central hub where providers can manage, monitor, and add EFT and ERA enrollments within the Payer Enrollment Services (PES) Provider Portal. From here, you can see a full list of all TINs that have either completed or have In-Progress enrollments.



## Enrolling a New TIN

1. You click the “Enroll New TIN” button above the list of TINs to enroll a new TIN from the Admin Console:

### Tax Identification Numbers 10



2. Next, you'll be asked to provide information related to your practice or company including:
  - i. Provider Name – this should be your legal business name that you put on your tax documents
  - ii. Doing Business As Name (DBA) – A trade name or fictitious business name that the provider may operate under, but is not the business name of the practice
  - iii. Legal Business Address
  - iv. City
  - v. State
  - vi. ZIP Code
  - vii. Tax Identification Number (either EIN or SSN)
  - viii. Billing NPI (if applicable)

○ Provider Info
○ Contact Info
○ Bank Info
○ Enrollment

Secure Connection

### Provider Information

Please enter information about the practice or company that you wish to enroll.

PROVIDER NAME \*

DOING BUSINESS AS NAME (DBA)

**Provider Address**

STREET \*

STE, FLR, BLDG (OPTIONAL)

CITY \*

STATE/PROVINCE \*

Select

ZIP CODE/POSTAL CODE \*

**Provider Identifiers information**

PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) \*

TIN TYPE \*

SSN     EIN

NATIONAL PROVIDER IDENTIFIER (NPI) \*

I'm NPI exempt

CONTINUE ▶

- After this step, you'll be asked to give the information for the primary contact associated with enrolling EFTs/ERAs at your organization. You may optionally add a Provider Agent's information, who will be used as an additional contact.

✔
Provider Info
Contact Info
Bank Info
Enrollment

## Provider Contact Information

🔒 Secure Connection

This is the person in the provider's office that handles ERA/EFT business.

**PROVIDER CONTACT NAME \***

First Name

Last Name

**TITLE**

**TELEPHONE NUMBER \***

**TELEPHONE EXTENSION NUMBER**

**EMAIL ADDRESS \***

**Provider Agent Information**

**DO YOU UTILIZE AN OUTSIDE BILLING AGENCY AS AN AUTHORIZED AGENT FOR YOUR BUSINESS? \***

Yes
  No

BACK

Save & Complete Later

CONTINUE ▶



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4. Next, you'll have the opportunity to add a Bank Account, which will be needed if you want to submit an EFT enrollment. You may need to upload a voided check for the Change Healthcare team to review.

## Add New Financial Institution ✕

**PROVIDER, TIN**

Enter your financial institution information for where EFT payments will be deposited.

**ACCOUNT TYPE \***

Checking  Savings

<b>FINANCIAL INSTITUTION NAME *</b> ⓘ	<b>FINANCIAL INSTITUTION NICKNAME (OPTIONAL)</b>
<input type="text"/>	<input type="text"/>
<b>FINANCIAL INSTITUTION ROUTING NUMBER *</b> ⓘ	<b>CONFIRM FINANCIAL INSTITUTION ROUTING NUMBER *</b> ⓘ
<input type="text"/>	<input type="text"/>
<b>PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION *</b> ⓘ	<b>CONFIRM PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION *</b> ⓘ
<input type="text"/>	<input type="text"/>

---

**Account Owner**

Please enter the name on the financial institution account **exactly as it appears on your checks.**

<b>BANK ACCOUNT OWNER TYPE *</b>	<b>NAME ON BANK ACCOUNT *</b>
<input checked="" type="radio"/> Business <input type="radio"/> Individual	<input type="text"/>

5. After this, you can begin the process of adding either an EFT or ERA enrollment by clicking “Add Enrollment”, selecting the payer you'd like to enroll with, and then the service(s) you want.
  - i. If you selected ERA, you'll be asked to select the Clearinghouse through whom you will receive ERAs from the payer
  - ii. If you selected EFT, you'll be asked to confirm the bank account that will be used for that enrollment

6. You can review the enrollment you added and add more if needed at this point. Click "Continue" when you are ready.

Provider Info Contact Info Bank Info Enrollment

## Enrollment

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Add enrollments for payers who you currently submit claims for and would like to receive electronic payments and/or electronic remittance advices from.

Payer Enrollment 2 + ADD ENROLLMENT

PAYER	SERVICE	PROVIDER BANK	NPI	METHOD OF RETRIEVAL	
[REDACTED]	EFT	[REDACTED]	--	--	
[REDACTED]	ERA	--	--	Clearinghouse - [REDACTED]	

BACK Save & Complete Later CONTINUE ▶



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- Finally, you'll be asked to review and sign the Terms and Conditions for Payer Enrollment Services before being able to submit your enrollment(s).

✓ Provider Info
✓ Contact Info
✓ Bank Info
✓ Enrollment

## Terms & Conditions

🔒 Secure Connection

**Payer Enrollment Services** ↓ Download

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**CHANGE HEALTHCARE PAYER ENROLLMENT SERVICES**

**TERMS OF SERVICE**

**Last Updated: June 1, 2021**

This is a legal agreement between the healthcare provider registering through this site ("Provider," "you," or "your") and Change Healthcare Operations, LLC and its affiliates ("Change Healthcare," "CHC," "we," or "us") regarding your use of the CHC hosted and branded portal (the "Portal"). Change Healthcare maintains and operates as part of its Payer Enrollment Services (the "Services"). Together, the Portal and the Services are called the "Platform".

The Portal connects Providers with healthcare organizations, health plans and other organizations that participate in the Services (the "Participants") to help facilitate access to information the Participants require for Providers to receive electronic funds transfer payments ("EFTs") and/or electronic remittance advice ("ERAs") that the Participants initiate and complete outside of the Platform, either directly or through one or more clearinghouses. Access to the Portal is only offered and made available to Providers that have and continue to maintain a separate agreement with at least one Participant based on information CHC obtains directly from the Participants.

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NEXT

**Authorized Signature** ⓘ

I am authorized and agreeing to the terms and conditions

The parties agree that these Terms and Conditions may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

**Printed Name of Person Submitting Enrollment**

FIRST NAME *	LAST NAME *	TITLE *	SUBMISSION DATE *
			October 03, 2022

BACK
Save & Complete Later
SUBMIT ENROLLMENT >



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8. From here, you'll see a confirmation that your enrollment(s) was submitted successfully. You can go from here to the Admin Console for the Provider Portal where you can view and manage your enrollments.

## Submitted!

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Thank you for submitting your enrollment to Change Healthcare's Payer Enrollment Services!

Here's what to expect next...

- Check the status of your enrollment(s) in the [Provider Portal](#) at any time using the login credentials you created at the start of the enrollment process.
- If necessary, a member of our support team may contact you for additional verification.
- Once your information has been verified it will be sent to the payer for set up.



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## Admin Console FAQs

Below are some common FAQs you may have while using the Admin Console:

### How do I check the status of the enrollments that I submitted?

To check the status of your enrollment:

- Log into the Provider Portal
- Click on the TIN your enrollment is associated with
- Navigate to the Payers tab and expand the payer your enrollment was submitted to
- Look at the status column for the current status of your enrollment

### How do I know that my enrollment has been successfully approved by the payer?

To check if your enrollment has been approved:

- Log into the Provider Portal
- Click on the TIN your enrollment is associated with
- Navigate to the Payers tab and expand the payer your enrollment was submitted to
- Look at the status column for the current status of your enrollment – if this status is “Payer Approved”, the payer has confirmed and approved your enrollment

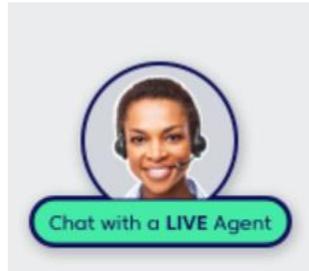
Depending on the payer, you may also receive a confirmation email once this has occurred.

### How do I add a new enrollment for an existing TIN?

To add a new enrollment for an existing TIN:

- Log into the Provider Portal
- Click on the TIN you'd like to add an enrollment to
- Find the “Add New Enrollment” button on the right side of the screen and click on it
- Once you do, you'll find an abridged version of the enrollment workflow you went through when enrolling the TIN for the first time
- Select payer, service(s), remittance grouping, bank account (if EFT), clearinghouse (if ERA) and then click Submit to add the new enrollment
- This will be reviewed and sent to the payer once it has the required information

**For help with any issues you might encounter, you can contact the Change Healthcare Support Team at 800-956-5190 Monday through Friday 8:00am to 5:00pm CST. You can also use Live Chat during these hours by clicking on the icon on the right side of your screen:**



**Change Healthcare**

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