PES Provider Steps to completing EFT Enrollment

Go to Payer Enrollment Service landing page:
https://payerenrollmentservices.changehealthcare.com/

Click on Begin Enrollment button to create Username
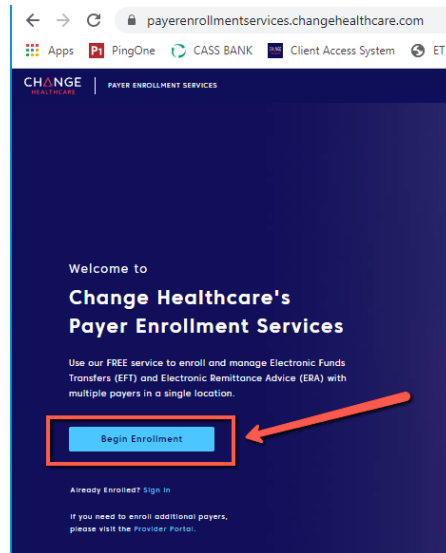
Fill in Your First Name, Last Name & Email address and click create account

If you get the error message **(email address has an existing account with CHC)**,
then click on the **Sign In** button at the bottom

You will sign in with your UN & PW that either you enrolled through **NPx** or **Payer Enrollment Services** with to complete enrollment.

○------------○------------○------------○
Provider Info   Contact Info   Bank Info   Enrollment

Provider Information
🔒 Secure Connection

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 • ⓘ   ZIP CODE/POSTAL CODE • ⓘ

Select ▾

Provider Identifiers information

PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) • ⓘ   TIN TYPE • ⓘ
○ SSN   ○ EIN

NATIONAL PROVIDER IDENTIFIER (NPI) • ⓘ
☐ I'm NPI exempt ⓘ

CONTINUE ▶

✓━━━━━━━━━━○------------○------------○
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 • ⓘ   TITLE   ⓘ

First Name | Last Name

PHONE •   EXT   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 ▶

If you are signing up for **EFT**- click **YES** below to add a bank account

Then click either; Add Financial Institution button or the link to add Financial Institution Information

Financial Institution Information
🔒 Secure Connection

To create an EFT enrollment, financial institution information is required.

Would you like to add a financial institution account?

● Yes ○ No

ⓘ Please note, you may be asked to provide a voided check to validate the account.

Financial Institution Added 0

+ ADD FINANCIAL INSTITUTION

Please add a financial institution

If you require additional financial institution accounts for your NPIs under this TIN, set up each of those accounts here.

BACK   Save & Complete Later   CONTINUE ▶

Add New Financial Institution   ✕

PROVIDER, TIN

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

ACCOUNT TYPE ●
○ Checking ○ Savings

FINANCIAL INSTITUTION NAME ● ⓘ   FINANCIAL INSTITUTION NICKNAME (OPTIONAL)

FINANCIAL INSTITUTION ROUTING NUMBER ● ⓘ   CONFIRM FINANCIAL INSTITUTION ROUTING NUMBER ● ⓘ

PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL ⓘ   CONFIRM PROVIDER'S ACCOUNT NUMBER WITH ⓘ
INSTITUTION ●   FINANCIAL INSTITUTION ●

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

BANK ACCOUNT OWNER TYPE ●   NAME ON BANK ACCOUNT ●
● Business ○ Individual

SUBMIT   CANCEL

You may be prompted to provide front and back of voided check and OR Bank letter.

Click Add Enrollment button or the link:

Select the PAYER from Dropdown:

Select Service for EFT

Select the Provider Identifier displayed depending on the payer preference

The system will automatically associate the Bank account added (unless multiple accounts exist) to the EFT enrollment:

Enrollment

🔒 Secure Connection

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 ①

+ ADD ENROLLMENT

PAYER	SERVICE	PROVIDER BANK	NPI	PROVIDER ID		
Premier Access (CX078)	EFT	Citibank - 3151	--	22597	✏	🗑

BACK   Save & Complete Later   **CONTINUE ▶**

Terms & Conditions

🔒 Secure Connection

Payer Enrollment Services   ↓ Download

CHANGE HEALTHCARE PROPRIETARY AND CONFIDENTIAL

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".
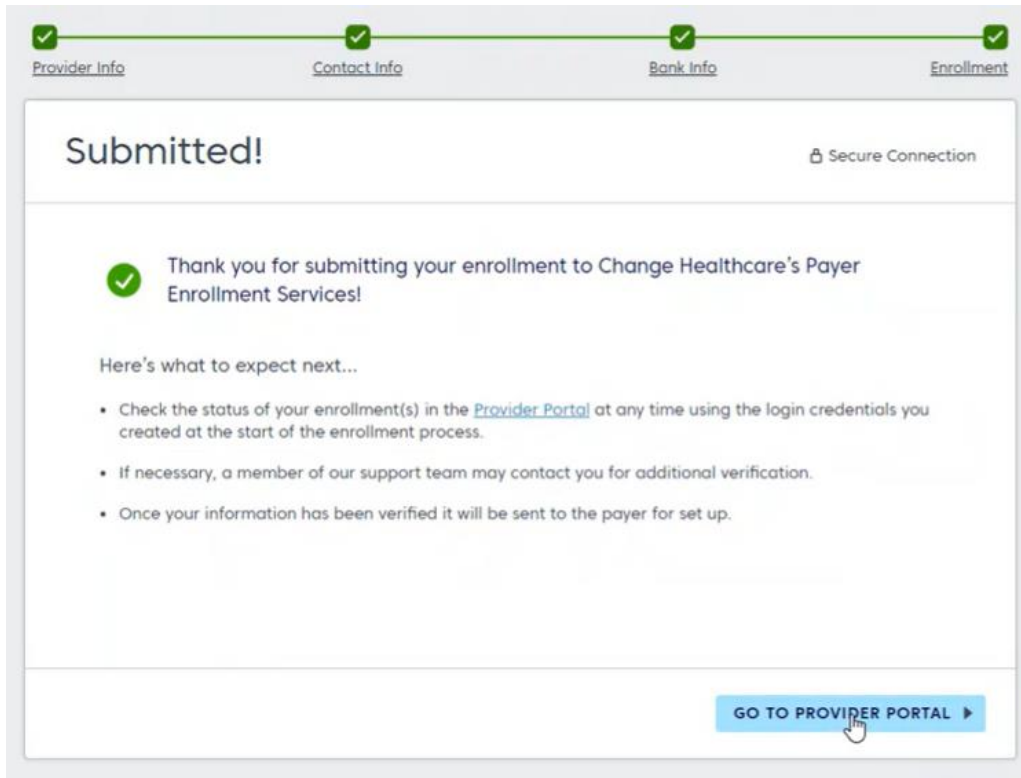
The Portal connects Providers with healthcare organizations, health plans and other organizations that participate in the Services (the "Participants") to help facilitate access to information the Participants require for Providers to receive electronic funds transfer payments ("EFTs") and/or electronic 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.

PREV   Page 01 of 8   NEXT

☐ I am authorized and agreeing to the terms and conditions

BACK   Save & Complete Later   SUBMIT ENROLLMENT ▶

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Provider Info   Contact Info   Bank Info   Enrollment

Submitted!   🔒 Secure Connection

✓ 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.

GO TO PROVIDER PORTAL ▶

Already enrolled? To make updates for the below:

- **Add Additional Payers**
- **Add New Banking**
- **Add Additional NPI's/ Provider ID's**

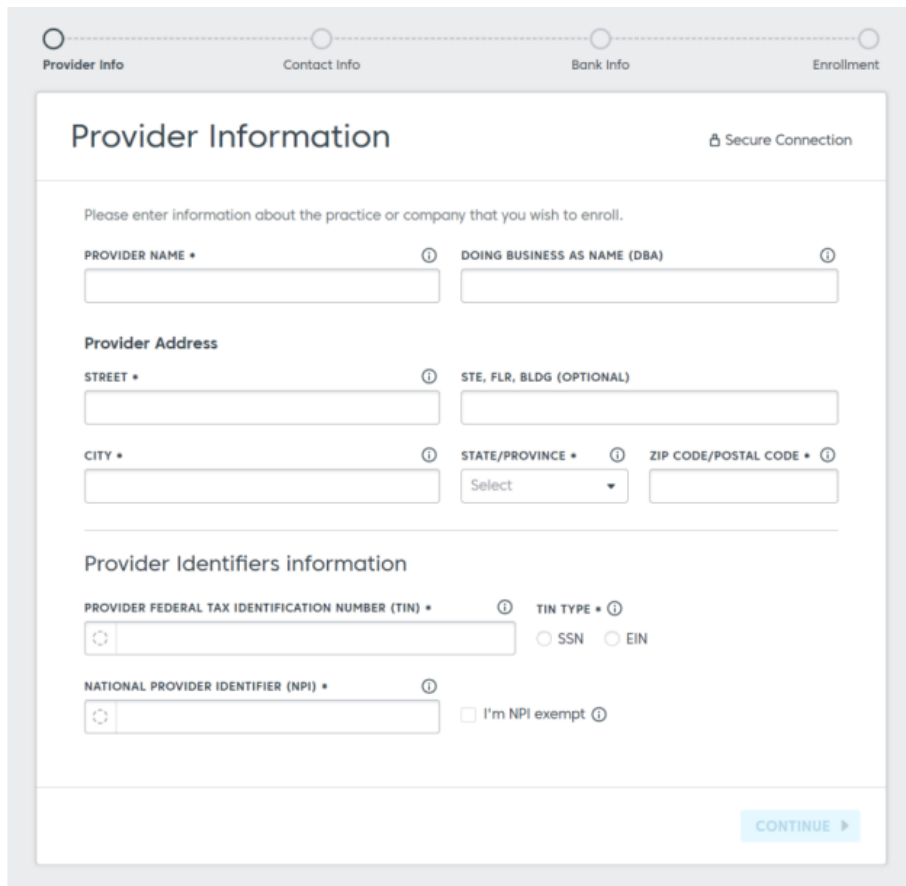**Log into the Provider Portal/ The Admin Console below:**

Enrolling a New TIN

1. Click the "Enroll New TIN" button above the list of TINs to enroll a new TIN from the Admin Console:

2. Next, you'll be asked to provide information related to your practice or company including:

    a) Provider Name – this should be your legal business name that you put on your tax documents

    b) 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

    c) Legal Business Address, City, State, ZIP Code

    d) Tax Identification Number (either EIN or SSN)

    e) Billing NPI (if applicable)

3. Return to Page 3 for the Enrollment Flow