


Change Healthcare ProviderNet Registration Instructions

1. Go to <https://providernet.adminisource.com>
2. Click the “Register” button...



Sign in

You have been logged out...

E-mail


Password

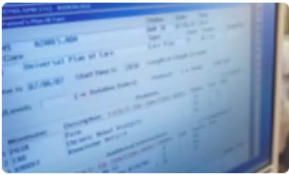
[Forgot your password?](#)

➔

Welcome To Change Healthcare ProviderNet

Change Healthcare ProviderNet gives healthcare providers an easy-to-use portal to manage claims payment and receivables tied to specific payers. For approved claims, payers transmit payment and remittance details in standard HIPAA formats through the portal. Rather than receiving paper checks and printed remittance documents, which can require substantial effort to post and reconcile, registered providers will receive payments and remittance information electronically. ACH payments are automatically generated and routed to the configured destination accounts, and ERAs are posted on Change Healthcare ProviderNet. Change Healthcare ProviderNet users are then able to log in and view, search, and download their electronic remittance information in human readable formats.





Register Now

Change Healthcare ProviderNet's user-friendly, online registration process will allow you to enter your office locations and depository accounts, and authorize specific payers to initiate electronic claim payments via ACH. Once registered, you can immediately begin experiencing the convenience and efficiency of electronic processes - receiving both electronic payment and remittance advice (ERA) transmissions from your payers. It's that easy!

3. Accept the Terms and Conditions...

Do you agree to the Terms and Conditions of ProviderNet?

- Yes
 No

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

4. Enter provider verification questions.

- a. Input your National Provider ID Number (NPI).
- b. Input your Tax ID Number (TIN).
- c. Select the insurance company paying you.
- d. Enter a recent check number from one of your payments as it appears on the upper right/left hand corner of your check payment.
- e. Click the “Continue” button.

NOTE #1: If you have not received a payment from your payer then you will not be able to complete your registration until you have received your first payment.

NOTE #2: The check number has to come from a payment you have received within the last year.

To get started with ProviderNet, please answer a few verification questions...

If you are a Billing Service, [click here](#) to register.
If you are a Clearinghouse, [click here](#) to register.

<p>What is your National Provider ID (NPI)?* ?</p> <input style="width: 100%;" type="text"/> <p><small>If your organization has submitted an EFT application to Alegeus (formerly FIS/Metavante), please enter the same NPI and TaxID as used on the application.</small></p>	<p>Select a Payer*</p> <div style="border: 1px solid #ccc; padding: 2px;">--Select One-- ▼</div>
<p>What is your primary Federal Tax ID?* ?</p> <input style="width: 100%;" type="text"/>	<p>Enter a recent Check or EFT Number from the selected payer*</p> <input style="width: 100%;" type="text"/> <p><small>Special Note: if you are entering a number for an EFT payment, please enter it exactly as it is shown on your Explanation of Payment (e.g., EFT123456).</small></p>

Required fields are in **bold**

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5. Create your User Account.

- a. Input and confirm your Email Address. This will be your login id.
- b. Input your User Name (First and Last).
- c. Input and confirm a Password.
- d. Select a Password Reset Question.
- e. Input a Password Reset Response.
- f. Click the “Continue” button.

Password requirements

- *No less than 8 characters
- *No more than 10 characters
- *At least 1 number

Create a User Account to access payment information online.
Your E-mail Address will become your User ID.

User E-mail Address*

Confirm E-mail Address*

User Name*


Password*

Confirm Password*

Password Reset Question*

Password Reset Response*

Required fields are in **bold**



If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

6. Primary Administrative Contact Information

- a. Input the Business Name.
- b. Input the Provider Contact Name (First and Last) for this account.
- c. Input the Provider Contact Title.
- d. Input the Primary Contact Phone Number. Enter an extension if applicable.
- e. Input the Fax Number.
- f. Input the Primary Contact Email Address.
- g. Click the “**Continue**” button.

Enter the primary administrative contact information for your business.

Provider Name* ?

Provider Contact Name* ?

Title

Telephone Number* ?

-	-		
		Telephone Number Extension	

Fax Number ?

Email Address* ?

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* ?

National Provider Identifier (NPI)* ?

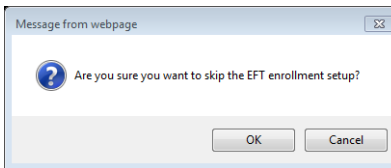
*Required fields are in **bold**

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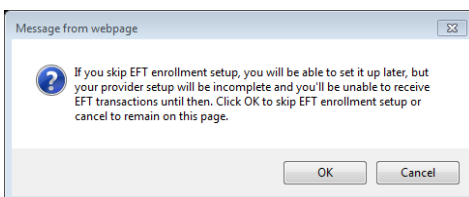


7. Select whether you would like to continue registering without EFT enrollment or continue registering for EFT.

a. If you selected to “**Continue Without EFT Enrollment**” confirm your selection.



You will be able to set it up later. Click “**OK**” to continue registration without EFT election Click “**Cancel**” to continue with EFT setup.



NOTE: If you elect to continue registration without EFT payment you will be directed to your **Start** page. Skip to page **11** for further instruction.

b. If you selected “**Continue to EFT Enrollment**” you are electing to receive your payer (insurance company) payments direct deposited to an account you will designate.

ProviderNet Enrollment is complete.
Would you like to continue to EFT enrollment?

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

CORE Documentation

- [EFT Changes](#)
- [Resolving Missing/Late EFT and ERA Transactions](#)
- [CCD Request Letter Template](#)

8. Enter the mailing address **exactly as it appears on your Remittance Advise in the upper left hand corner.**

Select at least one address where you receive payments.

You will have the ability to enter additional addresses after registration is complete.

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Provider Name* 

Doing Business As Name (DBA) 

Street* 

City* 

State/Province* 

Zip Code/Postal Code* 

Note: You will have the opportunity to enter additional addresses after your registration is completed.


*Required fields are in **bold**





9. This page displays your Federal Tax ID Number and NPI.

- a. Your NPI and Federal TaxID are populated on your ACH Authorization form. The fields have been disabled since these are the only values that are eligible for EFT enrollment at this time.
- b. Click the **“Continue”** button.

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* 

National Provider Identifier (NPI)* 



*Required fields are in **bold**

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

10. Enter the bank account information where you would like to receive your deposits for this NPI/TIN.

- a. Enter your bank name.
- b. Enter your routing number.
- c. Select the type of account you have.
- d. Enter your account number.
- e. Select whether you would like your bank account linked to your TaxID or your NPI
- f. Click the “**Continue**” button.

Financial Institution Name* ?

Financial Institution Routing Number* ?

Type of Account at Financial Institution* ?

Savings

Checking

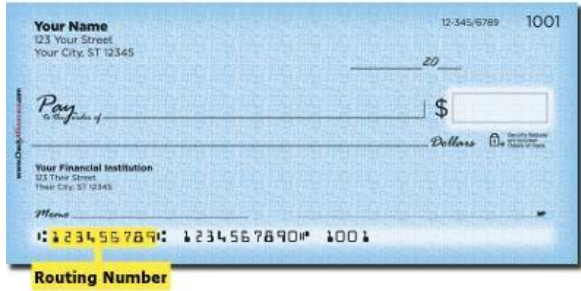
Provider’s Account Number with Financial Institution* ?

Account Number Linkage to Provider Identifier* ?

Provider Tax Identification Number (TIN)

National Provider Identifier (NPI)

Identifying your routing number
 Your routing number is located between two special symbols



*Required fields are in **bold**

Continue

Note #1: It will take **7-10 business days** for your bank to set up processes to ensure delivery of ACH payment related Information.

Note #2: You will have the opportunity to enter additional accounts after registration is completed.

11. EFT Submission Page

- a. Reason for Submission is a fixed field – it will show **New Enrollment**
- b. Include with Enrollment Submission – select whether you will be submitting a voided check or Bank Verification Letter
- c. Authorized Signature is a fixed field – it will show **Written Signature of Person Submitting Enrollment**
- d. Click the “**Continue**” button.

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Reason for Submission*

New Enrollment ▼

Include with Enrollment Submission* ?

Voiced Check ▼

Authorized Signature* ?

Written Signature of Person Submitting Enrollment ▼

Handwritten Signature. Please sign the ACH Authorization form.

 Continue

*Required fields are in **bold**

12. Review and Confirm

- a. Make sure all of the information you entered in is correct then click continue. If you need to make changes, click on the **blue** section heading and edit the information that needs to be edited. Once completed, click the Continue button until you reach the Review and Confirm page again to review your information.
- b. If all is well, click the **“Continue”** button.

ProviderNet Enrollment

ProviderNet

User ID

User Name

Password Reset Question

Password Reset Response

Provider Name [?](#)

Provider Contact Name

Title

Telephone Number

Email Address

Fax Number

EFT Enrollment

Provider Address

Provider Name [?](#)

Doing Business As Name [?](#)

Street [?](#)

City [?](#)

State/Province [?](#)

Zip Code/Postal Code [?](#)

Provider Identifiers

Provider Federal Tax Identification Number (TIN) [?](#)

National Provider Identifier (NPI) [?](#)

Financial Institution Information

Financial Institution Name [?](#)

Financial Institution Routing Number [?](#)

Type of Account at Financial Institution [?](#)

Provider's Account Number with Financial Institution [?](#)

Account Number Linkage to Provider Identifier [?](#)

Submission Information

Reason for Submission

Include with Enrollment Submission [?](#)

Authorized Signature [?](#)


If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

13. ACH Authorization Form

- a. Using the Print Icon at the bottom of the form Print, sign and fax or email your ACH Authorization Form along with a copy of a voided check or bank verification letter to (602) 843-1915 / wco.provider.registration@changehealthcare.com.
- b. Click the “Continue” button. You will be directed to the start page to begin using ProviderNet.



Rev 02/2016 - 1420
<https://providernet.adminisource.com>



PROVIDERNET

16633 Dallas Parkway, Suite 600 Addison, TX 75001

ACH AUTHORIZATION FORM

Please complete and sign the following ACH Authorization form. Once the form is completed, scan and email the form with a voided check or bank verification letter with the corresponding bank account information to wco.provider.registration@changehealthcare.com, or fax the documents to Providernet Support at 972-348-5524.

SECTION I - PROVIDER INFORMATION	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Provider Name	
Doing Business As Name (DBA)	
Street	
City	
State/Province	
Zip Code/Postal Code	
Provider Federal Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Provider Contact Name	
Telephone Number / Extension	
Email Address	
Fax Number	

SECTION II - ACCOUNT INFORMATION	
Financial Institution Name	
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	

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com



14. ProviderNet Start Page



Welcome,
Working in NPI

Control Panel

Start

Search And Report ▾

- Payment Search
- User Activity

Maintenance ▾

- Provider Info
- Accounts
- TaxIDs
- Contacts
- Addresses
- EFT Enrollment
- Connectivity
- User Administration

My Profile

Frequently Asked Questions

Icons

- Delete
- Show PDF

Announcements

There are no announcements at this time.

Frequently Asked Questions

- [Can I add multiple NPIs/Providers to my ProviderNet account?](#)
Yes. You can add them through the Provider Info screen. However, if you have multiple NPIs that share the same TaxID(s), then you should just add the providers as separate addresses on the address form. Otherwise, you will have to complete the whole setup process for the new NPI, including adding contact, address, and bank account information. And since most payers only associate TaxIDs to payments, using TaxID, Payee Name, and Address to separate and route payments is more effective than using NPI.
- [More...](#)

Core Documentation

- [EFT Changes](#)
- [Resolving Missing/Late EFT and ERA Transactions](#)
- [CCD Request Letter Template](#)

Recent Payments

Display the last: [1 month](#) | [2 months](#) | [3 months](#)

No payments were found in the system. Please try a longer (2 or 3 month) time period.
If you just registered, please check back in 24 to 48 hours, as your payment history may not have been loaded yet.

- 🔔 It takes **up to 10 business days** for your account to be verified and your EFTs to begin. You can check the status of this process by logging in and clicking on the **“Accounts”** tab on your Control Panel. If your account status says **“verified”** you should begin to receive your EFTs.
- 🔔 If your account status says **“verified”** and you still are receiving check payments please give ProviderNet Customer Support a call, (877) 389-1160.
- 🔔 The **red** type at the top of this page indicates we have not received your ACH Authorization Form or Voided Check/Bank Verification Letter. Once we receive and process both, that red type will disappear.

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com



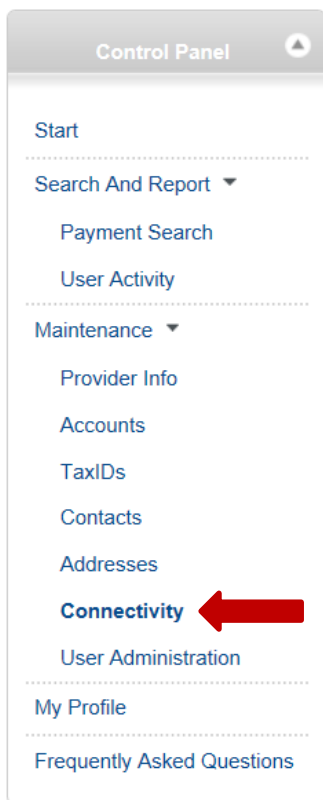
15. Control Panel

a. Use your control panel to navigate around ProviderNet



- △ **Payment Search** – This page contains search options you can use to search for particular payments. At the bottom of the page you will see all of your payments, listed from newest to oldest dating back a year.
- △ **User Activity** – This page allows Administrators to view each of the user’s activity while using ProviderNet.
- △ **Provider Info** - This page allows the Administrator to view or modify your provider Information. You can also add additional payers and NPI/TINs.
- △ **Accounts** – You can view, add, change, or delete your Bank Account Information.
- △ **Tax IDs** – You can view, add, change, or delete your Tax IDs.
- △ **Contacts** – This page allows you to view, add, change, or delete your contacts.
- △ **Addresses** – This page allows you to view, add, change, or delete your Office Information (address).
- △ **EFT Enrollment** – If during your initial registration you elected not to receive your payments direct deposited you may click here to enroll in EFT.
- △ **Connectivity** – You can set up connectivity to receive your ERA (EDI 835s/ERA (PDF) files via FTP or have them automatically sent over to your Clearinghouse.
- △ **User Administration** – You can view, add, change, or delete user access for your ProviderNet account.
- △ **My Profile** – This page allows you to view, add, change, or delete your User Profile Information.
- △ **Frequently Asked Questions** – ProviderNet Q and A.
- △ **Icons** – At the bottom of **each** page is an Icon Legend showing what the Icons on that page represents.

Change Healthcare ProviderNet Instructions for Setting up Connectivity



1. Click on the **Connectivity** link on your Control Panel.
2. Click on the **Clearinghouses** tab.
 - a. Select your clearinghouse from the drop down list. You can leave the Trading Partner Id field blank.
 - b. Select the type of file type your Clearinghouse requires (**EDI 835**).
 - c. Input the date you would like for your Clearinghouse to begin to receive your payment files (**mm/dd/yyyy**). You can back date if necessary.
 - d. Click the **Save** button. Your selection will appear at the bottom of the page.

NOTE: If you have multiple NPIs you will need to set up connectivity for each.

The image shows the 'Clearinghouses' configuration page. At the top, there are two tabs: 'FTPSites' and 'Clearinghouses'. Below the tabs is the heading 'Add, change, or delete Clearinghouses.' The form contains the following fields:

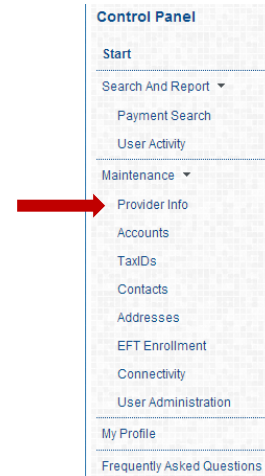
- TaxID***: A dropdown menu with a question mark icon.
- Clearinghouse***: A dropdown menu with the text 'Select a Clearinghouse...' and a question mark icon.
- TradingPartnerID**: A text input field with a question mark icon.
- File Types***: A section with two checkboxes:
 - ERA (PDF)
 - ERA (EDI 835)

At the bottom of the form, there are two buttons: 'Reset' and 'Save'.

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

Change Healthcare ProviderNet Adding an Additional NPI/Provider Instructions

1. Go to <https://providernet.adminisource.com>
2. Log into your already existing ProviderNet account.
3. On your Control Panel click the "Provider Info" tab.
4. Click the "New" button.



Modify your Provider Information

Provider Name* ?

Primary Provider Contact Name* ?

Payers

Molina Healthcare

Primary Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* ?

National Provider Identifier (NPI)* ?

Trading Partner

NOTE: This Trading Partner selection is **ONLY** used for Kaiser Permanente 835 transmissions. For all other Clearinghouse associations, please select a Clearinghouse from the Connectivity screen.

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

5. Enter the Provider Information.

- a. Input the Provider's Name.
- b. Input the Doing Business as Name (DBA).
- c. Input the Provider Address - *Enter the mailing address **exactly** as it appears your Remittance Advise in the upper left hand corner.*
- d. Input the Provider's Tax Id Number (TIN) – without dash.
- e. Input the Provider's National Provider Id Number (NPI)
- f. Click the "Next" button.

Add new Provider Record


Provider Information

Steps: **1** 2 3 4




Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

CORE Documentation

- [EFT Changes](#)
- [Resolving Missing/Late EFT and ERA Transactions](#)
- [CCD Request Letter Template](#)

Provider Name* Doing Business As Name (DBA) 

Provider Address

Street* City* State/Province* Zip Code/Postal Code* Provider Federal Tax Identification Number (TIN)* National Provider Identifier (NPI)* 

6. Enter the Provider Contact Information.

The contact information fields should auto populate with the contact information of the NPI(s) already registered, but if any fields need to be updated/changed please do so here.

- Input updated/changed information or leave as is.
- Click the “Next” button

Add new Provider Record

Provider Contact Information

Steps: **1** 2 3 4

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Provider Contact Name* ?

Title

Telephone Number* ?

Telephone Number Extension

Email Address* ?

Fax Number ?

Back

Cancel

Next

7. Enter the Provider Account Information.

The bank account information fields should auto populate with the banking information of the NPI(s) already registered, **but** if any fields need to be updated/changed please do so here. If account information does not need to be changed click the “Next” button.

For changing the bank account information

- a. Input the Financial Institution Name
- b. Input the Institution Routing Number
- c. Select the type of account (savings/checking)
- d. Input the Account Number with the Financial Institution
- e. For this field, if your payer is...
 - Molina – select National Provider Identifier (NPI)
 - Qualchoice – select Provider Federal Tax Identification Number (TIN)
 - Kaiser GA - select Provider Federal Tax Identification Number (TIN)
 - Neighborhood Health Plan - select National Provider Identifier (NPI)
 - Rocky Mountain Health Plan (HMO/HCO) – select Provider Federal Tax Identification Number (TIN)
- f. Click the “Next” button

Add new Provider Record

Account Information

Steps: **1** 2 3 4

Note: Please click the “Help” button at the top right during EFT enrollment to see further details about the form.


Due to collaboration between the healthcare and financial services industries, the NACHA Operating Rules require that financial institutions provide the ACH Payment Related Information to a provider upon request via a secure, electronic method. Thus providers not currently receiving this data are encouraged to request it as soon as possible to enable more efficient reassociation of EFTs and ERAs. By no later than 01/01/2014, health plans must offer EFT to providers via the NACHA CCD+. This HIPAA mandated EFT transaction must include TRN Reassociation Trace Number data segment necessary for reassociation.

Please contact your financial institution to request this data. The data will be used to associate an EFT payment with an ERA 835 file.

Providers should allow at least 7-10 days for financial institutions to set up processes to ensure delivery of the ACH Payment Related Information. If requested, your financial institutions must make the ACH Payment Related Information available to your organization no later than the opening of business on the second Banking Day following the settlement.


Financial Institution Name* 


Financial Institution Routing Number* 

Type of Account at Financial Institution* 

Checking Account

Savings Account

Provider's Account Number with Financial Institution* 

Account Number Linkage to Provider Identifier* 

Back

Cancel

Next

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com

8. Enter the Provider Account Information.

- a. Reason for Submission – leave field as is. Adding a New Provider is considered a “New Enrollment”.
- b. Include with Enrollment Submission – select the document you will submit with your ACH Authorization Form (voided check or bank letter).
- c. Authorized Signature – leave field as is. The person signing the ACH Authorization Form is authorizing us to make deposits to the designated account on behalf of your payer.
- d. Click the “Finish” button.

Add new Provider Record

Submission Information Steps: **1** 2 3 4

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Reason for Submission* Include with Enrollment Submission* ?

New Enrollment ▼ Voided Check ▼

Authorized Signature* ?

Written Signature of Person Submitting Enrollment ▼

Handwritten Signature. Please sign the ACH Authorization form.

Back Cancel Finish

9. Retrieve your ACH Authorization Form.

- a. On your control panel click the “Accounts” tab.
- b. Down towards the bottom of the accounts page you will see your banking information. Click the PDF icon = ACH Authorization Form.

Name▲	Holder	Type	Bank	Routing #	Account #	Status ?	ACH? ?	Check? ?	Location	Count ?
Primary		Checking	Bank of1234	...1234	Pending	No	No	1	

Control Panel

Start

Search And Report ▼

- Payment Search
- User Activity

Maintenance ▼

- Provider Info
- Accounts ←
- TaxIDs
- Contacts
- Addresses
- EFT Enrollment
- Connectivity
- User Administration

My Profile

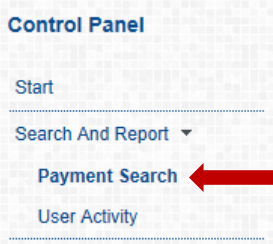
Frequently Asked Questions

- c. Print out your ACH Authorization Form



- d. Sign and fax your ACH and either your voided check or Bank Verification Letter to 972-348-5524. Your documents will be processed within 24-48 hours.

Change Healthcare ProviderNet – Searching for Payments



- Click Payment Search on your Control Panel.
- Towards the bottom of this page your payments are listed from newest to oldest dating back two years.

Show All | Hide All

Payment

Payment Number	Payment Date Range	Payer (Use CTRL-Click to select multiple)
<input type="text"/>	<input type="text"/>	Kaiser Permanente of Georgia Allegiance Benefit Plan Management QualChoice Ogden Benefits Administration Molina Healthcare Rocky Mountain Health Plans HMO Neighborhood Health Plan Rocky Mountain Health Plans HCO
Payment Amount	Payment Type	
<input type="text"/>	Any Type	
Reconciled	Downloaded	
See All	See All	
EFT Trace Number	EFT Date Range	
<input type="text"/>	<input type="text"/>	

Payee

Payee Name

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) ?

Any Tax ID

Destination Account

Payment Address (EFT Only)

Claim

Claim Number	Claim Date Range
<input type="text"/>	<input type="text"/>
Patient ID	Patient Name
<input type="text"/>	<input type="text"/>

NOTE: Alegeus has changed the way multiple EDI documents are downloaded. Instead of having multiple interchanges and functional groups (ISA,GS/GE,IEA) in one download file, each file will have one set of control segments which will include multiple transaction sets. If you have questions about this change, please contact Alegeus Provider Services.

An asterisk (*) can be used as a wildcard search character at the beginning or end of a string.

Search Type:

0 item(s) selected.


	Date	Payment Nbr	Payer	Payee Name	Type	Acct #	Amount	Reconciled	
<input type="checkbox"/>	05/20/2014	678901	ABC Insurance	ABC Healthcare	EFT	*1234	1234.55	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	05/19/2014	567890	ABC Insurance	ABC Healthcare	EFT	*1234	2345.66	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	04/25/2014	456789	ABC Insurance	ABC Healthcare	EFT	*1234	345.56	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	04/23/2014	345678	ABC Insurance	ABC Healthcare	EFT	*1234	1252.25	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	05/20/2014	234567	ABC Insurance	ABC Healthcare	EFT	*1234	200.03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	05/19/2014	123456	ABC Insurance	ABC Healthcare	EFT	*1234	152.00	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Total Amount: \$53,595.51 of \$85,876.16

Page 1 of 2 << First Prev 1 2 Next Last >> Items 1 - 25 of 48

If you have any questions or concerns the ProviderNet Customer Support Team is available 8 a.m. – 6 p.m. CT at 877-389-1160 or email us at wco.provider.registration@changehealthcare.com



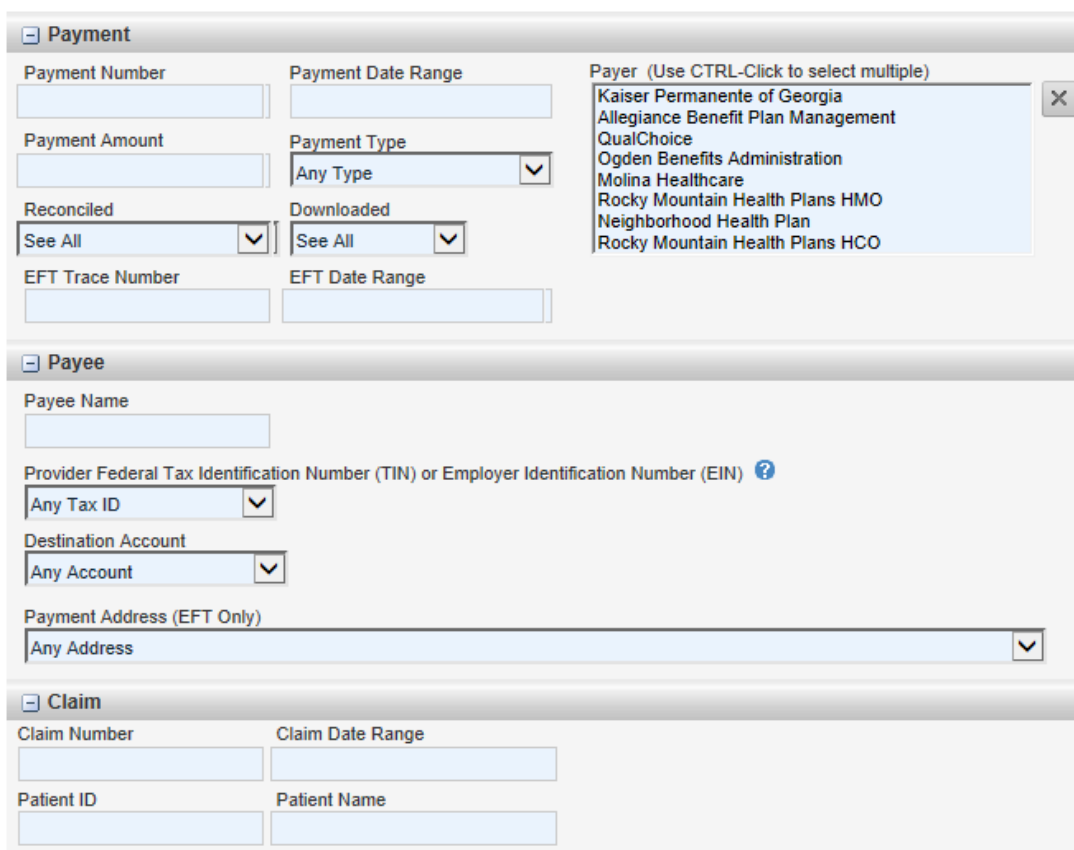
- Your Payment Search page contains 3 categories that you can use to search for particular payments. Click the “Plus Button”  before each category title in order to open each search section.

[Show All](#) | [Hide All](#)



- Above the search categories you can click [Show All](#) in order to expand each searchable section.

 [Show All](#) | [Hide All](#)



The screenshot shows the expanded search filters for three categories: Payment, Payee, and Claim.

- Payment:** Includes fields for Payment Number, Payment Date Range, Payment Amount, Payment Type (Any Type), Reconciled (See All), Downloaded (See All), EFT Trace Number, and EFT Date Range. A Payer dropdown menu is open, listing: Kaiser Permanente of Georgia, Allegiance Benefit Plan Management, QualChoice, Ogden Benefits Administration, Molina Healthcare, Rocky Mountain Health Plans HMO, Neighborhood Health Plan, and Rocky Mountain Health Plans HCO.
- Payee:** Includes fields for Payee Name, Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) (Any Tax ID), Destination Account (Any Account), and Payment Address (EFT Only) (Any Address).
- Claim:** Includes fields for Claim Number, Claim Date Range, Patient ID, and Patient Name.

- Click [Hide All](#) in order to hide each searchable section.

[Show All](#) | [Hide All](#) 



- At the bottom of your payment list you will see the total payment amount this page displays along with the total amount you have received dating back a year. You can use the page menu to page back to previous payments or forward to your most recent payments.



The Payment Section Search

Payment Number – Enter a specific payment number (check number or EFT number) to view that specific payment.

Payment Date Range – You can choose from several search date ranges = “Today”, “Last 7 days”, “Month to date”, “Year to date”, “The Previous Month”, a “Specific Date”, “All Dates Before”, “All Dates After”, and a specific “Date Range” to view payments from your selection.

Payment Amount – Enter a specific payment amount to view the payments that match that payment amount. **NOTE: Do not enter the \$ sign. For EFT payments be sure to include EFT in front of the EFT number.**

Payment Type – Select the payment type (check or EFT) to view those specific payments.

Reconciled – Select reconciled to view the reconciled payment or unreconciled to view the unreconciled payments.

Downloaded – Select downloaded to view the list of payments that have been previously downloaded or select not downloaded to view the list of payments that have not been previously downloaded.

EFT Trace Number – Enter the EFT trace number of a specific payment that had been direct deposited into the designated bank account selected for your payments.

EFT Date Range – You can choose from several search date ranges of payments that have been direct deposited (EFT) into the designated bank account selected for your payments = “Today”, “Last 7 days”, “Month to date”, “Year to date”, “The Previous Month”, a “Specific Date”, “All Dates Before”, “All Dates After”, and a specific “Date Range” to view payments from your selection.

Payer – If you have set up your account to receive payments from more than one payer listed you can use this option to select which payer(s) you would like to view the payments you have received.

The Payee Section Search

Payee Name – If you receive payments made payable to multiple payee names you can use this field to enter the payee name and view all payments that were paid to this specific payee name.

Provider Federal Tax Identification (TIN) or Employer Identification Number (EIN) – If you receive payments to multiple TINs/EINs you can select the TIN/EIN listed in order to view the list of payments made to that specific TIN/EIN.

Destination Account – If you have set up multiple bank accounts for specific payees you can select a bank account that is listed in order to view the list of payments made to that specific bank account.

Payment address (EFT Only) – If you have multiple payee addresses that you receive EFT payments for, you can select a payment address that is listed in order to view the list of payments made to that specific address.

The Claim Section Search

Claim Number – Enter the claim number of a patient. Returned will be a list of the payments that contain this specific claim number.

Claim Date Range - You can choose from several search date ranges = “Today”, “Last 7 days”, “Month to date”, “Year to date”, “The Previous Month”, a “Specific Date”, “All Dates Before”, “All Dates After”, and a specific “Date Range” to view payments from the claim number you entered in the previous field from that date range.

Patient ID – Enter the Patient ID. Returned will be a list of the payments that contain that particular Patient ID.

Patient Name – Enter the Patient’s Name (last name, first name). Returned will be a list of payments that contain this patient’s name.

NOTE: For all search sections an asterisk (*) can be used as a wildcard search character at the beginning or end of a string. (Example = if a patient’s last name is Robinson you can enter Rob*. This will return a list of payments that contain patient’s name that include “Rob” for instance Robinson, Roberts etc).


Once you have entered in your search criteria click the “Search” button.

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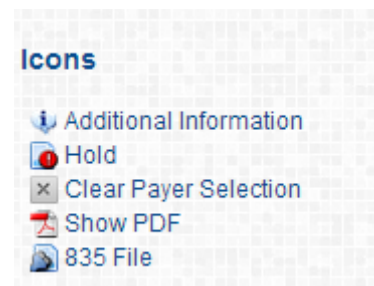
Search Type – Select AND (All fields must match) if you would like all of the fields you entered data into to match list of payments that match your search criteria 100%. Select OR (Only one field must match) if you would like your search to return a list of payments that contains one of the fields you entered data into.


If you would like to clear the entries you have made in order to start a new search click the “Reset” button.


Payment Search Icons


Additional Information – This  icon is provided for EFT payments only. If you mouse over this icon it provides information concerning that particular payment that was directly deposit to your designated account.


- **Payment Number** – displays the EFT number
- **Payment Date** – displays the date your payer processed the payment to you
- **Account Nbr** – displays the last four digits of the account the payment was made to
- **Routing Nbr** – displays the last four digits of the transit (routing) number of the acct the payment was made to
- **Trace Nbr** – displays the trace number of the deposit in the event the deposit needed to be traced (Provide this number to your bank)
- **EFT Date** – The date the deposit was put into the designated account



 **Hold** – This icon will be displayed if there was a failure sending your payment via ACH.

 **Clear Payer Selection** – Is only used in the Payment Section of your payment search. This is used to clear the payer(s) you selected.

 **Show PDF** – Click this icon to display the PDF version of your Explanation of Payment for that particular payment.

 **835 File** – Click this icon to display the EDI 835 version of your Explanation of Payment for that particular payment. This version of your EOP is used with software to electronically post your payments.

Payment Search Payment List

The payment listing is available to you at the bottom of your payment search page. It displays all of your payments arranged by date from newest to oldest, dating back two years. These payments that are displayed show...

	Date	Payment Nbr	Payer	Payee Name	Type	Acct #	Amount	Reconciled			<input type="checkbox"/>
	04/15/2014	EFT12345	ABC Insurance Co.	ABC Healthcare	EFT	*1234	25.00	<input type="checkbox"/>			<input type="checkbox"/>

- **Date** - the payment was processed by your payer
- **Payment Nbr** – the payment number that is associated with this particular payment
- **Payer** - The insurance company that made the payment
- **Payee name** – who the payment was made to
- **Type** - check or EFT
- **Acct #** - the last four digits of your account number that received the payment
- **Amount** – the amount of the payment
- **Reconciled** – This column is available to you to check once that particular payment has been reconciled
- **Explanation of Payment** - PDF (available for check and EFT payments) and the the EDI 835 file (available for EFT payments only)
- **Selection Box** – this box is used to select particular payments.

Payment Detail

If you click on the plus button to the left of the date for each payment it will expand that particular payment displaying the details of each payment.

	6/11/2014	EFT654321	ABC Insurance	ABC Healthcare	EFT	*1234	31.89	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	6/11/2014	EFT654321	ABC Insurance	ABC Healthcare	EFT	*1234	31.89	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Claim Nbr	Claim Date	Service Date	PatientID	Patient Name	Code	Charge Amt	Paid Amt
1234567890	04/15/2014		98765432	Doe, Jane S		175.00	

- **Claim Nbr** – displays each patient’s claim number on that particular EOP
- **Claim Date** – displays the date of that particular claim
- **Service Date** – displays the date the service was performed
- **PatientID** – displays the ID of that particular patient
- **Code** – displays the procedure abbreviation for that particular claim
- **Charge Amt** – displays the charge amount
- **Paid Amt** – displays the amount paid on that particular claim

Select and Print/Download Dropdown Menus

0 item(s) selected.

Select: ▼	Print/Download: ▼
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Select - gives you the options to select...

- **All** – allows you to select all payments dating back to your oldest payment
- **All on this page** – allows you to select all the payments show on this page
- **None** – this selection allows you to clear any of the check boxes you selected.

Print/Download - gives you several options to Print/Download your PDF(s) or EDI 835 files

- **Print Summary For Selected** – allows you to print a listing of each payment that you selected on that page
- **Print Summary For All** - allows you to print a listing of each payment on that page
- **Print Details For Selected** - allows you to print a listing of each payment in its expanded form showing the detail summary of each payment on that page that you selected on that page
- **Print Details For All** - allows you to print a listing of each payment in its expanded form showing the detail summary of each payment on that page
- **Print Selected PDF** – allows you to print the PDF(s) of each payment you selected on that page in consecutive order by date (one PDF behind the other)
- **Print All PDF** – allows you to print the PDFs of each payment on that page in consecutive order by date (one PDF behind the other)
- **Download Selected PDF** – allows you to download the PDF(s) of each payment you selected on that page in consecutive order by date (one PDF behind the other = one PDF document)
- **Download All PDF** - allows you to download the PDFs of each payment on that page in consecutive order by date (one PDF behind the other = one PDF document)
- **Download Selected 835** - allows you to download the EDI 835 files of each payment you selected on that page into one .zip file separated by file name
- **Download All 835** - allows you to download the EDI 835 files of all payments on that page into one .zip file separated by file name
- **DownloadSelected835Merged** - allows you to download the EDI 835 files of each payment you selected on that page into one .edi 835 file. **NOTE: the document will show the first file selected header then the service level information for each patient one behind the other = one .edi 835 file.**
- **DownloadAll835Merged** - allows you to download the EDI 835 files of all payments on that page into one .edi 835 file **NOTE: the document will show the first file selected header then the service level information for each patient one behind the other = one .edi 835 file.**
- **Download Selected CSV** – allows you to download the payment details of each payment into one Excel file (showing each record in one Excel file)
- **Download All CSV** - allows you to download the payment details of all payments on that page into one Excel file (showing each record in one Excel file)

Change Healthcare ProviderNet - FAQ

- **Can I add multiple NPIs/Providers to my ProviderNet account?**
Yes. You can add them through the Provider Info screen. However, if you have multiple NPIs that share the same TaxID(s), then you should just add the providers as separate addresses on the address form. Otherwise, you will have to complete the whole setup process for the new NPI, including adding contact, address, and bank account information. And since most payers only associate TaxIDs to payments, using TaxID, Payee Name, and Address to separate and route payments is more effective than using NPI.
- **Can I change bank account information?**
Yes, but if you change an account that is tied to an address, the EFT process may be interrupted. The best thing to do is add another account using the Accounts form, and once it has been verified (usually a ten day process), you may then associate it with all applicable locations.
- **Can I set up multiple users on my ProviderNet account?**
Yes. The User Administration feature can be used to add and maintain users and their permissions. You may also change your login information at My Profile.
- **How do I register with other payers in ProviderNet?**
Go to Provider Info and click Add Payer. On the following screen, select a payer and enter a recent Check or EFT Number that was issued by that payer. In most cases, you will start receiving EFT payments and ERAs within two business days.
- **Why am I still receiving checks rather than EFT payments?**
Please be sure you have signed and returned an ACH Authorization form. In addition, you must set up addresses for each address that could be associated with a payment. This allows ProviderNet to match incoming payments to the correct bank account. If you have several payee names at the same address that use the same bank account, you only have to add the names to the associated address, rather than adding a new address for each payee. Finally, invalid entries for bank account information will cause the EFT process to be put on hold until the information is corrected. In this case, you will be notified by ProviderNet Support Services to help you resolve the issue.