Emdeon's Online EFT Enrollment Tool

User's Guide & Field Descriptions

Description

This document contains information related to Emdeon's Online EFT Enrollment tool. The information contained herein will help guide the user toward a successful EFT enrollment experience and provide the details necessary to best understand the information being requested. Information contained within this document has been taken directly from CORE Phase III Operating Rule 380, as well as the NACHA Operating Rule Healthcare EFT Standard.

Resources

For additional information regarding the EFT product offering by Emdeon, please visit our EFT Enrolment website at www.emdeon.com/epayment.

To gain access to the Emdeon Online EFT Enrollment tool, please visit our EFT Registration website at www.emdeon.com/eft. Here you will be asked for organization level information so that we may provide a secure method for you to access our tool.

To access a complete list of payers for which Emdeon facilitates EFT Enrollment, visit our payer list at https://access.emdeon.com/PayerLists and select 'ERA/EFT/Remittance' and search utilizing the 'EFT' option under 'Services'.

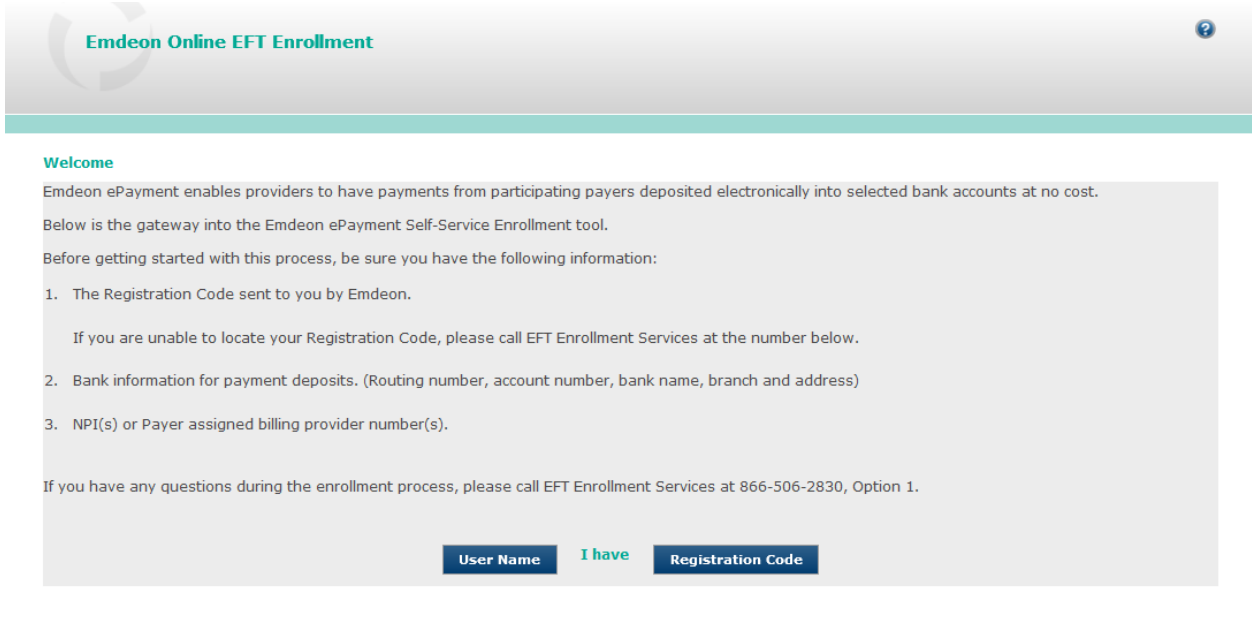The Emdeon Online EFT Enrollment tool can be accessed directly at http://access.emdeon.com/PSR

If you need additional support during the EFT Enrollment process, please contact our EFT Enrollment support specialists at (800) 446-8279.

Document Format

Each section of this document will contain details related to a particular portion of the Online EFT Enrollment tool. A screenshot of the discussed section is presented to assist in the user's understanding of the section.

User's Guide

Welcome

Emdeon Online EFT Enrollment   ❓

Welcome

Emdeon ePayment enables providers to have payments from participating payers deposited electronically into selected bank accounts at no cost.

Below is the gateway into the Emdeon ePayment Self-Service Enrollment tool.

Before getting started with this process, be sure you have the following information:

1. The Registration Code sent to you by Emdeon.

    If you are unable to locate your Registration Code, please call EFT Enrollment Services at the number below.

2. Bank information for payment deposits. (Routing number, account number, bank name, branch and address)

3. NPI(s) or Payer assigned billing provider number(s).

If you have any questions during the enrollment process, please call EFT Enrollment Services at 866-506-2830, Option 1.
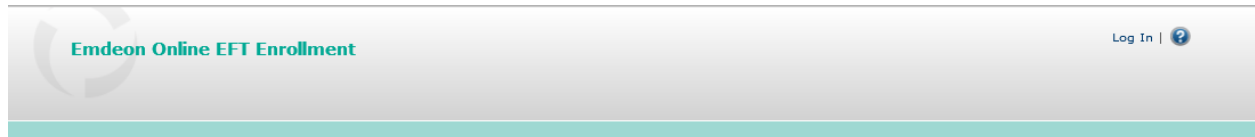
[**User Name**]   I have   [**Registration Code**]

The first screen presented to the user is the 'Welcome' screen. On this screen, we provide some basic instructions to the provider about what information will be needed in the following screens and supply a support phone number to the provider as a back-up should the provider encounter issues.

On this screen, the provider has two options to access the tool.

1. User Name – This is for a user that has previously created a unique User ID and Password combination and is returning to use the tool. (If you have a User Name and Password you can skip forward in this document to the EFT Enrollments section on page 7.)

2. Registration Code – This is for the first-time user that has not yet accessed the Online EFT Enrollment tool and is just beginning the process.

Registration Code

Emdeon Online EFT Enrollment   Log In | ?

Please enter Registration Code * :

[   ]

Please enter Tax ID * :

[   ]

Emdeon organizes data around your Tax Identification Number
(Tax ID). To ensure the safety and integrity of your payment
information, you are required to enter a valid Tax ID associated
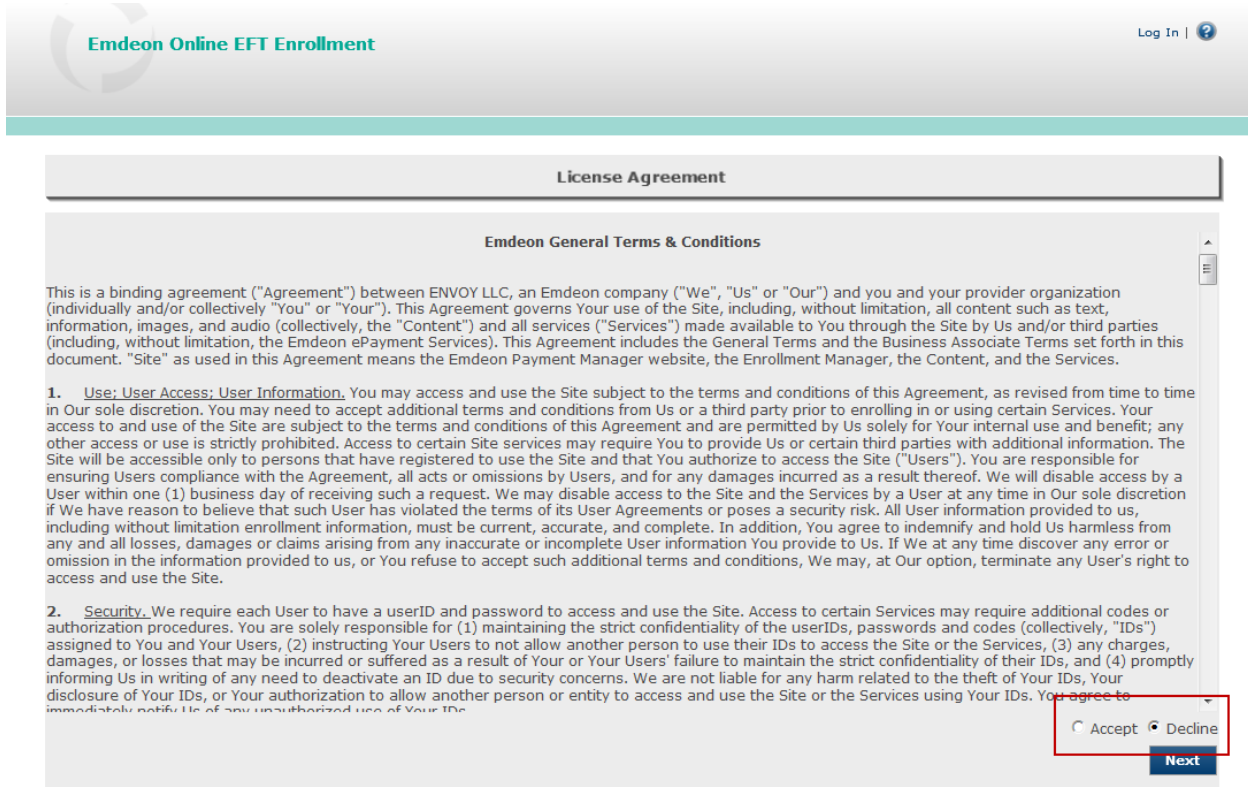with your provider organization.

Next

Already have a Username? Click here.

Upon completing the organization information form at www.emdeon.com/eft, an email was delivered to the Primary Contact defined in that form. That email contains some very important information.

1. The Registration Code assigned to your organization's Tax ID. This registration code can be utilized to create multiple users under the same Tax ID. Note: If there are multiple Tax IDs associated with the organization, those users would also be created under this Registration Code/Tax ID combination.

2. Emdeon Online EFT Enrollment User's Guide – This document.

3. A URL to a brief Payment Manager Demo. Payment Manager is the Remittance Advice Management tool utilized by providers to reconcile remits/ERAs to their practice management tools.

License Agreement

The 'License Agreement' page contains the Business Associate agreement that we must have on file prior to beginning the enrollment process. Please review the documentation contained in the agreement and 'Accept'. If you choose not to accept this agreement, we cannot proceed with the enrollment process.

User ID Information

Emdeon Online EFT Enrollment

Log In | ?

User Identification Information

Please provide the information below about yourself as an authorized representative of your provider organization.

Note: The email address will be used only to communicate important information about this account.

* Required Field

First Name * : [   ]   Last Name * : [   ]

Email Address * : [   ]   Telephone Number * : [   ]

Please enter a Unique Username to identify yourself when using this tool.

The Username should be at least 6 characters in length.

Username * : [   ]

Please create a password known only to you.

The password must be at least eight (8) characters in length using a combination of upper and lower case letters, and numbers

Password * : [   ]

Retype Password * : [   ]

Challenge questions will help identify you in the event you are unable to recall your password and need it to be reset. Please enter 2 questions and answers that you will answer consistently.

Challenge Question 1 * : [Please Select   ▼]

Answer 1 * : [   ]

Challenge Question 2 * : [Please Select   ▼]

Answer 2 * : [   ]

[Reset] [Next]

The next step is to create a unique User ID and Password combination that will be utilized going forward. Each field on this page is required for us to create a User ID for you. If your 'Username' is already in use by another user, you will be prompted to try another option. Also, not that there are requirements on the length and contents of the password.

EFT Enrollments

The following is each data element group that is presented in the enrollment process. The screenshots that you see are all contained on the same page and follow each other in this order on the screen. This order is defined by CORE Phase III Operating Rule 380.

Note: Throughout the enrollment process, each field has a 'tool-tip' description that can be viewed by hovering the mouse over the field name. An orange question mark will appear and display the field name and description.

Instructions

> **− Instructions**
>
> 1. As a provider, you must contact your Financial Institution to begin receiving the CORE required Minimum CCD+ data elements needed for reassociation of the payment and the ERA.
> 2. Once EFT Payments begin processing, should you have questions regarding a late or missing payment or Remit/ERA, please contact the EFT Enrollment Team by phone at 866.506.2830 or by email at EFTEnrollment@Emdeon.com
> 3. In order to verify your banking information, a small transaction will be deposited to each account created. Once you see this transaction, contact the EFT Enrollment team to validate the amount and complete the Bank Account Verification process.
> 4. To verify the status of your enrollment you may contact the Emdeon EFT Enrollment team via telephone at 866.506.2830 or via email at EFTEnrollment@Emdeon.com
> 5. To access a complete list of payers for which you are enrolling for EFT, visit our Payer List and select EFT for the Service.
> 6. You may access Emdeon Payment Manager to search, view and print your payment and remittance advices for participating payers. To see a quick tour of Payment Manager, visit here.
> 7. Providers that utilize a software vendor for ERA delivery may need to request your vendor enroll with Emdeon.

While the information contained within this section of the enrollment process is not mandated by the operating rule, the rule provides an opportunity for the presentation of such information. These instructions are included to assist the provider in the enrollment process.

Data Element Group 1 — Provider Organization Information

> **− Provider Organization Information**   **DEG 1 REQUIRED**
>
> **Provider Name** Emdeon Medical Services
> **Doing Business As Name (DBA)** EMS, Inc
> **Provider Address**   **Street** 123 Main St.   **City** Nashville   **State** Tennessee
> **ZIP Code/Postal Code** 37214   **Country Code** United States

This is the most up to date organization level information that we have available. This information is retrieved from a previous product enrollment or via the form that was completed to gain access to this tool.

The fields in this data element group are not editable with the exception of the 'Doing Business As Name (DBA).' We believe that this information is sensitive and that we should have some form of interaction with the provider to make changes to it. If changes need to be made, please contact one of our EFT Enrollment Specialists.

Data Element Group 2 – Provider Identifiers Information

This data element group allows us to identify the organization by the Provider Federal Tax Identifiers, National Provider Identifiers (NPI) and Trading Partner IDs that are associated with various Assigning Authorities (Legacy Payer IDs). A brief explanation of each field follows:

Provider Federal Tax Identifiers – Like the organization specific information identified in Data Element Group 1 this is not editable, we believe that Tax IDs are sensitive information and before adding/deleting/updating them, we want to have an interaction with the provider to better ensure the security of this information. If you need to add/delete/update any of the Tax IDs presented here, please contact one of our EFT Enrollment Specialists.

National Provider Identifiers (NPI) – This unique ID is generated by the Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES). This 10-digit number containing a 'check digit' in the 10th position. Using your mouse, select in the white space provided for this field. A small box will open that allows you to type the NPIs you wish to add for this enrollment. Once you complete the typing of an individual NPI, you can use the 'Tab' key to add another without moving to the next field. If an NPI has been entered that should be removed, click on the 'x' at the end of the NPI to remove it.

Note: Upon submission of the enrollment information, we will do a validation to ensure that each of the NPIs entered are properly formatted. You will be prompted to change any mistakes prior to being able to proceed with the enrollment process.

Other Identifiers

Assigning Authority and Trading Partner ID - Some payers require that an additional identifier be utilized during the electronic payment routing process. In the past, these have been referred to as 'Legacy Payer IDs' or 'Payer Assigned Provider IDs'. This terminology has been standardized to what is being used here. The Assigning Authority here refers to the Payer. We have included the numeric payer ID and the payer name in this list. The Trading Partner ID is the 'Legacy Payer ID' that has been used in the past. The provider can enter multiple trading partner IDs for each Assigning Authority using the same functionality identified above for NPI entry.

Note: Some Assigning Authorities require that all EFT Enrollments have a Trading Partner ID before the enrollment can be processed. If you do not supply a Trading Partner ID for a specific Assigning Authority, an enrollment record will not be created unless that Trading Partner ID is defined as optional by the Assigning Authority.

Provider License Number – This optional field is the provider's license number in the state of practice. This is not used during the EFT Enrollment process.

License Issuer – This optional field is the state from which the above license is issued. This is not used during the EFT enrollment process.

Provider Type – This optional field helps us to identify the providers that we are servicing and will allow for us to streamline the information presented to the provider in future enrollments.

Provider Taxonomy Code – This optional field is a 10-character, alpha-numeric that identifies the provider in a 'Code Set'. This is not used during the EFT Enrollment process.

Data Element Group 3 – Provider Contact Information

— Provider Contact Information			DEG 3 REQUIRED
* Required			
Provider Contact Name *	Jane Doe	Title	CEO
Telephone Number *	(615)555-1212	Ext	1212
eMail Address *	JDoe@emdeon.com	Fax Number	(615)555-1213

This information will be utilized by Emdeon should there be issues with your enrollment. The required fields in this data element group are denoted with a red asterisk. Upon your first entry to this screen, this information is populated with information supplied from a previous Emdeon product enrollment or the information supplied on the form to gain access to this tool. This information can be updated as needed.

Data Element Group 4 – Provider Agent Information

The provider agent information is an optional data element group but can be utilized by those providers that prefer their EFT payments be routed to a Payment Center or Billing Service's financial institution rather than the provider's. Once a 'Provider Agent' is setup with Emdeon, it will appear in the drop-down selection list. If you do not see your 'Provider Agent' in the list, please contact one of Emdeon's EFT Enrollment Specialists.

Data Element Group 5 – Federal Agency Information

This optional data element group contains no information that is used during the EFT Enrollment process. For that reason, we have chosen to not include it in the enrollment process.

Data Element Group 6 – Retail Pharmacy Information

This optional data element group only applies to retail pharmacies. All fields contained within the data element group are optional. We believe that we can better customize the enrollment process for pharmacies if they provide the information requested.

Data Element Group 7 – Financial Institution Information

The information contained within this data element group is required and includes all of the necessary financial institution information necessary to route payments electronically. The following is a field by field detail of the information:

Financial Institution Name – The name of the financial institution to which Emdeon will route payments.

Financial Institution Address –

- *Street* – The street address for the financial institution. This can be either the physical or the mailing address.
- *City* – The city for the prior street address.
- *State* – The state in which the financial institution resides.
- *Zip* – The mailing zip code for the address above.

Financial Institution Phone Number – The phone number for the financial institution. While this field is not required, this information can be of significant help if there are issues with verifying your account or problems when payments begin routing to the account.

Telephone Number Extension – While not a required field, if there is a specific extension at the financial institution, this can be of significant help when attempting to resolve issues.

Default Bank Account – Utilizing a 'default' allows Emdeon to better define enrollment records for the provider during the enrollment process. Upon creating the first financial institution account for an organization, that account is selected as the default. Upon adding additional accounts, the provider can change this setting to another account.

Financial Institution Routing Number – 9-digit financial institution identifier.

Type of Account with Financial Institution – This is the type of account that the electronic payments will be routed to, either Checking or Savings.

Provider's Account number with Financial Institution – The specific account number to which electronic payments will be routed at the financial institution specified above.

Account Number Linkage to Provider Identifier – This section allows a provider to identify in advance whether to route payments to this account based on Provider Tax Identification Number (TIN) or National Provider ID (NPI). By selecting one or the other, we are able to accurately create appropriate EFT Enrollment records based on this selection and payer payment preferences. Note, for providers with multiple bank accounts, if you select either TIN or NPI as the linkage type on the first bank account, you will only be able to associate to that same type of identifier on subsequent bank accounts. Also, based on this selection, the creation of additional bank accounts is dependent upon having an ID to associate with that account. Example: A provider has two TINs and has chosen to link to TIN. At the most, the provider will be able to create only 2 bank accounts.

Data Element Group 8 – Submission Information

— Submission Information			DEG 8 REQUIRED
Reason for Submission	☐ New Enrollment	☑ Change Enrollment	☐ Cancel Enrollment
Printed Name of Person Submitting Enrollment	Ira Hearn		
Printed Title of Person Submitting Enrollment	--select-- ▼		
Submission Date	Tue Dec 03 10:47:21 CST 2013	**Effective EFT Date**	Tue Dec 03 10:47:21 CST 2013

The final required data element group is the Submission Information.

Reason for Submission – This information is automatically populated based on whether this is a new enrollment or a changed enrollment.

Printed Name of Person Submitting Enrollment – Type the name of the user submitting this enrollment request.

Printed Title of Person Submitting Enrollment – This is a drop-down selection box with titles that exist in our enrollment application. This is not a required field, but can assist our enrollment team with future interactions.

Submission Date & Effective Date – Both of these date fields are the current date and time. All EFT Enrollments with Emdeon go into effect upon submission or validation of the financial institution.

Upon the completion of these data element groups, a signed and completed 'ePayment Enrollment Signature Form' must be returned to Emdeon. By selecting the option at the bottom of the page, a fully populated form will present on the screen and you are able to print, sign and return to Emdeon via email, fax or mail. This must be done before we are able to complete the enrollment process.

Auto-Enrollment Setup

EFT Auto-Enrollment Setup

As new payers are enabled in the Emdeon network for the EFT service, would you like to be automatically enrolled with those payers?

- ⦿ Yes, enroll me for new payers as they are added.
- ○ No, do not enroll me.

Emdeon provides you the ability to auto-enroll for new payers that Emdeon adds to it's ePayment network. By selecting 'Yes, enroll me for new payers as they are added.' we will search on a weekly basis for new payers and create the necessary records for you. If you choose not to auto-enroll, you will be required to enroll for those payers yourself. Note: Only payers that do not required a Trading Partner ID are considered for auto-enrollment.

EFT Enrollment Records

EFT Payer Mappings

	Tax ID	Payer Name	Payer Preference	Payer Provider ID	Bank Account	Actions
☐	456789013	FMH Benefit Services	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	FMH Benefit Services	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Delaware - EDS	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Delaware - EDS	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Blue Cross Blue Shield of Kansas	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Blue Cross Blue Shield of Kansas	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	United Health Care - Travelers	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	United Health Care - Travelers	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Florida	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Florida	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Alaska	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Alaska	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Affinity Health Plan	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Affinity Health Plan	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Arnett Health Plans	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Arnett Health Plans	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑
☐	456789013	Medicaid of Illinois	EFT_TAXID_ONLY		Test Bank-1234567890	✏ 🗑

🗑 🔍 ⟳ ⊞ Mass Account Mapping   ⏮ ◀◀ Page 16 of 16 ▶▶ ⏭ 100 ▼   View 1,501 - 1,588 of 1,588

The next screen will display all of the EFT Enrollment records created as a result of the information provided in the enrollment process. Utilizing the payer's 'Pay To' preference, the Tax IDs, NPIs, Trading Partner IDs and the linkages assigned to bank accounts, we created unique records for every payer for which we manage the enrollment process and had the necessary information to do so. There are several tools on this page that make reviewing your enrollment records much easier.

- By selecting the column header, you are able to sort the grid based on that column (numerically for the Tax ID field, alphanumeric for all others)
- By selecting one or multiple records, and clicking on the 'trash can' in the bottom left corner, you are able to delete those records should you choose to not want EFTs for that unique combination.
- By selecting the 'magnifying glass' you can search for specific records.

- In the middle of the screen, the user is able to control the number of records that display in the grid at once. The default value is 20 records, however the user can change this to up to 100.
- Also in the middle of the page, the user is able to page about the records presented using the forward and back arrows that display surrounding the number of pages.
- On the right-hand side of the screen, the user can see the total number of records that have been created. Remember that these records are a unique combination of Tax ID, Payer ID, any additional identifier that may be required for that payer, and bank account. For example, a provider with 10 Tax IDs and 10 NPIs, will have 100 unique records for a single payer that requires NPI.
- The actions column to the far right allows the provider to a.) delete an individual record with one mouse click or b.) edit a particular record. The only editing that can be done to the records at this point is to change the bank account associated with it (assuming the provider has multiple bank accounts that payments can be routed to.

After completing a review of the records created, you may exit the tool. All records have been stored and your enrollment is complete.

If you have not printed the ePayment Enrollment Authorization form, please go back to do that so that we can complete your enrollment promptly.

Bank Account Verification

Bank Name : Test Bank		Account Number : 1234567890

Financial Institution Name * Test Bank	Bank Status	Validate Test Transaction
Financial Institution Address		
Street * 6987 Wahoo Street		City * Nashville
State * TN		ZIP Code / Postal Code * 37076
Financial Institution Phone Number		
Telephone Number Extension		

☑ Default Bank Account

Financial Institution Routing Number *   123456789
Type of Account with Financial Institution *   ⦿ Checking ◯ savings
Provider's Account Number with Financial Institution *   1234567890

Edit Bank

ValidatePrenoteAmount   ✖

Enter the value deposited into this financial institution account for validation.

$ _____

Validate   Cancel

After receiving your ePayment Enrollment Authorization form, a small deposit will be sent to the newly created bank accounts. Upon receipt of that deposit, contact an Emdeon EFT Support Specialist, or come back to this tool where you will see the 'Validate Test Transaction' option on that bank account to verify that amount. Once complete, payments

specified during the enrollment process to be routed to that account will begin routing in roughly 3-6 business days.

Field Descriptions

The below table, taken directly from CORE Phase III Operating Rule 380, is the detailed field descriptions associated with each field within each data element group.

Table 4.2-1 CORE-required Maximum EFT enrollment Data Set					
Individual Data Element Name **(Term)**	**Sub-element Name** **(Term)**	**Data element Description**	**Data Type and Format** **(Not all data elements require a format specification)**	**Data Element Requirements for health Plan Collection** **(Required/ Optional for plan to collect)**	**Data Element Group Number** **(DEG)**
PROVIDER INFORMATION **(Data Element Group 1 is a Required DEG)**					
Provider Name		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
Doing Business As Name (DBA)		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.	Alphanumeric	Optional	DEG1
Provider Address				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/ Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG1
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in	Alphanumeric, 10 characters	Required	DEG1

		the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities			
	Country Code	ISO-3166-1 Country Code16	Alphanumeric, characters	Optional	DEG1
PROVIDER IDENTIFIERS INFORMATION **(Data Element Group 2 is a Required DEG)**					
Provider Identifiers				Required	DEG2
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric, 9 digits	Required	DEG2
	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2
Other Identifier(s)				Optional	DEG2

	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the providers clearinghouse or vendor		Optional	DEG2
Provider License Number				Optional	DEG2
	License Issuer			Required if License Number is collected	DEG2
Provider Type		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional	DEG2
PROVIDER CONTACT INFORMATION **(Data Element Group 3 is an Optional DEG)**					
Provider Contact Name		Name of a contact in provider office for handling EFT issues		Required	DEG3
	Title			Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the		Optional	DEG3

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		provider can be sent facsimiles			
**PROVIDER AGENT INFORMATION** **(Data Element Group 4 is an Optional DEG)**				
Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required	DEG4
Agent Address				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG4
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities			DEG4
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG4
Provider Agent Contact Name		Name of a contact in agent office for handling EFT issues		Required	DEG4
	Title			Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4
**FEDERAL AGENCY INFORMATION** **(Data Element Group 5 is an Optional DEG)**				
DATA ELEMENT GROUP 5 HAS BEEN INTENTIONALLY OMMITTED FROM THIS DOCUMENT AS WE DO NOT COLLECT THE INFORMATION CONTAINED WITHIN.				
**RETAIL PHARMACY INFORMATION**				

**(Data Element Group 6 is an Optional DEG)**
Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
NCPDP Provider ID Number		The NCPDP-assigned unique identification number	Alphanumeric	Optional	DEG6
Medicaid Provider Number		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6
**FINANCIAL INSTITUTION INFORMATION** **(Data Element Group 7 is a Required DEG)**
Financial Institution Name		Official name of the provider's financial institution		Required	DEG7
Financial Institution Address				Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7
	City	City associated with receiving depository	Alphanumeric	Required	DEG7

		financial institution address field			
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG7
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG7
Financial Institution Telephone Number		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7
Financial Institution Routing Number		A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	Required	DEG7
Type of Account at Financial Institution		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
Provider's Account Number with Financial Institution		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
Account Number Linkage to Provider Identifier		Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		Required; select from one of the two below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7
SUBMISSION INFORMATION **(Data Element Group 8 is a Required DEG)**					

Reason for Submission				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8
Include with Enrollment Submission				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
Authorized Signature		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG8
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
Submission Date		The date on which the enrollment is	CCYYMMDD28	Optional	DEG8

		submitted			
Requested EFT Start/ Change/ Cancel Date		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8