CarePlus HEALTH PLANS

Electronic funds transfer (EFT) and Electronic Remittance advice (ERA) Enrollment Form

This form must be completed to initiate EFTs and ERAs.

You can type your responses into the electronic version of the form and save it before printing it. If you choose to print a blank form and complete it, please print legibly using only black or blue ink.

The following instructions will guide you through completion of the form. If you need additional assistance with completing this form, please contact Availity Client Services at 1-800-282-4548, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Provider information – **Please complete thoroughly.**

- **Provider name –** Complete legal name of the institution, corporate entity, practice or individual provider.
- **Address –** The address where the person or organization listed under "Provider name" can be found. For the state name, please use the two-letter postal service state abbreviation.

Provider identifiers

- **National Provider Identifier (NPI) –** The NPI is a unique 10-digit number for covered healthcare providers.
- **Assigning authority (ERA) –** The organization that issues and assigns the additional identifier requested on the form (e.g., Medicare).
- **Trading partner ID (ERA) –** The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.

Provider contact information

The information in this section should be for the person in the provider's office who handles EFT/ERA issues.

Financial institution information

- **Financial institution name –** Official name of the provider's financial institution.
- **Financial institution routing number –** A nine-digit identifier of the financial institution where the provider maintains the account in which payments are to be deposited.
- **Account number –** Account in which EFT payments are to be deposited.

Electronic remittance advice (ERA) enrollment additional information

To complete the ERA enrollment process, you must register with Availity at **https://www.availity.com/**.

Enrolling online for ERA

When you enroll a provider for ERAs, you can have the ERA files delivered to the provider's **Receive Files** mailbox or to mailbox of a clearinghouse, vendor or billing service.

Accessing this feature

- Select **My Providers | Enrollments Center** in the top navigation bar
- Select **Transaction Enrollment** under Multi-Payer Enrollments

Completing an ERA enrollment

1. On the Transaction Enrollment – Enrollment Status page, click Enroll and then click Enroll a provider. The Transaction Enrollment – Enroll page displays.

Note: Each provider with a unique Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)/National Provider Identifier (NPI) combination needs to complete the payer enrollment process for any new health plan transactions they are not currently enrolled with under their TIN or EIN/NPI combination.

2. If you have multiple organizations, select an organization from the Organization field in the ADD PROVIDER section.

3. If you have multiple client organizations, select a client organization from the Client Organization field.

4. If you want to deliver ERA files to a clearinghouse, select the Deliver ERA files box to a clearinghouse? check box and select a clearinghouse in the Clearinghouse Organization field.
    - ERA files can only be delivered to one location. If delivered to the clearinghouse, the ERA file will not be delivered to the provider.
    - If a clearinghouse is not available in the Clearinghouse Organization field, contact the clearinghouse and ask them to submit the enrollment on the provider's behalf.

5. When possible, use the Express Entry feature to enter your provider information by selecting a provider from the Provider field. This allows for quicker keying using Express Entry, which could reduce errors.

6. Verify the NPI and Provider Federal TIN or EIN. If the organization does not have an NPI, check the Not Required box.

Note: The fields default to the information you submitted for the provider during registration. Validate the information and add any additional required information.

7. Enter and/or verify the provider name and address in the fields provided. Each provider in an organization must submit billing information.

8. Enter the provider contact information in the fields provided. The authorized contact name is the person who is completing the enrollment form, is authorized to do so, and who Availity will contact if they have any issues with enrollment.

9. Click Continue.

10. In the SELECT HEALTH PLANS section, select a health plan in the Health Plan (Payer) field. You can filter the list of health plans by entering a health plan's name or payer ID. If you want to remove a selected health plan, click the X next to the health plan. A maximum of 10 health plans may be selected.

11. Click Continue.

12. In the SELECT TRANSACTIONS section, select the available transactions types per payer you want to enroll.

13. Click Continue.

14. Click Submit Enrollments.

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A confirmation page displays with the information you submitted. If a health plan (payer) requires additional enrollment information, click Complete

Enrollment on Health Plan's Site to open the health plan's website continue your enrollment. In the Enrollment Information dialog box that displays, click Confirm to open the health plan's website. Complete the enrollment process on the Health Plan's (payer) site according to the enrollment instructions. You can mark your enrollment request complete from the View Enrollment Status dashboard.

- If a health plan (payer) requires additional paperwork, select Download Enrollment Form to obtain the required paperwork. After completing the required paperwork and submitting it to the Health Plan (payer) according to the instructions, click Upload Enrollment Form to submit a copy of the signed enrollment form to indicate the process is complete. The status of your enrollment request changes to Sent to Payer.
- Enroll another provider, click Enroll Another Provider. The organization, Health Plan (payer) and transaction fields will populate with data that was entered in the previous enrollment.
- If you want to view submitted transaction enrollments, click View Enrollment Status Dashboard.

Note: If you have multiple providers in an organization, each provider must complete the payer enrollment process.

Submission information

- **Voided check** – Attach a voided check to the form to provide confirmation of identification/account number. This must be provided if a checking account will be used.
- **Bank letter** – A letter on bank letterhead that formally certifies the account owner's routing and account number.
- **Authorized signature** – The signature of an individual authorized by the provider or provider's agent to initiate, modify or terminate an enrollment.
- **Submission date** – The date on which the enrollment is submitted.

Returning the form

- Via email

  CPHP_EFT_ERA_ENROLLMENTS@humana.com
- Or mail the completed form to

  CarePlus Health Plans
  Attention: Finance
  4925 Independence Parkway, Suite 300
  Tampa, FL 33634

Questions?

If you have questions about this form, call Availity Client Services at 1-800-282-4548, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

You must contact your financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for reassociation of the payment and the ERA. See the Phase III CORE EFT and ERA Reassociation (CCD+/835) rule, version 3.0.0. at: **https://www.availity.com/**

CarePlus HEALTH PLANS

Automated Clearinghouse Payment Agreement

Your company (hereinafter "Supplier") hereby agrees to accept payment from CarePlus for and on behalf of itself and CarePlus subsidiaries and affiliates ("CarePlus") through an automated clearinghouse payment method ("ACH") for goods sold or services performed by Supplier and CarePlus may rely exclusively on the information supplied about Supplier on the attached Authorization Form. This Agreement applies to and shall amend all previous electronic or automated funds transfer agreements with CarePlus to the extent of this subject matter.

CarePlus will initiate payment to Supplier consistent with the following:

1. The ACH payment will be made to the financial institution and account number on the attached Authorization Form.

2. CarePlus will make payments in accordance with and to be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. CarePlus' process is governed by and in accordance with the laws of the State of New York (other than choice of law provisions) including Article 4A of the Uniform Commercial Code as enacted by the State of New York and amended from time to time.

3. Any change to information provided in the Authorization Form shall be communicated to CarePlus by an authorized representative of Supplier in writing with sufficient time to allow CarePlus to respond to the change. CarePlus shall be held harmless for any loss to CarePlus or Supplier arising solely by reason of error, mistake or fraud regarding Authorization Form information.

4. Payment shall be initiated within the normal payment term of CarePlus' commercial agreement with Supplier. This Agreement neither enlarges nor diminishes the respective rights and obligations of either party in any applicable commercial agreement. Payment shall be considered made when CarePlus initiates the ACH payment transaction to your company's financial institution. Receipt of funds should generally occur within three (3) banking days following initiation by CarePlus.
   If CarePlus initiates payment on a non-banking day at CarePlus' originating bank, it is agreed the funds transfer may occur on the following banking day. In all cases, a "Banking Day" shall be defined as the day on which both CarePlus' and Supplier's banks are available to transmit and receive these funds transfers.

5. Supplier hereby authorizes CarePlus to adjust future payments due if payments previously made are found to be duplicative, in excess of requirements, based on fraud, or in error. Alternatively, CarePlus shall have the right to initiate debit entries to Supplier's Account to correct any such error.

6. CarePlus shall make all payments contemplated by this Agreement and is responsible for such payments up to the point where Supplier's financial institution receives or has control of the transaction. CarePlus shall have no liability beyond that point for loss of data or otherwise unless the loss is deemed solely due to the negligence of CarePlus or its originating bank.
   Supplier agrees to notify CarePlus immediately if payment is not received as described in Item 4, above. CarePlus shall have a reasonable period of time not to exceed ten (10) Banking Days, to make said payment.

7. ACH payments may be terminated by either party at any time by providing written notification to the other party, and both parties agree on the termination date. Otherwise, CarePlus shall continue to make ACH payments to Supplier as specified herein.
   Written notice to Supplier shall be sent to the address provided on the Authorization Form. CarePlus' address for notice purposes is: CarePlus Health Plans, Inc., Finance Department, 4925 Independence Parkway, Suite 300, Tampa, FL 33634.

Company Name: _____ **CarePlus**

CarePlus Vendor ID(s): _____

BY: _____ **BY:** _____

Date: _____ **Date:** _____

CarePlus HEALTH PLANS

AUTHORIZATION

The information concerning your organization's financial institution will be used to make automated clearinghouse payments on all funds that are due and approved for payment to the legal business name listed below:

Legal business name:		Federal Tax ID or EIN **#:** NPI#
Address:		
City:	State:	Zip code:
Name of contact person for billings and payments: (Please print)	Telephone: Fax:	E-Mail address:
Assigning authority (optional): Trading partner ID (optional):		
FINANCIAL INSTITUTION INFORMATION ***Please select all that apply***		□ **CAPITATION PAYMENTS** □ **FFS**
Name of provider's financial institution:		Telephone:
Address:		
City:	State:	Zip Code:
Nine (9) digit American Banker's Association (ABA) identifying number for routing the transfer of funds: ABA (transit routing) number:		Account type: □ **Checking** □ **Savings**
Account name and account number at the financial institution to be credited with payments. **Name on the account must match name of provider with which CarePlus is doing business.** Please attach a voided check or bank spec sheet. □ **Only if using secondary financial institution should be used for payment types specified below:**		
FINANCIAL INSTITUTION INFORMATION ***Please select all that apply***		□ **RISK/BONUS DISTRIBUTIONS**
Name of supplier's financial institution (if same as PCP CAP, please leave blank)		Telephone:
Address:		
City:	State:	Zip code:
Nine (9) Digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds: ABA (transit routing) number:		Account Type: □ **Checking** □ **Savings**
Account Name and account number at the financial institution to be credited with payments. **Name on the account must match name of supplier with which CarePlus is doing business.** Please attach a voided check or bank spec sheet.		
ERA Clearinghouse information		
Clearinghouse Name: Email address:		Telephone number: Method of retrieval:

****To complete the ERA enrollment process, you must sign up with Availity.***

Supplier must notify CAREPLUS immediately in writing at the address below of any changes to the above information. SUPPLIER'S AUTHORIZING OFFICIAL: By signing this document, you authorize CAREPLUS to send ACH payments to the above company account and your company agrees to the attached terms and conditions for ACH.

Signature	Date	Telephone
Printed Name	Title	

NOTE: Funds availability for ACH payments will depend on your Financial Institution's federal reserve clearinghouse receipt schedule. Please return the **original** signed Agreement and this Authorization with a copy of a voided check or bank "spec" sheet to:

CPHP_EFT_ERA_ENROLLMENTS@humana.com or by mail:

CAREPLUS HEALTH PLANS, INC.
Attn: Finance Department
4925 Independence Parkway, Suite 300
Tampa, FL 33634