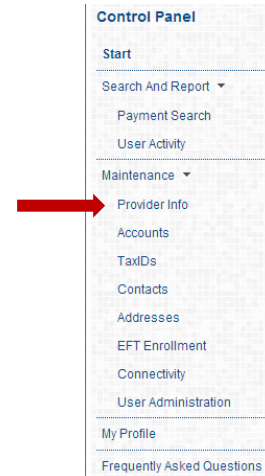


## Change Healthcare ProviderNet Adding an Additional NPI/Provider Instructions

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

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**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.

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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](mailto: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.

- a. Input updated/changed information or leave as is.
- b. 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

Steps: 1 2 3 4

**Account Information**

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\* ?

Provider Federal Tax Identification Number (TIN) ▼

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### 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.

### 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 of ...	...1234	...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.