EFT Enrollment Instructions

To enroll for Electronic Funds Transfer (EFT) payments you must submit a completed EFT Enrollment form, available at www.ccok.com. To change or cancel your EFT payments please submit an EFT Enrollment form selecting “Change” or “Cancel” as your reason for submission.

Provider Information

Provider Name — Complete legal name of the institution, corporate entity, practice or individual provider
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 to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.
Street — The number and street name where a person or organization can be found.
City — City associated with the provider address field.
State — Two Character code associated with the State/Province/Region of the applicable Country.
Zip Code — System of postal-zone codes (zip stands for “zone improvement plan” introduced in the US in 1963 to improve mail deliver and exploit electronic reading and sorting capabilities.)

Provider Identifiers

Provider Federal Tax Identification Number (TIN) — A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity (nine digits).
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 number does 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.

Provider Contact Information

Enter the name, phone number, email address, and fax number of the person authorized to provide information that relates to EFT payments or inquiries.

Financial Institution Information

Financial Institution Name — Official name of the provider’s financial institution.
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.
Type of Account at Financial Institution — The type of account the provider will use to receive EFT payments (e.g., Checking, Savings).
Provider Account Number with Financial Institution — Provider’s account number at the financial institution to which EFT payments are to be deposited.
Account Number Linkage to Provider Identifier — Provider preference for grouping (bulking) claim payments - Must match preference for v5010 X12 835 remittance advice.
Reason for Submission
New Enrollment — New EFT enrollment request.
Change Enrollment — Modification to an existing EFT enrollment.
Cancel Enrollment — A request to discontinue EFT enrollment.

Include with Enrollment Submission
Voided Check — A check properly marked “Void.”
Bank Letter — A letter from provider’s financial institution identifying the Financial Institution Routing Number and the Provider Account Number.

Authorized Signature
Signed - The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
Submission Date - The date on which the enrollment is submitted.

What to Include with Form’s Submission
A current W9 and a voided check or bank letter must accompany this request as a separate page. The voided check or bank letter must include eligible account and routing numbers that can be used for the purpose of verification.
Note: Bank deposit tickets, bank statements, and other alternative items will not be accepted in lieu of a voided check or bank letter.

How to submit
Submit the completed and signed form, along with a separate page that includes a copy of your voided check or bank letter, by:

Fax:
(918) 878-5999

Mail:
CommunityCare
Provider Relations
PO Box 3249
Tulsa, OK 74101

Important
Ask your bank or financial institution to provide the Corporate Credit or Debit Entry Plus Addenda Record (CCD+) payment related information from field 3 of record 7 on the EFT report they send to you. CommunityCare sends the CCD+ information to your financial institution as part of the EFT transaction.
ERA/835 Enrollment Instructions

CommunityCare provides Electronic Remit Advice (ERA/835) File delivery via Change Healthcare, formerly Emdeon. Providers must register with Change Healthcare prior to submitting the CommunityCare 835 enrollment form.

Information for Change Healthcare enrollment can be obtained via:

http://www.changehealthcare.com/legacy/resources/enrollment-services/medical-hospital-enrollment/era-enrollment#eraenrollment

– or –

by calling Change Healthcare at (866) 924-4634 Option 3


To change or cancel your ERA/835 delivery please submit a completed Electronic Remit Advice (ERA/835) Enrollment form selecting “Change” or “Cancel” as your reason for submission.

Provider Information

Provider Name — Complete legal name of the institution, corporate entity, practice or individual provider.

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 to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.

Street — The number and street name where a person or organization can be found.

City — City associated with the provider address field.

State — Two Character code associated with the State/Province/Region of the applicable Country.

Zip Code — System of postal-zone codes (zip stands for “zone improvement plan” introduced in the US in 1963 to improve mail deliver and exploit electronic reading and sorting capabilities.)

Provider Identifiers

Provider Federal Tax Identification Number (TIN) — A Federal Tax Identification Number also known as an Employer Identification Number (EIN), is used to identify a business entity (nine digits).

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Provider Contact Information

Enter the name, phone number, email address, and fax number of the person authorized to provide information that relates to ERA/835 files or inquiries.
Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) — Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment.

Must select one of the options below:

Provider Federal Tax Identification Number (TIN) — The federal tax identification number used to identify a business (nine digits).

National Provider Identifier (NPI) — HIPAA unique provider identifier (10 digits).

Reason for Submission

Must select one of the options below:

New Enrollment — New ERA enrollment request.

Change Enrollment — Modification to an existing ERA enrollment.

Cancel Enrollment — A request to discontinue ERA enrollment.

Authorized Signature

Signed - The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Submission Date - The date on which the enrollment is submitted.

How to submit

Submit the completed and signed form, by:

Fax:
(918) 878-5999

Mail:
CommunityCare Provider Relations
PO Box 3249
Tulsa, OK 74101
Researching Missing / Late files

If you have not received an ERA file after four days of receipt of the corresponding EFT. Please follow the steps below to initiate a request for research:

- Contact your vendor or clearinghouse. If they cannot resolve the issue;
- Contact Change Healthcare (866) 924-4634, Option 4. If they cannot resolve the issue;
- Contact Payer Technical Support by phone at (918)594-5295 or isedi@ccok.com (Monday-Friday 8:00AM - 5:00PM Central)

How to Associate Your EFT With Your ERA Transaction

Use the information below to easily reconcile claims payments.

- Ask your bank or financial institution to provide the Corporate Credit or Debit Entry Plus Addenda Record (CCD+) payment related information from field 3 of record 7 on the EFT report they send to you. CommunityCare sends the CCD+ information to your financial institution as part of the EFT transaction.
- To re-associate the EFT with the ERA, you can match the information from the CCD+ Record with the BPR and TRN segments of your ERA.

<table>
<thead>
<tr>
<th>CCD+ Re-Association Data Elements</th>
<th>Corresponding ERA (835 V5010) Data Elements</th>
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</thead>
<tbody>
<tr>
<td>CCD+ Record Number</td>
<td>Field Number</td>
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<td>6</td>
<td>6</td>
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<tr>
<td>7</td>
<td>3</td>
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If you have questions regarding the EFT or 835 enrollment process or the status of your enrollment, please contact your assigned Provider Relations Representative. Alternatively you can contact CommunityCare via the following methods:

**POSTAL:**
CommunityCare
Provider Relations
PO Box 3249
Tulsa, OK 74101

**EMAIL:**
ProviderRelations@ccok.com

**PHONE:**
918-594-5207