

Getting Started with Enrollment Central

Before receiving remittance or electronic payments from the Amerihealth Caritas family of payers, you must first enroll. For both remit delivery and payment of services, there are multiple possibilities for delivery. The specific instructions for enrollment differ depending on which delivery option applies. More specifically:

- For Electronic Funds Transfer or other electronic payments, some plans require you to enroll through our [Payer Enrollment \(payerenrollservices.com\)](http://payerenrollservices.com) website. An explanation of that tool can be found at the end of this document. Other AmeriHealth Caritas plans require enrollment through [ECHO Payments Portal \(www.providerpayments.com\)](http://www.providerpayments.com).
- For Electronic Remittance Advice (ERA), your choice of where you need to enroll depends on where you would like your remits delivered.
 - For an ever-growing number of AmeriHealth Caritas plans, you have the option to view remits in the [ECHO Payments Portal](#). This option allows you to manage your payments and remittance documentation in the same place. When electing this option, you must complete ERA enrollment in the ECHO portal.
 - For all AmeriHealth Caritas plans listed in ConnectCenter, you also have the option to view remits in ConnectCenter. This option allows ConnectCenter to match your remits to claims submitted through ConnectCenter, so the status of your claims is easy to follow from beginning to end. When electing this option, you must complete ERA enrollment in ConnectCenter’s Enrollment Central tool. This document explains how to use Enrollment Central.

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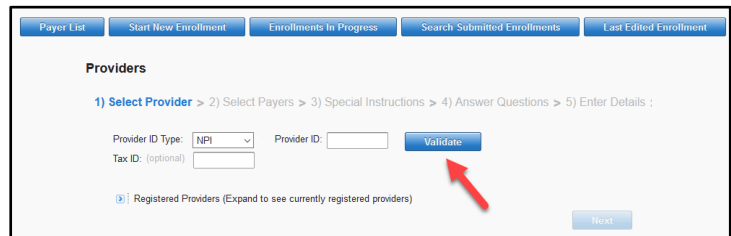
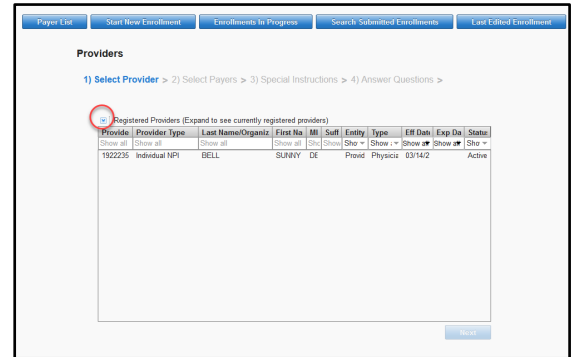
Remit Enrollment with Enrollment Central

Step 1 – Accessing Enrollment Central and Enter a Provider

You can access Enrollment Central from the **Payer Tools** menu in ConnectCenter by selecting Enrollments

First Select a provider.

- If you have previously used Provider Management to enter the providers in your office, you can select one of those previously entered providers by clicking the arrow next to “Registered Providers”
- If you need to enroll a provider that you have not yet entered in Provider Management, enter the appropriate NPI of the provider you need to enroll and click Validate
- If the NPI you enter can be found in NPPES verification, the NPPES name and type information will be retrieved for use in the enrollment
- If you do not have an NPI, change the Provider ID Type to API and enter your Atypical Provider ID instead. Atypical Provider IDs are the IDs used by the payer to identify a provider who is not eligible to obtain an NPI. If your API has fewer than 10 digits, add leading 0s to ensure a total length of 10 digits.

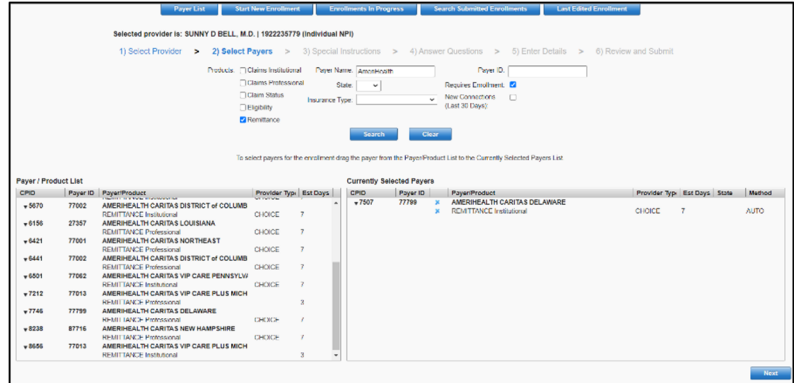


Step 2 – Select Payer

After the provider is identified, selecting payers is the next step. With each payer you select on the Select Payer page, you will also specify the type of service, or **product**, that you need. The only product you need to enroll to use is Remittance.

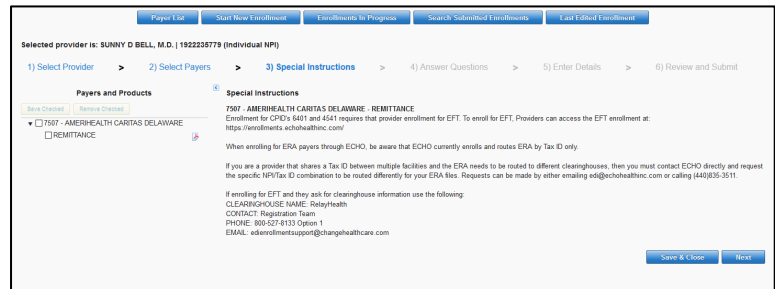
- Un-check all products in the product list, except for Remittance
- Enter search criteria then choose Search
 - Use the names and IDs from this list: [Payer List](#) to help search for the right plans

- Find the correct Payer and Product in the Payer/Product list, in the lower left side of the window
- Click and hold on the desired entry from the Payer/Product list, then drag it into the neighboring Currently Selected Payers list
- If you need remits for both institutional and professional claims, repeat to move over the alternate payer and product. Similarly, if you submit to more than one Amerihealth plan, select all that are relevant to you. Then click Next



Step 3 – Special Instructions

Special instructions are payer specific and will alert you to special requirements, such as the need to print a supplemental enrollment form. Some Amerihealth plans require you ERA receivers to sign up for EFT (Electronic Funds Transfer) as a method of claim payment. If you are not signed already enrolled with ECHO for EFT, contact information will be given on screen so that you can complete that process in parallel to processing the ERA Enrollment.

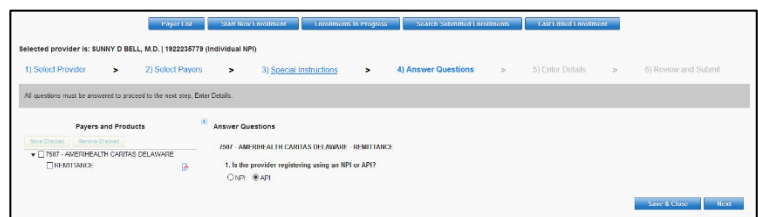


This screen is also useful in that it can provide a PDF representation of the payer agreement. Use the Acrobat icon located next to the Empower entry in the Payers and Products column, on the left side of the screen to access the PDFs. While you are not required to view or save these forms, they will show the data that has been used in your enrollment request.

Step 4 - Answer Questions

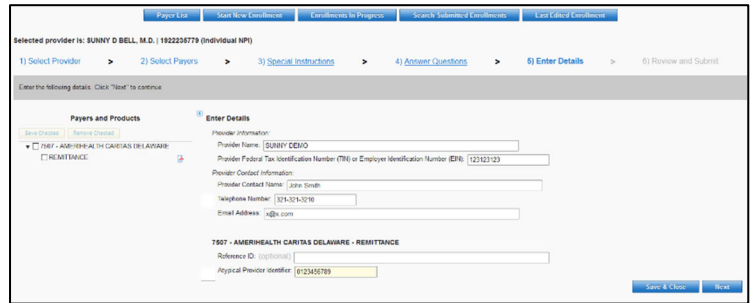
After the special instructions have been reviewed, Enrollment Central will display any questions that need to be answered. The list of questions will include both general questions that apply to all payers and payer specific questions that applying only to a certain payer and product. Below is a sample of the questions that may be asked.

The Answer Questions section will typically ask if you are enrolling by NPI or API. API, or Atypical Provider ID, are the IDs used by the payer to identify a provider who does not have (and is not eligible to obtain) an NPI.



Step 5 – Enter Details

Additional details about the provider you wish to enroll may be requested in the Enter Details step. Questions displayed here may vary based on prior answers.



NOTE: After you complete your first enrollment all the general and payer specific information you have provided will be stored. If you need to enroll an additional provider later, all your earlier answers will be automatically used to prefill your subsequent enrollments.

Step 6 – Review and Submit

The Review and Submit page will display the list of all the agreements needing submission,

There are two different ways that payers may require submission of enrollment agreements. This screen will be divided into two columns based on the submission method. AmeriHealth enrollments will appear in the Auto Submission column. You should have no entries in the Signature or Other Action Required column.

Agreements listed in the Auto Submission column will be sent to the payer immediately, with no further action required form you.

Additional Enrollment Central Functionality

Enrollments in Progress

Enrollment Central allows you to save an enrollment form in progress and return later to complete it. Choose the **Enrollments in Progress** button to display any incomplete enrollments.

NOTE: Enrollments that have not been modified in the past 90 days will be deleted.

Search Submitted Enrollments

The **Search Submitted Enrollments** button opens a page providing information on all completed agreements. Enrollment Central will list the current status of each submitted enrollment. Enrollments will be in one of the following statuses:

Status	Description
Requested	Payer was requested, but no agreement completed with Change Healthcare. (This status entry is not available for searches.)

Received	Agreement received by Change Healthcare.
Received - On Hold	Agreement received by Change Healthcare; will send to payer on appropriate date according to go live. (This status entry is not available for searches.)
Pending Receipt	Agreement was completed on Enrollment Central, but payer requires signature or voided check/bank letter which needs to be sent to Change Healthcare. (This status entry is not available for searches.)
Rescan	Agreement had to be modified by Change Healthcare before sending to payer.
Open	Agreement has passed Change Healthcare verification and has been sent to the payer.
Denied - Pending	Agreement denied by Change Healthcare. Missing or incorrect data can be corrected by Change Healthcare. Please supply the requested information.
Denied - Pending Expired	Agreement has been in Denied-Pending status for 90 days and has not been corrected. It will no longer be on the weekly denial report.
Denied - Pending Updated	Agreement has been resubmitted to replace the previously Denied-Pending agreement and will no longer be on the weekly denial report.
Denied - Rejected	Agreement denied by Change Healthcare. Missing or incorrect data will require a new agreement to be submitted.
Denied - Payer	Agreement denied by the payer. Please correct and resubmit to Change Healthcare.
Pending Setup	Remittance agreement is authorized by payer and Change Healthcare and awaiting first remit file at Change Healthcare.
Authorized	Standard Payer Agreement: Authorization is confirmed by the Payer and Change Healthcare.
Authorized Exception	The payer authorized at least one provider and denied at least one provider on the agreement.

Needs Test	The payer requires the provider to send test transactions.
Deauthorized	Agreement is no longer authorized, either due to a submitter or product termination or Change Healthcare was notified that the provider is no longer authorized with the payer.
Canceled	Provider indicated agreement is no longer needed, and it is canceled in Change Healthcare

EFT Enrollment with Payer Enrollment Services