How to enroll for EFT using Availity's Transaction Enrollment tool

We require all participating providers to receive claims payment via electronic funds transfer (EFT). Enroll today using the Transaction Enrollment tool in Availity Essentials, **availity.com**.

Note: Only your organization's administrator, administrator assistant, and users with the Transaction Enrollment role may enroll for EFT and cancel, change or update EFT setup.

How to successfully enroll for EFT

- 1. Access the EFT enrollment form on Availity Essentials: <u>My Providers>Enrollments</u> <u>Center>Transaction Enrollment</u>. The Transaction Enrollment dashboard will display your enrollments.*
- 2. Click the Enroll button, then select Enroll a Provider.
- **3.** Enter your organization or provider information, select **Asuris**, select transaction and add financial information.
- 4. Review your enrollment information and then click Submit Enrollments.

Monitor the status of your enrollments on your **Enrollment Status Dashboard**. The progress of your transaction enrollment displays in the **Process Tracker**. Setup time varies and can take between 15 and 30 days to complete.

For security purposes, you will receive a phone call from our EFT enrollment team to validate the information you provide.

***Note**: If your existing EFT enrollment was submitted prior to April 2021, your dashboard will not reflect that you are currently setup for EFT. Only organizations that enrolled for EFT after April 2021 will show on the dashboard.

To change or update your existing EFT setup, you must enroll again. Follow steps 1 through 4 above. At the **Submit Enrollment** step there is a **Reason for Submission** section. Select **Change Enrollment** and complete the enrollment process.



Step-by-step instructions for completing the enrollment process for new or initial enrollments

Note: To change or cancel an existing enrollment, see <u>Step 5: Add Financial Information</u>.

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Organization		
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Deliver ERA files to a clearinghouse? \Box		
Provider		
Select Provider	~	
Provider Identifiers Information:		
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Provider Federal Tax Identification Number	(TIN) / Employer Identification Number (EIN)	
his		
National Provider Identifier (NPI) @ What's thi	s 🗌 Not Required	
Provider Information:		
Provider Name O What's this		
Street O What's this		
City Q What's this	State / Province @ What's this Zip Code / Postal Code @ What's	
	Select v this	
Provider Contact Information:		
Provider Contact Name What's this	Title O What's this Telephone Number O What's this	
Email Address @ What's this	Fax Number (optional) @ What's this	



Step 1: Select provider

- If you have multiple organizations, select an organization from the **Organization** field in the ADD PROVIDER section.
- 2. Do not click the checkbox to **Deliver ERA** files to a clearinghouse? If you want your ERA files delivered to a vendor/ clearinghouse or a billing service that is registered with Availity, you'll need to contact them ask them to enroll for ERA delivery, through Availity, on your behalf.
- 3. When possible, use the Express Entry feature to enter your provider information by selecting a provider from the **Provider** field.
- Verify the Provider Federal Tax Identification Number (TIN) or Employer Identification Number and National Provider Identifier (NPI) are correct. If the organization does not have an NPI, select the **Not Required** check box.
- 5. Enter the provider information in the fields provided.
- 6. Enter the provider contact information in the fields provided. The contact name is the person who is completing the enrollment form. This person must be authorized to do so.
- 7. Click **Continue**.

Step 2: Select health plan

- 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.
- 2. Click Continue.

Note: Selecting to enroll with Asuris will automatically enroll you with all payers in our affiliated payer group.

Step 3: Select transaction

- 1. Select Electronic Funds Transfer.
- 2. Select Yes or No for **Are EFT deposits** for all payment locations going to the same bank account?
- 3. Click **Continue**.

Step 4: Add identifiers

- 1. Enter your 10-character taxonomy code as assigned by the National Uniform Claims Committee (NUCC).
- 2. Click **Continue**.



Step 5: Add financial information

- 1. Enter your financial institution name.
- 2. Enter your financial institution routing number.
- 3. Select your financial institution account type.

Note: EFTs deposits can only be made to checking accounts.

- 4. Enter your account number with financial institution.
- 5. Select your account number linkage to provider identifier.

Note: If this is the **initial setup** for your organization, select TIN. Once your EFT is setup at the TIN level, submit a new enrollment if you need separate payments by NPI. Enrolling for EFT at the TIN level will not affect your ERA delivery/setup.

6. Select your reason for submission.

Note: If you are updating an existing EFT enrollment, select **Change Enrollment**.

7. Upload a voided check or bank letter.

Note: File types accepted are .xls, .xlsx, .pdf, .png, .jpeg, .jpg, .pjpg, .tif, .tiff, .gif, .doc, .docx.

8. Click **Continue**.

Step 6: Submit enrollment

- 1. Click the link to download enrollment instructions if you would like to keep them for your records. Otherwise, no additional paperwork or form submissions are required.
- 2. Review and click to agree to the terms and conditions.
- 3. Click Submit Enrollments.



ADD FINANCIAL INFORMATION	
Financial Institution Information:	
Financial Institution Name o What's this	
Financial Institution Routing Number	
Type of Account at Financial Institution @ What's this	
- Oncoming Account - Curringo Account	
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier O What's this	
 Provider Tax Identification Number (TIN) / Employer Identification Number (EIN) National Number (IIN) / Employer Identification Number (EIN) 	onal Provider Identifier (NPI)
Submission Information:	
Reason for Submission	
○ New Enrollment ○ Change Enrollment ○ Cancel Enrollment	
Include with Enrollment Submission	
○ Voided Check ○ Bank Letter	
Upload File Choose File No file chosen	
Authorized Signature: O What's this	
Back Continue	