ERA and EFT now available for Kaiser Permanente Georgia and Hawaii Claim Payments:

A new service is being offered to those that would like to stop receiving a paper copy of their Remittance Advice (RA) or would like to start receiving their payments electronically (EFT). If you are interested, please visit https://providernet.adminisource.com

By visiting this site you will be able to register with the Alegeus ProviderNet system. Alegeus is the vendor of Kaiser Permanente of Georgia and Hawaii that currently provides the paper copy of the RA that you receive and is now offering payments to be made via EFT, or to receive your RA in a PDF format or an 835 file.

If you are interested, please follow the below instructions. Have your Tax ID, NPI, and a check number from a recent Kaiser Permanente of Georgia or Hawaii payment handy.

This document provides step-by-step instructions on how to register with Alegeus ProviderNet to receive electronic payments and remittance advices. Any questions during this process should be directed to Alegeus Provider Services at wco.provider.registration@alegeus.com or 877-389-1160.

	Alegeus ProviderNet gives healthc are providers an easy-to-use portal to manage claims payment and
E-mail	receivables tied to specific payers. For approved claims, payers transmit payment and remittance details in standard HPAA formats through the portal. Rather than receiving paper checks and printed remittance documents, which can require substantial effort to post and reconcile, registered providers will receive
Password	payments and remittance information electronically. ACH payments are automatically generated and routed to the configured destination accounts, and ERAs are posted on Alegeus ProviderNet. Alegeus
Connect	ProviderNet users are then able to log in and view, search, and dow nload their electronic remittance information in human readable formats.
Register Forget your pasaword?	Register Now
	Alegeus ProviderNet's user-friendly, online registration process will allow you to enter your office locations and depository accounts, and authorize specific payers to initiale electronic claim payments via ACH. Once registered, you can immediately begin experiencing the
	convenience and efficiency of electronic processes - receiving both electronic payment and remittance advice (ERA) transmissions from your payers. It's that easy!



- 1. Go to https://providernet.adminisource.com
- 2. Click Register
- 3. Accept the Terms and Conditions

This document and all included information is confidential and exists as the property of Alegeus. It is intended for use ONLY by direct clients of Alegeus.

Continue

Select a Payer*	The second second second second second
Select One	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)* 🚱
National Provider Identifier (NPI)*	
If your organization has submitted an EFT application to Alegeus (formerly RS/Metavante), please enter the sa NPI and TaxID as used on the application.	Enter a recent Check or EFT Num ber from the selected payer*
	Special Note: If you are entering a number for an EFT payment, please enter it exactly as it is shown on your Explanation of Payment (e.g., EFT123456).
Create a User Account to access p Your Email Address will be User Em ail Address*	bayment information online.
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Create a User Account to access Your Email Address will be User Email Address*	bayment information online.
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Create a User Account to access p Your Email Address will be User Email Address*	bayment information online.

- 4. Answer verification questionsa. Select the Payer who invited you.
 - b. Enter your primary NPI, Tax ID, and a recent Check Number associated with the selected payer
 - i. NPI is required, and should be the main identifier for your business
 - ii. Note that all fields with bold labels are required
 - iii. Other Tax IDs may be entered when registration is completed
 - iv. Be sure to include leading zeros in the check number
- 5. Create a user account to access Alegeus ProviderNet
 - a. Your e-mail address will be your user name
 - b. A strong password is required, and must have a combination of at least eight letters and numbers

Provider Name* 😢	
Provider Contact Name* 🔞	
Tite	
Telephone Number* 😵 Telephone	Number Extension
Em ail Address* 🕜	-
Fax Number 🔞	
 Provider Federal Tax Identification Nu	mber (TIN) or Employer Identification Number (EIN)* 🔞
National Provider Identifier (NPI)*	

- 6. Enter your administrative contact information
 - a. NPI and Tax ID should be pre-filled with the same ones you entered for verification.

Enter the prim ary bank account inform ation for your business. You will have the ability to enter additional accounts after registration is complete.

Note: Please click the "Help" button at the top right during EFT enrollment to see further details about the form.

Due to collaboration betw een the healthc are 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 follow ing the settlement.

*Required fields are in bold		Continue
	National Provider Identifier (NPI)	
	O Provider Federal Tax Identification Number (TIN)	
	Account Number Linkage to Provider Identifier* 🚱	
	Provider's Account Number with Financial Institution* 🚱	
	Checking	
	Type of Account at Financial Institution'	
	Hnancial institution Routing Number	
	Financial Institution Routing Number* 😵	
	Financial Institution Name* 🕜	

- 7. To enroll for EFT payments enter the bank account information that will receive the ACH deposits.
 - a. You may enter additional bank accounts once registration is complete

ote. Hease click the help	" button at the top right during EFT enrollm	ent to see further	retains about the for
	Provider Name* 🔞		
	John Doe		
	Doing Business As Name (DBA) 🚱		
	Street' 😨		
	100 Main St		
	City* 🕜		
	Anytow n		
	State/Province* 🔞		
	Florida	~	
	Zip Code/Postal Code* 😵		
	12345 ×		

8. Enter and/or verify your location information that is associated with payments. ProviderNet will use your Tax ID and/or NPI to gather payment history information from the payer you selected in the verification step.

Paul		information below for acc			
		ding to edit the corresponding			
Clic k Continu	ue w hen y	you are finished review ing you	ur information.		
				3	Continue
				8	Continue
ProviderNet Enrollment					
ProviderNet					
UserID		john.doe@gmail.com			
User Name		john doe			
Passw ord Reset Question		What is your pet's name?			
Passw ord Reset Response		fido			
Provider Name 😨		John Doe			
Provider Contact Name 😨		John Doe			
Title					
Telephone Number 😨		999-999-9999			
Email Address 🔞		john.doe@alegeus.com			
Fax Number 😨					
EFT Enrollment					
Provider Address					
Provider Name 🔞		John Doe			
Doing Business As Name (DBA)					
Street @		100 Main St			
City 🚱		Anytow n			
State/Province		R.			
Zip Code/Postal Code		12345			
		n de la colasión Olo de colasión de la colasión de la colasión de la colasión Internetiendo de colasión de la colasión de la colasión			
Provider Identifiers					
Provider Federal Tax Identification Number (TIN)	12345	6789			
National Provider Identifier (NR)	10030	10554			
Financial Institution Information					
Financial Institution Name			bank name		
Financial Institution Routing Number			311079306		
Type of Account at Financial Institution 🔞			Chec king		
Provider's Account Number with Financial Institution	3		123456		
Account Number Linkage to Provider Identifier 🔞			National Provider Identifier (NPI)		
Submission Information					
Reason for Submission	New E	Enrollment			
Include with Enrollment Submission (?)	Voideo	d Check			
Authorized Signature 🕜	Writter	n Signature of Person Submitti	ing Enrollment		

9. Review the information that was entered in the preceding steps. If you need to change anything, click a blue section heading or use the menu on the left to navigate to that form.

The ACH form must be signed and returned to Alegeus before Electronic Fund Transfers can begin. Depending on the browser you are using, please either print the ACH form using the Print Icon below, or print a copy of the downloaded form. Once the form has been printed you may then click Continue to begin using ProviderNet.

Rev 12/2013 - 1786 https://providemet.alegeus.com	Alegeus	PROVIDERNE
ACH AUTHORIZATION FORM		
the form with a voided check or bank	ACH Authorization form. Once the form is verification letter with the corresponding I the documents to ProviderNet Support at 602-643-	bank account information
X New Enrollment Change Enrollment Cancel Enrollment		
Change Enrollment	John Doe	
Change Enrollment Cancel Enrollment	John Doe	
Change Enrollment Cancel Enrollment Provider Name	John Doe 100 Main St	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA)		
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street	100 Main St	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street City	100 Main St Anytown	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street City State/Province	100 Main St Anytown FL	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street City State/Province Zip Code/Postal Code	100 Main St Anytown FL 12345	
Change Enrollment Cancel Enrollment Doing Business As Name (DBA) Street City State/Province Zip Code/Postal Code Provider Federal Tax Identification Number (TIN)	100 Main St Anytown FL 12345	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street City State/Province Zip Code/Postal Code Provider Federal Tax Identification Number (TIN) National Provider Identifier (NPI)	100 Main St Anytown FL 12345 123456790	
Change Enrollment Cancel Enrollment Provider Name Doing Business As Name (DBA) Street City State/Province Zip Code/Postal Code Provider Federal Tax Identification Number (TIN) National Provider Identifier (NPI) Provider Contact Name	100 Main St Anytown FL 12345 123458789 John Doe	

10. Print, Sign, and return the ACH Authorization Form to Alegeus using fax phone number 602-643-1915.

Once we have received this form we will issue a zerodollar transaction to test your bank account information. If Alegeus does not receive a rejection notice within ten days, the account is activated and made available for ACH transactions.



11. Clicking Continue takes you to the ProviderNet Start screen, where you would usually see a summary of your recent payments. However, this summary may not be available when you first log in, as payment history is loaded to ProviderNet nightly. If that is the case, please check back on the following day.

Since you have selected a Kaiser Permanente payer, there is one more step that should be taken for distribution of 835 files. Click on the Provider Info link in the Control Panel Maintenance area and you will be taken to a screen that will allow you to select a method to retrieve your 835 file.

Provider Name* 🕜	Primary Provider Federal Tax Identification Number (TIN) o	
John Doe	Em ployer Identification Num ber (EIN)* 😵	
Primary Provider Contact Name* 🔞	123456789	
John Doe 🗸	National Provider Identifier (NPI)* 🕜	
	14443440114801641	
Payers	Trading Partner	
Kaiser Permanente Haw ali	None EMDEON Inter selection is ONLY used for Kaiser APRIA Insmissions. For all other Clearinghouse NAVICURE Iselect a Clearinghouse from the Connectivity EMI RELAY HEALTH	

12. The Provider Info screen has a Trading Partner field that defaults to 'None'. If 'None' is left in this field, the 835 file can be manually retrieved from ProviderNet. If you wish to have the 835 file distributed to a clearinghouse trading partner, select the appropriate trading partner and then click the Save button.