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TRIWEST HEALTH ALLIANCE / PGBA VA CCN (VAC45) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Complete the **ERA Enrollment Form** (Pages 3-4)
  - Form instructions & FAQ are on Pages 5-7

- While EFT enrollment is not required to receive your ERAs, it is encouraged. If so, please also complete the **EFT Enrollment Form** (pages 8-9)
  - Form instructions are on Pages 10-11

WHERE SHOULD I SEND THE FORM(S)?

- Retain a copy for your records and submit the form by one of the following options:

Tricare ERA only:

- Fax to **803-264-9864** or Mail to: T-5 TRICARE West Region, Electronic Data Interchange, P.O. Box 17150, Augusta, GA 30903

Tricare EFT & ERA:

- For **ERA & EFT**, you have the option to email the completed forms to TRT5EFT@pbga.com
  OR
  - Mail to: T-5 TRICARE West Region, P.O. Box 202161, Florence, SC 29502-2161

VA CCN EFT & ERA:

- Fax to **803-419-3233** or Mail to: PGBA, LLC, P.O. Box 108853, Florence, SC 29502-8853

VA CCN ERA only:

- Fax to **803-264-9864** or Mail to: PBGA LLC, VA CCN Electronic Data Interchange, P.O. Box 17150, Augusta, GA 30903

WHAT IS THE TURNAROUND TIME?

- Standard Processing time is 4 weeks

HOW DO I CHECK STATUS?

- If after 4 weeks you do not start receiving ERA files, you may contact the EDI Help Desk at 800-259-0264 or by email at PGBA.EDI@pgba.com

Program & Enrollment Type	Mail to Address	Fax
TRICARE EFT & ERA enrollment	T-5 TRICARE West Region P.O. Box 202161 Florence, SC 29502-2161 E-mail: TRT5EFT@pgba.com	877-989-0032
TRICARE EFT only enrollment	T-5 TRICARE West Region P.O. Box 202161 Florence, SC 29502-2161 E-mail: TRT5EFT@pgba.com	877-989-0032
TRICARE ERA only enrollment	T-5 TRICARE West Region Electronic Data Interchange P.O. Box 17150 Augusta, GA 30903	803-264-9864
VA CCN EFT & ERA enrollment	PGBA, LLC P.O. Box 108853 Florence, SC 29502-8853	803-419-3233
VA CCN EFT only enrollment	PGBA, LLC P.O. Box 108853 Florence, SC 29502-8853	803-419-3233
VA CCN ERA only enrollment	PGBA, LLC VA CCN Electronic Data Interchange P.O. Box 17150 Augusta, GA 30903	803-264-9864

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Electronic Remittance Advice (ERA) Enrollment Form

The ERA enrollment form is required to receive remits of payments electronically. Please allow 4 weeks for the enrollment process to be completed and to begin receiving ERAs. Arrangements can also be made for you to receive a paper copy of your remit, in conjunction with an 835 transaction file, for up to 31 days by contacting the EDI Help Desk.

If you have any questions regarding ERA, please contact the **PGBA EDI Help Desk at 800-259-0264 and follow the prompts, or by email at PGBA.EDI@pgba.com.**

ERA Form Instructions

- Type or print legibly using blue or black ink. Complete all fields of this form.
- For your reference, field definitions can be found at the end of this form.
- Please retain a copy of the completed ERA Enrollment Form for your records.

Provider Information				
Provider Name:				
Provider Address:	Street:	City:	State:	ZIP/Postal Code:

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	National Provider Identifier (NPI):
Other Identifiers, Assigning Authority:	Trading Partner ID: 7GW 1459CA3

Note: *Checking this box indicates enrolling all locations for this provider's TIN/EIN that are active in our provider files and will no longer receive a paper remit. Otherwise, if only* ***specific*** *locations are to be included, list them below.* ***Attach additional sheets if necessary.***

Business Name	Business Address

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Provider Contact Information		
Provider Contact Name:		
Telephone Number:	Fax Number:	Email Address:
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Must match EFT Preference)		Provider Tax Identification Number (TIN) National Provider Identifier (NPI)
Method of Retrieval (*Required if provider is not using clearinghouse or vendor*):		

Electronic Remittance Advice Clearinghouse Information	
Clearinghouse Name: Office Ally, Inc	
Telephone Number: 360-975-7000	Email Address: payerenrollment@officeally.com
Reason for Submission: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment	

Authorized Signature	
Electronic Signature of Person Submitting Enrollment:	Printed Title of Person Submitting Enrollment:
Submission Date:	Requested ERA Effective Date:

ERA Enrollment Form – Definitions

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Provider Address	**Street:** The number and street name where a person or organization can be found. **City:** City associated with provider address field. **State/Province:** ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country. **ZIP/Postal Code:** System of postal zone codes (ZIP stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery) 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.
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, 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 numbers do 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 standard transactions.
Other Identifiers	
Assigning Authority	Name of contact in provider's office for handling ERA issues.
Trading Partner ID	Associated with contact person.
Provider Contact Information	
Provider Contact Name	Name of contact in provider's office for handling ERA issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payments – must match preference for EFT payment. Must fill out one of the two options below: Providers Tax Identification Number (TIN) or National Provider Identifier (NPI)
Clearinghouse Information	
Clearinghouse Name	Official name of the provider's clearinghouse.
Telephone Number	Telephone number of contact.
Email Address	An electronic mail address at which the health plan might contact the clearinghouse.
Reason for Submission	**New Enrollment. Change Enrollment:** write a note stating the needed change and the requested ERA effective date of the change. **Cancel Enrollment:** provide requested ERA effective date of the cancellation.
Authorized Signature	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment may be used with electronic and paper-based manual enrollment.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
Submission Date	The date on which the enrollment is submitted.
Requested EFT Start/Change/Cancel Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.

Frequently Asked Questions (FAQs)

Q1: What is an Electronic Funds Transfer (EFT)?

A1: An electronic funds transfer (EFT) is a digital transfer of money that occurs through an online payment system.

Q2: What are the Benefits of EFT?

A2: VA CCN and TRICARE payments are received faster because EFT transmits the money directly into your bank account. You will no longer be affected by mail delays. Not having to go to the bank to physically deposit checks gives you valuable time back to your day.

Q3: Are Electronic Funds Transfers safe?

A3: A key feature of EFT is its security. While there is always some degree of risk involved in digital transfers of money, EFT is typically regarded as a safer method of payment than the traditional paper check.

Q4: Are there any fees to sign up?

A4: There are no fees to sign up for EFT. We do encourage you to check with your bank to determine if they apply any fees to EFT.

Q5: After I submit my application, how soon will I receive my VA CCN or TRICARE payments through EFT?

A5: Valid electronic form submissions through the Availity provider portal take approximately fifteen (15) days from receipt to electronic check issuance.

Valid PDF form submissions received via mail or fax take approximately thirty (30) days from receipt to validation. Additional documentation will be required before enrollment can be completed in full. See Q6.

Q6: What happens after I submit my EFT enrollment form?

A6: Please be aware the requirements for electronic submissions and PDF submissions differ, as outlined below.

- Electronic enrollment submissions that are valid and complete will be reviewed and processed within approximately fifteen (15) days. Notification will be sent if there are any errors in your submission. After the EFT application is processed in full, it takes seven (7) days for EFT to begin. In the interim, payments will continue via paper checks.

- PDF enrollment submissions that are valid and complete will be reviewed within approximately thirty (30) days. Notification will be sent if there are any errors in your submission. If the submission is valid and complete, an affidavit form will be mailed to the address on the enrollment form. The affidavit must be completed and returned to finalize EFT enrollment. After the EFT application is processed in full, it takes seven (7) days for EFT to begin. In the interim, payments will continue via paper checks.

Q7: How do I change or cancel EFT?

A7: You, or an employee with **signature authority**, will need to submit a new EFT Authorization Agreement form with the updated information. Signature authority means the individual is permitted to disburse funds, sign checks, and add, modify, or terminate bank account information.

Q8: I submit VA CCN or TRICARE claims for multiple providers. Can multiple providers be included in EFT enrollment?

A8: Yes. PGBA processes EFT payments based on NPI. Payment for all locations under the registered NPI will be transmitted to the financial institution transit/routing and account number indicated on the EFT Authorization Agreement. If a specific location requires payment to a different account, it must have a different NPI, **and** you must submit a separate EFT Authorization Agreement form.

Q9: How will I know when my EFT application has been processed?

A9: You will receive an EFT notification letter through postal mail. If you receive an EFT notification and you didn't submit an EFT request, please notify us right away by contacting ***PGBA Help Desk at 800-259-0264 and follow the prompts.***

Q10: Why was my EFT application returned?

A10: Although these instances are rare, EFT applications are returned when there is incomplete or missing information. Applications can be re-submitted with the required information. Due to the sensitive nature of financial information, complete and accurate information must be received in writing.

Q11: Why are there two separate enrollment forms for EFT and ERA?

A11: The EFT Authorization form allows payments to be electronically transmitted directly into your bank account. When you sign up for EFT, you will no longer receive postal remits. You will be able to view online remits at Availity.com and/or receive Electronic Remittance Advice (ERA). To receive ERA, you must complete an ERA application separately because EFT and ERA serve different purposes and have different requirements.

How a provider chooses to receive their remits is often a matter of personal preference. If you enroll in EFT, you will need to consider which method of remittance works best for you, as there are multiple options – Electronic Remittance Advice, Availity web portal PDFs, or (upon request) Paper Remittance Advice via mailing.

- If you prefer ERA, you must complete the ERA form - include your vendor or clearinghouse information and retrieve remits by following their process.
- If you prefer to view your remits in Adobe PDF format on Availity's web portal, no ERA enrollment is necessary. Simply login to Availity.com for transaction enrollment.

Please contact the ***PGBA EDI Help Desk at 800-259-0264, and follow the prompts***, if you have any questions regarding ERA enrollment.

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Electronic Funds Transfer (EFT) Authorization Agreement

This form authorizes PGBA, LLC to administer any payment to you as an EFT. If you have any questions regarding the information contained in the EFT Authorization Agreement, please contact **PGBA EDI Help Desk at 800-259-0264** and follow the prompts.

Please note: This application will be verified with a confirmed entity before processing.

EFT Form Instructions

- Type or print legibly using blue or black ink. Complete all fields of the form.
- For your reference, field definitions and Terms and Conditions are available at the end of the form.
- FAQs can be found at the end of the enrollment package for your immediate reference.
- Please retain a copy of the completed EFT Authorization Agreement for your records.
- **TO SUBMIT MULTIPLE NPIs ON ONE FORM**:
    - Financial Institution Information must be the same for all submitted billing NPIs.
    - In the NPI field, indicate the request is for "multiple NPIs."
    - Attach a document that contains the following information for each billing NPI:
        - Tax ID Number
        - Billing NPI
        - Physical location address
        - Provider name
        - One PGBA check number (issued within the last 60 days)
            - **Note**: TRICARE ABA providers are exempt from check requirement

Provider Information				
Provider Name *(legal practice name, not rendering provider)*:				
Provider Address: *(physical address)*	Street:	City:	State:	ZIP:

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	National Provider Identifier (NPI):
Note: *Payment for all locations of the above NPI will be transmitted to the financial institution transit/routing and account number indicated on this EFT Authorization Agreement. Payments are made at the NPI level. If a specific location requires payment to a different account, it must have a different NPI and you must complete a separate EFT form.*	

Provider Contact Information		
Provider Contact Name:		Department:
Telephone Number:	Fax Number:	Email Address:

Provider Agent Information

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Provider Agent Name:				
Agent Address:	Street:	City:	State:	ZIP:
Provider Agent Contact Name:		Title:		
Telephone Number:	Fax Number:	Email Address:		

Financial Institution Information

Financial Institution Name:	Financial Institution Routing Number:	Type of Account at Financial Institution (check one): ☐ Savings OR ☐ Checking
Provider's Account Number with Financial Institution:	Account Number Linkage to Provider Identifier: *Provider payments and remittances are issued at the NPI level. Provider preference for grouping (bulking) claim payments must match preference for V5010 X12 835 remittance advice.*	

Note: If enrolled for 835 Electronic Remittance Advice (ERA), the provider must contact their financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for association of the payment and the 835 ERA.

Submission Information

	New PGBA Enrollment *Include **ONE (1)** PGBA check number received within the last 60 days. ***NOTE:*** *PGBA check numbers are 10-digits in length and begin with 00.*	Check number: _____ **Note**: TRICARE ABA providers are exempt from check requirement
	Change PGBA Enrollment *Include previous routing & account numbers used for receiving EFT payments.	Routing number: _____ Account number: _____
	Cancel PGBA Enrollment *Include previous routing & account numbers used for receiving EFT payments.	Routing number: _____ Account number: _____
Include ONE of the following with Enrollment Submission:		☐ Voided Check ☐ Bank Letter *Bank letter must be signed & dated within the last year*
Written Signature of Person Submitting Enrollment:		
Printed Name of Person Submitting Enrollment:		
Printed Title of Person Submitting Enrollment:		
Submission Date:		Requested EFT *[Start/Change/Cancel]* Date:

EFT Enrollment Form - Definitions

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider. The provider's name submitted must be for the PRACTICE, not a rendering provider.
Provider Address	The address submitted must be a PHYSICAL address.
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.
National Provider Identifier (NPI)	The NPI submitted must be for the PRACTICE, not a rendering provider. A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard, the NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. Providers who have subparts that conduct separate HIPAA standard transactions must have their own unique NPI. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means the numbers do not carry other information about health care 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	
Provider Contact Name	Name of contact in provider's office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Provider Agent Information	
Provider Agent Name	Name of provider's authorized agent (authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship).
Agent Address	The location where a person or organization can be found.
Provider Agent Contact Name	Name of a contact in agent office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Financial Institution Information	
Financial Institution Name	Official name of the provider's financial institution.
Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are deposited.
Type of Account	The type of account the provider will use to receive EFT payments (i.e., checking, savings).
Provider Account Number	Provider's account number at the financial institution to which EFT payments are to be deposited.
Submission Information	
Reason for Submission	New Enrollment, Change Enrollment, Cancel Enrollment
Include with Submission	Voided Check – A voided check is attached to provide confirmation of Identification/Account Numbers.
	Bank Letter – A letter on bank letterhead that has been signed and dated within the last year which formally certifies the account owners routing and account numbers.
Written Signature of Submitter	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitter	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitter	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
Submission Date	The date on which the enrollment is submitted.
Requested EFT Start/Change/Cancel Date	The date on which the requested action is to begin.
Reason for Submission	New Enrollment, Change Enrollment, Cancel Enrollment

Terms and Conditions for Electronic Funds Transfer

By completing and submitting this form, the individual and/or entity identified on this EFT Authorization Agreement (User) agrees to accept payment by PGBA, LLC (PGBA) through EFT. Additionally, User acknowledges and agrees that all payments shall be made in accordance with the information supplied on this Electronic Funds Transfer Authorization Agreement and that PGBA shall be entitled to rely exclusively upon such information. User acknowledges that from time to time PGBA may have a legitimate business need to obtain information to verify or authenticate User's account information. This agreement applies to and amends all existing agreements with PGBA regarding EFT by incorporating the following terms and conditions for electronic payment.

PGBA will initiate payment to you based on the following:

1. PGBA will transfer funds electronically to the financial institution and account number User registers on this EFT Authorization Agreement.
2. PGBA will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. PGBA's process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina as amended from time to time.
3. PGBA shall not be liable for any loss which may arise solely by reason of error, mistake, or fraud regarding this information. User understands that user must communicate any change in this information to PGBA. This communication must be in the form of a new EFT Authorization Agreement submitted by mail or fax.
4. Payment is initiated within the normal terms of PGBA's agreement with User and/or applicable procedures. These EFT terms and conditions neither enlarge nor diminish the parties' respective rights and obligations within any such applicable agreement. The payment due date is not affected. We will consider payment made when the financial institution listed on this EFT Authorization Agreement has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by PGBA. If payment is initiated on a non-banking day at PGBA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.
5. With respect to the EFT reimbursement process, PGBA is responsible up to the point where the financial institution listed on this EFT Authorization Agreement receives or has control of the transaction. Any loss of data at that point will be borne by User unless the loss is due solely to the negligence of PGBA or its originating bank.

User hereby represents that the individual submitting this EFT Authorization Agreement is authorized to enter into this agreement, disburse funds, sign checks and modify account information for the provider locations listed in this EFT Authorization Agreement.

Classification: Confidential and Proprietary