
PAYSPAN HEALTH MULTIPAYER ERA REQUEST Enrollment Instructions

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.

ERA/EFT SETUP CURRENTLY AVAILABLE FOR THESE PAYERS

Absolute Total Care SC (Total Carolina Care	Ohana Health Plans
Amerigroup (FL, GA, MD, NJ, NM, NY, OH TN, TX, VA)	Optimum Health Care
America's 1 st Choice	Peach State Health Plan (GA)
Bridgeway Health Solutions (AZ)	Principal Life Ins Co
Bridgeway Acute Care (AZ)	Select Health
Buckeye Comm Health Plan (OH)	Staywell
Celticare Health Plan (MA)	Sunshine Health Plan (FL)
Cenpatico Behavioral Health	Superior Health Plan
Excellus- BCBS NY Rochester, BCBS NY Utica	University Health Plan
Freedom Health Plan	Value Options-Commercial
Harmony Health Plan of IL	Value Options-MA Behavioral Health
Healthease (FL)	Value Options-PA
Managed Health Services	Value Options-TX
	Wellcare (All States)

835-ERAs (Routing of Electronic Remits) and EFT (Transfer of Funds)

CALL PAYSPAN HEALTH at 1-877-331-7154 and tell them that you want to do the following:

- REGISTER for a FREE Account with PaySpan and SELECT Payers for ERA/EFT setup. Refer to the list of Payers currently available (SEE ABOVE). (REFER TO THE NEXT PAGE to see what the online registration process looks like).
- Setup **EFT (funds transfer)** and **ERA (electronic remits)**
 - For EFT setup (to setup funds transfer). PaySpan can assist over the phone.
 - For ERA setup (to make Electronic Mailbox ACTIVE and route ERAs to Practice Insight). PaySpan can assist over the phone and/or see these steps:

To create a mailbox, please follow the steps below:

1. Go to <http://www.payspanhealth.com> and Log into your PaySpan account
2. Click on the **Your Payments** icon
3. Click Accounts in the **Manage** panel
4. Click on the **Account** you wish to create a mailbox for
5. Click **Mailbox Settings**
6. Click **Create Mailbox**
7. The host/FTP name, mailbox username and password will display (only needed if other parties will access your mailbox using FTP software)
8. Once you receive a message stating the mailbox set up was successful, click **Close**
9. If you want to route your 835s to one of our Data Exchange Partners, click **Delivery Settings** on the **Edit Account** page to make your selection

**ERA/EFT SETUP IS IMMEDIATE AFTER GOING ONLINE WITH PAYSPAN
AND COMPLETING THE EDIT OF ELECTRONIC MAILBOX OPTIONS.**

For assistance, call PaySpan Provider Services at 1-877-331-7154
or send email to providersupport@payspanhealth.com.

How to Register for PaySpan® Health

- Call 1-877-331-7154 for your unique registration code.
- Go to www.payspanhealth.com and click the **Register Now** button.
- Enter your Registration Code, Provider ID Number (PIN) and Tax ID Number (TIN) in the boxes provided. Click the **Start Registration** button to begin the registration process.



Register

Get Started **Provider Info** Organizational Info Personal Info Account Set Up Verify Your Info

Get Started

Welcome to PaySpan Health, where we are empowering the health care economy. PaySpan Health offers a solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), analytics, and much more. This solution gives Providers access to remittance and claim details online, and straightforward reconciliation of payments to reduce costs and improve cash flow.

RegCode:

PIN:

TIN:

[Start Registration](#)

- Enter your Reg Code, PIN, and TIN
- PIN errors? Try using all capital letters. PINs are case sensitive.
- [Support](#)
- [Already Registered?](#)

Tell Us About Your Practice

- Enter the details about your practice and click the **Next** button to continue.



Register

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Tell Us About Your Practice

SPR:

Atypical Service Provider

Provider Type:
Choose One

Accepted Credit Cards:
Visa
Discover
Mastercard
American Express

Hold the 'CTRL' key to select multiple items.

[Next](#)

Payer / Payee Relationship
Fabrikam Insurance Company is paying DrBarbaraSmith using the Reg Code you entered.

Atypical Service Provider
An Atypical Service Provider is one that does not furnish health care services. Examples are taxi drivers, auto mechanics, and carpenters.

Why we ask about your accepted credit cards.
PaySpan will be offering credit card options in the future and we would like to understand which of these credit card payments you currently accept.

Tell Us About Your Organization

- Billing agencies should enter their agency name and Tax ID number on this page.
- If the provider has a parent organization, name that organization and TIN here.
- Check "same as provider" if the other fields are not applicable and click **Next** to continue.



Register

Get Started **Provider Info** **Organizational Info** Personal Info Account Set Up Verify Your Info

Tell Us About Your Organization

Organization Name:

Organization TIN:
789357421

Tax ID same as Provider

Organization Description:
Choose One

The organization name you enter will be used throughout the PaySpan site. Your additional Reg Codes should be added under this organization name after this initial registration is complete.

Parent Organization Information:

Yes

No

I don't know

[Back](#) [Next](#)

Tell Us About Yourself

- Please provide us with your full name, email address, phone number and job title.
- Designate a user name of your own, or just use your email address.
- Create a unique password of at least 8 characters and include one capital letter, one lower case letter and a number.

- Select a challenge question, enter your answer and click the **Next** button to continue.

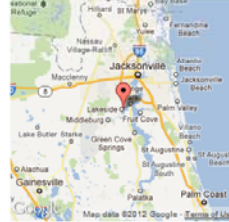


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Tell Us About Yourself

Please provide us with your basic contact information to enable us to create a user account for you on the PaySpan Health system.

Full Name: <input type="text"/> Administrators full name: <input type="text"/> Email: <input type="text"/> Notifications will be sent to this address. Confirm Email: <input type="text"/> Phone: <input type="text"/> Please use the 000-000-0000 format. Job Title: <input type="text"/> Office Manager: <input type="text"/>	Username: <input type="text"/> Minimum 8 characters and may include letters (a-z), numbers (0-9), dashes (-), underscores (_), ampersands (&), periods (.) Password: <input type="password"/> Confirm Password: <input type="password"/> Challenge Question: <input type="text"/> In what city was your first job? Challenge Answer: <input type="text"/>	 Your IP address has been logged and may be used to authenticate your identity.
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Set Up Your Account

- Designate the account you wish to have funds deposited to and click the **Next** button to continue.



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Set Up Your Account

Account Name: <input type="text"/> This is the name that will be used to identify this receiving account throughout the PaySpan system. Account Description: <input type="text"/> Enveloping Format: <input type="text"/> PaySpan Health <input type="checkbox"/> Request Paper Remittance	<input checked="" type="checkbox"/> Enable Electronic Payment Routing Number: <input type="text"/> Account Number: <input type="text"/> Confirm Account Number: <input type="text"/> Account Type: <input type="text"/> Business Checking	PaySpan Health organizes your incoming payments into Receiving Accounts. The account that you enter will remain in a pending status until you obtain the small deposit made by PaySpan, Inc from your financial institution and enter the amount on your Home Screen. Some payers allow providers to request paper remittances. If you would like paper remittances and your Payer supports this option, select the paper remittance check box. This check box will not appear if the Payer does not allow this option or appear grayed out if this option is not allowed upon EFT registration.
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Verify Your Info

- Verify your information, check the box to agree to the Services Agreement and click **Confirm**.



Register

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Verify Your Info

Individual Information Name: My Name Phone: 904-588-7029 Email: myemail@pfc.com Username: myemail@pfc.com	Your Bank Account Information Account Name: My Account Routing Number: 263079373 Account Number: 12345 Enveloping Method: PaySpan Health EFT Enabled: Yes <input checked="" type="checkbox"/> I agree to the Services Agreement .	<ul style="list-style-type: none"> • Please verify the information you have entered is correct. Select Confirm to complete registration or Back to edit your information. • By confirming your registration, you are agreeing to the terms and conditions detailed in the Service Agreement. • Access to view remittance details online is available the day after you complete registration and your account is activated (no longer in Pending status.)
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If you registered for electronic payments, you will receive a deposit of less than one dollar from PaySpan within a few business days. Contact your financial institution to obtain the amount, log into your account and enter the amount on your Home Screen to activate your account. The deposit does not need to be returned to PaySpan.

For assistance please call 1-877-331-7154 or email providersupport@payspanhealth.com. Our Provider Services Team is available Monday through Friday, 8am to 8pm, Eastern Time.