

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) enrollment package

Dear Humana Military provider,

Thank you for your interest in Electronic Funds Transfer (EFT) and/or Electronic Remittance Advice (ERA) with PGBA, LLC. PGBA is pleased to partner with Humana Military to administer claims processing for the Defense Health Agency (DHA) TRICARE Health Plan.

Enclosed are the EFT and ERA enrollment forms and instructions. These forms may also be used to indicate a change or cancellation to an existing enrollment. Please thoroughly review the instructions and requirements outlined in this package to ensure your submission is complete and accurate.

Completed enrollment forms should be returned to:

1. EFT enrollment*

Mail or fax to:

PGBA, LLC
TRICARE Electronic Funds Transfer (EFT)
PO Box 202148
Florence, SC 29502-2148
Fax: (877) 489-0025

*If you are returning both EFT and ERA applications, you may mail them in one package to the Florence, SC address above.

2. ERA enrollment ONLY

Mail or fax to:

PGBA, LLC
TRICARE Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
Fax: (803) 264-9864

Sincerely,

Humana Military



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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 EFT Help Desk (800) 259-0264.

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

Form instructions:

- Type or print legibly using blue or black ink. Complete all fields on page 1 and 2 of this form.
- For your reference, definitions of fields contained in the form are on page 3. Terms and Conditions are on page 4.
- 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.
- Fax the completed form with all required documentation to: PGBA, LLC, (877) 489-0025.

Provider information

Provider name: _____
(legal practice name, not rendering provider)

Provider address (physical address): _____

City: _____ State: _____ ZIP Code: _____

Provider identifiers information

Provider 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: _____

Email: _____ Phone #: _____ Fax #: _____



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Electronic Funds Transfer (EFT) Authorization Agreement

Provider agent information

Provider agent name: _____

Agent address: _____

City: _____ State: _____ ZIP Code: _____

Provider agent contact name: _____ Title: _____

Email: _____ Phone #: _____ Fax #: _____

Financial institution information

Financial institution name: _____ Routing number: _____

Financial institution account: Savings or Checking Provider's account number: _____

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.*

Submission information

New PGBA enrollment: *Include TWO PGBA check numbers received within the last 30 days from separate payment dates.

1st Check number: _____ 2nd Check number: _____

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 with enrollment submission: Voided check Bank letter (*Bank letter must be signed and dated within the last year*)

Signature: _____ Printed name: _____
(of person submitting enrollment) (of person submitting enrollment)

Printed title: _____ Submission date: _____ Requested EFT date: _____
(of person submitting enrollment) (Start/Change/Cancel)



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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, change, or 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 submitter:** The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
- **Printed title of 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.



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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 mailed to:

PGBA, LLC
TRICARE Electronic Funds Transfer (EFT)
P.O. Box 202148
Florence, SC 29502-2148
Fax: (877) 489-0025

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.



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 or by email at EDI.TRICARE@PGBA.com**.

Form instructions:

- Type or print legibly using blue or black ink. Complete all fields on page 1 and 2 of this form.
- For your reference, definitions of fields contained in the form are on page 3.
- Please retain a copy of the completed ERA Enrollment Form for your records.
- **Fax the completed form with all required documentation to: PGBA, LLC, TRICARE Electronic Data Interchange at (800) 259-0264.**

Provider information

Provider name: _____

Provider address (physical address): _____

City: _____ State: _____ ZIP Code: _____

Provider identifiers information

Provider Tax Identification Number (TIN) or Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Other identifiers, assigning authority: _____

Trading partner ID: 7GW _____

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.**



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Electronic Remittance Advice (ERA) enrollment form

National Provider Identifier (NPI): _____

Business name: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____

National Provider Identifier (NPI): _____

Business name: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____

National Provider Identifier (NPI): _____

Business name: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____

National Provider Identifier (NPI): _____

Business name: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____

National Provider Identifier (NPI): _____

Business name: _____

Business address: _____

City: _____ State: _____ ZIP Code: _____



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Electronic Remittance Advice (ERA) enrollment form

Provider contact information

Provider contact name: _____

Email: _____ Phone #: _____ Fax #: _____

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)

ERA clearinghouse information

Clearinghouse name: _____

Email: _____ Phone #: _____

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: _____



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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 Code/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

- **TIN:** A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
- **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 and all 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 standards 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 provider’s 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.



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Frequently Asked Questions (FAQ)

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

A1: EFT is a digital transfer of money that occurs through an online payment system.

Q2: What are the benefits of EFT?

A2: 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 also 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 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 TRICARE payments through EFT?

A5: It takes approximately thirty (30) days to receive and process EFT requests. After your EFT application is processed, it takes seven (7) days for EFT to begin. You will continue to receive paper checks in the interim.

Q6: How do I change or cancel EFT?

A6: 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.

Q7: I submit TRICARE claims for multiple providers. Can multiple providers be included in EFT enrollment?

A7: 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.

Q8: How will I know when my EFT application has been processed?

A8: 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 EFT Help Desk at (800) 259-0264**.

Q9: Why was my EFT application returned?

A9: 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.

Q10: Why are there two separate enrollment forms for EFT and ERA?

A10: 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 HumanaMilitary.com and/or receive 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 – ERA or through HumanaMilitary.com.

- If you prefer ERA, you must complete the ERA form - include your vendor or clearinghouse information and retrieve remits by following their process.
- To view your remits as PDFs on self-service, no ERA enrollment is needed. Just log in to HumanaMilitary.com to enroll for transactions.

Please contact the PGBA EDI Help Desk at (800) 259-0264, if you have any questions regarding ERA enrollment or email EDI.TRICARE@PGBA.com.



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