

**Humana
Humana Dental
Employers Health Insurance of Wisconsin
835**

EDI Enrollment:

- To authorize Humana to provide ERA to your clearinghouse, **the provider is to access the Availity website to complete the enrollment.** Use the links provided below to access the Availity Portal.
- Refer to the following pages for Availity Portal instructions.
- In order to receive ERAs through Waystar via Availity, you **must** be receiving your EFT **directly from Humana.**
- If you are receiving your payments via VCC (Virtual Credit Card) you must first contact ECHO at 1-888-483-6212 to **opt out prior to completing the below instructions.**
- If you are receiving your payments via EFT due to registering with CAQH you must first log into your CAQH account and **cancel this request prior to completing the below instructions.**
- If you are currently receiving your EFTs through Humana and have ERAs already setup **you will only need to CHANGE ERA retrieval method.**
- Complete the enrollment using the provider's billing/group information as credentialed with this payer.
- Enrollment confirmation is sent by Humana to the email address provided.
- Setups completed through the **Availity portal are completed in approximately 10 business days.**

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Go to [Availity Portal](#)

Select either LOGIN or REGISTER to either login with your existing credentials or to register for a new account.

Select Payer Spaces – Click on Humana

Select ERA/EFT Enrollment

Complete all sections as required for both EFT and ERA enrollment.

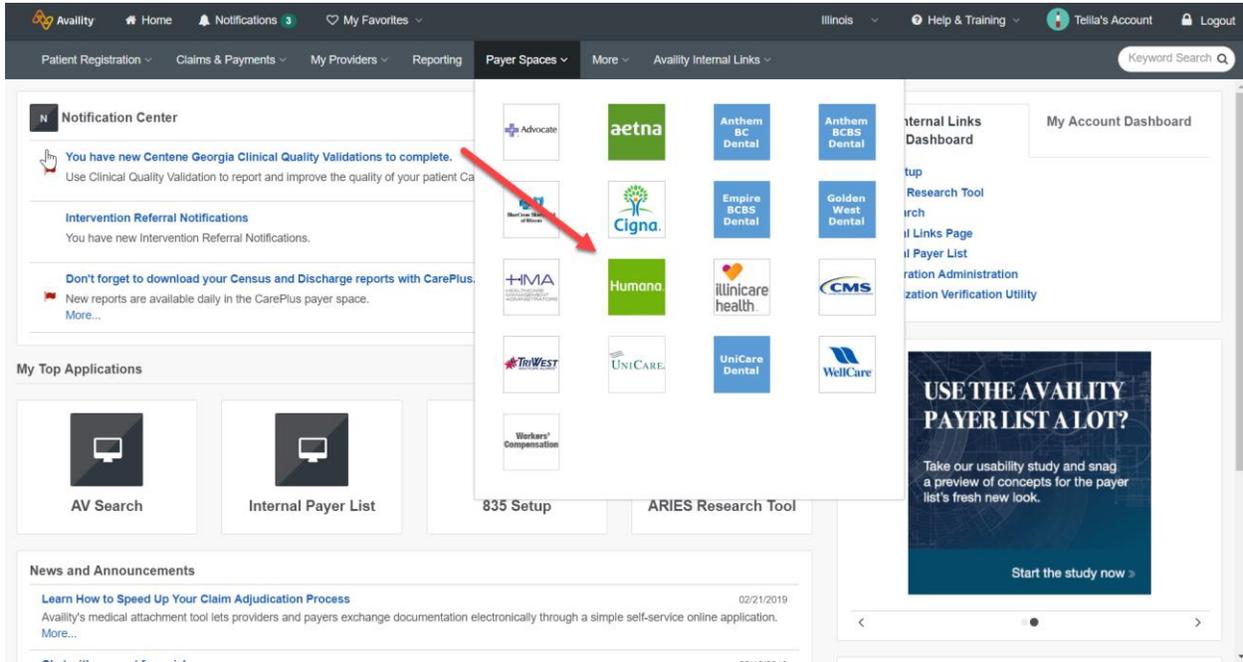
Vendor Name: Search for **ClaimRemedi** and select.

Please see the following instructions for assistance.

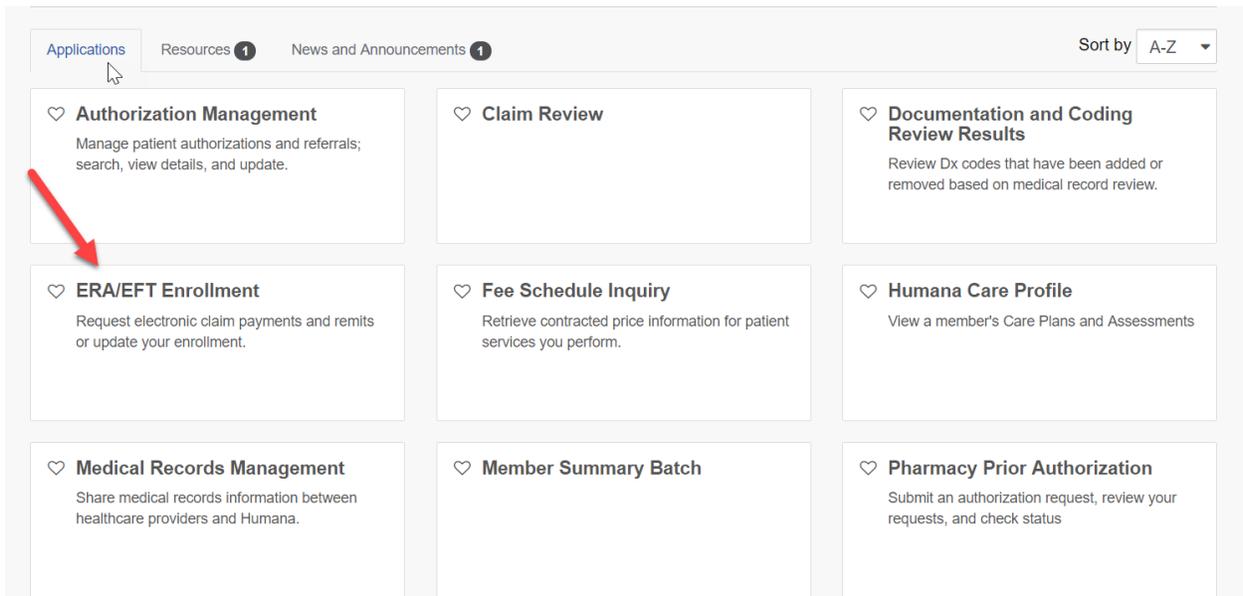
For assistance with the Availity portal, please contact **Availity at 800-282-4548.**

For assistance with the Humana portal, please contact **Humana at 1-800-448-6262.**

To begin enrollment log into your **Availity account**. Select the tab **Payer Spaces**, then click on the **Humana** icon



Select the tab **Applications**, then click on **ERA/EFT Enrollment**



Note: If you have not been verified by Humana, then you will need to go through the verification process. Before you can begin ERA/EFT enrollment you will need to complete the following steps.

Select Unverified Organization(s), then click on the organization for ERA/EFT enrollment.

ERA/EFT Enrollment Humana.

i This app currently supports changes for ERA/EFT enrollments originally set up through the Availity Portal. If your organization's ERA/EFT enrollment was originally set up using the Humana.com website, [click here](#) to access Humana's tool for managing your ERA/EFT setup.

Select a Tax ID to review existing enrollments, start a new request, or change current enrollment information.*

Unverified Organization(s): We take your security seriously and know that you do too. In response to recent industry activity, we are engaging in additional validation requirements. If any of your Organizations appear in the "Unverified Organization" drop-down, you will need to select that Organization to validate before it can be used by this application.

Organization ID *: Tax ID *:

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You will be required to provide 2 recent check/EFT payments.

Note: The payment can be any 2 recent payments the selected organization has received from Humana.

Please verify your organization

We take your security seriously and know that you do too. In response to recent industry activity, we are engaging in additional validation requirements. Please provide information from two recent paid Humana checks or EFT trace number issued within the last 180 days.

Organization
Customer ID

Please provide the full Check Number or EFT Trace Number, including leading zeroes.
For paper check validation, please use the "Issue Date" of the check.
For EFT deposit validation, please use the "Expected Deposit Date" from your Humana remittance.

Humana Check or EFT Payment First Check/EFT Payment

Check Number or EFT Trace Number

Amount

Date

Payee Tax ID

Humana Check or EFT Payment Second Check/EFT Payment

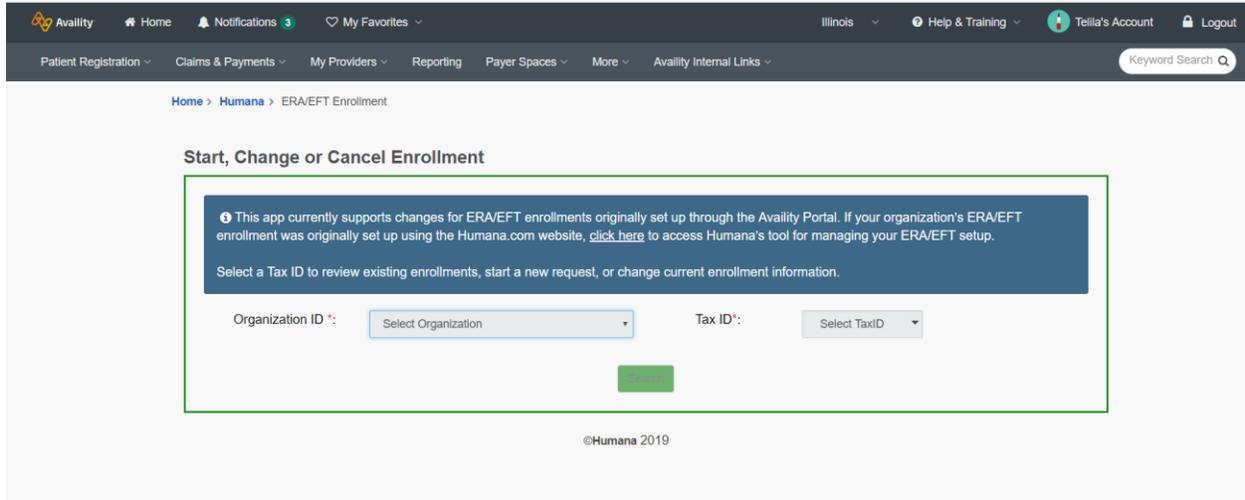
Check Number or EFT Trace Number

Amount

Date

Payee Tax ID

Follow the instructions to Start, Change, or Cancel Enrollment

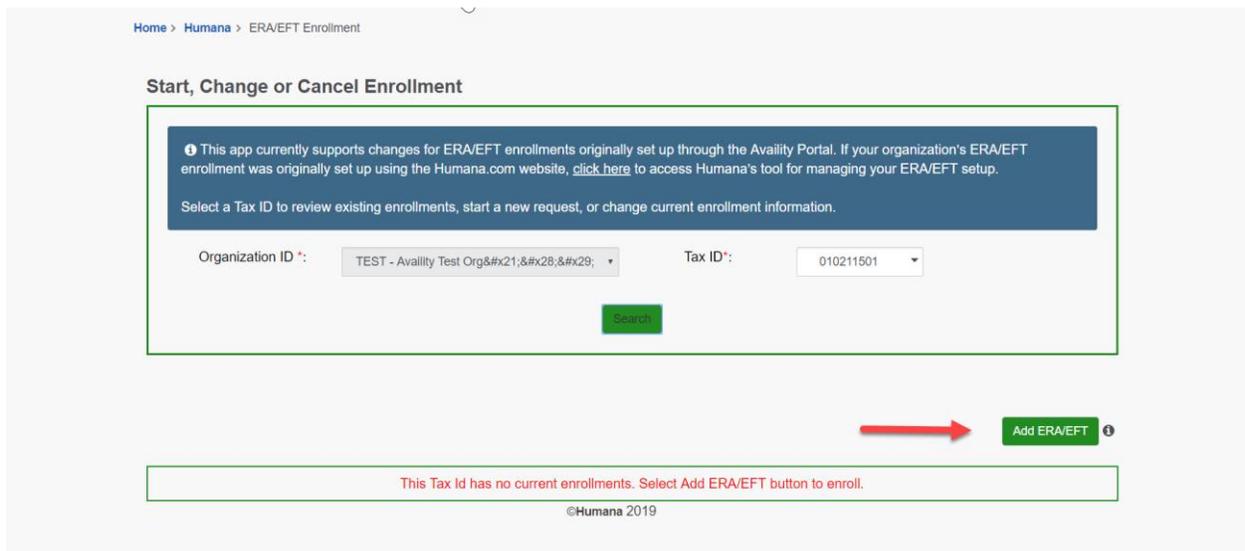


The screenshot shows the top navigation bar of the Availity portal with the following items: Availity logo, Home, Notifications (3), My Favorites, Illinois, Help & Training, Tella's Account, and Logout. Below the navigation bar is a secondary menu with: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, More, and Availity Internal Links. A search bar is located on the right side of this menu.

The main content area has a breadcrumb trail: Home > Humana > ERA/EFT Enrollment. The title is "Start, Change or Cancel Enrollment". A blue information box contains the text: "This app currently supports changes for ERA/EFT enrollments originally set up through the Availity Portal. If your organization's ERA/EFT enrollment was originally set up using the Humana.com website, [click here](#) to access Humana's tool for managing your ERA/EFT setup. Select a Tax ID to review existing enrollments, start a new request, or change current enrollment information." Below this box are two dropdown menus: "Organization ID*" with the placeholder "Select Organization" and "Tax ID*" with the placeholder "Select TaxID". A green "Search" button is positioned below the Organization ID dropdown.

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If the Tax ID is not linked to the Organization ID, you will have the option to add ERA/EFT



This screenshot shows the same interface as the first one, but with specific values entered. The "Organization ID*" dropdown is set to "TEST - Availity Test Org!()" and the "Tax ID*" dropdown is set to "010211501". The "Search" button is highlighted with a green border.

Below the search form, a red arrow points to a green button labeled "Add ERA/EFT" with an information icon. Below this button is a red-bordered box containing the text: "This Tax Id has no current enrollments. Select Add ERA/EFT button to enroll." The footer of the page reads "©Humana 2019".

Accept the Terms and Conditions

Home > Humana > ERA/EFT Enrollment

- ERA/EFT Authorization
- Contact Information
- NPI Details
- ERA Details
- EFT Details

Print

Terms and conditions for electronic remittance advice (ERA) agreement and authorization

The provider and Humana agree to the following terms and conditions regarding electronic remittance advice (ERA):

1. By providing the electronic signature below, the provider, or an authorized representative of the provider, authorizes Humana to deliver remittance detail via the ANSI X12 Healthcare Claim Payment/Advice (835) format to the provider's designated organization for processing.
2. The person or entity signing this authorization represents and warrants that they have received all necessary approvals and authorizations to initiate this request.
3. The provider or an authorized representative of the provider will be responsible for initiating changes or corrections to information previously provided. Notification will be made in a timely manner to allow Humana to respond. Provider releases Humana from any liability - which may arise solely by reason of error, mistake or fraud - relating to the information provided on the authorization by the provider or an authorized representative of the provider.
4. Provider agrees to submit all claims for payment electronically to Humana and accept remittance detail via the ANSI X12 Healthcare Claim Payment/Advice (835) format from Humana.
5. Upon completion of ERA enrollment, all remittance details will be provided electronically, at which time paper remittance details will be discontinued. Humana will deliver the ERA within the HIPAA core-compliant operating rules guideline of three days.

Terms and conditions for electronic funds transfer (EFT) agreement and authorization

The provider and Humana agree to the following terms and conditions regarding electronic funds transfer (EFT):

1. Payment for all claims submitted to Humana and its affiliates will be made through EFT, based on information from the provider or an authorized representative of the provider.
2. Humana will rely exclusively on information supplied by the provider, or an authorized representative of the provider.
3. The provider, or an authorized representative of the provider, will be responsible for initiating changes or corrections to information previously provided. Notification will be made in a timely manner to allow Humana to respond. Provider releases Humana from any liability - which may arise by reason of error, mistake or fraud - relating to the information provided on the authorization by the provider or an authorized representative of the provider.
4. Humana will make payment in accordance with, and be governed by, the National Automated Clearinghouse Association corporation trade payment rules. Humana's EFT process is governed by, and in accordance with, the laws, other than choice of law provision of any particular contract, of New York, including Article 4A of the Uniform Commercial Code as enacted by New York and amended from time to time.
5. Payment is initiated in accordance with the terms of the agreement. Except as provided for herein, the terms and conditions of this agreement neither enlarge nor diminish the rights and obligations of the parties within any applicable commercial agreement. Provider acknowledges that payment of claims has been made when the financial institution designated by the provider, or an authorized representative of the provider, has received or has control of the payment transaction. This generally will occur within two business days following initiation by Humana.
6. If Humana initiates payment on a non-banking day at Humana's originating bank, the funds transfer will occur the following day. In all cases, "banking day" is defined as the day on which both trading partners' banks will be available to transmit and receive fund transfers.
7. Humana has the right to adjust future payments should any payments previously made by Humana be determined to be duplicate, in excess of requirements, fraudulent or made in error.
8. Humana is responsible for payments under the terms of this agreement up to the point at which the provider's financial institution receives the payment from Humana or has control of the transaction. Responsibility for any loss after such time will be the provider's unless the loss is due to the negligence of Humana or Humana's originating bank.
9. Provider shall notify Humana immediately if payment is not received as described in Item 8 above. Humana shall have a reasonable time (not to exceed five business days) to make such payment.
10. Provider agrees to submit all claims for payment electronically to Humana and accept remittance details via the ANSI X12 Healthcare Claim Payment/Advice (835) format from Humana in order to receive payment of such claims by Humana electronically.
11. EFT payment transactions are reported with file format CCD+, which is the industry standard for EFT payments. The CCD+ format is a National Automated Clearinghouse Association (NACHA) ACH corporate payment format with single 80-character addendum record capability. The addendum record is used by the originator to provide additional information to the payment recipient about the payment. The format also is referenced in the ERA (835 data file). It is the responsibility of the provider to contact his/her financial institution if he/she would like to receive this information.
12. Either party may terminate this agreement. Humana may terminate this agreement if:
 - o The provider fails to submit claims electronically to Humana.
 - o The provider is unable to accept remittance details via the ANSI X12 Healthcare Claim Payment/Advice (835) format from Humana, according to this agreement.
 - o Humana is notified by the financial institution that the EFT could not be delivered due to invalid/closed account, etc.If the provider wishes to terminate this agreement, the provider, or an authorized representative of the provider, must notify Humana as follows:
 - o Sign into the Availity provider engagement portal at Availity.com.
 - o Access Humana's ERA/EFT enrollment app in "Payer Spaces."
 - o Complete the "Cancel ERA & EFT" transaction.

These terms and conditions do not supersede any provisions set forth in the applicable network participation agreement(s) between provider or provider's affiliate and Humana and/or its affiliates.

Please print and keep a copy of this agreement.

I have read the terms of this agreement and I understand and agree to them. By clicking "Accept" below, I provide my electronic signature.

I Accept

Cancel

You will be directed to add the Submitter and Contact information

Availity Home Notifications 3 My Favorites Illinois Help & Training Tellia's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Availity Internal Links Keyword Search

ERA/EFT Authorization **Contact Information** NPI Details ERA Details EFT Details

Organization Name : TEST - Availity Test Org!()-

Tax ID : 010211501

Relationship with this provider organization*: Part of provider organization Agent Clearinghouse Vendor

Submitter contact information

Organization Name *:

Submitter Name *:

Telephone Number *:

Email Address *:

Confirm Email Address *:

Provider Contact information

Provider Contact Name *:

Title :

Please select aggregation by TIN or NPI

Home > Humana > ERA/EFT Enrollment

ERA/EFT Authorization **Contact Information** **NPI Details** ERA Details EFT Details

Organization Name : TEST - Availity Test Org!()-

Tax ID : 010211501

Address : 10752 Deerwood Park Blvd, JACKSONVILLE, FL, 32255

This enrollment will initiate claim payments to a single bank account and combine remits for the Tax ID or NPIs entered.

Choose one: *

- Enroll by Tax ID (TIN).** Combine remits and make payments to one bank account for the entire TIN.
- Enroll by NPI.** Combine remits and make payments to one bank account for the NPI(s) listed below.

NPI :

Cancel Back Next

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Select the ERA Delivery Method / Note: If Clearinghouse is chosen you will be directed to choose from a list of clearinghouses to receive your ERAs

Home > Humana > ERA/EFT Enrollment

ERA/EFT Authorization	Contact Information	NPI Details	ERA Details	EFT Details
Organization Name : TEST - Availity Test Org!()-				
Tax ID : 010211501				
Enrolled By: Tax ID				
ERA Delivery Method*:  <input type="text" value="Select ERA Delivery Method"/>				
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Next"/>				

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Next you will set up EFT payment

Home > Humana > ERA/EFT Enrollment

ERA/EFT Authorization	Contact Information	NPI Details	ERA Details	EFT Details
Organization Name : TEST - Availity Test Org!()-				
Tax ID : 010211501				
Enrolled By: Tax ID				
Type of Account *: <input type="text" value="Select type of account"/>				
Financial Institution Routing Number *:  <input type="text"/>				
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>				

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Enter your EFT information

The screenshot shows the Availity web application interface for entering EFT information. The page title is "Enter your EFT information". The navigation bar includes "Availity", "Home", "Notifications 3", "My Favorites", "Illinois", "Help & Training", and "Tella's Account". The main navigation menu contains "Patient Registration", "Claims & Payments", "My Providers", "Reporting", "Payer Spaces", "More", and "Availity Internal Links". The breadcrumb trail is "Home > Humana > ERAEFT Enrollment".

The form is titled "ERAFT Enrollment" and has several tabs: "ERAFT Authorization", "Contact Information", "NPI Details", "ERA Details", and "EFT Details". The "EFT Details" tab is active.

The form fields are as follows:

- Organization Name: TEST - Availity Test Org!()-
- Tax ID: 010211501
- Enrolled By: Tax ID
- Type of Account: Checking (dropdown menu)
- Financial Institution Routing Number: 074000000
- Note: Address shown may be the institution's corporate address, not the local branch address.
- Financial Institution Name: [text input]
- Street 1: [text input]
- Street 2: [text input]
- City: [text input]
- State: [text input]
- Country: [text input]
- Zip: [text input]
- Telephone Number: [text input]
- Extn: [text input]
- Financial Institution Account Number: [text input]
- Retype Financial Institution Account Number: [text input]

At the bottom of the form are three buttons: "Cancel", "Back", and "Submit".

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After you click Submit, you receive a confirmation page with a Request ID. Please keep a copy of this for your records, the Request ID will be required for status check.

Submission Instructions

Once the Transaction is associated with Availity on the payer site you can update the enrollment status as Complete in the Availity Transaction Enrollment portal.

Update Status ✕

Registration ID : 98345

Status

Enrollment Complete ▾

Notes

Enrollment complete on payer site 5/22/2019

Mark step complete (Step must be marked complete in order to advance)

Cancel Submit