

ePayment Center: Administration

Training Guide

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Introduction

Take a moment to understand the intended audience, pre-requisites, and access requirements for the material covered in this training guide.

Intended Audience

This guide is intended for the ePayment Center administrator for your team.

Within this guide, you will learn about:

- Registering for the EPC Payments Portal
- User Management
- Settings
- SSO Portal Accounts

Pre-requisites

There is no pre-requisite knowledge needed prior to using this guide.

Access Details

As the administrator, you should have received access information from the Payer. If you need support, contact the ePayment Center at 855-774-4392. This guide focuses specifically on administrative tasks within ePayment Center (EPC). For general features within the ePayment Center, see the ePayment Center Training Guide.

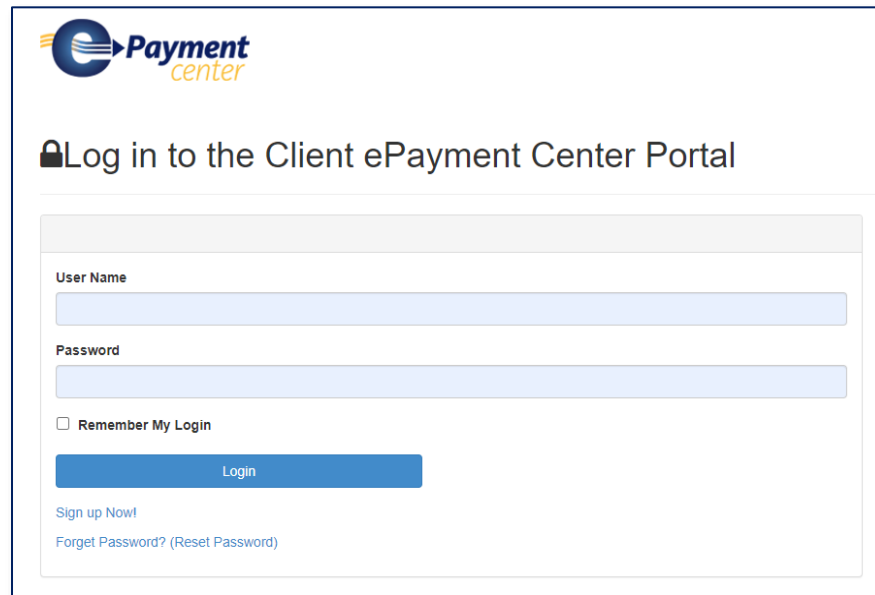
Technical Guide

Access technical details, including Data Descriptions, PDF Document Viewer Options, 835 ERA File Data Content within the "ePayment Center User Reference Manual", found in the *Help & Resources* menu.

Logging In

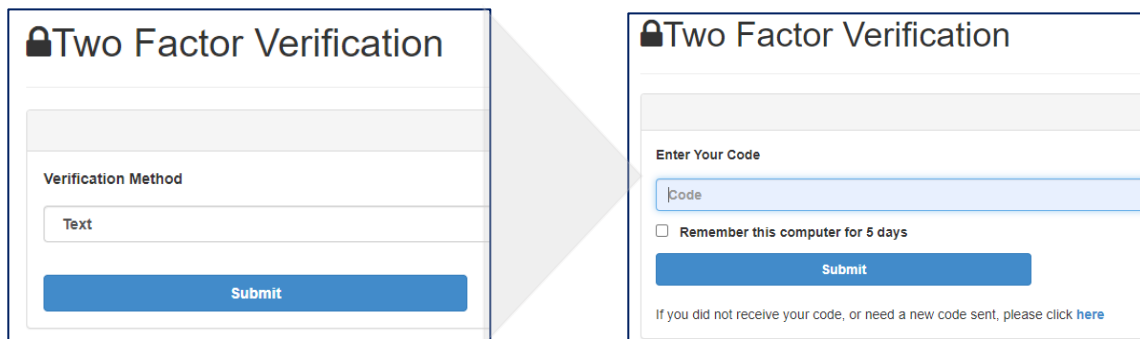
How to Login

1. Enter your **User Name**.
2. Enter your **Password**.
3. Click **Login**.



The screenshot shows the login interface for the Client ePayment Center Portal. At the top left is the ePayment center logo. Below it is the heading "Log in to the Client ePayment Center Portal" with a lock icon. The login form contains a "User Name" field, a "Password" field, and a checkbox for "Remember My Login". A blue "Login" button is positioned below the password field. At the bottom of the form, there are two links: "Sign up Now!" and "Forgot Password? (Reset Password)".


4. Select the **Verification Method** you wish to use (Text or Voice).
5. Click **Submit**.
6. Enter the **Code** provided via the verification method you selected.
7. Click **Submit**.



The image displays two sequential screenshots of the "Two Factor Verification" process, connected by a large grey arrow pointing from left to right. The left screenshot shows the "Verification Method" selection screen with a dropdown menu set to "Text" and a blue "Submit" button. The right screenshot shows the "Enter Your Code" screen with a text input field containing the word "Code", a checkbox for "Remember this computer for 5 days", a blue "Submit" button, and a link at the bottom that reads "If you did not receive your code, or need a new code sent, please click [here](#)".

Initial Enrollment


While your enrollment is pending, you will see a screen similar to the below. This screen confirms where you are in your enrollment and prompts you to complete any necessary steps.



FONT AND COLOR TEST


PAYMENTS ▾SETTINGSUSER MANAGEMENT ▾DOWNLOADSHelp & Resources

Welcome, FONT AND COLOR!
Please complete your enrollment by configuring your account choices below.

 You have a pending enrollment that needs to be completed in order to start processing payments


Current Enrollment In Progress: ERA Download Only

Payment Enrollment




[Change »](#)

ERA/EOP/EOR Enrollment




[Set Up Data Delivery »](#)

Notifications



[Set Up Notifications »](#)

Banking Verification



Not Applicable

Continue with my enrollment

Let's start over

Cancel my enrollment

Once your enrollment is complete, ePayment Center will open to the Payments screen.

Search by payment

Payment ID

Zelis check number ▾

000 00 0000

Payment amount

\$

Search by claim

Claim number/Bill ID

Workers' comp claim number

000 00 0000

Auto claim number

Paid

Search by payer or payment policy type

Payer

UnitedHealthcare/DBP, Inc.

Policy number

000 00 0000

Policy type

Select...

Search by payment or service date

Payments

Claims

Payment Duration

All

Custom date selection

Start date

MM/DD/YYYY

End date

MM/DD/YYYY

Search

Clear All

Downloaded

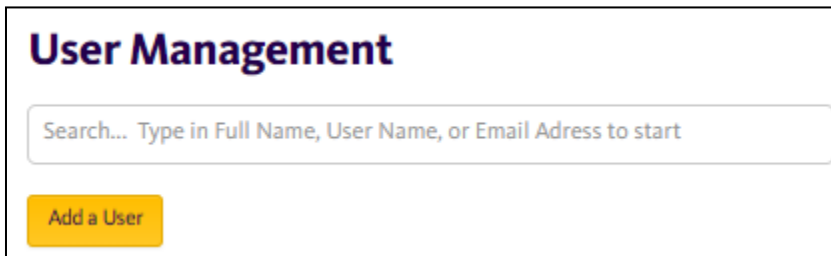
Not Downloaded

PDF

	Payment Date	Payment ID	Policy Type	Amount	Claims/Bills	Status	Downloaded	Actions
<input type="checkbox"/>	03/07/2023	92960273	Med	\$200.01	2	Paid	04/24/2023	Download View EOP
<input type="checkbox"/>	03/07/2023	92960275	Med	\$80.37	1	Paid	05/03/2023	Download View EOP

User Management

The User Management page is available for use by the ePayment Center's administrator to manage staff logins.



User Management

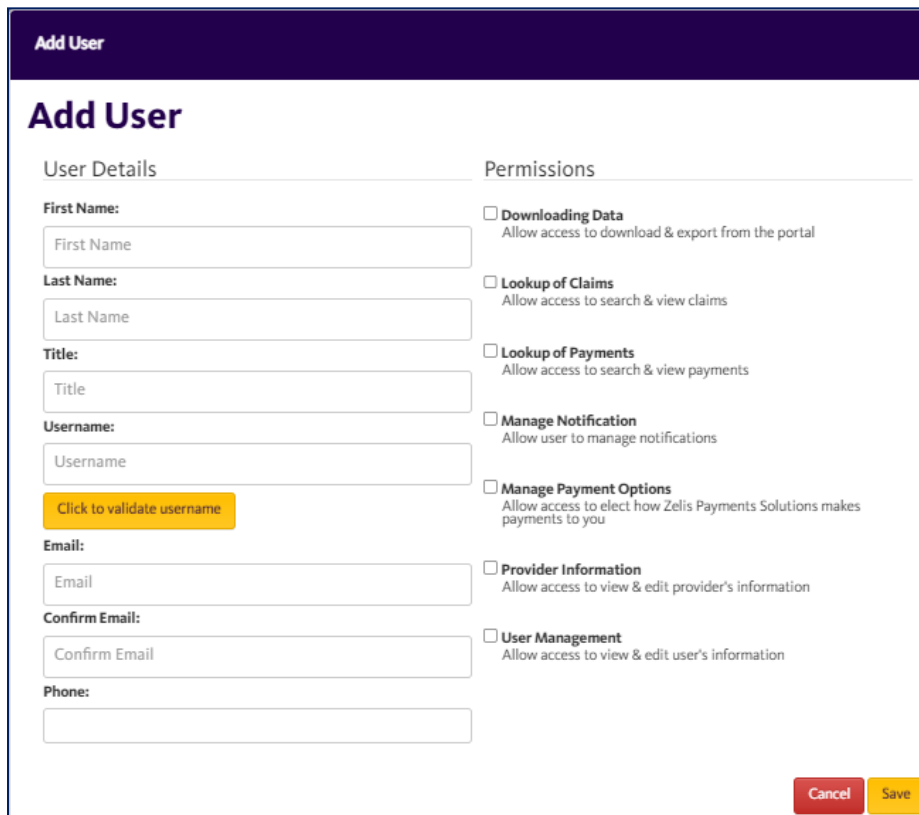
Search... Type in Full Name, User Name, or Email Address to start

Add a User

How to Add a User

1. Within the **User Management menu > User Management**, click the **Add a User** button.

The *Add User* pop-up displays



Add User

Add User

User Details

First Name:

Last Name:

Title:

Username:

[Click to validate username](#)

Email:

Confirm Email:

Phone:

Permissions

☐ **Downloading Data**
Allow access to download & export from the portal

☐ **Lookup of Claims**
Allow access to search & view claims

☐ **Lookup of Payments**
Allow access to search & view payments

☐ **Manage Notification**
Allow user to manage notifications

☐ **Manage Payment Options**
Allow access to elect how Zelis Payments Solutions makes payments to you

☐ **Provider Information**
Allow access to view & edit provider's information

☐ **User Management**
Allow access to view & edit user's information

[Cancel](#) [Save](#)

1. Fill out the **User Details** for the new User.

2. In the **Permissions box**, you **MUST** provide the following permissions:

- Downloading Data
- Lookup of Claims
- Lookup of Payments

Without these permissions, the user will not be able to see information in the Portal.

3. Click the **Save** button.

You must advise the new User of their username, as this will not be emailed to them. The User will receive an email with a link to create their password, to access this email, please have them follow the [ZIX instructions](#).

Resetting Password and Security Questions

Not only can you create users and define their privileges, but you can assist in troubleshooting their access, by clicking the Reset link to the right of a user's account.

You will then check the appropriate box. If an option is not available to select, it is not relevant for that account.

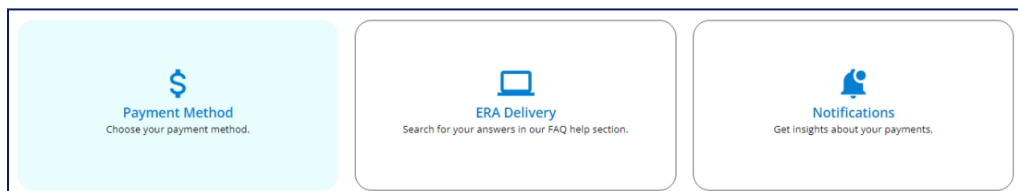
Actions	
View Details Edit Reset Disable	

Reset User Options	
<input type="checkbox"/> Unlock Account	<input type="checkbox"/> Wipe MFA
<input type="checkbox"/> Erase Security Questions	<input type="checkbox"/> Reset Password
<input type="checkbox"/> Enable Account	

- **Unlock Account:** Only available if an account has been locked out.
- **Wipe MFA:** This will reset the Multi-Factor Authentication configuration, sending an email to recreate the configuration.
- **Reset Password:** This will trigger a password reset email for that account.
- **Erase Security Questions:** This will reset the security questions for this account, requiring new questions be set upon next login.
- **Enable Account:** This will enable a disabled account.

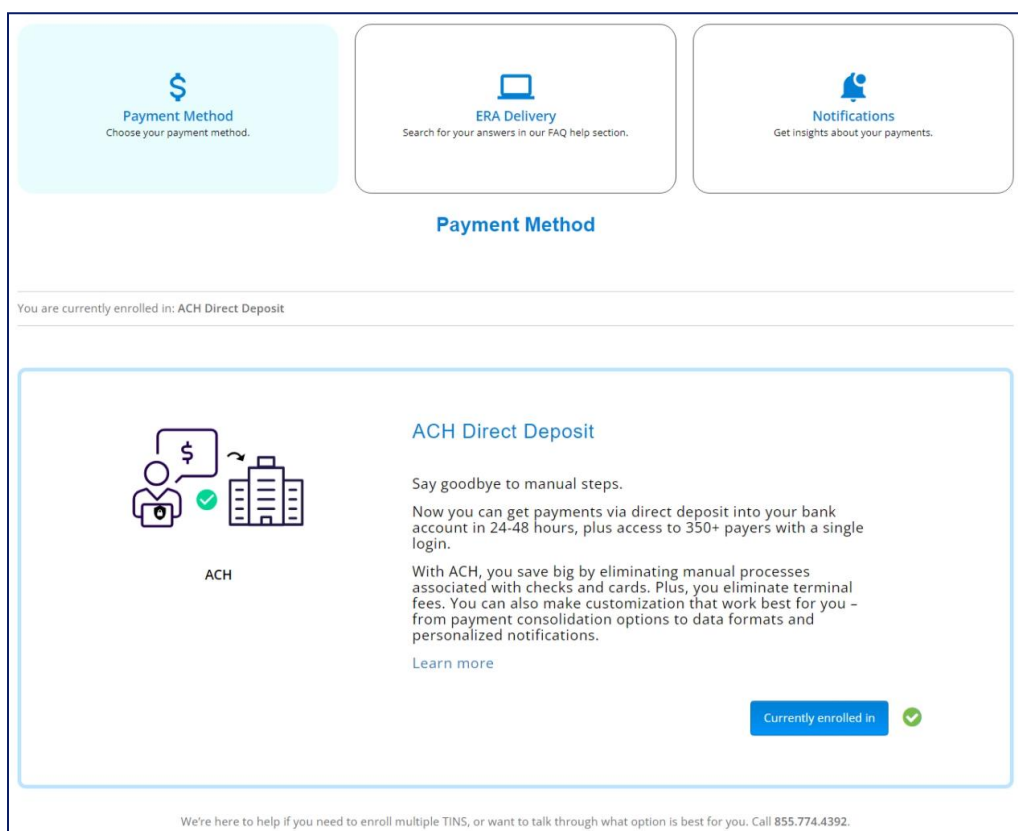
Settings

The *Settings* page is where the administrator can update payment preferences (banking info and notifications).



Payment Method

If you have not already enrolled in the ePayment Center, you will see the “Enroll” to enroll in ePayment Center, rather than the “Currently enrolled in” button. You can update your banking information/account information, by clicking “Currently enrolled in”. See steps below.



The very first time you login this is where you complete your enrollment.

How to update your Account

- 1. Within **Settings > Payment Method**, click the **“Currently enrolled in” button**.
- 2. In the *Business and Contact Information* section, enter the required information and **click Continue**.

EFT Direct Deposit

Business Information

Business and Contact Information

* Provider Name:

test provider

* Tax ID (TIN or EIN):

300072

NPI:

111111111

* Street:

144 Candy Dr

Street (Continued):

Street Address 2 (Optional)

* City:

clearwater

* State:

Florida

* Zip:

33716

Provider Contact Name

* First Name:

* Last Name:

Title:

ms.

* Email Address:

* Telephone Number:

* Fax Number:

Continue

Banking Information

Bank Account Information ⓘ

Financial Institution Name: * Type of Account at Financial Institution: ⓘ
 Checking

* Financial Institution Routing Number: ⓘ * Ownership Type:
 Business

* Provider Account Number with Financial Institution: ⓘ * Bank Account Holder Name/DBA: ⓘ

* Provider Account Number with Financial Institution: (Confirm) * Tax ID (TIN or EIN): ⓘ

[< Previous](#) [Continue >](#)

Example Check1

Example Check2

IMPORTANT REMINDER:

Please inform your financial institution to accept credits from **Originating Company ID: 6452579291**. Due to a changes in a registered bank account, a Bank Account Verification will be processed. Zelis may make micro deposits to authenticate the bank account. Do you wish to continue?

[Cancel](#) [Confirm](#)

3. In the *Banking Information* section, fill out your banking information; and **click Continue**.

4. A pop-up will advise you to **reach out to your banking institution** and provide them the ePayment

Center's originating ID. Please be sure to follow this step so that there are no delays in processing your enrollment. Then **click Confirm**.

ERA Delivery ⓘ

1. Under Provider Contact Information, please indicate the provider contact information of the person responsible for handling incoming remittance data at your facility.
 2. Under Delivery Options, select the file format in which you would like to have remittance data delivered.
 3. Once your file format is selected, available delivery options for that format will be automatically generated, and your preferred delivery method from those options can be selected.

Provider Contact Information

Please indicate the provider contact information of the person responsible for handling incoming remittance data at your facility.

* Provider Contact Name: Chloe Marshman * Email Address: chloe-ann.marshman@zelispay

* Telephone Number: (941) 932-3444

Delivery Options

1. Please select a format for your remittance advice.

Select Format: ☒ 835 ☐ PDF ☐ CSV

Select Delivery: ☒ Download

Delivery Details: Download selected. ERA will be accessed from this portal.

Regardless of your choice above, you always have the option to download any claim payment(s) from the Provider Portal in any available format.

[< Previous](#) [Continue >](#)

5. In the *ERA Delivery* section, fill out your ERA Delivery options. Fill in your contact information and the ERA Delivery you wish. Then, **click Continue**.

6. On the **Payments Notifications** screen, select if and how you would like to receive notifications about payments. Then, **click Next**.

Payments Notifications ⓘ

If you would like to be notified when payments are available, please select your preferred method for receiving notifications. You may select as many notification methods as you wish or, otherwise, you may opt to receive none.

After enrollment, you may make changes to these preferences at any time.

Once your enrollment is completed, other notification types will become available to you, such as notification when remittance data is available for download. Following your enrollment, you may click on the "Notifications" tab to set up these additional notifications.

☒ Email

☐ Fax

☐ Text Message

☐ I would prefer not to receive any notifications

[< Previous](#) [Next >](#)

7. Finally, on the *Review Agreement and Submit Enrollment page*, review your settings, edit as necessary, and read through the full User Agreement. Download a copy of the Agreement, **sign and click to the box stating that you have reviewed the agreement**, and then **click Submit**.

There will be a pre-note and verification process completed at this time. Please allow up to 10 business days for this to occur. After the verification is complete, your payments, for this specific Payer, will be direct deposited and you can access the EOPs through the ePayment Center.

Review, Agreement and Submit Enrollment

Review Information

Business Info

Business Contact and Information

Provider Name: test provider
Tax ID (TIN or EIN): 300072
NPI: 1111111111
Street: 144 Candy Dr
Street (Continued):
City: clearwater
State: FL
Zip: 33716
Provider Contact Name
First Name:
Last Name:
Title: mls.
Email Address:
Telephone Number:
Fax Number:
[Modify](#)

Banking Info

Financial Institution Routing Number:
Provider Account Number with Financial Institution:
Settlement Type: Gross
Type of Account at Financial Institution: Checking
Ownership Type: Business
[Modify](#)

Data Delivery Configuration

Provider Contact Name:
Document Type: EDI
Delivery Method: WEB
Telephone Number:
Email Address:
[Modify](#)

Notifications Configuration

Delivery Method: Email
To:
[Modify](#)

User Agreement

Please review all of your information and check the Agreement check box to submit your enrollment.
Note: Enrollment may take up to 2 business days to be fully processed for payments.

3/29/2023

test provider
144 Candy Dr
clearwater, FL 33716

ACH AUTHORIZATION FORM

Account for Credit Entries

Name of Bank:
Routing Number:
Account Number:
Tax ID:
By signing this ACH Authorization Form ("ACH Form"), Payer's subcontractor, Zella Payments, LLC, ("Subcontractor") is authorized to credit the account number listed above (the "Account") in connection with processing certain payment transactions. Account Owner also agrees to be bound by National Automated Clearing House Association rules ("NACHA"). These rules provide, among other things, that credits are provisional until final settlement is made through a Federal Reserve Bank or payment is

Authorized Signature


Printed Name of Person Submitting Enrollment:
Signatory Name
Printed Title of Person Submitting Enrollment:
Signatory Title
Email Address:
Signatory Email

☐ I have read the agreement and I accept the terms and conditions

[Back](#) [Submit](#)


ERA Delivery Method

Here you will see how your Electronic Remittance Advise documents are delivered (Explanation of Payment). Be sure to fill in the name, email, and phone number of the person on your team responsible for handling incoming remittance data.




Payment Method

Choose your payment method.



ERA Delivery

Search for your answers in our FAQ help section.



Notifications

Get insights about your payments.

ERA Delivery

Your current ERA Delivery method is **Download**

Please make a selection from the options listed below to select a new delivery method.

Contact information

Please indicate the contact information of the person responsible for handling incoming remittance data at your facility.

*Name

*Email address


*Phone number

Electronic remittance advise (ERA) is a document that shows proof of payment (such as an EOB or EOP). Choose a delivery method below -- and know that you can always download from the [provider portal](#).

Select Delivery

Please select the delivery option that are best for you.


Download

selected 

Download selected

ERA will be accessible from this portal.

Save





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Notifications

In the *Notifications* section of *Settings*, you can update how you are notified of payments. You can be notified via Email, Fax, Text or not at all.

**Payment Method**
Choose your payment method.

**ERA Delivery**
Search for your answers in our FAQ help section.

**Notifications**
Get insights about your payments.

Notifications

Below is a list of your current notifications

Want to make a change? Update your preferences below.

+ Add Notification

SaveCancel

Adding notifications is as easy as clicking **+Add Notification**, selecting the **Notification Type** (currently only one option), **Delivery Method** and filling in the **Send To field** (email or phone number). Once you have notifications in place, you will see the option to edit or delete.

+ Add Notification

SaveCancel

Notification Type:
Select a notification type

Delivery Method:
Select a delivery method

Send to:

Delivery Method:

Email
Select a delivery method
Email
Fax
SMS

Send to:

youremailaddress@here.com

Send to:

5551239876