

TriWest ERA/EFT Enrollment

Quick start guide

Using the Availity Essentials Transaction Enrollment application, you can enroll providers to receive electronic remittance advice (ERA) and claims payments via electronic funds transfer (EFT) from TriWest. You can enroll an individual provider or as many as 500 providers at a time.

Access the application

In the Availity Essentials secondary navigation bar, select **My Providers | Enrollments Center**. In the Enrollments Center, select **Transaction Enrollment**.

Required role

If you cannot access this application, contact your Availity Essentials administrator and request the **Transaction Enrollment** role.

Administrators: Select **[Your Name's] Account | Manage My Team(s)**, and then use the Manage My Teams application to assign roles to users.

Before you begin

If you are submitting an EFT enrollment, you must first authenticate a check/EFT that the provider received from TriWest in the past 30 days using the Remittance Viewer application.

In the Availity Essentials secondary navigation bar, select **Claims & Payments | Remittance Viewer**. In the Remittance Viewer, select **Manage Access | Get Access**, and then enter the check/EFT information in the fields provided.

Learn more – For assistance using the Remittance Viewer to authenticate a check/EFT, watch the [One-time check validation process](#) demo.

When enrolling with this payer:

Follow these guidelines:

TRIWEST - TRICARE

Complete and submit the ERA enrollment first, and then complete and submit the EFT enrollment.

TRIWEST - VA CCN

Complete and submit the ERA enrollment and the EFT enrollment simultaneously or separately.

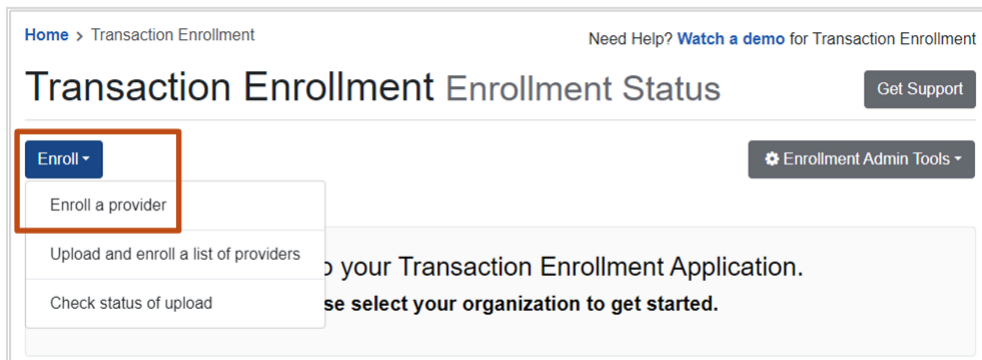
TRIWEST - TRICARE and TRIWEST - VA CCN

Complete and submit the ERA enrollment and the EFT enrollment simultaneously or separately.

Complete your enrollment

1. On the Transaction Enrollment - Enrollment Status page, select **Enroll**, and then select **Enroll a provider**.

Note: Each provider with a unique combination of National Provider Identifier (NPI) and either federal Tax Identification Number (TIN) or Employer Identification Number (EIN) must be enrolled separately for transactions with any given health plan that requires enrollment.



Home > Transaction Enrollment Need Help? [Watch a demo](#) for Transaction Enrollment

Transaction Enrollment Enrollment Status

[Get Support](#)

Enroll (highlighted with a red box)

- Enroll a provider (highlighted with a red box)
- Upload and enroll a list of providers
- Check status of upload

[Enrollment Admin Tools](#)

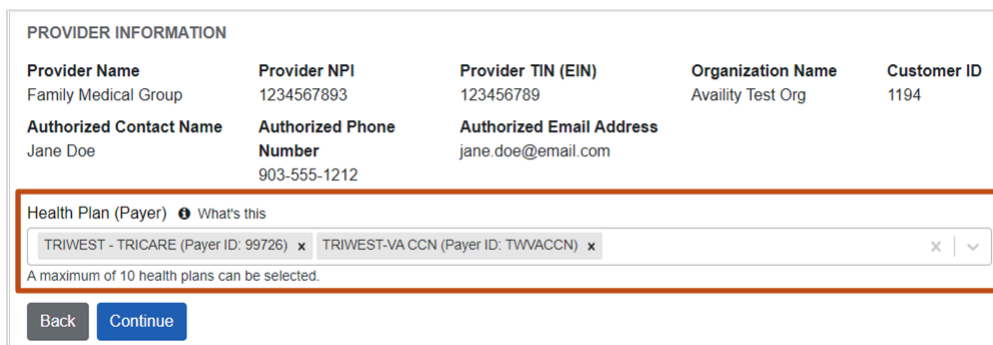
Complete your Transaction Enrollment Application.

Please select your organization to get started.

2. **Select Provider** – Complete the fields with information about the provider you are enrolling, and then select **Continue**.

3. **Select Health Plan** – In the **Health Plan (Payer)** field, select one or both of the following payers, and then select **Continue**.

- TRIWEST - TRICARE (Payer ID: 99726)
- TRIWEST - VA CCN (Payer ID: TWVACCN)



PROVIDER INFORMATION

Provider Name	Provider NPI	Provider TIN (EIN)	Organization Name	Customer ID
Family Medical Group	1234567893	123456789	Availity Test Org	1194
Authorized Contact Name	Authorized Phone Number	Authorized Email Address		
Jane Doe	903-555-1212	jane.doe@email.com		

Health Plan (Payer) ⓘ What's this

TRIWEST - TRICARE (Payer ID: 99726) x TRIWEST-VA CCN (Payer ID: TWVACCN) x

A maximum of 10 health plans can be selected.

[Back](#) [Continue](#) (highlighted with a blue box)

4. **Select Transaction** – For each payer you selected, select one or both of the following check boxes, and then select **Continue**.

- Select **Electronic Remittance Advice** to enroll to receive ERA files.
- Select **Electronic Funds Transfer** to enroll to receive claims payments via EFT.

Important: If you only selected **TRIWEST - TRICARE**, complete and submit the ERA enrollment and EFT enrollment separately in the following order.

- a. Select **Electronic Remittance Advice**, and then complete and submit the ERA enrollment.
- b. Select **Electronic Funds Transfer**, and then complete and submit the EFT enrollment.

SELECT TRANSACTIONS	
Health Plan (Payer)	Transactions
TRIWEST - TRICARE (99726)	<div> <input type="checkbox"/> Professional Claims <input type="checkbox"/> Institutional Claims </div> <div> <input checked="" type="checkbox"/> Electronic Remittance Advice <input checked="" type="checkbox"/> Electronic Funds Transfer </div> <p>NOTE: Please remember to also select TRIWEST-VA CCN TWVACCN if enrolling in both TRICARE and CCN. CCN applies to providers in TRICARE states: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, TX, UT, WA, WY. If enrolling for CCN and TRICARE, providers are strongly encouraged to enroll in EFT and ERA at the same time. If enrolling for TRICARE only, providers must first enroll in ERA and authenticate themselves through the Availity Remittance Viewer before enrolling in EFT.</p> <p>Download Enrollment Instructions</p>
TRIWEST-VA CCN (TWVACCN)	<div> <input type="checkbox"/> Professional Claims <input type="checkbox"/> Institutional Claims </div> <div> <input checked="" type="checkbox"/> Electronic Remittance Advice <input checked="" type="checkbox"/> Electronic Funds Transfer </div> <p>NOTE: Please remember to also select TRIWEST - TRICARE 99726 if enrolling in both TRICARE and CCN. TRICARE applies to providers in CCN states: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, TX, UT, WA, WY. If enrolling for CCN only or CCN and TRICARE, providers are strongly encouraged to enroll in EFT and ERA at the same time. Download Enrollment Instructions</p>

Note: If you are submitting an EFT enrollment and a check/EFT has not been authenticated for the providers you are enrolling, the Transaction Enrollment application will display an error message instructing you to use the Remittance Viewer application to authenticate a check/EFT.

- Add Financial Information** – If you selected **Electronic Funds Transfer**, complete the fields with information about the financial institution where your EFT payments will be deposited, and then select **Continue**.

Important: If you are completing both an ERA enrollment and an EFT enrollment, the option you select in the **Account Number Linkage to Provider Identifier** field for the EFT enrollment (this step) must match the option you select in the **Preference for Aggregation of Remittance Data** field (step 6 on page 3).

ADD FINANCIAL INFORMATION

Financial Institution Information:

Financial Institution Name What's this

Financial Institution Routing Number What's this

Type of Account at Financial Institution What's this
☐ Checking Account ☐ Savings Account

Provider's Account Number with Financial Institution What's this

Account Number Linkage to Provider Identifier What's this
☐ Provider Tax Identification Number (TIN) / Employer Identification Number (EIN) ☐ National Provider Identifier (NPI)

Submission Information:

- Submit Enrollment** – Verify the enrollment information is correct, and then select **Submit Enrollments**.

Important: If you are completing both an ERA enrollment and an EFT enrollment, the option you select in the **Preference for Aggregation of Remittance Data** field for the ERA enrollment (this step) must match the option you select in the **Account Number Linkage to Provider Identifier** field for the EFT enrollment (step 5).

SUBMIT ENROLLMENTS
TRIWEST HEALTHCARE ALLIANCE (TWVACCN) Electronic Remittance Advice Download Enrollment Instructions <div style="border: 2px solid red; padding: 5px;"> Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) ⓘ <input type="radio"/> National Provider Identifier (NPI) <input type="radio"/> Tax Identification Number (TIN) </div>
TRIWEST - TRICARE (99726) Electronic Remittance Advice This health plan (payer) requires additional paperwork. Download Enrollment Instructions <div style="border: 2px solid red; padding: 5px;"> Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) ⓘ <input type="radio"/> National Provider Identifier (NPI) <input type="radio"/> Tax Identification Number (TIN) </div>
Reason for Submission: Enrollment

After you submit the enrollment:

- You will receive enrollment status updates via email from TriWest. will still be sent from the health plan to providers via E-mail with their existing processes. You can manually update your enrollment status in the Transaction Enrollment application by selecting **Update Status** from an enrollment card's action menu.

Note: If a communication error occurs when you submit an enrollment, you will receive an email notification from TriWest.

- To change or cancel an existing enrollment, call the PGBA EDI Help Desk at 1-800-259-0264, and then select one of the following options:
 - Option 1 – TriWest
 - Option 2 – EDI/ERA
 - Option 3 – EFT

Help, training, and support

Help

In the Availity Essentials primary navigation bar, select **Help & Training | Find Help**. Search by keywords **transaction enrollment**.

Or, go directly to the [Enroll providers](#) topic.

Training

In the Availity Essentials primary navigation bar, select **Help & Training | Get Trained**. Search by keywords **Transaction Enrollment**.

Or, go directly to the [Transaction Enrollment](#) training demo.

Support

In the Availity Essentials primary navigation bar, select **Help & Training | Availity Support**. Access online support ticketing and online chat. Or, call 800-282-4548 (800-AVAILITY).