

CDPHP ZPC Portal User Reference Manual

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CDPHP ZPC Portal Frequently Asked Questions

What is the difference between the Registration and Enrollment?

Registration is the process a provider follows to request access to the CDPHP ZPC Portal.

Once registered for the CDPHP ZPC Portal, the provider can setup their login credentials and start their enrollment process for their bank account(s).

How would a provider know if their registration was successful?

The provider's request for registration must be verified prior to enrolling their bank account. Once verified, the provider will be sent an email with instructions on how to create their login credentials for the CDPHP ZPC Portal. Providers should allow 5 to 7 business days for this process to be completed.

How would a provider know if their enrollment was successful?

Providers can check the status of their bank account(s) via the CDPHP ZPC Portal. After a provider has submitted their bank account enrollment, the CDPHP ZPC Portal will display the status of their enrollment.

How would a billing company or third-party biller enroll on behalf of their providers?

CDPHP ZPC Portal does not support registration or enrollment from billing companies nor third party billing agencies at this time.

How can a provider get assistance with their registration or enrollment (e.g., Getting started, updating account information or primary contact, etc.)?

The provider can contact the Support team by calling (877) 882-0384, Monday through Friday 9:00 am to 8:00 pm EST for questions related to registration and enrollment.

How can a provider get assistance after their enrollment is complete (e.g., Network, Payment, or claim-related inquiries)?

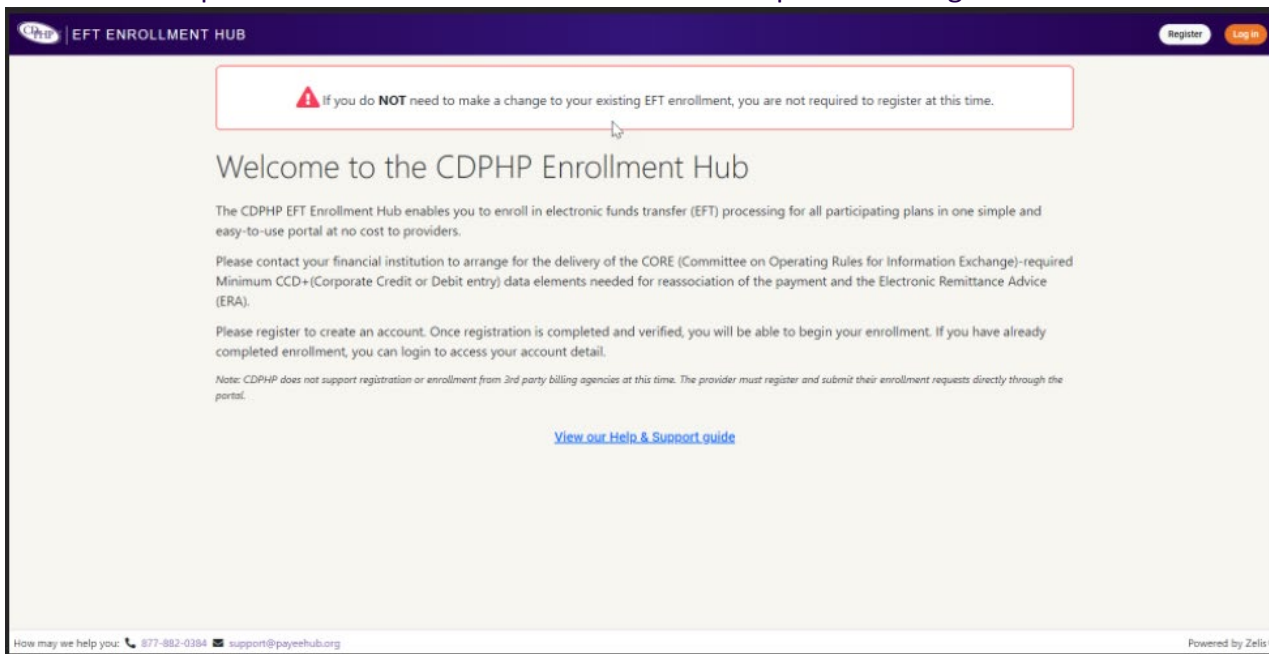
The provider should contact their local CDPHP Provider Relations Representative for further assistance.

How to Request Registration for CDPHP ZPC Portal

The provider submitting the CDPHP ZPC Portal registration should be authorized to make payment related decisions for the practice. CDPHP ZPC Portal does not support registrations or enrollments from billing companies nor third party billing agencies.

To register, the provider creates an account with CDPHP ZPC Portal to become verified. Once verified, the provider may select the bank account they wish to receive their ACH payments. The provider must register and submit their enrollment requests directly through the CDPHP ZPC Portal EFT Enrollment Hub.

Once the provider has selected the **Register** link at the top of the screen, they will be walked through a series of steps to obtain the information needed to complete their registration.



Provide Tax ID Number (TIN) or Employer ID Number (EIN)

The provider will enter their TIN or EIN in the field provided and select **Verify** to confirm eligibility.

Once verified, the provider will select **Continue**.

Only one registration can be completed per Tax ID Number (TIN). The provider will receive on-screen instructions if their TIN has already been utilized to initiate a registration.

EFT ENROLLMENT HUB

1 **Verify TIN or EIN** 2 Provider Information 3 Upload W-9 Form 4 Review & Submit

Step 1

Let's see if your Tax ID Number (TIN) or Employer ID Number (EIN) is in our system

TIN or EIN Verification

In order to continue, we need to verify if your TIN or EIN is in our system. Only the primary assignee of the TIN or EIN will be permitted to register.

Tax ID Number (TIN or EIN) **Verify**

Provider TIN should be exactly 9 characters

Continue

How may we help you? 877-882-0384 support@payeehub.org

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Provide Practice and Contact Information

The provider populates the **Provider Information** and **Provider Contact Information** fields. Required fields are indicated with an *. Once completed, the provider selects **Continue**.

EFT ENROLLMENT HUB

1 Verify TIN or EIN 2 **Provider Information** 3 Upload W-9 Form 4 Review & Submit

Step 2

Let's collect some information about you

Provider Information

Provider Name *

TIN or EIN * NO *

Street *

Street (continued)

City *

State * Select

Zip Code *

Provider Contact Information

First Name * Last Name *

Title *

Phone *

Email *

Confirm Email *

* indicates a required field

Continue

How may we help you? 877-882-0384 support@payeehub.org

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Upload Copy of W-9 Form

For security purposes, the provider is required to submit a W9 associated with the TIN or EIN being enrolled. The provider should ensure the W9 being submitted is signed and dated within the last 3 years.

The provider chooses **Select File** to open the file explorer window in their browser and locates the appropriate file. Once attached, the provider selects **Continue**.

Step 3
Upload your W-9 Form for verification purposes

Upload W-9
In order to continue, we need you to upload your W-9 form so that we can use this in our provider verification process

No file selected

Go Back

Continue

How may we help you? 877-662-0384 support@payrhub.org

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Review Information Provided

The provider will be asked to review the information they have entered. If correct, the provider selects **Submit**. If any of the information is incorrect, the provider selects **Go Back**.

Step 4
Please review the information provided before you submit your request

Provider Information

Provider Name: Edward Drake
TIN or EIN: 141641031
NPI: 1416410311
Street: 123 Atlanta St
Street (continued):
City: Atlanta
State: GA
Zip: 12345
Dental Provider: No

Provider Contact Information

First Name: Edward
Last Name: Drake
Title: PhD
Telephone Number: (555) 555-5555
Email Address: edward.drake@zello.com

W9 File

File Name: ScreenshotNeeded.pdf
File Size: 297.12KB

Go Back

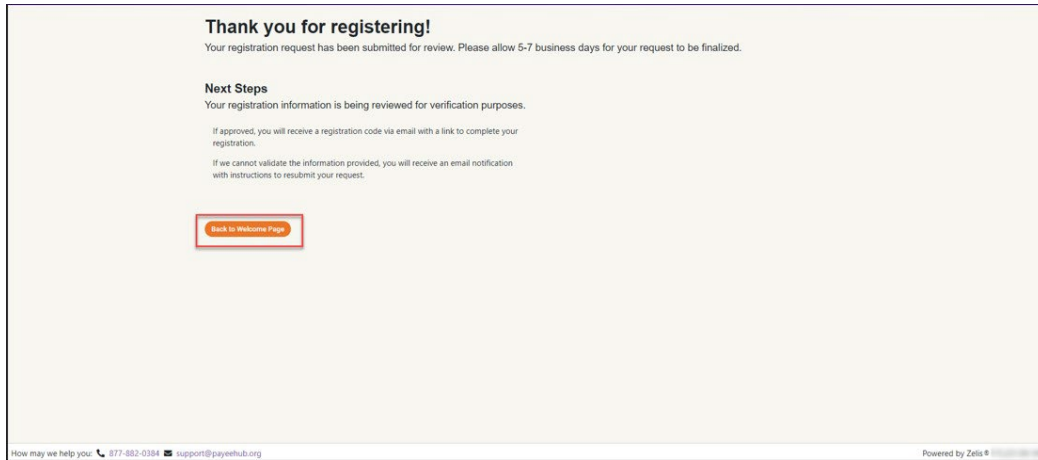
Submit

How may we help you? 877-662-0384 support@payrhub.org

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Registration: Next Steps

Once the provider has reviewed the information entered and selected **Submit**, they have successfully requested an account be created for their practice. The provider will have the option to return back to the Welcome Page.



Note: The provider will be sent an email with instructions on how to create their login credentials within 5 to 7 business days.

Completing Registration

Choosing Username and Security Questions

Email instructions will direct the provider to confirm their user account and complete registration. The provider will be asked to choose a username. The provider will enter the desired username and select **Check username** to ensure it is not already in use. Once completed, the provider will select two security questions and fill out each answer accordingly.

The provider will review all information displayed on the screen for accuracy. The provider will review the agreement, click the **I agree to the Site Agreement** checkbox, then click **Finish Registration**.

Complete your registration
Please review your registration information below for accuracy

Provider Information		Provider Contact Information	
Provider Name	Brandon UAT 3	First Name	Brandon
TIN or EIN	453484234	Last Name	UAT3
ABN	111111111	Title	admin
Street	123 Test Street	Telephone Number	(123) 123-1234
Street/Postoffice	Suite 4	Email Address	brandon.miguel@cdphp.com
City	Test City		
State	PA		
Zip	45229		
Debtal Provider	Yes		

Create a Username

Username: Check Username

✓ Username is available

Select Your Security Questions

Question 1 *	Answer 1 *
What is your first pet's name?	None
Question 2 *	Answer 2 *
What is the make and model of your first car?	ford focus

Site Agreement

☒ Agree to the Site Agreement

Finish Registration

Creating a Password

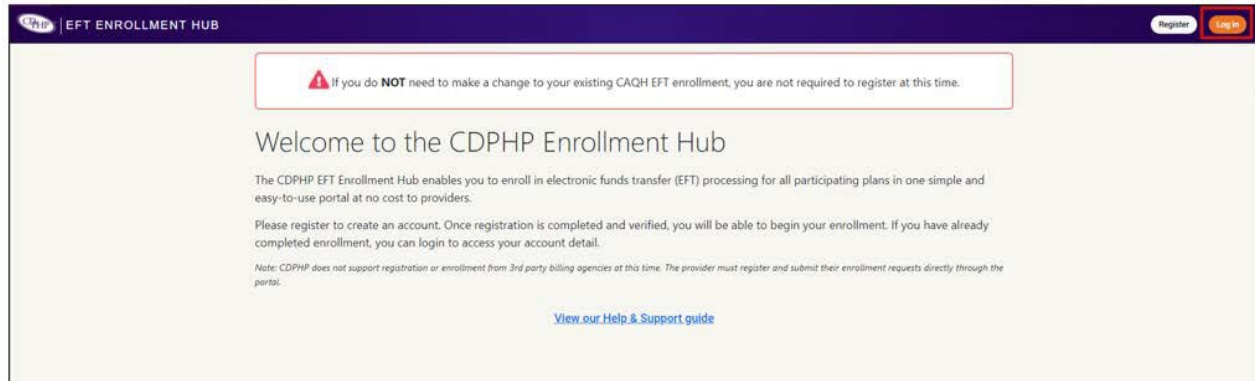
After the provider has finished registering, they should receive an e-mail titled **“Please Create Your Password”** that will contain a link allowing them to create a password. The provider will fill out the fields provided and select **Create Password**.

Congratulations! The provider has now completed their registration and are ready to submit their enrollment(s). The provider will select please click **here** to login.

How to Login and Logout


How to Login

The provider will go to <https://cdphp.payeehub.org/> and will be directed to the CDPHP ZPC Portal Welcome screen. From the Welcome screen the provider will select **Login**.



The provider will type their credentials in the User Name and Password fields provided and click **Login**. After they are successfully logged in, the provider will be redirected to their CDPHP ZPC Portal homepage.



 Log in to the CDPHP

User Name

Password

☐ Remember My Login

[Sign up Now!](#)
[Forgot Password? \(Reset Password\)](#)
[Recover Account Name\(s\)](#)

How to Reset Password or Recover Account Name

The provider will go to the Login page and click **Forgot Password? (Reset Password)** link to have the reset instructions sent to them by email. When the email is received the provider will follow the instructions provided.



Password Recovery or Reset

Please provide your username.

If your account is found, you will receive an email with a link to reset your password.

User Name

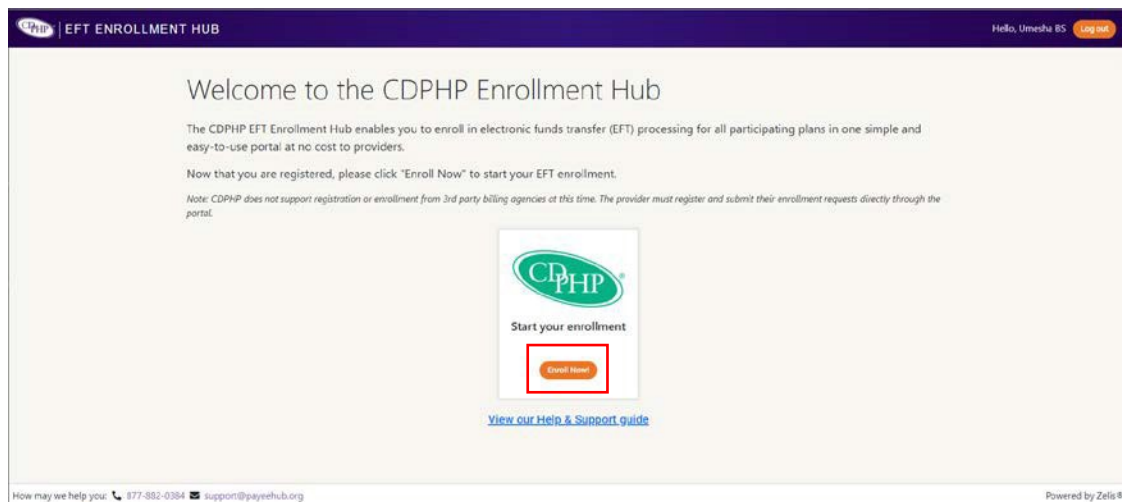
How to Logout

The **Logout** button is located in the upper-right hand corner of the CDPHP ZPC Portal Portal.



How to Submit Enrollment for CDPHP ZPC Portal

Once the provider has successfully logged in, they will be able to start their enrollment(s) by selecting **Enroll Now!**



Enrollment

The following section of this manual will provide step-by-step instructions on how to complete enrollment:

The provider will be asked to map the NPI(s) they want to associate to the bank account(s) provided during the enrollment process.

The provider will be required to re-validate the TIN or EIN that was submitted during registration, to ensure the enrollment is linked to the correct account.

The screenshot shows a four-step enrollment process. Step 1 is highlighted. The steps are: 1. Enrollment Type, 2. Provider Information, 3. Bank Information, and 4. Review & Finish. Step 1 is titled 'Step 1' and 'Tax Identification Number (TIN) or Employer ID Number (EIN) Verification'. It states: 'In order to continue, we need to verify and see if your TIN or EIN is located in our system.' Below this, there is a text input field labeled 'TIN or EIN Verification' and a button labeled 'CL Verify TIN or EIN'. A note below the button says: 'The TIN or EIN entered should match the TIN or EIN provided during registration.' At the bottom of the page, there is contact information: 'How may we help you? 877-882-0384 support@paychex.org' and 'Powered by Zella'.

NPI Enrollment

The provider will be asked to verify each NPI they would like associated with their enrollment. This information must match the TIN or EIN submitted during registration. Any NPIs added during enrollment must be allocated to a specific bank account. If the provider does not intend to enroll an NPI in EFT, it should not be added during this step.

The provider populates the NPI in the appropriate field and selects **Add NPI**. If an incorrect NPI is added, the provider can remove it by selecting **Remove**. Once all NPIs have been added, the provider selects **Continue**.

EFT ENROLLMENT HUB Hello, Doctor [Log In](#)

1 Enrollment Type 2 Provider Information 3 Bank Information 4 Review & Finish

Step 1

Select your enrollment type

Please indicate the provider's preference for the level of EFT enrollment

☒ **National Provider Identifier (NPI)**
Select this option if multiple bank accounts under this TIN or EIN will be enrolled and associated to specific billing NPI(s). You will be asked to map the NPI(s) you want to associate to the bank account(s) provided during your enrollment.

NPI Verification [Add NPI](#)
The NPI entered must be 10 digits

Approved NPI(s) [Add NPI](#)

[Continue](#)

How may we help you? 877-862-0384 support@payeehub.org Powered by Zella®

The provider will be asked to review the Practice and Contact Information submitted during registration. Once reviewed, the provider selects **Continue**.

1 Enrollment Type 2 Provider Information 3 Bank Information 4 Review & Finish

Step 2

Please review the registered provider information and provider contact information for accuracy.
Contact PayeeHUB support at 877-862-0384 if a change to the primary contact is needed.

Provider Information

Provider Name:
 TIN or EIN:
 NPI:
 Street:
 Street (continued):
 City:
 State:
 Zip:
 Dental Provider:

Provider Contact Information

First Name:
 Last Name:
 Title:
 Telephone Number:
 Email Address:

[On Back](#) [Continue](#)

How may we help you? 877-862-0384 support@payeehub.org Powered by Zella®

The provider will submit the Banking Information for their enrollment(s). The provider will be required to submit a digital copy of a Bank Verification Document during this portion of the enrollment. The provider should review the requirements carefully to avoid delays.

The provider will select **Add Bank Account**.

Step 3

Banking Information ←

Please provide the banking information that you wish to link to this enrollment. Select the 'Add Bank Account' button to get started.

Add Bank Account

Go Back **Continue**

How may we help you? ☎ 877-882-0384 ✉ support@payeehub.org

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The provider will enter as many bank accounts as required until all NPIs provided have been allocated. The Bank Verification Document must be in PDF format and be less than 5MB in size. Once all required fields have been entered, the provider will select **Add Bank Account**.

Banking Information

Please provide the banking information that you wish to link to this enrollment. Select the 'Add Bank Account' button to get started.

Bank Account Information ←

Type of Account at Financial Institution *

Financial Institution Name *

Financial Institution Routing Number *

Re-enter Financial Institution Routing Number *

Provider Account Number with Financial Institution *

Re-enter Provider Account Number with Financial Institution *

* indicates a required field

Bank Verification Document * ←

Please upload a digital image of either:
A voided check (deposit ticket is not acceptable; routing numbers may be different)
OR
A letter from your financial institution - confirming the provider bank account and routing number. (The verification letter must be on bank letterhead and include a bank authorizer name, title, physical address, email address, phone number, signed and dated within 90 days.)

Bank Doc.pdf **Select File**

File only accept pdf files and files less than 5MB in size

✓ File uploaded

Associated NPI(s) for this Bank Account

Available NPI(s): 4324324324

Associated NPI(s): 2342343243, 3423432432 ←

Cancel **Add Bank Account**

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Once the provider has submitted at least one bank account for an NPI level enrollment, the box on the right-hand side of the screen will advise which NPI(s) remain to be distributed. The provider will select the **Add Bank Account** button and repeat the steps detailed above until there are no remaining NPI(s).

Step 3

Banking Information

Please provide the banking information that you wish to link to this enrollment. Select the 'Add Bank Account' button to get started.

Bank Name	Account	Type	Linkage	Status
Bank of America	1234567890	Checking	Yes	Active

Add Bank Account

NPIs left to distribute:

Go Back **Continue**

How may we help you? ☎ 877-882-0384 ✉ support@payrehub.org Powered by Zella

Once all required bank accounts are displayed, the provider will select **Continue** to review and submit their enrollment.

Step 3

Banking Information

Please provide the banking information that you wish to link to this enrollment. Select the 'Add Bank Account' button to get started.

Bank Name	Account	Type	Linkage	Status
Bank of America	1234567890	Checking	Yes	Active

Add Bank Account

NPIs left to distribute:

Go Back **Continue**

How may we help you? ☎ 877-882-0384 ✉ support@payrehub.org Powered by Zella # 10.9.128.218

The provider will review the information they have entered for accuracy. Once completed, the provider should review the Terms of Service, click the **I Agree to the Terms of Service** checkbox, then click **Submit**.

Step 4
Review & Submit Your Enrollment
 Please review the information below for accuracy. Select the Edit button next to the section to make any adjustments.

Provider Information [Edit](#)

Provider Name: Brandon UAT 3
 TIN or EIN: 45345434
 NPI: 1111111111
 Street: 123 Test Drive
 Suite: Suite 4
 City: Test City
 State: TX
 Zip: 45226
 Dental Provider: No

Provider Contact Information [Edit](#)

First Name: Brandon
 Last Name: UAT3
 Title: Admin
 Telephone Number: (123) 123-1234
 Email Address: brensonmgaur@bex.com

Banking Information [Edit](#)

Bank Name	Account	Type	Linkage	Status
Bank of America	*****0001	Checking	TIN	Not Set

Enrollment Details [Edit](#)

Enrollment Type: EFT

Terms of Service

☐ I Agree to the Terms of Service [Click here for provider handy version](#)

[Go Back](#) [Finish](#)

A confirmation message will display to let the provider know that the enrollment process is complete. The provider will click **Finish** to be directed to the homepage.

You've successfully submitted your enrollment!
 A confirmation email will be sent shortly to the email address on file.

Next Steps:
 Your enrollment will be reviewed by a member of the PayeeHUB support team, and you will be contacted within 5-7 business days for verification purposes.
 If approved, the enrollment information provided will be enabled for EFT within an additional 2-3 business days.

[Finish](#)

How may we help you? ☎ 877-882-0384 ✉ support@payeehub.org

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Enrollment Submitted: Next Steps

All enrollments are subject to a two-step verification process. Provider should allow 5 to 7 business days for this process to be completed.

After the provider has submitted their enrollment, the CDPHP ZPC Portal homepage will display the status of any enrollments associated with the account.

Once verified, the “Status” field associated with each enrollment will be updated from **Enrollment Request Pending** to **Active**.

CDPHP EFT ENROLLMENT HUB

TIN: *****1028 | Hello, Umsha [Log out](#)

Welcome to the CDPHP Enrollment Hub

The CDPHP EFT Enrollment Hub enables you to enroll in electronic funds transfer (EFT) processing for all participating plans in one simple and easy-to-use portal at no cost to providers.

View, manage and add additional EFT enrollments below.

Note: CDPHP does not support registration or enrollment from 3rd party billing agencies at this time. The provider must register and submit their enrollment requests directly through the portal.

Current Enrollments

Bank Name	Account	Type	Linkage	Status	
NPI LEVEL CDPHP	*****1234	Checking	NPI	Enrollment Request Pending	Details

[Enroll More](#)

[View our Help & Support guide](#)

How may we help you: ☎ 877-882-0384 ✉ support@payeehub.org

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How to Manage Enrollment

Once an enrollment has been accepted by the payer(s), the provider will be able to perform the following action(s) directly through the CDPHP ZPC Portal:

- 1.) View Details
- 2.) Edit
- 3.) Suspend Enrollment
- 4.) Cancel Enrollment

For security purposes, if the provider needs to make any changes to the contact information provided during the registration process (e.g., Name, Email Address, Phone Number, etc.), they must contact the Support team at (877) 882-0384 for assistance.

Note: Any user account that is suspected of irregular activity by the Support team will be flagged for review and subsequently locked for access.

Edit Enrollment

A provider can edit an existing enrollment once it is in an Active status. The types of edits that can be made to an enrollment will vary based on the enrollment type (NPI level).

The provider will select **Edit** and choose the radio button indicating: “I want to add/remove an NPI associated with this enrollment” and will select **Confirm** to continue.

Bank Name Account Type Linkage Status

Active

Details Edit Suspend Cancel

Edit NPI Level Enrollment

How would you like to modify your existing enrollment

☒ I want to add/remove an NPI associated with this enrollment

☐ I want to convert this bank account to a TIN level enrollment

Cancel Confirm

Once the provider chooses the NPI(s) to add or remove from the existing bank account, the provider can select **Submit**. The enrollment status will then be updated to **Change Enrollment Requested** and the enrollment information will be submitted to the payer(s) for approval.

Once approved, the status will be updated to **Active**.

Note: Only payer-approved NPIs can be associated to the existing enrollment.

Bank Name Account Type Linkage Status

Details Edit Suspend Cancel

Edit NPI Level Enrollment

NPI Management

You can either add a new NPI and associate it with this bank account or remove an NPI from this bank account by removing it from the associated NPIs list. If you remove all NPIs from this bank account and click 'Confirm', you will be asked to acknowledge cancelling this EFT Enrollment.

Add an NPI

The NPI entered must be 10 digits

Add NPI

Removed/Available NPI(s)

Associated NPI(s)

1111111111

4444444444

Cancel Edit Submit

Suspend Enrollment

In the event fraudulent account activity is suspected by the provider, an immediate suspension request can be submitted by selecting the **Suspend** button. The provider will be prompted to confirm the suspension before any action is taken.

Current Enrollments

Bank Name	Account	Type	Linkage	Status	
				Active	Details Edit Suspend Cancel

Selecting **OK** will update the enrollment status to **Suspension Request Pending**. An immediate notification will be sent to the Support team to alert the payer(s) of the request to suspend.

Bank Name	Account	Type	Linkage	Status	
Bank of America	*****0005	Savings	TIN	Suspend Request Pending	Details Cancel

The payer(s) will be responsible to perform the bank account suspension to prevent further payments from being dispersed to the bank account. A confirmation will be provided to the Support team once successful. The enrollment status will be updated to **Suspended** upon confirmation.

Note: The provider must contact the Support team directly to request the reactivation of their enrollment. If fraudulent activity is suspected on multiple bank accounts and/or the user account is compromised, the provider can request a complete account lock to prevent further access.

Cancel Enrollment

A provider can cancel their enrollment at any time, by selecting the **Cancel** button under the **Current Enrollments** section of the portal.

Current Enrollments

Bank Name	Account	Type	Linkage	Status	
				Active	Details Edit Suspend Cancel

Once the **Cancel** button is selected, the provider will be prompted to confirm the cancellation. Selecting **OK** will update the enrollment status to **Cancel Enrollment Request Pending** and the information will be sent to the payer(s) for approval.

Bank Name	Account	Type	Linkage	Status	
				Cancel Enrollment Request Pending	Details

Upon confirmation of cancellation by the payer(s), the enrollment status will display as **Cancelled**.

Bank Name	Account	Type	Linkage	Status	
				Cancelled	Details

For more information or additional questions regarding the CDPHP ZPC Portal Enrollment Hub portal, the provider can contact the Support team by calling (877) 882-0384, Monday to Friday 9:00 am to 8:00 pm, EST.