



Frequently Asked Provider Questions

Allways Health Partners



Preface

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Document Purpose

This document is intended to assist clients in answering provider questions about the Virtual Credit Card (VCC), Automated Clearing House (ACH)/Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) provided through ECHO Health Inc., a partner of Change Healthcare.

During the implementation process, Change Healthcare offers a provider notification letter that at the client's choice, can be mailed or faxed to the provider community. The first question of the FAQ addresses why a provider is receiving the letter and how the client can respond.

Basic Questions

1. Why is there a new payment system being offered?

The new payment system will allow your office the ability to receive a virtual credit card (VCC), an Automated Clearing House (ACH)/Electronic Funds Transfer (EFT), or check payment. **Allways Health Partners** is implementing this new payment system to meet providers' requests for more payment options.

2. Who is ECHO Health Inc.?

ECHO Health Inc. is a leading provider of electronic solutions for payments to healthcare providers. ECHO consolidates individual provider and vendor payments into a single compliant format approved by the Employee Retirement Income Security Act of 1974 (ERISA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), remits electronic payments, and provides an explanation of provider payment details to Providers.

3. What are the payment methods available through ECHO?

- Virtual Credit Card (VCC) – Virtual debit transaction.
- ACH/EFT – Automatic deposits direct from the clients' bank to your bank account.
- Paper Checks by mail.
- MPX (Medical Payment Exchange) – A check replacement solutions.

4. What does payment consolidation mean?

It is a consolidation process for the provider documents which include paper checks, virtual card payments, and ACH. The standard consolidation process applies to the following payment modalities: The paper checks or virtual card payments are consolidated using the Provider Tax ID and Provider Address. ACH payments are consolidated based on the group setup and if the provider enrollment is by provider TIN and NPI or Provider TIN only.

5. How do I contact ECHO if I am having technical support issues?

For assistance with any technical support issues, providers can contact ECHO at (888) 834-3511.

Virtual Card

1. What is required to accept a Virtual Credit Card (VCC)?

Your office must be able to accept credit card payments. Processing VCC payments is like accepting and entering patient payments via credit card into your payment system. If you are not currently able to accept credit card payments, please contact the support team **800-895-0713** for other processing options.

2. How do I receive notification of a Virtual Credit Card Payment?

Your office will receive fax or mail notifications, each containing a virtual credit card with a number unique to that payment transaction. Also included is an instruction page on how to process the payment. See the instruction page example provided at the end of this section.

3. Can my Virtual Credit Card Payment be emailed?

The first attempt to receive a virtual credit card is by fax, if unsuccessful then by mail. At this time, virtual credit cards cannot be emailed for security purposes.

4. What are the advantages of Virtual Credit Card?

As part of this process, an improved Explanation of Payment (EOP) will be introduced that combines payment information, instructions, and remittance data in a single document. Detailed explanations for each **Allways Health Partners** payment you receive will be available for review online at www.providerpayments.com. Virtual Credit Card payments are not subject to printing and mailing delays commonly associated with paper checks.

5. What will happen if I do not process my Virtual Credit Card within 60 days?

If the virtual credit card is not processed within 60 days, the transaction will be voided, and a new payment will be issued to your office in another payment method such as ACH or check.

6. What else should I know about Virtual Credit Cards?

Normal credit card transaction fees apply. When a fax number is available, payments are received 3-7 days earlier than paper checks sent by U.S. Postal Service®.

7. How do I opt out of the Virtual Credit Card?

To opt out of the virtual credit card providers can visit www.echovcards.com to manage their payment online. They can also contact ECHO directly at **800-895-0713**.

8. Are Virtual Credit Cards ever re-introduced?

Virtual credit cards can be re-introduced when a provider fails to enroll in other forms of electronic settlement. This will occur based on several factors including the duration since opt out, and the prevalence of card settlement for other payers. Enrolling in ACH is the best method to prevent card reintroduction.

9. Can I Opt into the Virtual Credit Card option?

The virtual credit card is an opt out only option. The option to Opt in is not available.

10. Will there be any disruption to payment?

There will be no disruption in payment.

Virtual Credit Card Instruction Page

QuicRemit Payment Notification



Dear Provider:

The attached remittance includes a QuicRemit virtual card payment. This electronic payment is being provided to you courtesy of ECHO Health Inc. For your convenience, we have consolidated multiple claims into a single payment when possible. This electronic payment is a voluntary option and does not require enrollment or any bank routing information.

For assistance in processing a QuicRemit Payment see below:

- The payment has been issued on a Commercial MasterCard
- To begin, simply input the 16 digit number into your merchant terminal
- If a security code is required, the CVC2 code is included on the card
- If your merchant terminal requires an address, please use the following:
810 Sharon Drive
Westlake OH 44145
- The Payment can be processed one time or itemized.
- Transaction Fees are based on normal MasterCard rates
- To decline this accelerated payment, please contact QuicRemit at the number below.
- Declining QuicRemit will prevent this accelerated payment from being offered again.

**For assistance processing this payment, please contact QuicRemit at (888) 492-5579
Customer service hours Monday - Friday 8AM - 6PM Eastern Time.**

IMPORTANT NOTICE REGARDING TRANSMISSIONS OF PROTECTED HEALTH INFORMATION: Protected Health Information (PHI) is individually identifiable health information within the meaning of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder. Any PHI contained in this fax is intended only for the intended recipient and is disseminated subject to the understanding that all requirements of HIPAA and other applicable laws for this disclosure have been met. If this communication contains PHI, you are receiving this information subject to the obligation to maintain it in a secure and confidential manner. Re-disclosure without additional consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties as described in state/federal law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message in error, please notify the sender immediately to arrange for return or destruction.

Payment technology licensed under U.S. Patent RE43904 and U.S. Patent RE44478.

Electronic Funds Transfer - EFT

1. Is EFT/ACH available?

Yes, electronic deposits to your bank accounts are available. Transaction fees by your bank may apply.

2. What information do I need for EFT registration?

In addition to your banking account information, you will need to provide your tax identification number along with an ECHO draft number and payment amount as part of the enrollment authentication. If you do not have a draft number, you can contact the customer service at ECHO for assistance (888) 834-3511.

3. How do I sign up for EFT?

You have two enrollment options to sign up for EFT:

Option 1

Enrollment with only **Allways Health Partners, (no fees apply)** visit, <https://enrollments.echohealthinc.com/EFTERADirect/AllwaysHealthPartners>

Option 2

Enrollment to receive EFT from **All Payers** processing payments on the Settlement Advocated platform (A fee for this service will apply) visit, <https://enrollments.echohealthinc.com>

4. How do I check the status of my EFT enrollment?

To check the status of an EFT enrollment, providers can contact customer support at ECHO (888) 834-3511.

5. What will my bank statement reflect once the EFT transaction is processed?

The payment will appear on your bank statement from Huntington Bank and ECHO as "HNB – ECHO".

6. What website do I access to view my provider documents?

Provider documents can be accessed from www.ProviderPayments.com

7. Is there a user guide available?

To access the Provider Payments Portal Quick Reference Guide, go to www.ProviderPayments.com and log in your account information. The User Guide can be accessed by selecting the Help button on the portal.

Electronic Remittance Advice - ERA

(also known as an 835 file)

1. How do providers enroll to receive 835 files from their desired clearinghouse for ECHO payments?

- ECHO can supply the hard copy ANSI 835 Enrollment Form.
- The provider may access: <https://enrollments.echohealthinc.com> and select the option to enroll in an ERA only.

2. Is a single enrollment for all payers available or do I have to enroll for each payer separately?

Single and multiple payer enrollments are available. If a single enrollment is preferred, use the ANSI 835 Enrollment Form. If multiple payer enrollments are desired, this is completed automatically using the online ERA enrollment. A fee may apply.

3. Are there fees associated with the ERA enrollment?

Fees are not applied to an ERA only enrollment.

4. Who do I contact if I have not received my 835 files?

- You may send an e-mail to EDI@echohealthinc.com or
- Contact Customer Service at (888) 834-3511, Monday to Friday, between the hours of 8 am to 6 pm, EST.

5. What is the standard naming convention for the 835 files?

If the provider is receiving payments from ECHO directly, the file naming convention is "ANSI835_ProviderTIN_UniquelIdentifier"

6. How soon after I enroll will I receive my 835 files?

You will receive your 835 with next issued payment.

7. What is an Electronic Remittance Advice (ERA)?

An ERA is an electronic file that contains claim payment and remittance information. It is often referred to by its HIPAA transaction number, 835.

8. What are the advantages of receiving ERAs?

In conjunction with practice management software packages that can handle an ERA (also known as an 835 file), it is possible to reduce manual posting of claim payments and reconciling patient accounts, thereby saving your practice time and money.

9. Do I need a special computer software to use ERAs?

To use ERA, you will either need practice management software that can import an ASC X12 Health Care Claim Payment/Advice (835) transaction, version 5010A1; or you will need to contract with a clearinghouse (such as Change Healthcare) that can translate this format to one that your practice management system can import.

10. Why doesn't the information on my ERA match my paper remittance advice?

Paper remittance advices are a proprietary product of the payer, so they can utilize a custom design and proprietary code sets. However, ERAs are regulated by HIPAA and must use mandated data elements and code sets, such as claim status codes and adjustment reason codes. These codes are not the same as the payer's internally developed codes available on paper remittance advices. Consequently, the wording for these codes may not match, but they will still convey the same general meaning.

11. Are pended claims included in ERAs?

No. ERAs only include final status paid or denied claims.

MPX – Medical Payment Exchange

1. What is MPX - Medical Payment Exchange?

Offered in partnership with Deluxe Corporation, this payment option includes the digital presentment of three payment modalities – 1) eCheck 2) VCC 3) ACH. Specifically targeted to providers who have never enrolled for ACH and have opted-out of VCC.

Key Provider Benefits

- Opt-In model
- Quick settlement
- Payment flexibility

2. Are providers required to use MPX?

No, MPX is an opt-in model. If a provider has any difficulty in finding their payment or remittance, they are directed to contact our support team. If a provider calls you for help, please ask the provider to call our support team at 888.471.3920.

3. How will I tell if a provider has been paid through MPX?

The unified Interface (UI) will carry all the payment details. The Details tab of the UI will specify the exact activity the payment has gone through.

See the section below containing examples of all status options for MPX Payments.

4. How will I tell if the payment has cleared?

The UI Draft Status Page will continue to report if payment has cleared or not. For the checks sent electronically, you will continue to see the front and back of all cleared checks.

For the items that have cleared through the MPX ACH or MPX VCC, you will see the clearing under the eCheck number we assigned during processing.

5. What if a provider has disputed payment once I see it has cleared?

Simply forward that call to the ECHO call center at 833.318.7212.

6. What if a provider would like to opt out of MPX?

Providers wishing to Opt Out of MPX should contact the Deluxe Healthcare team at 888.471.3920 then Option 2, 888.471.3920 then Option 2

7. What if a provider has other questions including EFT enrollment, or they need assistance with the echochecks.com website?

Simply forward that call to the ECHO call center at 833.318.7212.

Change Healthcare is inspiring a better healthcare system.

Change Healthcare is a key catalyst of a value-based healthcare system – working alongside our customers and partners to accelerate the journey toward improved lives and healthier communities. While the point of care delivery is the most visible measure of quality and value, we are a healthcare technology solutions company that uniquely champions the improvement of all the points before, after, and in-between care episodes. With our customers and partners, we are creating a stronger, better coordinated, increasingly collaborative, and more efficient healthcare system that enables better patient care, choice, and outcomes at scale. For more information, www.changehealthcare.com.

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