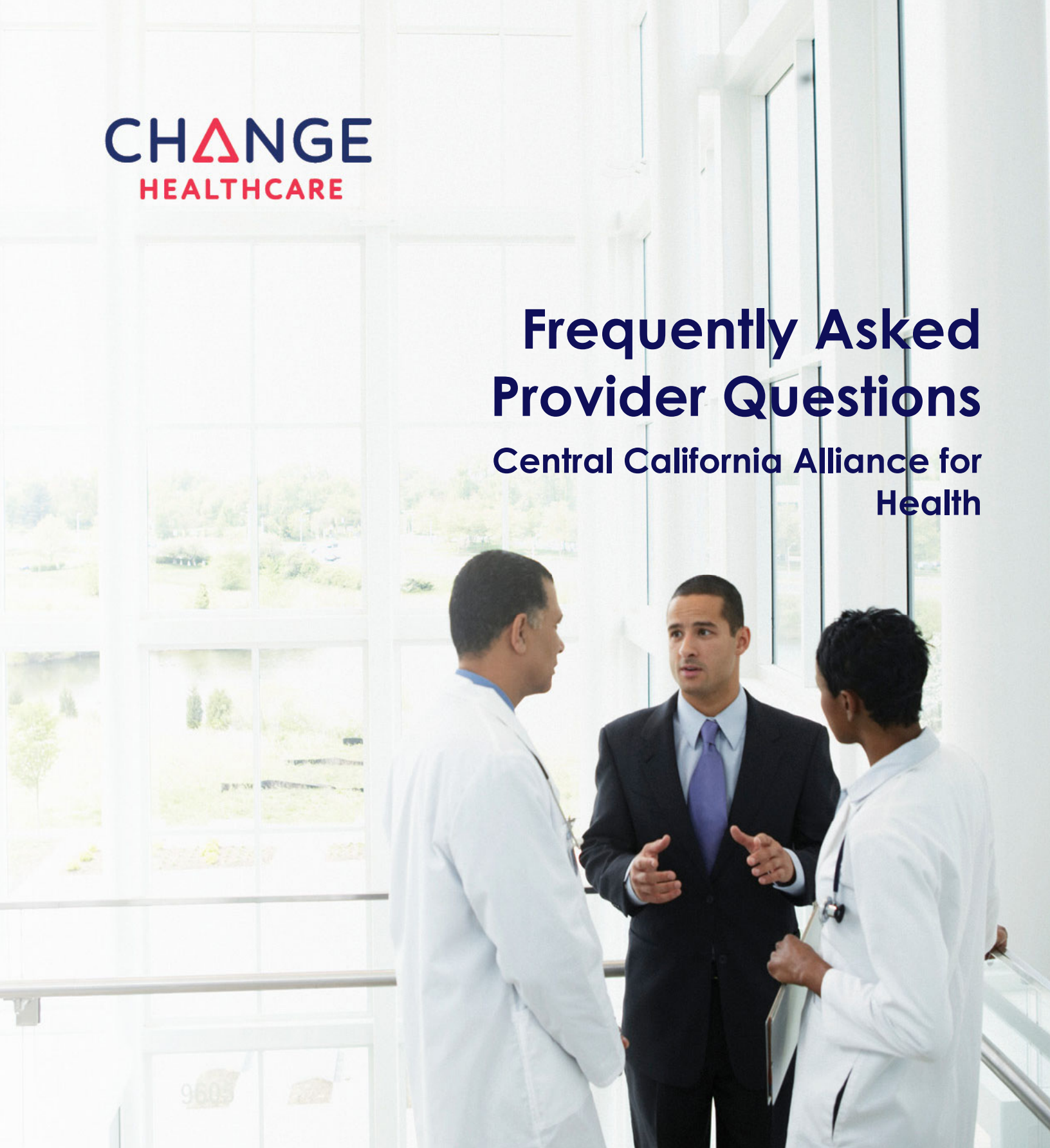




Frequently Asked Provider Questions

Central California Alliance for
Health



Preface

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Document Purpose

This document is intended to assist clients in answering provider questions about the Virtual Credit Card/vCard (VCC), Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) provided through ECHO, 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 am I receiving this letter?

Central California Alliance for Health will be transitioning to a new payment system. This new payment system will allow your office the ability to receive payments via check, credit card (Virtual Card/vCard) or EFT/ACH. Central California Alliance for Health is implementing this new payment system to meet providers' requests for more payment options and satisfy Workers Compensation mandates around electronic payments to providers.

2. Who is ECHO Health?

ECHO is a leading provider of electronic solutions for payments to healthcare providers. ECHO consolidates individual provider and vendor payments into a single ERISA and HIPAA compliant format, remits electronic payments, and supplies an explanation of provider payment details to Providers.

Currently, Central California Alliance for Health pays providers by check or EFT (Electronic Funds Transfer) which is a manual process. With this enhancement, ECHO will draw payments from The Alliances' Trust accounts to pay providers. ECHO will also generate and send provider payment EOPs. ECHO offers three payment options for the provider to be paid: EFT (Electronic Funds Transfer), Check and Credit Card (Virtual Card/vCard).

3. What are the payment methods available through ECHO?

- Paper Checks by mail.
- EFT/ACH – Automatic deposits direct to your bank account.
- Virtual Card (vCard) – Virtual Visa debit transaction.

4. What does payment consolidation mean?

Consolidation is a process for provider documents, which include paper checks, virtual card payments, and ACH. The standard Settlement Advocate consolidation process applies to the following payment modalities: The paper checks or virtual card payments are consolidated using the Provider NPI and Provider Address. ACH payments are consolidated based on the group setup and provider enrollment preference.

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 Virtual Card (vCard)?

QuicRemit allows for Virtual Visa Card debit transaction as one payment method. You must have a credit card terminal in your office to use this payment method.

2. Please help me understand how I receive notification of Virtual Card (vCard) Payment.

Your office will receive fax or mail notifications, each containing a virtual credit card with a number unique to that payment transaction. Once the number is received, you enter the code into your office's credit card terminal to process payment as a regular card transaction.

3. Can my Virtual Card (vCard) Payment be emailed?

The first attempt to deliver a Virtual Card is by fax, if unsuccessful then by mail. At this time, Virtual Cards cannot be emailed for security purposes.

4. What are the advantages of Virtual Card (vCard)?

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

5. What will happen if I don't process my Virtual Card within 60 days?

If the Virtual 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.

6. What else should I know about Virtual Card (vCard)?

Normal credit card transaction fees apply. Payments are received 3-7 days earlier than paper checks sent by US Postal Service.

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

To opt out of the Virtual card [Central California Alliance for Health](#) providers can contact ECHO directly at (888) 984-0804

8. Can I Opt into the Virtual Card option?

The Virtual Card is an opt out only option. The option to Opt in is not available.

9. Will there be any disruption to payment?

There will be no disruption in payment.

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 **Central California Alliance for Health only**, (no fees apply) visit, <https://view.echohealthinc.com/EFTERADirect/TheAlliance/index.html>

Option 2

Enrollment to receive EFT from **All Payers** processing payments on the Settlement Advocated platform (A fee for this service may 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 National Bank and ECHO as "HNB – ECHO".

6. What website do I access to view my provider documents from **Central California Alliance for Health?**

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_UniqueIdentifier"

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 package 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 claims status codes and adjustment reason codes. These codes are not the same as the payers internally developed codes available on paper remittances advices. Consequently, the wording for these codes may not match, but they will still convey the same general meaning.

11. Are pending claims included in ERAs?

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

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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