



Frequently Asked Provider Questions

American Health Plans



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), Medical Payment Exchange (MPX), 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. 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 provides an explanation of provider payment details to Providers.

2. What are the payment methods available through ECHO?

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

3. What is payment consolidation?

It is a claims consolidation process for provider documents and payments that consolidates multiple claim payments within one document or payment to a provider. The standard Settlement Advocate consolidation process applies to the following payment modalities: The paper checks, virtual card payments, and MPX 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.

4. Under the payment consolidation method, what date is on my check?

The check date is the date the payer approves the payments to be paid in the Payments ECHOSoft UI system.

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 will 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 credit card terminal to process payments as a regular card transaction.

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

The first attempt to receive a Virtual Card is by fax, if there is no fax number on file or the fax attempt is unsuccessful, then the Virtual Card is sent 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 payment you receive will be available for review online at echovcards.com. Providers are encouraged to share a secure fax number to avoid printing and mailing delays commonly associated with paper checks

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

If the Virtual Visa 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 credit card providers have several options:

- a. Visit echovcards.com to manage payments online which includes an option to enroll for EFT with all payers (fees may apply).
- b. Contact ECHO directly at **800-317-8647**
- c. Enroll for EFT with only **American Health Plans (no fees apply)** by visiting, <https://enrollments.echohealthinc.com/EFTERADirect/AmericanHealthPlans>

Note: If you enroll for EFT, you will still need to call or visit echovcards.com to opt out payments currently issued as a virtual card.

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 only **American Health Plans** (no fees apply) visit,

<https://enrollments.echohealthinc.com/EFTERADirect/AmericanHealthPlans>

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/EFTERAInvitation.aspx>

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?

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.

8. What is this Echo Service Fee on my EOP?

For assistance with any questions about the Echo Service Fee, providers can contact ECHO at (888) 834-3511.

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 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 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 electronic 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.

2. Are providers required to use MPX?

No, MPX is an opt-out 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 the Deluxe support team at 888.471.3920.

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

The Settlement 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.

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

Disputes that need to come to ECHO are only those where the provider indicates they did not receive the check and it has cleared. If the payment is disputed and funds need to be returned, the provider should work with the payer to return funds.

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

Providers wishing to Opt Out of MPX should contact the Deluxe team at 888.471.3920, then select option 2. If a provider does NOT call to opt out of MPX, they will continue to receive notifications until they opt out by phone or they enroll in EFT.

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.

8. How can we tell if a provider was paid through MPX?

The Unified Interface (UI) will contain all payment details. The Details tab of the UI will display payment activity in the Remarks column. The following page includes examples of the various status options for MPX Payments.

MPX Payment Status Examples

Fig 1.1 (MPX Issued to an MPX enrolled provider - not processed):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Transfer Date: 01/21/2022	01/20/2022					Issued through MPX MPX Enrolled		Draft

Fig 1.2 (MPX Issued Enrollment Offering – Paper Check notification):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Transfer Date: 07/29/2022	07/27/2022					Issued through MPX MPX Offering - Paper Check		Draft

Fig 1.3 (MPX Check Printed):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Check Transfer Date: 01/18/2022	01/17/2022			Clear	01/20/2022	Issued through MPX MPX Enrolled; MPX Check Printed.		Draft

Fig 1.4 (MPX On-demand, Opt-in virtual card):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Transfer Date: 01/21/2022	01/20/2022					Issued through MPX MPX Enrolled Converted to MPX Vcard on 01/21/2022 by payee		Draft

Fig 1.5 (MPX ACH):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX ACH Transfer Date: 01/18/2022	01/17/2022			Clear	01/18/2022	Issued through MPX; Settled through MPX-ACH.		Draft

Fig 1.6 (MPX enrollment offering not accepted after 3 days):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	Paper Check	01/13/2022					Issued through MPX MPX Offering MPX Offering Converted from MPX eCheck on 01/20/22.		Draft

Fig 1.7 (Choice Card converted to MPX issued):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Transfer Date: 12/14/2021	12/13/2021					Re-issued as MPX eCheck on 01/21/2022		Draft

Fig 1.8 (Choice Card converted to MPX issued, enrollment offering not accepted after 3 days):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	Paper Check	10/19/2021			Clear	11/15/2021	Re-issued as MPX eCheck on 11/01/2021 Converted from MPX eCheck on 11/04/21.		Draft

Fig 1.9 (Choice Card converted to MPX issued, check printed):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
	MPX Check Transfer Date: 09/16/2021	09/15/2021			Clear	11/03/2021	Re-issued as MPX eCheck on 10/26/2021; MPX Check Printed.		Draft

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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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