



Frequently Asked Provider Questions

MedStar Family Choice, Inc.



Preface

All Rights Reserved.

© 2022, Change Healthcare Inc., 424 Church Street Suite 1400, Nashville, TN 37219

Contents

| | |
|--|----|
| Preface | 2 |
| Contents | 3 |
| Document Purpose | 4 |
| Basic Questions | 4 |
| Virtual Card | 5 |
| Virtual Credit Card Instruction Page | 7 |
| Electronic Funds Transfer - EFT | 8 |
| Electronic Remittance Advice - ERA | 9 |
| MPX – Medical Payment Exchange | 11 |

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. 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. **MedStar Family Choice** 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. 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.

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

For assistance with any technical support issues, providers can contact ECHO at (800) 895-0621.

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 at **800-317-3523** for other VCC 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 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 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 **MedStar Family Choice 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 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 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 **800-317-3523**
- c. Enroll for EFT with only **MedStar Family Choice (no fees apply)** by visiting, <https://enrolments.echohealthinc.com/EFTERADirect/MedStar>

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. 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 a number of 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 in for a Virtual Credit Card?

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 my payment when I opt out?

There will be no disruption in payment.

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 **MedStar Family Choice, (no fees apply)** visit,
<https://enrollments.echohealthinc.com/EFTERADirect/MedStar>

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 I enroll to receive 835 files from my 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, ET.

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.

2. What are the key MPX benefits for me, as a provider?

- Opt-In model
- Quick settlement
- Payment flexibility

3. Are providers required to use MPX?

No, MPX is an opt-in model.

4. What if, after receiving my invitation, I want to opt out of MPX? (Must have invitation)

Contact the Deluxe team at 888.471.3920, then select option 2. If you do NOT call to opt out of MPX, you will continue to receive notifications until you opt out by phone or enroll in EFT.

5. Who do I contact with other questions including EFT enrollment, or if I need assistance with the echochecks.com website?

The ECHO call center at 833.318.7212.

6. How can I tell if I was paid through MPX?

When you receive a payment from MPX, you will receive an email notification that you have a payment waiting for your actions in the portal.

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.

© 2022 Change Healthcare Operations LLC. All rights reserved.