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I. 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 Optum Financial.

**Note: This is not a provider-facing document.

During the implementation process, Optum Financial 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.

II. Basic Questions

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

Chorus Community Health Plan is implementing a new payment system (Settlement Advocate) to meet providers' requests for more payment options. The new payment system will allow your office the ability to receive a virtual credit card (VCC), Automated Clearing House (ACH), Medical Payment Exchange (MPX) or a check payment.

2. Who is ECHO Health Inc.?

ECHO Health Inc. is a leading provider of electronic solutions for payments to healthcare providers and a partner of Optum Financial. 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 solution.

4. Under the new payment method, what date is on provider checks?

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

5. Where can providers view provider documents and payment information for payments made through Settlement Advocate?

Provider documents can be accessed on www.ProviderPayments.com.

6. Is there a user guide available for the provider payment portal?

To access the Provider Payments Portal Quick Reference Guide, providers should visit www.ProviderPayments.com. The User Guide can be accessed by selecting the Help button on the portal.

7. How is lien processing managed within Settlement Advocate?

Any notice of lien should be forwarded to liens@echohealthinc.com. ECHO will contact the lien holder and request the notice be issued to ECHO. ECHO will then manage the diversion of funds to the lienholder until the release of lien occurs. Since all payments occur under ECHO's EIN, only ECHO can divert funds once the notice of lien is received. Clients no longer need to have special handling in place to divert funds, ECHO will manage this process.

8. If a provider has a lien in place, how is that communicated?

Providers will still receive Explanation of Payment (EPPs). The EPP will include messaging to indicate "IRS Lien Applied. Payment has been mailed to the appropriate IRS office for lien processing." EPP images are available in the Settlement Interface, so payers can see the messaging on the document and determine the status of the payment.

III. Virtual Card

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

Providers must be able to accept credit card payments to process a VCC. Processing VCC payments is like accepting and entering patient payments via credit card into the payment system. If a provider is not currently able to accept credit card payments, please direct them to visit echovcards.com or contact the support team at 833-201-7641 for other VCC processing options.

2. How is a notification of a Virtual Credit Card Payment received?

A provider 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. If a provider would like to receive VCCs via fax instead of mail, please direct them to visit echovcards.com to enter a fax number to their preferences, they may also contact the support team at 833-201-7641 to provide a fax number.

3. Can Virtual Credit Card Payments 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?

Virtual Credit Cards allow providers the flexibility to immediately settle payments using their merchant terminal, similar to a patient making a credit card payment. 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 payment for this payer, received 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. If a provider would like to receive VCCs via fax instead of mail, please direct them to visit echovcards.com to enter a fax number to their preferences, they may also contact the support team to provide a fax number.

5. What happens if a Virtual Credit Card is not processed within 60 days?

If the virtual credit card is not processed within 60 days, the transaction will be voided, and a paper check will be mailed to the provider. Providers not wishing to process VCCs should be encouraged to visit echovcards.com or contact the support team to enroll for another payment method.

6. What is the advantage of receiving a Virtual Credit Card payment?

VCCs are a convenient way for providers to receive payments. When a fax number is on file, payments are received 3-7 days earlier than paper checks sent by U.S. Postal Service®.

Note: Normal credit card transaction fees apply.

7. What is the Virtual Card opt out process?

To opt out of the virtual credit card providers have a few 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 833-201-7641.
- c. Enroll for EFT with only **Chorus Community Health Plan (no fees apply)** by visiting, <https://enrollments.echohealthinc.com/afteradirect/ChorusCommunityHealthPlan>

Note: EFT enrollments apply to future payments. If a provider has a VCC in-hand, they will need to process the card, visit echovcards.com, or contact ECHO directly at 877-705-4230 to opt for another payment option.

8. Will a provider receive virtual cards after they opt out?

Virtual credit cards can be re-introduced when a provider fails to enroll in another form 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 an electronic payment option, such as ACH or MPX is the best method to prevent card reintroduction.

9. Can providers 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.

IV. 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)XXX-XXXX
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.

V. Electronic Funds Transfer - EFT

1. Is EFT/ACH available?

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

2. What information do providers need for EFT enrollment?

Enrollments require providers complete an enrollment form. Providers will need to provide identifying information such as a tax identification number, banking information and an ECHO draft number and payment amount as part of the enrollment authentication. If a provider does not have a draft number, direct them to contact ECHO customer service for assistance in locating a draft number (888) 834-3511.

3. How do providers sign up for EFT?

Single and multiple payer EFT enrollments are available. If a single enrollment with **Chorus Community Health Plan** only is preferred, the provider can select Option 1. If multiple payer enrollments are desired, the provider can select Option 2.

Option 1

Enrollment with only **Chorus Community Health Plan, (no fees apply)** visit, <https://enrollments.echohealthinc.com/afteradirect/ChorusCommunityHealthPlan>

Option 2

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

Note: The All-Payers EFT enrollment offers providers the option to setup their enrollment preferences one time which links their enrollment to every payer processing payments on the Settlement Advocate platform. This type of enrollment ensures ERAs are normalized across all payers sending payments to the provider.

4. How do providers check the status of EFT enrollments?

Due to the robust fraud detection processes in place, enrollments generally take 10 business days to process. However, if additional information is requested, enrollments may take up to 30 days. To check the status of an EFT enrollment, providers can contact customer support at ECHO (888) 834-3511.

5. How will EFT transactions appear on provider bank statements once the EFT transaction is processed?

The payment will appear on bank statements as "HNB-ECHO," representing a payment from Huntington Bank and ECHO.

VI. Electronic Remittance Advice - ERA

(also known as an 835 file)

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

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 does a provider need to enroll for each payer separately?

Single and multiple payer enrollments are available. If a single enrollment is preferred, the provider can visit, <https://enrollments.echohealthinc.com/afteradirect/ChorusCommunityHealthPlan>. If multiple payer enrollments are desired, this is completed automatically using the online ERA enrollment <https://enrollments.echohealthinc.com>. 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 providers contact if they have not received 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 providers receive 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 manage an ERA (also known as an 835 file), it is possible to reduce manual posting of claim payments and reconciling patient accounts, thereby saving time and money.

9. Do providers need special computer software to use ERAs?

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

10. Why doesn't the information on ERAs match 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 different from 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.

VII. 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 a provider?

- Opt-In model
- Quick settlement
- Payment flexibility

3. Are providers required to use MPX?

No, MPX is an opt-in model.

4. How do providers opt out of MPX solicitations? (Must have invitation)

Contact the Deluxe team at 888.471.3920, then select option 2. Providers will continue to receive MPX solicitations until they take action to enroll in MPX or contact MPX to opt out.

5. Who do providers contact for questions including EFT enrollment through MPX, or for assistance with the echochecks.com website?

The ECHO call center at 833.318.7212.

6. Once enrolled for MPX, how do providers receive notification of a payment made through MPX?

Enrolled providers will receive an email notification to indicate a payment is waiting for your actions in the portal.