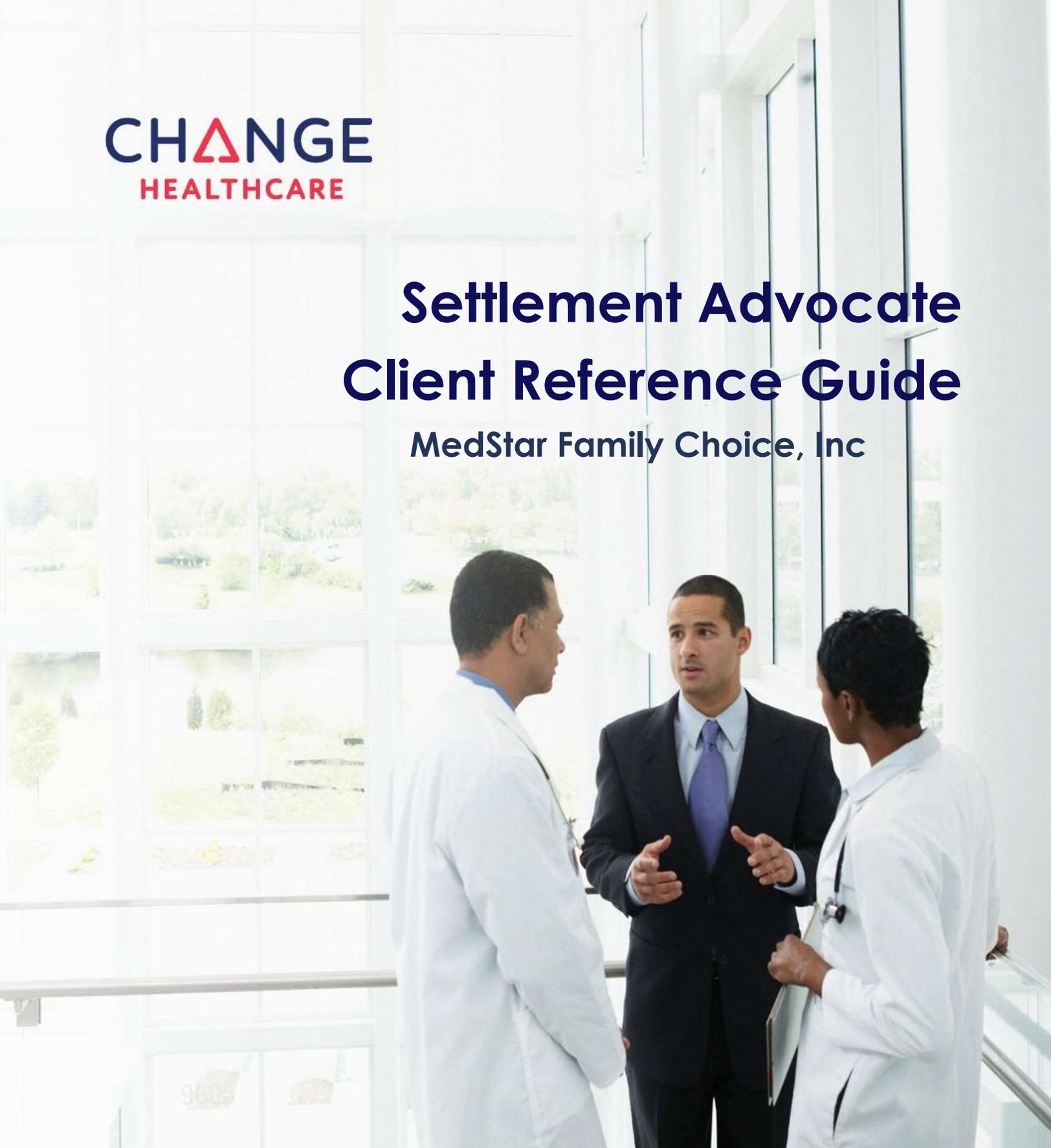




Settlement Advocate Client Reference Guide

MedStar Family Choice, Inc



B2B Payments

V2.0 | October 2022



Preface

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1. Purpose

This document is intended to provide the team at **MedStar Family Choice, Inc** with a consolidated reference point when looking for contact information or understanding at a high level the **Settlement Advocate Product**.

If additional information is needed regarding the product or services offered, please contact the support team at Change Healthcare.

2. Change Healthcare Team

The Change Healthcare Support team is your initial point of contact when you have general questions about the Settlement Advocate Product or other services offered.

If your issue requires *immediate attention or prioritization*, please contact us at the number listed below. Keep in mind, same day payment approval issues should be directed to ECHO Health Support (refer to section 6.).

- Phone: 800.804.7430
- Email: payerincoming@changehealthcare.com

3. ECHO Health Inc.

ECHO Health Inc. is a partner of Change Healthcare for electronic payment processing. This includes EFT/ERA, MPX and Virtual Credit Cards. Questions regarding payment approval for the same day or questions from providers regarding their enrollment or virtual card opt out options should be directed to ECHO Health Support (refer to section 6.).

4. Change Healthcare Support Services

- Phone: 800.804.7430
- ON 24/7 client shared site
- Email: payerincoming@changehealthcare.com

Note: Provider or same day Payment Processing questions are addressed in this document under section 6. ECHO Health Support Services.



4.1. ON 24/7

ON 24/7 portal is an option most clients use to submit service requests or inquiry questions to Change Healthcare support. During the implementation process, access to this portal would have been set up to allow submitting documents, files, and inquires directly to the implementation team. If you do not have access or do not know your credentials, please send in a service request email, or contact the Change Healthcare support team at the number listed above for assistance.

For additional information on completing an ON 24/7 service request, please refer to section 5.

4.2. Service Request via email

If you are submitting a service request via email, we ask that you send it to payerincoming@changehealthcare.com. This distribution list is set up to provide acknowledgement of receipt, additional information on being contacted, and a tracking number for your reference.

To ensure efficient assignment and processing of your service requests sent via email, please include your assigned Change Healthcare 4 digit client number: **1990** in the subject line.

Service Request examples include but are not limited to requests to add additional products, additional lines of business, or additional groups which may include new appeals language, new logos, new customer messaging on the explanation of payments requiring action from both the Change Healthcare Team and the ECHO Support Team.

All emails for service request or inquiry **must come** to Change Healthcare support for tracking and processing, *not* the ECHO support team. Keep in mind, same day payment approval issues should be directed to ECHO Health Support (refer to section 6. ECHO Health Support Services).

4.3. General Questions

The Change Healthcare support team handles all questions. This team will set up, answer, and/or coordinate any additional effort that may or may not involve the ECHO Support Team. This includes but is not limited to a new report request, Settlement Advocate administration, or how to search in the Settlement Interface. Please call, use ON 24/7, or email these types of requests to the Change Healthcare support team.

To ensure efficient assignment and processing of your service requests sent via email, please include your assigned Change Healthcare 4 digit client number: **1990** in the subject line.



4.4. Additional Groups Added

It is **very important** to always notify your Change Healthcare Support team of any group additions made in the Payments Interface (ECHOsoft). The two systems are independent and additional setup at Change Healthcare may be required for printed documents to process correctly without errors or delays.

Keep in mind, the Change Healthcare Support team **must be** involved when adding new groups to the Payments Interface (ECHOsoft) system, especially groups that have a different logo, appeals language, customer messaging/return address. This is a completely new setup that requires Change Healthcare to coordinate the setup and testing with the ECHO support team prior to the client review and approval process.

4.5. Documentation Process for Additional Groups Added

When adding an additional group to the existing business, it is important to fill out the 0000_ClientName_CHC Group or Subpayer Add Request_YYYY-MM-DD form provided in addition to this document and email it to Change Healthcare as a "service request". The service request process is outlined on the previous page section 4.2.

If you have any questions filling out this document, please call our support team at 800.804.7430 for assistance.

4.6. Testing Process

A test file from the client is required prior to moving any changes to production.

Please submit the request and the test file to Change Healthcare. Your assigned analyst will coordinate all test output with ECHO and you. Once the output and print files are received from ECHO, Change Healthcare will process the print file for Provider and if applicable, Member documents. After verifying the output is as expected, the PDFs from both systems will be sent to you for approval.

Clients are expected to review the PDF output from both the Payment and Print systems making sure that the form displays correctly and if applicable, claim scenarios and any code descriptions display as expected.

If reports/file extracts are also required for testing, please let your client analyst know.

5. On 24/7 Service Request

If you do not have credentials to access ON 24/7 site, please contact the Change Healthcare support services team at 800.804.7430.

Once the credentials have been verified, follow the steps and screenshots as illustrated on the following pages.

To create an ON 24/7 Service Request (SR)

- Type in or copy the following link <https://client-support.changehealthcare.com>.
- The login page will appear as illustrated below.
- Sign in with your credentials.
- Select the “**LOGIN**” button to advance to the home page.

CHANGE HEALTHCARE | ON24/7

User Name:

Password:

LOGIN

[Forgot Username?](#)

[Forgot Password/Suspended?](#)

Please use your user name and password to login. If you do not have a login, contact your account representative.

All data transferred between the client and the ON24/7 web site is secure using HTTPS. Our security model is HIPAA compliant.

[Privacy Policy](#) [Use Policies](#) [PCI Compliance](#) [Code of Conduct](#)

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HOME PAGE

The left side of the screen below shows a navigation panel for available actions within the site.

- Expand the SERVICE REQUESTS link.
- Select the “**Create**” link to display the “Create Service Request” page.

The screenshot shows the Change Healthcare client portal home page. At the top, there is a dark blue header with the Change Healthcare logo on the left, the text 'ON24/7' in the center, and a search bar on the right. Below the header, a grey bar contains 'Home Account Options' on the left, 'You are logged in as: Marie Rasmussen (marie.rasmussen@changehealthcare.com)' in the center, and 'Logout' on the right. The main content area is divided into a left navigation panel and a main content area. The navigation panel has a red box around the 'SERVICE REQUESTS' link, which is expanded to show 'Create', 'View', and 'Chat Now'. Other navigation items include 'SELF HELP TOOLS', 'PROJECTS', 'COMMUNICATIONS', 'REFERENCES', and 'ON24/7' with sub-items like 'What's New', 'Coming Soon', 'Technical Support', and 'Chat Now'. The main content area has two columns. The left column is titled 'My Service Requests in Process or Pending Closure Approval' and contains three cards: '0 Service Requests that can not be processed further without your response / action *', '0 Service Requests that have been updated with new information since your last login', and '0 Service Requests with resolution proposals awaiting your closure approval'. The right column is titled 'My Service Requests Last 90 Days' and contains a message: 'You do not have any online service requests at this time'. At the bottom of the main content area, there is a note: 'Once a Service Request is awaiting your response, if no response is received within 8 days, the Service Request is automatically closed. We are currently operating within normal wait times and service levels. We're committed to ensuring our workforce remains healthy and can continue to service the needs of our customers. For Change Healthcare's response to COVID-19, please visit'. Below this note is a box with the text: 'The list below represents cases that require action on your part. Please click on the SR number to review the case and take the appropriate action so these cases may be resolved in a timely manner.' and a dropdown menu showing 'My Service Requests' and '0 cases found.' At the very bottom of the page, there is a copyright notice: '© 2017 Change Healthcare LLC and/or one of its subsidiaries. All rights reserved. v9.6.13.0'.

Create Service Request

- Select the “**Payment Services**” link.
- The “General Inquiry/Request” page will appear with the only option for submitting requests.

The screenshot shows the Change Healthcare portal interface. At the top, there is a navigation bar with the logo, 'ON24/7', and a search box. Below the navigation bar, there is a header with 'Home Account Options' and 'You are logged in as: Marie Rasmussen (marie.rasmussen@changehealthcare.com) Logout'. The main content area is titled 'Create Service Request' and contains a list of service categories with descriptions. The 'Payment Services' category is highlighted with a red box in the left sidebar. The main content area lists the following categories:

- Claims (Received)**: Issues involving missing, delayed, or rejected files, batches, or groups of claims received by Change Healthcare.
- Enrollment (Payer)**: Enrollment (payer registration) notifications and inquiries related to transactions processed through Change Healthcare.
- ePayment**: Issues related to ePayment EFT transactions.
- ERA**: Any issues regarding ERA transactions.
- ERA (Payer)**: Issues related to ERA files sent to Change Healthcare.
- Payment Services**: Requests related to the Client Access System, print/mail and transmitting data to MCDS, formerly known as ABF.
- Real-Time & Batch Eligibility**: Any issues regarding Real-Time & batch eligibility transactions.
- Reports (Receivers)**: Issues with receiver reports received from or sent to Change Healthcare, including Change Healthcare clearinghouse reports for receivers, 997's, 277's, 277U's and payer claim status.
- Support - Other (Payer)**: Issues related to your Payer business that do not fall into other specific categories, including Claim Vision issues, connectivity issues, and general inquiry / requests.

General Inquiry/Request

The screenshot shows the Change Healthcare portal interface. At the top, there is a navigation bar with the logo, 'ON24/7', and a search box. Below the navigation bar, there is a header with 'Home Account Options' and 'You are logged in as: Marie Rasmussen (marie.rasmussen@changehealthcare.com) Logout'. The main content area is titled 'Create Service Request' and contains a list of service categories with descriptions. The 'General Inquiry/Request' category is selected with a radio button. The 'CONTINUE' button is highlighted with a red box.

General Inquiry/Request
Please use this option for all inquiries and requests for Payment Distribution, also known as MCDS and formerly known as ABF.

CONTINUE

- Select the **CONTINUE** button to open the service request form.
- Please fill in the form as much as you can.

Create Service Request

CHANGE HEALTHCARE | ON24/7 SEARCH

Home Account Options You are logged in as: Marie Rasmussen (marie.rasmussen@changehealthcare.com) Logout

CREATE SERVICE REQUEST

General Inquiry/Request

***Client Number**

Vendor Layout
<select option>

Client Name

Affected Product

***Please state your issue in detail**

You have 2000 characters left. (Maximum: 2000)

Alternate Email :

My Tracking Info:

Is this a potential PHI issue?
<select option>

CONTINUE

Please fill in the above information to place your service request.

ATTACHMENTS: Please note that attachments can be uploaded on the last page after you receive your Service Request Number.

Note: It is very important to populate the first 3 fields on this form identified in the red square. These fields are used to properly route your ticket through the system to the appropriate team and to avoid delays.

- Select the **CONTINUE** button once the form is complete.
- A confirmation page will display with your service request number.
- The service request can be traced from the home page under the view option.

Confirmation

Your service request has been entered successfully.

Please reference service request number in any communications with customer support regarding this issue.

If you need to provide additional information to Emdeon via FAX, please click on the following link to create a cover sheet and fax to 615.238.0949: [Create Cover Sheet](#)

If you wish to provide supporting attachments, please click on the following link to include supporting files.
[Upload Attachment\(s\)](#)

[Flag this case as parent](#) [Flag this case as child](#)

To manage your service requests, click the Online Support link in Change Healthcare Office to return to this site. Then choose View under Service Requests from the menu on the left of the screen.

OK



6. ECHO Health Support Services

Any issues or assistance needed with your payment approval process in the Payments Interface (ECHOsoft), please contact ECHO Health immediately.

Payment processing is time sensitive. Approvals by your organization must be made by 4:45pm ET Monday – Friday, to ensure they will process in the next 5:00pm ET payment processing release.

6.1. Same Day Payment Approval Issues

Email: cs_requests@echohealthinc.com

Phone: 888.834.3511 option 2 (payer support) if urgent

6.2. Payment and Settlement Interface Performance Issues

Email: cs_requests@echohealthinc.com

Note: Please include any error messages and the browser that is being used

6.3. Payment Interface User Access Requests (non-single sign-on clients only)

Email User Access Request Form must be sent to:

cs_requests@echohealthinc.com

6.4. Provider Questions

Providers should be instructed to contact the ECHO Health support team on questions regarding enrollment, EDI or Virtual credit cards at the numbers or emails listed below.

EFT/ERA or EDI assistance - Phone: 888.834.3511 or edi@echohealthinc.com

- EFT/ERA enrollment questions (status of enrollment).
- EDI questions (establish 835 clearinghouse delivery, how to access or use the provider payments portal to download 835s).

Virtual Credit Card processing assistance - Phone: 888.983.5580

- Questions on how to process a payment.
- Questions regarding other payment options.
- Providers who want to opt out of the virtual card can by visiting echovcards.com to manage their payment online. They can also contact support using the number listed on the card.

Provider Portal assistance - Phone: 800.895.0621

- Provider Inquiries on how to use the (providerpayments.com) portal.
- Issues accessing the portal.

MPX assistance – Phone: 888.471.3920 (option 2).

- If the provider is enrolled and requires assistance.
- Questions to enroll or opt out of MPX. Note: an offer must be received to enroll or opt out.

For all other inquiries, including callers who received a Paper Check notification, those who want to enroll for EFT, or those who need assistance with the echochecks.com website, please direct callers to 833-318-7212.

7. Virtual Card Opt Out (Available only in ECHOSoft)

It is always recommended that if a provider wants to OPT out of the virtual credit card, they should contact the ECHO Health support team using the number provided with their card. This allows the support team to explain the benefits of the virtual credit card and other payment options available especially, ACH.

If a provider contacts your office and insists that you remove them from receiving the virtual card, this can be accomplished by going into the Payments Interface (ECHOSoft).

This section is provided in the **Payments Interface User Guide**, to assist you in removing a TIN from ever receiving a virtual credit card from you, the payer.

Please Note: User Guides are available on the Interface under the “Help” section in the upper right corner.

How to Edit a Tax ID Processing Option

1. Select the *Tax ID Processing Options* menu item from File menu. You will be redirected to the Tax ID Processing Options screen where you can search for one or more records based a TIN.
2. Locate the Tax ID Processing Option that you wish to edit.
3. Press the *Edit* button (pencil icon) for the record you wish to edit. Once you have pressed the Edit button, the data for that record will be populated in the Add/Edit Record section in the top portion of the screen.
4. Edit the data you wish to change.
5. Save or cancel
 - a. Press the *Save* button to save your changes.
 - b. Press the *Cancel* button to discard the changes.

TAX ID	QUALIFIER	PROCESSING OPTIONS	EDIT	DELETE
		No Virtual Card Payment		
		Local Print		
		Pay Only		



Virtual Credit Card Reintroduction

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 the opt out, and the prevalence of card settlement for other payers. Enrolling in ACH is the best method to prevent card reintroduction.

Note: A Tax ID processing rule of “No Virtual Card” in the Payment Interface will prevent card reintroduction at a payer level.

8. Updating Access for File Import Views

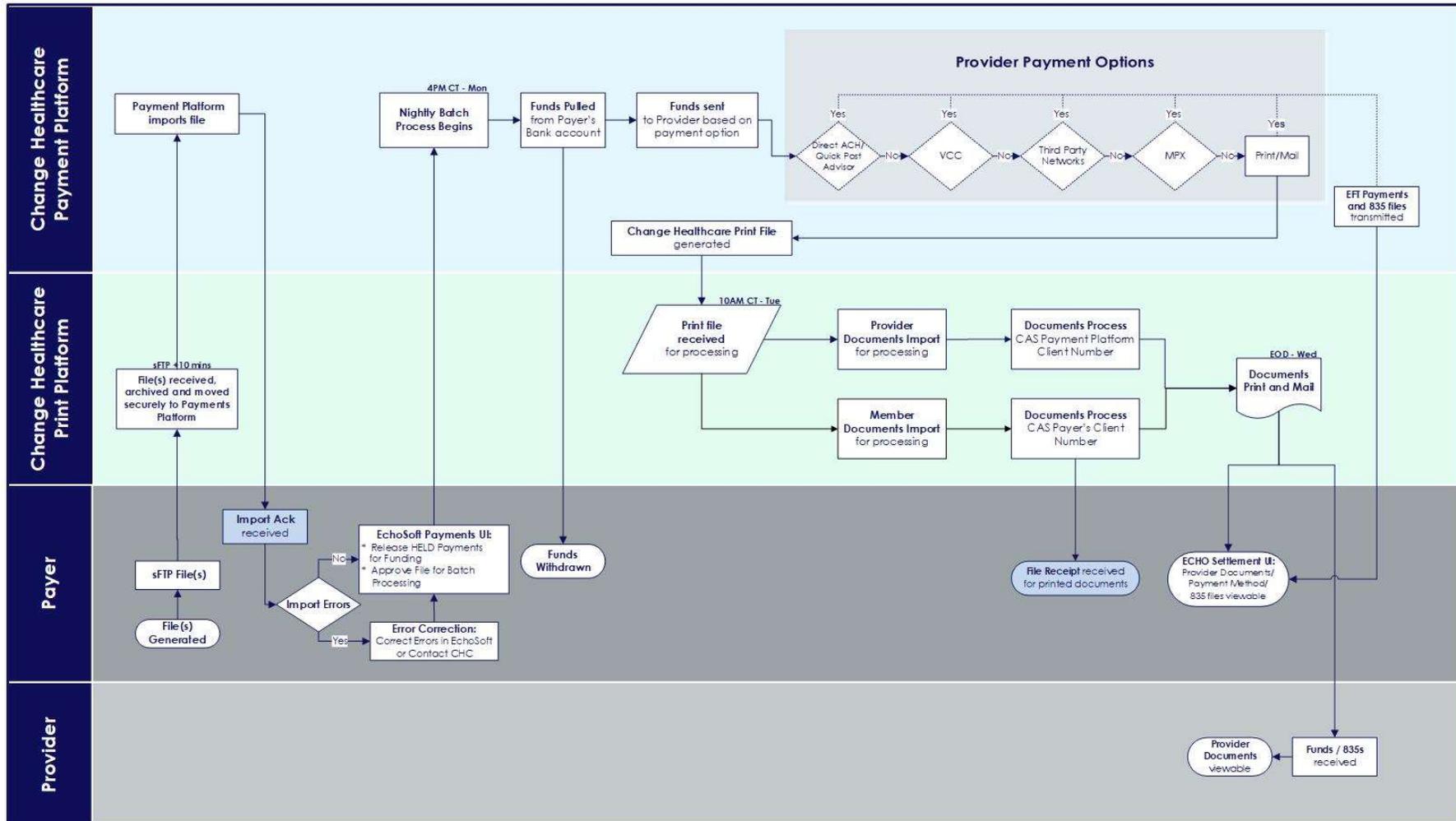
Clients can view the status of their file imports. If you are not able to view file imports from the Settlement Interface, please contact your internal administrator (set up during implementation) to update your **ECHO Settlement Interface** access.

Once access is granted, the top ribbon will include links to the **Payment Approval History, Hold/Release, and File Manager**. Only the assigned Administrator can determine the need and provide the user access as shown below.

Please Note: User Guides are available on the Interface under the “Help” section in the upper right corner.

The screenshot displays the user interface for Marie Rasmussen. The top navigation bar includes links for Inquiry, Reports, Payment Approval History, Hold/Release, File Manager, Reconciliation, Administrator, Change Password, and Help Logout. The 'Administrator' link is highlighted with a red box. Below the navigation bar, the 'User Details' section shows fields for TPAID, Company Name, Name (Marie Rasmussen), Email Address (marie.rasmussen@changehealthc), and Username. The 'Other Details' section includes an 'Apply Rule' section with radio buttons for Group and Funding Group, and fields for Group Include List and Group Exclude List. The 'Status Details' section contains several options with radio buttons: View Reconciliation, View Inquiry, View Report, Status (Active/Inactive), View Score Card, File Manager, Payment Approval History, Hold/Release, and Lock Account. The 'File Manager', 'Payment Approval History', and 'Hold/Release' options are highlighted with a red box. At the bottom, there are 'Update' and 'Cancel' buttons. The footer contains contact information for Change Healthcare and ECHO Health, Inc.

Change Healthcare Settlement Advocate



Note: The diagram above illustrates the process for both Provider and Member Documents

9. Medical Payment Exchange (MPX)

MPX is offered in partnership with Deluxe Corporation as another payment option. It includes the digital presentment of three payment modalities – 1) eCheck 2) VCC 3) ACH.

Once enrolled for MPX, all subsequent payments and EOPs are delivered via the MPX Exchange portal, with no print and mail required!

MPX - Frequently Asked Client Questions

1) Are providers required to use MPX?

MPX participation is optional. The MPX platform is just one of many methods offered to providers. Allowing providers to choose the method of payment that best serves their needs, while simultaneously driving electronic payment adoption and reducing print/mail costs, will satisfy for both provider and payer.

2) Will this affect our customer service area?

ECHO makes it easy for payers by handling the responsibility of educating and guiding the providers with questions related to this payment option. Payment information the provider receives directs the provider to contact either the ECHO Health team or the Deluxe Healthcare team for assistance, depending on the payment type. However, some providers may still call the payer directly. Please use the following information to direct callers.

MPX Support: If the caller is enrolled in the MPX program and requires assistance, or if the caller is trying to sign up for MPX, please direct the caller to 888-471-3920.

All other Inquiries: For all other inquiries, including callers who received a Paper Check notification, those who want to enroll for EFT, or those who need assistance with the echochecks.com website, please direct callers to 833-318-7212.

3) How can I 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.

4) How can I tell if a payment has cleared?

The Draft status page in the Unified Interface will continue to report whether a payment has cleared or is still outstanding. For items that cleared through the MPX ACH or MPX virtual card, you will note the clearance under the eCheck number assigned during processing.

5) 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 888-554-3554. Customer Service agents are standing by to assist with these requests.

6) What if a provider has disputed payment once it has cleared?

Simply forward that call to the ECHO call center for resolution. Our phone number is 833-318-7212.

7) What if I have questions about the MPX process?

Your ECHO Account Executive can answer any questions you have related to the MPX process. Please do not hesitate to reach out.

The examples below show the various status options you will see in the Settlement UI for MPX Payments.

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
238471068	MPX Transfer Date: 11/01/2021	10/29/2021	NORTHERN MAINE MEDICAL CENTER	194 EAST MAIN ST FORT KENT ME 04743-1428			Issued through MPX MPX Enrolled		Draft

Fig 1.2 (MPX Issued Enrollment Offering - not processed):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
238471608	MPX Transfer Date: 11/02/2021	10/29/2021	ERIC E. GOFNUNG CHIRO CORP.	6221 WILSHIRE BLVD STE 604 LOS ANGELES CA 90048			Issued through MPX MPX Offering		Draft

Fig 1.3 (MPX Check Printed):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
238024973	MPX Check Transfer Date: 10/27/2021	10/26/2021	JOHN SKVORAK DMD	290 BRIDGTON RD STE 3 WESTBROOK ME 04092	Clear	10/28/2021	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
238248051	MPX VCard Transfer Date: 10/28/2021	10/27/2021	SPECTRUM ORTHOPEDICS INC	7442 FRANK AVE NW NORTH CANTON OH 44720-7022	Clear	10/29/2021	Issued through MPX MPX Enrolled; Issued through MPX-VCARD.		Draft

Fig 1.5 (MPX ACH):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
238246126	MPX ACH Transfer Date: 10/28/2021	10/27/2021	ADVANCED HOME MEDICAL	6665 HUNTLEY RD STE N COLUMBUS OH 43229	Clear	10/28/2021	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
237833314	Paper Check	10/22/2021	JEFFREY M SCHWARTZ	3601 HEMPSTEAD TPKE-STE 125 LEVITTOWN NY 11756			Issued through MPX MPX Offering Converted from MPX eCheck on 10/25/21.		Draft

Fig 1.7 (Choice Card converted to MPX issued):

ECHO Draft #	Type	Payment Date	Payee	Address	Status	Status Date	Remarks	Activity By	Draft
237496878	MPX Transfer Date: 10/21/2021	10/19/2021	MCHS HOSPITALS INC	PO BOX 734048 CHICAGO IL 60673 4048			Re-issued as MPX eCheck on 11/01/2021		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
234939502	Paper Check	09/22/2021	CULPEPER CO OFC OF EM SVCS	PO BOX 759308 BALTIMORE MD 21275			Re-issued as MPX eCheck on 10/25/2021 Converted from MPX eCheck on 10/29/21.		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
234328389	MPX Check Transfer Date: 09/16/2021	09/15/2021	GARY YEN	38 WEST 32ND STREET STE 501 NEW YORK NY 10001			Re-issued as MPX eCheck on 10/26/2021; MPX Check Printed.		Draft

Thank you!