



 **CareSource**[®]

ECHO[®]
— Payments *Simplified*SM

**Indiana Medicaid Payment
Overview**

Key Topics

In this presentation we will cover the following topics:

- About ECHO Health Inc.
- ECHO Health Inc. Provider Portal
- EFT/ERA Program Overview
- Virtual Credit Card Program Overview

About ECHO

Over 30 years of
payment expertise

EFT/ERA connectivity to over
900,000 unique Providers/Vendors

“All Pay” ACH product
available to over 17,000
Provider Tax ID's

Virtual Card
acceptance from
over 240,000 Provider
/ Vendor Tax ID's

Process more than 75 million claim/bills per
year and more than \$24 billion in
payments annually

HI TRUST Certified
Organization

About ECHO

Compliance

Disbursement

Treasury Services

Exception
Management

Provider/Vendor
Enablement

IRS-1099
Reporting, OFAC,
State VCard
Compliance, State
EFT Mandates

Provider/Vendor
EOR & Payment
with
Attachments

EFT, Card, Check
Processing, Bank
Reconciliation,
Fraud Detection
and Prevention

Voids, Reissues,
Expired Draft
Reporting,
Payment
Reissuance,
Check
Replacement

Portal and
Outreach for E-
Pay Conversion



Log In

Please enter your username and password to log in.

ACCOUNT INFORMATION

Username:

Password:

Log In



Can't access your account? [Click Here](#)

If you have not yet registered for the Provider Payments Portal, you can register now by [clicking here](#).

Confirm your ACH Deposit (Ping) by [clicking here](#).

To register, providers select “If you have not yet registered for the Provider Payments Portal, you can register on the website.”

Once this item is selected providers will be directed to the “Create a New Account” page.



Create a New Account

ACCOUNT INFORMATION

Username:

Choose a username that is at least four (4) characters long; you may use numbers and/or letters.

First Name:

Last Name:

Phone Number:

Email:

An email address is needed so that your password can be emailed to you if you ever forget it.

Password:

Confirm Password:

Affiliation with Tax ID:

Tax Identification Number (TIN):

Your Subject Tax Identification Number (TIN) should be entered without any spaces or dashes ().

Draft Number Verification **I do not have a Draft Number**

Draft Number:

ECHO draft numbers contain no space or special characters and can be located on any past Explanation of Payment.

Draft Amount:

The Draft Amount should be entered without a dollar sign (\$).

Complete all fields on this page to set up an account.

- Draft Number Verification** **I do not have a Draft Number**

Draft Number:

ECHO draft numbers contain no space or special characters and can be located on any past Explanation of payment.

Draft Amount:

The Draft Amount should be entered without a dollar sign (\$).

Register

Cancel

A draft number from any payment issued by ECHO within the last 6 months can be used.

- Draft Number Verification** **I do not have a Draft Number**

Payor Check No

Your Payor check number should be entered without any spaces.

Patient Account No

Your Patient Account Number should be entered without any spaces.

Register

Cancel

Providers can also register using a payor check number and patient account number listed on the payment issued by ECHO.



Dear Brian,

Thank you for your interest in Providerpayments. Please note your registration code and [click here](#) to complete the registration.

Registration Code : 345736

Note: Registration code is valid for 5 minutes.

Regards,
Echo Health, Inc.
Phone: 440.835.3511
Toll Free: 1-888-834-3511
Fax: 440-835-5656

***Please do not reply to this email address.**

Once completed, providers will receive an email to complete registration.

Providers have access to:

Welcome, bmartinez123 [Inquiry](#) | [Advanced Search](#) | [Add Additional TINs](#) | [View 1099s](#) | [My Account](#) | [Help](#) | [Logout](#)

Select TIN: ▼

	<u>TIN</u> ▼	<u>Production Date of Document</u>	<u>Document ID</u>	<u>Payor</u>	<u>Payment Amount</u>	<u>Image of Document</u>	<u>Settlement</u>
▶	341858379	06-29-2020	202002548	Trustmark Health Benefits	\$ 117.15	EPP	Not Cleared
▶	341858379	06-10-2020	Nonpayment RA	Trustmark Health Benefits	\$.00	EPP	N/A
▶	341858379	04-15-2020	198465224	Trustmark Health Benefits	\$ 126.05	EPP	Not Cleared
▶	341858379	03-25-2020	197449542	Trustmark Health Benefits	\$ 100.72	EPP	Not Cleared
▶	341858379	03-18-2020	197031731	Trustmark Health Benefits	\$ 360.73	EPP	Not Cleared
▶	341858379	02-26-2020	195714936	Trustmark Health Benefits	\$ 348.55	EPP	Not Cleared
▶	341858379	02-19-2020	195262709	Trustmark Health Benefits	\$ 96.52	EPP	Not Cleared

- Payment status
- Copies of EPPs
- Claim Level Details
- Advanced Search
- Add TINs to their account to manage multiple TINs
- View 1099 documents
- View and download ERAs (not pictured)
- Account Management

EFT/ERA Program



ECHO Health, Inc. issues EFT payments and ERAs to providers on behalf of CareSource. Providers have the option to enroll in EFT, ERA, or both with no fees.

Providers can enroll online.

Providers who prefer to enroll using a paper form can access ECHO Health Inc.'s enrollment form by emailing EDI@echohealthinc.com

Any Provider requiring assistance related to EFT/ERA can contact 888-834-3511 or email EDI@echohealthinc.com

EFT/ERA Registration

CareSource MED



Provider EFT/ERA Enrollment

Welcome to our provider enrollment process for EFT/ERA enrollments, supported by ECHO Health. ECHO Health serves as our healthcare payment consolidator and provides support for our EFT/ERA process.

To initiate the enrollment process, please validate your account on the next page by clicking the link below and then completing the electronic form. When finished with the enrollment form please click on the “Submit Secure” button near the bottom of the form. This will transmit the form information safely and securely to ECHO Health to begin your enrollment process.

[Click Here](#)

To begin the enrollment process.

CareSource MED

Provider Account Authentication

ENROLLMENT OPTIONS

- Enroll using your Provider Portal Account**
- Enroll using TIN**
- Enroll using Enrollment Code**

EFT/ERA Registration

CareSource MED

Provider Account Authentication

ENROLLMENT OPTIONS

- Enroll using your Provider Portal Account
- Enroll using TIN
- Enroll using Enrollment Code

ENROLL USING YOUR PROVIDER PORTAL ACCOUNT

Username:

Password:

Log In

Cancel

EFT/ERA Registration

EFT (Electronic Funds Transfer) and ERA (Electronic Remittance Advice) Enrollment Form



CareSource MED

[Logout](#)

Form Select

Enrollment Form Type: EFT & ERA EFT Only ERA Only

Provider Information

Provider Name: Required
(Complete legal name of institution, corporate entity, practice or individual provider)

Provider Address

Street:
(The number and street name where a person or organization can be found)

City: State or Province: ZIP Code/Postal Code:
(City associated with provider address field) (ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.) (System of postal-zone codes (zip stands for "zone improvement plan") introduced in U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.)

Provider Identifiers Information

Provider Identifiers

Provider Federal Tax Identification Number(TIN) or Employer Identification Number(EIN): 3 4 1 8 5 8 3 7 9
(A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity)

Does provider have a National Provider Identifier (NPI) Number? Yes No

National Provider Identifier (NPI):
A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (ID-number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information

Provider Contact Name:
(Name of a contact in provider office for handling EFT and / or ERA issues)

Telephone Number: Email Address:
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider)

Provider Agent Information (If Applicable)

Provider Agent Name:
(Name of a provider's authorized agent)

Provider Agent Contact Name:
(Name of contact in agent office for handling EFT and / or ERA issues)

Telephone Number: Email Address:
(Associated with contact person) (An electronic mail address at which the health plan might contact the provider agent)

EFT/ERA Registration

Financial Institution Information

Financial Institution Name:
(Official name of the provider's financial institution)

Financial Institution Routing Number:
(A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited) Where is my routing number and account number?

Type of Account at Financial Institution: select
(The type of account the provider will use to receive EFT payment, e.g., Checking, Saving)

Provider's Account Number with Financial Institution:
(Provider's account number at the financial institution to which EFT payments are to be deposited)

Account Number Linkage to Provider Identifier: Select one option below.
(Provider preference for grouping/bundling claim payment remittance advice – must match preference for EFT payment)

Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Provider preference for grouping/bundling claim payment remittance advice – must match preference for EFT payment)

Provider Tax Identification Number (TIN): 3 4 1 8 5 8 3 7 0
(Required if NPI is not available)

National Provider Identifier (NPI):
(Required if TIN is not available)

Method of Retrieval:
(The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, Clearinghouse, etc.))

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: select
(Official name of the provider's clearinghouse)

Clearinghouse Contact Name:
(Name of a contact in clearinghouse office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's clearinghouse)

Electronic Remittance Advice Vendor Information

Vendor Name:
(Official name of the provider's vendor)

Vendor Contact Name:
(Name of a contact in vendor office for handling ERA issues)

Telephone Number:
(Telephone number of contact)

Email Address:
(An electronic mail address at which the health plan might contact the provider's vendor)

Submission Information

Reason for Submitting: New Enrollment Change Enrollment Cancel Enrollment

Authorized Signature:
(The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment)

Printed Name of the Person Submitting Enrollment:
(The printed name of the person signing the form may be used with electronic and paper-based manual enrollment)

Printed Title of Person Submitting Enrollment:
(The printed title of the person signing the form may be used with electronic and paper-based manual enrollment)

Submission Date: 20200718
(The date on which the enrollment is submitted)

By checking this box (required to submit this form), I accept the Terms and Conditions [click here to read T&C](#)

Actions

*Required field(s) must be filled To submit this form.

All Payer EFT/ERA Program

ECHO Health, Inc. also offers an All Payer EFT program for providers, this is a fee-based enhanced EFT/ERA program, providers are not required to enroll in this service in order to receive EFT/ERA.

Program benefits include:

- One enrollment, connecting providers to over 200+ Payers
- Automatic enrollment when new payers onboard with ECHO
- Dedicated support channel tailored to each providers individual needs
- Custom reporting and invoicing
- Program fee can be deducted from each payment issued, or billed as a separate invoice.

*CareSource payments are always delivered with no fee associated for providers in the All Payer program.

Virtual Credit Cards

When providers receive a Virtual Credit Card payment, they will receive either a faxed or mailed EPP, and an image of a Credit Card.

- Virtual Credit Card payments are valid for 60 days from the date of issuance, if the provider does not process the payment within 60 days, the payment will revert to a check.
- Processing these payments is similar to accepting and entering patient payments via credit card into your payment system.



- Providers can choose to process all or some Virtual Credit Card payments, and request other payments be sent via check.
- Providers who prefer checks and have received a Virtual Credit Card Payment may opt out by contacting ECHO Health Inc. at:
888 672-1077
- When opting out, providers will have the opportunity to get information on enrolling for EFT/ERA payments from ECHO.

Questions?

Echo Health, Inc.

Phone: 440.835.3511

Toll Free: 1-888-834-3511

Fax: 440-835-5656