CareSource®

ECHO®
Payments *Simplified*℠

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

ECHO® Payments Simplified℠

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

ECHO® Payments Simplified℠

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

ProviderPayments.com

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

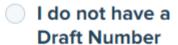Once this item is selected providers will be directed to the "Create a New Account" page.

ProviderPayments.com

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

ProviderPayments.com

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⦿ **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.

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

Draft Amount:

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

Register   **Cancel**

ProviderPayments.com

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○ **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.

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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.
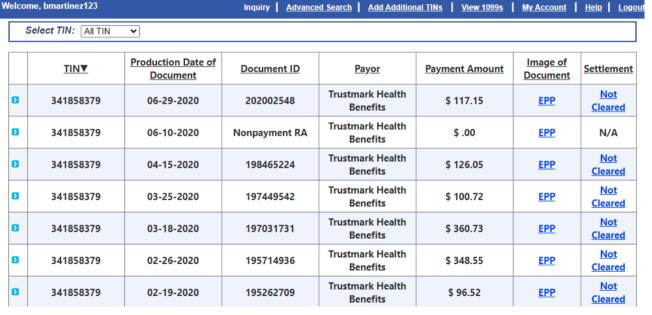Phone: 440.835.3511
Toll Free: 1-888-834-3511
Fax: 440-835-5656

*Please do not reply to this email address.

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

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ProviderPayments.com

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	TIN▼	Production Date of Document	Document ID	Payor	Payment Amount	Image of Document	Settlement
▶	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

Welcome, bmartinez123   Inquiry | Advanced Search | Add Additional TINs | View 1099s | My Account | Help | Logout

Select TIN: All TIN

Providers have access to:

- 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.

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Provider Account Authentication

ENROLLMENT OPTIONS

○ **Enroll using your Provider Portal Account**

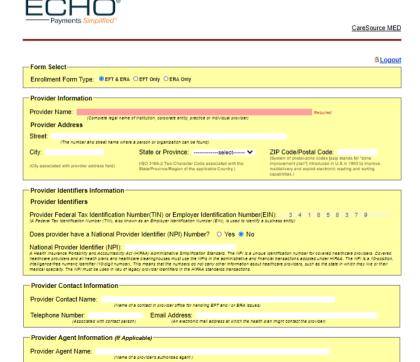○ **Enroll using TIN**

○ **Enroll using Enrollment Code**

EFT/ERA Registration

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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]

Can't access your account? <u>Click Here</u>

EFT/ERA Registration

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

CareSource MED

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: ------------select------ ▼ 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 [azip 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 (10-digit 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)

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EFT/ERA Registration

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.

Virtual Credit Cards – Managing Payments

- 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