Welcome to the

MGMA®

ST. LOUIS, MO.

October Webinar!



Ending the Paper Chase: Electronification of Payments and Remits in Healthcare

Presented by Eric Brodsky, FACMPE



Explanations of key terms (ERA, EFT, etc.)

Advantages of electronification vs. paper transactions

Federal laws and barriers to adoption

Filing complaints against payers that are violating HIPAA laws

Virtual credit card payments

Learning Objectives



ERA – Electronic Remittance Advice

EOB – Explanation of Benefits

Terms Defined

Anthem BlueCross

P.O. BOX 70000
VAN NUYS, CA 91470-0001

EXPLANATION OF BENEFITS

ISSUE DATE	PAGE
December 3, 2013	E032017 00001 OF 00003

Subscriber's Name:
Identification Number:
Group Number:
Group Name:

Product: CaliforniaCare

Patient's Name:
Claim Number:
Claim Processed Date: 12/02/13

Sequence Number:
Provider of Services: MILLS HOSPITAL
Place of Service: Outpatient
Patient Acct. Number:

Paid Amount: 1 $312.47

To: MILLS HOSPITAL

It is not your responsibility to pay: 7 $104.15

SERVICE DATE(s)	TYPE OF SERVICE	TOTAL BILLED 2	OTHER AMOUNT(S)	3 PATIENT SAVINGS	APPLIED TO DEDUCTIBLE 4	COINSURANCE COPAYMENT AMOUNT 5	CLAIMS PAYMENT 6
11/21/13	MAMMOGRAPHY	51.50		12.87/01			38.63
11/21/13	Screening Mammogram	365.12		91.28/01			273.84
	TOTAL THIS CLAIM	416.62	0.00	104.15	0.00	0.00	312.47*

DETAIL MESSAGE:

01 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.
x You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

HAVE QUESTIONS??

Check out Our Website at WWW.ANTHEM.COM/CA
Order I.D. Cards / Check claims status / Review benefits /
Verify family members covered on your policy / Find a participating provider
OR call our CUSTOMER SERVICE DEPARTMENT AT: 1-800-227-3613

MAIL ALL INQUIRIES OR CLAIMS TO : ANTHEM BLUE CROSS
P.O. BOX 60007
LOS ANGELES, CA 90060-0007

English: If you need assistance in Spanish to understand this document, you may request it for free by calling customer service at the number on your identification card or in your enrollment booklet.

THIS IS NOT A BILL

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.
® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Noridian Healthcare Solutions, LLC
P.O. Box 6713
Fargo, ND 58108-6713

MEDICARE
REMITTANCE
ADVICE

1-855-609-9960

ACME PHYSICIANS INC
1234 MAIN STREET
ANYTOWN, US 99999-0000

NPI: 1234567XXX
PAGE #: 1 of 1
DATE: 07/12/16
CHECK/EFT #: 123456XXX

When you navigate the Noridian Jurisdiction E website, you may notice that a website satisfaction survey may be displayed. It is very important to Noridian that all our providers complete this survey as it is an important tool used to measure the changes we are making as well as to identify opportunities for improvement. If you could complete the survey and encourage your coworkers to do the same, we certainly appreciate your time.

Save time and money and get more detailed information by receiving the Electronic Remittance Advice (ERA) also known as the 835 (5010) Payment Advice. The ERA is a notice of payments and adjustments sent to providers, billers and suppliers and explains the reimbursement decisions of the payer. Go to http://www.edissweb.com/ to learn how to register for ERA.

PERF PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT		PROV PD
NAME DOE, JOHN			MID 1234XXXXXX			ACNT X-XXXXXXXX			ICN 1234XXXXXXXXX	ASG Y	MOA MA02 MA18	
	0314	031416 81	1.0	80053		31.00	14.39	0.00	0.00	CO-45	16.61	14.10
										CO-253	0.29	
	0314	031416 81	1.0	83036	GA	29.00	13.22	0.00	0.00	CO-45	15.78	12.96
										CO-253	0.26	
	0314	031416 81	1.0	G0103	GA	54.00	25.06	0.00	0.00	CO-45	28.94	24.56
										CO-253	0.50	
	0314	031416 81	1.0	36415		10.50	3.00	0.00	0.00	CO-45	7.50	2.94
										CO-253	0.06	
PTRESP	0.00			CLAIM TOTALS		124.50	55.67	0.00	0.00		69.94	54.56

ADJS: PREV PD 30.00 INTEREST 0.00 LATE FILING CHARGE 0.00
CLAIM INFORMATION FORWARDED TO: BCBSXX

NET 24.56

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	124.50	55.67	0.00	0.00	69.94	54.56	54.56	0.00

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	AMOUNT	CHECK AMOUNT	MID NUMBER
	WO	1234XXXXXXXXXX	24.56	0.00	1234XXXXXXX
	FB	1234XXXXXXXXX	30.00		1234XXXXXX

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

CO	Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
253	Sequestration - reduction in federal payment.
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.
MA02	Alert: If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
FB	Forwarding Balance
WO	Overpayment Recovery



CARC – Claim Adjustment Reason Code

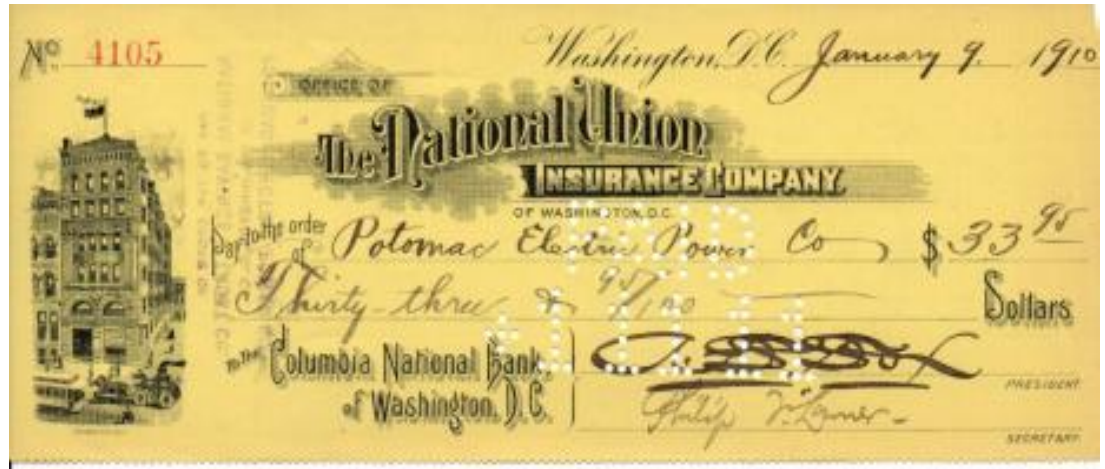
RARC – Remittance Advice Remark Code

Terms Defined



EFT – Electronic Funds Transfer

Terms Defined



No. 4105

Washington, D.C. January 9 1910

OFFICE OF

The National Union

INSURANCE COMPANY

OF WASHINGTON, D.C.

Pay to the order of Potomac Electric Power Co $ 33 95

Thirty three & 95/100 Dollars

to the Columbia National Bank, of Washington, D.C.

PRESIDENT

Philip T. Lower

SECRETARY



No. 4106

Washington, D.C. January 9 1911

OFFICE OF

The National Union

INSURANCE COMPANY

OF WASHINGTON, D.C.

Pay to the order of Collector of Taxes, D.C. $ 42 09

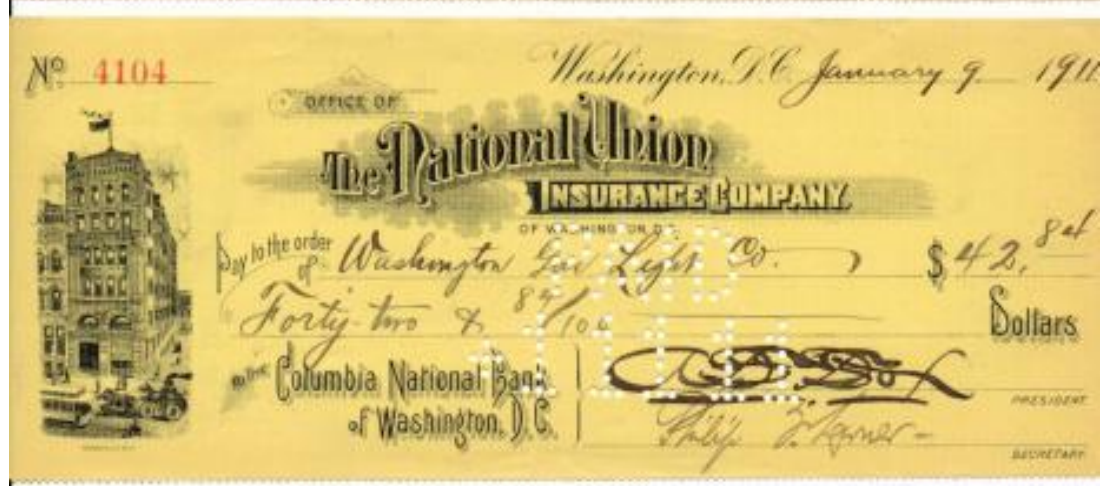
Forty two & 09/100 Dollars

to the Columbia National Bank, of Washington, D.C.

PRESIDENT

Philip T. Lower

SECRETARY



No. 4104

Washington, D.C. January 9 1911

OFFICE OF

The National Union

INSURANCE COMPANY

OF WASHINGTON, D.C.

Pay to the order of Washington Gas Light Co. $ 42, 84

Forty two & 84/100 Dollars

to the Columbia National Bank, of Washington, D.C.

PRESIDENT

Philip T. Lower

SECRETARY

Date	Description	Amount	
OCT 9 2020	AC-CIGNA EDGE TRANS-HCCLAIMPMTTRN*1	$292.67 $1,081,744.72	⋮
OCT 9 2020	AC-AETNA AS01 -HCCLAIMPMTTRN*1	$193.84 $1,081,452.05	⋮
OCT 9 2020	AC-HNB - ECHO -HCCLAIMPMTTRN*1	$111.34 $1,081,258.21	⋮
OCT 9 2020	AC-AETNA AS01 -HCCLAIMPMTTRN*1*	$63.64 $1,081,146.87	⋮
OCT 9 2020	AC-COUNTRY LIFE -HCCLAIMPMTTRN*1	$52.15 $1,081,083.23	⋮
OCT 9 2020	AC-ANTHEM BLUE MO5F-HCCLAIMPMTTRN*1	$47.82 $1,081,031.08	⋮

Choose Era File

From Date 09/12/2020 Check Number

To Date 10/12/2020 Payor

Download Date Include Processed Include Removed Show Payee

Payor	Clearinghouse	Check	Amount	Check Date	Download Date	Posted	X
ANTHEM	TriZetto		$2,311.16	09/14/2020	09/13/2020	$0.00	No
HEALTHLINK HMO	TriZetto		$213.36	09/15/2020	09/19/2020	$0.00	No
CARPENTER'S H&W FUND OF ST. LOUIS ERA ONLY	TriZetto		$40.15	09/16/2020	09/22/2020	$0.00	No
AUXIANT	TriZetto		$55.13	09/16/2020	09/18/2020	$0.00	No
AUXIANT	TriZetto		$55.13	09/18/2020	09/19/2020	$0.00	No
UMWA HEALTH AND RETIREMENT FUNDS	TriZetto		$41.42	09/18/2020	09/21/2020	$0.00	No

Medicare Remit Easy Print

https://tinyurl.com/u2yz5am

ERA Processing Software – FREE!!!

Benefits of Automation

Moving to a more automated payment and remittance process offers a number of benefits to the practice

Eliminates staff time to open mail, log the paper check, and make a bank deposit

Minimizes the chance for improper cash management

Payments generally are received faster from the health plan

Reassociation of the payment and remittance is significantly improved

More efficient identification and resolution of anomalies and issues requiring staff follow-up

Why go electronic?

Costs Associated with Healthcare Payments

Paper Claim Payment = $2.51

Electronic Funds Transfer (EFT) = $1.51

Paper Explanation of Benefits = $3.76

Electronic Remittance (ERA/EOB) = $1.21



Federal Mandate of ERA & EFT Transactions

Operating Rules for HIPAA Transactions
The Administrative Simplification provisions under the Affordable Care Act of 2010 require the Secretary to adopt operating rules based on recommendations from NCVHS, and with consultation with providers. The compliance dates for use of the operating rules are :

January 1, 2013 for
- eligibility for a health plan
- health claim status

January 1, 2014
- electronic funds transfers (EFT)
- health care payment and remittance advice (ERA)

January 1, 2016 for
- health care claims or equivalent encounter information
- coordination of benefits
- health plan enrollment/disenrollment
- health plan premium payment
- referral certification and authorization transactions

New standards must be adopted for
- Electronic funds transfers (EFT) - compliance date is January 1, 2014
- Health care claims attachments – compliance date is January 1, 2016

Who is Required to Comply?

Major health plans (Anthem, UHC, Aetna, etc.)?

Smaller payers (Healthlink, Essence, Ambetter, etc.)?

Local union health and welfare plans?

HMO site with a limited number of providers?

Medicare supplements?

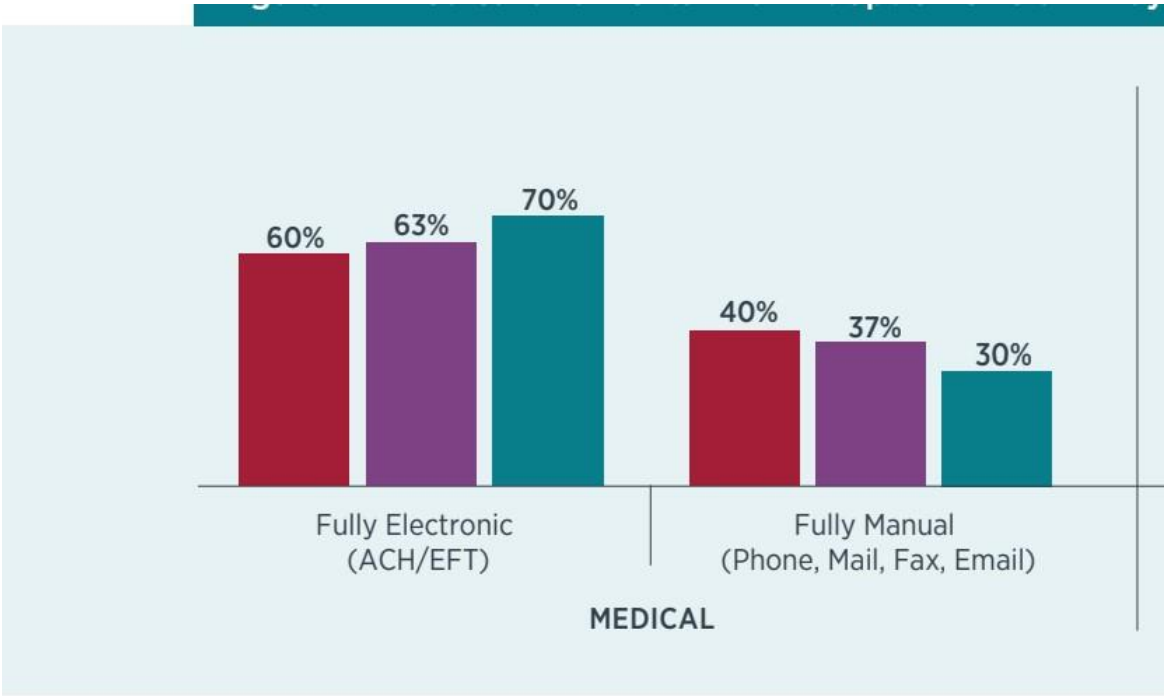
ALL OF THEM!

All HIPAA Covered Entities Are Required to Comply



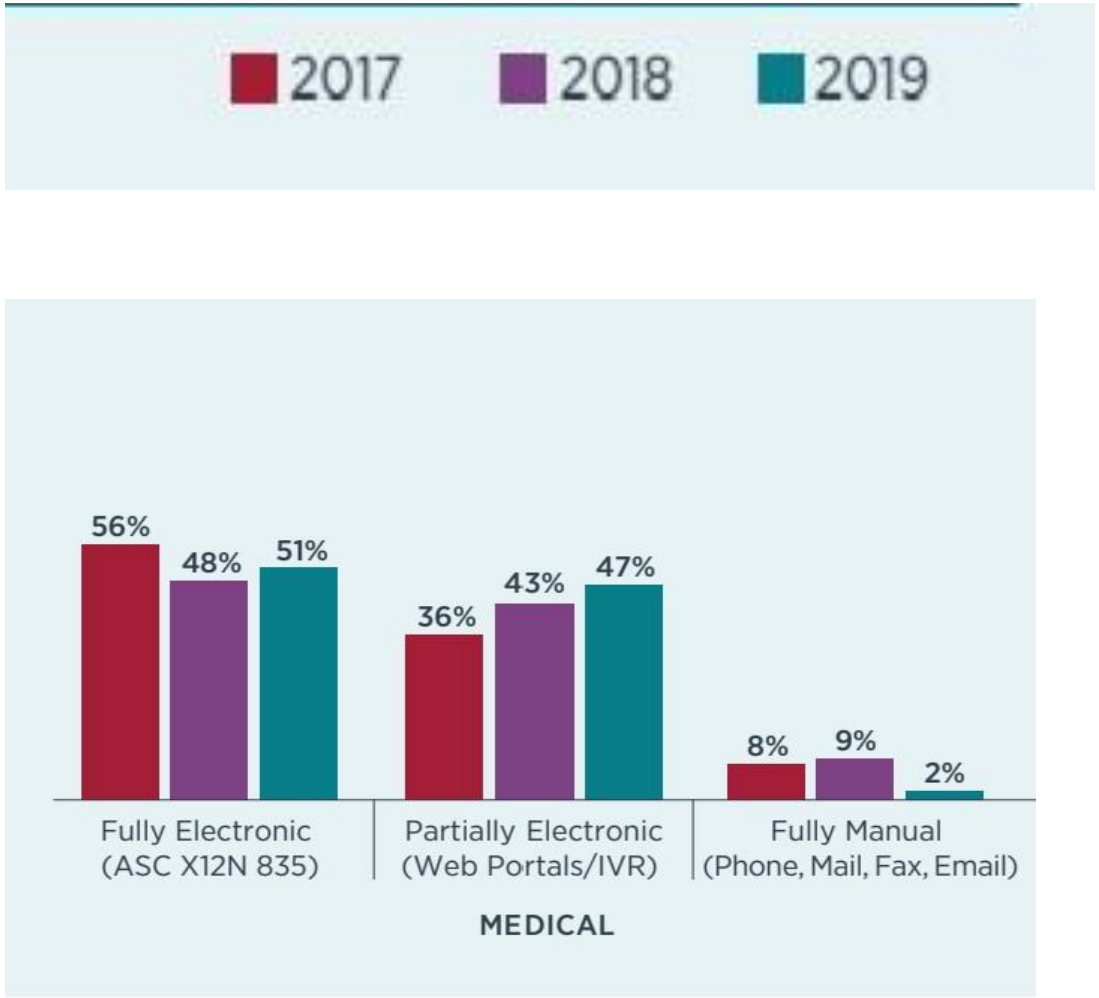
EFT Adoption





- Source: CAQH Index 2019

ERA Adoption



- Source: CAQH Index 2019

Barriers to Adoption



"This is how we've always done it"

Concerns about electronic payment security



Difficulty with payer enrollment

Challenges with denials and recoupments



Hidden fees and charges

My entity is a provider organization. Can we be charged a fee by health plans to receive claims reimbursement via the HIPAA-mandated Healthcare EFT Standards?

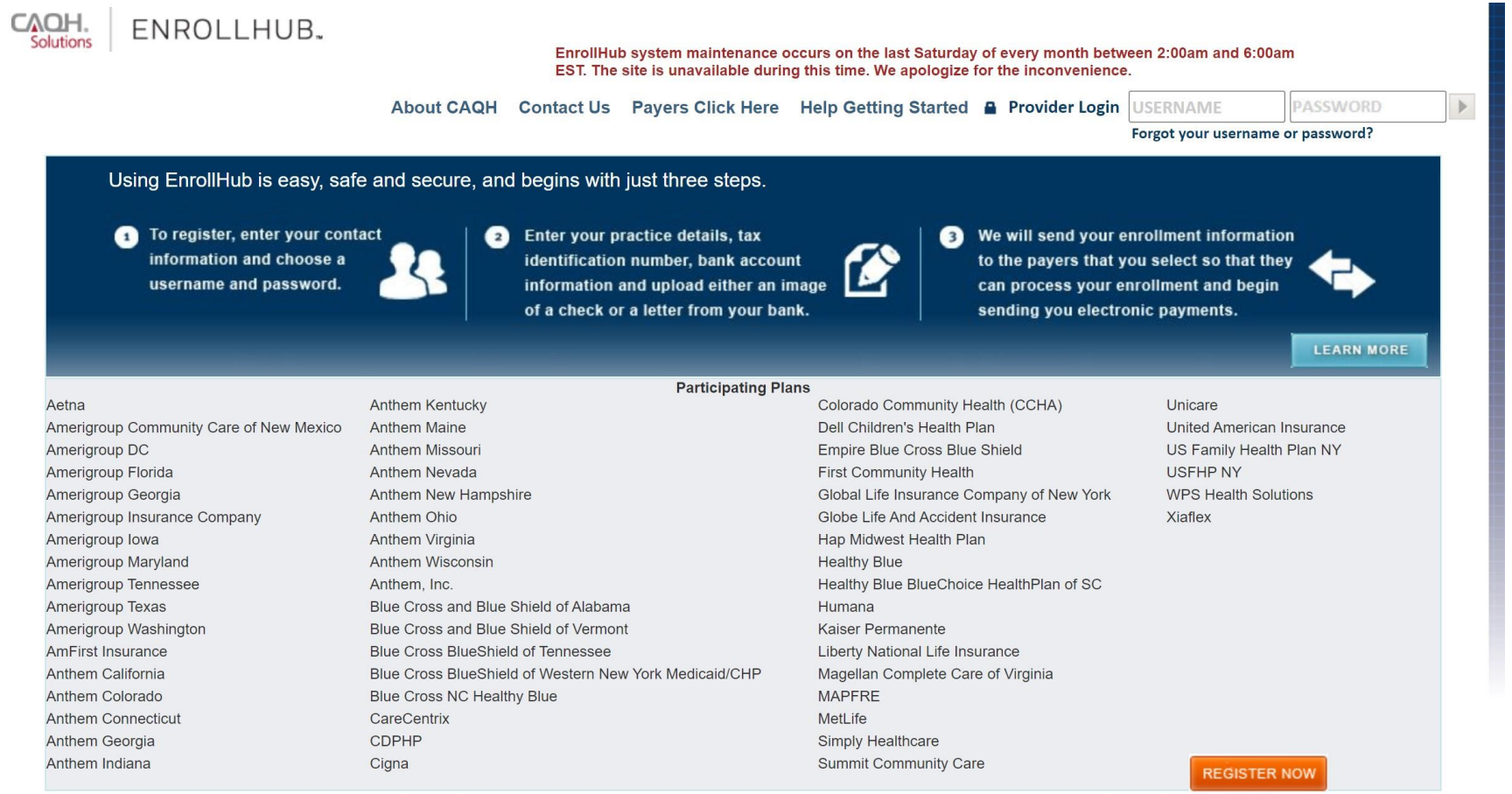
ACA Section 1104 added Electronic Funds Transfer (EFT) to the list of electronic healthcare transactions for which the HHS Secretary must adopt a HIPAA standard. In July 2012, HHS adopted the NACHA CCD+ and ASC X12N/005010X221 Health Care Claim Payment/Advice (835) and associated errata (hereafter referenced as ASC X12N v5010 835) TR3 TRN Segment together as the HIPAA-mandated Healthcare EFT Standards. As of January 1, 2014, health plans are required to support the CCD+ to initiate EFT payment through the Automated Clearing House (ACH) Network. **NOTE**: The HHS Final Rule does not prohibit health plans and providers from using the CTX format to conduct EFT via the ACH Network or using non-ACH networks (e.g., Fedwire, card payment networks, etc.) to send/receive EFT claim payments (see CMS FAQ#6343). When using the Healthcare EFT Standards, all HIPAA-covered entities, including health plans, must comply with the ACA-mandated CAQH CORE EFT & ERA Operating Rules.
Under the HIPAA Administrative Simplification provisions, all health plans are required to have the capability to accept and/or send the HIPAA-mandated transactions standards including the HIPAA-mandated Healthcare EFT Standards. A health plan can provide this capacity itself or by hiring a clearinghouse to accept and/or send the mandated transaction standards on its behalf (see CMS FAQ#8121).
The regulation adopting the adopting the HIPAA-mandated transaction standards specifies the following additional requirements for health plans: (see 45 CFR §162.925)

> *(1) If an entity requests a health plan to conduct a transaction as a standard transaction, the health plan must do so.*
> *(2) A health plan may not delay or reject a transaction, or attempt to adversely affect the other entity or the transaction, because the transaction is a standard transaction.*
> *(3) A health plan may not reject a standard transaction on the basis that it contains data elements not needed or used by the health plan (for example, coordination of benefits information).*
> *(4) A health plan may not offer an incentive for a health care provider to conduct a transaction covered by this part as a transaction described under the exception* [for direct data entry transactions] *provided for in §162.923(b).*
> *(5) A health plan that operates as a health care clearinghouse, or requires an entity to use a health care clearinghouse to receive, process, or transmit a standard transaction may not charge fees or costs in excess of the fees or costs for normal telecommunications that the entity incurs when it directly transmits, or receives, a standard transaction to, or from, a health plan.*

Source: CAQH Operating Rules FAQ

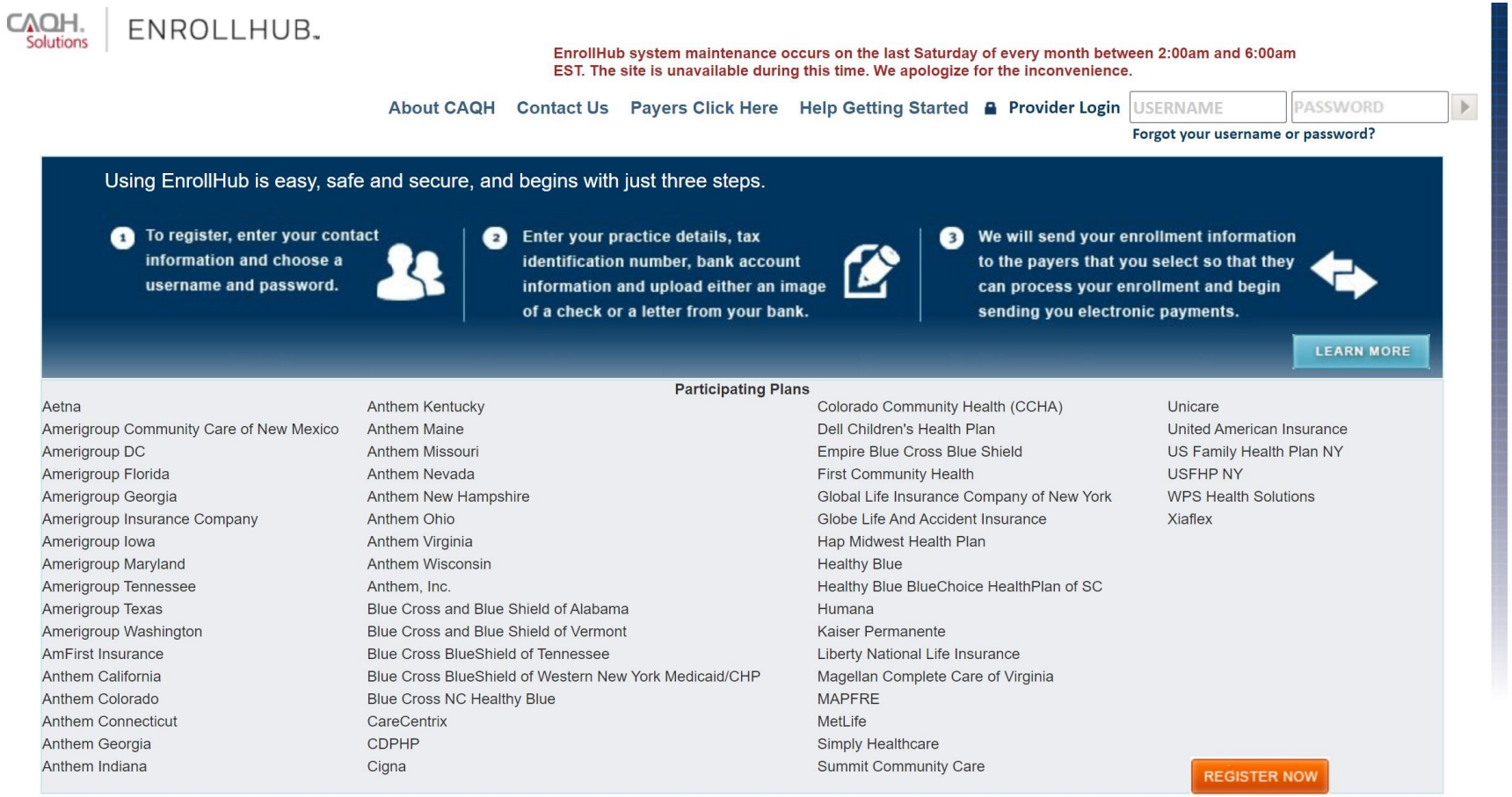
CAQH Enroll Hub

solutions.caqh.org



Optum Pay – United Healthcare

https://tinyurl.com/zaxg5s6



Change Healthcare

https://tinyurl.com/yy93vaxz



The Change Healthcare EFT service enables customers to have payments from EFT participating payers deposited electronically into their bank accounts at no cost.

- EFT Participating Payers - A listing of EFT participating payers
- EFT FAQs - Frequently asked questions regarding EFT

New Provider/Existing Providers

- EPayment Request Forms
- Epayment Contact Change Form

Other Free EFT Sites

Payspan - https://payspan.com/

IASA - https://provider.iasadmin.com/account/register

eProvider - https://eprovider.globelifeinc.com/

Instamed - https://www.instamed.com/providers/

Paid EFT Sites

Zelis - https://www.zelispayments.com/

Echo - https://lsso.echohealthinc.com/

VPay - https://www.vpayusa.com/

What do we do about non-compliance?



- FILE A COMPLAINT!!!
- IT'S A HIPAA VIOLATION!!!



- https://asett.cms.gov/ASETT_HomePage

Home About ASETT Contact Us Support Register Login



File HIPAA Complaint

See the About ASETT section to learn more about how to file a complaint.

Submit complaints for the following violations:

- Transaction
- Unique Identifier
- Code Sets
- Operating Rules

To file a complaint you must login by clicking the login button. If you don't have an account, you can create one through the CMS Enterprise Portal by clicking on the Create Account button.

If you would like to file a complaint without an

Test HIPAA Transactions

Test Transaction tool allows all transactions to be checked consistently for compliance, syntax and business rules. Validate transactions across various formats including the following:

- ASC X12 5010
- NCPDP D.0
- ICD-10 Diagnostic and procedure codes
- Unique Identifiers

This tool can also validate code values against 60-plus clinical and non-clinical code sets, including ICD-9 and ICD 10 diagnosis and procedure code sets. The Test Transactions tool will provide intuitive error reports and acknowledgements to help identify and resolve error.

File HIPAA Complaint

See the About ASETT section to learn more about how to file a complaint.

Submit complaints for the following violations:

- Transaction
- Unique Identifier
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- Operating Rules

To file a complaint you must login by clicking the login button. If you don't have an account, you can create one through the CMS Enterprise Portal by clicking on the Create Account button.

If you would like to file a complaint without an account, click on the Get Started button below.

Get Started

Test HIPAA Transactions

Test Transaction tool allows all transactions to be checked consistently for compliance, syntax and business rules. Validate transactions across various formats including the following:

- ASC X12 5010
- NCPDP D.0
- ICD-10 Diagnostic and procedure codes
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This tool can also validate code values against 60-plus clinical and non-clinical code sets, including ICD-9 and ICD 10 diagnosis and procedure code sets. The Test Transactions tool will provide intuitive error reports and acknowledgements to help identify and resolve error.

To test a transaction you must login by clicking the login button. If you don't have an account, you can create one by clicking on the Register link.

Privacy Complaints

If you believe that a covered entity or business associate violated your health information privacy rights or committed another violation of the Privacy, Security or Breach Notification Rules, you may file a complaint at the link below: Office for Civil Rights (OCR).

Virtual Card Payments



- Offered by payers to expediate payment
- A credit card merchant fee is associated with those payments
- Often presented in lieu of EFT or in a PPO repricing scenario
- May be an option for out-of-network claims

Shred 'em!

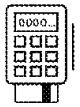


VCC Example – Not HIPAA Compliant!

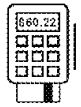
EXPEDITED PAYMENT — Claim #:

4 easy steps to process the payment

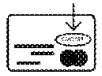
STEP 1: Type in the 16-digit number



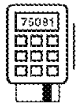
STEP 2: Type in dollar amount



STEP 3: Enter CVC

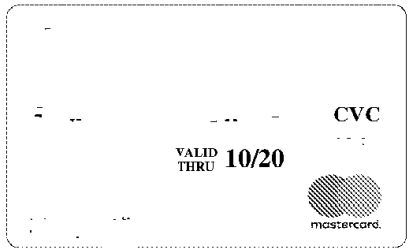


STEP 4: If requested, enter this address or zip:



No PIN required.

Problems? Email the [redacted] or call [redacted]. Please have your VP Trans ID (located above) available.



Client Ref ID:	[redacted]
VP Trans ID:	[redacted]
Date:	08/25/2020
Amount:	$14.97

[redacted] is expediting this payment to you for services rendered. This Mastercard payment can be processed through your merchant terminal as illustrated in Steps 1-4.

If you elect to accept payment by VCard, processing fees will be assessed at the rate outlined in your merchant agreement with your acquiring bank. If your organization prefers a different form of payment, please email [redacted] or call [redacted] to discuss your payment preference.

If you have questions regarding your claim or benefit plan, please contac[redacted]

IMPORTANT HIPAA NOTICE - The information contained in this [redacted] communication contains data considered Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is transmitted subject to HIPAA privacy rules and subsequent penalties for improper use. If the information contained in this communication does not pertain to a current patient at this facility, please (1) notif[redacted] immediately at [redacted] and provide the VP Trans ID shown (2) destroy this communication and all attached information.

Did you know? VCard is Better.

FAST: Pays in real-time, 10 days faster than checks. Improves revenue-flow.

SIMPLE: VCard & remittance advice delivered together.

OTHER BENEFITS OF ERA / EFT

- Cost savings related to staffing
  - Staff are able to process EFT payments more easily because each payment is linked to a unique ERA number, making it easy to identify the service and patient covered by the payment
- Faster patient billing
  - Because insurer payments via EFT are received and processed more quickly, patients also receive their bills quicker
  - Patients are more likely to pay their bill if they receive their bill in a timely manner
- Reduced billing errors
  - Electronic payments increase accuracy, leading to fewer mistakes and less verification.
- Reduced Days in Accounts Receivable



OTHER TIPS

Pay attention to new and renewing contracts with payers. Find out what their policies and procedures are for EFT and ERA, and make sure you have a contact person for any EFT/ERA questions.

Work closely with your clearinghouse

Many clearinghouses are not actively promoting EFT conversion. As a result, healthcare practices must be proactive about getting information about EFT conversion and making sure they take the necessary steps to enroll.

Virtual Cards

According to HIPAA a provider has the right to choose whether or not to receive payments via virtual credit card or via EFT. Furthermore, providers are not required by HIPAA to accept virtual card payments.

It is important for provider groups to establish a policy on handling of virtual card transactions their practice if they choose to accept them



THANK YOU

Eric Brodsky, FACMPE

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ebrodsky@epoxyhealth.com

www.epoxyhealth.com

MGMA®
ST. LOUIS, MO.

Thank you for joining us!

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12:00 PM – 1:00 PM

Wednesday, December 9
12:00 PM – 1:00 PM

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