eProvider Solutions Emergency Access Clearinghouse Connection Option

Question: What is eProvider Solutions (ePS) Emergency Access clearinghouse connection option?

Answer:

eProvider Solutions is a clearinghouse that we partnered with to aid with claims submission for commercial payers while Change Healthcare is encountering service interruption due to the Cyberattack that has occurred. This partnership is being labeled as ePS Emergency Access.

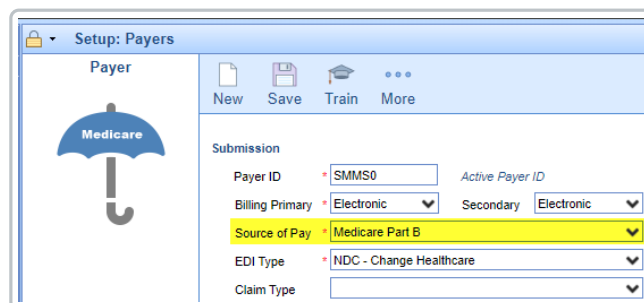## Question: Why is the ePS Emergency Access solution only applicable to Commercial payers?
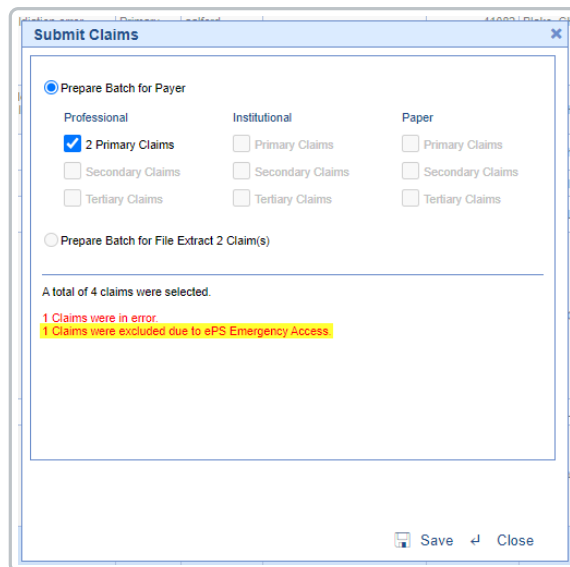
Answer:

This is not a clearinghouse limitation, but rather a tactical approach since most commercial payers do not require an EDI enrollment for claims submission. The goal is to be able to get as much claims out the door without needing the practice to complete new enrollments. As of now this is a temporary solution and therefor we are not instructing practices to complete new enrollments.

Question: How will I be able to filter out Medicare, and Medicaid payers from my Commercial payers when submitting claims?

Answer:

Our engineering team has built a backend database filter that will filter out claims based on the Source of Pay of the payer when claims are batched. If the Source of Pay is Medicare Part A, Medicare Part B, or Medicaid for the submitting payer on the claims being submitted, those claims will not be included in the batch and will be left in their current claim status.

Question: How will I be able to submit my claims once the ePS Emergency Access solution is enabled?

Answer:

Our engineering team has built an emergency access setting that once enabled will set the database to send the submitted claim batches files to ePS. From the biller perspective they will manually batch and submit claims for Commercial payers using the Submit Claims option in the Claim Query window and then proceed to the Claim Submission window to process the claim batches. Being mindful of the claims being filtered out based on the source of pay of the payers.

Medicare/Medicaid claims will be able to be batched and exported to be submitted directly via the payer portal. See the question below "Will I still be able to extract the 837 file for my Medicare and Medicaid claims, since batch creation now exclude these payers?" for additional details on how to batch Medicare/Medicaid claims.

Question: Will I be able to submit secondary and tertiary claims?

Answer:

Yes, secondary and tertiary claims will be able to be submitted assuming they are commercial payers.

Question: Will I need to update my payer ids prior to submitting claims using ePS Emergency Access?

Answer:

No, you will not need to update your payer ids in the database. We have done a backend cross map of all major commercial payers from the Change Healthcare payer id to the ePS payer id. This is so that when the service interruption from Change Healthcare is resolved and emergency access is disabled your practice can resume it's normal batch and submitting of claims to Change Healthcare without needing to do payer setup updates. In the instance that you do come across a rejection where the payer id is incorrect we ask that you send that over to our support team for review and possible addition to the cross map table. Below is an example of an invalid payer id rejection.

Additionally as a proactive measure ePS has started to identify and redirect where possible payers that require Change Healthcare as a intermediary. As part of this approach claims submitted to a payer that utilizes Change Healthcare as a intermediary that has not been redirected will be rejected with a specific rejection reason stating "EPSOUT Electronic submission not available for payer at this time". Below is an example of a EPSOUT rejection.

As EPS continues to redirect affected payers, customers gain the ability to resubmit claims for processing through these new connections. To keep our customers informed, EPS will publish a daily list of rerouted payers, along with effective dates, facilitating the resubmission process. Click here to view the latest list.

Question: How will I receive/review rejections from ePS?

Answer:

Our engineering team has built a direct connection for claim submission responses. Rejections will be received in the same manner they are received through Change Healthcare. They will go into a claim status of Rejection and the user will be able to review them and work them from the rejection queue.

Question: How will ePS Emergency Access solution get enabled?

Answer:

You will want to reach out to your account manager or our support team at support@isalushealthcare.com to request the enabling of emergency access. Once enabled you will proceed with submitting claims as usual.

Question: If I have already submitted claims while the service interruption has been ongoing and I resubmit those claims with the ePS Emergency Access what will occur?

Answer:

Claims that were submitted after the service interruption initiated with Change Healthcare were placed in a holding queue and will be passed on to Change Healthcare once service is restored. If the same claims are now submitted using ePS you will get duplicate claim submission response once Change Healthcare service is restored and the queue is released.

Question: How can I find and resubmit claims that are in the holding queue with Change Healthcare?

Answer:

You can find and resubmit claims that are in a holding queue with Change Healthcare by going to the Claim Query within the billing portal and searching for claims that are in a claim status of "In Process - step 2, Electronic". If claims have already begun being submitted with ePS Emergency Access a Submission Date search parameter will also be needed in order to exclude any claims that were submitted today to ePS. Once you have reviewed and confirmed these are the claims you wish to resubmit you will want to follow the batch creation and submission procedure.

Question: Will ePS provide ERAs?

Answer:

The ePS Emergency Access solution is intended to aid practices delivering claims to commercial payers on a temporary basis. Since most ERAs require an enrollment to the payer we will not be proceeding with downloading and providing ERAs from ePS at this time.

Question: Will I still be able to extract the 837 file for my Medicare and Medicaid claims, since batch creation now exclude these payers?

Answer:

Yes, you will. When the ePS Emergency Access solution is enabled a new batch creation option will be added to the More menu under the Claim Query window, it will be called Submit Medicare/Medicaid Claims.
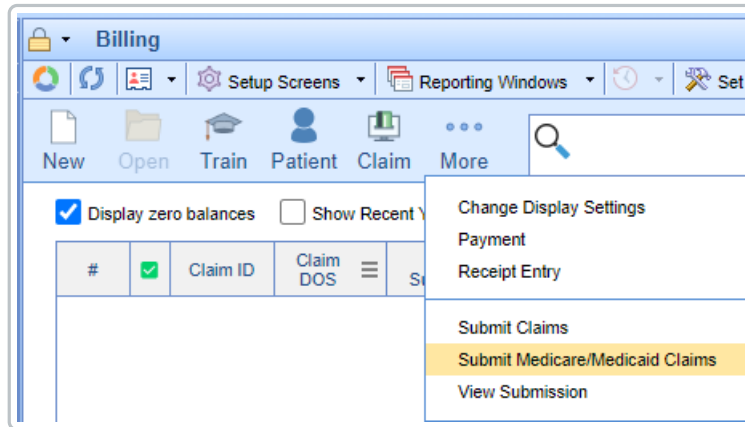
This new option will only batch claims where the payer on the claim has a Source of Pay of Medicare or Medicaid. Once the batch is created for your Medicare and/or Medicaid claims you can select said batch from the EDI Extract tool to generate the 837 file.

## Question: Will there be any other workflow changes when ePS Emergency Access solution is enabled?

Answer:

Yes, as part of the effort to prevent Medicare or Medicaid claims from being submitted to ePS we have disabled the automated release of claim batches when the batch is created. This means that when you create a batch of claims you will need to proceed to the Claim Submission window to review and process the batch regardless of your database setting, where it previously may have automatically submitted the claim batches.

Question: If I have decided to proceed with completing a new Medicare/Medicaid enrollment with ePS as the clearinghouse how will I be able to submit my claims once the enrollment is approved?

Answer:

As part of the option to extract the 837 file for Medicare/Medicaid claims our engineering team has built the necessary connection to also send Medicare/Medicaid claims to ePS utilizing the new submit option "Submit Medicare/Medicaid Claims".
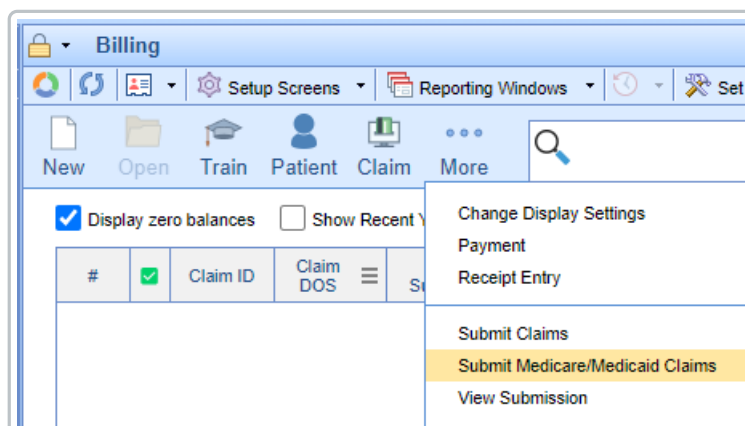
From the biller perspective they will manually batch and submit claims for Medicare/Medicaid payers using the Submit Medicare/Medicaid Claims option in the Claim Query window and then proceed to the Claim Submission window to process the claim batches.

*Note this is only applicable if you have completed the necessary EDI enrollment for Medicare/Medicaid payer. For any additional questions here please contact our support team.

Question: If I have additional questions where or who should I ask them to?

Answer:

We ask that for any additional questions please reach out to your account manager or our support team at support@isalushealthcare.com.