Find answers fast! See frequently asked questions and helpful tips regarding enrollment for EDI services.

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# **General Enrollment Process FAQ**

What is EDI enrollment and why is it required?

EDI enrollment is the process through which a provider/practice completes the setup to submit electronic (EDI) services to a specific payer via a clearinghouse. EDI enrollment may be required for the following EDI services: Electronic Claim submission, Electronic Remittance Advice (ERA)/ Electronic Funds Transfer (EFT) reports, Real-Time Eligibility (RTE) checks.



What are the enrollment requirements to use ISalus?

There are at most three steps that must be met.

1. **Clearinghouse Setup** – This is completed by your billing project manager with iSalus. Once set up you will receive a username and password for the Revenue Performance Advisor (RPA) for Change Healthcare. This initiates the process to generate the insurance-specific steps.
2. **Insurance Registration** – This is the enrollment piece required by each insurance. It can be a form that must be signed, an email message, an online web form, or an online portal that requires user name and password. Sometimes iSalus will be able to complete these steps with the information you have provided but sometimes you will be required to complete necessary steps.
3. **Insurance Approval** – Once the enrollment has been submitted to the insurance, the insurance will process the request and either approve or deny the request. When possible, iSalus via the clearinghouse will reach out to obtain the status after the appropriate turnaround time. Sometimes you will need to reach out if the insurance will not release this information to iSalus.

What information do I need to provide for enrollments?

It is very important that you provide accurate information to iSalus to assist with enrollments. The insurances will deny requests if the information submitted does not match what they have on file at that moment.

It is highly suggested that you verify with the insurances the following information prior to submitting enrollments.

* Practice name
* Practice address
* Tax ID / NPI
* Provider numbers (if applicable)
* Authorized contact signer

What is a group/individual provider number and where can I find it?

Group or individual provider numbers are assigned by the payer when you are credentialed. This number can be found on your credential paperwork or by contacting the insurance company directly. Insurance companies will not release group or individual provider numbers to iSalus.

What happens if I am not credentialed with an insurance company?

If enrollment is required, you will not be able to use the electronic services with that insurance company.

Enrollment is submitted to insurance companies with the information you enter in the Enrollment Authorization form. The insurance company then matches the request to a record in their system. If a matching record is not found, the enrollment request for electronic services may be denied.

To ensure that your enrollment request is processed correctly, we recommend contacting the insurance company in advance to confirm that your Tax ID and NPI are on file.

Does a new provider in an existing practice need to be enrolled with our established insurance companies?

If the provider’s claims are billed with the same Group NPI, new rendering providers do not need to be enrolled with iSalus or the clearinghouses. However, you must make sure that the provider has been updated/credentialed with all the insurances you bill and linked to your Group NPI. If the provider’s claims are billed with their own Individual NPI only or a different Group NPI, then the provider does need to be enrolled.

Do I need to re-enroll if I have a new Tax ID or Group NPI?

Yes, all affected insurances need to be re-enrolled for electronic services with insurance companies.

Please update your Practice/Provider Settings and complete the Enrollment.

My insurance sent me a blank agreement to complete enrollments. How do I fill this out?

Please contact your Billing Project manager and we can assist. If not properly completed, you may not be set up correctly.

My insurance is sending me information to re-enroll. Do I need to do this?

Insurance companies are continually improving their technology solutions. This may sometimes require you to re-enroll to continue sending claims and receiving ERAs. Contact the insurance for more information. If iSalus is notified of any large-scale changes by our clearinghouses, we will inform you as well.

What is a Trading Partner ID or Submitter Number?

The clearinghouse that has the direct insurance connections are assigned unique identifiers by each insurance company. If you need this information, please contact iSalus for assistance.

What is the iSalus Trading Partner ID or Submitter Number?

Since iSalus does not have any direct connections, we are not assigned any Trading Partner IDs or Submitter numbers. Change Healthcare will provide the Trading Partner ID’s on each enrollment required.

# **Claims Enrollment FAQ**

What is the next step after submitting my enrollment request?

iSalus will identify the necessary forms and instructions for each insurance you have submitted.

Is it possible for providers to submit claims using multiple Vendors/Clearinghouses for the same insurance?

Sometimes. Most insurances allow dual submission, meaning that a provider could submit claims via multiple vendors/clearinghouses to the same insurance, but there are some that only allow a set number of submitters, i.e. 1 to 5 submitter limits. To be 100% sure that dual submission is possible, the insurance would need to be contacted.

What is a UB insurance?

If you see “UB” in the name of the insurance, this indicates the connection is specific to institutional claim (UB-04) billing. Only select if this applies.

How long does it take to receive insurance company approval for claims?

Each insurance company has their own processing time that typically ranges between one and eight weeks.

Why was my claim enrollment rejected?

When the enrollment request is submitted, it is reviewed by the insurance for a matching provider in their system and accurate completion. The most common rejections are:

* Invalid provider: Tax ID and NPI does not match any records in the payer system
* Mismatched information: Practice name submitted on request does not match what is on file.
* Mismatched information: Address submitted on request does not match what is on file.
* Agreements signed by an unauthorized contact who is not on file.
* Missing information on the forms, such as a notary stamp or business titles.

If Change Healthcare can obtain status, we will email you information about the enrollment rejection and what is needed to correct.

# **ERA/EFT Enrollment FAQ**

What is ERA?

ERA stands for electronic remittance advice. These are remittance files that iSalus can receive to help you quickly post payments and manage your account receivables.

What if I do not have ERA’s approved prior to go-live?

Lacking approval for ERA’s will create a manual workflow for payment posters. Submission response will also be delayed for those that are sent by the payer via 835.

Can I receive ERAs through multiple vendors/clearinghouses?

Insurances will only authorize one vendor/clearinghouse to receive ERAs. If you have split your billing between two vendors/clearinghouses, you must choose who will receive ERAs for your Tax ID/NPI.

How long does it take to receive insurance company approval for ERA?

Each insurance company has their own processing time that typically ranges between two to eight weeks. It is recommended that you maintain your current software to get access to ERAs until everything is transitioned. You must be sending claims for ERAs to be generated and delivered.

Why was my ERA enrollment rejected?

When the enrollment request is submitted, it is reviewed by the insurance for a matching provider in their system and accurate completion. The most common rejections are:

* Invalid provider: Tax ID and NPI does not match any records in the payer system
* Mismatched information: Practice name submitted on request does not match what is on file.
* Mismatched information: Address submitted on request does not match what is on file.
* Agreements signed by an unauthorized contact who is not on file.
* Missing information on the forms, such as a notary stamp or business titles.
* Incomplete enrollment: Request was not validated by provider

If iSalus can obtain status, we will email you information about the enrollment rejection and what is needed to correct.

Why is the insurance contacting me to verify if ERAs should be changed?

Some insurances will reach out to the provider office by phone or email to validate the change request. Failure to respond timely will delay and cause your enrollment request to reject.

What is EFT?

EFT stands for electronic funds transfer. These are direct deposits of your payments from insurances. Not all insurance offers EFT and can sometimes be required by the insurance to use electronic services.

How do I enroll for electronic funds transfer (EFT)?

Enrolling to receive EFTs as payment is an arrangement made between the provider and the insurance company. Some insurances may require EFT enrollment as a requirement to receive ERAs. iSalus will provide EFT enrollment information is required. Otherwise, please contact the insurance company directly for EFT enrollment instructions.

I’m setting up EFT and I need the Trading Partner ID or Submitter Number.

Please contact iSalus and we can assist. If not properly completed, you may not be set up correctly.

Why am I missing an ERA file?

It is not uncommon for ERA files to be delayed in delivery due to technical issues. If you determined that you do not have an ERA file for a payment dated within 45 days, please Contact your Billing Project Manager for assistance.

* Company ID
* Practice Name
* Tax ID
* NPI
* Insurance Name
* Insurance Payer ID (if known)
* Check/EFT number
* Check/EFT amount
* Check/EFT date

Why did my ERAs stop coming in?

Many things can impact ERAs but the most common reason is inadvertent changes made to your electronic profile. If you contact the insurance and elect into their portal delivery, this may stop ERAs from being delivered to iSalus’ s clearinghouses. If you signed up with another software, even for a trial, and submitted enrollments, that will stop ERAs from being delivered to Change Healthcare clearinghouse. You will need to re-enroll again.

# **Eligibility Enrollment FAQ**

What is eligibility?

iSalus offers a function to check patient eligibility if an insurance allows it. Most insurances do not require enrollment to check patient eligibility.

How will I know if I must enroll for eligibility?

Please contact your Billing Project manager to verify if an enrollment is required for eligibility.

I am approved for eligibility. Why is it not working?

The most common reason for eligibility not working is invalid information. Double check to make sure you have entered the patient and guarantor information correctly. Double check that you are sending your request to the correct insurance company. For further assistance, please reach out to Billing Project Manager.

Why can’t I find a specific insurance company?

There are several reasons why an insurance company may not be found in iSalus. Below are some common causes:

* An insurance plan name is searched instead of an insurance company name. Be sure to search

by company name only.

* The insurance company does not accept electronic claims.
* The insurance company does not have a connection with clearinghouse. Some insurance companies have exclusive vendor relationships and are not able to work with other clearinghouses.
* Always reference the payers link here: <http://www.capario.com/payer-list>

Why can’t iSalus enroll me in everything?

Enrollment is a lengthy and involved process that will require action from you as well. We want to ensure your success by focusing on the insurances you actually see patients for and bill claims to regularly. Selecting irrelevant insurances may cause you more work to do that is not needed. In addition, insurances that you aren’t credentialed with will be rejected for invalid provider.

How do I find out what is needed from me if the status says “Pending Practice”?

Please check your email for additional information from iSalus. Reasons for a Pending Practice enrollment status include missing information, instructions for you to complete, or agreements for you to sign and return.

If the provider is migrating from one Change Healthcare account to another, does the provider have to re-enroll for electronic services?

Enrollment for electronic services is based on the provider’s Tax ID, Billing NPI, and clearinghouse. If any of the three have changed, enrollment paperwork may be needed to update the information on the insurance company’s system.