

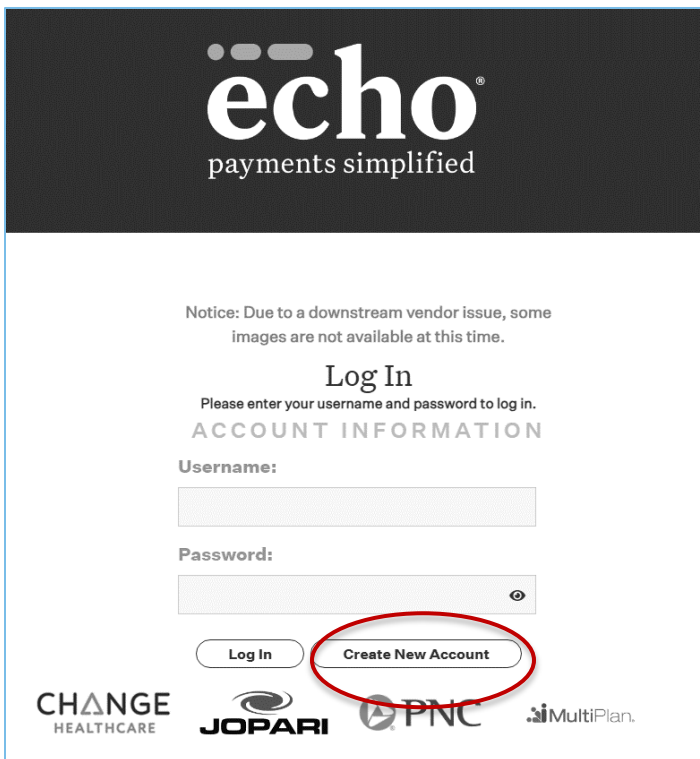
To: AmeriHealth Caritas Providers

Date: March 28, 2024

Subject: Electronic Remittance Advice (ERA/835) Access

Summary: AmeriHealth Caritas Florida has established an alternative option for our providers to access the electronic remittance advice (ERA/835) file through ECHO Health.

Providers can access the 835 directly through the ECHO provider payment portal at: www.providerpayments.com. If you are not currently registered with ECHO for access to the portal, you will have to create a new account:



Notice: Due to a downstream vendor issue, some images are not available at this time.

Log In
Please enter your username and password to log in.

ACCOUNT INFORMATION

Username:

Password:

CHANGE HEALTHCARE JOPARI PNC MultiPlan.

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In the ECHO provider payment portal, additional capabilities include the following:

1. Produce a printable PDF copy of the remittance by clicking the “EPP” link.
2. Select the “835” link to view the associated 835 file.
3. View the settlement status (including an image of the cleared check for payments issued on paper) via links in the “Settlement” column.
4. Click on the arrow icon to expand the document to show claim details.

The screenshot shows the ECHO provider payment portal interface. At the top left is the logo "echo payments simplified". Below it is a navigation bar with links: "Welcome," "Inquiry | Advanced Search | Manage TINs | View 1099s | Provider Resources | My Account | Help | Log out". Below the navigation bar are search filters: "Select TIN:" (dropdown), "Status:" (dropdown), and "Provider Name:" (text input). The main content area is a table with columns: "Production Date of Document", "Document ID", "Payor", "Payment Amount", "Image of Document", and "Settlement". A row is highlighted with a "4" in a box on the left. Below this row is a detailed view of a claim with columns: "Claim No", "Patient Account Number", "Insured", "Patient", "Certificate No", "Group ID", "Check No", "Amt Paid", and "Service Date".

Production Date of Document	Document ID	Payor	Payment Amount	Image of Document	Settlement
11-22-2023			\$ 37.57	EPP II 835	2023-11-22
09-20-2023			\$ 690.54	EPP II 835	2023-09-20

Claim No	Patient Account Number	Insured	Patient	Certificate No	Group ID	Check No	Amt Paid	Service Date
				000000000		0000010049	\$ 37.57	

Questions:

A provider portal user guide is available via the HELP link within the ECHO provider payment portal.

Please note, our Provider Services Department will not be able to assist with processing of your payments or obtaining your 835 files any sooner. If you have other questions, you may contact Provider Services at **1-800-617-5727**.