July 2018

Online registration processes for electronic remittance advices and electronic funds transfers

No action is required for providers already registered for electronic funds transfers (EFTs) and electronic remittance advices (ERAs).

Effective December 1, 2018, Healthy Blue's provider disbursement processes are changing. These changes include the following:

- New EFT enrollment: Go to EnrollHubTM, a Council for Affordable Quality Healthcare (CAQH) SolutionsTM enrollment tool.
- New ERA-only enrollment and change management for existing ERA-only enrollments: These will be managed through Availity. Go to https://www.availity.com and select Enrollments Center in the *My Account Dashboard* on the home page. Select ERA Enrollment in the *Multi-Payer Enrollments* section. Then, simply follow the wizard and submit. After submitting, you will be notified by email that enrollment is complete and start receiving 835s through Availity.
- Change Healthcare and PaySpan will no longer be used for EFT/ERA enrollment.
- Providers now have access to *Explanation of Payment* letters through our secure self-service provider website.

These enhancements offer Healthy Louisiana providers streamlined reimbursement registration tools.

The following chart summarizes information about the new processes to enroll in EFT or ERA or to update EFT and ERA transaction information after December 1, 2018.

Process to enroll or update electronic transactions after December 1, 2018		
Type of transaction	How to enroll, update, change or cancel	Contact to resolve issues
EFT only	Use the CAQH EFT EnrollHub tool available at http://www.caqh.org/solutions/enrollhub.	CAQH Provider Help Desk 1-844-815-9763
ERA only	Register for ERAs at https://www.availity.com.	Availity 1-800-282-4548

Is registration required?

Providers are not obligated to register for either EFT or ERA and will continue to receive a paper check and remittance advice.

Is there a cost to providers for the changes to the EFT and ERA?

There is no cost to providers from Healthy Blue. Providers should inquire with trading partners and other vendors they work with to understand additional steps or any changes to services.

Information and changes to expect

- Medicaid claims are identified in the Claim Filing Indicator Code (CLP06 segment) on the *ERA/835* as **MC**.
- Effective December 1, 2018, we will discontinue the email notification providers currently receive when an EFT and ERA is issued.
- The PDF versions of paper remittances are available on the provider self-service website. Both provider and clearinghouse 835s continue to be received through the EDI process. Aside from how providers access remits, this process remains the same.
- More information about retrieving copies of remittance advices is available online. To access our tutorial, *Remittance Inquiry Process Guide*, go to our provider website and select the **Tutorials** drop-down menu under *Provider Documents & Resources*.
- Starting in 2018, more claim payments and remittance advices issued by Healthy Blue will be made on a **weekly basis** to providers. Additionally, non-Federal Employee Program payments under \$5 will be held for a maximum of 14 days to allow additional claims to combine to increase the overall payment amount.
- This change will ensure efficiency and consistency between professional and facility claim payments.
- If you are a provider who receives paper claim checks or EFT payments from Healthy Blue on a daily basis, you will be able to schedule posting on a weekly cycle after this change.
- The Automated Clearing House batch header is changing. The payee name that appears on the EFT statement is changing and will be easily identifiable. This change does not impact payment to you in any way. You will now see **Healthy Blue LA5C**.

How do I access historical ERAs from Change Healthcare and PaySpan?

We are in the process of migrating all historical remittance advices to our secure self-service provider website. We will notify you when the migration is complete. Please continue to use Change Healthcare and PaySpan until that time.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.