INTERNAL: ePS FAQs after Change Healthcare Cyber Attack

07/24/2024 6:05 pm EDT

1. Is there any way in the product to know if the connection to reroute is successful?

You should start receiving responses from ePS in 4-48hrs depending on payers. It may be better to confirm with ePS on the first couple to get immediate confirmation.

2. Is there any way to increase our submission pushes through ePS? (Twice daily now)

ePS is on a set schedule to payers. Whether we send 10 times a day or two, it does not necessarily affect how soon the claims get to the payers but it could affect system performance.

3. Will this article apply to customers we are only ReRouting - NOT ReEnrolling?
https://support.drchrono.com/hc/en-us/articles/22340587866267-EPS-Available-services-display-in-the-patient-s-chart

Yes

4. To confirm- If this article is applicable - this means the customer does NOT have to change the patient insurance that's entered to the ePs payer ID?

Correct. Bulk Payer Edit is all that needs to happen

5. To confirm almost all claims are sitting in "in process at Emdeon" even with the switch back to bill insurance for rerouting- this is going to stay this way until change is online.

I would not think this to be the correct status for claims that have gone to ePS. We need to coordinate with Ganesh.
- Response from Ganesh -

  The below steps are not resubmitting the claims, since the Billing Status for those appointments are already in the Bill Insurance Status, our system attempts submit the claims only when the billing status gets changed to "Bill Insurance".

  1. Billing > Live Claims feed > Set the filters to select the appointments that need to be resubmitted > Hit "Update" filter

  2. Bulk Status Change > Billing Insurance > Confirm

  I suggest following the below steps instead to resubmit the claims.

For Internal users:

1. Billing > Live Claims feed > Set the filters to select the appointments that need to be resubmitted > Hit "Update" filter

2. Internal > Resubmit Claims > Resubmit claims.

This will resubmit the claims, and the status will get changed from "In process Emdeon" to "Bill Insurance." after 7 pm Eastern, it will get changed to "In process ePS"

For Customers:

They need to move claims from Bill Insurance to another status and then move it back to Bill Insurance to submit the claims out.

Here is the steps to create a custom billing status to temporarily hold status, if the already have one in which they do not have any claims they can use the as well.

Go to Account > Setting > Custom Fields > Billing Statuses > Add New Status > Enter the name and hit "Save" it will create the custom billing status.

Then follow the below steps to resubmit the claims.

1. Billing > Live Claims feed > Set the filters to select the appointments that need to be resubmitted > Hit "Update" filter and select the appts need to be resubmitted.

2. Bulk Status Change > Choose the custom status and hit confirm, to move the appts to that status

3. Change the filters to select only the appointments in the temporary custom status and hit "Update"

4. Bulk Status Change > Billing Insurance > Confirm.

6. Are there any responses going to be populating in the DrC live claims feed from the claims going to ePS?

-Yes. Claim responses such as acknowledged by payer and rejected will come back into the system. The only responses we will not get is ERA responses.

7. Is there a way we can confirm claims were successfully transmitted to ePS?

- Yes. They can be confirmed and tracked in Provision.

8. Is there anyway to know if the connection to reroute to ePS is successful?

- Yes, in PG settings, when you scroll to the bottom, it says "Connected to ePS". It indicates that the customer was successfully added to the ePS system.

9. When does DrChrono transmit claims to ePS?

- Twice a day (7am and 7pm EST now, 6am and 6pm EST after Daylight Saving Time begins on Sun 3/10). At that time, the claim status will be changed to In process ePS. This indicates the claim has been transmitted to ePS. We will further update the status to In Process Payer and Payer Acknowledged based on the response (via 277 file) from the clearinghouse.