



# Emdeon Services Available for Compulink Advantage

Product and Service Information  
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Compulink has partnered with Emdeon to provide a complete line of Revenue Cycle Management products, as described below.

The benefits include:

- HIPAA compliant submissions
- Free setup for eClaims, Remittance and Eligibility
- Save time and money with no double entry
- Simple enrollment
- Accelerated cash flow
- Reduced paper
- Electronic Remittance Posting from a variety of insurance payers
- Insurance Eligibility Verification

## **Emdeon eClaims Submission**

Emdeon is a clearinghouse. You conveniently send all your electronic claims in one transmission through your Advantage Software. Then, Emdeon forwards them electronically to any of the more than 1,800 payers on their payer list. (Instructions for viewing the Emdeon payer list follow.)

- Can send both Professional (CMS-1500) and Institutional (UB-04) eClaims.
- Automatic claim validation substantially reduces submission errors by ensuring you are sending out clean claims
- Electronic submission of secondary/tertiary claims to most payers (requires Line Item Posting option be installed due to line-item detail of primary payments and adjustments required by secondary payers).
- If a payer only accepts paper claims, you can have Emdeon print and mail them for you.
- Emdeon Vision<sup>SM</sup>, a free online tool from Emdeon, enables you to check the status of your claims at any time, identifies rejected claims so you can rework them ASAP, and more.

## **Emdeon Insurance Eligibility Verification**

Obtain Insurance Eligibility Verification from payers whether submitting eClaims through Emdeon, through one of our Direct connections or on hardcopy.

- Receive verification of benefits electronically from the payer
- Access accurate, timely and relevant benefit information from the largest group of commercial and government payers in the industry
- Batch Eligibility function saves time as staff don't need to check eligibility one patient at a time, and allows you to identify insurance issues in advance and handle before your claim is denied.
- If you're using one or more of our Direct connections for government payers (Medicare, Medicaid, BC/BS), you can still use Emdeon to do Eligibility Verification.
- Automatically store benefit information in the individual patient's insurance record and make your office more paperless.
- Collect correct co-pay amount at the time of service

## **Emdeon Electronic Remittance Advice**

Insurance Payments and Adjustments are posted automatically to your patient ledgers from an electronic file that the payer returns after claims processing. Most offices find that this saves them hundreds of labor hours.

- Simple setup of Electronic Remittance Posting from a variety of payers
- Locates the appropriate date of service and procedure for each patient and applies the payment or adjustment for you
- Customized posting options
- Automatically sets secondary claims for billing if not already crossed-over by Medicare.
- Automatic printing of primary EOBs to attach to secondary claims for payers that don't accept electronic secondaries.
- Reports provide detailed information for all items posted and not posted
- Having the Line-Item Posting (LIP) feature in your Compulink Advantage software is strongly recommended for Electronic Remittance.
- Note: You must add or must already be running Emdeon eClaims Submission in order to add Emdeon Electronic Remittance Advice.

## **Emdeon Electronic Authorizations/Referrals**

This module is under development as a future addition.

## Current Emdeon Pricing\*\*

Transaction pricing is based upon the monthly volume of eClaims, Remittance and Eligibility transactions submitted each month. eClaims and Remittance transactions are per claim. (See explanation of Remittance transaction pricing in FAQ section for details.) Eligibility transactions are per request per patient.

- Effective 1/1/2009, there is a *minimum monthly fee* of \$40.00 per Location for clients signed up for Emdeon services, including any of the following: eClaims, Remittance or Eligibility. You will be charged the larger of your total transaction fees or \$40.00 per Location for any month in which your practice generates Emdeon transactions. (Note: Location includes all Location Codes/Business Codes for which your system is licensed.)
- **Emdeon Service Utilization Report.** This report is emailed monthly to provide a snapshot of how many transactions you are processing by Payer, and how effectively you are making use of the Emdeon Service to increase efficiency, reduce cost and speed payment. In the near future the report will be sent only to your designated Accounts Payable contact. (To prepare for this, please ensure you have designated your Accounts Payable contact(s) by granting them Accounts Payable rights in their Login Profile.) Do not pay from this report—it is informational only and not an invoice. If you do not have an ACH authorization or credit card on file for auto payment with us, please pay from your Compulink statement which you will continue to receive.
- If you are enrolled in ACH or have a credit card on file for auto payment with us, it will be charged automatically each month and a confirmation email will be sent. We encourage you to set up ACH auto-debit from your business account or set up a credit card on file for auto payment. Effective May 1, 2013, a \$15 Administrative Processing Fee will be added automatically to your Emdeon monthly fee if you are not enrolled in ACH. To enroll in ACH and avoid the \$15 Administrative Processing fee, please visit <https://advantageedi.com/cbspayment/>.

Transaction Fees start as shown below and go down from there depending on the total volume of usage of eClaims, Remittance, and Eligibility services within your business:

- \$0.29 per Par ("Commercial") claim, per Par Remittance and per Par Eligibility request. See FAQ section for definition of Par.
- \$0.39 per NonPar ("Government": BCBS, Medicaid, Medicare) claim, per NonPar Remittance, and per NonPar Eligibility request. See FAQ section for definition of NonPar.
- \$0.49 per claim for paper claims. Emdeon can print & mail primary claims if payer can't receive them electronically. Use payer id SPRNT for CMS-1500, HPRNT for UB-04.

## Emdeon Pricing - Volume Discounts

Volume Discounts are shown in the table below. Add up your total number of eClaims (Professional and Institutional), Remittance and Eligibility transactions to see how big the discount is for which you qualify. The volume discount is calculated on a monthly basis based on that month's transaction volume for all Locations attached to your master account with us (that is, your main site as well as any remote sites you may have), and for all submitter numbers (TSO numbers) you may be using.

Total Transaction Volume (Total # of eClaims + Remittance + Eligibility transactions)		Transaction Fees		
Minimum	Maximum	Par Par eClaims Par Eligibility Trans. Par Remittance Trans.	NonPar NonPar eClaims NonPar Eligibility Trans. NonPar Remittance Trans.	Paper Claims
1	250	\$0.29	\$0.39	\$0.49
251	500	0.27	0.37	.048
501	750	0.25	0.35	0.47
751	1000	0.23	0.33	0.46
1001	1500	0.22	0.32	0.45
1501	2000	0.21	0.31	0.45
2001	2500	0.20	0.30	0.44
2501	3000	0.19	0.29	0.44
3001	3500	0.18	0.28	0.43
3501	4000	0.17	0.27	0.43
4001	4500	0.16	0.26	0.42
4501	5000	0.15	0.25	0.42
5001	6000	0.14	0.24	0.41
6001	7000	0.13	0.23	0.40
7001	8000	0.12	0.22	0.39
8001	9000	0.11	0.21	0.38
9001	10000	0.10	0.20	0.37
10001	15000	0.09	0.19	0.36
15001	20000	0.08	0.18	0.35
20001	30000	0.07	0.17	0.34
30001	40000	0.06	0.16	0.33
40001	50000	0.05	0.15	0.32
50001	and over	0.04	0.14	0.31

## Rejections

- eClaims. The eClaims you submit to Emdeon are first passed through Emdeon's front-end edits to ensure clean claims before being forwarded to the payer. All resulting "Emdeon Rejections" that occur are billed as NonPar transactions. (This applies even for Par payers.)
- Eligibility. In instances where the payer is non-responsive, the client will be charged for that particular Eligibility transaction as Emdeon has done their job and attempted the Eligibility request only to find the payer is down. While this does occur from time-to-time, the one-at-a-time nature of Eligibility allows you to minimize your requests and the billings that result from them until the payer is back online.

\*\*Note: Prices reflect current pricing only and are subject to change without notice.

## Training Classes

Compulink has prerecorded WebEx classes available on Emdeon Services. These classes are required as part of the implementation process, and you may view them at any time for more information while you're thinking about adding Emdeon Services. To view the prerecorded WebEx classes:

1. Click on the following link go to the Internet Based Training page on Compulink's web site, or point your browser to: <http://www.compulinkadvantage.com/advantage/training-2.html>.
2. Find and click on "Click here for Eyecare and Eyemd Advantage Pre-recorded Sessions"
3. You will be prompted to enter User name/Password.  
User name: partner  
Password: 4success
4. All classes on Emdeon Services are listed under the topic Insurance Billing.



## Viewing the Emdeon Payers

Follow these steps to view Emdeon’s payer list for eClaims, Eligibility and Electronic Remittance:

1. Click on the following link to go to the Payer List page on Emdeon’s web site, or point your browser to: <https://access.emdeon.com/PayerLists>
  - Right click on this link and choose Open Hyperlink or
  - Press CTRL on your keyboard and click on the link or
  - Copy & Paste this link into your web browser
2. You will see buttons for ‘Claims’, ‘Eligibility & Benefits’ and ‘ERA/EFT/Remittance’. Each choice presents a group of search options.
3. Click the ‘View List’ button once your search options are selected.

Search Options will vary by the button selected:

The image displays three screenshots of the Emdeon Payer List search interface, each showing a different search tab selected.

**Claims Payer List**

Please Select a Product: All --  
Payer Type: All --  
Line Of Business: All --  
Services: All --  
State (Govt payers only): All --  
Payer Name:   
Payer ID:   
Code:   
Additional Information:  Accepts Secondary  Extended Content Validation

Claims | Eligibility, Claims Status & Referrals | ERA/EFT/Remittance

**Eligibility & Benefits**

Please Select a Product: All --  
Payer Type: All --  
Line Of Business: All --  
Transaction Type: All --  
Payer Name:   
Payer ID:   
Code:   
Additional Information:  Accepts/Requires NPI  Changed Within Last Month

Claims | Eligibility, Claims Status & Referrals | ERA/EFT/Remittance

**ERA/EFT/Remittance**

Please Select a Product: All --  
Payer Type: All --  
Line Of Business: All --  
Services: All --  
Payer Name:   
Payer ID:   
Code:   
Additional Information:  Accepts/Requires NPI  Changed Within Last Month

# Viewing the Claims Payer List

Viewing the Claims Payer List: In the example below, we have selected the 'Claims' button and populated the following search options using the drop down lists:

- Please Select a Product: always choose 'Direct Submitter'
- Payer Type: we chose 'BLUE CROSS/BLUE SHIELD'
- Line of Business: we chose 'Medical'. You can choose 'Hospital' for Institutional claims.
- Services: always choose 'Claims'
- Code: entering Compulink's Tax ID number '953994980' adds the Type column in the Claims Payer List showing whether the payer is NonPar/Par/Trans (same as Par).
- Click the 'View List' button

Claims
Eligibility, Claims Status & Referrals
ERA/EFT/Remittance

**Claims Payer List**

Please Select a Product: Direct Submitter ▼      State (Govt. payers only): All --

Payer Type: BLUE CROSS/BLUE SHIELD ▼      Payer Name:

Line Of Business: Medical ▼      Payer ID:

Services: Claims ▼      Code: 953994980

Additional Information:     Accepts Secondary       Extended Content Validation

Accepts/Requires NPI       Changed Within Last Month

## Claims Payer List

Payer Name	ST	Payer ID	Model	T Y P E	L O B	C A R D	E N R O L L	R E - E N R	T P O	Service	Report Level	C D B
<a href="#">AmeriHealth - Delaware (Non-HMO Claims)</a>	DE	5X074	BLUE CROSS/BLUE SHIELD	Trans	M	X	N	N	D	Claims	4	A
<a href="#">AmeriHealth - New Jersey (Non-HMO Claims)</a>	NJ	5X075	BLUE CROSS/BLUE SHIELD	Trans	M	X	N	N	D	Claims	4	A
<a href="#">Anthem Blue Cross</a>	CA	47198	BLUE CROSS/BLUE SHIELD	Non	M	B	N	N	D	Claims	4	
<a href="#">Anthem Blue Cross Blue Shield of Connecticut</a>	CT	5B560	BLUE CROSS/BLUE SHIELD	Non	M	X	X	N	D	Claims	4	A
<a href="#">Anthem Blue Cross of Blue</a>	VA	5555	BLUE	Non	M	X	N	N	D	Claims	4	A

# Viewing the Eligibility Payer List

Viewing the Eligibility Payer List: In the example below, we have selected the 'Eligibility, Claims Status & Referrals' button and populated the following search options using the drop down lists:

- Please Select a Product: always choose 'Emdeon X12 MRT'
- Payer Type: we chose 'BCBS'
- Line of Business: we chose 'Medical'. You can choose 'Hospital' for Institutional claims.
- Transaction Type: always choose 'Eligibility Inquiry and Response'
- Code: entering Compulink's Tax ID number '953994980' adds the Par Type column in the Eligibility Payer List showing whether the payer is NonPar/Par/Trans (same as Par).
- Click the 'View List' button

Claims | **Eligibility, Claims Status & Referrals** | ERA/EFT/Remittance

**Eligibility & Benefits**

Please Select a Product:  Payer Name:

Payer Type:  Payer ID:

Line Of Business:  Code:

Transaction Type:  Additional Information:  Accepts/Requires NPI  
 Changed Within Last Month

## Eligibility, Claim Status & Referrals

Payer Name	Payer ID	Model	Par Type	LOB	Trans Type	ENROLL	NPT	Alt
Anthem Blue Cross California	00039	BCBS	Non	Medical	Eligibility Inquiry and Response	N	Y	
Anthem West (BCBS - CO, BCBS - NV)	00418	BCBS	Non	Medical	Eligibility Inquiry and Response	N		
BCBS of Alabama - Medicare Part B	00423	BCBS	Non	Medical	Eligibility Inquiry and Response	N		
Blue Cross Blue Shield of Alabama	00266	BCBS	Non	Medical	Eligibility Inquiry and Response	W	R	Alt
Blue Cross Blue Shield of Alaska (Premier)	BCAKC	BCBS	Non	Medical	Eligibility Inquiry and Response	P	R	
Blue Cross Blue Shield of Arizona	00080	BCBS	Non	Medical	Eligibility Inquiry and Response	W	R	En
Blue Cross Blue Shield of Arkansas	BCARC	BCBS	Non	Medical	Eligibility Inquiry and Response	P	R	

# Viewing the Remittance Payer List

Viewing the Remittance Payer List: In the example below, we have selected the 'ERA/EFT/Remittance' button and populated the following search options using the drop down lists:

- Please Select a Product: always choose 'Direct Submitter'
- Payer Type: we chose 'BLUE CROSS/BLUE SHIELD'
- Line of Business: we chose 'Medical'. You can choose 'Hospital' for Institutional claims.
- Services: always choose 'ERA'
- Code: entering Compulink's Tax ID number '953994980' adds the Par Type column in the Eligibility Payer List showing whether the payer is NonPar/Par/Trans (Trans is same as Par).
- Click the 'View List' button

The screenshot shows the emdeon web application interface. At the top left is the emdeon logo. Below it are navigation tabs: 'Claims', 'Eligibility, Claims Status & Referrals', and 'ERA/EFT/Remittance'. The 'ERA/EFT/Remittance' tab is active. Below the tabs, there is a search form with the following fields:

- Please Select a Product: Direct Submitter (dropdown)
- Payer Type: BLUE CROSS/BLUE SHIELD (dropdown)
- Line Of Business: Medical (dropdown)
- Services: ERA (dropdown)
- Payer Name: (text input)
- Payer ID: (text input)
- Code: 953994980 (text input)
- Additional Information:  Accepts/Requires NPI

## ERA, EFT, Remittance Image Payer List

Payer Name	ST	Payer ID	Model	T Y P E	L O B	C A R D	E M R G E N C Y	R E - E N R	T P O	Service	Report Level	C O B	N P I	E C V
<a href="#">AmeriHealth Administrators</a>	PA	5X055	BLUE CROSS/BLUE SHIELD	Trans	M	X	R	R	0	ERA				R
<a href="#">AmeriHealth HMO of NJ and Delaware</a>	PA	5X055	BLUE CROSS/BLUE SHIELD	Trans	M	X	R	R	0	ERA				R
<a href="#">AmeriHealth Non-HMO (PPO) NJ</a>	PA	5X055	BLUE CROSS/BLUE SHIELD	Trans	M	X	R	R	0	ERA				R
<a href="#">AmeriHealth Non-HMO (PPO) of Delaware</a>	PA	5X055	BLUE CROSS/BLUE SHIELD	Trans	M	X	R	R	0	ERA				R
<a href="#">Anthem Blue Cross</a>	CA	47198	BLUE	Non	M	X	R	R	0	ERA				Y

1. Q: Are there Setup Fees?  
A: There are no setup fees for eClaims, Remittance or Eligibility Your Customer Care Agreement must remain current.
2. Q: How long have these options been available?  
A: Compulink has been submitting claims through Emdeon for over 15 years. Emdeon Remittance was introduced in 2008. Emdeon Eligibility was introduced in 2009.
3. Q: How do I set this up and how long does it take?  
A: You will work with our EDI Dept. to implement the Emdeon Services. You will have both an EDI Enrollment Coordinator and an EDI Technical Support Representative assigned to you during implementation, and we generate projects for each Emdeon Service you request to implement. Once enrollment documents have been submitted, the payer may take from 4 to 6 weeks to respond, depending on the payer. While enrollment is being completed, you should take training classes and work on any required table setups. See section Training Classes above for information on prerecorded WebEx training classes you must take. When ready, we will schedule time with you so your assigned EDI Technical Support Representative can walk you through the daily process for the Emdeon Service(s) you have requested.
4. Q: Which payers or carriers can be set up?  
A: Please see the instructions above for 'Viewing the Emdeon Payers'.
5. Q: Are there special requirements for submitting claims to Emdeon?  
A: Each workstation submitting must have Internet access. All communication is direct with Emdeon's systems, and is done over a fast, secure Internet connection. A dial-up modem such as a U.S. Robotics 56K modem, is not required (although such a modem may be required for Direct connections you may have).
6. Q: When should I choose Emdeon over a Direct connection?  
A: If you are submitting less than about 128 claims per month (or 32 claims per week) to an individual payer, Emdeon is probably more cost effective than a Direct connection. Once you exceed 128 claims per month, a Direct connection may save you money. To make the correct decision, call us to request an EDI Cost/Efficiency Analysis. We will have you send us one report from your system and get back to you with our recommendations. Direct connections are available for NonPar payers ("government payers": BCBS, Medicaid, Medicare). Direct connections are not available for Par payers (Commercial payers). This assumes the following costs.
  - Support on a direct connection costs \$50/month. (Add \$10 per month per additional Location/ Business Code for additional sites 1-5. [Less for >5 additional sites.]
  - You are paying \$0.39 per NonPar claim. (Due to our volume discount, you may be paying less than this based on your transaction volume. See Current Emdeon Pricing section for details.)

For more information about Direct Connections, please contact your sales representative.

7. Q: What is Par versus NonPar?

A:

- Par, or “participating”. Par payers subsidize part of the cost of the transaction (eClaim, Remittance, Eligibility, etc.) cost resulting in a lower per-transaction cost to you. Par payers are typically Commercial payers, e.g. Aetna, United Health Care, etc.
- NonPar, or “non-participating”. NonPar payers do not subsidize transaction costs. NonPar payers are typically government payers, e.g. BCBS, Medicaid, Medicare.
- Please be aware that Par/NonPar status is specified separately per transaction type, so a payer that is Par for eClaims may be NonPar for Remittance. This is not a frequent occurrence but it does happen. An example of such a payer is Cigna—payer ID 62308. You need to check the appropriate payer list (discussed elsewhere in this document) to verify Par/NonPar status for each transaction type that the payer offers.

8. Q: Can I set up Emdeon Eligibility Verification with a payer even if I send my claims to them through a Direct connection?

A: Absolutely! You do not necessarily need to be sending claims to a payer through Emdeon in order to set up Eligibility with them. For example, if I send all my Medicare claims through a direct connection, and send all other claims through Emdeon, I can still set up Medicare Eligibility through Emdeon.

9. Q: Explain how the transaction pricing works for Electronic Remittance.

A: Each claim listed in the Electronic Remittance Advice file is considered a transaction. Consider the sample Remittance Advice below. Note that: a) some claims contain one service and others contain multiple services; and b) there are two separate claims shown for one of the patients. Irrespective of these differences, the Remittance contains a total of 5 claims, and for Remittance purposes, that is considered 5 transactions. Assuming this Remittance is from a Par payer and you are paying \$0.29 per Par transaction, you would pay  $\$0.29 \times 5 = \$1.45$  in transaction fees for this Remittance Advice.

## Frequently Asked Questions (FAQ) *(continued)*

Date of Service	CPT	Amount	(Skipping Allowed, Adjust, Co-Ins, Copay, CR Rev, Deduct, Interest columns)	Paid
1A	Smith, John			
03/13/2009	99203	132.00		81.26
2A	Jones, Jane			
03/12/2009	99214	108.00		45.24
3A	Anderson, Kim			
03/16/2009	99213	70.00		18.38
4A	Whitman, Doug			
02/27/2009	92136LT	250.00		0.00
02/27/2009	92083	108.00		0.00
02/27/2009	76514	90.00		0.00
02/27/2009	92135LT	150.00		0.00
02/27/2009	92135RT	150.00		
Claim total:		748.00		0.00
4A	Whitman, Doug			
03/04/2009	66982LT	3311.00		174.63
Posted grand totals:	5 claims	4369.00		319.51