



Electronic Remittance Advice

Overview

Electronic Remittance Advices (ERA) are available through your practice management system or hospital information system.

Electronic Remittance Advices allow providers to post payments quickly and efficiently. To enroll for ERAs, the provider should contact their practice management software vendor or hospital information vendor for details. If ERA's are not available through these vendors, please call Emdeon at 877-469-3263, or via email at erasignup@emdeon.com, to have ERA's set up directly through Emdeon.

For questions concerning Coventry Health Care, Inc. ERA's, please send an email with your question to ERAquestions@cvtty.com.

Features

- Immediate access to remittance advice
- Can eliminate the manual posting of payments
- Files available in standard 835 (4010A1) format
- System is HIPAA secure
- Information available 24/7

Who Benefits?

- Billing office personnel and Managers responsible for payment postings
- Facilities/Providers that file claims electronically
- Sites that either have or are considering acquiring Electronic Funds Transfer Payments
- Organizations that have accounts receivable software with the ability to accept ERA's
- Facilities/Practices that want to increase billing office productivity

Frequently Asked Questions

About Electronic Remittance Advices (ERA)

Coventry Health Care uses the ASC X12 Health Care Claim Payment/Advice (835) transaction version 4010A1 mandated by HIPAA for the transfer of Electronic Remittance Advice (ERA) information to health care providers. Coventry Health Care adheres to the HIPAA Implementation Guide for the ASC X12 Health Care Claim Payment/Advice (835) transaction, version 4010A1. A copy of the HIPAA Implementation Guide is available at www.wpc-edi.com/products/publications. Currently Coventry Health Care utilizes Emdeon to route 835 transactions to practice

management vendors or other provider EDI clearinghouses. Emdeon distributes 835's to providers who are enrolled with Emdeon to obtain Coventry transactions.

NOTE: Coventry Health Care also partners with Utah Health Insurance Network/UHIN to distribute 835's for select plans/markets.

1. What is an Electronic Remittance Advice (ERA)?

An ERA is an electronic file that contains claim payment and remittance information. It is often referred to by its HIPAA transaction number, 835.

2. What are the advantages of receiving ERAs?

In conjunction with practice management software package that can handle an ERA (also known as an 835 file), it is possible to reduce manual posting of claim payments and reconciling patient accounts, thereby saving your practice time and money.

3. How much does it cost to receive ERAs?

Set-up and ongoing costs vary depending on whether or not your practice management system or clearinghouse currently supports ERA's.

Getting your ERA

1. How do I sign up to receive ERAs?

You should call your practice management software vendor or clearinghouse to see if they can receive the ANSI X12 Health Care Claim Payment/Advice (835) transaction, version 4010A1. If so, follow their procedures for enrolling to receive ERA's. If your vendor cannot support this format, contact your Coventry Health Care Provider Representative.

2. Can I receive ERAs directly from Coventry Health Care?

No. At this point in time you or your practice management software vendor can only receive ERA's through select clearinghouses such as Emdeon, or Utah Health Insurance Network/UHIN for select plans/markets.

3. Do I need special computer software to use ERAs?

In order use our ERA you will either need practice management software that can import an ASC X12 Health Care Claim Payment/Advice (835) transaction, version 4010A1; or you will need to contract with a clearinghouse that can translate this format to one that your practice management system can import (i.e. NSF).

4. When can I expect to receive ERAs? How will I be informed of delays to this schedule?

Each Coventry Health Care Health Plan submits ERA's to Emdeon according to a general schedule. ERA files should generally be available from Emdeon after 2:00 PM EST on the days indicated. However, your practice management vendor or clearinghouse may require additional time to process them and make them available to you. Please check with your practice management vendor or clearinghouse regarding their processing time requirements.

5. Do I have to get Electronic Funds Transfers (EFT) to receive ERAs?

No, you are not required to receive direct deposit payments via EFT in order to receive ERA's. EFT payments follow a different process and are not included in ERA's. If you are interested in receiving EFT payments you should contact your Provider Relations Representative. However, we encourage sites who are interested in receiving direct deposit payments to get ERA's in conjunction with EFT's.

6. How do I receive my ERA?

Once claims have been adjudicated to a final paid or denied status, Coventry sends all its ERA's to Emdeon. If your practice management system or clearinghouse can receive an 835 transaction, then your software vendor can obtain ERA's from Emdeon. Contact your software vendor or Emdeon for details.

7. Can we still receive paper remittance advices if we sign up for ERAs?

Paper remittance advices will continue to be sent at this time. However, Coventry is implementing a policy that will terminate the paper RA with ERA enrollment.

8. Why do my paper remittance advices, ERAs and EFTs arrive at different times?

Coventry Health Care's paper remittance advices/checks, ERA's, and EFT's follow independent processes and go through different steps to be accessible to providers.

9. Will we continue to receive our ERA if our electronic funds transfer (EFT) payment is interrupted for some reason?

The ERA process is separate from the EFT process. You will continue to receive your ERAs. If you have an interruption in your EFT payments, please contact your Coventry Health Care health plan provider relations representative immediately.

Data in the ERA

1. What information is available in an ERA?

The ERA file contains payment information on final status claims, whether they were paid or denied. It also contains information on any adjustments that Coventry Health Care has made to your billed amount. For information about specific data elements included please review the HIPAA implementation guide for the ASC X12 Health Care Claim Payment/Advice (835) transaction version 4010A1 on the web at [\[www.wpc-edi.com/products/publications\]](http://www.wpc-edi.com/products/publications)

2. How do I know the ERA information is accurate?

The paper remittance advice is always available in a PDF format on our provider portal, www.directprovider.com, so that you can use it as a reference to verify the information within the ERA file.

3. Can I receive ERAs from multiple payers in a single ERA file?

Please check with your practice management vendor or clearinghouse. Coventry does not combine ERA files from different health plans. Each file will only contain information from one adjudicating health plan.

4. Are claims for Administrative Services Only (ASO) employer groups included in ERAs?

Yes.

5. Can I print out reports from my Electronic Remittance Advice?

The Coventry Health Care ERA file contains information that can be printed. Please check with your practice management vendor or clearinghouse to see what reports they have available for ERA's.

6. Why doesn't the information on my ERA match my paper remittance advice?

Paper remittance advices are a proprietary product of the Coventry Health Care so we can utilize a custom design and proprietary code sets. However, ERA's are regulated by HIPAA and must use mandated data elements and code sets, such as claims status codes and adjustment reason codes. These are not the same as the Coventry internally developed codes available on paper remittance advices. Consequently, the wording for these codes may not match, but they will still

convey the same general meaning. The list of required data elements and codes sets are available in the HIPAA implementation guide for the ASC X12 Health Care Claim Payment/Advice (835) transaction, version 4010A1 at [\[www.wpc-edi.com/products/publications\]](http://www.wpc-edi.com/products/publications).

7. Are pending claims included in ERAs?

No. ERA's only include final status claims.

8. Can I see if a payment has been paid via electronic funds transfer (EFT) or paper check?

Yes. The check number that appears in the ERA will start with "EFT" if the payment was made electronically. A paper check payment will have a check number that begins with a numeric value and have no alpha characters in it. Non-payment claims will have a unique check number that begins with "NOPYMNT". An example of a non-payment claim would be a claim that adjudicated as total patient responsibility or denied.

ERA Support

1. Who should providers call for questions regarding ERAs?

For questions concerning ERA delivery contact your practice management vendor or clearinghouse. For questions concerning ERA content, email ERAquestions@cvty.com.

2. What if I have a check/paper remittance, but I'm missing the ERA?

First contact your practice management system vendor or clearinghouse to verify whether they have received the ERA from Emdeon. If they have not, ask them to contact Emdeon Clearinghouse Support at 888-305-3756. If they supply your nine-digit Tax ID Number, as well as the date, check number, and amount of the missing ERA, Emdeon will resend the file. If Emdeon has not received the ERA in question, they will contact Coventry Health Care on your behalf.

3. What do I do if I have the ERA, but I'm missing the check/paper remittance?

Please call your Coventry Health Care Provider Relations Representative.

4. How will we know if there are significant problems with ERA file delivery?

You should receive a bulletin from your practice management vendor or clearinghouse with relevant information about the problem. Your Coventry Health Care Provider Relations Representative will also be informed of any significant ERA problem.

5. I am having difficulty getting ERAs to automatically post payments. Who can I call about this?

Please call your software vendor

ERA - Technical Specifications

1. What is the relationship between ERAs (835), Electronic claims (837), and other transactions?

A one-for-one relationship does not exist among the claim transaction (837), the claim status acknowledgement transaction (277) and the electronic remit (835). One 835 transaction set can account for claims submitted using multiple 837 transactions or multiple paper claims. For tracking purposes, the patient control number from the CLM01 segment in the 837 is returned in the CLP01 segment of the 835. There is no requirement that providers submitting electronic claims (837) must receive an ERA (835). Conversely, providers that choose to submit both electronic and paper claims may elect to receive an ERA.

The 277 acknowledgement transaction's primary use is to convey status information on non-adjudicated claims, whereas the 835 is used to transmit data needed for posting of payments subsequent to the adjudication of a claim. The claim status inquiry and response (276/277) can account for claims already paid in an 835, pending or denied claims.

2. How are claims with interest penalty reported?

Coventry Health Care follows the recommendations outlined in the Health Care Claim Payment/Advice implementation guide. As per the implementation guide, when there are claims that have interest penalty owed to you, this interest amount is reported in the *Claim Supplemental Information segment (AMT segment, claim payment loop 2100)*. The *Amount Qualifier Code field (AMT01)* will have an "I" for Interest and the *Monetary Amount field (AMT02)* will have the interest amount for the claim. This interest amount will be included in the *Total Actual Provider Payment Amount field (BPR02)*. However, this isn't reported in any of the *Claim Payment Amount fields (CLP04)* because the interest isn't something that you actually billed for on the claim. Therefore, in order to make the transaction balance according to the Implementation Guide (IG) rules (see IG pages 21-22), a negative provider adjustment (PLB segment) is created equal to the sum of all AMT02 fields in the transaction. The *Adjustment Reason Code (PLB03-1)* will have an "L6" for *Interest Owed*, while the adjustment amount will be reported in the *Monetary Amount (PLB04)* field. Please see the example below for more information.

Notes: Remember that a negative adjustment actually increases the payment amount for the transaction.

Example: The following 835 transaction only has a single claim, which will be paid \$915.00 (CLP04). However, this claim has accrued \$1.23 in interest penalty (AMT02). This amount is included in the Total Actual Provider Payment Amount (BPR02), so a negative provider adjustment of \$1.23 is added in the PLB04 to balance the transaction.

Sum of CLP04's – Sum of PLB04's = BPR02.
915.00 – (-1.23) = 916.23

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BPR*I*916.23*C*CHK*****20040719~
TRN*1*111*125345~
...
CLP*1010101*1*940*915*25*HM*222222~
...
AMT*I*1.23~
...
PLB*12345*20041231*L6*-1.23~
```

3. How are back-outs and replacement claims reported on ERAs?

Coventry Health Care follows the recommendations outlined in the Health Care Claim Payment/Advice implementation guide. As per the implementation guide, ERA's will have several fields to indicate that a back-out or replacement exists:

1. The *Claim Status Code (CLP02)* field will have a value of "22", which stands for "Reversal of Previous Payment". The *Total Claim Charge Amount (CLP03)*, *Claim Payment Amount (CPL04)*, and *Patient Responsibility Amount (CLP05)* fields will also have negative monetary amounts as applicable to back-out the values on the original claim.
2. The *Reference Identification Qualifier (REF01)* field of the *Other Claim Related Identification segment (REF segment, Loop 2100, Position 040)* will have a value of "F8", which stands for "Original Reference Number". Also, the *Other Claim Related Identifier (REF02)* field will contain the original claim number.
3. The *Line Item Charge Amount (SVC02)* field and the *Line Item Provider Payment Amount (SVC03)* fields will have negative monetary amounts. Also, the *Units of Service Paid Count (SVC05)* field will also have a negative quantity count.
4. The *Claim Adjustment Group Code (CAS01)* field will have a value of CR, which stands for "Correction and Reversals". Also, the *Adjustment Amount (CAS03)* and *Adjustment Quantity (CAS04)* fields will have also negative amounts as applicable.

See the following example for more information:

CLP*5535943*22*-35*0**HM*123123123~
NM1*QC*1*JOHN*DOE*Q***MI*11122333301~
NM1*82*2*NORTH HILLS PASS CARDIOLOGY
ASSOC*****FI*999887777~
REF*1L*10~
REF*F8*321321321~
REF*G2*7954~
DTM*050*20040611~
SVC*HC>93010*-35*0**-1~
DTM*150*20040505~
DTM*151*20040505~
CAS*CR*38*-35*-1~
REF*LU*22~
REF*6R*5535943~
REF*1C*7954~

4. How are mixed-statistical claims reported on ERAs?

Coventry Health Care follows the recommendations outlined in the Health Care Claim Payment/Advice implementation guide. As per the implementation guide, capitated claim lines in mixed statistical claims will be reported using a CAS*CO adjustment with a code 24 for "CHARGES DENIED-CHARGES COVERED UNDER A CAPITATION AGREEMENT".

Example:

The following mixed statistical claim has two service lines. The first line is billed for \$75 and is paid \$75. The second service is capitated, so its billed amount of \$25 will be negated with a CAS*CO*24 adjustment.

CLP*20202020*1*100*75*0HM*123123123*13*1~**
NM1*QC*1*DOE*JANE****MI*99988777701~
NM1*82*2*YORK HOSPITAL*****FI*231352222~
REF*1L*18~
REF*G2*43995~
DTM*050*20040312~
SVC*HC>80051*75*751~**
DTM*150*20040305~
DTM*151*20040305~
REF*LU*22~
REF*6R*123123-1~
REF*1C*43995~
SVC*HC>G0001*25*01~**
DTM*150*20040305~
DTM*151*20040305~
CAS*CO*24*25~
REF*LU*22~
REF*6R*123123-1~
REF*1C*43995~

5. How is patient responsibility reported on ERAs?

Coventry Health Care follows the recommendations outlined in the Health Care Claim Payment/Advice implementation guide. As per the implementation guide, there are several indications on an ERA that a claim has a patient responsibility amount. First, the *Patient Responsibility Amount* field (CLP05) of the *Claim Payment Information* segment (CLP) will have a

positive value. Second, at least one of the service lines will have a CAS*PR adjustment with an appropriate adjustment reason code (i.e. 3 - Co-Payment, 2 - Coinsurance, 1 - Deductible Amount, etc.) that reduces the payment amount of the applicable service line.

Example:

The following claim has a co-payment amount of \$15.00. It is reflected in the CLP05 and in the CAS*PR adjustment for \$15.00 below.

CLP*20202020*1*100*85*15*HM*123123123*13*1~
NM1*QC*1*DOE*JANE****MI*99988777701~
NM1*82*2*YORK HOSPITAL****FI*231352222~
REF*1L*18~
REF*G2*43995~
DTM*050*20040312~
SVC*HC>80051*100*85**1~
CAS*PR*3*15~
DTM*150*20040305~
DTM*151*20040305~
REF*LU*22~
REF*6R*123123-1~
REF*1C*43995~

6. How are zero-payment transactions reported on ERAs?

Coventry Health Care follows the recommendations outlined in the Health Care Claim Payment/Advice implementation guide. Occasionally an ERA will have a zero amount in *Total Actual Provider Payment Amount field (BPR02)* either because all of the claims in the transaction have been denied, the entire approved amount is patient responsibility, or all of the claim lines are capitated and therefore the overall payment amount for the transaction is zero. Since there is no payment due, a check is not drafted for this transaction. However, the *Check Number (TRN02)* is a required field in the 835 transaction, so in this case a unique check number beginning with “NOPYMNT” is populated in the TRN02 data element.

Coventry also populates the *Transaction Handling Code (BPR01)* with an “H” for Notification Only and a *Payment Method Code (BPR04)* of “NON” for Non-Payment Data to further identify that this transaction will not have a check or EFT number

Example:

The following 835 transaction has a single claim with no payment information because it has been denied. The *Claim Payment Amount (CLP04)* and the *Line Item Provider Payment Amount (SVC03)* fields are 0, so the resulting in *Total Actual Provider Payment Amount field (BPR02)* is also 0. Since this is the case, the *Check or EFT Number field (TRN02)* is also populated with a NOPYMNT value because there is no actual check number. As a result, the *Transaction Handling Code (BPR01)* has an “H” for Notification Only and the *Payment Method Code (BPR04)* is “NON” for Non-Payment Data. Providers need to have logic in their system to know that if the TRN02 begins with NOPYMNT it is not a legitimate check number.

BPR*H*0*C*NON*****20040719~
TRN*1*NOPYMNT2011013128031325291*111*12345~
...
CLP*1010101*4*65*0*0*HM*2222222~
...
SVC*HC>99312*65*0**1~
...
CAS*CO*38*65*1~