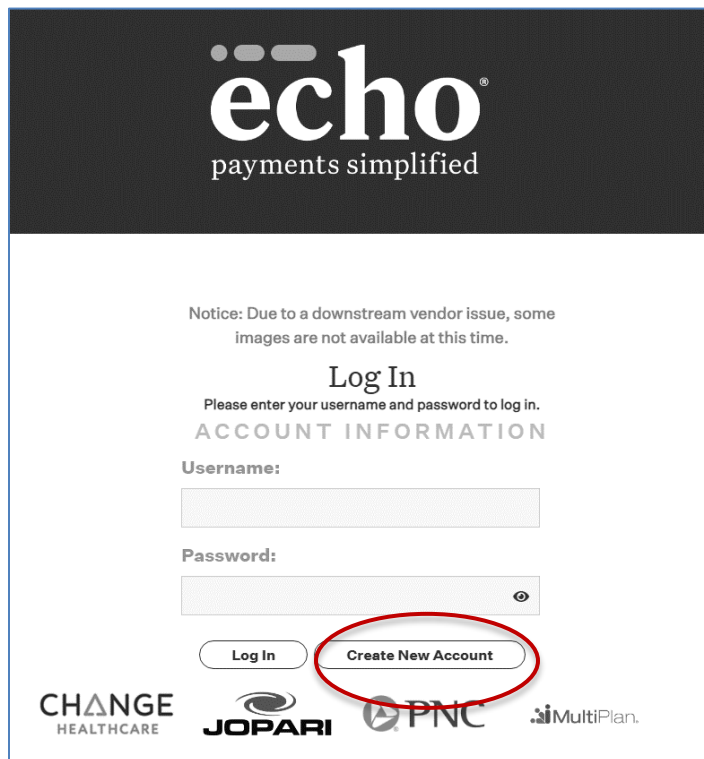


**To:** First Choice Next Providers  
**Date:** March 25, 2024  
**Subject:** **Electronic Remittance Advice (ERA/835) Access**

**Summary:** First Choice Next 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](http://www.providerpayments.com). If you are not currently registered with ECHO for access to the portal, you will have to create a new account:



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.

AmeriHealth Caritas Next and First Choice Next are individual and family health plans offered both on and off the Health Insurance Marketplace® by certain companies within the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas Next is offered by AmeriHealth Caritas VIP Next, Inc. in Delaware; AmeriHealth Caritas Florida, Inc. in Florida; AmeriHealth Caritas North Carolina, Inc. in North Carolina; and First Choice Next by Select Health of South Carolina, Inc. in South Carolina.

4. Click on the arrow icon to expand the document to show claim details.

Production Date of Document	Document ID	Payor	Payment Amount	Image of Document	3 Settlement																											
11-22-2023			\$ 37.57	1 EPP II 835 2	2023-11-22																											
<table border="1"> <thead> <tr> <th>Claim No</th> <th>Patient Account Number</th> <th>Insured</th> <th>Patient</th> <th>Certificate No</th> <th>Group ID</th> <th>Check No</th> <th>Amt Paid</th> <th>Service Date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>000000000</td> <td></td> <td>0000010049</td> <td>\$ 37.57</td> <td></td> </tr> <tr> <td>09-20-2023</td> <td></td> <td></td> <td></td> <td>\$ 690.54</td> <td></td> <td>EPP II 835</td> <td></td> <td>2023-09-20</td> </tr> </tbody> </table>						Claim No	Patient Account Number	Insured	Patient	Certificate No	Group ID	Check No	Amt Paid	Service Date					000000000		0000010049	\$ 37.57		09-20-2023				\$ 690.54		EPP II 835		2023-09-20
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**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 1-833-986-7277.