

Reconciliation & Remittance Advice

Feedback from CBH Members | June 19, 2020



Due to the inability to upload the remittance advice received, CBH members participating in reconciliation and remittance advice have only had a piecemeal look at the remittance advice received to date. Their feedback is that the current remittance advice format is insufficient to allow providers to upload the information to their systems to begin the reconciliation process.

- 1. The list of denial codes shared with the provider community is missing essential information: a column with the number associated with each denial reason.**

Providers need to know the number associated with each denial reason so that these can be programmed into their system to support reconciliation. Once providers receive a list of denial reasons with numbers, sufficient time needs to be allowed in order for providers to ensure that the denial codes are programmed into their systems and tested.

- 2. The Remittance Advice still does not include the provider’s claim number, as requested in April. Without it, providers are unable to reconcile.**

CBH’s feedback to Optum on April 16 indicated that providers need the provider’s own claim number in the remittance advice in order to upload the remittance advice into their system to begin reconciliation. *This is a standard industry practice, as reflected in the attached remittance advice for Beacon, CareFirst, and Medicare in attached documents.*

“From the 835's in Incedo, we would not be able to post/upload in our system, making reconciliation impossible. The agency claim number is missing, I haven't looked beyond this because we post by our claim #. We did try to upload it and every claim kicked out.” – Sheppard Pratt

The revised remittance advice shared this week does not contain the agency claim number, according to Mosaic Community Services and Thrive Behavioral Health. As such, the remittance advice cannot be posted. Efforts to upload it without this information were unsuccessful. Result: providers cannot electronically reconcile claims with the current remittance advice.

- 3. In order to program our systems to process reconciliation correctly, we need to understand how critical fields are defined.**

Patient Name:	FNAME A LNAME	Patient Control No.:	0
Medicaid ID:	222222222222	NPI:	1972004935
Claim No.:	202015038691	Rendering Provider Name:	Your Agency

- a. What is Medicaid ID?** We understand that this field will be the patient’s Medical Assistance number. If patient does not have Medical Assistance, will a different number (such as Optum ID) appear in this field?
 - b. What is Patient Control No?** Is this the Optum ID number for the patient?
 - c. What is NPI and “Rendering Provider Name: [your agency]” combination?** If an OMHC is the provider type, will OMHC be the NPI and the rendering provider (ie licensed clinician) appear in the rendering provider box? How will fields appears for services without licensed clinicians, such as MTS or PRP? If the PRP is the provider type, does PRP appear in both NPI and rendering provider box?
- 4. Errors in the early January EOBs have not been corrected, preventing providers from being able to reconcile those claims.**



Optum re-sent January EOBs as requested, but has not made corrections brought to its attention. As reported by Thrive Behavioral Health

- January PRAs were not modified to include patient's MA number. Without it, providers are unable to reconcile.
- January PRA overstates provider revenue because denied claims are included in payment total.
- January PRAs improperly pay claims at the wrong rates.
- January PRAs improperly deny claims, saying provider type not allowed to deliver claimed service.