



# Remittance Advice Guide

For ECHO/CHC RAs dated on or after 12/8/2020



## Understanding Your Remittance Advice

This document helps to better acquaint you with the Remittance Advice (RA) generated by the Alliance partner CHC/ECHO on or after 12/8/2020.

### What's Different?

The following outlines the latest modifications to the RA. Please see the appropriate sections within the document for more details.

- Changed page format from landscape to portrait.
- Added Alliance logo.
- Added Tax ID.
- Removed Quantity Billed.
- Removed Trans ID.
- Removed PCP Name.
- Removed Referral/Auth.
- Removed Explanation of No Pay Remittance Advice cover letter.
- Added ECHO Service Fee, when applicable.
- Added totals for each claim and removed grouping by Patient Account Number.
- Claims denied for Other Health Coverage now display the Other Carrier name and address.

### Sort Order

Claims are sorted by Member Last Name, Member First Name, Claim number and lastly by Line number.

## Section I RA Header

The header section displays on the first page of your RA. The lower part of this section repeats at the top of each subsequent RA page.

Page 1 of 8

Central California Alliance for Health  
1600 Green Hills Rd Ste. 101  
Scotts Valley CA 95066


**A** ALLIANCE SAMPLE PROVIDER  
123 MAIN ST  
WATSONVILLE CA 950769999

**B**  
Your name, ALLIANCE SAMPLE PROVIDER, and Tax ID have been verified by the IRS.

ALLIANCE SAMPLE PROVIDER  
123 MAIN ST  
WATSONVILLE CA 950769999

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
REMITTANCE ADVICE  
**C** 8888888888

**D** Tax ID: 222222222  
Check #: 999999999  
Check Date: 6/8/20



This section includes the following information:

- A. The provider's name and address.
- B. A line that appears if the provider's name on file with the Alliance differs from the provider's name on file with the IRS based on the Tax ID.
- C. The provider's NPI, which is the same billing number submitted on claims to the Alliance.
- D. Tax ID: The provider's tax identification number; Check #: The check number if a payment is due or 0 if no payment is due; Check Date: The date the check and/or RA was generated.

## Section II Column Headings and Data

This section contains column headings and the data printed beneath them. These column headings repeat on each page that contains data.

headings

Patient	Patient Acct #					Subscriber #		Rendering Prov				Interest	
Claim#	Service Date		Qty		Amount	Amount	Not Covered	Patient	Copay	Other Carrier	Contract	Net Paid	Explain
Line#	From	To	Proc	Mod	Allowed	Billed	Allowed	Resp		Amount	Adjust		Codes

data

CHRISTINE

W1000999-02

22222222A

WATSONVILLE PROVIDER 1

\$0.00

9900000015

Plan: Medi-Cal

0103

5/1/20

5/23/20

ACM01

XX

11

\$10,548.60

\$5,350.72

\$10,548.60

\$0.00

\$0.00

\$9,198.06

\$0.00

\$0.00

5Q

Claim Total:

\$10,548.60

\$5,350.72

\$10,548.60

\$0.00

\$0.00

\$9,198.06

\$0.00

\$0.00

EDUARDO

W2000321-01

77777777B

WATSONVILLE PROVIDER 2

\$0.00

9900000063

Plan: Medi-Cal

0103

3/30/20

3/30/20

72072

1

\$175.00

\$38.53

\$0.00

\$0.00

\$0.00

\$0.00

\$136.47

\$38.53

0203

3/30/20

3/30/20

72100

1

\$164.00

\$37.87

\$0.00

\$0.00

\$0.00

\$0.00

\$126.13

\$37.87

Claim Total:

\$339.00

\$76.40

\$0.00

\$0.00

\$0.00

\$0.00

\$262.60

\$76.40

EDUARDO

W2000321-01

77777777B

WATSONVILLE PROVIDER 2

\$0.00

9900000063

Plan: Medi-Cal

0102

7/1/20

7/11/20

ACM01

11

\$2,595.78

\$2,595.78

\$0.00

\$878.00

\$0.00

\$0.00

\$0.00

\$1,717.78

Claim Total:

\$2,595.78

\$2,595.78

\$0.00

\$878.00

\$0.00

\$0.00

\$0.00

\$1,717.78

**Patient:** The name of the patient displays as [last name], [first name].

**Patient Acct #:** Your office provided this patient account number on the claim. The Alliance prints this information on the RA to assist you with posting the claim back to your system.

**Subscriber #:** This is the Alliance member identification number, which you should submit when billing claims to the Alliance. If the Alliance is unable to locate the member using the information provided on the form, the insured ID number submitted on the claim displays in this column.

**Rendering Prov:** This is the name of the rendering provider.

**Interest:** This is the dollar amount paid resulting from the interest amount due for the whole claim.

**Claim#:** Our system assigns a unique 10-digit number to each claim received and processed. This number is also called the Claim Control Number (CCN). Please reference this number when contacting the Alliance about specific claims questions. Next to the Claim#, the member's **Plan** displays.

**Line#:** The first two digits represent the service line number, and the last two digits are the version of the claim.

**Service Date From/To:** These are the beginning and ending dates of service as submitted on the claim.

**Proc:** On Medical and Hospital RAs, this column shows the Procedure code and/or Revenue Code as submitted on the claim. On Pharmacy RAs, the column shows the National Drug Code/Medical Supply Code.

**Mod:** This is the Modifier code, as submitted on the claim.

**Qty Allowed:** This value pertains to the quantity or units of service as allowed on the claim.

**Amount Billed:** For each detail line, this column shows the dollar amount billed by your office.

**Amount Allowed:** This column shows the dollar amount **allowed** for the service plus any applicable taxes. If the service is capitated, the Amount Allowed is always \$0.00.

**Not Covered:** This column indicates the applicable dollar amount that is not covered.

**Patient Resp:** The patient responsibility reflects a member's Share of Cost (SOC) payment as submitted on the claim. This amount is deducted from the Allowed Amount.

**Copay:** If the member has a co-payment obligation, the dollar amount displays in this column and is deducted from the Allowed Amount.

**Other Carrier Amount:** If this is a crossover or secondary claim (such as Medicare, Blue Cross or Kaiser), this column shows the dollar amount **paid** by Medicare or the Other Health Coverage (OHC) carrier up to the Alliance's Allowed Amount (less any OHC Contractual Adjustment) in order to accurately reflect coordination of benefits pricing guidelines. These dollar amounts appear for Paid and Adjusted claims only.

**Contract Adjust:** The dollar amount in this column (for Paid claims only) assists you with determining the Contractual Adjustment (a.k.a. write off) amount for the claim. It is the difference between the Amount Billed and the Amount Allowed.

**Net Paid:** This is the net dollar amount paid by the Alliance after the Allowed Amount has been reduced by other factors (such as a member's Share of Cost, OHC payment, etc.). If the service is capitated, the Net Paid is \$0.00 and Explanation Code 11 is assigned.

**Explain Codes:** Most paid claim lines do NOT have an explain code. Every denied claim line has an explain code. The description of each explain code is listed at the bottom of the RA (see [Section V](#)) as Explanation Codes. Explain codes support the reason a claim service was Paid or Denied.

## Section III Claim Totals

Claim totals display at the bottom of each claim.

Patient			Patient Acct #			Subscriber #	Rendering Prov			Interest				
Claim#	Service Date			Qty	Amount	Amount	Not Covered	Patient	Copay	Other Carrier	Contract	Net Paid	Explain	
Line#	From	To	Proc	Mod	Allowed	Billed	Allowed	Resp		Amount	Adjust		Codes	
PATIENT: [REDACTED], PRADEEP					W3000123-01		11111111F	WATSONVILLE PROVIDER 3				\$0.00		
9900000021				Plan:	Medi-Cal									
0103	3/5/20	3/5/20	99215		1	\$300.00	\$122.05	\$0.00	\$0.00	\$0.00	\$0.00	\$177.95	\$122.05	
0203	3/5/20	3/5/20	93000		1	\$40.00	\$14.32	\$0.00	\$0.00	\$0.00	\$0.00	\$25.68	\$14.32	
0303	3/5/20	3/5/20	93040	59	1	\$25.00	\$10.64	\$0.00	\$0.00	\$0.00	\$0.00	\$14.36	\$10.64	
Medicare Deductible:			183.76		Medicare Coinsurance:		0.00		Medicare Ded/Coins Total:		183.76		Cutback:	36.75
Claim Total:						\$365.00	\$147.01	\$0.00	\$0.00	\$0.00	\$0.00	\$217.99	\$147.01	

**Medicare Totals:** If a claim has been processed as a Medicare Crossover (that is, Medicare is primary and the Alliance is secondary), the RA indicates the following summary information, bordered by dashed lines:

- **Medicare Deductible:** The total Medicare Deductible as reported on the Explanation of Medicare Benefits (EOMB).
- **Medicare Coinsurance:** The total Medicare Coinsurance as reported on the EOMB.
- **Medicare Ded/Coins Total:** The summation of the Medicare Deductible and Medicare Coinsurance amounts.
- **Cutback:** The difference between the Medicare Ded/Coins Total and the Net Paid; typically, the contractual write-off in this scenario is the un-recovered Deductible and Coinsurance portions of the billing.

**Claim Total:** This line shows totals for the claim for each of the monetary columns: Amount Billed, Amount Allowed, Not Covered, Patient Resp, Copay, Other Carrier Amount, Contract Adjust and Net Paid.

## Section IV RA Totals

The RA totals that display at the bottom of the RA are intended to assist in summarizing groups of claims data.

Claim Total:	\$206.97	\$0.00	\$206.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
INTEREST PAYMENT								\$0.00
CLAIMS PAYMENT								\$0.00
Balance from CHC000004751 on 8/3/20								-\$271,461.70
REFUND LETTERS NOW DUE								
FCN	Refund Letter Number	Notification Date					Remaining Balance	
0019948845V6	38891362	4/3/20					-\$94.63	
0019948860V4	38891362	4/3/20					-\$63.48	
TOTAL OF REFUND LETTERS NOW DUE								-\$158.11
TOTAL PAYMENT	\$4,838.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,838.79	-\$158.11
CHECKS RECEIVED FROM PROVIDER AND APPLIED TO AMOUNTS BEFORE THEY WERE DUE								
Check #	Received	Check Amount						
38891362	4/3/20	\$158.11						
FCN 0019948845V6		\$94.63						
FCN 0019948860V4		\$63.48						
Forwarding Balance								-\$271,303.59

**Interest Payment:** This line shows the sum of all interest paid.

**Claims Payment:** This line shows the sum of all claims paid.

**Balance from:** This line shows the forwarding balance from the specified check number and date.

**Refund Letters Now Due:** This area displays any refund letters for recovery claims that have exceeded the grace period and are now being recovered. Refunds initiated by the provider display "N/A" for the Refund Letter Number. Below the list of claims, the **Total of Refund Letters Now Due** displays the sum of the amounts.

**Total Payment:** This line shows totals for all claims on the RA for each of the monetary columns: Amount Billed, Amount Allowed, Not Covered, Patient Resp, Copay, Other Carrier Amount, Contract Adjust and Net Paid. The Net Paid sum includes interest and claims payment.

**Checks Received from Provider and Applied to Amounts Before They Were Due:** This area displays information regarding any checks the Alliance received regarding overpayment reimbursement.

**Forwarding Balance:** This line displays if the provider owes an amount to the Alliance.

## Section V Explanation Codes

This section displays a summary of each Alliance Explanation Code on your RA along with its corresponding description.

Summary Of Explanation Codes	
Explanation	
Code	Description
3S	3S-SERVICE IS INCLUDED IN ANOTHER PROCEDURE BILLED
41A	41A-NOT A COVERED MEDI-CAL BENEFIT
87	87-PROCEDURE CODE/HCPCS CODE/REV CODE INVALID