



HealthKeepers, Inc. Remittance Advice Explanation

This document includes examples and detailed explanations for the following:

- Remittance Advice Cover Page
- Remittance Advice Detail

Remittance Advice Cover Page



HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. * ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

#BWNQXF
#963068321021/DF 3#
ABC HEALTHCARE
PO BOX 12345
Richmond, VA 23261

Example Remittance Advice

PROVIDER ID NO 999999999	TAX ID NO XXXXX1234	DATE 4/16/2012
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PAY EXACTLY
**1,383 DOLLARS AND 67 CENTS

DEPOSITED TO:
ABA# 12345678
ACCT 12345678
OI 04/16/12

ACH DEPOSIT MADE - THIS IS NOT A CHECK

ANTHEM HEALTHKEEPERS PLUS OF VIRGINIA

P.O. Box 26623
Richmond, VA 23261

DATE 4/16/2012

PROVIDER NAME	ABC HEALTHCARE
ADDRESS	PO BOX 12345 Richmond, VA 23261
PROVIDER ID NO	999999999 - 1234567890
TAX ID NO	XXXXX1234
CHECK NUMBER:	

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	1,381.92	IRS WITHHELD	0.00
INTEREST PAID	1.75	AMOUNT PREVIOUSLY OVERPAID	0.00
NET AMOUNT DUE	1,383.67	AMOUNT DISBURSED	1383.67
		RECOUPMENT BALANCE	0.00

TO AVOID ANY UNNECESSARY DELAYS IN CLAIMS PROCESSING, PLEASE INCLUDE CURRENT COORDINATION OF BENEFITS (COB) INFORMATION WHEN SUBMITTING CLAIMS TO ANTHEM.

If this were a paper check payment the physical check would follow a perforation and this payment summary.

Cover Page Information

- Provider Name and Address
- Remittance Date
- Check Number or Automatic Clearing House (ACH) Deposit trace number
 - If ACH, ABA and Account Number for deposit is indicated
- Provider Tax Identification (ID) – last 4 digits
- Provider ID Number (National Provider Identifier [NPI] or Internal HealthKeepers, Inc. Provider ID number)
- Payment Summary
 - Gross approved claim amount
 - Interest paid
 - Incentive withhold⁽¹⁾ (displays if applicable)
 - Net amount due
 - IRS withhold (displays if applicable)
 - Amount previously overpaid
 - Amount disbursed
 - Recoupment balance
- General remittance message

Header Information

If a check (or ACH deposit) is sent to the provider, the following information begins on the second page. If there is no check for the provider, this information follows directly after the “zero amount-this is not a check” statement.

- Provider Name
- Provider ID Number
- Remittance Date
- Check Number (if applicable)
- Number of pages
- Product Name (multiple product types are included in each remittance)

Remittance Advice Detail



Example Remittance Advice

ABC HEALTHCARE
 PROVIDER ID NO 999999999 4/16/2012
 CHECK NUMBER:

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SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, JANE INSURED'S ID: 8880123X4567 PATIENT NAME: DOE, JILL FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 03/15/2012													
SERVICE PROVIDER NAME: DOCTOR, JOE SERVICE PROVIDER ID: 1234567890													
03/10/2012-03/10/2012	90474	11	24.00	24.00	0.00	0.00	0.00	0.00	0.00		0.00		24.00
03/10/2012-03/10/2012	90680	11	113.00	113.00	0.00	11.30	0.00	0.00	0.00		11.30		101.70
03/10/2012-03/10/2012	90669	11	138.00	136.07	0.00	0.00	0.00	1.93	1.93	PSC 45	0.00		174.07
03/10/2012-03/10/2012	90723	11	143.00	143.00	0.00	0.00	0.00	0.00	0.00		0.00		143.00
03/10/2012-03/10/2012	90667	11	12.00	12.00	0.00	0.00	0.00	0.00	0.00		0.00		12.00
03/10/2012-03/10/2012	90472	11	56.00	26.29	0.00	0.00	0.00	29.72	29.72	PSC 45	0.00		26.29
03/10/2012-03/10/2012	90471	11	28.00	28.00	0.00	0.00	0.00	0.00	0.00		0.00		28.00
Total: 514.00 482.35 0.00 11.30 0.00 31.65 31.65 11.30 471.05													
INTEREST PAID 0.00													
TOTAL NET PAID 471.05													

SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, JANE INSURED'S ID: 8880123X4567 PATIENT NAME: DOE, JILL FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 03/15/2012													
SERVICE PROVIDER NAME: DOCTOR, JOE SERVICE PROVIDER ID: 1234567890													
03/10/2012-03/10/2012	90474	11	24.00	24.00	0.00	0.00	0.00	0.00	0.00		0.00		24.00
03/10/2012-03/10/2012	90680	11	113.00	113.00	0.00	11.30	0.00	0.00	0.00		11.30		101.70
03/10/2012-03/10/2012	90669	11	138.00	136.07	0.00	0.00	0.00	1.93	1.93	PSC 45	0.00		136.07
03/10/2012-03/10/2012	90723	11	143.00	143.00	0.00	0.00	0.00	0.00	0.00		0.00		143.00
03/10/2012-03/10/2012	90667	11	12.00	12.00	0.00	0.00	0.00	0.00	0.00		0.00		12.00
03/10/2012-03/10/2012	90472	11	56.00	52.56	0.00	0.00	0.00	3.44	3.44	PSC 45	0.00		52.56
03/10/2012-03/10/2012	90471	11	28.00	28.00	0.00	0.00	0.00	0.00	0.00		0.00		28.00
Total: 514.00 508.63 0.00 11.30 0.00 5.37 5.37 11.30 497.33													
INTEREST PAID 1.75													
TOTAL NET PAID 497.33													

SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, JOHN INSURED'S ID: 8880123X4567 PATIENT NAME: DOE, JACK FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 04/11/2012													
SERVICE PROVIDER NAME: DOCTOR, JOE SERVICE PROVIDER ID: 1234567890													
04/10/2012-04/10/2012	72148	11	2,777.00	1,312.82	0.00	0.00	0.00	1,464.18	1,464.18	PSC 45	0.00		1,312.82
Total: 2,777.00 1,312.82 0.00 0.00 1,464.18 1,464.18													
INTEREST PAID 0.00													
TOTAL NET PAID 1,312.82													

TOTAL APPROVED AMOUNT 1,388.18
 TOTAL INTEREST 1.76
 TOTAL NET AMOUNT DUE: 1,340.86

Example Remittance Advice

ABC HEALTHCARE
 PROVIDER ID NO 999999999 4/16/2012
 CHECK NUMBER:

SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, DON INSURED'S ID: 8880123X4567 PATIENT NAME: DOE, DARA FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 03/30/2012													
SERVICE PROVIDER NAME: DOCTOR, RITA SERVICE PROVIDER ID: 1234567890													
03/03/2012-03/03/2012	99213	11	57.00	57.00	0.00	0.00	0.00	0.00	0.00		14.27		42.82
Total: 57.00 57.00 0.00 0.00 0.00 0.00 14.27 42.82													
INTEREST PAID 0.00													
TOTAL NET PAID 42.82													

SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, DOUGLAS INSURED'S ID: 8880123X4567 PATIENT NAME: DOE, DORA FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 04/01/2012													
SERVICE PROVIDER NAME: DOCTOR, RITA SERVICE PROVIDER ID: 1234567890													
03/20/2012-03/20/2012	87209	11	37.00	37.00	0.00	0.00	0.00	0.00	0.00		37.00	SNE 26	0.00
03/20/2012-03/20/2012	87177	11	83.00	83.00	0.00	0.00	0.00	0.00	0.00		83.00	SNE 26	0.00
Total: 120.00 120.00 0.00 0.00 0.00 0.00 120.00 0.00													
INTEREST PAID 0.00													
AMOUNT PAID BY OTHER INSURANCE COMPANY 59.72													
TOTAL NET PAID 0.00													

SERVICE DATE(S)	SERVICE CODE(S)	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPLANSI CODE(S)	INSURED OTHER RESPONSIBILITY AMOUNT	EXPLANSI CODE(S)	NET PAID
INSURED'S NAME: DOE, DEVAN INSURED'S ID: 8880123X4567 PATIENT NAME: DEVAN, DOE FOR INQUIRIES CALL: 1-800 901-0020													
PATIENT ACCOUNT #: 0123456 CLAIM NUMBER: 2012123XK4567 RECEIVED DATE: 04/05/2012													
SERVICE PROVIDER NAME: DOCTOR, RITA SERVICE PROVIDER ID: 1234567890													
03/20/2012-03/20/2012	45214	11	167.00	10.00	0.00	0.00	0.00	0.00	157.00	PSC 45	10.00		0.00
Total: 167.00 10.00 0.00 0.00 157.00 10.00													
INTEREST PAID 0.00													
AMOUNT PAID BY OTHER INSURANCE COMPANY 75.88													
TOTAL NET PAID 0.00													

TOTAL APPROVED AMOUNT 42.82
 TOTAL INTEREST 0.00
 TOTAL NET AMOUNT DUE: 42.82

EXPL CODES EXPLANATION
 PSC THE CHARGE EXCEEDS THE ALLOWED AMOUNT FOR THIS PROCEDURE
 SNE MEMBER NOT ELIGIBLE FOR BENEFITS
 26 CHARGES INCURRED PRIOR TO COVERAGE
 45 CHARGES EXCEED YOUR CONTRACTED/LEGISLATED FEE ARRANGEMENT

GROSS APPROVED CLAIM AMOUNT 1,381.82
 TOTAL INTEREST 1.76
 NET AMOUNT DUE 1,388.57

Detail Content

Line 1

- Insured's Name, Insured's ID # and the Patient's name display on line one across all columns

Line 2

- Your Patient Account #, Claim # and Claim Receipt Date (Received) display as the second line, across all columns

Line 3

- Service Provider Name and ID number display as the third line across several columns

Line 4

- Column Totals per patients, per claim

Service Detail Columns

Column Header	Definition/Value
Service Date	From and through service dates
Service Codes	CPT, HCPCS OR Revenue Codes Billed
POS	Place of service code
Charge	The amount billed for the procedure or service
Allowed	The contracted amount allowed for the procedure or service
Deductible	The amount of the member's deductible that has been applied to the procedure or service. Provider can bill the member for this amount.
Coinsurance	The amount of the member's coinsurance that has been applied to the procedure or service. Providers can bill the member for this amount.
Copay	The amount of the member's copay that has been applied to the procedure or service. Providers can bill the member for this amount.
Contractual Difference	This field may be blank. When information is present, this is the contracted rate (discount) between you and HealthKeepers, Inc.
Provider Resp. Amount	This field may be blank. When information is present, this is the amount that you are contracted to write off that is outside of your contractual amount. Example may be contractual discount or bundled charges.
Expl/ANSI Code(s)	Payment, Reduction or Rejection reason code(s)
Insured Other Resp. Amount	This field may be blank. When information is present, this is the amount the insured or responsible party may be liable for excluding deductible, coinsurance and copay.
Expl/ANSI Code(s)	Payment, Reduction or Rejection reason code(s)
Net Paid	Total amount paid for the procedure or service

Product Summary

The Product Summary displays after the last claim for the product:

- Total Approved Amount
- Total Interest
- Total Withhold⁽¹⁾(displays if applicable)
- Total Net Amount Due/Product Name

Gross Summary

The Gross Summary displays at the end of the remittance advice:

- Gross Approved Claim Amount
- Total Interest
- Total Withhold⁽¹⁾(displays if applicable)
- Net Amount Due

EXPL (Explanation)/ANSI Code Descriptions

The EXPL (Explanation)/ANSI Code Descriptions display at the end of your remittance advice.

⁽¹⁾The “Incentive Withhold” is taken at the line level and not the claim level. The monetary amount displays in the Provider Responsibility column and the message is “RWD” (explanation code “Risk Withhold Disallowed”).

Recoupment Notification-If Applicable

The Recoupment Notification displays at the end of your remittance after the text above and includes the following:

Column Header	Definition/Value
Remit Date	Date of original remittance advice
Patient Name	Name of patient
Patient Acct	Provider’s patient account number (if submitted on claim)
Subscriber ID	Subscriber’s Identification Number
Claim Number	HealthKeepers, Inc. assigned claim number
Date of Service	Date services were rendered
Original Negative Claim Number	HealthKeepers, Inc. assigned claim number recouped
Claim Amount	Total amount overpaid and eligible for recoupment
Credits Recovered	Recoupment off-set amount (could be full or partial) until balance is fully satisfied
ADJ CD	This field may be blank. When information is present, this reflects the reason for an additional record. Common examples include balance transfers from provider pay to groups no longer used and refunds applied after claims were recouped.
Charge Amt Code(s)	Amount originally billed
Recovery Letter ID	Number that appeared on the refund request letter sent prior to recoupment

Summary

The following displays at the end of this section:

- Total Negative Balance (original amount due)
- Total Prior Recoupment (amounts satisfied from prior remittance advice)
- Total Current Recoupment (amounts satisfied on this remittance advice)
- Total Outstanding Negative Balance (carried forward to the next remittance advice)