

Attachment 19 - Remittance Advice - Medicare DualChoice Annual Visit

Happy Doctors Inc.  
P.O. Box 1800  
Rancho Cucamonga, CA 91729  
123456789

Inland Empire Health Plan  
Remittance Advice

Check Date: 04/19/2018  
Check Amount: \$200.00  
Check No: 1234567

Member #	Line Of Business	DOB	Patient Name				Provider Name														
Claim #	Line	Received Date	Service Date From	To	Proc	Mod	Qty	Amount Billed	Amount Allowed	Not Covered	Copay Amount	Deduct Amount	Withhold Amount	Net Paid	S T	Reason	Copay	Deduct	OthCarr	Adjust	
123456789456-00	MEDI-CAL	03/24/2017	Doe, Jane				Doctor Happy														
00000E1234567890	001	04/13/2018	03/30/2018	03/30/2018	99212		1	\$120.00	\$19.75	\$0.00	\$0.00	\$0.00	\$0.20	\$0.00	H	RECEIVED					
			Patient Account # 123456789456		Claim Totals			\$120.00	\$19.75	\$0.00	\$0.00	\$0.00	\$0.20	\$0.00							
			Member Totals					\$120.00	\$19.75	\$0.00	\$0.00	\$0.00	\$0.20	\$0.00							
			Provider Totals					\$120.00	\$19.75	\$0.00	\$0.00	\$0.00	\$0.20	\$0.00							
123456789456-00	MEDI-CAL	08/11/1977	Doe, Jill				Doctor Happy														
00000E1234567890	001	03/18/2018	12/18/2017	12/18/2017	88141	P	1	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	P	P4P					
			Patient Account # 123456789456		Claim Totals			\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Member Totals					\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
123456789456-00	MEDI-CAL	07/05/1988	Doe, Judy				Doctor Happy														
00000E1234567890	001	03/18/2018	01/29/2018	01/29/2018	88141	P	1	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	P	P4P					
			Patient Account # 123456789456		Claim Totals			\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Member Totals					\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
123456789456-00	MEDI-CAL	07/20/1978	Doe, Jackie				Doctor Happy														
00000E1234567890	001	03/18/2018	01/29/2018	01/29/2018	88141	P	1	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	P	P4P					
			Patient Account # 123456789456		Claim Totals			\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Member Totals					\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Provider Totals					\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00							
123456789456-00	MEDI-CAL	01/18/1966	Doe, Jen				Doctor Happy														
00000E1234567890	001	03/18/2018	01/30/2018	01/30/2018	88141	P	1	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	P	P4P					
			Patient Account # 123456789456		Claim Totals			\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Member Totals					\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Provider Totals					\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00							
			Vendor Account Totals					\$320.00	\$219.75	\$0.00	\$0.00	\$0.00	\$0.20	\$200.00							

\*\*\*\*\* Summary Page \*\*\*\*\*

Total Number Of Claims: 5  
Total Number Of Claim Lines: 5  
Total Payment Amount: \$200.00

\*\*\*\*\* Explanations Code Legend \*\*\*\*\*

P4P Pay For Performance Program

ST Code Legend: I - Informational, P - Payable, D - Denied, A - Adjustment, H - Claim Received & In Process

Please Note:

**Medi-Cal and Healthy Kids**

- Under the Knox-Keene Act, Health and Safety Code 1379 of the State of California and Title 22 of the California Code of Regulations, the patient to whom services were provided is not liable for any portion of the bill, except non-benefit items or non-covered services.
- Acknowledgement of claim receipt – Contracted Providers can confirm receipt of submitted claim(s) by logging into the Provider Portal at [www.iehp.org](http://www.iehp.org). To obtain website instructions, please call IEHP Provider Relations Team at (909) 890-2054.
- In Compliance with AB1455, if you disagree with your payment, you may contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347 Monday – Friday 8:00am to 5:00pm PST. You may also file a Provider Dispute within 365-days from the claim determination date. Disputes should be submitted to IEHP Claims Appeals Resolution Unit P.O. Box 4319, Rancho Cucamonga, CA 91729. Please visit [www.iehp.org](http://www.iehp.org) to obtain a Provider Dispute Resolution form online.
- In accordance with our agreement, negative balances will be offset against future claims to be paid to you.

**Withhold Amount**

By statute enacted in June 2011, (in response to the California budget crisis) effective July 1, 2011, Medi-Cal has reduced payments to specific Provider types by 10% with a corresponding reduction to Medi-Cal Managed Care Plans. Due to this legislative mandate, IEHP has reduced payments to impacted Providers referenced in the statute as follows:

- Services rendered from 10/01/13 to 12/31/14 are reduced by 10%.

**IEHP Medicare DualChoice (HMO SNP), and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)**

**Withhold Amount – all Providers**

- In accordance with Medicare mandated guidelines, your payment for dates of services on or after 04/01/13, may reflect a 2% sequestration reduction.

**Contracted Providers**

- Acknowledgement of claim receipt – Contracted Providers can confirm receipt of submitted claim(s) by logging into the Provider Portal at [www.iehp.org](http://www.iehp.org). To obtain website instructions, please call IEHP Provider Relations Team at (909) 890-2054.
- In accordance with our agreement, negative balances will be offset against future claims to be paid to you.
- Appeals and Payment Dispute Requests – can be submitted within the timeframe indicated in your contract: IEHP DualChoice (HMO SNP) Claims Appeals and Resolution Unit P.O. Box 40, Rancho Cucamonga, CA 91729. Please visit [www.iehp.org](http://www.iehp.org) to obtain a Provider Dispute Resolution form online. For more information, please contact IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.

**Non Contracted Providers**

Payment Appeals and Disputes for IEHP DualChoice (HMO SNP) and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members should be submitted to IEHP at P.O. Box 40, Rancho Cucamonga, CA 91729

- Appeals - If you disagree with the outcome of a claim, you may submit an appeal attached with a Waiver of Liability and any supporting documentation within 60-days from the denial date. The waiver of liability form can be found on the CMS website – [www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals](http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals) reference Appendix 7.
- Payment Dispute Resolutions – If you disagree with the payment of a claim, you can submit your PDR with any supporting documentation within 120-days from the initial determination date. As a Non Contracted Provider you also have the option of sending your dispute to C2C Solutions Inc. For further information check their website regarding this process at [PDRC@C2Cinc.com](mailto:PDRC@C2Cinc.com).
- Payment Disputes – If you disagree with the payment of a claim, you can submit your PDR with any supporting documentation within 120-days from the initial determination date.

**Legal Notice**

- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil and criminal penalties in accordance with the State and Federal False Claims Acts.
- Please assist IEHP in preventing possible benefit abuse. Request another form of identification from the Member in addition to the IEHP card.