

June 3, 2019

PROVIDER UPDATE

An Update for Highmark Delaware Health Options Providers and Clinicians

Great News!

New Remittance Advices Address Offsets!

Effective 5.31.2019

Remittance Advices have been made more user friendly by adding offset detail.

Informational messages have been added to include details around immediate offsets and future offsets.

Immediate Offset Message: The immediate offset section provides the claims we identified as overpayments which are eligible for immediate recovery.

Future Offset Message: The future offset detail section provides a listing of claims we have identified as overpayments. Even though the amounts of these overpayments are not factored into your current check/EFT, we will automatically correct the processing of these claims, resulting in an offset approximately 60 days of this notice. If you feel the refund is being requested in error, please contact the Highmark Health Options Provider Service Department at 1-844-325-6251 within 45 days of this notice to avoid an offset in 60 days.

Please see attached remittance advice example for highlighted areas that have changed.



PO BOX 890407 CAMP HILL, PA 17089-0407

CONTACT PROVIDER SERVICES
1-844-325-6251

HIGHMARK HEALTH OPTIONS
STATEMENT OF PROVIDER CLAIMS PAID
PAYEE NAME



Payment Amount \$0.00
Check/EFT Date
Check/EFT Trace Number
Production End Cycle Date 05/22/2019
Payee ID
Payee Tax ID

Patient Name		Patient ID		Group/Policy		Patient Control Number		Medical Record Number		Auth/Ref Number				
Claim Number	Line Item Control Number	Dates of Service From	To	Rendering Provider ID	Sub Prod Svc/Mod	Adj Prod Svc/Mod	Units	Charge	Clm Adj Amt	Grp Cd/Clm Adj Rsn Cd	Remark Code	Clm Payment	Adj Qty	Pat Resp
	354866/511 6139.0001	05/10/2019 - 05/10/2019			A4630	A4630	1	\$-36.00	\$-36.00	CO97	N19	\$0.00		
	354866/511 6139.0002	05/10/2019 - 05/10/2019			A4595	A4595	2	\$-80.00	\$-16.98	CO45		\$-63.02		
***TOTAL								\$-116.00	\$-52.98			\$-63.02		\$0.00
	354866/511 6139.0001	05/10/2019 - 05/10/2019			A4630	A4630	4	\$36.00	\$14.20	CO45		\$21.80		
	354866/511 6139.0002	05/10/2019 - 05/10/2019			A4595	A4595	2	\$80.00	\$16.98	CO45		\$63.02		
***TOTAL								\$116.00	\$31.18			\$84.82		\$0.00

IMMEDIATE OFFSET DETAIL

The immediate offset section provides the claims we identified as overpayments which are eligible for immediate recovery.

Patient Name		Patient ID		Group/Policy		Patient Control Number		Medical Record Number		Auth/Ref Number			
Claim Number	Line Item Control Number	Dates of Service From To	Rendering Provider ID	Sub Prod Svc/Mod	Adj Prod Svc/Mod	Units	Charge	Clm Adj Amt	Grp Cd/Clm Adj Rsn Cd	Remark Code	Clm Payment	Adj Qty	Pat Resp
	395465/503 7118.0001	03/20/2019 - 03/20/2019		A4595	A4595	2	\$-80.00	\$-16.98	CO45		\$-63.02		
	395465/503 7118.0002	03/20/2019 - 03/20/2019		A4630	A4630	1	\$-36.00	\$-36.00	CO97	N19	\$0.00		
***TOTAL							\$-116.00	\$-52.98			\$-63.02		\$0.00
	395465/503 7118.0001	03/20/2019 - 03/20/2019		A4595	A4595	1	\$80.00	\$80.00	CO45	N400 N4	\$0.00		
	395465/503 7118.0002	03/20/2019 - 03/20/2019		A4630	A4630	1	\$36.00	\$36.00	CO45	N400 N4	\$0.00		
***TOTAL							\$116.00	\$116.00			\$0.00		\$0.00

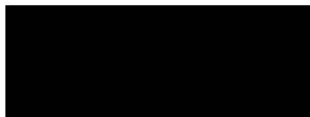
HIGHMARK HEALTH OPTIONS



PO BOX 890407 CAMP HILL, PA 17089-0407

CONTACT PROVIDER SERVICES
1-844-325-6251

HIGHMARK HEALTH OPTIONS
STATEMENT OF PROVIDER CLAIMS PAID
PAYEE NAME



Payment Amount \$0.00
Check/EFT Date
Check/EFT Trace Number
Production End Cycle Date 05/22/2019
Payee ID [REDACTED]
Payee Tax ID [REDACTED]

Charge	Adj Amt	Provider Adj Amt	Provider Adj Cd	Provider Adj ID	Payment Amt
\$0.00	\$41.22	\$-41.22	C000000004	FB	\$0.00



PO BOX 890407 CAMP HILL, PA 17089-0407

CONTACT PROVIDER SERVICES
1-844-325-6251

HIGHMARK HEALTH OPTIONS
STATEMENT OF PROVIDER CLAIMS PAID
PAYEE NAME



Payment Amount \$0.00
Check/EFT Date
Check/EFT Trace Number
Production End Cycle Date 05/22/2019
Payee ID
Payee Tax ID

FUTURE OFFSET DETAIL

The future offset detail section provides a listing of claims we have identified as overpayments. Even though the amounts of these overpayments are not factored into your current check/EFT, we will automatically correct the processing of these claims, resulting in an offset approximately 60 days of this notice. If you feel the refund is being requested in error, please contact the provider service department within 45 days of this notice to avoid an offset in 60 days.

Patient Name			Patient ID		Group/Policy		Patient Control Number		Medical Record Number		Auth/Ref Number		
					100886060		0						
Claim Number	Line Item Control Number	Dates of Service From To	Rendering Provider ID	Sub Prod Svc/Mod	Adj Prod Svc/Mod	Units	Charge	Clm Adj Amt	Grp Cd/Clm Adj Rsn Cd	Remark Code	Clm Payment	Adj Qty	Pat Resp
	0001	08/14/2017 - 08/14/2017	130944	99199	H0038	1	\$-14.75	\$-8.75	CO45		\$-6.00		
***TOTAL							\$-14.75	\$-8.75			\$-6.00		\$0.00
	0002	08/14/2017 - 08/14/2017		H0038	H0038 HF	1	\$14.75	\$14.75	OA18		\$0.00		
***TOTAL							\$14.75	\$14.75			\$0.00		\$0.00

HIGHMARK HEALTH OPTIONS

Charge	Adj Amt	Provider Adj Amt	Provider Adj Cd	Provider Adj ID	Payment Amt
\$0.00	\$6.00	\$-6.00		WO	\$0.00