

RA prior to 10/2013

Community Health Plan
720 Olive Way Ste. 300
Seattle, WA 98101



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

201308270137



1 OF 2 F
ENV 18197

Electronic Service Requested

ALL FOR AADC 990

To contact Customer Service:
Medicare Advantage 1-800-942-0247
All other programs 1-800-440-1561

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XXXXXXXXXX XXXXXXXXXXXXX
720 Olive Way Ste.300
Seattle, WA 98101-7162 348

1 Payee:XXXXXXXXXXXXXXXXXX
Vendor ID: 00000
Voucher #: 00000000
Provider: XXXXXXXXXXXXXXXXX
Provider ID: 00000
Provider TIN: 000000000

2

3

Remittance Advice Process Dates : 08/23/2013 Through 08/27/2013

Patient: XXXXXXXXXXXXX			Subscriber Name: XXXXXXXXXXXXX			Encounter No.: 000000AV000000							
Member ID: 000000000000			Program: HEALTHY OPTIONS			PCP: XXXXXXXXXXXXXXXXX							
Patient Account No.: 0000			Product: HOP			Primary Diag Code: 000.0							
Dates of Service	Rev/Svc /Mod Code	# Units	Status Date	Status	Charge Amount	Allowed Amount	Provider Write Off	Patient Resp Other Ins	CoPay	Co-Ins	Deduct	Amount Paid	Reason Codes
05/17/13-05/17/13	97150 59	-1	08232013	ADJUSTED P	-45.00	-12.10	-32.90	0.00	0.00	0.00	0.00	-12.10	PFEES CAP21
05/17/13-05/17/13	97140 59	1	08232013	PAID PFE	45.00	17.35	27.65	0.00	0.00	0.00	0.00	17.35	PFEES
4 Totals for Encounter: 6					0.00	5.25	-5.25	0.00	0.00	0.00	0.00	5.25	

Patient: XXXXXXXXXXXXXXXXX			Subscriber Name: XXXXXXXXXXXXXXXXX			Encounter No.: 000000AV0000000							
Member ID: 000000000000			Program: HEALTHY OPTIONS			PCP: XXXXXXXXXXXXXXXXX							
Patient Account No.: 00000			Product: HOP			Primary Diag Code: 000.0							
Dates of Service	Rev/Svc /Mod Code	# Units	Status Date	Status	Charge Amount	Allowed Amount	Provider Write Off	Patient Resp Other Ins	CoPay	Co-Ins	Deduct	Amount Paid	Reason Codes
08/06/13-08/06/13	98942	1	08232013	DENIED PF	72.00	0.00	72.00	0.00	0.00	0.00	0.00	0.00	PFEES HS021
08/13/13-08/13/13	98942	1	08232013	DENIED PF	72.00	0.00	72.00	0.00	0.00	0.00	0.00	0.00	PFEES HS021
08/06/13-08/06/13	98943 51	1	08232013	DENIED PD	46.00	0.00	46.00	0.00	0.00	0.00	0.00	0.00	PDNSN
08/13/13-08/13/13	98943 51	1	08232013	DENIED PD	46.00	0.00	46.00	0.00	0.00	0.00	0.00	0.00	PDNSN
08/06/13-08/06/13	97140 59	1	08232013	DENIED PF	45.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	PFEES HS021
08/13/13-08/13/13	97140 59	1	08232013	DENIED PF	45.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	PFEES HS021
Totals for Encounter:					326.00	0.00	326.00	0.00	0.00	0.00	0.00	0.00	

Patient: XXXXXXXXXXXXXXXXX			Subscriber Name: XXXXXXXXXXXXXXXXX			Encounter No.: 0000000AV0000000							
Member ID: 0000000000			Program: 009			PCP: XXXXXXXXXXXXXXXXX							
Patient Account No.: 000000			Product: MCR			Primary Diag Code: 000.0							
Dates of Service	Rev/Svc /Mod Code	# Units	Status Date	Status	Charge Amount	Allowed Amount	Provider Write Off	Patient Resp Other Ins	CoPay	Co-Ins	Deduct	Amount Paid	Reason Codes
08/14/13-08/14/13	98942 AT	1	08232013	PAID PFE	44.26	44.26	0.49	0.00	20.00	0.00	0.00	23.77	PFEES BPINM
Totals for Encounter:					44.26	44.26	0.49	0.00	20.00	0.00	0.00	23.77	

7	Charged Amount	Allowed Amount	Provider Write Off	Patient Resp Other Ins	CoPay	Co-Ins	Deductible	Amount Paid
	370.26	49.51	321.24	0.00	20.00	0.00	0.00	29.02

8 Messages

- BDNSN SERVICE NOT COVERED DUE TO SCOPE OF LICENSE OR FEE SCHEDULE
- BPINM IN NETWORK COPAY
- CAP21 CLM ADJ-ADJUSTED AS A RESULT OF PROVIDER APPEAL

Community Health Plan
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Seattle, WA 98101

**If you have any questions, contact
our Customer Service Department at
1-800-440-1561**

Payee: XXXXXXXXXXXXXXXX
Vendor ID: 00000
Voucher #: 00000000
Provider: XXXXXXXXXXXXXXXXXXXX
Provider ID: 000000
Provider TIN: 000000000

Remittance Advice Process Dates : 08/23/2013 Through 08/27/2013

CMSRD CMS MANDATORY 2% PAYMENT REDUCTION PURSUANT TO THE BUDGET CONTROL ACT OF 2011 AKA SEQUESTRATION

HS021 NO EPSDT EXAM IN HISTORY

PFEES FEE SCHEDULE

*** Important Notice: Will you be ready to send and receive HIPAA 5010 compliant electronic transactions (claims, remittances) before the year-end CMS deadline? For information about HIPAA 5010, provider responsibilities, and the Community Health Plan of Washington HIPAA 5010 transition schedule, visit the Plan's provider web pages at <http://chpw.org/for-providers/>.

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 Seattle, WA 98101

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All other Programs: 1-800-440-1561

XXXXXXXXXXXXXX
 720 Olive Way STE. 300
 Seattle, WA 98101

1

Payee: XXXXXXXXXX
 Vendor ID: 00000
 Voucher Number: 00000000
 Vendor TIN: 00000000
 Company Code: CHP

Company code will be removed 3/2014

Print Date: 09/16/2013

2

Remittance Advice Process Dates: 09/13/2013 Through: 09/17/2013

3

Patient: XXXXXXXXXXXXXXXX **Subscriber Name:** XXXXXXXXXXXXXXXX **Claim No:** 0000000AV000000
Member ID: 000000000000000 **Program:** 010 **Provider:** XXXXXXXXXXXXXXXX
Patient Acct No: 000000 **PCP:** XXXXXXXXXXXXXXXX **Primary Diag Code:** 000 **DRG:** 00379

Date(s) of Service	Rev/SVC/Mod	# Units	Status Date	Status	Billed Amount	Allowed Amount	Provider Write Off	CoPay	Co-Ins	Deduct	Other Patient Resp	Other Carrier	Withhold Amount	Interest Amount	Total Paid Amount
09/05/13-09/05/13	99213	1	09/13/2013	PAID	125.00	72.93	52.73	40.00	0.00	0.00	0.00	0.00	0.66	0.00	32.27
Reason Codes: PFEES BPINM CMSRD															
09/05/13-09/05/13	81000	1	09/13/2013	PAID	15.00	4.35	10.74	0.00	0.00	0.00	0.00	0.00	0.09	0.00	4.26
Reason Codes: PFEES CMSRD															

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Totals for Claim:					140.00	77.28	63.47	40.00	0.00	0.00	0.00	0.00	0.00	0.00	36.53
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Patient: XXXXXXXXXXXXXXXX **Subscriber Name:** XXXXXXXXXXXXXXXX **Claim No:** 0000000AV0000000
Member ID: 00000000000 **Program:** **Provider:** XXXXXXXXXXXXXXXX
Patient Acct No: 000000 **PCP:** XXXXXXXXXXXXXXXX **Primary Diag Code:** 000.0

Date(s) of Service	Rev/SVC/Mod	# Units	Status Date	Status	Billed Amount	Allowed Amount	Provider Write Off	CoPay	Co-Ins	Deduct	Other Patient Resp	Other Carrier	Withhold Amount	Interest Amount	Total Paid Amount
09/04/13-09/04/13	99213	1	09/13/2013	PAID	125.00	38.39	86.61	0.00	0.00	38.39	0.00	0.00	0.00	0.00	0.00
Reason Codes: PFEES BDDIN															
09/04/13-09/04/13	81000	1	09/13/2013	PAID	15.00	3.58	11.42	0.00	0.00	3.58	0.00	0.00	0.00	0.00	0.00
Reason Codes: PFEES BDDIN															
09/04/13-09/04/13	87210	1	09/13/2013	PAID	18.00	4.64	13.36	0.00	0.00	4.64	0.00	0.00	0.00	0.00	0.00
Reason Codes: PFEES BDDIN															

Totals for Claim:					158.00	46.61	111.39	0.00	0.00	46.61	0.00	0.00	0.00	0.00	0.00
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Patient: XXXXXXXXXXXX
Member ID: 000000000
Patient Acct No: 0000000

Subscriber Name: XXXXXXXXXXXX
Program: HEALTHY OPTIONS
PCP: XXXXXXXXX

Claim No: 000000AV0000000
Provider: XXXXXXXXXXXXXXX
Primary Diag Code: 000

Date(s) of Service	Rev/SVC/Mod	# Unit	Status Date	Status	Billed Amount	Allowed Amount	Provider Write Off	CoPay	Co-Ins	Deduct	Patient Resp	Other Carrier	Withhold Amount	Interest Amount	Total Paid Amount
09/04/13-09/04/13	99213	1	09/13/2013	PAID	125.00	59.16	65.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59.16
Reason Codes: PFEES															
09/04/13-09/04/13	81000	1	09/13/2013	PAID	15.00	3.58	11.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.58
Reason Codes: PFEES															

Totals for Claim:

140.00	62.74	77.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.74
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Totals for Providers

7

Billed Amount	Allowed Amount	Provider Write Off	CoPay	Co-Ins	Deduct	Other Patient Resp	Other Carrier	Withhold Amount	Interest Amount	Total Paid Amount
438.00	186.63	252.12	40.00	0.00	46.61	0.00	0.00	0.75	0.00	99.27

8

Reason Code:

Descriptions:



- BDDIN APPLIED IN NETWORK DEDUCTIBLE
- BPINM IN NETWORK COPAY
- CMSRD CMS MANDATORY 2% PAYMENT REDUCTION PURSUANT TO THE BUDGET CONTROL ACT OF 2011 AKA SEQUESTRATION
- PFEES FEE SCHEDULE

#	Previous RA	Current RA	Change
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1	Payee	Payee	No change
	Vendor ID	Vendor ID	No Change
	Voucher #	Voucher Number	"#" changed to "Number"
	Provider	Provider	"Provider" moved to box 3, see box 3 below
	Provider ID	Not available	"Provider ID" removed from new RA
	Provider TIN	Vendor TIN	"Provider TIN" was removed, "Vendor TIN" added
	Not available	Company Code	Current RA has "company code;" CHP=plan company code, CHNW=Network company code. The company code will be removed as of March 2014 . Going forward, only one company code (CHP) will be used in an effort to reduce negative balances.

2	Not available	Date RA was printed	New RA has the date the RA was printed
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3	Patient	Patient	No Change
	Member ID	Member ID	No Change
	Patient Account No	Patient Acct No	"Account" abbreviated to "Acct" on new RA
	Subscriber Name	Subscriber Name	No Change
	Program	Program	No Change
	Encounter No	Claim No	"Encounter" changed to "claim" on new RA
	PCP	PCP	"PCP" in the same box but moved to the right on the new RA
	Product	Not Available	"Product" removed from new RA
	Primary Diag Code	Primary Diag Code	No Change
	Provider	Provider	"Provider" moved to box 3, previously in box 1
	Not available	DRG	Added DRG code

4	Dates of Service	Date(s) of service	"Dates" changed to "Date(s)"
	Rev/SVC/MOD Code	Rev/SVC/MOD	Removed the word "code"
	# Units	# Units	No Change
	Status Date	Status Date	No Change
	Status	Status	No Change
	Charge Amount	Billed Amount	"Charge" changed to "Billed"
	Allowed Amount	Allowed Amount	No Change
	Provider Write Off	Provider Write Off	No Change
	Patient Resp Other Ins	Other Patient Resp	Removed "Other Ins" and added "Other Patient Resp" to the right
	CoPay	CoPay	No Change
	Co-Ins	Co-Ins	No Change
	Deduct	Deduct	No Change

4	Amount Paid Reason Codes Not Available Not Available Not Available	Total Paid Amount Reason Codes Other Carrier Withhold Amount Interest Amount	Added "Total" and moved to the right on new RA "Reason Codes" moved to box 5, previously in box 4 New RA has "Other Carrier" New RA has "Withhold Amount" New RA has "Interest Amount"
5	Reason Codes	Reason Codes	"Reason codes" moved to box 5 to allow more codes, previously in box 4
6	Totals for Encounter On new RA, each additional cell in box 7 corresponds to the header listed in Box 5, see notes above for changes.	Totals for Claim	"Encounter" changed to "Claim" on new RA
7	Totals for Provider Charged Amount Allowed Amount Provider Write Off Patient Resp Other Ins CoPay Co-Ins Deduct Amount Paid Not Available Not Available Not Available	Totals for Providers Billed Amount Allowed Amount Provider Write Off Patient Resp CoPay Co-Ins Deduct Total Paid Amount Other Carrier Withhold Amount Interest Amount	"Provider" changed to "Providers" on new RA "Charged" changed to "Billed" No Change No Change Removed "Other Ins" and moved "Patient Resp" to the right on new RA No Change No Change No Change Added "Total" and moved to the right on new RA New RA has "Other Carrier" listed New RA has "Withhold Amount" New RA has "Interest Amount"
8	Messages Not Available	Reason Code Descriptions	Changed "Messages" to "Reason Code" Added the "Descriptions" column for the reason codes