How to read your facility
Provider Remittance

Ancillary providers:
Refer to this guide only when working with facility providers.

This guide provides an overview and detailed information for the new* Provider Remittance for facility providers. It includes the definitions for headers, numbers, and remarks used in the new Provider Remittance.

Use this guide as a reference tool for office staff to understand and interpret remittances. *Note:* This guide was current at the time of publication but is subject to change.

November 2013

As previously communicated, Independence Blue Cross (IBC) is in the process of transitioning to a new claims processing platform. During this transition, we will be working with you in a dual claims-processing environment until all of our membership is migrated to the new platform. In other words, as members are migrated, their claims will be processed on the new platform; however, we will continue to process claims on the current IBC platform for members who have not yet been migrated. As such, you will receive the new Provider Remittance for members who have been migrated to the new platform. Once all members are migrated in 2015, you will only receive the new Provider Remittance.

For more information, please visit our Business Transformation page at www.ibx.com/pnc/businesstransformation. On this site, you will find a communication archive and Frequently Asked Questions document.

Independence 🔵

Independence ✚   ID NUMBER: 9876543210

RECIPIENT PAYMENT SUMMARY

	REGULAR			FEP	
① PROVIDER NUMBER	② CHECK NUMBER	③ CHECK AMOUNT		CHECK NUMBER	CHECK AMOUNT
9876543210	000123456	996.40		000654321	149,875.00
TOTALS		996.40			149,875.00
④ TOTAL CHECKS	2	⑤ TOTAL AMOUNT	150,871.40		

Recipient Payment Summary

The first page of each Facility Remittance is a Recipient Payment Summary. This summary sheet provides check payment information for all the remittance advice documents for a paper check or Electronic Funds Transfer (EFT). *Note:* Information for Federal Employee Program (FEP) business is noted separately from non-FEP (i.e., "Regular") business.

1. **Provider Number:** The Billing Provider's National Provider Identifier (NPI).
2. **Check Number:** Identifies the check number of the payment.
3. **Check Amount:** Total amount paid.
4. **Total Checks:** The number of checks included with this remittance.
5. **Total Amount:** The total amount of the check payments.

How to read your facility Provider Remittance

Provider Remittance Advice – Regular Payment

This Provider Remittance Advice page displays addresses, financial totals, and payment information for a paper check or EFT for Regular business.

6. **Check Remittance:** If a paper check has been issued, it will be attached to the summary page.
7. **EFT FND:** Indicates if remitted electronically.
8. **Regular Utilization:** Denotes the payments for Regular (i.e., IBC non-FEP) lines of business.
9. **Total Interest Calculated:** Total interest amount, if due. This amount is included in your overall provider payment.
10. **Adjustment:** The amount taken from the remittance.
11. **Regular Payment:** Total payment for claims processed for Regular (i.e., IBC non-FEP) lines of business.
12. **Provider Payment:** Total amount paid to the provider for Regular utilization.
13. **Incentive Pool Accrual (formerly named "Withhold"):** The incentive pool accrued for provider performance programs.

How to read your facility Provider Remittance

Provider Remittance Advice – FEP Payment

This Provider Remittance Advice page displays addresses, financial totals, and payment information for a paper check or EFT for FEP business.

14. **Check Remittance:** If a paper check has been issued, it will be attached to the summary page.
15. **EFT FND:** Indicates if remitted electronically.
16. **FEP Payment:** Denotes the payments for FEP business.
17. **Total Interest Calculated:** Total interest amount, if due. This amount is included in your overall provider payment.
18. **Adjustment:** The amount taken from the remittance.
19. **FEP Payment:** Total payment for claims processed for FEP business.
20. **Provider Payment:** Total amount paid to the provider for FEP utilization.
21. **Incentive Pool Accrual (formerly named "Withhold"):** The incentive pool accrued for provider performance programs.

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Provider Remittance Advice Detail Pages – Regular and FEP

The Provider Remittance Advice Detail pages, which can be several hundred pages in length, display information about your remittances. You will receive separate Provider Remittance Advice pages for inpatient and outpatient claims (as shown on the previous page), but both use the same format and terminology. *Note:* Information for FEP business is noted on separate pages from non-FEP (i.e., "Regular") business.

22. **AGR Number:** Member ID number.
23. **ST:** Identifies the site location of a facility where services are performed.
24. **PHO:** The physician hospital organization (PHO), if applicable.
25. **PPMI:** Indicator for the PHO arrangement, if applicable.
26. **A:** Primary accommodation code used for patient.
27. **C:** Secondary accommodation code.
28. **PRDC:** Code used to identify product type.
29. **CA1/CA2:** ASC or MRI category that corresponds to HCPCS code 1 and HCPCS code 2.
30. **AGC:** ANSI group code; indicates the type of rejection and the financial liability for the adjusted amount.
31. **ARC:** ANSI reason code; provides information as to why the claim was rejected.
32. **PS:** Patient status code.
33. **RM:** Reimbursement method code.
34. **Prev DT:** Previous date paid; previous remittance advice date on which the claim was paid.
35. **CI:** Contractual indicator.
36. **COVD:** Covered days; number of days covered under the subscriber benefit plan.
37. **NCVD:** Non-covered days; total days that are not covered under the subscriber's benefit plan.
38. **VERS:** Indicates the Grouper version used in processing.
39. **Weight:** Total DRG weight that is assigned to the claim, if applicable.
40. **W:** Weight adjustment code.
41. **P:** Member liability/provider liability indicator; this indicator tells the provider whether the dollar amount in the Penalty field is a provider liability or a subscriber liability.
42. **Penalty:** Provider liability and/or subscriber responsibility amounts.
43. **Covered Charges:** The amount allowed (i.e., contract rate) for each service.
44. **Net Allowance:** Allowed charges.
45. **Other ADJMT:** This amount is not billable to the subscriber.
46. **Other Ins Paid:** Amount paid by another insurance carrier.
47. **Non Covered CHG:** The dollar amount that is not covered by the member's benefits plan.
48. **Incentive Pool Accrual (formerly named "Withhold"):** The incentive pool accrued for the provider performance programs.
49. **Outlier AMT:** An additional payment made for a DRG case.
50. **Transfer AMT:** Pro-rated payment for DRG cases qualifying as transfer cases.
51. **Base Payment:** The standard payment rate for a service excluding any other payments or allowances.
52. **Contract ADJ:** Represents the difference between the provider's charge and the plan allowed amount (differential).
53. **Subr Liability:** The amount owed by the member to the provider.
54. **Payment:** Amount paid on the claim.
55. **Interest Calc:** Total interest amount, if due. This amount is included in the total payment.

How to read your facility Provider Remittance

INDEPENDENCE

PROVIDER
REMITTANCE ADVICE

PROVIDER: 9876543210

REGULAR PAYMENT
CREDIT BALANCE DETAIL

ABC COUNTY HOSPITAL

DATE: 11/01/2013
PAGE NUMBER: 00006

PAT CONTROL NUMBER	MEMBER ID	PATIENT LNAME FIRST	CLAIM NUMBER	REMIT DATE FOR CLAIM DETAIL	TOTAL CREDIT AMT	CREDIT APPLIED TO A PREVIOUS REMITTANCE	ADJ PRIOR CREDIT BALANCE APPLIED TO THIS REMITTANCE	REMAINING CREDIT BALANCE
11	123123123123	DOE JOHN	01010101010	00-00-00	1.25	.00	1.25	.00
11	123123123123	DOE JOHN	01010101010	00-00-00	6.44	.00	6.44	.00
11	123123123123	DOE JOHN	01010101010	00-00-00	9.88	.00	9.88	.00
TOTALS					17.57	.00	17.57	.00

Payment Credit Balance Detail (Regular and FEP)

The Payment Credit Balance Detail page summarizes the dollar amount(s) applied to outstanding overpayment balances. *Note:* Information for FEP business is noted on separate pages from non-FEP (i.e., "Regular") business.

56. **Remit Date For Claim Detail:** Date that the refund claim populated onto the remittance. The provider can refer to that remittance for specific details pertaining to the refund.

57. **Total Credit Amt:** Total amount of the refund (for that particular claim).

58. **Credit Applied to a Previous Remittance:** Represents the amount (of the total refund) that has already been satisfied on one or more prior remittances.

59. **Adj Prior Credit Balance Applied to this Remittance:** Represents the amount (of the total refund) that is being satisfied on this remittance.

60. **Remaining Credit Balance:** Represents the amount (of the total refund) that is still outstanding (not yet satisfied).