

Managed Care System Remittance Field Descriptions

For all Univera Healthcare benefit packages other than Univera PPO, Univera Traditional and SSA HealthChoice

Numbers refer to callouts on the sample of the managed care system remittance that follows this chart

Check	The remittance check appears at the top of the first page of the remittance advice, perforated for easy removal. The check is written to the Payee indicated on the claim that was submitted to Univera Healthcare. If no payment is due to this payee, this area will be blank.
Univera Healthcare Information	This section of the remit lists Univera Healthcare's name and mailing address and the line(s) of business included on this remittance.
Payee Information	
1 [payee]	The name and address of the payee, as indicated on the claim submitted to Univera Healthcare.
2 PAYEE #:	If the payee is an individual provider, the Provider's ID number will appear in this field. If the payee is a group, hospital, or other organization that includes a number of providers, the Group ID number Univera Healthcare has assigned to this group will appear in this field. Claims information will be presented in alphabetical order by Provider name and, for each provider, by patient name.
3 PAYEE TAX ID #:	The tax identification number associated with the payee, as indicated on the claim submitted to Univera Healthcare.
4 PYMT REF ID:	The 16-digit number that Univera Healthcare has assigned to this payment.
5 CHECK DATE:	The date Univera Healthcare prepared the check.
6 CHECK #:	The number of the check sent with this remittance, if applicable. If no payment is due to this payee, a zero will appear in this field.
7 CHECK AMT:	The total of all claims paid or adjusted for this payee on this remittance advice.
Claims Information	
<ul style="list-style-type: none"> ▪ If the payee is an individual provider, the remittance will provide claims information for this provider. <ul style="list-style-type: none"> ▪ If the payee is a group, hospital, or other organization that includes a number of providers, claims for all providers associated with a specific payee name and address will be listed on the remittance in alphabetical order by last name. ▪ Within the category of provider name, all claims associated with that provider are presented alphabetically by patient last name. ▪ Within the category of patient, all claims associated with this patient will be listed in chronological order, followed by a line totaling all claims for this patient (see field, MBR ID#). 	
8 PATIENT:	The name of the member who received the service.
9 CLM#:	The number Univera Healthcare has assigned to this claim. If the claim was submitted on paper, the Claim # will begin with "W." If the claim was submitted electronically, the Claim # will begin with "WX." Please refer to this number when calling the Health Plan to inquire about a payment.
10 FEE NTWK:	
11 MEM NTWK:	

(continued)

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12	PT ACCT#:	Some providers assign account numbers to their patients and supply that information on the claim. If such information was supplied, that account number will appear here.
13	FROM/THRU	The FROM and THROUGH dates of the service provided as indicated on the submitted claim. All services provided to this patient are listed in date-of-service order.
14	SERVICE	This field displays the procedure code, revenue code, or DRG code for the service as supplied by the provider on the claim submitted to Univera Healthcare. If the provider submitted both a procedure code and a revenue code, both codes will appear, with the procedure code first. To the right of this field are presented the factors associated with calculating the reimbursement for this service, as described below.
15	QTY	The units of service billed for on this claim.
16	BILLED	The amount the provider listed as a charge for this service or procedure on the claim submitted to Univera Healthcare.
17	ALLOWED	The amount eligible for payment for the specific service/procedure performed.
18	ADJ COB	The total dollar amount paid by another insurance carrier or Medicare for this service/procedure. This total will be deducted from a claim as part of the adjustment section of the remittance.
Patient Responsibility		
19	CO-PAY	The copayment incurred for this service/ procedure, as stipulated in the member's Subscriber Agreement.
20	CO-INS	If this member participates in a cost-sharing program, any applicable coinsurance will be displayed here.
21	DED	If this member participates in a cost-sharing program, any applicable deductible will be displayed here.
22	OTHER	Any patient liability other than copayments, coinsurances or deductible will be displayed here; e.g., Liability due to patient penalty.
23	WITHHOLD	The dollar amount of the fee withhold for this service/procedure.
24	NET PAYABLE	The total dollar amount that Univera Healthcare will pay the provider for this procedure/service.
25	EXPLANATION CODES	One or more codes will be displayed in these fields to provide more information about this claim. All explanation codes appearing anywhere on a remittance will be listed with their definitions at the end of the remittance. See the chart <i>Remittance Code Explanatory Codes</i> in Section 8.9.
26	MBR ID #:	This is the 11-digit system-assigned number printed on the member's Univera Healthcare ID card. The first nine digits represent the subscriber number. The two-digit suffix refers to specific individuals included in the member's Certificate of Coverage: "0" indicating the subscriber him/herself, and any number from 1 to 99 indicating dependents. To the right of the Member ID # are listed the total of factors associated with calculating the net payable for all the services/procedures provided to this member by this provider.
27	PROVIDER:	The name of the provider who supplied the service.

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28	PROVIDER ID:	The ID number that Univera Healthcare has assigned to the provider who provided the service. Providers must supply this number on any claim submitted to Univera Healthcare.
29	INTEREST INCLUDED:	If payment on this claim was delayed, any interest due will appear here. Interest is paid in accordance with NYS prompt payment legislation (see Section 8.6.1).
Adjustments		
<ul style="list-style-type: none"> ▪ If the payee is an individual provider, the remittance lists claims adjustments for this provider, presented in alphabetical order by patient last name. ▪ <i>If the payee is a group, hospital, or other organization that includes a number of providers, claims adjustments for all providers associated with a specific payee name and address are listed in alphabetical order by provider last name. Within the category of provider name, all claims associated with that provider are presented alphabetically by patient last name.</i> 		
30		For each adjustment, the original claim will be listed and negated, with the adjusted claim following. The totals for the two claims will net to the adjusted amount, which will be reflected in the payment. All recoupments <i>related to this remittance</i> check will appear in the adjustment section detail. Recoupments related to previous remittances are displayed in the field, PREVIOUS RECOVERIES TO BE TAKEN (see below).
Claim Totals for This Payee		
<ul style="list-style-type: none"> ▪ If the payee is an individual provider, the totals presented at the end of the remittance lists are for this provider. ▪ <i>If the payee is a group, hospital, or other organization that includes a number of providers, the totals presented at the end of the remittance represent the total of all providers associated with this payee Group ID number.</i> ▪ In some situations, the combined total of medical claims, adjustments, and interest may result in an outstanding balance due to Univera Healthcare. This balance will appear in the field, BALANCE TO BE RECOVERED, and will be rolled over to the next remittance. 		
31	TOTALS MEDICAL & ADJ	The total of all claims paid or adjusted for this payee on this remittance advice.
32	TOTAL INTEREST INCLUDED	The total of all interest due to this payee, if applicable, according to the New York State Department of Insurance prompt payment legislation.
33	PREVIOUS RECOVERIES TO BE TAKEN	This field displays the outstanding recoveries that are due from this payee from previous remittances.
34	AMOUNT RECOVERED THIS REMIT	This field displays the dollar amount of the recoveries specified in the preceding field that has been recovered in this remittance.
35	BALANCE TO BE RECOVERED (Payee Name)	Any outstanding recoveries that will need to be recouped from future payments made to this payee.
36	CHECK AMOUNT	The total payment for this payee. This number will be the same as that listed on the check.
37	(Explanation Codes)	At the end of the remittance are listed every code used on this remittance advice, along with its definition.

(end)