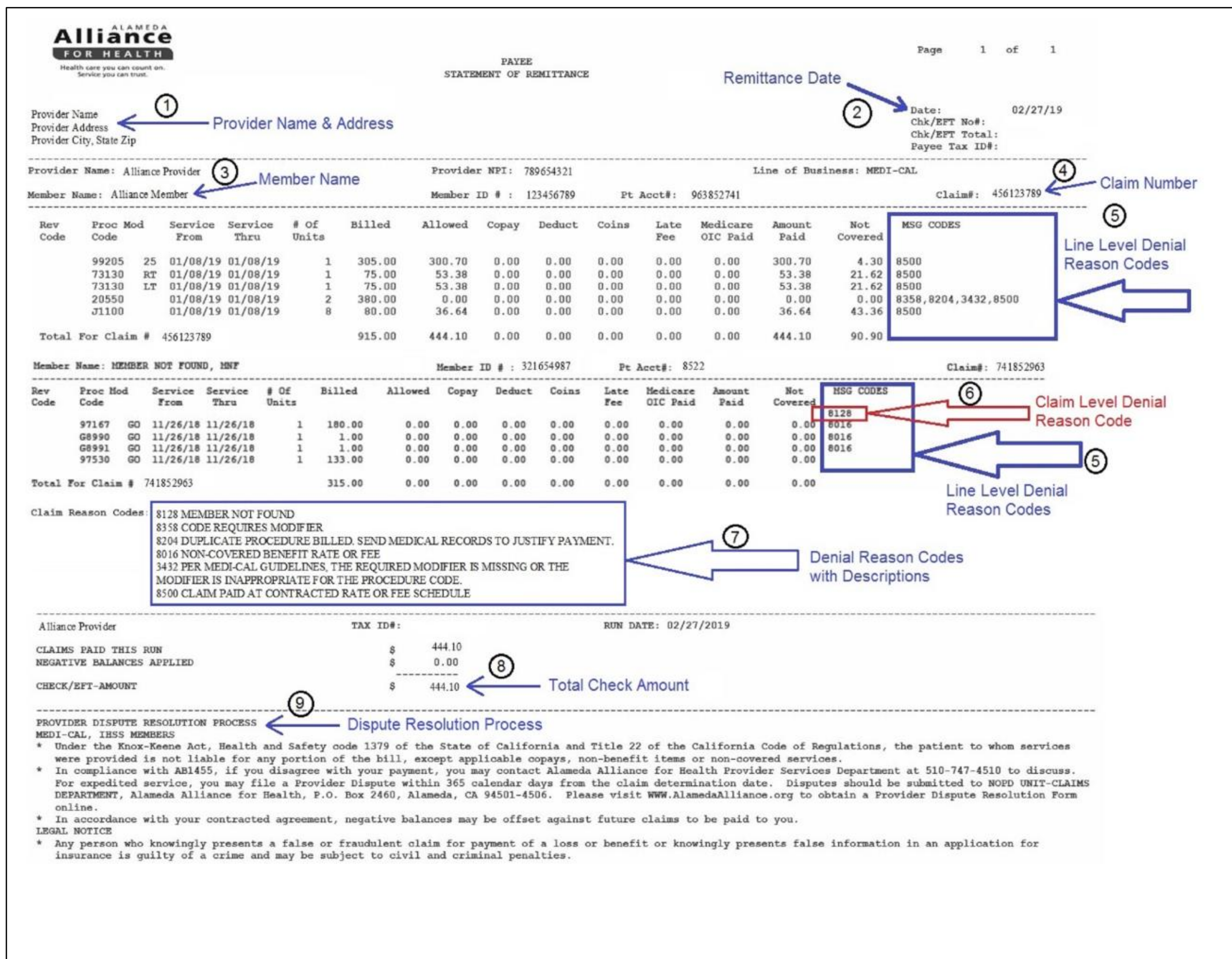
Reading the Alliance Statement of Remittance

Alameda Alliance for Health (Alliance) values our loyal community of providers and is committed to continuously improving our provider partner satisfaction.

As a part of the Alliance weekly check run, we provide a Statement of Remittance, which includes claims that were finalized (paid or denied) for that week. We are providing this communication to help our provider partners understand the information included on the Statement of Remittance.

Below is an example of the Alliance Statement of Remittance. This example provides a guide to help interpret your statements when reconciling the Alliance's claim payment. The statement may also inform you of any additional action that may be required on your part. The sample highlights some key components of the document and includes a line-by-line detailed explanation for each date of service, procedure code, and corresponding reason code(s) of adjudication.

The Statement of Remittance also provides you with instructions on how to file a dispute should you disagree with the reimbursement and adjudication decisions made by the Alliance.



ALAMEDA Alliance FOR HEALTH
Health care you can count on. Service you can trust.

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PAYEE
STATEMENT OF REMITTANCE

Provider Name
Provider Address
Provider City, State Zip

Date: 02/27/19
Chk/EFT No#:
Chk/EFT Total:
Payee Tax ID#:

Provider Name: Alliance Provider   Provider NPI: 789654321   Line of Business: MEDI-CAL
Member Name: Alliance Member   Member ID # : 123456789   Pt Acct#: 963852741   Claim#: 456123789

Rev Code	Proc Code	Mod	Service From	Service Thru	# Of Units	Billed	Allowed	Copay	Deduct	Coins	Late Fee	Medicare OIC Paid	Amount Paid	Not Covered	MSG CODES
	99205	25	01/08/19	01/08/19	1	305.00	300.70	0.00	0.00	0.00	0.00	0.00	300.70	4.30	8500
	73130	RT	01/08/19	01/08/19	1	75.00	53.38	0.00	0.00	0.00	0.00	0.00	53.38	21.62	8500
	73130	LT	01/08/19	01/08/19	1	75.00	53.38	0.00	0.00	0.00	0.00	0.00	53.38	21.62	8500
	20550		01/08/19	01/08/19	2	380.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8358,8204,3432,8500
	J1100		01/08/19	01/08/19	8	80.00	36.64	0.00	0.00	0.00	0.00	0.00	36.64	43.36	8500
Total For Claim # 456123789						915.00	444.10	0.00	0.00	0.00	0.00	0.00	444.10	90.90	

Member Name: MEMBER NOT FOUND, MNF   Member ID # : 321654987   Pt Acct#: 8522   Claim#: 741852963

Rev Code	Proc Code	Mod	Service From	Service Thru	# Of Units	Billed	Allowed	Copay	Deduct	Coins	Late Fee	Medicare OIC Paid	Amount Paid	Not Covered	MSG CODES
															8128
	97167	GO	11/26/18	11/26/18	1	180.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8016
	G8990	GO	11/26/18	11/26/18	1	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8016
	G8991	GO	11/26/18	11/26/18	1	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8016
	97530	GO	11/26/18	11/26/18	1	133.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total For Claim # 741852963						315.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Claim Reason Codes:
8128 MEMBER NOT FOUND
8358 CODE REQUIRES MODIFIER
8204 DUPLICATE PROCEDURE BILLED. SEND MEDICAL RECORDS TO JUSTIFY PAYMENT.
8016 NON-COVERED BENEFIT RATE OR FEE
3432 PER MEDI-CAL GUIDELINES, THE REQUIRED MODIFIER IS MISSING OR THE MODIFIER IS INAPPROPRIATE FOR THE PROCEDURE CODE.
8500 CLAIM PAID AT CONTRACTED RATE OR FEE SCHEDULE

Alliance Provider   TAX ID#:   RUN DATE: 02/27/2019

CLAIMS PAID THIS RUN $ 444.10
NEGATIVE BALANCES APPLIED $ 0.00
CHECK/EFT-AMOUNT $ 444.10

PROVIDER DISPUTE RESOLUTION PROCESS
MEDI-CAL, IHSS MEMBERS
* 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 applicable copays, non-benefit items or non-covered services.
* In compliance with AB1455, if you disagree with your payment, you may contact Alameda Alliance for Health Provider Services Department at 510-747-4510 to discuss. For expedited service, you may file a Provider Dispute within 365 calendar days from the claim determination date. Disputes should be submitted to NOPD UNIT-CLAIMS DEPARTMENT, Alameda Alliance for Health, P.O. Box 2460, Alameda, CA 94501-4506. Please visit WWW.AlamedaAlliance.org to obtain a Provider Dispute Resolution Form online.
* In accordance with your contracted agreement, negative balances may be offset against future claims to be paid to you.
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 is guilty of a crime and may be subject to civil and criminal penalties.