

## Provider Notice

**To:** All HealthChoices Providers  
**From:** Sheryl M. Swanson, MBA, Director, Provider Network Development  
**Date:** April 2, 2015  
**Subject:** AD 15 104 Remittance Advice Update

---

Please be aware of upcoming changes to the printed Remittance Advice (RA) file you receive. Effective for the April 30, 2015 check run, the printed Remittance Advice will include the following changes.

1. Page Header changes
  - a. An updated PerformCare logo and return address. We are removing the PO Box number from the return address.
  - b. Updated name and address in the Contact section that reflects our name change. Also removing the PO Box number.
  - c. If no check is being issued, the words "Zero Payment" appear in the **Check No:** instead of being blank.
  - d. Added **NPI #:** This represents the provider NPI submitted on most of claims on this statement.
  - e. Removed **Provider Name:** as it is the same as the provider name in the mailing address.
2. Claim Header changes
  - a. **Insurer:** has been removed.
  - b. **Bill/Rend Maid #:** has been removed.
  - c. Added **NPI #:** This represents the NPI of the servicing provider submitted.
  - d. Added **Provider Name:** This represents the name of the servicing provider submitted.
  - e. Reversals will be listed in their own claim number group with negative amounts. A separate section following the reversal will list the new payment information for that claim number.
3. Claim Detail changes
  - a. **Rev/Proc Code** column has been renamed **Proc/Rev DRG.**
  - b. **Modifiers** column has been renamed **Mod.**
  - c. **Description** column has been added to include the description of the service.
  - d. **Other Paid Amount** has been renamed **OIC (Other Insurance Coverage).**
  - e. **Coins** column has been added.
  - f. **Deductible** column has been added.
  - g. **Paid** column has been renamed **Amount Paid.**
4. Check Footer changes
  - a. Update company name to in Messages section that reflects our recent name change.

If you have questions, please contact the Claims Department at 888-700-7370.

cc: James A. Laughman, MSW, Executive Director, PerformCare  
Scott Suhring, Capital Area Behavioral Health Collaborative  
Pam Marple, Behavioral Health Services of Somerset & Bedford Counties  
Missy Reisinger, Tuscarora Managed Care Alliance  
HealthChoices Account Executives