

Remits – Getting Started

ConnectCenter helps you track payer payments to ensure you are getting paid properly and on time.

As remits are received by Change Healthcare, the clearinghouse will try to match the remit to the claim it is associated to. (Note: this feature will only be available for claims submitted through ConnectCenter.) If matched, the status of the claim will be updated, and the payment information added to the Claim Summary and Claim History. In addition, matched remits will be used to update how claims are classified on Worklists and in the Claim Health Vitals pie chart.

Remit Search and Remit Search Results

From the main menu, click **Remits** to access the Remit Search.

You may search for a remit using fields such as Check Date, Date Received, or Check/EFT. A variety of patient and provider criteria are also available.

After a specific remit is selected from the **Remit Search Results** you can view the details of the remit

Remit Details

The Remit Details screen displays information specific to an individual remit file, including any adjustments that the payer made to the payment and summary information about all of the claims associated to the remit. Specifically, Remits will include the following information:

- Remit Details
 - Provider Information
 - Payer Information
 - Remittance Information
 - Check/EFT Number
 - Total Claims associated to the Remit
 - Payment type
- Remit Adjustments
 - Any adjustment reason codes and amounts will be listed in this section
- Claim Details
 - The claims associated to the remit will be listed in this section
 - For each claim represented on the remit that can be matched to a claim submitted through Change Healthcare, the CHC Claim ID will be listed in the **CHC Claim ID** column.
 - For unmatched claims, the words “Payment Detail” will be displayed in the **CHC Claim ID** column
 - For either matched or unmatched claims, the link in the **CHC Claim ID** column provides access to the **Claim Payment Details** applicable to that particular claim.

- Each listed claim will also include
 - Patient Name
 - Total Charges
 - Payment Amount
 - Payment Status
- Data Viewer
 - The ANSI X12 835 from the payer can be viewed by clicking **DATA VIEWER**

Claim Payment Details

Each claim listed in the Claim Detail section of a Remit will be linked to **Claim Payment Details**, as described above. The **Claim Payment Details** section provides the following:

- Claim Information
 - Claim IDs,
 - Patient information
 - overall payment information
- Claim Adjustments
 - Any claim level adjustment codes will be listed in this section
- Service Payment Information
 - This section lists all the service lines associated to the claim
 - Line level information will include service dates, procedure code and service specific charges. **Each line can be expanded to access the list of detailed adjustment explanations**

From the Claim Payment Details the **GO TO CLAIM** button will launch the Claim Summary screen, if the claim viewed through the remit has been matched to a claim processed by Change Healthcare

Clicking **VIEW EOB** will display the **EXPLANATION OF BENEFITS** form.

Remit Reports

As part of remit processing, Change Healthcare, in addition, to matching remit payments to specific claims, provides you with remit reports.

Tip - Your 835 ERA posting file is considered a Remit Report.

You have the option of viewing reports directly in ConnectCenter or you can download the reports from your ConnectCenter Mailbox.

- Remit Reports - View
 - From the main menu, select **Reports, Change Healthcare Report Search**
 - Select the Remit Report Type, a Report Date Range and select a report

and the system will return you a list of remit reports created by the system

- Remit Reports – Download
 - From the main menu, select **Mailbox**. The system will list the current reports in your Mailbox. You can select specific reports and download them to a local drive

- Report Types

There are 3 types of remit reports. Those needing to download an 835 posting file will use the first of these, the R5 report.

 - R5 – Remittance Transaction Set – 835 ANSI 5010 Remittance File

 - RR – Provider Remittance Data Report
Remittance detail report that includes discrete 835 data elements

 - RS – Remittance Daily Summary
Remittance summary report at the provider level