Tips for practices to investigate any Primary Options claims that appear to be unpaid

Do you have a list of unpaid claims?

Please take the following steps to ensure that the claims have not already been paid or are requiring completion.

1. Are you receiving a remittance advice every month?

Every month a remittance advice is sent once claims received by the last working day of the month have been finalised.

Payment to Pinnacle practices is made on the 5th of the month following the claim. The remittance advice is sent via email to the address held in the system for your practice. Only one email address can be entered in the system to receive the remittance advice.

If you are not receiving your remittance advice please check the following:

- The email address held within the system is correct. If you are unsure the email is correct please contact the Primary options team

- You are checking the email inbox and junk mail for the remittance advice. **If the remittance needs to go to multiple people in your practice please ensure the nominated person who receives the remittance, forwards it on internally**

- The remittance is not necessarily sent on the same day that payment is made so you might need to search your email for it when reconciling accounts.
  The email with your remittance will appear in your inbox like this

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2. Your remittance advice will be similar to this example:

PAYMENT ADVICE/BCTI

Primary Options for Midlands Health Network
711 Victoria St, , G00027-C.
Phone [0800646764] Fax [07 838 8485]
GST No: 67-265-599

To: [redacted]

Date: [redacted]
Reference: RUN-269
[redacted]

GST No:

DATE	EXAMPLE NUMBER	AMOUNT	CASE NO	DETAILS
02 Jul 2021	A	187.50	WK123456	PATIENT NAME AND NHI Dr ..... DVT Positive GP Follow up $112.50. DVT Positive Treatment Enoxaparin PN $75.00.
12 Jul 2021	B	138.00	WK123478	**Inv No 123478236532** PATIENT NAME AND NHI Dr ..... Covid F2F Swab $138.00
06 Jul 2021	C	138.00	WK2797683	**Invoice added by coordinators.** PATIENT NAME & NHI. Dr..... COVID - F2F with swab $138.00.
06 Jul 2021	D	0.00	WK1841542	**Declined: Low acuity.** PATIENT NAME & NHI Dr ..... ECG $60.00. AMENDED: ECG $-60.00.
09 Jul 2021	E	112.50	WK9245506	**Amended to correct invoice.** PATIENT NAME & NHI Dr .....GP/NP Follow-up Consult $75.00. AMENDED: GP/NP Follow-up consult $-75.00. DVT Positive GP Follow up $112.50.
10 Jul 2021	F	172.50	WK8559644	**Cannot claim an extended consult under LARC programme.** PATIENT NAME & NHI Dr..... LARCS IUD INSERTION $172.50. GP/NP extended consult $75.00. AMENDED: GP/NP Extended Consult $-75.00

A: This is what a normal claim will look like where the amount you have claimed is paid.

B: Indici practices will show the invoice number to aid in reconciliation. **NB: For indici practices the case number on your remittance may not be the complete number of your indici invoice.**

C: If it is noticed that you have missed out on a potential claim, it will be added for you. This saves time for you and ensures you are funded for the service provided to the patient. Please ensure you reconcile this correctly in your PMS.

D: This means the claim was declined. An explanation will be provided e.g. : Low Acuity, Patient does not meet eligibility criteria, Acuity too high.

Please ensure you credit the claim in your PMS or the claim will show up repeatedly as unpaid.

E: Amended to correct the invoice. This means an incorrect invoice has been claimed and has been corrected. It may be of equal, higher or lower value. Please ensure you reconcile this correctly in your PMS.

F: Each programme has specific invoices which can be claimed for the service provided to the patient. If an invoice not available under the selected programme has been claimed, the invoice will be removed. Please ensure you reconcile this correctly in your PMS.

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3. Declined Cases:

All claims made on a declined case will be amended, with the reason for decline included in the remittance advice.

MedTech practices:

All declined cases can be accessed on the 'View status of claims' list on the main page of the Primary Options menu. The referral for the case number will indicate that the case has been declined. Link existing OPL

Indici practices:

Please use the remittance advice as the final decision made on a case. The nature of case management in Indici means some cases might indicate an outright decline in Indici or may be accepted, depending on which stage of case management the claim is declined.

The remittance advice is the most reliable way to know which cases have been accepted or declined.

4. Viewing incomplete claims:

MedTech practices:

Open the *View Status of Claims* list on the main page of the Primary Options menu. Each case should indicate if it has been accepted, declined or held. . Link existing OPL

You can check the V*iew Open Cases* list which may include the claims listed as unpaid

- Claims may still need to have the outcome added
- Please action the list of held items

Once these claims are completed they will be processed in the next payment.

Indici practices:

Run the *Coordination Services report*, selecting the *Services and Outcomes* option in the referral status field. Link to Managing Open cases

This report will give you a list of cases that are still open and need to be closed in order for any existing claims to be paid in the next pay run.

Please remember to outcome cases – they cannot be processed within the payment system until this occurs.

Once these claims are completed they will be processed in the next pay run.

Occasionally a case may be held within the payment system awaiting further information. The team will endeavour to contact you on a regular basis regarding held cases.

If you have been through all of the above steps and have remaining claims unpaid, please contact the team with the case number and NHI of each unpaid claim.

Contact details 0800 646 764 option 2