
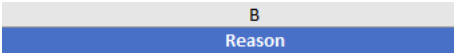


CCR REMITTANCE REPORT

1.	Purpose	<p>The CCR Payments Report provides information on Project Claims received from the practice for the previous month.</p> <p>The Report advises of:</p> <ul style="list-style-type: none"> claims received and paid, including the amount of the payment claims received and rejected and provides the reason the claim was rejected.
2.	Frequency	Monthly – following payment run – Usually 5 th of the month.
3.	Report name in PHO Folder or HealthLink Folder	<p>The file name format: Practice ID + PMS + Practice Name + “Payment Report” + Month-Year.xlsx For example: 1270_indici_YourPracticeNameHere_Payment Report_June2022.xlsx.</p> <p>We understand some Medtech Evolution practices cannot see their Healthlink folder and we will provide the files via email, where necessary.</p>
4.	User	Finance / Administration
5.	How to Use	<p>The CCR Payments Report is an Excel Workbook with two worksheets Claims Paid / Claims Rejected</p>  <p>Claims Paid</p> <ul style="list-style-type: none"> Reconcile claims paid with the claims in your PMS. Claims are group by Service Name <p>Claims Rejected</p> <ul style="list-style-type: none"> Review claims received by Pinnacle and the reason for the non-payment – See Column B - Reason  <p>Follow practice processes for Rejected Claims. For example:</p> <ul style="list-style-type: none"> Information provided in the claim submission is correct and the claim does not meet eligibility criteria. Credit claim in PMS system; or Information provided in the claim submission is incorrect, update the information. If the claim now meets eligibility criteria resubmit the claim and credit the original claim in PMS. <p><u>Claims in PMS system that are not on the CCR Remittance Report</u> If there are claims in the PMS system for a Project Service that do not appear on the CCR Remittance Report it is likely that the claim has not been received by Pinnacle. Email claims@pinnacle.health.nz with the following information for each claim: Service Name, Service Date, Submission Date, Patient’s NHI.</p>