



Your Optima Health Remit Has a New Look!

Based on your feedback, Optima Health has revised the payment process and remittance advice for OhioHealthy claims. You will now receive a single reimbursement payment from Optima Health that combines the claim payment processed by Optima Health AND the payment made from your patients' HRA funds - in one convenient check and remit! You will no longer receive a separate remittance advice or check from our HRA partner, Choice Strategies. The remit that accompanies your combined payment will clearly identify the claim payment amount processed by Optima Health, the HRA payment, and the final amount of your patients' responsibility. We hope this change will alleviate confusion regarding HRA payments, and help to streamline processes.

Sincerely,
Your Optima Health Team

Sample Remit

S500 REMIT DATE 07-31-15

VENDOR S0123

MEDICAL PHYSICIANS, INC

123 MAIN ST

ANYTOWN, US 12345

Practice/Facility's

Optima Health Vendor Number

REMITTANCE ADVICE

OHIOHEALTHY

4417 CORPORATION LANE

VIRGINIA BEACH, VA 23462

757/252-8000

PAGE 1

CHECK # S500#12345

CHECK DATE 07-31-15

PAYMENT 1716.12

Patient Name

PATIENT

Optima Health Provider Number

PROV#

Optima Health Claim #

CLAIM ID

Date of Service

BEGIN

END

CPT/DESC

QTY

BILLED AMOUNT

ALLOWED AMOUNT

PLAN COB

Patient's Responsibility

PATIENT COPAY/ COINS/DED

Claim Payment

CLAIM PAYMENT

HRA Payment

HRA PAYMENT

ADJ

Adjustment Code

JANE DOE

S12345

201312345

07-02-15

07-02-15

12345

1

43.00

23.69

0.00

0.00

0.00

23.69

S011111*01

GROUP S6000

07-02-15

07-02-15

54321

1

61.00

33.61

0.00

0.00

0.00

33.61

CONTRACT ADJUSTMENT

1735.83

07-02-15

07-02-15

23456

1

28.00

15.43

0.00

0.00

0.00

15.43

07-02-15

07-02-15

34567

1

3279.00

1806.73

0.00

363.91

1060.88

381.94

07-02-15

07-02-15

45678

1

106.00

58.41

0.00

11.68

46.73

0.00

07-02-15

07-02-15

56789

1

349.00

192.30

0.00

38.46

153.84

0.00

TOTAL FOR CLAIM

3866.00

3866.00

2130.17

0.00

414.05

1261.45

454.67

AUTHORIZATION:

201312345

*** TOTALS ***

3866.00

3866.00

2130.17

0.00

414.05

1261.45

454.67

TOTAL CONTRACT ADJUSTMENT

1735.83

Rendering Provider(s)

***** SUMMARY OF PAYMENTS *****

S12345 JOHN D PROVIDER

TOTAL

1716.12

1716.12

TOTAL HRA PAYMENT

454.67

TOTAL CLAIMS REMITTANCE

1261.45

** TOTAL PAYMENT **

1716.12

***** ADJUSTMENT CODES *****

Adjustment code descriptions will display here

* HealthReach Preferred providers please note that reimbursement has been adjusted *
* according to your HealthReach Preferred negotiated rate, including any applicable *
* administrative fee. *
