OHIP Monthly Claim Reconciliation: A Step-by-Step Guide

MDBilling.ca

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OHIP billing can be complex and time intensive. While submitting claims is the easiest part of the process, most physicians forget to cross reference their payment data with patient records so that they can ensure all of their work is properly compensated.

To keep your practice running smoothly, it's important to make certain that you're getting paid what you're owed. Reconciliation is a vital business process that should be completed monthly — that is, you need to keep track of the service codes that have been submitted, which claims haven't been paid, and take action to resubmit or appeal with the Ministry of Health when needed.

In this easy to follow guide, we'll cover the all of the steps you need to take in order to reconcile your claims with MDBilling.ca. To complete all the steps, you'll need to set aside up to 45 minutes depending how many patients you have each month, the number of rejections/unpaid codes, and if you want to appeal for any claims.

Tip

Take the time to submit your claims correctly each month. This way you'll have fewer claims to reconcile the following month (e.g. submitting claims that are not allowed will be rejected or not paid by the MoH, resulting in more work for you to reconcile later).

1. Step 1 - Generate Reports
2. Step 2 - Review Paid Claims
3. Step 3 - Dispute a Claim Adjustment or Non-payment (Optional)
4. Step 4 - Review Accounting Transactions
5. Step 5 - Review Your Financial Summary
6. Step 6 - Reviewing Unprocessed Claims Summary

How to Reconcile Your Claims

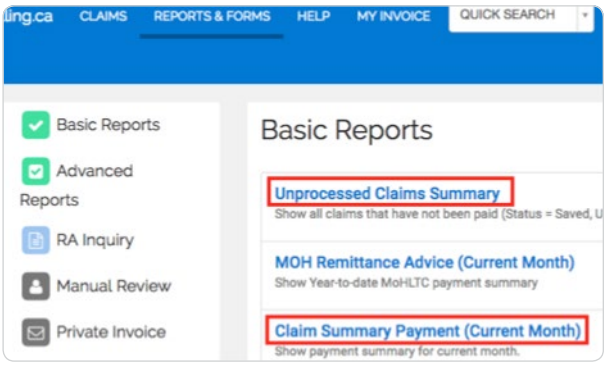
1 Step 1 - Generate Reports

1 minute

You'll need to run two reports at the beginning of each month after we receive the data from the Ministry of Health (MoH). An email notification will be sent to you when the reports are ready to download in your account. This typically occurs within the first week of the month.

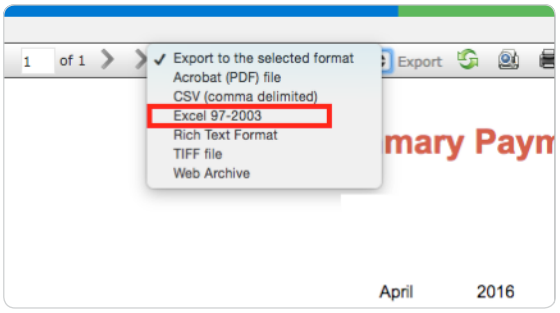
Follow these steps to access your reports

- Under the REPORTS & FORMS menu, click BASIC REPORTS
- Click on "Unprocessed Claims Summary" to run the report
- Click on "Claim Payment Summary (Current Month)" to run the report



To download a report

Once you have accessed a report, in the dropdown at the top of the report where it reads "Export to the selected format", select a preferred format and click "Export". For reconciliation we recommend that you download the reports in Excel format.



Step 2

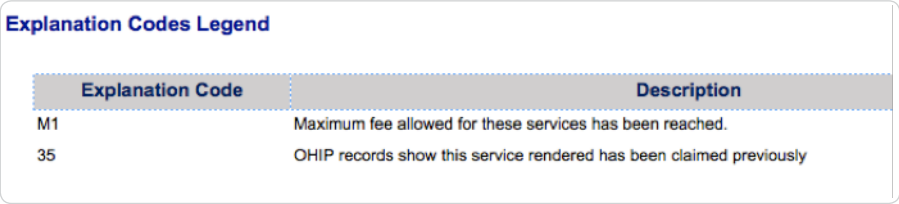
2 Step 2 - Review Paid Claims

2–10 min

Open the “Claims Summary Payment” report. Here you can review the claims that have been paid in full or partially paid. In the right most column of the report you will find an explanation code for any claims that have been adjusted or rejected.

Payment codes are set by the MoH in accordance with the Schedule of Benefits and provides a general reason for a payment adjustment or non-payment of a claim. A legend of the codes can be found at the bottom of the report.

Accounting Id	Last Name	First Name	Service Code	Service Date	Quantity	Amount Submitted	Amount Paid	Balance	Status	Explanation Code
4122.	Doe	John	K005A	14-05-2015	1	$62.75	$62.75	$0.00	Paid	
Total:							**$62.75**			
4123.	Doe	Jane	A001A	14-05-2015	1	$21.70	$0.00	-$21.70	Adjusted Payment	35
4123.	Doe	Jane	G202A	14-05-2015	1	$4.45	$0.00	-$4.45	Adjusted Payment	35
Total:							**$0.00**			



Explanation Codes Legend

Explanation Code	Description
M1	Maximum fee allowed for these services has been reached.
35	OHIP records show this service rendered has been claimed previously

Step 3

3 Step 3 - Dispute a Claim Adjustment or Non-payment (Optional)

0–30+ min

If you determine that a payment adjustment has been applied incorrectly (based on the claim particulars, your billing history for the patient, and the rules of the Schedule of Benefits) you have two options to obtain clarification from the MoH outlined below. Otherwise, skip to step 4.

Option 1: Speak with your claim assessor by contacting your district office

When calling your district office, provide your billing number so that the operator can quickly route your call to your assigned claim assessor.

Ontario District Offices

Hamilton	Toronto	Oshawa
Tel: 905-521-7547	Tel: 416-314-7770	Tel: 905-576-2870
Fax: 905-546-8287	Fax: 416-314-7518	Fax: 905-434-4186

All district offices are open Monday – Friday from 8:30 am – 5:00 pm

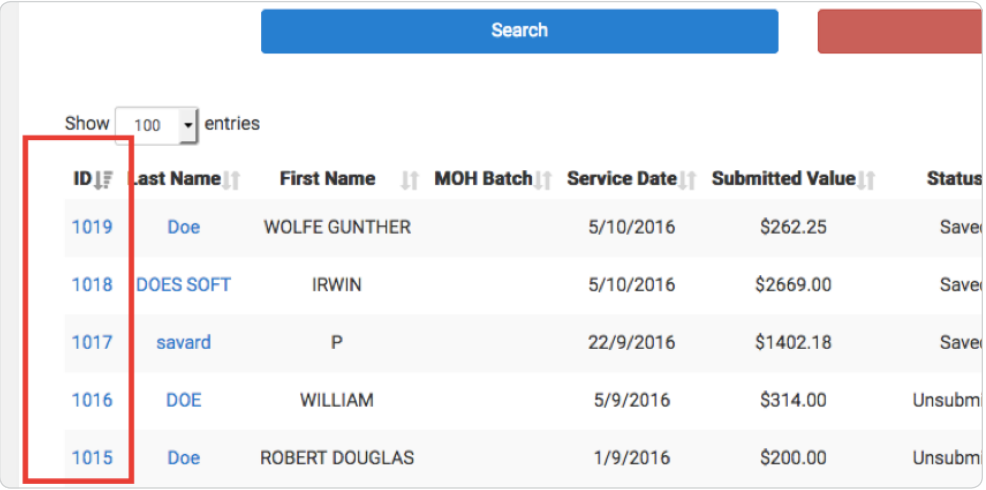
Tip

If you have a complex case, or just need a few extra hands you can hire MDBilling.ca to help you on an hourly basis. Please contact us for more details.

Option 2: Submit a remittance advice (RA) inquiry

The RA inquiry is a formal written request to obtain information for why a claim was not paid. You may want to speak with your claim assessor first, and if required, submit an RA inquiry.

Under the REPORTS & FORMS tab, click RA INQUIRY, enter the Accounting ID number and click search. The Accounting ID can be found on the left most column under the Lookup-Claims page.



Once the screen pulls up the claim details, you'll need to:

- Click the box to the left of the affected claims
- Select if the RA inquiry is for an under payment, over payment or a correction
- Type your question/request in the space provided
- Click Submit

After you have generated your RA inquiry document, you'll need to print it, and then fax it to your claim assessor's attention for consideration. The fax numbers for the district offices can be found below. Please note that it takes at least one month for RA inquiries to be processed and responded.

Hamilton	Toronto	Oshawa
Fax: 905-546-8287	Fax: 416-314-7518	Fax: 905-434-4186

Step 4

4 Step 4 - Review Accounting Transactions

2 minutes

Accounting transactions are special payments or deductions from the MoH. Typical accounting transactions for family health networks are capitation payments, and for fee for service physicians, these transactions are payment advances and recovery of the same amount the next month. In this section, we will review payment advancements and recovery in more detail.

The MoH has the duty to pay the claims submitted on time (before the 18th of each month). However, they may encounter resource constraints during the billing period, and may not be able to process all the claims on time. The MoH will then make a payment advance for an approximate amount based on the claims that are unprocessed. During the next month, MoH will recover the amount advanced to the physician while paying out the correct amount for the previously unprocessed claims. Because of this, most accounting transactions are due to "loans" for unprocessed claims, and then recovery of the same amount the following month.

Here's an example:

In March, the MoH makes a payment advance to you for $1,200 to cover unprocessed claims for which you had about $1,200 worth of claims that were not paid during that period. Then in April, the MoH will recover the $1,200 payment advance and pay you the amount owed for the unprocessed claims you submitted in March.

Note: In the Claims Payment Summary Report, advance payments will show as 'Estimated Payment - Unprocessed Claims' and repayments will show as 'Recovery - Automated Estimated Payment'.

Step 5 →

5 Step 5 - Review Your Financial Summary (bottom of Claim Summary report)

2 minutes

Total Amount Paid

Based on processed claims only, the amount paid to you during the period. This does not include Accounting Transactions, like payment advances.

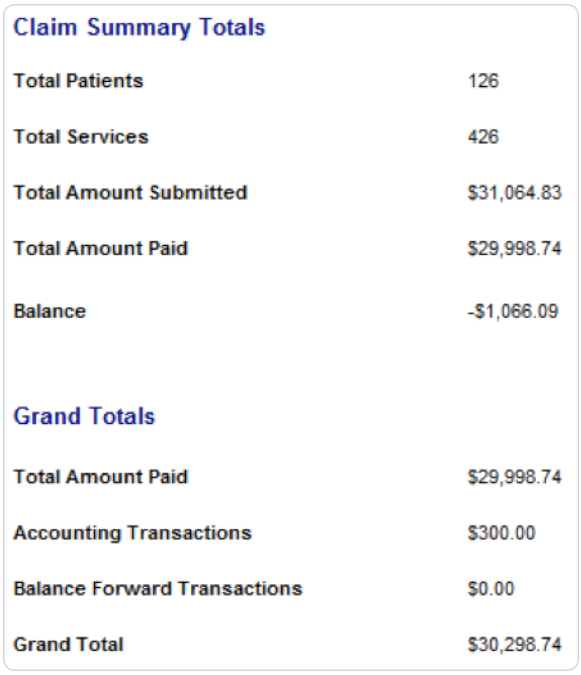
Balance

Difference between the Amount Submitted minus Amount Paid.

Accounting Transactions

The net value of payment adjustments.

Note: Some premiums are not paid at the claim level, but instead, as an Accounting Transaction (e.g. age premiums).



Claim Summary Totals	
Total Patients	126
Total Services	426
Total Amount Submitted	$31,064.83
Total Amount Paid	$29,998.74
Balance	-$1,066.09
Grand Totals	
Total Amount Paid	$29,998.74
Accounting Transactions	$300.00
Balance Forward Transactions	$0.00
Grand Total	$30,298.74

Grand Total

Sum of Amount Paid + Accounting Transactions + Balance Forward Transactions. Amount to be paid on the 10th business day of the month.

Step 6

6 Step 6 - Reviewing Unprocessed Claims Summary

5 minutes

In this report you can review all the unprocessed claims. This is a "snapshot" in time of all the current claims in our system that have not been processed by MoH. In this report you will find these types of claims statuses:

- Submitted
- Unsubmitted
- Rejected

Claims with a **Submitted** status and created after the deadline (typically the 18th of the month) will not be processed for the current payment cycle, and will therefore show in this report. You will also find **Unsubmitted** or **Rejected** claims in this report, as they have not been transmitted to MoH.

In this report, you'll want to be aware of claims that have a **Submitted** status and created before the deadline, but not yet paid. You'll need to follow-up with your claim assessor about these items. As an example, a claim was submitted on January 1st, 2016, and therefore should be paid in February, however, it is not showing in the Claim Summary Payment in February 2016.

How to Handle Stale Dated Claims (submission made six months after the service date)

When claims become stale-dated, you must write a letter to a manager at the district office in which you submit your billings detailing the reasons for the claim(s) being late. The letter should be on office letterhead and signed by the physician making the claim. It must also accompany any supporting documentation for why the claims are being submitted after the six month deadline.

Once the research has been completed and the outcome is determined, the manager will respond to the physician in writing to advise if the claims will be denied or approved. If the request is denied, the letter will advise the next steps, i.e. the appeal process. If the request is approved, then the manager will outline the next steps. Typically, you'll submit the claim using the manual review flag.

Please note, stale-dated batches are handled differently from regular submissions. These claims should not be submitted unless you are advised by your claim assessor or manager.

About MDBilling.ca

MDBilling.ca is an established OHIP software and billing service that can help you manage your claims and reconcile your accounts. Developed with busy doctors in mind, our efficient and accurate processing of OHIP claims will help you get maximum reimbursement in minimum time.

Using our online and mobile software, our concierge-level billing service allows your to invest the appropriate resources to get this important task completed without breaking a sweat. So, whatever time or effort you wish to invest in your OHIP claims, MDBilling.ca can help you save time, and earn more!

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What's next?

- Discover 5 common errors that reduce medical practice revenue and how to prevent them
- Or log into your account and reconcile your claims