



**Affinity
Medical Group**

Pacific Partners Management Services, Inc.
P.O. Box 5860, San Mateo, CA 94402
PPMSI Online Website: www.affinity.ppsmi.com/login

HOW TO CHECK CLAIM STATUS & REQUEST ADJUSTMENTS

REMITTANCE ADVICE

The PPMSI Remittance Advice (RA) report was designed

- As a tool for the provider billing staff to post claim payments and denials, AND
- As the means to track claims submitted but not yet finalized.

Please read each Remittance Advice carefully. Reasons for denials are clearly stated after each provider's paid claim listing. Claims in process are listed separately. *Please refer to the sample [RA](#) for an explanation on How to Read Your PPMSI Remittance Advice.*

CLAIMS FOLLOW-UP

Use *PPMSI Online* to check the status on your fee-for-service claims as well as your capitated encounters. If you don't yet have access to *PPMSI Online*, please contact the *PPMSI Online Help Desk* at 1-877-258-4357 (258-HELP) to activate your account.

- Prior to tracing a claim, please review the claim status via *PPMSI Online* or refer to your latest Remittance Advice (RA) report for a listing of claims in process.
- If, within 30 days of the date you submitted your claim, you do not see your claim on the RA or in the member claim history through *PPMSI Online*, submit a tracer claim following the same protocols utilized for initial billings.

ADJUSTMENTS TO CLAIMS PAID/DENIED BY PPMSI

Adjustment requests for claims payments/denials must be received by PPMSI on behalf of Affinity within 45 days from the date of the initial payment/denial. Adjustment requests should be directed to PPMSI using one of the following methods:

- PPMSI Online* Provider Inquiry Request Form
- PPMSI Provider Inquiry at 1-888-324-2226 OR
- By mailing in a copy of your RA and noting the issue in question

Most inquiries can be resolved immediately by Provider Inquiry and/or Claims Research staff. However, Affinity Management will review and approve adjustment and payment requests that fall outside the timeframes specified above and those that relate to contract clarification. Such situations include:

- Disputes related to compensation rates
- Requests for additional services to be considered outside of capitation
- Requests for RBRVS reimbursement factors which differ from those indicated in the contract
- Timely filing denials when documentation does not verify original receipt date by MSO
- Claims denied for non-authorization of services when there is no evidence of authorization online and service was not emergent in nature

The provider office will be asked to complete a *Provider Inquiry Request Form* (copy attached) and include supporting documentation for review by Affinity Management. PPMSI Network Development Manager will be responsible for coordinating all activities related to complaint review and response.

ADJUSTMENTS TO CLAIMS PAID/DENIED BY NAMM

Please mail Provider Inquiry Request Forms for claims paid/denied by NAMM to the following address with a copy of both the original claim as well as the RA issued by NAMM--

PPMSI/Affinity Claims-Research Manager
P.O. Box 5860, San Mateo, CA 94402