Optum

Assurance Reimbursement Management™

Payment matching file definition (1938)

The Payment Matching file (1938) is a delimited file that contains information about the logic the system uses to match your remit payments to a claim, especially if your site uses any of the alternate remit matching options available (Maintenance menu > System Administration > Remit Import Options). You can also use the report to review details of payments with an Unmatched status to see if you can manually match the payment to a claim.

1. The native file extension is .CSV.
2. Default delimiters are set in Reports > Report Setup > Report Options. These settings define all your delimited files. To change the delimiters for this file only, set it up as an auto-module and change the delimiters used by the auto-module.
3. If the payment has an unmatched status, the report items with a claim data source are empty.

Col	Content Description	Data Source		
		Remit	Claim	System
1	Patient first name	E		
2	Patient middle name	E		
3	Patient last name	E		
4	Claim patient control number		E	
5	Remit patient control number	E		
6	Paid amount	E		
7	Remit total charges	E		
8	Claim total charges		E	
9	Statement from date	E		
10	Statement thru date	E		
11	Medical record number	E		
12	Patient ID (Subscriber #)	E		
13	Provider NPI	E		
14	Provider no	E		
15	Claim release date		E	
16	Claim received date	E		
17	Payment date	E		
18	Payment number	E		
19	Remit file name	E		
20	Match criteria			E

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4. Match criteria legend (column 20):
    a. **Unmatched:**

    The system could not identify a claim that matches the remit payment using the standard rules or any user-selected additional alternate matching rules set up in Remit Import Options.

    b. **Unique match:**

    The system found a match using the standard system rules for matching remit payments to claims. The standard matching rules use the general line of business, Patient Control Number and Total Charges. If this check returns multiple claims, then the system adds data elements to the standard matching rules in this order to identify a unique match: **Statement From Date**, **Statement Thru Date**, **Insured ID**, and **Medical Record Number**. If the remit includes service line dates instead of a claim-level date, the system compares the oldest remit service line date against the claim date range to identify a unique claim match.

    c. **Matched-manual match:**

    A user matched a remit payment to a system claim through the Manually Match Remits feature (Remits menu > Match Remits).

    d. **Matched-best match using closest release date:**

    If your site uses the **Most Recent** matching criteria, the system adds this rule when there are too many potential matching claim candidates using the standard rules. The system matched the **Claim Received Date** on the remit to the claim with the closest release date.

    e. **Matched-alternate match by excluding total charges:**

    If your site uses the **Alternate Match** criteria, the system adds this rule when there are no potential matching claim candidates using the standard rules. The system excluded the **Total Charges** to find a claim match.

    f. **Matched-Alternate match by stripping non-alphanumeric characters from control numbers:**

    If your site uses the **Alternate Match** criteria, the system adds this rule when there are no potential matching claim candidates using the standard rules. The system first excluded the Total Charges but did not find a match. The system then stripped all non-alphanumeric characters from the claim and remit patient control numbers to find the claim match.

    g. **Matched-alternate match by total charges and best match using closest release date:**

    If your site uses both the **Most Recent** and **Alternate Match** criteria, you may see this status on the report. In this case, the system did not find any potential matching claim candidates using the standard rules. When the system excluded the Total Charges, the system found more than one potential match. Then, the system compared the **Claim Received Date** on the remit to the claim with the closest release date to find the claim match.

    h. **Matched-alternate match by stripping control numbers and best match using closest release date:**

    If your site uses both the **Most Recent** and **Alternate Match** criteria, you may see this status on the report. In this case, the system did not find any potential matching claim candidates using the standard rules. When the system excluded the Total Charges and stripped special characters from patient control numbers, the system found more than one potential match. Then, the system compared the **Claim Received Date** on the remit to the claim with the closest release date to find the claim match.

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