

CarePartners of Connecticut Explanation of Payment Guide

An explanation of payment (EOP) provides important information regarding the adjudication of claims. This guide describes how to read an EOP and identify paid, denied, and pending claims.

EOP LAYOUT

All EOPs have a similar layout. Because each claim is unique, not all fields will contain a value.



The table below provides information about the data found in each of the fields of an EOP.

EOP SECTION DETAIL

Field		Data
1.	Date	Check date
	Payee ID	CarePartners of Connecticut Payee ID
	Payment Number	Check number
2.	TOTAL NET AMT	Total amount paid for the procedure or services less any adjustments
	Group No.	PCP medical group number
	Claim No.	Claim number assigned by the plan
	LOB	Line of business – CTH is the code for CarePartners of Connecticut
	Member ID #	CarePartners of Connecticut member ID number
3.	TOTAL ADJ AMT	Total of any adjustments to service lines
	Provider	Rendering provider name
	Patient Name	Name of the member
4.	TOTAL AMOUNT PAID	Combined dollar value of all service lines (amount paid field)
	Provider ID	Rendering Provider ID
	Acct No.	Provider assigned patient account number
	NPI	Rendering Provider National Provider Identifier (NPI)
	DRG	Diagnostic Related Grouping assigned to the claim when priced by the plan

Field		Data
5.	Line	Service line number
	Service Date	Service date listed on the claim
	PS	Place of service code
	No Svc.	Number of services
	Procedure and Description MOD	Service line procedure code, modifier, description associated with procedure code
6.	Amount Billed	Amount billed by the provider
	Amount Allowed	Amount allowed by the plan in accordance with contracted rates or Medicare fee schedule
	Retention	The contractual percentage withheld from the allowable amount per the provider contract
	Co-Pay Taken	If the member was responsible for a copayment it is displayed in this box
	Deductible Taken	If the member was responsible for a deductible it is displayed in this box
	Other Carrier	If the claim is a Coordination of Benefits (COB) claim, other payor information is displayed in this box
	Amount Paid	The amount paid for the service line is displayed in this box. If the line is denied or there is no payment, "0.00" is displayed.
	Pay Code	The plan assigned pay code
	Risk Cat	The risk category can be either MS for Medical Service, HS for Hospital Service or PA for Payor Risk. These categories are used to track how expenses align with existing contractual risk arrangements.
	Check #	If the line has been paid, the check number appears in this box. If the line has been denied, the word "DENIED" appears in this box.

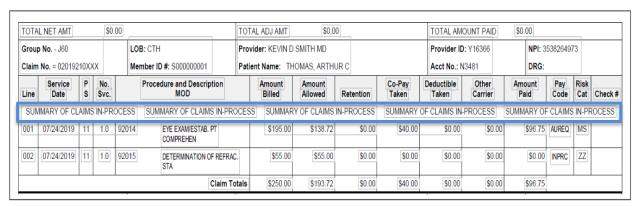
PAY CODES AND RISK CATEGORIES

A key that provides a description of Pay Codes and Risk Categories is displayed at the bottom of the EOP.

Pay Code	Description	
DUPRL	DENIED DUPLICATE CLAIM	
DCNAP	DIAG NOT ACCEPTED W/PROC CODE-MBR NOT RESPONSIBLE	
	RISK CATEGORY: MS=Medical Services; HS=Hospital Services; PA=Payor Risk	

PENDING (IN PROCESS) CLAIMS

In process claims are claims where all lines have not been finalized. These claims appear with In Process above the claim detail.



FOR MORE INFORMATION					
Contact Information	Questions Regarding				
Payspan Customer Support 877-331-7154	 Registration Login and password assistance Electronic fund transfers Accessing EOPs 835 remits 				
CarePartners of Connecticut EDI Operations: 888-631-7002, ext. 52994	Missing remitsEOPsPayments				
CarePartners Of Connecticut Provider portal: carepartners of Connecticut Provider Services: 888-341-1508	 Claim status inquiries Claim adjudication Payment inquires 				