



## CarePartners of Connecticut’s Explanation of Payment Guide

An Explanation of Payment (EOP) provides important information regarding the adjudication of claims. This brief guide illustrates how to read your EOP and identify the differences for a paid, denied or pending claim.

This EOP guide has two sections due to an adjudication system migration on 5/1/21, so be sure to refer to the appropriate section:

1. For claims with a Begin DOS prior to 5/1/21, refer to Section 1 of this guide.
2. For claims with a Begin DOS on 5/1/21 or later, refer to Section 2 of this guide.

**Note:** Section 2 of this guide details important changes a provider may see on their EOP as a result of the adjudication system migration.

### SECTION 1 – CLAIMS WITH A DOS PRIOR TO MAY 1, 2021

#### EOP Layout

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

Healthcare Account - Med. Adv.

Explanation of Payment  
PODIATRY CENTER

Date: 08/16/2019	1
Payee ID: 999999	
Page No.: 2 of 3	
Payment No.: 1111111	

TOTAL NET AMT \$84.35	TOTAL ADJ AMT \$0.00	TOTAL AMOUNT PAID \$84.35
Group No. - 881	Provider: SALLY PROVIDER, MD	Provider ID: 999999
Claim No. = 0201922104XX	Member ID #: 8000000001	Acct No.: 953510
LOB: CTH	Patient Name: PATIENT, JOE	NPI: 1111111111
Member ID #: 8000000001		DRG:

Line	Service Date	P S	No. Svc.	Procedure and Description MOD	Amount Billed	Amount Allowed	Retention	Co-Pay Taken	Deductible Taken	Other Carrier	Amount Paid	Pay Code	Risk Cat	Check #
001	06/25/2019	11	1.0	99202 OFFICE/OUTPATIENT VISIT, NEW	\$200.00	\$84.35	\$0.00	\$0.00	\$0.00	\$0.00	\$84.35	DUPRL	MS	1111111
002	06/25/2019	11	1.0	73630 LT FOOT X-RAYS	\$75.00	\$35.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DCNAP	MS	DENIED
003	06/25/2019	11	1.0	73630 RT FOOT X-RAYS	\$75.00	\$35.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	DCNAP	MS	DENIED
Claim Totals					\$350.00	\$154.65	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00			

The table below provides details for the fields in each section of the EOP.

#### EOP Section Detail

Field	Data
1.	
Date	Check date
Payee ID	CarePartners 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 #
Claim No.	Claim # assigned by the plan
LOB	Line of business - CTH = CarePartners of Connecticut HMO Product, CPP = CarePartners of Connecticut PPO Product
Member ID #	Member ID assigned by the plan
3.	
TOTAL ADJ AMT	Total of any adjustments to service lines
Provider	Rendering Provider name
Patient Name	Patient name as registered with the plan
4.	
TOTAL AMOUNT PAID	Combined dollar value of all service lines (amount paid field)

	Field	Data
	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
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 your provider contract
	Co-Pay Taken	If the member was responsible for cost-share 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.

**Products**

Different products (HMO, PPO) will appear on separate EOPs.

**Pay Codes and Risk Categories**

A key that provides a description of pay codes and risk categories displays 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. They appear with "In Process" above the claim detail.

TOTAL NET AMT		\$0.00		TOTAL ADJ AMT		\$0.00		TOTAL AMOUNT PAID		\$0.00					
Group No. - J60		LOB: CTH		Provider: KEVIN D SMITH MD		Provider ID: Y16366		NPI: 3538264973							
Claim No. = 02019210XXX		Member ID #: S00000001		Patient Name: THOMAS, ARTHUR C		Acct No.: N3481		DRG:							
Line	Service Date	P S	No. Svc.	Procedure and Description MOD	Amount Billed	Amount Allowed	Retention	Co-Pay Taken	Deductible Taken	Other Carrier	Amount Paid	Pay Code	Risk Cat	Check #	
SUMMARY OF CLAIMS IN PROCESS		SUMMARY OF CLAIMS IN PROCESS		SUMMARY OF CLAIMS IN PROCESS		SUMMARY OF CLAIMS IN PROCESS		SUMMARY OF CLAIMS IN PROCESS		SUMMARY OF CLAIMS IN PROCESS					
001	07/24/2019	11	1.0	92014	EYE EXAM/ESTAB. PT COMPREHEN	\$195.00	\$138.72	\$0.00	\$40.00	\$0.00	\$0.00	\$96.75	AUREQ	MS	
002	07/24/2019	11	1.0	92015	DETERMINATION OF REFRAC. STA	\$55.00	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	INPWC	ZZ	
Claim Totals					\$250.00	\$193.72	\$0.00	\$40.00	\$0.00	\$0.00	\$96.75				


**For More Information**

Contact Name/Number	Questions Regarding
Payspan Customer Support 877.331.7154	<ul style="list-style-type: none"> <li>• Registering</li> <li>• Logging in</li> <li>• Password</li> <li>• EFT</li> <li>• Accessing EOPs</li> <li>• 835 remits</li> </ul>
CarePartners EDI Operations 888.631.7002, ext. 52994	<ul style="list-style-type: none"> <li>• Missing remits</li> <li>• EOPs</li> <li>• Payments</li> </ul>
CarePartners Provider Services 888.341.1508	<ul style="list-style-type: none"> <li>• Claims adjudication</li> <li>• Other inquires</li> </ul>

**SECTION 2 – CLAIMS WITH A DOS ON OR AFTER MAY 1, 2021**

**EOP Layout**

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

 <small>Healthcare Account - Med. Adv.</small>		<b>Explanation of Payment</b> EYE CARE CENTER Date: 05/01/2021 Payee ID: 999999 Page No.: 4 of 14 Payment No.: 11111111												
Group No. - 881		LOB: CTH		Provider: SALLY PROVIDER MD		Provider ID: 999999		NPI: 1111111111						
Claim No. = 02021015XXX		Member ID #: S000000001		Patient Name: PATIENT, JOE		Acct No.: 0000000001		DRG:						
Line	Service Date	P S	No. Svc.	Procedure and Description MOD	Amount Billed	Amount Allowed	Retention	Co-Pay Taken	Deductible Taken	Other Carrier	Amount Paid	Pay Code	Risk Cat	Check #
001	05/01/2021	11	-1.0	92015	DETERMINATION OF REFRAC. STA	(\$45.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ADUST	ZZ	60000071
001	05/08/2021	11	1.0	92015	DETERMINATION OF REFRAC. STA	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	INPO	ZZ	
Claim Totals					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			

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**Claim Adjustment Reason Pay Codes**

For claims with a Begin DOS on or after 5/1/21, the adjustment reason in the *Pay Code* column will always be populated with "ADJST." Refer to the above EOP example in this section of the guide.

**Credit Balance Applied and Refunds/Recoupments**

An adjustment line will be provided on the EOP when an outstanding credit balance amount has been applied to a payable claim in order to account for the reduction in the overall check amount. In addition, an adjustment line will be provided on the EOP when a refund has already been received from a provider on a previously paid claim that is being retracted. These adjustment lines will allow providers to balance claim totals against the actual check amount in the EOP.

**Negative Value in Payment Amount of Check Page**

If a provider is in a deficit for a weekly check run, the "Payment Amount" field on the *Check Page* of the EOP will show as a negative value. Possible reasons for going into a deficit could include claims reversal or voids.

**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.

**Pending (In Process) Claims**

In process claims are claims where all lines have not been finalized. For claims with a Begin DOS of 5/1/21 and later, pending claims do not appear on the providers' EOPs.

- To check if a claim is pending providers can log in to the secure Provider [portal](#) and use the *Claims Status Inquiry* tool.
- Providers can register for the secure Provider portal [here](#).

**Products**

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