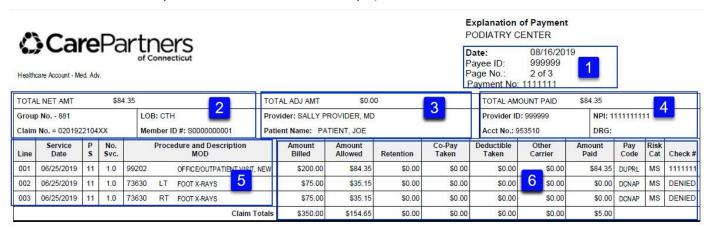
How to Read Your Explanation of Payment

11/1/19

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

EOP Layout

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



The tables below provide 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 service less any adjustments
	Group No.	PCP Medical Group number
	Claim No.	Claim number assigned by the plan
	LOB	Line of business - CTH is the EOP abbreviation for CarePartners of Connecticut
	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)
	Provider ID	Rendering Provider ID
	Acct No.	Provider Assigned Patient Account Number

	i	11/1/1
	Field	Data
	National Provider Identifier (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	Amounted 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 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

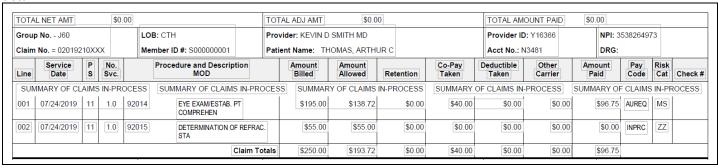
DIAG NOT ACCEPTED W/PROC CODE-MBR NOT RESPONSIBLE

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. They appear with *In Process* above the claim detail.



For More Information

Contact Name/Number	Questions Regarding
Payspan Customer Support 877.331.7154	 Registering Logins Passwords EFT Accessing EOPs 835 remits
CarePartners EDI Operations 888.631.7002, ext. 52994	Missing remitsEOPsPayments
CarePartners Provider Services 888.341.1508	Claims adjudication

