


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.



Healthcare Account - Med. Adv.

Explanation of Payment
 PODIATRY CENTER

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

1

TOTAL NET AMT \$84.35				TOTAL ADJ AMT \$0.00				TOTAL AMOUNT PAID \$84.35			
Group No. - 881		LOB: CTH		Provider: SALLY PROVIDER, MD		Provider ID: 999999		NPI: 1111111111			
Claim No. = 0201922104XX		Member ID #: S0000000001		Patient Name: PATIENT, JOE		Acct No.: 953510		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 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

	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	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 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
R I S K C A T E G O R Y: MS=Medical Services; HS=Hospital Services; PA=Payor Risk	

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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 #: S000000001				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									
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	INPRC	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"> • Registering • Logins • Passwords • EFT • Accessing EOPs • 835 remits
CarePartners EDI Operations 888.631.7002, ext. 52994	<ul style="list-style-type: none"> • Missing remits • EOPs • Payments
CarePartners Provider Services 888.341.1508	<ul style="list-style-type: none"> • Claims adjudication