


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.

Explanation of Payment															
PODIATRY CENTER															
 Healthcare Account - Med. Adv.										Date: 08/16/2019 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			LOB: CTH		Provider: SALLY PROVIDER, MD			Provider ID: 999999		NPI: 1111111111					
Claim No. = 0201922104XX				Member ID #: S000000001		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 VIST, 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 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

R I S K C A T E G O R Y : 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.

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 #	
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:							
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 Information	Questions Regarding
Payspan Customer Support 877-331-7154	<ul style="list-style-type: none">• Registration• Login and password assistance• Electronic fund transfers• Accessing EOPs• 835 remits
CarePartners of Connecticut EDI Operations: 888-631-7002, ext. 52994	<ul style="list-style-type: none">• Missing remits• EOPs• Payments
CarePartners Of Connecticut Provider portal: carepartnersct.com/for-providers CarePartners of Connecticut Provider Services: 888-341-1508	<ul style="list-style-type: none">• Claim status inquiries• Claim adjudication• Payment inquires