

Revised - UCare Explanation of Payments (EOP) Report and EDI 835 Updates

Mid-to-late July, UCare will update the look of the EOP report and EDI 835 (Electronic Remittance Advice).

Explanation of Payments Report Update

An EOP report details the adjudication of claims, describing the amount paid or denied and indicates the determination made on each claim/service. We have updated the individual **claim payment breakdown**. This section now includes the Claim Charge, the Payer Adjustment Amount, Patient Responsibility, Claim Payment and Other Contract Obligation fields. These payments can be verified directly from the information in the report. Following is an example of the updated EOP report.

A. Patient and Claim Information

Patient: John Doe	Claim #: 123456789101	Patient Ctrl:
PMI:	DOS:	Med Rec #:
Patient ID: 123456789-01	DRG:	Rend Prov ID
Group: ABCDEF	DRG Weight:	Rend Prov:
Contract: XX	Discharge Frac:	Grp CD:
		Clm Adj Rsn Cd

B. Claim Payment Breakdown

Claim Charge:	9,418.97
Payer Adj Amt:	5,152.14
Patient Resp:	1,776.31
Claim Payment:	2,475.57
Other Cont Oblig:	14.95

C. Service items, charge and allowed amount

D. Adjustments

E. Remittance Advice

Line Ctrl #	Dates of Service	Auth #	Adj Prod/	Revenue Code	Mod	Units	Charge	Allowed Amount	Adjustment Amount	Other Cont.	Denied	Patient Costshare	Payment	Group Code	Clm Rsn Cd	Adj Remark Code	Adj Qty
0100	022817-022817		59515			1	3,296.00	2,379.42	916.58				1314.11	CO	45	MAI25	1
0100	022817-022817		59515			1						879.55	1.	PR	1		1
0100	022817-022817		59515			1						185.76	1.	PR	2		1
0200	022817-022817		58611			1	198.00	149.70	48.30				149.70	CO	45	MAI25	1
0300	022817-022817		E0191			1	14.00	14.00		2.	14.00			PR	96	N425	1
0400	022817-022817		72170			1	75.00	34.43			75.00			CO	97	M5	1
0500	022817-022817		A0428			1	597.00	233.87	363.13					PR	45	MAI25	1
0500	022817-022817		A0428			1						233.87		PR	1		1
0600	022817-022817		66984			1	2,446.00	1,034.31	1,411.69				919.36	CO	45	MAI25	1
0600	022817-022817		66984			1				14.95				CO	253		1
0600	022817-022817		66984			1						100.00		PR	3		1
0700	022817-022817		A9276			1	2,792.97	924.00	1,868.97				92.40	CO	45	MAI25	1
0700	022817-022817		A9276			1			831.60					OA	23		1
Sub Totals							9,418.97	4,769.73	5,440.27	14.95	89.00	1,399.18	2,475.57				

Claims and Payments Examples

<p>Scenario 1: Costshare will be split into deductible, copay, and co-insurance and labeled with appropriate CARC to signify the costshare type.</p>	<p>Scenario 2: Denied services will populate as the full charged amount for that service line regardless of the responsible party.</p>	<p>Scenario 3: This is a third-party payment, the amount paid by another insurance carrier as primary on the claim. This amount is broken out separately and defined with a group code indicating "other adjustment".</p>
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Another change surrounds costshare. In the adjustments area, UCare has changed the name of the Deductible Co-Pay column to **Patient Costshare** to accurately represent all types of costshare. Within this adjustment column, you will notice that all the individual costshare types will be broken out separately and defined by the appropriate CARC code. Patient Responsibility CARC codes include PR 1 for deductible, PR 2 for co-insurance and PR 3 for the co-payment. (Refer to Scenario 1 above.)

One EOP usually includes adjudication decisions about multiple claims. Itemized information for each claim and/or line item helps you associate the adjudication decisions with the claims/lines you submitted. The EOP reports the reason code for each adjustment and the value of each adjustment.

The “Provider Guide: The Explanation of Payment (EOP) Report” tip sheet highlights key elements from the new EOP. It is available on the [Claims & Billing](#) web page under Forms & Links.

UCare EDI Update

The planned updates to the EDI 835 (Electronic Remittance Advice) include formatting and new data additions.

Claim Line Level Adjustments were previously reported, in some instances, with multiple CARC and adjustment amounts on the same lines and in some cases with individual CAS Segments. In our new format, if it is necessary to report multiple values for the same Group Code, they will be populated sequentially within a segment.

Current Format	New Format
DTM*472*20140117~	DTM*472*20140117~
CAS*CO*45*-238.8~	CAS*CO*45*-238.8**253*-2.6~
CAS*CO*253*-2.6~	CAS*PR*3*-40.56~
CAS*PR*3*-40.56~	REF*6R*01~
REF*6R*01~	AMT*B6*-202.8~
AMT*B6*-202.8~	LQ*HE*MA67~
LQ*HE*MA67~	

Patient Responsibility Adjustments were previously reported as one summed amount with a CARC code of 3. In the new format, each patient responsibility adjustment type (deductible, co-insurance and co-pay) will be reported separately with the corresponding CARC code

Current Format	New Format
DTM*472*20180412~	DTM*472*20180412~
CAS*CO*45*46.9~	CAS*CO*45*46.9~
CAS*PR*3*21.13~	CAS*PR*1*4.64**2*16.49~
REF*6R*018919269~	REF*6R*018919269~
AMT*B6*87.1~	AMT*B6*87.1~

Provider Level Adjustments - No changes will be made to the PLB Segment.

Current Format	New Format
PLB*999999999*20181231*L6}IX*-0.09*CS}Negadj*-8.45~	PLB*999999999*20181231*L6}IX*-0.09*CS}Negadj*-8.45~

Data Additions: The Claim Level Loop 2100 will be populated with the claim from and to dates.

Current Format	New Format
No DTM CLP*9999999999999999*1*1368*595.5*151.3*16*9999999999999999****0~ NM1*QC*1*SMITH*JOHN****MI*9999999999~ REF*1L*RICLMT~ SVC*HC{A4353{KX*1368*595.5**120~	Added DTM: CLP*9999999999999999*1*1368*595.5*151.3*16*9999999999999999****0~ NM1*QC*1*SMITH*JOHN****MI*9999999999~ REF*1L*RICLMT~ DTM*232*20180419~ DTM*233*20180419~ SVC*HC{A4353{KX*1368*595.5**120~