

## Provider Guide: The Explanation of Payment (EOP)

An EOP describes how claims for services given to Aspirus Health Plan's members were reviewed and paid. An EOP will be posted to the provider portal once the claim has been processed. The Aspirus Health Plan EOP can be divided into three sections: the Individual Claim Header, Summary and Statement Totals.

Header	A. Individual Claims Summary										B. Claims Payment Breakdown							
	Patient: John Doe		Claim #: 123456789101			Patient Ctrl:					Claim Charge:		9,418.97					
	PMI:		DOS:			Med Rec #:					Payer Adj Amt:		5,167.09					
	Patient ID: 123456789-01		DRG:			Rend Prov ID					Patient Resp:		1,776.31					
	Group: ABCDEF		DRG Weight:			Rend Prov:					Claim Payment:		2,475.57					
	Contract: XX		Discharge Frac:			Grp CD:					Other Cont Oblig:		14.95					
						Clim Adj Rsn Cd												
Summary	C. Service items, charge and allowed amount										D. Adjustments			E. Payment Codes				
Line Ctr #	Dates of Service	Auth #	Adj Prod/	Revenue Code	Mod	Units	Charge	Allowed Amount	Adjustment Amount	Other Cont.	Denied	Patient Cos ts hare	Payment	Group Code	Clm Adj Rsn Cd	Remark Code	Adj Qty	
0100	022817-022817		59515			1	3,296.00	2,379.42	916.58				1,314.11	CO	45	MA125	1	
0100	022817-022817		59515			1						879.55		PR	1		1	
0100	022817-022817		59515			1						185.76		PR	2		1	
0200	022817-022817		58611			1	198.00	149.70	48.30				149.70	CO	45	MA125	1	
0300	022817-022817		E0191			1	14.00	14.00			14.00			PR	96	N425	1	
0400	022817-022817		72170			1	75.00	34.43			75.00			CO	97	M15	1	
0500	022817-022817		A0428			1	597.00	233.87	363.13					PR	45	MA125	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				939.36	CO	45	MA125	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	MA125	1	
0700	022817-022817		A9276			1			831.60					OA	23		1	
<b>Sub Totals</b>							9,418.97	4,769.73	5,440.27	14.95	89.00	1,399.18	2,475.57					
Statement Totals	F. Sums of all of the individual claim amounts										G. Additional Payee information							
Charge Amount	Allowed Amount	Adjustment Amount	Other Contractual Obligation	Denied	Patient Cos ts hare	Provider Adjustment Amount	Payment Amount	Unused Negative Balance										
9,418.97	4,769.73	5,440.27	14.95	89.00	1,399.18		2,475.57											

## A. Individual Claims Summary

This section contains information pulled from the submitted claim, including patient and claim information, coverage information and medical records.

## B. Claims Payment Breakdown

Payment totals can be readily pulled from the information in the document.

- **Claim Charge.** The amount charged to Aspirus on the individual claim.
- **Payer Adj Amt.** The sum of all payment adjustments. Payment adjustments are defined as any adjustment with a group code indicating "contractual obligation" (CO) or "other adjustment" (OA), not including sequestration.
- **Patient Resp.** The sum of all patient responsibility adjustments, indicated with a group code of "patient responsibility" (PR), which is more than just a costshare amount and can include other adjustments.
- **Claim Payment.** The amount of payment Aspirus owes to the provider for this individual claim.
- **Other Cont Oblig.** "Other Contractual Obligation" is used by Aspirus to display sequestration.

## C. Service Items, charge and allowed amount

Service line items are the details about the submitted claim. Aspirus compares each service line item with thousands of regulations, policies and rules and reviews each item for coding issues, such as unbundling, modifiers, appropriateness and mutual exclusive services. We then show the charge made in the claim and the allowed amount based on this analysis.

- **Charge.** Reflects the amount billed.
- **Allowed Amount.** Represents payment rate.

## D. Adjustments

Adjustments are applied to the amount charged on a claim. Below are the adjustment categories used by Aspirus:

- **Adjustment Amount.** Reflects the difference between your Charge amount and Allowed Amount.
- **Other Contractual.** Represents sequestration, the spending cuts applied to several government programs, including Medicare.
- **Denied.** The full charged amount for that service line item regardless of the responsible party.
- **Patient Costshare.** The amount members pay based on their coverage (contract).

## E. Payment Codes

The last three columns display payment codes by line item.

- **Group Code.** Financial responsibility for the unpaid portion of the claim balance, i.e., CO (Contract Obligation), PR (Patient Responsibility), OA (Other Adjustment), etc.
- **Claim Adjustment Reason Codes (CARC).** The reason code for a service line that was paid differently from what was billed. Common codes include PR 3-Co-payment amount, CO 45-charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement, and CO 253-Sequestration - reduction in federal payment.
- **Remark Code.** Explain an adjustment or convey information about remittance processing. Also known as Remittance Advice Remark Codes [RARCs], common codes include MA15-Separately billed services/tests separate payment is not allowed, and MA125-Per legislation governing this program, payment constitutes payment in full.

## F: Sums of all of the individual claim amounts

The bulk payment sum of all of the **Charge, Allowed Amount, Adjustment Amount, Other Contractual Obligation, Denied,** and **Patient Costshare.**

## G. Additional Payee Information:

- **Provider Adjustment Amount.** The unreimbursed amount owed to Aspirus (negative balance) that was applied against the payment made.
- **Payment Amount.** Total bulk payment sum of all payment amount
- **Unused Negative Balance.** The remaining negative balance that has not been applied, often published in a recent EOP from a previous claim.

## Questions?

If you have further questions, please call Aspirus Health Plan's Provider Assistance Center at 715-631-7412 or 1-855-931-4851 toll free.