Recovery of Claim(s) Overpayments Through the Explanation of Payment (EOP)

Training Manual

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Recovery of Claim(s) Overpayments Policy

Presbyterian's Policy
Presbyterian will pursue the recovery of claim(s) overpayments when identified by Presbyterian or another entity other than the practitioner, physician, provider, or their respective representative, if the overpayment is identified and the provider is notified within time frames outlined below.

Timeline for Claim(s) Overpayments identified by Presbyterian or another entity other than the provider of service	
Line of Business	Time Frame
Commercial Administrative Services Only (ASO)	One year from the date of payment
Medicare Advantage ▪ Presbyterian Senior Care ▪ Presbyterian MediCare PPO	Three years from the date of payment
Medicaid ▪ Salud ▪ State Coverage Insurance (SCI)	Presbyterian Health Plan will recover money consistent with the recoveries performed by the State of NM Human Services Department (NM HSD)* *This is a change for the Salud line of business. Example: If NM HSD notifies Presbyterian that a member has been retroactively terminated back to four years ago, but NM HSD only recovers money from Presbyterian Health Plan back to three months ago, then Presbyterian Health Plan will only recover money from the provider of service (physician, practitioner, hospital, etc.) for that member back to three months ago.

Reasons Claim(s) Overpayments May Occur
- Coordination of Benefits
- Corrected Claim(s)
- Configuration Issues
- Retroactive Member Terminations

Reasons Retroactive Member Terminations May Occur
- Member becomes Eligible for Medicare
- Lack of payment on Premium
- System Eligibility Issues

Retroactive Member Termination

When recovery of claim(s) overpayments are due to retroactive member terminations, the following time frames apply for the defined lines of business.

Timeline for Retroactive Member Termination Claim(s) Overpayment	
Line of Business	Time Frame
Commercial Administrative Services Only (ASO)	One year from the date of payment *Exception: When Coordination of Benefits (COB) is involved, there is no timeline for the recovery of any overpayments if Presbyterian Health Plan or Presbyterian Insurance Company has documented verification that the provider received payment from another insurance carrier.*
Medicare Advantage ▪ Presbyterian Senior Care ▪ Presbyterian MediCare PPO	Three years from the date of payment
Medicaid ▪ Salud ▪ State Coverage Insurance (SCI)	Presbyterian Health Plan will recover money consistent with the recoveries performed by the State of NM Human Services Department (NM HSD)* *This is a change for the Salud line of business. Example: If NM HSD notifies Presbyterian that a member has been retroactively terminated back to four years ago, but NM HSD only recovers money from Presbyterian Health Plan back to three months ago, then Presbyterian Health Plan will only recover money from the provider of service (physician, practitioner, hospital, etc.) for that member back to three months ago.

Payment Recovery Methods

Presbyterian recovers money from providers using two methods:

- Through the Explanation of Payment (EOP)
- Check request

There are only two reasons Presbyterian will request a check from the physician, practitioner, or provider:

1. The dollar amount of an EOP is not enough to cover the amount being recovered, **AND** the amount owed (amount Presbyterian is to recover) has been outstanding for more than three months. Presbyterian will send the provider a letter requesting a check.
2. A provider determines that a claim has been overpaid by Presbyterian and sends Presbyterian a check. Presbyterian reprocesses the claim and determines that more money is due (amount of check from provider was not enough to cover amount owed after Presbyterian reprocessed the claim). Presbyterian will request a second check from the provider.

Best Practice: Contact Presbyterian to inform us that we have overpaid a claim. Allow Presbyterian to process the overpayment through the EOP. Providers should contact their Provider Network Management Coordinator.

Recovery of Claim(s) Overpayments Through the Same EOP

Review the recovery of claim(s) overpayments through the same EOP using **EOP Example-A1** as a reference.

EOP Example-A appears on the following page.

Part	Function
1	Under the EOP header, information for each member starts with Provider information (Presbyterian Provider ID, National Provider Identifier (NPI), and Provider name).
2	Member information displays under Provider information. Member information includes Name, Account Number (provider office's internal patient account number), Presbyterian Member ID, last four digits of Member's Social Security Number, Claim Number, Original Claim Number (if applicable), Product Name, and Plan Number. The first name that displays on **EOP Example-A** is **MEMBER 1**, from which Presbyterian is recovering money.
3	The first line under **MEMBER-1** ("Serv 1" - first line) displays the "Reversal" payment code, which means Presbyterian is reversing the payment for **MEMBER 1** to adjust the payment. Review the entire line from left to right. In accounting terms, this is a "credit" to the original payment. The second line under **MEMBER-1** ("Serv 1" - second line) displays the repayment of the claim line item above it, adjusting for a deductible amount of $57.93, based on the benefit plan for **MEMBER-1**. Review the entire line from left to right. In accounting terms, this is a "debit" (or "take back"). Repayment does not mean Presbyterian is sending money to the provider, but rather an adjustment has been made to correct the overpayment in Presbyterian's claims processing system.
4	**EOP Example-A** displays the "Collection Creatd" (Created) payment code and also displays the "Collection Taken" payment code. If these two payment codes appear together on the same EOP, then the collection was created and taken on the same EOP.
5	On the "Claims Total" line, a negative amount of $57.93 indicates the amount recovered from the original payment for **MEMBER-1**.
6	The second section of **EOP Example-A** displays information and claims line items for **MEMBER-2** and the payment amounts ($13.26 and $117.37) for those services ("Serv 1" and "Serv 2"). Review the entire line from left to right.
7	The "Claims Total" line for **MEMBER-2** in the second section of **EOP Example-A** displays the total amount ($130.63) paid for those services.
8	The "Grand Total" line displays the amount ($72.70) paid after the recovery of the overpayment on **MEMBER-1** is applied to the amount being paid for billed services for **MEMBER-2** ($130.63 - $57.93 = $72.70).
9	The bottom of **EOP Example-A** displays the Check Number, the Check Date, and the Check Amount of $72.70.
10	The bottom right corner of **EOP Example-A** displays the negative balance recovered ($57.93).

Run Date: 12/29/2010 Check #: 0
Check Date: 12/02/2010 Check ID: 2000000000000000
Bank Code: XYZ

PRESBYTERIAN HEALTH PLAN
*** EXPLANATION OF PAYMENT ***

EOP Example-A

Provider PHP 200000000 NPI 1234567890 <PROVIDER NAME>

Name: < MEMBER-1> Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	07/07/2009	00000	00000	Reversal	-1,400.00	-288.24	-1,111.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,111.76
1	07/07/2009	00000	00000	PDCZKA	1,400.00	288.24	1,111.76	0.00	0.00	57.93	0.00	0.00	0.00	0.00	1,053.83
2	07/07/2009	00000	00000	Reversal	-977.00	-977.00	0.00	0.00	-977.00	0.00	0.00	0.00	0.00	0.00	0.00
2	07/07/2009	0000	00000	ZC7	977.00	977.00	0.00	0.00	977.00	0.00	0.00	0.00	0.00	0.00	0.00
	07/05/2010			Collection Creatd	57.93	0.00	57.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	07/07/2009			Collection Taken	-57.93	0.00	-57.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-57.93
	Claims Total:				0.00	0.00	0.00	0.00	0.00	57.93	0.00	.00	0.00	0.00	-57.93

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-2> Acct #: 100000002 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/22/2010	00000	00000	PDC	20.00	6.74	13.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.26
2	06/22/2010	00000	00000	PDC	250.00	132.53	117.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117.37
	Claims Total:				270.00	139.37	130.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.63
	Grand Total:				270.00	139.37	130.63	0.00	0.00	57.93	0.00	0.00	0.00	0.00	72.70

Check Number: 0001001 Date: 07/05/2010 Amount: 72.70

Explanation of Claims Handling

Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	-57.93
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	0.00

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Recovery of Claim(s) Overpayments Through Multiple EOPs

Recovery of claim(s) overpayments through multiple EOPs occurs most often with ASO groups that have a small number of patients or your office provides services for only a small number of patients from an ASO group. With this in mind, it will take multiple EOPs to recover the entire amount of money Presbyterian needs to recover. Review the recovery of claim(s) overpayments through multiple EOPs starting with **EOP Example-B1**.

EOP Example-B1 appears on the following page.

Part	Function
1	**EOP Example-B1** displays claim information for **MEMBER-1** from which Presbyterian is recovering money. Review the entire line from left to right.
2	In the "Serv" column, there are five different dates of service for **MEMBER-1**, but ten claim line items. Presbyterian is adjusting the claim line item for each date of service. Each date of service has a "Reversal" payment code and a repayment line with the appropriate payment code. For 07/02/2009 date of service, the service provided was billed appropriately. However, Presbyterian's claims processing system processed a repayment, so a "Reversal" and a repayment are applied to "zero out" the amount that Presbyterian paid the provider ($85.00). For 07/09/2009, 07/16/2009, 07/22/2009, and 07/29/2009 dates of service, the billed service first displays a "Reversal" payment code and the claim line item under it displays a repayment, adjusting the claim line item as denied (payment code ZR1 - Annual Occupational Therapy Benefits Exhausted) based on the benefit plan for **MEMBER 1**.
3	Under the dates of service, there's a date (05/17/2010) and the "Collection Creatd" (Created) payment code. However, money was not recovered because there are no other billed services included in **EOP EXAMPLE-B1** from which to recover money. This is an indication that the recovery will be done over multiple EOPs.
4	The sum of the adjusted (denied) claim line items equals $340.00 ($85.00 x 4). In accounting terms, this is a "credit" to the original payment, which is why it is a positive number, not a negative number. Do not include the first $85.00, which had already been paid and processed as a repayment.
5	The bottom of **EOP Example-B1** displays the Check Number (no check number), the Check Date, and the Check Amount of $0.00.
6	The bottom right corner of **EOP Example-B1** displays the Outstanding Negative Balance Remaining as $340.00.

Run Date: 05/18/2010 Check #: 0
Check Date: 05/18/2010 Check ID: 2000000000000000
Bank Code: XYZ

<GROUP NAME> ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B1

GROUP NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

PRESBYTERIAN HEALTH PLAN
PO Box 27489
Albuquerque, NM 871257489

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-1> Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	07/02/2009	00000	00000	Reversal	-120.00	0.00	-120.00	0.00	0.00	-35.00	0.00	0.00	0.00	0.00	-85.00
1	07/02/2009	00000	00000	YD004	120.00	0.00	120.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	85.00
2	07/09/2009	00000	00000	Reversal	-120.00	0.00	-120.00	0.00	0.00	-35.00	0.00	0.00	0.00	0.00	-85.00
2	07/09/2009	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
3	07/16/2009	00000	00000	Reversal	-120.00	0.00	-120.00	0.00	0.00	-35.00	0.00	0.00	0.00	0.00	-85.00
3	07/16/2009	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
4	07/22/2009	00000	00000	Reversal	-120.00	0.00	-120.00	0.00	0.00	-35.00	0.00	0.00	0.00	0.00	-85.00
4	07/22/2009	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	00.0	0.00
5	07/29/2009	00000	00000	Reversal	-120.00	0.00	-120.00	0.00	0.00	-35.00	0.00	0.00	0.00	0.00	-85.00
5	07/29/2009	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
	05/17/2010			Collection Creatd	340.00	0.00	340.00	0.00	0.00	0.00	0.00	0.00	0.00	00	340.00
	Claims Total				340.00	0.00	340.00	0.00	480.00	-140.00	0.00	0.00	0.00	00	0.00
	Provider Total				340.00	0.00	340.00	0.00	480.00	-140.00	0.00	0.00	0.00	0.00	0.00
	Grand Total:				340.00	0.00	340.00	0.00	480.00	-140.00	0.00	0.00	0.00	0.00	0.00

Check Number: 0 Date: 05/17/2010 Amount: 00.00

Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	0.00
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	-340.00

Explanation of Claims Handling

YD0 Maximum Allowable Benefit Applied
041 The Service Rule associated with the Service ID has been overridden with a new Service Rule.
None
ZR1 Annual Occupational Therapy Benefits Exhausted

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Recovery of Claim(s) Overpayments Through Multiple EOPs, Continued

Continue reviewing the recovery of claim(s) overpayments through multiple EOPs with **EOP Example B2**.

EOP Example-B2 appears on the following page.

Part	Function
1	The first section of **EOP Example-B2** displays claim information for **MEMBER-1**, from which Presbyterian is recovering money. Review the entire line from left to right.
2	This column displays the total amount being recovered on **EOP Example-B2** ($32.26). The amount reflects what is possible to recover on this EOP, but it does not display the full amount of the money being recovered for **MEMBER-1** ($340.00).
3	**MEMBER-1** is always the first patient listed. Below it are patients you have also submitted claims for and for which you are being paid. The second section of **EOP Example-B2** displays information and claims line items for **MEMBER-2**. Review the entire line from left to right.
4	This column displays the "Claim Total" payment amount ($32.26) for those services ("Serv 1"). Review the entire line from left to right. Account for money being recovered from **MEMBER-1** and apply it as money being paid for billed services for **MEMBER-2**. Billed services for **MEMBER-2** have now been paid, but you won't receive a check on **EOP Example-B2**.
5	The bottom of **EOP Example-B2** displays the Check Number (no check number), the Check Date, and the Check Amount of $0.00.
6	The bottom right corner of **EOP Example-B2** displays the Outstanding Negative Balance Remaining as $307.74 (recovery amount owned).

Run Date: 12/29/2010 Check #: 0
Check Date: 12/02/2010 Check ID: 2000000000000000
Bank Code: XYZ

PRESBYTERIAN HEALTH PLAN
*** EXPLANATION OF PAYMENT ***

EOP Example-B2

GROUP NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

PRESBYTERIAN HEALTH PLAN
PO Box 27489
Albuquerque, NM 871257489

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-1> Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: <Product Name> Plan: AAA10000 GC: None

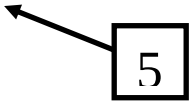
Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
	07/02/2009			Collection Taken	32.26	0.00	-32.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-32.26
	Claims Total:				0.00	0.00	-32.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-32.26

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-2> Acct #: 100000002 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	05/18/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Provider Total				87.72	52.74	35.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	0.00
	Grand Total:				87.72	52.74	35.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	0.00

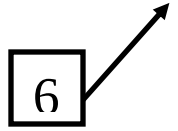
Check Number: 0 Date: 05/24/2010 Amount: 0.00



Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	0.00
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	-307.74

Explanation of Claims Handling

PDC The charge has been reduced based on a discount arrangement with the provider of services
None



*Amount shown may vary from primary carrier figures (if other insurance is involved).

Recovery of Claim(s) Overpayments Through Multiple EOPs, Continued

Continue reviewing the recovery of claim(s) overpayments through multiple EOPs with **EOP Example-B3** (a two-page EOP)

EOP Example-B3 (a two-page EOP) appears on the following page.

Part	Function
1	The first section of **EOP Example-B3** displays claim information for **MEMBER-1**, from which Presbyterian is recovering money. Review the entire line from left to right.
2	This column displays the total amount being recovered on **EOP Example-B3** ($64.52). The amount reflects what is possible to recover on this EOP, but it does not display the full amount of the money being recovered for **MEMBER-1** ($340.00).
3	**MEMBER-1** is always the first patient listed. Below it are patients you have also submitted claims for and for which you are being paid. The second, third, and fourth sections of **EOP Example-B3** display information and claims line items for **MEMBER-3**, **MEMBER-4,** and **MEMBER-5,** respectively. Review entire lines from left to right.
4	These columns in the second, third, and fourth sections display the "Claim Total" payment amounts ($0.00, $32.26 and $32.26) for services provided ("Serv 1"). Review the entire line from left to right. ***NOTE:*** The claim for **MEMBER-3** has been denied based on the benefit plan for **MEMBER-3** (payment code ZR1 - Annual Occupational Therapy Benefits Exhausted). Payment for that billed service is $0.00. Account for money being recovered from **MEMBER-1** and apply it as money being paid for billed services on **MEMBER-4,** and **MEMBER-5** (claim for **MEMBER-3** has been denied with payment code ZR1). Billed services for **MEMBER-3, MEMBER-4,** and **MEMBER-5** have now been paid and/or processed, but you won't receive a check on **EOP Example-B3**.
5	Page two of **EOP Example-B3** displays the Check Number (no check number), the Check Date, and the Check Amount of $0.00.
6	Page two of **EOP Example-B3** displays the Outstanding Negative Balance Remaining as $243.22 (owned).

Run Date: 06/14/2010 Check #: 0
Check Date: 06/14/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B3

GROUP NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

PRESBYTERIAN HEALTH PLAN ASO
PO Box 27489
Albuquerque, NM 871257489

1

2

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-1 Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: < Product Name > Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
	07/02/2009			Collection Taken	-64.52	0.00	-64.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-64.52
	Claims Total:				-64.52	0.00	-64.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-64.52

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-3 Acct #: 100000003 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/01/2010	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
	Claims Total:				120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-4 Acct #: 100000004 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/01/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26

3

4

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-5 Acct #: 100000005 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/08/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Provider Total:				295.48	105.48	190.00	0.00	120.00	70.00	0.00	0.00	0.00	0.00	0.00

Run Date: 06/14/2010 Check #: 0
Check Date: 06/14/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B3

Grand Total:	295.48	105.48	190.00	0.00	120.00	70.00	0.00	0.00	0.00	0.00	0.00

Check Number: 0 Date: 06/14/2010 Amount: 0.00

5

Explanation of Claims Handling

Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	0.00
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	-243.22

6

PDC The charge has been reduced based on a discount arrangement with the provider of services
None
ZR1 Annual Occupational Therapy Benefits Exhausted

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Recovery of Claim(s) Overpayments Through Multiple EOPs, Continued

Continue reviewing the recovery of claim(s) overpayments through multiple EOPs with **EOP Example-B4** (a two-page EOP)

EOP Example-B4 (a two-page EOP) appears on the following page.

Part	Function
1	The first section of **EOP Example-B4** displays claim information for **MEMBER-1**, from which Presbyterian is recovering money. Review the entire line from left to right.
2	This column displays the total amount being recovered on **EOP Example-B4** ($237.26). The amount reflects what is possible to recover on this EOP, but it does not display the full amount of the money being recovered for **MEMBER-1** ($340.00).
3	**MEMBER-1** is always the first patient listed. Below it are patients you have also submitted claims for and for which you are being paid. The second, third, fourth, and fifth sections of **EOP Example-B4** display information and claims line items for **MEMBER-6**, **MEMBER-7, MEMBER-8,** and **MEMBER-9,** respectively. Review entire lines from left to right.
4	These columns in the second, third, fourth, and fifth sections display the **Claim Total** payment amounts ($0.00, $170.00, $67.26, and $0.00) for services provided ("Serv 1"). Review the entire line from left to right. ***NOTE:*** The claim for **MEMBER-6** has been denied (payment code ZR1 - Annual Occupational Therapy Benefits Exhausted). Payment for that billed service is $0.00. ***NOTE:*** The claim for **MEMBER-9** has been denied (payment code 346 - Duplicate). Payment for that billed service is $0.00 Account for money being recovered from **MEMBER-1** and apply it as money being paid for billed services on **MEMBER-7,** and **MEMBER-8** (claim for **MEMBER-6** has been denied with payment code ZR1 and claim for **MEMBER-9** has been denied with payment code 346). Billed services for **MEMBER-6, MEMBER-7, MEMBER-8,** and **MEMBER-9** have now been paid and/or processed, but you won't receive a check on **EOP Example-B4**.
5	Page two of **EOP Example-B4** displays the Check Number (no check number), the Check Date, and the Check Amount of $0.00.
6	Page two of **EOP Example-B4** displays the Outstanding Negative Balance Remaining as $5.96 (owned).

Run Date: 06/22/2010 Check #: 0
Check Date: 06/21/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B4

GROUP NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

PRESBYTERIAN HEALTH PLAN ASO
PO Box 27489
Albuquerque, NM 871257489

1

2

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-1> Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: <Product Name> Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
	07/02/2009			Collection Taken	-237.26	0.00	-237.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-237.26
	Claims Total:				-237.26	0.00	-237.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-237.26

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-6> Acct #: 100000006 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/082010	00000	00000	ZR1	120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
	Claims Total:				120.00	0.00	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-7> Acct #: 100000007 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	05/19/2010	00000	00000		120.00	0.00	120.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	85.00
2	06/14/2010	00000	00000		120.00	0.00	120.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	85.00
	Claims Total:				240.00	0.00	240.00	0.00	0.00	70.00	0.00	0.00	0.00	0.00	170.00

3

4

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-8> Acct #: 100000008 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/14/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.26

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-9> Acct #: 100000009 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: Product Name Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/14/2010	00000	00000	346	120.00	120.00	0.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00
	Claims Total:				120.00	120.00	0.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	0.00

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Run Date: 06/22/2010 Check #: 0
Check Date: 06/21/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B4

Provider Total:	362.74	172.74	190.00	0.00	240.00	70.00	0.00	0.00	0.00	0.00	0.00
Grand Total	362.74	172.74	190.00	0.00	240.00	70.00	0.00	0.00	0.00	0.00	0.00

Check Number: 0 Date: 06/21/2010 Amount: 0.00

5

Explanation of Claims Handling

346 Duplicate
PDC The charge has been reduced based on a discount arrangement with the provider of services
None
ZR1 Annual Occupational Therapy Benefits Exhausted

Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	0.00
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	-5.96

6

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Recovery of Claim(s) Overpayments Through Multiple EOPs, Continued

Continue reviewing the recovery of claim(s) overpayments through multiple EOPs with **EOP Example-B5** (a two-page EOP)

EOP Example-B5 (a two-page EOP) appears on the following page.

Part	Function
1	The first section of **EOP Example-B5** displays claim information for **MEMBER-1**, from which Presbyterian is recovering money. Review the entire line from left to right.
2	This column displays the total amount being recovered on **EOP Example-B5** ($5.96). The amount reflects the remaining balance of money being recovered for **MEMBER-1**. It does not display the full amount of the money being recovered for **MEMBER-1** ($340.00).
3	**MEMBER-1** is always the first patient listed. Below it are patients you have also submitted claims for and for which you are being paid. The second, third, and fourth sections of **EOP Example-B5** display information and claims line items for **MEMBER-10**, **MEMBER-11,** and **MEMBER-12,** respectively. Review entire lines from left to right.
4	These columns in the second, third, and fourth sections display the "Claim Total" payment amounts ($85.00, $32.26, and $67.26) for services provided ("Serv 1"). Review entire lines from left to right. Account for money being recovered from **MEMBER-1** and apply it as money being paid for billed services on **MEMBER-10**. The amount ($5.96) is only a portion of the payment for **MEMBER-10**. Billed services for **MEMBER-10, MEMBER-11,** and **MEMBER-12** have now been paid. Because **EOP EXAMPLE-B5** includes payment amounts for billed services that exceed the amount being recovered ($5.96) on this EOP, a check had been generated for **EOP EXAMPLE B5**.
5	Page two of **EOP Example-B5** displays the Check Number, the Check Date, and the Check Amount of $178.56.
6	Page two of **EOP Example-B5** displays the Outstanding Negative Balance Remaining, which is now $0.00 (recovery amount owned). For this example, it is the fifth EOP when the recovery balance finally becomes zero.

Run Date: 07/06/2010 Check #: 0
Check Date: 07/05/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B5

GROUP NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

PRESBYTERIAN HEALTH PLAN ASO
PO Box 27489
Albuquerque, NM 871257489

1

2

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-1> Acct #: 100000001 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX01 Orig Claim: 10E00000XX00 Product: < Product Name > Plan: AAA10000 GC: None

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
	07/02/2009			Collection Taken	-5.96	0.00	-5.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5.96
	Claims Total:				-5.96	0.00	-5.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5.96

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-10> Acct #: 100000010 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: Product Name Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/282010	00000	00000		120.00	0.00	120.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	85.00
	Claims Total:				120.00	0.00	120.00	0.00	0.00	35.00	0.00	0.00	0.00	0.00	85.00

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-11> Acct #: 100000011 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: Product Name Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/29/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	35.00	0.00	0.00	0.00	0.00	32.26

3

Provider PHP 200000000 NPI 1234567890 NAME <PHYSICIAN/PRACTITIONER>

Name: < MEMBER-12> Acct #: 100000012 ID#: 100000000-00 SSN#: xxx-xx-0000 Claim: 10E00000XX00 Orig Claim: Product: <Product Name> Plan: AAA10000 GC: ASO

Serv	Date	Diag:	Proc#	Payment Codes	Amount Billed	Non-Allowable	Allowable	Discount	Denied	Ded/Copay/Coins	TPP*	Risk	Amt FFS Equiv.	Interest	Payment
1	06/28/2010	00000	00000	PDC	120.00	52.74	67.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.26
	Claims Total:				120.00	52.74	67.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.26
	Provider Total:				354.04	105.48	248.56	0.00	0.00	70.00	0.00	0.00	0.00	0.00	178.56

4

*Amount shown may vary from primary carrier figures (if other insurance is involved).

Run Date: 07/06/2010 Check #: 0
Check Date: 07/05/2010 Check ID: 2000000000000000
Bank Code: XYZ

< GROUP NAME > ASO
*** EXPLANATION OF PAYMENT ***

EOP Example-B5

Grand Total	354.04	105.48	248.56	0.00	0.00	70.00	0.00	0.00	0.00	0.00	178.56

Check Number: 0000123 Date: 07/05/2010 Amount: 178.56

5

Explanation of Claims Handling

Provider Refund Received:	0.00
Payment Amount Manual Reduction:	0.00
Negative Balance Recovered:	0.00
Current Negative Balances Remaining:	0.00
Outstanding Negative Balance Remaining:	0.00

6

PDC The charge has been reduced based on a discount arrangement with the provider of services
None

*Amount shown may vary from primary carrier figures (if other insurance is involved).