



Monday, May 20, 2019

1:00 pm – 2:30 pm

Teleconference/WebEx ONLY - ([Participant Instructions](#))

AUC EOB/Remit TAG

AGENDA

- 1. Meeting to Order**
- 2. Welcome & Introductions** – Please e-mail your attendance to brannan.andrea@mayo.edu
- 3. Anti-trust Statement** – www.health.state.mn.us/auc/pdfs/antitrust.pdf
- 4. Approve Previous Meeting Minutes**
- 5. Identifying, Addressing 835 “Pain Points” Through Education, Best Practices, Etc.**
 - a) “Instructional version” of X12 syntax in 835 companion guide COB appendices
 - b) Possible discussion -- WEDI white paper under development re. “Provider Adjustments (PLB) In The Electronic Remittance Advice (835)”
 - c) Other pain points and efforts to address them
- 6. Other Business**
- 7. Meeting Summary & Next Steps**
- 8. Next Meeting – Teleconference/WebEx ONLY (1-2:30pm)**

June 17, 2019

What follows below is a draft “strawman” concept example of a possible “educational” version of part of Section C.2 – COB Example 1 from the 835 MN Uniform Companion Guide
For instructional, illustrative, and discussion purposes only.

V14 Minnesota 835 Uniform Companion Guide -- Section C.2, COB Example 1 -- with additional detailed description.

C.2. COB Example 1 – Secondary group purchaser allows less than primary group purchaser (payer)

C.2.1 Brief description of hypothetical scenario for primary payer. (The amount the payer will pay depends on any contract/payment policies with the provider, as well as any patient responsibility.)

a. Total submitted by the provider	\$2500
b. “Allowed amount” by primary payer per contract with provider	- <u>\$1800</u>
c. Amount not allowed by the primary payer [a-b=c]	\$700
d. “Allowed amount” by primary payer (from b. above)	\$1800
e. Patient responsibility (patient deductible) to be paid by patient	- <u>\$500</u>
f. Amount to be paid by primary payer to provider [d-e=f]	\$1300

C.2.2 X12 835 message version of hypothetical scenario above for primary payer:

CLP*id*1*2500*1300*500*...
 SVC*HC:proc*2500*1300*...
 CAS*CO*45*700~
 CAS*PR*1*500~
 AMT*B6*1800~

C.2.3 X12 message above repeated with additional explanatory notes:

<i>Segment/element/value with notes/explanation</i>		
CLP*id*1*2500*1300*500*... SVC*HC:proc*2500*1300*... CAS*CO*45*700~ CAS*PR*1*500~ AMT*B6*1800~	CLP	Claim Payment Information – start of the CLP segment
	id	Element CLP01 (Claim Submitter Identifier) -- Placeholder for patient control number assigned by provider
	1	Element CLP02 (Claim Status Code). Value of “1” indicates “Processed as primary.”
	2500	Element CLP03 (Total Claim Charge Amount). Value of “2500” indicates the “monetary amount for the submitted charges for this claim.”
	1300	Element CLP04 (Claim Payment Amount). Value of “1300” indicates the “amount paid for this claim.”
	500	Element CLP05 (Patient Responsibility Amount). Value of “500” indicates the “patient responsibility for this claim.”

CLP*id*1*2500*1300*500*... SVC*HC:proc*2500*1300*... CAS*CO*45*700~ CAS*PR*1*500~ AMT*B6*1800~	Segment/Element/value with notes/explanation	
	SVC	Service Payment Information – start of SVC segment
	HC:proc	SVC01-1 element code “HC” identifies the subsequent code as a “HCPCS code”; SVC01-2 element “proc” is a placeholder for the HCPCS code denoting the service provided
	2500	SCV02 element value of “2500” is the “submitted service charge amount” (a charge of \$2500 was submitted for the service)
	1300	SVC03 element value of “1300” indicates the “amount paid” for this claim (this payer paid \$1300)

CLP*id*1*2500*1300*500*... SVC*HC:proc*2500*1300*... CAS*CO*45*700~ CAS*PR*1*500~ AMT*B6*1800~	Segment/Element/value with notes/explanation	
	CAS	Claim Adjustment – start of CAS segment
	CO	Element CAS01 (Claim Adjustment Group Code). Code value “CO” indicates “Contractual Obligations”
	45	Element CAS02 (Claim Adjustment Reason Code). Code value of “45” indicates “Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.”
	700	Element CAS03 (Adjustment Amount). Value of “700” indicates the adjustment amount. (A positive amount as indicated in this example decreases the payment contained in SVC03 and CLP04 above.)

CLP*id*1*2500*1300*500*... SVC*HC:proc*2500*1300*... CAS*CO*45*700~ CAS*PR*1*500~ AMT*B6*1800~	Segment/Element/value with notes/explanation	
	CAS	Claim Adjustment – start of CAS segment
	PR	Element CAS01 (Claim Adjustment Group Code). Code value “PR” indicates “Patient Responsibility”
	1	Element CAS02 (Claim Adjustment Reason Code). Code value of “1” indicates “Deductible Amount.”
	500	Element CAS03 (Adjustment Amount). Value of “500” indicates the adjustment amount. (A positive amount as indicated in this example decreases the payment contained in SVC03 and CLP04 above.)

CLP*id*1*2500*1300*500*... SVC*HC:proc*2500*1300*... CAS*CO*45*700~ CAS*PR*1*500~ AMT*B6*1800~	Segment/Element/value with notes/explanation	
	AMT	Service Supplemental Amount – start of AMT segment
	B6	Element AMT01 (Amount Qualifier Code). Code value “B6” indicates “Allowed – Actual”
	1800	Element AMT02 (Service Supplemental Amount). Value of “1800” indicates “allowed amount.”