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

### A. Individual Claims Summary

- **Patient:** John Doe  
- **Claim #:** 123456789101  
- **PMI:**  
- **Patient ID:** 123456789-01  
- **DRG:**  
- **Group:** ABCDEF  
- **Contract:** XX  
- **Discharge Frac:**  

### B. Claims Payment Breakdown

- **Claim Charge:** $9,418.97  
- **Payer Adj Amt:** $5,167.09  
- **Patient Resp:** $1,776.31  
- **Claim Payment:** $2,475.57  
- **Other Cont Oblig:** $14.95

### C. Service items, charge and allowed amount

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Sub Totals: 9,418.97, 4,789.73, 5,440.27, 1405, 89, 1,390.13, 2475.57

### D. Adjustments

- **Total Adjusted Amount:** $1,390.13

### E. Payment Codes

- **CO:** 45  
- **NA125:** 1

### G. Additional Payee Information

- **Provider:**
- **Adr:**
- **Tel:**
- **Email:**

### 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 report.
- **Claim Charge.** The amount charged to UCare 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 UCare owes to the provider for this individual claim.
- **Other Cont Oblig.** “Other Contractual Obligation” is used by UCare to display sequestration.

C. Service Items, charge and allowed amount
Service line items are the details about the submitted claim. UCare 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 UCare:
- **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. That means that doctors, hospitals and providers will be reimbursed at 98 cents on the dollar by 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 Codes.** 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 OA 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.

*Note: Additional information about the CARC and RARC codes applied to the claim are displayed on the bottom of the EOP report.*

F. Sums of all of the individual claim amounts: The bulk payment sum of all of the Charge, Allowed Amounts, Adjustment Amount, Other Contractual Obligation, Denied, and Patient Costshare.

G. Additional Payee Information:
- **Provider Adjustment Amount.** The unreimbursed amount owed to UCare (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.