

Summary of Changes for Facility and Professional Remittance Reports

- Front-to-back printing in a landscape format.
- Arrangement of claims by the action taken on a claim (Paid, Zero Paid or Denied, and Adjusted) instead of member's product type (Alliance SelectSM, Blue Select[®], etc.).
- Claims categorized by paid, zero paid or denied, adjustments, and recoupments.
 - Adjustments sorted into three categories: claims with additional or reissued payment, adjusted claims with no change in payment, and adjusted claims with reduced payment.
 - Claims reported in the "paid" and "zero paid or denied" categories sorted alphabetically by patient last name.
- Product codes are not on the new form. Previously, product codes were used to identify the member's Wellmark plan, such as AS for Alliance Select.
- *Member Responsibility* includes four new columns:
 - Deductible
 - Copayment
 - Coinsurance
 - Amount Not Covered
- *Network Savings* replaces the term Provider Agreement and reflects amounts that are provider liability.
- *Patient Name* and *Insured Name* columns show both first and last names.
- National Provider Identifier (NPI) is the only provider number reported.
- *Other Insurance Paid* details follow the claim only when primary other insurance payment notice was received. If the primary payer was Medicare, two lines display:
 - Medicare Approved Amount
 - Medicare Paid Amount
- Claim messages display after a patient's last claim if he or she has multiple claims in the same category.
- A summary of all check or electronic payment numbers associated with the claims reported in the document is on the last page.

Change for Facility Document Only

- A DRG/SOI/EAPG column reflects codes used for reimbursement:
 - the Diagnostic-Related Grouping and Severity of Illness (DRG/SOI) code for inpatient admissions
 - the Enhanced Ambulatory Patient Groups (EAPG) code for outpatient services in 2010
- Outpatient charges display each line on a facility's document. Previously, an outpatient facility claim displayed one line with the total charge.
- The *Procedure Code* column will display an outpatient claim's revenue code. The procedure code (e.g., CPT[®] code) will be included if priced according to the pro. This column will be blank for inpatient claims, since only one line prints for inpatient services.
- Additional information in the recoupment section will facilitate reconciliation:
 - Member identification number
 - Original amount of the accounts receivable (A/R)
 - Total charge of the claim
 - Original claim adjustment reason code and description

(continued)

Change for Professional Document Only

- The *Procedure Code* column displays the procedure code for each charge and will provide up to two modifiers (if submitted).
- The National Provider Identifier (NPI) of individual clinicians display on each detail line.
- The Place of Service column has been removed.