



New PCR: Questions and Answers

Q1. What's the difference between Network Savings and Amount Not Covered?

A1. The Network Savings column is the provider's responsibility. For example, the difference between a provider's charge and Wellmark's maximum allowable fee would appear in this column. Not covered services are the member's responsibility.

Q2. What kinds of items will be listed in the Amount Not Covered column?

A2. Items listed in the Amount Not Covered column are those that are not part of the member's benefit plan, for which the member is liable. For example, a cosmetic service would typically deny as something that is not covered. If a member receives preventive services, but has no benefits for the preventive care, services would print as not covered and be the member's liability.

Q3. Will BlueCard® or Federal Employee Program members' claims continue to be separated from Wellmark members' claims?

A3. BlueCard claims will be integrated with Wellmark members' claims. Claims for FEP members will continue to have a separate PCR and check(s). The PCR will be in the same format for all members.

Q4. For facility services, I see a DRG/SOI/EAPG column, which is blank in some instances. Why?

A4. This is a payment code field. The DRG/SOI field includes Diagnostic-Related Grouping and Severity of Illness codes used for reimbursing inpatient admissions. The EAPG code represents the Enhanced Ambulatory Patient Groups that will be used to reimburse outpatient services in 2010.

Q5. What information is in the Procedure Code field? Some of ours are blank.

A5. Depending on the claim, this field could include revenue codes, procedure codes, and modifiers. If a procedure code was used to price a facility's outpatient service, the procedure code will follow the revenue code. Because inpatient services list only one line, procedure codes will not print on an inpatient claim.

Q6. How will adjusted claims show on the PCR?

A6. There are three categories for adjusted claims:

- Claims with Additional or Reissued Payment
- Adjusted Claims with No Change in Payment
- Adjusted Claims with Reduced Payment

If Wellmark is recouping money from the payment, a category called Recoupment Claims will be included.

Q7. What changes were made for recoupments?

A7. The following are some of the additional details you'll see for a recoupment:

- member identification number
- original amount of the receivable (A/R)
- original claim adjustment reason code and description
- total amount of the original claim

(continued)



Q8. Previously, a recoupment could only be made if the remittance included payment from the same product. Is that changing, now that claims are not being categorized by product type?

A8. That is not changing. Wellmark will not recoup from a payment unless the PCR includes another payment from the same product type. For example, if Wellmark needs to recoup a payment for a member with a Medicare supplement plan, we will only recoup if your remittance includes a payment for a Medicare supplement plan; BlueCard claim payments will only be recouped if a BlueCard payment is made.