

How to read your facility Explanation of Payment

Certain Independence Blue Cross (IBC) members with spending accounts have a new payment option called Direct Pay to Provider (DPTP). DPTP allows these members to pay providers from their Health Savings Account (HSA), Health Reimbursement Account (HRA), or Flexible Spending Account (FSA). For HRA and FSA participants, DPTP is an employer-only option; however, these participants may also have the option to generate payment directly from their account to the provider or self-reimburse through direct deposit. Facility providers receiving payment from members will be issued an Explanation of Payment (EOP).

This guide provides an overview and detailed information for the facility spending account EOP for facility providers. It includes the definitions for headers, numbers, and remarks used in the new facility EOP. Use this guide as a reference tool for office staff to understand and interpret payments.

Note: This guide was current at the time of publication but is subject to change.

June 2014



Recipient Control Sheet

Spending Account Processing

ID NUMBER: 123456789

RECIPIENT CONTROL SHEET
SPENDING ACCOUNT PAYMENTS

SPENDING ACCOUNT

1	PROVIDER NUMBER	2	CHECK NUMBER	3	CHECK AMOUNT
	123456789		000123456		200.00
4	TOTAL CHECKS	1	5	TOTAL AMOUNT	200.00

The image above is a sample copy of a spending account explanation of payment (EOP). The first page is the Recipient Control Sheet, which displays financial total and payment information for a paper check or Electronic Funds Transfer (EFT), including the following:

1. **Provider Number:** The NPI of the billing provider.
2. **Check Number:** The check number on the paper check received by the billing provider.
3. **Check Amount:** The amount of the check payment.
4. **Total Checks:** Total number of checks included in the payment.
5. **Total Amount:** The total amount paid.

Spending Account Payment Summary

SPENDING ACCOUNT PAYMENT SUMMARY		6
ABC UNIVERSITY HOSPITAL		EFT FND
123 ANY STREET		200.00
PHILADELPHIA, PA 19125		DATE: 01/01/2014
7	PROVIDER: 123456789	PAGE NUMBER: 00002
Provider No. 123456789	Date: 01/01/2014	
Bank Name: PNCBANK, NATIONAL ASSO	AMOUNT: 200.00	
REGULAR TRANSFER		
THIS AMOUNT HAS BEEN DEPOSITED INTO YOUR BANK ACCOUNT		
REGULAR TRANSFER		

SPENDING ACCOUNT PAYMENT		PROVIDER PAYMENT CHECK TOTALS	
8	SPENDING ACCOUNT FUNDS PAID		200.00
9	ADJUSTMENT		.00
10	SPENDING ACCOUNT PAYMENT		200.00
	PROVIDER PAYMENT		

The image above is a sample copy of the second page of an EOP where payment was remitted through EFT. It includes the following:

6. **EFT FND:** Indicates if remitted electronically.
7. **Provider:** The NPI of the billing provider.
8. **Spending Account Funds Paid:** The total amount paid.
9. **Adjustment:** Adjustments against prior spending account payments.
10. **Provider Payment:** Total amount paid to the provider.

Spending Account Payment Summary – Detail pages

SPENDING ACCOUNT PAYMENT SUMMARY								
PROVIDER 123456789			ABC UNIVERSITY HOSPITAL			DATE: 01/01/2014		
AMERIHEALTH INC SPENDING ACCOUNT 1-800-275-2583						PAGE NUMBER: 00003		
PAT ACCOUNT NUMBER	MEMBER ID	PATIENT FNAME PATIENT LNAME	BEGIN DOS END DOS	CLAIM NUMBER	11 TOTAL SPENDING ACCOUNT FUNDS REQUEST	12 SPENDING ACCOUNT FUNDS PAID	13 REMAINING LIABILITY	14 REMARKS CODE
ABC-IBC-INPAT-001	ABC987654321012	JOHN DOE	12-01-14 12-03-14	12345678912	200.00	200.00	.00	
TOTAL AVAILABLE FOR PAYMENT					200.00	200.00	.00	

- 11. **Total Spending Account Funds Request:** The total amount of funds requested by the provider.
- 12. **Spending Account Funds Paid:** The actual amounts paid to the provider.
- 13. **Remaining Liability:** The remaining member liability amount.
- 14. **Remarks Code:** A numeric code for any messages to the provider associated with the payment. Descriptions of these codes are provided on the last page of the EOP.

15	<p>MESSAGE(S): J0091 If you have any questions, call 1-800-275-2583.</p>
16	<p>"The amount(s) noted above are payments made by AmeriHealth, Inc., an independent company. AmeriHealth administers these payments on behalf of Independence Blue Cross (IBC) for members who have directed IBC to make payments from their personal spending accounts to providers for amounts which are the responsibility of such members. Such amount(s) are not being paid by AmeriHealth on behalf of IBC in IBC's capacity as an insurer or administrator of the member's health insurance plan and are in addition to any amount paid by IBC pursuant to such plan. As a result, IBC members should not be separately billed for any amount(s) relating to this service which are satisfied by the payment and any amount(s) also directly collected from the member in excess of the amount(s) due should be refunded to the member."</p>

- 15. **Message(s):** Displays any messages to the provider associated with the payment.
- 16. **Disclaimer Information:** Payment checks will be made out by AmeriHealth, Inc., an independent company that administers check payment on behalf of IBC for members who have directed IBC to make payments from their personal spending account to providers for amounts that are the member's responsibility.