Explanation of Benefits (EOB) and Remittance Advice (RA)

The explanation of benefits (EOB) or Remittance Advice (RA) will include the information needed to post claims for each member included during this processing cycle. Anthem will send one check to cover the total amount on the EOB/RA. To receive your EOBs/RAs electronically, please call 800-332-7575, or download the 835 registration form at www.edi.anthem.com.

EOBs and RAs will now be in the same format for all local and BlueCard® members. See the sample EOB and RA on the next page.

EXPLANATION OF BENEFITS

ISSUE DATE	PAGE C000002
May 26, 2006	00002 OF 00003

ABC MEDICAL GROUP
PO BOX 8500
DENVER, CO 80273

Sequence Number: 232763722 200600005
Provider ID: 232763722
NETWORK PROVIDER: N
FOUNDATION PHYSICIAN: N

Alpha Prefix

Patient Name: DOE, JOHN
Claim ID: 06129111059 **
ID Number: AAA031A06010 Acct Nbr:
Group Nbr: CU0200

SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
01/12/06	90921	001	650.00	354.82	295.18/01		141.93/02	212.89
	TOTAL THIS CLAIM		650.00	354.82	295.18	0.00	141.93	212.89

FOR INFORMATION CALL: 888-817-8737

MESSAGES:

01 - This is the amount in excess of the allowed expense for a non-participating provider.
02 - This balance is the member's coinsurance responsibility.

PAYMENT SUMMARY

CLAIMS PAYMENT/ADJUSTMENTS	PROCESSED	PAID AMOUNT
Total Claims	212.89	212.89
Adjustments Payable Provider	0.00	0.00
Deferred Adjustments Due	0.00	0.00
Sub Total		212.89

CHECK AMOUNT (CHK # 7000004038) $212.89

THIS IS NOT A BILL

SEE LAST PAGE FOR IMPORTANT INFORMATION

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc.
* Registered Marks Blue Cross and Blue Shield Association.

1000B000005

NM223A 07/06

Explanation of Benefits Data Dictionary
The following list provides definitions for all data fields in the explanation of benefits, which we send to Providers who submit claims on a CMS 1500 Form.

Account Number	The account number your office has assigned to our member's account. This number will be repeated on each claim/EOB.
Adjustment Information	This line follows the claim detail and indicates if the claim is an adjustment. If it's an adjustment, the original claim's EOB sequence number is cross-referenced.
Adjustments Payable (to the) Provider	A supplemental adjustment that will increase the Anthem paid amount for a claim and will be added to the current EOB
Allowed Amount	The PPO/ancillary schedule of maximum allowable amounts
Billed Amount	The amount the Provider billed Anthem for the service
Claim ID	The document control number (DCN), which is number Anthem assigns for each claim, document and letter which is received by Anthem. The first five numbers are the Julian date.
Claims Payment	The allowed amount minus the deductible amount minus the copayment amount, i.e., the allowed amount minus the member's financial responsibility
Claims Payment/Adjustments	A summary of all the claims and adjustments from the previous pages of the EOB
Claim Received Date	The date Anthem received the original claim –(which is the same as the DCN date)
Coinsurance/Copayment Amount	The amounts, which are determined by the member's certificate, that the member must pay
Deductible Amount	The amount, which is determined by the member's certificate, that he member must pay before benefit payments begin
Deferred Adjustments Due	Adjustment(s) indicated on the current EOB. The indicated amount(s) will be withheld from an EOB for 45 days from the current EOB date – not from this EOB.
Deferred Claims Adjustment Withhold	A list of any overpayment(s) being deducted from the current payment. Each claim is itemized and includes the member's name, account number, service dates, sequence number, reason code, withhold amount and the telephone number to call for an appeal.
ID Number	The member's unique Anthem identification number, which has an alpha character in the fourth position

700 BROADWAY
DENVER, CO
80273-0002

REMITTANCE ADVICE

ISSUE DATE	PAGE C000001
May 26, 2006	00002 OF 00004

290021
ABC Hospital Medical C
File 50026
Denver, CO 80273

SEQUENCE NUMBER: 290021-004 200600037

OUTPATIENT

PATIENT ACCT NUMBER / CLAIM NUMBER	PATIENT NAME / NETWORK CLAIM NBR	ALPHA PREFIX MEMBER ID NUMBER	CONTRACT TYPE / ACTION CODE	SERVICE DATES FROM TO / REIM RATE / NETWORK	APPROVED DAYS / PAID DAYS	TOTAL CHARGES / COVERED CHARGES	PROVIDER LIABILITY / MEMBER LIABILITY	CLAIMS PAID AMOUNT
734714-0001	DOE, J.		PBEX	052606 052606	000....	608.80	489.64	
06157055547 **		AAA 995A52306	PAID	204%/NW01	1	608.80	0.00	119.16
734228-0001			PBOP	052506 052506	000....	127.05	0.00	
06157055549	JONES, J.	531A55079	PAID	2515.00/NW01	1	127.05	12.70	114.35
728802-0001			IPSE	042006 042006	000....	383.40-	21.40-	
06116056622 **	WILSON, W	942A62626	S90	100%/NW01	1	21.40-	362.00-	0.00

Alpha Prefix

... REFER TO SEQ.NO. 050090-001 200600722

PATIENT ACCT NUMBER / CLAIM NUMBER	PATIENT NAME / NETWORK CLAIM NBR	ALPHA PREFIX MEMBER ID NUMBER	CONTRACT TYPE / ACTION CODE	SERVICE DATES FROM TO / REIM RATE / NETWORK	APPROVED DAYS / PAID DAYS	TOTAL CHARGES / COVERED CHARGES	PROVIDER LIABILITY / MEMBER LIABILITY	CLAIMS PAID AMOUNT
728802-0001	WILSON, W		IPSE	042006 042006	000....	383.40	287.19	
06116056622 **		942A62626	S90	100%/NW01	0	383.40	28.86	# 67.35
731984-0001	JOHNSON, J		PPO *	050906 050906	000....	1117.99	357.99	
06146055590		85231314	PAID	100%/NW01	0	1117.99	75.00	685.00

EXPLANATION OF CODES

CONTRACT TYPES:

COEB: Premier $25

COEE: $35 Genrx

COSL: BP Opt I 15/40/60/30%

COED: $40 Copay

COEA: Premier $15

COEG: H S A 2000

NETWORK:

NW01 ANTHEM

ACTION CODES:

THIS IS NOT A BILL

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Remittance Advice Data Dictionary

The following list provides definitions for all data fields in the remittance advice, which we send to Providers who submit claims on a UB 04 Form.

Action Code	A three-digit code indicating the final outcome of the claim. If the claim is paid, "PAID" will display. A list of applicable codes is provided in the remittance advice explanation of codes section.
Appeals Info	A phone number the Provider can call to appeal the overpayment adjustment withhold identified on the remittance advice
Approved Days	Inpatient days approved by utilization review. For **outpatient** days, approved days will be displayed as "000."
Check Amount	The total amount paid for the claims listed in the remittance advice.
Claim Number	The unique document control number (DCN), which is the number Anthem assigns for each claim received. The first five numbers are the Julian date.
Claims Paid Amount	The total amount to be paid to the Provider for each claim listed on the remittance advice.
Claims Payments/Adjustments	A summary of payments and adjustments for all inpatient and outpatient claims detailed in the remittance advice.
Contract Type	The type of Anthem coverage the member has. A list of contract types for claims in the specific remittance advice is displayed in the explanation of codes section.
Covered Charges	The maximum allowed amounts for the services covered by the member's certificate.
Deferred Claims Adjustment Withhold	Any overpayment adjustment withholds that have not been repaid to Anthem within the 45-day timeframe. Each claim is itemized and includes detailed information about the overpayment adjustment withhold. The remittance advice check will be reduced by the amount(s) identified in this section.
Deferred Inpatient Adjustments Due	The amount of overpayment adjustment for an **inpatient** claim identified on the remittance advice. This amount is deferred for 45 days and notification letters are sent to the Provider.
Deferred Outpatient Adjustments Due	The amount of overpayment adjustment for an **outpatient** claim identified on the remittance advice. This amount is deferred for 45 days and notification letters are sent to the Provider.
Explanation of Codes	Definitions for the contract types, networks utilized and action codes listed in the claim detail line information of the remittance advice and displayed on the second-to-last page of the remittance advice.
Financial Summary	The last page of the remittance advice, which displays the summary breakdown of payments, adjustments, overpayment adjustment withholds and interest payments.
Inpatient	The identified type of claim for a member who occupies a hospital bed while receiving hospital care.
Inpatient Adjustments Payable Provider	The total amount of all inpatient claims adjustments identified on the remittance advice that are to be credited to the Provider.
Issue Date	The date the remittance advice was generated. If the claims volume for a specific Provider is high, a remittance advice may be generated daily.
Member ID number	The member's unique Anthem identification (ID) number. The unique ID is a series of nine characters with a letter in the fourth position.
Member Liability	The only charges an Anthem member may be responsible for and may be billed for by the Provider, which are: • Services not covered by the member's certificate

	• Amounts required by the member's certificate (copayments, coinsurance and/or deductibles) • Other charges for which the member signed a waiver form for accepting liability
Network	The grouping of health care Providers Anthem contracts with to provide health care services to our members.
Network Claim Nbr	Not currently used in the remittance advice.
Outpatient	The identified type of claim for an Anthem member who receives care and goes home the same day. If the outpatient claim indicates more than "1" in the paid days column, it usually indicates the number of "occurrences" for that procedure.
Outpatient Adjustments Payable Provider	The total amount of all outpatient claim adjustments identified on the remittance advice that are to be credited to the Provider.
Page __ of ___	The current page and total number of pages in the remittance advice.
Paid Amount	The total amounts to be paid for each of the following categories: • Total inpatient claims • Inpatient adjustments payable to the Provider • Total outpatient claims • Outpatient adjustments payable to the Provider This column does **not** include the deferred inpatient or outpatient adjustments due amounts, because the overpayment adjustment is deferred for 45 days.
Paid Days	The total number of days for which the claim was paid, which is usually equal to or less than the approved days for inpatient claims. For outpatient claims, "1" will usually be indicated, unless the total "occurrences" for the particular procedure is indicated.
Patient Account Number	A patient identifier issued by the Provider for his/her in-house records and captured only if submitted by the Provider.
Patient Name	The last name and first initial or name of the patient for whom the claim was submitted.
Processed	The total amounts identified in the remittance advice for each of the following categories: • Total inpatient claims • Inpatient adjustments payable to the Provider • Deferred inpatient adjustments due • Total outpatient claims • Outpatient adjustments payable to the Provider • Deferred outpatient adjustments due A total isn't indicated for this column because it only identifies the **activity** of the remittance advice.
Provider Liability	The amount of write-off, based on the Provider's contractual agreement with Anthem.
Refer to Seq. No. ___	An identifier in the body of the remittance advice that a claim adjustment occurred and which is a reference number to the **previous** remittance advice where the original claim was processed.
Reimbursement Rate	The percentage(s), per diem amount or a flat-dollar amount at which the claim is reimbursed for the service or procedure.
Remittance Advice	A reimbursement report with detailed line information and a payment summary and issued electronically or on paper from Anthem's claims processing system.
Rsn Cde	A three-digit reason code indicating the outcome of the claim and which is the same as the action code but identified as a reason code for deferred claims adjustment withholds. The reason code definition is displayed below the withhold information.
Sequence Number	A series of numbers assigned to each remittance advice that include the Medicare number or TID number, the current year, and a sequential number following the year (e.g.,

	sequence number 200400004 indicates it's the fourth remittance advice generated for the Provider in the year 2004). The sequence number restarts at the beginning of each year.
Service Dates	The to/from dates indicated for an overpayment adjustment withhold in the financial summary.
Service Dates From/To	The dates of service for the claim.
Service Type	Indicates whether the claim is for inpatient or outpatient services in the deferred claims adjustment withhold section of the financial summary.
Statutory Interest on Delayed Payment	An interest payment from the processing date for a claim not paid within the required timeframe.
Subtotal	The total amount Anthem is paying for the claims listed in the remittance advice.
Total Charges	The amount the Provider bills for the service or procedure.
Total Inpatient Claims	The initial inpatient claims total listed in the remittance advice and which does **not** include any adjustment amounts identified in the remittance advice.
Total Outpatient Claims	The initial outpatient claims total listed in the remittance advice and which does **not** include any adjustment amounts identified in the remittance advice.
Withhold Amount	The amount of the overpayment adjustment withhold that will be deducted from the remittance advice check total.