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Humana Making It Easier

Dental Claim Explanation of Remittance (EOR)



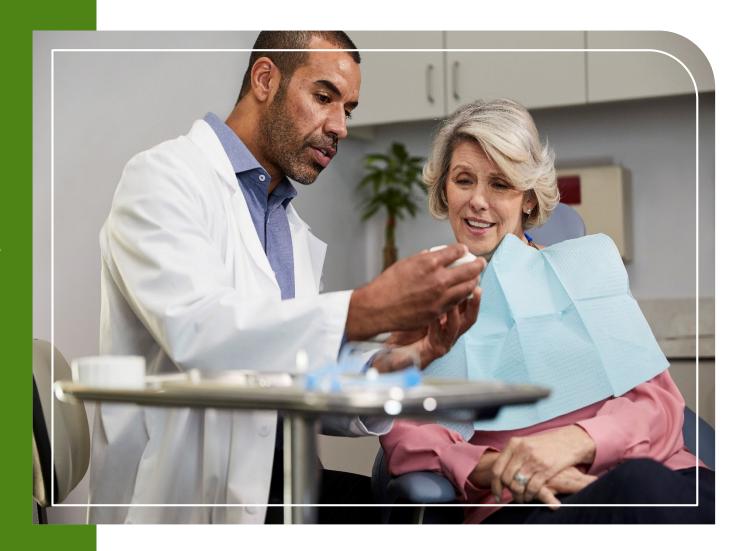


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Overview

- This presentation provides guidance on how to access and interpret the information provided on remittances.
- This information pertains to dental claims submitted for patients with Humana dental policies.



What is an explanation of remittance (EOR)?

- Describes action(s) taken on a claim
- May contain information on one or more claims, for one or more Humana-covered patients and dates of services
- Can be electronic or traditional (paper)

Electronic remittance advice can be viewed online using the Remittance Inquiry (Humana) tool on Availity.com.

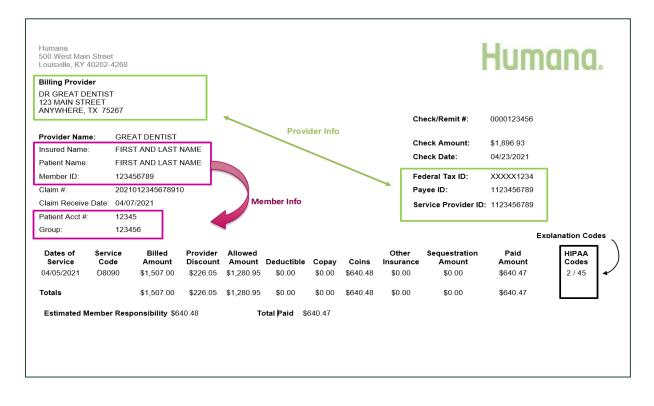
Understanding HIPAA reason codes

- CARC Claim adjustment reason code
 - Industry-standard code that describes how a claim line was processed
 - Appears on all remittances—electronic and paper
- RARC Remittance advice remark code
 - Industry-standard code that provides additional information beyond the CARC
 - Appears only on electronic remittances

Understanding Humana explanation codes

- Humana's explanation codes and descriptions of these codes:
 - Are proprietary explanations of actions taken on a claim line
 - Appear on traditional and online remittances
- Explanation codes on an EOR can be either pay or deny codes
 - Pay codes:
 - Represent the amount allowed for each service on a claim
 - Can reflect the contracted amount for participating providers, or the maximum allowable fee for nonparticipating providers
 - Deny codes:
 - Represent the portion of a charge not allowed and the reason why
 - Provide guidance for any next steps that can be taken

Key information found on dental remittances



- The location of information may vary between an electronic and a paper remittance, but the basic information remains the same.
- Provider information is displayed in the green boxes, while member information appears in the plum boxes.
- The bottom chart shows information such as the date of service, services rendered and allowed and paid amounts.
- Outlined in black are explanation codes, which describe actions taken on the claim.

Electronic remittance example

Humana. Humana 500 West Main Street Louisville, KY 40202-4268 Billing Provider DR GREAT DENTIST 123 MAIN STREET ANYWHERE, TX 75267 Check/Remit #: 0000123456 GREAT DENTIST Provider Name: \$1.896.93 Check Amount: Insured Name: FIRST AND LAST NAME Check Date: 04/23/2021 Patient Name: FIRST AND LAST NAME Member ID: 123456789 Federal Tax ID: XXXXX1234 Claim #: 2021012345678910 Payee ID: 1123456789 Claim Receive Date: 04/07/2021 Service Provider ID: 1123456789 Patient Acct #: 12345 123456 Group: HIPAA Dates of Service Paid Billed Provider Allowed Other Sequestration Service Code Deductible Coins Insurance Amount Amount Codes Amount Discount Amount 04/05/2021 D8090 \$1,507.00 \$1,280.95 \$640.48 \$0.00 \$0.00 \$640.47 2 / 45 Totals \$0.00 \$640.47 \$1,280,95 \$640.48 \$0.00 Estimated Member Responsibility \$640.48 Total Paid \$640.47 CARC's & RARC's

- The green box shows provider and patient information, the check remittance number and check amounts.
- The plum box depicts information about the services rendered; the reimbursement for those services, including patient responsibility; the total paid; and CARCs and RARCs.
- Each claim line will contain up to two CARCs and two RARCs, as shown in the black box.

Electronic remittance example (cont.)

Humana 500 West Main Street Louisville, KY 40202-4268



Claim Adjustment Reason Codes Description

- 2: Coinsurance Amount
- The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
- 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

Remittance Advice Remark Codes Description

N129 Not eligible due to the patient's age.

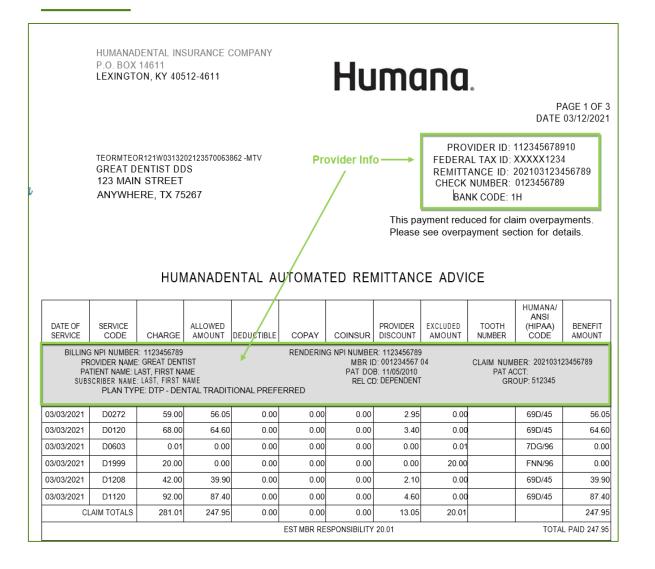
N130 Consult plan benefit documents/guidelines for information about restrictions for this service.

Reconsideration/Appeal Rights

http://apps.humana.com/marketing/documents.asp?file=2859948

Descriptions of the CARCs and RARCs are found at the end of the remittance.

Traditional remittance example



- A traditional remittance displays much of the same information as the electronic remittance.
- Provider, patient and check information is shown in the green boxes.

Traditional remittance example (cont.)

HUMANADENTAL INSURANCE COMPANY P.O. BOX 14611 LEXINGTON, KY 40512-4611

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PAGE 1 OF 3 DATE 03/12/2021

TEORMTEOR121W0313202123570063862 -MTV|
GREAT DENTIST DDS
123 MAIN STREET
ANYWHERE, TX 75267

Claim Information

PROVIDER ID: 112345678910 FEDERAL TAX ID: XXXXX1234 REMITTANCE ID: 202103123456789 CHECK NUMBER: 0123456789

BANK CODE: 1H

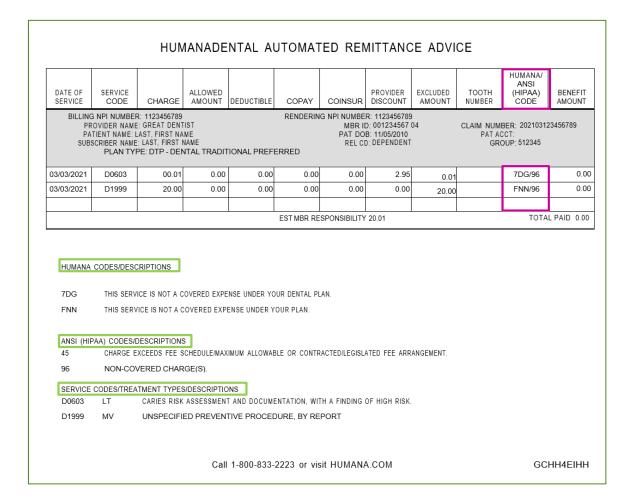
This payment reduced for claim overpayments. Please see overpayment section for details.

HUMANADENTAL AUTOMATED REMITTANCE ADVICE

| DATE OF SERVICE | SERVICE CODE | GHARGE | ALLOWED AMOUNT | DEDUCTIBLE | COPAY | COINSUR | PROVIDER DISCOUNT | EXCLUDED AMOUNT | TOOTH NUMBER | HUMANA/ ANSI (HIPAA) CODE | BENEFIT AMOUNT |
|--|-----------------|--------|-------------------|------------|-------|---------|----------------------|--------------------|-----------------|------------------------------------|-------------------|
| BILLING NPI NUMBER: 1123456789 RENDERING NPI NUMBER: 1123456789 PROVIDER NAME GREAT DENTIST MBR ID: 001234567 04 CLAIM NUMBER: 202103123456789 PATIENT NAME LAST, FIRST NAME PAT DOB: 11/05/2010 PAT ACCT: SUBSCRIBER NAME: LAST, FIRST NAME REL CD: DEPENDENT GROUP: 512345 PLAN TYPE: DTP - DENTAL TRADITIONAL PREFERRED | | | | | | | | | | | |
| 03/03/2021 | DØ272 | 59.00 | 56.05 | 0.00 | 0.00 | 0.00 | 2.95 | 0.00 | | 69D/45 | 56.05 |
| 03/03/2021 | D0120 | 68.00 | 64.60 | 0.00 | 0.00 | 0.00 | 3.40 | 0.00 | | 69D/45 | 64.60 |
| 03/03/2021 | D0603 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | | 7DG/96 | 0.00 |
| 03/03/2021 | D1999 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 20.00 | | FNN/96 | 0.00 |
| 03/03/2021 | D1208 | 42.00 | 39.90 | 0.00 | 0.00 | 0.00 | 2.10 | 0.00 | | 69D/45 | 39.90 |
| 03/03/2021 | D1120 | 92.00 | 87.40 | 0.00 | 0.00 | 0.00 | 4.60 | 0.00 | | 69D/45 | 87.40 |
| CLAIM TOTALS 281.01 247.95 0.00 | | | | 0.00 | 0.00 | 13.05 | 20.01 | | | 247.95 | |
| EST MBR RESPONSIBILITY 20.01 TOTAL PAID 247 | | | | | | | | | L PAID 247.95 | | |

- This example contains information related to the services rendered and reimbursement for those services.
- Displayed are service codes billed on the claim, allowed amounts, patient responsibility, total paid amount and explanation codes.

Traditional remittance example (cont.)



- Humana explanation codes do not appear on an electronic remittance, but they do appear on traditional and online remittances, as indicated by the plum box.
- RARCs do not appear on a traditional remittance. CARCs do appear, as indicated in the ANSI (HIPAA) Codes/Descriptions.
- Service Codes and Treatment
 Types/Descriptions appear on the traditional remittance.

How overpayment affects a remittance

- When Humana identifies an overpayment, it sends the dentist a written explanation of the overpayment and requests a refund.
- Dentists have the option to refund the overpaid amount. If Humana receives the refund within 45 days, no deductions or offsets are made on any subsequent claim(s).
- If the overpayment is not refunded within 45 days, the amount is recovered using the next available claim(s) until the full payment has been recovered.

Overpayment Request Letter – Single overpaid claim

Humana.

Attn: Provider Payment Integrity P.O. Box 14601 Lexington, KY 40512-4601

July 22, 2022

John Johnson DDS INC 123 Main Street, Building 1 Dental Town, Wisconsin 54302

Refund request — see enclosed chart

Dear Dr. Johnson:

Humana strives to offer its members high-quality healthcare at affordable rates. To facilitate this objective, we review our payments for accuracy. While it is certainly our desire to pay all claims accurately the first time, occasionally we find that claims have been paid incorrectly. As part of a recent review, we determined the claims referenced on the enclosed chart to be overpaid by \$34.85. The reasons for the overpayment(s) are listed on the chart.

- This is an example of an Overpayment Request Letter for a single overpaid claim.
- The letter details an overpayment of \$34.85.

Overpayment Request Letter – Multiple overpaid claims

Humana Attn: Provider Payment Integrity Department P.O. BOX 14601 Lexington, KY 40512-4601



September 24, 2021

RVMOFRL0066A0124202107310001031 PAUL B JOHNSON JR DDS INC 123 Main Street Bldg. 1 Green Bay, WI 54302

REFUND REQUEST SEE ENCLOSED CHART

Dear Patient Account Manager:

Humana strives to offer our members high-quality health care at affordable rates. To facilitate this objective, we review our payments for accuracy. While it is certainly our desire to pay all claims accurately the first time, occasionally we find that claims have been paid incorrectly. As part of a recent review, we determined the claim(s) referenced on the enclosed chart to be overpaid by \$2,436.80. The reason(s) for the overpayment(s) is/are on the overpayment chart enclosed.

Please review your files with the enclosed chart. If you confirm our findings, please send a refund, along with a copy of the enclosed chart, to the address below within 45 days from the date of this letter. If you do not agree with these findings, wish to dispute this notice or have questions regarding an overpayment, you can manage Humana overpayments electronically with the online overpayment application on the Availity Portal, at www.availity.com. You can find the application on the Portal under "Claims & Payments." To learn more about getting started with Availity, please visit Humana.com/ProviderSelfService.

If you prefer, you may contact us by phone at 1-800-438-7885 (TTY: 711). Representatives are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. You also can send an email to contactPPI@humana.com. If you contact us, please provide the following information:

- · Healthcare professional's name, Tax Identification Number (TIN), phone and fax numbers
- Patient's name, Humana member ID and member date of birth
- Claim number and date of service for the claim
- Brief description of request

To submit a refund for this overpayment amount, please direct your refund check to the address below:

Humana Health Care Plans P.O. Box 931655 Atlanta, GA 31193-1655 This is an example of an Overpayment Request Letter for multiple overpaid claims. It includes a chart that details the overpayments.

Overpayment Request Letter - Enclosed chart

PPI Overpayment Chart: Provider Audits Sorted by Provider Number: 115147000294

Created 2021-01-24-07.30.58 L1 Action From 2021-01-23

PAUL B JOHNSON JR

Anticipated Remit Deduct Date: 2021-03-09

Control Number P02101240000123 Page 1

| | | | | Date of | Overpaid | Recovery | | | | | PL1 |
|-----------------------|-----|-----|-----------------|------------|----------|-------------|--------|--------|-----|-------|-----|
| | SUF | REL | Claim Number | Service | Amount | Item Number | Reason | Source | LOB | MKT | CD |
| Patient: ALAN JOHNSON | 00 | CH | 202006306112345 | 2020-06-29 | \$19.00 | 846101222 | 029 | DN | | 43070 | DE |

Patient ID Number: 00219631234

Patient Acct. Number: 9091-9000123456789

Payment Type: CHK

Check Date: 2020-07-03 Check Number: 692745

Original Paid Amount: \$78.00

Legal Entity: HUMANADENTAL INSURANCE CO.

Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$59.00. MEMBER RESP IS \$111.00. CH 202007226482919 2020-07-21 \$42.75 505128807

Patient: EVA JOHNSON

Patient ID Number: 11084612345

Patient Acct. Number: 9091-9000001234567

Payment Type: CHK Check Date: 2020-07-28

Check Number: 104765530

Original Paid Amount: \$137.75

Legal Entity: HUMANA INSURANCE COMPANY

Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$95.00. MEMBER RESP IS \$52.00.

Patient: IDA WOLFE

00 CH 202007226561801 2020-07-21 \$60.90 266936226

Patient ID Number: 110842345601

Patient Acct. Number: 9091-9000001231234

Payment Type: CHK

Check Date: 2020-07-28

Check Number: 104765530

Original Paid Amount: \$191.90

Legal Entity: HUMANA INSURANCE COMPANY

Note: CLAIM PROCESSED OUT OF NETWORK WHEN IN NETWORK PLAN BENEFITS APPLY. HUMANA SHOULD HAVE PAID \$131.00. MEMBER RESP IS \$52.00.

This is an example of the chart that is included in the Overpayment Request letter.

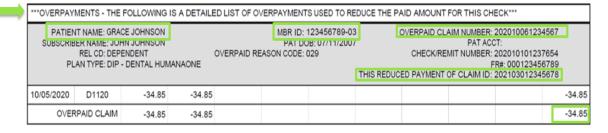
Overpayment recovery on a paper remittance

HUMANADENTAL INSURANCE COMPANY P.O. BOX 14611 LEXINGTON, KY 40512-4611

PROVIDER ID: 756324123456
FEDERAL TAX ID: XXXXX9876
REMITTANCE ID: 202103130123456
CHECK NUMBER: 0107854321
BANK CODE: 1H

JOHN JOHNSON DDS INC 123 MAIN STREET BLDG 1 DENTAL TOWN, WI 54302

HUMANADENTAL AUTOMATED REMITTANCE ADVICE



- Overpayment amounts may be recouped in multiple payments, depending on the amount of the overpayment and the amount due to providers on remittances.
- Partial recoupments may be applied to more than one remittance.
- This example shows a recoupment in the amount of \$34.85, representing a full recoupment.

Overpayment recovery on an electronic remittance

Humana 500 West Main Street Louisville, KY 40202-4268 Humana.

Overpayment Recovery: \$516.00

Overpayment Recovery: \$705.60

Overpayment Recovery: \$1,236.00

\$1,236.00 P9091-9000000621123 /202009146791456-00 \$2,378.40 P9091-9000000443456 /202007316908078-00

00 P9091-900000312345 /202006246049012-00 60 P9091-900000243678 /202006056977234-00

Overpayment Recovery: \$2,378.40

1: Deductible Amount

119: Benefit maximum for this time period or occurrence has been reached

150: Payer deems the information submitted does not support this level of service

189: 'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service

Coinsurance Amount

Remittance Advice Remark Codes Description

Claim Adjustment Reason Codes Description

N129 Not eligible due to the patient's age

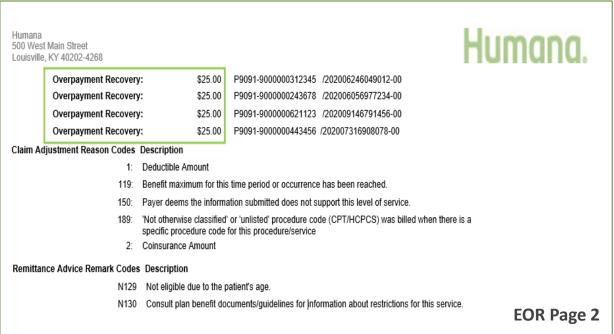
N130 Consult plan benefit documents/guidelines for information about restrictions for this service.

- This example shows several recoveries on multiple claims processed for this provider.
- Information needed to reconcile recoupments, including the patient account number and claim number, is provided on the remittance for which the payment is being withheld.
- In the example, this information appears in the plum box to the right of the overpayment recovery amount.

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Reconciling check amount example





- In this example, the Check Amount claim is \$540.
- There is only one Total Paid amount \$640.
- Overpayment recoveries amount to \$100.
- Calculation: \$640 \$100 = \$540

Please note: Some remittances may have more than one Total Paid claim. Others may not have more than one overpayment recovery.

