



R-1A PO Box 52
R-2A Minneapolis MN 55440-0052

Forwarding Services Requested

SAINT MARYS HOSPITAL
1216 SECOND ST SW, PO BOX 4020
ROCHESTER MN 55903-4020

R-1C/R-1D Questions? Please give UCare a call at
(612) 676-3300 Metro
(888) 531-1493 Toll Free
or visit UCare online at www.ucare.org

R-1E PAYEE NAME: SAINT MARYS HOSPITAL
R-1F PAYEE TAX ID: 410944601
R-1G PAYEE ID: 1234567890 (NPI)
R-1K PROD DATE: 9/23/2007
R-1J CHECK/EFT DT: 9/25/2007
R-1H CHECK/EFT: 1234567
R-1I PAYMENT 83.74

For your convenience, Noridian Medicare Part A and WPS Part B claims crossover to UCare electronically.

Explanation of Payment

PATIENT (R-2B): JOHN SMITH	CLM # (R-2D): 050928H00002	PAT CTRL (R-2A): S06268991	CLAIM CHARGE (R-2P): \$ 301.00
PMI: 12345678	DOS (R-2L): 082505-082505	MED REC # (R-2I): 987654321456789	CLM ADJ AMT (R-2Q): \$ 207.26
PATIENT ID (R-2C): 000111111-00	DRG (R-2M): 386	REND PROV ID (R-2K): 1234567890 (NPI)	PAT RESP (R-2G): \$ 10.00
GRP (R-2F):	DRG Weight (R-2N):	REND PROV (R-2J): Jones, Bob	CLAIM PAYMENT (R-2T): \$ 83.74
CONTRACT (R-2H): MA	DISCHARGE FRACTION (R-2O):		GRP CD (R-2R):
			CLM ADJ RSN CD (R-2S):

Line Ctrl #	Dates of Service	Auth #	Sub Prod/ Svc/ Mod	Adj Prod/ Svc	Revenue Code	Mod	Units	Charge	Adjustment Amount	Deductible Co-Pay	Payment	Group Code	Clm Adj Rsn Cd	Remark Code	Adj Qty
0100	082007-082007			99213	450	22	1	239.00	145.26		83.74	CO	45	N14	1
0100	082007-082007									10.00	0.00	PR	45	N14, OCE28	1
0200	082007-082007				969		2	62.00	62.00		0.00	CO	45	N14, OCE28	2
Sub Totals								301.00	207.26	10.00	83.74				

R-3M Remarks: APC Outpatient Code Editor (OCE) v053 Edit Descriptions
Serv# 0200 OCE28-Code Not Recognized By Medicare; Alternate Code for Same
Serv# 0200 OCE28-Service Mayb Be Available

Messages: (For complete ANSI code definition, go to <http://www.wpc-edi.com/products/codelists/alertservice>)

N14 Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.

R-4C						
Statement Totals	Charged Amount	Adjustment Amount	Co-Pay/ Deductible	Prov Adj Amt:	Payment Amount	Unused Neg Balance
	301.00	207.26	10.00		83.74	-

****** PLEASE NOTE: THE DATA REPORTED ON UCARE'S EOP HAS CHANGED.******
The UCare Explanation of Payment has been changed to comply with Minnesota Statute 62J.581.
<http://www.health.state.mn.us/auc/eobremitmanual2007.pdf>



Uniform PAPER Remittance Advice Report Explanation of Payment

Report Header Section

62J.581 Required EOP/RA fields				UCare Prior EOP Fields
Statute #	Field Title	Acceptable Abbreviation	Definition	
R-1A	Payer Name	No Standard Label required	Name that identifies the payer. This data element is required at the top of each page of a multi-page remittance.	UCare Minnesota
R-1B	Payer Address	No Standard Label required	Complete mailing address of the payer.	PO Box 52 Minneapolis MN 55440-0052
R-1C	Payer Contact Information	No Standard Label required	Local and/or toll-free telephone #, fax and e-mail address that identifies the payer.	(612) 676-3300 Metro (888) 531-1493 Toll Free www.ucare.org
R-1D	Payer Contact Name		Name of the entity or person that the provider is to contact regarding questions on the remittance advice.	
R-1E	Payee Name	Payee Name	The name identifying organization to whom payment is directed	Provider name
R-1F	Payee Tax ID	Payee Tax ID	EIN/SSN	IRS Number
R-1G	Payee ID	Payee ID	NPI or payer assigned payee ID	N/A
R-1H	Check/EFT Trace Number	Check/EFT	Check, warrant, draft or electronic funds transfer number associated w/ the remittance advice report.	Check #
R-1I	Payment Amount	Payment	Payment Amount	N/A
R-1J	Check Date	Check/EFT Date		N/A
R-1K	Production End Cycle Date	Prod Date	This is required if it's different than the check/EFT date	Run Date

Claim Section

62J.581 Required EOP/RA fields				UCare Current EOP fields
Statute #	Field Title	Acceptable Abbreviation	Definition	
	N/A			PMI (Not required)
R-2A	Patient Control Number	Pat Ctrl #	Provider assigned identifier used to track a claim from creation through pmt.	Patient Acct:
R-2B	Patient Name	Patient	It is recommended that the patient claims be listed in alphabetical order by last name.	Patient Name
R-2C	Patient ID	Patient ID	The payer assigned number	Mbr:
R-2D	Claim Number	Clm #	Identifier assigned by the payer.	Claim #
R-2F	Group/Policy	Grp	Patient's group/policy number and/or plan name	N/A
R-2G	Patient Responsibility	Pat Resp	Total patient responsibility amount for the reported claim.	N/A
R-2H	Contract Header	Contract	The contract that was used between the payer and provider to determine payment on this section of claim.	N/A
R-2I	Medical Record Number	Med Rec#	Provider -assigned medical record ID number	N/A
R-2J	Rendering Provider Name	Rend Prov	Name of the provider who performed the service	N/A



Uniform PAPER Remittance Advice Report
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R-2K	Rendering Provider ID	Render Prov ID	Payer assigned ID number, or NPI (when available)	Duplicate of R-3C
R-2L	Statement from and to Date	Claim Date	Dates pertaining to entire claim.	Duplicate of R-3B
R-2M	Diagnosis Related Group Code	DRG		DRG
R-2N	Diagnosis Related Group Weight	DRG Weight		<i>This field will always be blank.</i>
R-2O	Discharge Fraction	Discharge %	Discharge Fraction for the claim.	<i>This field will always be blank.</i>
R-2P	Claim Charge Amount	Charge	Monetary amount for the submitted charges	N/A
R-2Q	Claim Adjustment Amount	Clm Adj Amt	Claim level adjustment amount for the associated reason code.	
R-2R	Group Code	Grp Cd	Identifies general category of payment adjustment	
R-2S	Claim Adjustment Reason Code	Clm Adj Rsn Code	Code that defines the Adjustment Amount in R-2Q	N/A
R-2T	Claim Payment Amount	Clm Payment	Total payment amount corresponding to the charges adjudicated on a claim.	N/A

Line Item Section

62J.581 Required EOP/RA fields				UCare Current EOP fields
Statute #	Field Title	Acceptable Abbreviation	Definition	
R-3A	Line Item control Number	Line Ctrl #	Identifier assigned by the submitter/provider to identify a line entry	Serv
R-3B	Dates of Service	DOS		Service Dates
R-3D	Revenue Code	Rev	This code identifies a specific accommodation and/or ancillary service or billing calculation.	Proc #
R-3E	Adjudicated Product/Service Code	Adj Prod/Svc	CPT/HCPCS codes, CDT codes, National Drug Codes, HIEC Codes	Diag
R-3F	Modifiers	Mod	This code identifies special circumstances related to the performance of the service.	N/A
R-3G	Submitted Product/Service Code/Modifiers	Sub Prod/Svc/Mod	Product/service code(s), revenue codes and modifiers for each line item as submitted by the payer, using a correct coding initiative. The submitted product/service code is entered in this field while the new code is entered in R-3D, R-3E, and/or R-3F.	N/A
R-3H	Units	#	Number of the adjudicated units of service.	Days/Units
R-3I	Provider Charge or Billed Amount	Chg	Provider charge/billed amount corresponding to the product/service Code (R-3E) or Revenue Code (R-3D) for each line item as submitted.	Charged Amount
R-3J	Adjustment Amount	Adj Amt	Claim level adjustment amount for the associated reason code.	N/A
	N/A			Allowed Amount- (Not Required)
	N/A			Denied Amount (Not Required)
	Deductible & Co-pay			Deductible & Co-pay (Not Required)
	N/A			Discount Amount- (Not Required)
	N/A			Risk Amount- (Not Required)
	N/A			TPP Amount- (Not Required)



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R-3K	Claim Adjustment Group Code	Grp Cd	Claim Adjustment Group Code identifies the general category of payment adjustment.	
R-3L	Claim Adjustment Reason Code	Clm Adj Rsn Cd	Claim Adjustment Reason Code explains the adjustment amount at the line level.	Explain Codes
R-3M	Remittance Advice Remark Code	Remark	Code used to relay informational messages that cannot be expressed with a claim adjustment reason code alone. Multiple remark codes may apply.	Remarks: APC Outpatient Code Editor (OCE)
R-3N	Payment Amount	Payment	Situational. Required when claim is adjudicated at the service line level.	Payment Amount
R-3O	Adjustment Quantity	Adj Qty	Units of service being adjusted.	N/A

Provider Adjustment

62J.581 Required EOP/RA fields				UCare Current EOP fields
Statute #	Field Title	Acceptable Abbreviation	Definition	
R-4C	Provider Adjustment Amount	Prov Adj Amt		N/A