



TO: Inpatient Hospital Providers
 RE: Charter Oak Health Plan Reporting Updates

This bulletin provides notification to Inpatient Hospital providers regarding changes in processing inpatient Charter Oak health plan claims and updates to claim status on the Web, provider's remittance advice (RA) and ASC X12N 835 health care claim payment/advice that reflect these changes.

Claim status updated on Web site www.ctdssmap.com:

In the past when Charter Oak claims for inpatient hospital services were processed the client's co-insurance and/or deductible was displayed under the TPL (third party liability) field. Two new fields located in the claim status information panel have been added to reflect the Charter Oak co-insurance and deductible amount taken from the claim.

Claim Status Information	
Claim Status	Adjusted / Voided
Claim ICN	2010074100
Paid Date	04/09/2010
Paid Amount	\$10,869.25
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

On July 1, 2010 the following Explanation of Benefit (EOB) codes will post to your claims to identify member benefit and cost sharing amounts.

EOB 888 - "Payment Amount reduced by client deductible"

EOB 889 - "Payment Amount reduced by client's co-insurance"

These EOBs will be visible to providers when submitting a claim or performing a claim inquiry on our Web site at www.ctdssmap.com.

Provider Remittance Advice (RA) updates:

Charter Oak Behavioral Health claims processed by HP are reported to the provider on the bimonthly RA which currently reports claim activity for the CT

Behavioral Health Partnership. RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted. Charter Oak claims are designated by a 'C' in the very first column of the paid section of the RA under 'FP'. Providers can view, search, download and print their RA on the Web site www.ctdssmap.com by accessing their Provider Secure Web site and clicking on the Trade Files tab. For information about the RA, refer to the Provider Manual, Chapter 5 Claim Submission Information, located on the Web site www.ctdssmap.com by clicking on Information, Publications, then Provider Manuals.

The July 13, 2010 RA will be updated to include deductible and co-insurance amounts for each claim. Co-insurance and deductible were previously reported under TPL amount on your RA. The new 'Deductible Amount' and 'Co-Insurance Amount' fields will report under each ICN and will be located between the allowed amount and TPL amount. The total for deductible and co-insurance amounts will be reported at the bottom of the remittance advice page at the end of each section. In addition, EOB 888 and 889 will be visible to providers on the RA attached to the Charter Oak claim.

Electronic Remittance Advice access ASC X12N 835 Health Care Claim Payment/Advice

Providers may also receive the HIPAA compliant electronic ASC X12N 835 Payment/Advice. For information about electronic RAs, refer to Provider Manual, Chapter 6 Electronic Data Interchange Options.

Effective with the July 14, 2010 ASC X12N 835 Payment/Advice, the client's deductible and co-insurance will be populated in LOOP 2100 in the CAS segment with the following Claim Adjustment Reason codes:

Deductible: Adjustment Reason Code 1

Co-insurance: Adjustment Reason Code 2

