

Provider Bulletin

Subject:	Option 1 Copayment Deduction		
Plan:	Coordinated Care Option 1	Bulletin Date:	October 31, 2014
Bulletin Number:	14-011	Effective Date:	November 1, 2014

The purpose of this bulletin is to inform all participating providers that updates have been made to the Remittance Advice to accommodate the implementation of copayments.

- Effective for dates of services beginning November 1, 2014
 - Copay Rsn will reflect the Option 1 Copay
 - Applicable copayments are listed below
 - \$2.00 co-payment per PCP visit
 - \$10.00 co-payment per Specialist visit
 - \$25.00 co-payment per Emergency room visit*
- *waived if visit results in a hospital admission

Providers are responsible for collecting the appropriate co-payments when services are rendered.

HEALTH CARE DISTRICT OF PBC
Remittance Advice

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999999999 Check no: 555555
Chk date: 11/01/2014
Amount: 100.00

Business Name
Business Address
City, State Zip Code

Prov Name	Svc Date	Claim Pln #	Proc Mod	Billed	Allow Rsn	Not Cov \$	NotCv Rsn	Adj Copay Rsn	Deductible	Net \$	Interest	Int Rsn	Paid Net
Patient Information													
Patient # XXXXX													
Prov Name Dos Opt Claim No	Proc			150.00	55.00	CASRT	0.00	10.00	COSPC	0.00	45.00	0.00	45.00
Prov Name Dos Opt Claim No	Proc			150.00	55.00	CASRT	0.00	0.00		0.00	55.00	0.00	55.00
Claim Detail count: 2				300.00	110.00		0.00	10.00		0.00	100.00	0.00	100.00

Reason code legend:
COSPC = COPAYMENT FOR SPECIALIST VISIT
CASRT = ALLOWED CASE RATE

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.