In order to fully report the Amount Paid data, the Coordination of Benefits (COB) Segment, AM05, is being required by AHCA to be included on Encounter claims.

In this Encounter, reporting model the MCO is reporting the Amount Paid information as the Primary Payer. In some cases, the MCO may be the secondary or tertiary payer depending on Payer sequence for this Encounter.

To report the MCO Amount Paid, the AM05 COB segment is required.


If 308-C8 = 2 (Other Coverage – Payment Collected) then 431-DV should be an amount > 0. The amount that the patient is expected to pay should be reported in 352-NQ, 353-NR, and 351-NP.

If 308-C8 = 3 (Other Coverage Billed not Covered) then 431-DV should be an amount = 0. The rejection received from the MCO should be reported in 471-5E and 472-6E for non-payment.

Segment AM07 (Claim) – Field 308-C8 is also required for COB. Field 308-C8 should not be equal to 0 or 1 (based on the new COB reporting requirement).

This information is explained in more detail in the D.0 Encounter Payer Specs located at the following link:

http://portal.flmmis.com/FLPublic/Provider_Pharmacy/tabId/52/Default.aspx