Billing 101

• Part 1 – The Basics
  
  For new providers seeking information on eligibility, claims forms and processing of claims

• Part 2 – Understanding Remittance Advice
  
  For providers seeking information on reading and understanding remittance advice documents
Definitions

**Adjustments**
Reprocessing of a paid claim

**Claim Specific Recoupments**
A financial item that is the result of a request to reverse payment of a claim with no subsequent processing. It is deducted from the next Medicaid payment.

**Refund**
A financial item that is the result of a provider sending a check to Hewlett Packard Enterprise (HPE). Refund checks need to be claim specific. Claim related refunds result in the reversal of payment of a specific claim.
The Adjustment Request Form is used to request adjustments of paid or partially paid claims.

Denied claims or denied details cannot be adjusted.

Copy the **Internal Control Number** (ICN) of the claim in question, and **Medicaid ID number** directly from the Remittance Advice.

Enter exactly what you want to adjust on the claim form:

*Example: Change the units from 1 to 2; increase the billed amount from $50.00 to $100.00*

The Remittance Advice (Settlement) page corresponding to the claim being Adjusted **must be included** with the Adjustment Request form.

Denied claims or denied details cannot be adjusted.
Adjustment Request Form Sample

Rhode Island Executive Office of Health and Human Services – Medicaid Program

Claim Adjustment Request Form

Provider Name: [Redacted]
Mailing Address: [Redacted]

Claim Number: 1234567

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567</td>
<td>Drug or Cost Merit</td>
<td>005</td>
<td>Drug or Cost Merit</td>
<td>005</td>
</tr>
<tr>
<td>1234567</td>
<td>Wrong Diagnosis</td>
<td>051</td>
<td>Wrong Diagnosis</td>
<td>051</td>
</tr>
<tr>
<td>1234567</td>
<td>Wrong Treatment</td>
<td>052</td>
<td>Wrong Treatment</td>
<td>052</td>
</tr>
</tbody>
</table>

- **Requestor (Print Name):** [Redacted]
- **Title:** [Redacted]
- **Provider/Audited Agent Signature:** [Redacted]
- **Date:** [Redacted]

**Reference:** RI MEDICAID PROGRAM • Hewlett Packard Enterprise • P.O. BOX 1850 • WARWICK, RI 02887-1850

**Adjustments for deleted service: 365 days are not allowed when a new claim is submitted for increased reimbursement without a primary payee EOB dated within 90 days.**

**Most often payee explanation of benefits for Adjustment Reason Code 054.**

**Claims can be replaced electronically if submitted within one calendar year.** This process makes corrections and reprocessing quick and easy. Please contact your provider representative for more information."
Adjustment Request Form – Common Errors

- No signature – copied signature
- Faxed form
- Using the performing provider NPI instead of the billing NPI
- Using the wrong form for the transaction
- The detail number indicated doesn’t match the dates of service indicated
- Incorrect ICNs/digits missing
- Provider asks Medicaid to change the OI payment and attached the OI EOB – but does not write the amount on the adjustment form. OI payments are keyed from the adjustment form not the EOB.
**RA – Paid Adjusted Claims Example**

**PROV:** 900000X  
**RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE**  
**LTC AND PROFESSIONAL**  
**RA DATE:** 04/04/2008  
**PAGE NUM:** 6

<table>
<thead>
<tr>
<th>RECIPIENT NAME</th>
<th>MID</th>
<th>ICN</th>
<th>HVER</th>
<th>PT ACCT/RX</th>
<th>BILLED AMT</th>
<th>ALLOWED AMT</th>
<th>OI AMT</th>
<th>LIAB AMT</th>
<th>COPAY AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERRY</td>
<td>HA</td>
<td>03H999999 481997HA3011189</td>
<td>01 03850</td>
<td>01 00 12/16/07 12/16/07</td>
<td>B9999</td>
<td>1.00</td>
<td>115.00</td>
<td>99.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**ORIGINAL CLAIM TOTALS:**  
115.00 | 99.00 | 0.00 | 0.00 | 0.00 | 99.00

**RECOUPMENT TO ORIGINAL CLAIM - PAID DATE:** 08/01/97 *PAID AMOUNT:* 99.00

| PERRY          | HA  | 038H99999 481997HA3011189 02 03850 | 01 03850 | 01 01 12/16/07 12/16/07 | B9999 | 2.00 | 230.00 | 200.00 | 0.00 | 0.00 | 200.00 |

**ADJUSTMENT CLAIM TOTALS:**  
230.00 | 200.00 | 0.00 | 0.00 | 0.00 | 200.00

**ADJUSTMENT REASON:** Retro Rate Adjustment  
**NET ADJUSTMENT AMOUNT:** $101.00  
**ORIGINAL CLAIM PAID BEFORE ADJUSTMENT:** $99.00  
**ADJUSTMENT CLAIM TOTALS:**  
1 CLAIM(S) | 230.00 | 200.00 | 0.00 | 0.00 | 0.00 | 200.00

* PAID CLAIM ACCOUNTS RECEIVABLE RELATED TO ORIGINAL PAID CLAIM AMOUNTS FOR THIS FINANCIAL CYCLE:
* 1 ORIGINAL CLAIM(S)  
* PAID AMOUNT: 99.00 *
RA – Denied Adjusted Claims Example

PROV: 900000X

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE

LTC AND PROFESSIONAL

RA DATE: 04/04/2008

RA NUM: 000023AB01

PAGE NUM: 7

RECIPIENT NAME MID ICN HVER, FT ACC/EX BILLED AMT ALLOWED AMT OI AMT LIAB AMT C0PAMT PAID AMT

HEADER MESSAGES

DNUM OVR FEMOS TDOS PROG + MODS QTY BLD

DETAIL MESSAGES

--- DENIED ADJUSTED CLAIMS ---

SIRAS IN 5698888888 481996152ABC02 00 0123

01 00 12/31/2007 12/31/2007 A0000 150.00 361.50 252.00 0.00 0.00 0.00 0.00 252.00

02 00 12/31/2007 12/31/2007 A5999 150.00 1,258.50 1,163.98 0.06 0.00 0.00 0.00 1,163.98

ORIGINAL CLAIM TOTALS: 1,620.00 1,415.98 0.06 0.00 0.00 1,415.98

RECOVERMENT TO ORIGINAL CLAIM - PAID DATE: 06/20/96 PAID AMOUNT: 1,415.98

SIRAS IN 5698888888 481996152ABC02 01 0123

01 00 12/31/2007 12/31/2007 A0000 100.00 250.00 0.00 0.00 0.00 0.00 0.00 0.00

02 00 12/31/2007 12/31/2007 A5999 150.00 1,258.50 0.00 0.00 0.00 0.00 0.00 0.00

ADJUSTMENT CLAIM TOTALS: 1,598.50 0.00 0.00 0.00 0.00

ADJUSTMENT REASON: Retro Rate Adjustment

NET ADJUSTMENT AMOUNT: $1,415.98

ORIGINAL CLAIM PAID BEFORE ADJUSTMENT: $1,415.98

ADJUSTMENT CLAIM TOTALS: 1 CLM(S) 1,598.50 0.00 0.00 0.00 0.00

******************************************************************************

* PAID CLAIM ACCOUNTS RECEIVABLE RELATED TO ORIGINAL PAID CLAIM AMOUNTS FOR THIS *
* FINANCIAL CYCLE: *
* -I ORIGINAL CLAIM(S) PAID AMOUNT: 1,415.98 *

******************************************************************************

*TOTAL PAID AND DENIED CLAIM ACCOUNTS RECEIVABLE RELATED TO ORIGINAL PAID CLAIM *
*AMOUNTS FOR THIS FINANCIAL CYCLE: *
* -I ORIGINAL CLAIM(S) PAID AMOUNT: 1,415.98 *
# RA – Suspended Adjusted Claims Example

## Suspended Adjustments

<table>
<thead>
<tr>
<th>JAMES</th>
<th>JE 555555555 48200701105ABCD 00 54321</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 01 12/05/07 12/05/07 E0250 RR 011/108</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Adjustment Claim Totals:**

| 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Totals for Claim Type: Professional**

| 1 Claim(S) | 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Suspension Adjusted Totals:**

| 1 Claim(S) | 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
Recoupments

There are occasions when it is necessary for the provider to recoup the full amount paid by EOHHS.

The Claim Recoupment Request Form can be used to recoup an overpayment by EOHHS.

Recoupments are deducted from the next Medicaid payment.
Refunds can be made by sending in a check made payable to the State of Rhode Island. A copy of the Remittance Advice (RA) containing the appropriate claim(s) must be included with the check. On the RA, circle or highlight the claim(s) corresponding to the refund and indicate the reason for the refund.
# Electronic Replacement/Void Claims (PES Users)

## For Dental, Professional, and Waiver Claims

<table>
<thead>
<tr>
<th><strong>Replacements</strong></th>
<th><strong>Voids</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously paid claims can be adjusted by using the Replacement Claim transaction.</td>
<td>Previously paid claims can be recouped by using the Void Claim transaction.</td>
</tr>
<tr>
<td>On HDR 1, select Claim Frequency Code 7 and enter ICN of original claim.</td>
<td>Copy entire original claim. On HDR 1, select Claim Frequency Code 8 and enter ICN of original claim.</td>
</tr>
<tr>
<td>Key the entire claim as it should have been keyed, making all corrections.</td>
<td>This voids entire claim. If you only want to remove one line – use replacement.</td>
</tr>
</tbody>
</table>

Save the claim. The next time you transmit, this replacement or void will be transmitted and processed.
Electronic Replacement/Void Claims (PES users)

For Institutional Claims

**Replacements**
Previously paid claims can be adjusted by using the Replacement Claim transaction.

On HDR 1, change the third digit of the Type of Bill to 7 for Replacement, and enter the ICN of the original claim. Key the entire claim as it should have been keyed, making all corrections. Save the claim. The next time you transmit, this replacement or void will be transmitted and processed.

**Voids**
Previously paid claims can be recouped by using the Void Claim transaction.

Copy entire original claim. On HDR 1, change the third digit of the Type of Bill to 8 for Void and enter the ICN of original claim. This voids entire claim. If you only want to remove one line - use replacement.
## RA – Electronic Replacement

<table>
<thead>
<tr>
<th>PROVIDER ID</th>
<th>RHODE ISLAND MEDICAL ASSISTANT</th>
<th>LTC AND PROFESSIONAL</th>
<th>DATE OF SERVICE</th>
<th>ALLOWED AMOUNT</th>
<th>PAID AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>900000X</td>
<td></td>
<td>04/04/2008</td>
<td>100.00</td>
<td>0.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**PROV: 900000X**

**RECIPIENT NAME:**

<table>
<thead>
<tr>
<th>ICN</th>
<th>BILLED AMOUNT</th>
<th>ALLOWED AMOUNT</th>
<th>PAID AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1020132359999999</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>4820132359999999</td>
<td>50.00</td>
<td>50.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**TOTALS FOR CLAIM TYPE: PROFESSIONAL**

<table>
<thead>
<tr>
<th>CLAIM(S)</th>
<th>ALLOWED AMOUNT</th>
<th>PAID AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>150.00</td>
<td>150.00</td>
</tr>
</tbody>
</table>
RA – Financial Items Example

### Financial Items

<table>
<thead>
<tr>
<th>CCN</th>
<th>A/L NUM</th>
<th>MID</th>
<th>ICN</th>
<th>HVER</th>
<th>DNUM</th>
<th>DVER</th>
<th>TXN DATE</th>
<th>ORIG AMT</th>
<th>TXN AMT</th>
<th>BAL AMT</th>
<th>RSN CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789012345</td>
<td>5520082170000000</td>
<td>215000897</td>
<td>422008020012854</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>12/05/07</td>
<td>13.25</td>
<td>13.25</td>
<td>13.25</td>
<td>055</td>
</tr>
<tr>
<td>213456789012345</td>
<td>5520000010000099</td>
<td>569888888</td>
<td>422008152ABC402</td>
<td>00</td>
<td>01</td>
<td>00</td>
<td>09/05/07</td>
<td>1,514.98</td>
<td>1,514.98</td>
<td>1,514.98</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>03H999999</td>
<td>421997HA3011189</td>
<td>01</td>
<td>01</td>
<td>00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>502000000034999</td>
<td>5520082170000000</td>
<td></td>
<td></td>
<td>08/05/07</td>
<td>13.25</td>
<td>13.25</td>
<td>0.00</td>
<td>103</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>502000000011155</td>
<td>552000001000009</td>
<td></td>
<td></td>
<td>09/05/07</td>
<td>1,514.98</td>
<td>152.75</td>
<td>1,362.23</td>
<td>103</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Financial Reason Codes***

- **055**: Provider Duplicate Payment
- **103**: Recoupment Applied to Account Receivable
- **149**: System Generated Mass Adjustment
### RA – Headings on Financial Items Section

<table>
<thead>
<tr>
<th><strong>CCN</strong></th>
<th>Cash Control Number – Internal tracking number for the set-up of an accounts receivable from an adjustment, recoupment or voided transaction.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A/L NUM</strong></td>
<td>Account Ledger Number – Tracking number that follows the adjustment, recoupment or voided transaction through to completion, when the balance is $0.</td>
</tr>
<tr>
<td><strong>MID</strong></td>
<td>Medicaid Identification Number</td>
</tr>
<tr>
<td><strong>ICN</strong></td>
<td>Internal Control Number – 15 digit number assigned to the claim when received by RI Medicaid</td>
</tr>
<tr>
<td><strong>HVER</strong></td>
<td>Header Version – The version number of the claim at the claim header level</td>
</tr>
<tr>
<td><strong>DNUM</strong></td>
<td>Detail Number – The line item number of the claim</td>
</tr>
</tbody>
</table>
### RA – Headings on Financial Items Section

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DVER</strong></td>
<td>Detail Version – The version of the line item number</td>
</tr>
<tr>
<td><strong>TXN DATE</strong></td>
<td>Transaction Date – The date the adjustment, recoupment or void is being set up</td>
</tr>
<tr>
<td><strong>ORIG AMT</strong></td>
<td>Original Amount – The dollar amount of the original claim paid</td>
</tr>
<tr>
<td><strong>TXN AMT</strong></td>
<td>Transaction Amount – The dollar amount of the adjustment, recoupment of void being set up</td>
</tr>
<tr>
<td><strong>BAL AMT</strong></td>
<td>Balance Amount – The amount of the accounts receivable set up from the adjustment, recoupment or voided transaction</td>
</tr>
<tr>
<td><strong>RSN CODE</strong></td>
<td>Reason Code – The reason the financial transaction was performed</td>
</tr>
</tbody>
</table>
Questions and Answers

Thank you for viewing this presentation