



Hewlett Packard
Enterprise

Rhode Island Medicaid

Billing 101 for Providers

Part 2 – Understanding Remittance Advice

PR0043 V1.4 6.8.2016



Agenda

- Hewlett Packard Enterprise Overview
- Remittance Advice Basics
- Paid Claims
- Denied Claims
- Suspended Claims
- Adjustments
- Financial Items
- Earnings Data
- Recoups, Refunds and Voids
- Services on the Web and Healthcare Portal
- Reminders
- Q and A

Objectives

- Be able to identify the various sections of the Remittance Advice document.
- Be able to locate the ICN for a claim, and billed and paid amounts.
- Understand how various claims appear on the RA including paid, suspended, denied, and adjusted claims.
- Know how to read financial items and earnings data.
- Know how to submit adjustments, recoupments, and refunds.



Hewlett Packard Enterprise Operations Supporting RI Medicaid

Claims Processing

- 5.1 Million Claims Processed Annually
 - 256,875 Paper
 - 4,794,244 Electronic
 - 425,249 POS

Provider Services

- Customer Service Help Desk
 - Average 362 calls daily
- Provider Representatives
 - Provide policy education and training
- Electronic Data Interchange (EDI) Coordinator
 - Electronic billing support
- Surveillance Utilization Review
 - Fraud and abuse detection

MMIS Support

- Business Service Analysts/System Engineers
- Research and analyze business needs
- Develops/programs solutions
- Implements/Supports MMIS

Operations

- Support and maintain MMIS
- 24/7 POS online transaction processing
- Host EOHHS web site



Remittance Advice (RA)

Remittance advice documents are available electronically through the RI Medicaid Healthcare Portal

<https://www.riproviderportal.org>

Providers can access the last four Remittance Advice. Once a new one is produced, the oldest one is no longer available.



The screenshot displays the Rhode Island Executive Office of Health and Human Services Medicaid portal. The header includes the state seal and navigation tabs for 'My Home', 'Eligibility', 'Claims', and 'Files Exchange'. The main content area features a 'Welcome Health Care Professional!' message, a 'User Details' sidebar with links for 'My Profile' and 'Manage Accounts', and a 'Trading Partner' sidebar. A central image shows two healthcare professionals. Below the image is a commitment statement. On the right, an 'Interactive Web Services' menu lists various options, with 'View Remittance Advice' highlighted by a red arrow. The footer contains the version number 'R4.2' and copyright information for Hewlett-Packard Development Company, L.P.

Remittance Advice (RA) – Banner Page

The first page of the Remittance Advice (RA) is the Banner Page.
Official notices from the Executive Office of Health and Human Services (EOHHS) and/or announcements from Hewlett Packard Enterprise may appear on this page.

Providers should read these messages carefully.

This is the most timely, efficient way to relay information.



RA Banner Page Example

PROV:

RHODE ISLAND MEDICAL ASSISTANCE AND OTHER PROGRAM REMITTANCE ADVICE

RA NUM:

LTC AND PROFESSIONAL

NPI :

RA DATE: 10/18/2013

PAGE NUM: 1

The Provider Services Section of the DHS Website is moving
As of September 26, 2013, the Provider Services Information on the Department of Human Services (DHS) website has moved to the Executive Office of Health website. The new URL is <http://www.eohhs.ri.gov>. All the information currently contained on the DHS website that you rely on to do your day to day operations has been moved to the new site. Providers will find current News and Provider Updates under Provider and Partners. The Interactive Web Services (IWS), where you obtain your Remittance Advice, check Eligibility status, check Claim Status and Prior Authorizations also has a new link. It is <https://www.eohhs.ri.gov/secure/logon.do>. The DHS site will be phased out soon. If you have the DHS website and IWS sites saved as favorites you will need to delete that link and and save the new link to your Favorite List so that you continue to have access to all the information you need. If you are a Provider Electronic Solutions (PES) user you can continue to bill without a software upgrade.

Remittance Advice (RA) The Basics

Remittance Advice is divided into sections:

- ❖ Paid Claims
- ❖ Denied Claims
- ❖ Suspended Claims
- ❖ Adjusted Claims
- ❖ Financial Pages

EFT
(Electronic
Funds
Transfer)
is required to
receive
payment

Internal Control Number (ICN)

Each claim is assigned an Internal Control Number (ICN) which is a unique identifier. This number will allow you to follow the processing of the claim.

ICN Format: **RCCCYJULBATNUM**

- RC is the region code. 10 is for special/timely batches, 11 is for a paper claim, and 48 is for electronic claims
- CCYY is the century and year claim was received
- JUL is the Julian day of the year (example: julian day 032 is February 1st)
- BAT is the batch number
- NUM is the claim number

RA – Paid Claims – Non Crossover

This section of the RA reports new day, non-crossover paid claims

A summary of the number of claims paid and the total dollar amount paid for the current payment period can be found on the last page of the Paid Claims section

Examples of the new day, non-Crossover paid claims are shown on the following page

RA Claims Paid – Non Crossover Example

PROV: 900000X		RHODE ISLAND MEDICAL ASSISTANT		RAM REM	FRQ	RA NUM: 000023AB01				
LTC AND PROFESSIONAL		RA DATE: 04/04/2008		FRQ						
RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGES										
DNUM	DVER	FDOS	TDOS	PROC + MODS	QTY	BLD				
DETAIL MESSAGES										
PAID CLAIMS										
DOE	JO	038A88888	102013235999999	23464			1			
02	00	07/02/07	07/02/07	E1345	1.00	100.00	100.00	0.00	0.00	100.00
CLAIM TOTALS:					100.00	100.00	0.00	0.00	0.00	100.00
SMITH	JA	0366B9999	102013235999998	12345			7			
01	00	08/24/07	08/24/07	9921X	1.00	50.00	50.00	0.00	0.00	50.00
CLAIM TOTALS:					50.00	50.00	0.00	0.00	0.00	50.00
TOTALS FOR CLAIM TYPE: PROFESSIONAL					2 CLAIM(S)	150.00	150.00	0.00	0.00	150.00

Billed Amount

Allowed Amount

Paid Amount

ICN

RA - Paid Claims - Crossover

This section of the RA reports paid Crossover (x-over) claims for recipients eligible for Medicare **and** Medicaid

A summary of the number of x-over claims paid and the total dollar amount paid for the current payment period can be found on the last page of the Paid Claims/Professional x-over section

Examples of the x-over paid claims are shown on the following page
Note: The last page of this section also reports the combined total number of x-over and non-x-over paid claims and the total dollar amount

RA – Paid Claims – Crossover Example

PROV: 900000X		RHODE ISLAND MEDICAL ASSISTANCE PROGRAM		INCE		M: 000023AB0				
LTC AND PROFESSIONAL		RA DATE: 04/04/2008		PAG						
RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGES										
DNUM	DVER	FDOS	TDOS	PROC + MODS	QTY	BLD				
DETAIL MESSAGES										
PAID CLAIMS										

CLAIM TYPE: PROFESSIONAL XOVER										

JONES JO 099K77777 482007120012345 00 000000001632										
01 00	01/04/07	01/04/07	9925P	1.00	10.00	10.00	8.00	0.00	0.00	2.00
195										
CLAIM TOTALS:					10.00	10.00	8.00	0.00	0.00	2.00
WHITE WI 088G66666 482007170006789 00 000000001151										
01 00	05/14/07	06/13/07	K1234	1.00	70.00	70.00	60.00	0.00	0.00	10.00
CLAIM TOTALS:					70.00	70.00	60.00	0.00	0.00	10.00
TOTALS FOR CLAIM TYPE: PROFESSIONAL 2 CLAIM(S)					80.00	80.00	68.00	0.00	0.00	12.00
PAID CLAIM TOTALS:					230.00	230.00	68.00	0.00	0.00	162.00
4 CLAIM(S)										

Allowed Amount

Other Insurance Amount

Paid Amount

RA - Payment Calculations

The calculation for a payment is the **lesser** of:

The difference between the Medicaid allowed and the Other Insurance payment (MA allowed minus OI paid); or

The coinsurance and deductible up to the Medicaid allowed amount

If another insurance has paid for the service, the Medicaid Program may pay any co-insurance, deductible, and co-payment amount(s) if the total amount paid by the other insurance does not exceed the Medicaid Program allowed amount(s) for the service(s)

RA - Denied Claims

This section of the RA reports denied claims

Three digit EOB (Explanation of Benefits) codes, also called 'Finalized Claim Codes', are provided to explain the denial reason

A list of applicable Finalized Claim Codes with detailed information is provided on the last page of the RA, the Earnings Data page

Three digit HIPAA EOB's – a comprehensive list of HIPAA codes is available on the EOHHS web site

RA – Denied Claims Example

PROV: 900000X

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE
 LTC AND PROFESSIONAL
 RA DATE: 04/04/2008

RA NUM: 000023AB01

PAGE NUM: 4

RECIPIENT NAME MID ICN HVER PT ACCT/RX BILLED AMT ALLOWED AMT OI AMT LIAB AMT COPAY AMT PAID AMT
 HEADER MESSAGES
 DNUM DVER FDOS TDOS PROC + MODS QTY BLD
 DETAIL MESSAGES
 DENIED CLAIMS

**Finalized
 Claim
 Code**

CFA1500

SM	JA	0366B9999	10201323599999	00	22557							
01	00	05/01/07	05/01/07	90220		1.00	172.00	0.00	0.00	0.00	0.00	0.00
		091/232										
CLAIM TOTALS:							172.00	0.00	0.00	0.00	0.00	0.00
DOE	JO	038A88888	112007340054004	00	23464							
01	00	03/31/07	03/31/07	10201323599999		1.00	725.00	0.00	0.00	0.00	0.00	0.00
		022/058										
CLAIM TOTALS:							725.00	0.00	0.00	0.00	0.00	0.00
TOTALS FOR CLAIM TYPE: PROFESSIONAL 2 CLAIM(S)							897.00	0.00	0.00	0.00	0.00	0.00
DENIED CLAIM TOTALS:							2 CLAIM(S)	897.00	0.00	0.00	0.00	0.00

RA - Suspended Claims

This section of the RA reports the status of suspended claims

Three digit Suspended Claim Codes, also known as Error Status Codes, are provided to explain the reason for a pending claim in process.

A list of applicable Suspended Claim Codes with detailed information is provided on the last page of the RA, the Earnings Data page

RA – Suspended Claims Example

PROV: 900000X RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE RA NU !3AB01
 LTC AND PROFESSIONAL
 RA DATE: 04/04/2008 PAGE NUM: 5

RECIPIENT NAME MID ICN HVER PT ACCT/RX BILLED AMT ALLOWED AMT OI AMT LIAB AMT COPAY AMT PAID AMT
 HEADER MESSAGES
 DNUM DVER FDOS TDOS PROC + MODS QTY BLD
 DETAIL MESSAGES
 SUSPENDED CLAIMS

RECIPIENT NAME MID	ICN	HVER PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT

01 00 06/04/07 06/04/07 99921 673/408		2.00	100.00	50.00	0.00	0.00	0.00	0.00
02 00 06/04/07 06/04/07 99922 673/408		1.00	10.00	5.00	0.00	0.00	0.00	0.00
CLAIM TOTALS:			110.00	55.00	0.00	0.00	0.00	0.00
REAGA RO 776655443 482007365888888 00								
01 00 01/26/07 01/26/07 99717 433/122		150.00	100.00	100.00	0.00	0.00	0.00	0.00
CLAIM TOTALS:			100.00	100.00	0.00	0.00	0.00	0.00
TOTALS FOR CLAIM TYPE:PROFESSIONAL2 CLAIM(S)			210.00	155.00	0.00	0.00	0.00	0.00

**Error
Status
Code**

RA – Paid Adjusted Claims

This section of the RA provides the status of paid adjusted claims

An adjusted claim is a claim that was previously paid and appeared in Paid Claims section of your RA (even if the amount was \$0.00) and now requires changes and/or processing to accurately reflect the services provided

The adjustment process requires the original claim to be recouped (withheld). The claim is typically reprocessed in the same financial cycle. If paid, the Net Adjustment Amount will reflect the difference (+/-) between the original claim and the adjusted version

As shown on the following page, the original claim, showing how the claim originally processed, is displayed before the adjusted claim. The adjusted version shows the claim as processed following changes and/or reprocessing

The flower box at the end of the Adjusted Claims section reports the number of original claims and the total original paid amount of the claims prior to being adjusted

RA – Paid 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: 6

RECIPIENT NAME MID ICN HVER PT ACCT/RX BILLED AMT ALLOWED AMT OI AMT LIAB AMT COPAY AMT PAID AMT
 HEADER MESSAGES
 DNUM DVER FDOS TDOS PROC + MODS QTY BLD
 DETAIL MESSAGES
 ADJUSTED CLAIMS

PERRY HA 038H99999 481997HA3011189 01 03850
 01 00 12/16/07 12/16/07 B9999 1.00 115.00 99.00 0.00 0.00 0.00 99.00

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 01 12/16/07 12/16/07 B9999 2.00 230.00 200.00 0.00 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

This section of the RA reports the previously paid claims that were denied when reprocessed as part of the Adjustment Process

The Adjustment Process requires the original claim to be recouped (withheld)

The claim is typically reprocessed in the same financial cycle

The first flower box on the bottom of the last page of the Denied Adjusted Claims section shows the total dollar amount originally paid on the claims prior to being reprocessed as part of the adjustment process

The second flower box on the bottom of the last page of the Denied Adjusted Claims section shows the dollar amount related to original paid claims that either paid or denied when reprocessed in the adjustment process

RA – Denied Adjusted Claims Example

PROV: 90000X	RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE				RA	J0023AB01				
	LTC AND PROFESSIONAL									
	RA DATE: 04/04/2008					JE NUM: 7				
RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGES										
DNUM	DVER	FDOS	TDOS	PROC + MODS	QTY	BLD				
DETAIL MESSAGES										
DENIED ADJUSTED CLAIMS										

SIMAS	IN	569888888	481996152ABC02	00	0123					
01	00	12/31/2007	12/31/2007	A0000	150.00	361.50	252.00	0.00	0.00	252.00
02	00	12/31/2008	12/31/2008	A9999	150.00	1,258.50	1,163.98	0.00	0.00	1,163.98
ORIGINAL CLAIM TOTALS:					1,620.00	1,415.98	0.00	0.00	0.00	1,415.98
RECOUPMENT TO ORIGINAL CLAIM - PAID DATE: 06/20/96						PAID AMOUNT:	1,415.98			
SIMAS	IN	569888888	481996152ABC02	01	0123					
01	00	12/31/2007	12/31/2007	A0000	100.00	250.00	0.00	0.00	0.00	0.00
				799/801						
02	00	12/31/2008	12/31/2008	A9999	150.00	1,258.50	0.00	0.00	0.00	0.00
				799/801						
ADJUSTMENT CLAIM TOTALS:					1,508.50	0.00	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 CLAIM(S)	1,508.50	0.00	0.00	0.00	0.00	0.00

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

RA – Suspended Adjusted Claims

This section of the RA provides the status of adjusted claims that suspended when reprocessed

Recoupment to the original claim will not be applied (withheld) until the claim has been finalized (either paid or denied)

Providers should not resubmit suspended adjusted claims until the claim has been finalized

SUSPENDED ADJUSTMENTS									

JAMES JE 55555555 48200701105ABCD 00 54321									
02 01	12/05/07	12/05/07	E0250 RR	1.00	80.00	0.00	0.00	0.00	0.00
011/108									
ADJUSTMENT CLAIM TOTALS:					80.00	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
SUSPENDED ADJUSTMENT TOTALS:				1 CLAIM(S)	80.00	0.00	0.00	0.00	0.00

RA - Financial Items

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

Refund

A financial item that is the result of a provider sending a check to HPE. Refund checks need to be claim specific. Claim related refunds result in the reversal of payment of a specific claim.

RA - Financial Items - Notes

- A specific code will be provided explaining the reason for each financial item.
- All of the financial items, except refunds, will appear again on the same or future RA indicating that funds have been applied to the original set up amount.

- The amount being applied to the set up amount is indicated in the TXN AMT column of the Financial Items page.
- If funds are applied to a portion of the set up amount, the outstanding/remaining balance will appear in the BAL AMT column.

RA - Financial Items – More notes

- The balance amount must be zero for the transactions to be considered complete
- If the balance is not zero, the outstanding balance will be carried forward and future paid claims will be applied to it until it is paid in full

- All Financial Items where funds are applied to the original set up amount are reported with a reason code of 103 - Recoupment Applied to Account Receivable

RA – Financial Items Example

PROV: 900000X
 RA NUM: 000023AB01

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE

LTC AND PROFESSIONAL
 RA DATE: 04/08/2008

PAGE NUM: 8

FINANCIAL ITEMS

CCN	A/L NUM	MID	ICN	HVER	DNUM	DVER	TXN DATE	ORIG AMT	TXN AMT	BAL AMT	RSN CODE	K
123456789012345	552008217000000	215000897	422008020012854	00	00	00	12/05/07	13.25	13.25	13.25	055	
213456789012354	552000001000009	569888888	422008152ABC402	00	01	00	09/05/07	1,514.98	1,514.98	1,514.98	149	
		03H999999	421997HA3011189	01	01	00						
502000000034999	552008217000000						08/05/07	13.25	13.25	0.00	103	
502000000001155	552000001000009						09/05/07	1,514.98	152.75	1,362.23	103	

*** FINANCIAL REASON CODES ***
 055 PROVIDER DUPLICATE PAYMENT
 103 RECOUPMENT APPLIED TO ACCOUNT RECEIVABLE
 149 SYSTEM GENERATED MASS ADJUSTMENT

RA – EARNINGS DATA

This section contains a financial summary for the current pay period and year-to-date information	
Number of Claims Processed:	Total number of paid and denied (new day, x-over, and adjusted)
Claims Paid Amount:	Total dollar amount processed (new day, x-overs, and adjusted claims)
System Payout Amount:	Dollar amount paid out to the provider as an interim payment through an automated process
Recoup Amount Withheld:	Dollar amount withheld from the provider as a result of system payout, manual payout, or claim adjustment
Payment Amount:	Total dollar amount paid to the provider. (This amount is determined by adding Claims Paid +System Payout – Recoupment Withheld)
Manual Payout Amount:	Dollar amount paid out to a provider as an interim payment through a manual process.

RA – Earnings Data (continued)

Net Earnings:	Claims paid amount, plus system payout, plus manual payout, minus recoupment, and minus credit items
Credit Items:	Dollar amount related to any credit items. These include Medicaid and State voided transactions and refunds
Net Adjustment Amount:	Total net adjustment amount from adjusted claims processed. (both adjusted paid and adjusted denied) Note: This does not include claim specific recoups
Net 1099 Adjust:	An adjustment to the provider's 1099 to offset the previous financial cycle to accurately reflect taxable income.
Message Codes:	All finalized and suspended claim codes displayed in other sections of the RA appear here. These messages explain the action taken on a claim.

RA – Earnings Data Example

PROV: 900000X

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 04/08/2008

RA NUM: 000023AR01

PAGE NUM: 8

EARNINGS DATE



	CURRENT	YEAR – to – DATE
NUM OF CLAIMS PROCESSED	8	3,356
CLAIMS PAID AMOUNT	166.00	158,128.93
SYSTEM PAYOUT AMOUNT	0.00	0.00
RECOUP AMOUNT WITHHELD	166.00-	14,252.19-
PAYMENT AMOUNT	0.00	143,876.74
MANUAL PAYMENT AMOUNT	0.00	0.00
NET EARNINGS	0.00	143,876.74
CREDIT ITEMS	0.00	0.00
NET ADJUSTMENT AMOUNT	1,510.98-	8,556.40-
NET 1099 ADJUSTMENTS	0.00	0.00
COVERED DAYS INCLUDING NURSERY		0

FINALIZED CLAIM CODES

- 022 PRIMARY DIAGNOSIS MISSING/INVALID
- 091 SERVICE DENIED; NOT COVERED BY RHODE ISLAND MEDICAL ASSISTANCE PROGRAM
- 195 CLAIM CUTBACK DUE TO MEDICARE PAYMENT
- 656 DETAIL MODIFIER NOT VALID
- 670 OTHER INSURANCE CARRIER CODE IS MISSING/INVALID
- 799 DETAIL DENIED AS INCLUDED OR IDENTICAL TO A CONCURRENTLY BILLED SERVICE

SUSPENDED CLAIM CODES

- 011 RECIPIENT NOT ELIGIBLE/AUTO-DENY
- 433 MANUAL PRICING – NO PRICE ON FILE
- 673 RECIP HAS OTHER INS ON DOS – DETAIL PD/DETAIL SET

Adjustments

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.

Adjustment Request Form Sample



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

Claim Adjustment Request Form



ALL FIELDS ARE MANDATORY - the claim adjustment request form will be returned to the provider if incomplete. Claim type must be same for all.

Provider Name					Provider NPI		
Mailing Address	No./Street	City			State	Zip	
ICN (15 characters)	Detail Number	Recipient Medicaid ID	From DOS*	To DOS*	Adjustment Reason Code	Claim Field Update/Change	
123456789123456	3	555-55-5555	01 / 01 / 2013	01 / 01 / 2013	054	Change TPL payment amount to \$100.00	
					Select		
					Select		
					Select		

Applicable Adjustment Reason Codes

Reason Code	Financial Reason Code Description	Reason Code	Financial Reason Code Description
020	Wrong dates of service	054**	Provider wrong TPL payment**
021	Wrong patient status	065	Drug unit dose adjustment
026	Adjusted wrong tooth number/surface	067	Change in recipient eligibility
029	Incorrect Medicare paid amount, co-ins/deductible	068	Recipient has Medicare coverage
050	Provider Wrong Proc/Drug code	069	Recipient has verified other insurance
051	Provider wrong procedure modifier	070	Provider Change in Ownership
052	Provider wrong units of service	087	Adjust Wrong Units and Billed Amount
053	Provider wrong submitted charge	160	Retro rate, liability change

*Adjustments for dates-of-service >365 days are not allowed when a new claim will be submitted for increased reimbursement without a primary payer EOB dated within 90 days.

**Must attach primary payer explanation of benefits for Adjustment Reason Code 054

Print, sign and mail to:

RI MEDICAID PROGRAM • Hewlett Packard Enterprise• P.O. BOX 2010 • WARWICK, RI 02887-2010

Requestor (Print Name):	Title:
Provider/Authorized Agent Signature:	HPE Use Only
Date:	HPE Examiner:
	Date:

PR0060 Version Number 1.2 11/1/2015

Claims can be replaced electronically if submitted within one calendar year. This process makes corrections and resubmissions quick and easy. Please contact your provider representative for more information.

- Used to make changes on paid claims only
- A copy of the RA is required for processing
- All fields required to be completed for processing



Recoupments



Rhode Island Executive Office of Health and Human Services
Medicaid Program



Claim Recoupment Request

ALL FIELDS ARE MANDATORY - the claim recoupment request form will be returned to the provider if incomplete. Claim type must be same for all.

Provider Name			Provider NPI		
Mailing Address	No./Street	City	State	Zip	
ICN (15 characters)	Detail Number(s)*	Recipient Medicaid ID	From DOS**	To DOS**	Recoupment Reason Code
123456789123456	3	666-66-6666	01 / 01 / 2013	02 / 01 / 2013	054
					Select ▼
					Select ▼
					Select ▼
					Select ▼

*Please enter "ALL" if the request is to recoup the ENTIRE claim.

Applicable Recoupment Reason Codes

Reason Code	Reason Code Description	Reason Code	Reason Code Description
019	Client covered through Rite Care/Share	052	Provider wrong units of service
020	Wrong dates of service	053	Provider wrong submitted charge
021	Wrong patient status	054	Provider wrong TPL payment
026	Adjusted wrong tooth number/surface	055	Provider duplicate payment
027	Recoup script cancelled/refused, not picked up	066	Client did not receive service
029	Incorrect Medicare paid amount, co-ins/deductible	067	Change in recipient eligibility
048	Provider wrong provider number	068	Recipient has Medicare coverage
049	Provider wrong recipient number	069	Recipient has verified other insurance
050	Provider Wrong Proc/Drug code	118	Auto insurance paid claim
051	Provider wrong procedure modifier	121	Claim paid by attorney

**Recoupments for dates-of-service > 365 days are not allowed when a new claim will be submitted for increased reimbursement without a primary payer EOB dated within 90 days.

Print, sign and mail to:

RI MEDICAID PROGRAM • HEWLETT PACKARD ENTERPRISE • P.O. BOX 2010 • WARWICK, RI 02887-2010

Requestor (Print Name):	Title:
Provider/Authorized Agent Signature:	HPE Use Only
Date:	HPE Examiner:
	Date:

PR0061 1.2.11/01/15

Claims can be voided electronically if submitted within one calendar year. This process makes corrections and resubmissions quick and easy. Please contact your provider representative for more information.



Hewlett Packard
Enterprise

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.



Refunds




Rhode Island Executive Office of Health and Human Services
Medicaid Program
Refund Request

ALL FIELDS ARE MANDATORY – if incomplete, the refund request form will be returned to the provider with a letter requesting additional information. Please note that all checks are deposited upon receipt.

Provider Name _____ Contact Name _____
 Provider NPI _____ Contact Phone Number _____

#	Recipient Name	MID #	ICN #	Detail # (If Applicable)	DOS	RA Date	Refund Amount	Refund Reason
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PR0062 V1.2 11/01/2015

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 Replacements/Voids

Adjustments may
be billed
electronically

Billing Frequency
Codes are required:

- 1- Original Claim
- 7- Replacement of
Previous Claim
- 8- Void of Previous
Claim

RA – Electronic Replacement

PROV: 900000X		RHODE ISLAND MEDICAL ASSI		Billed Amount	GRAM R	Allowed Amount	ADVICE	RA NUM: 000023A		Paid Amount
LTC AND PROFESSIONAL		RA DATE: 04/04/2008		PAGE NUM:		FRQ				
RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGES										
DNUM DVER FDOS TDOS PROC + MODS QTY BLD										
DETAIL MESSAGES										
PAID CLAIMS										
DOE	JO 038A88888	102013235999999	00	23464				1		
02 00	07/02/07	07/02/07	E1345	1.00	100.00	100.00	0.00	0.00	0.00	100.00
CLAIM TOTALS:					100.00	100.00	0.00	0.00	0.00	100.00
SMITH	JA 0366B9999	482013235999999	00	12345				7		
01 00	08/24/07	08/24/07	9921X	1.00	50.00	50.00	0.00	0.00	0.00	50.00
CLAIM TOTALS:					50.00	50.00	0.00	0.00	0.00	50.00
TOTALS FOR CLAIM TYPE: PROFESSIONAL 2 CLAIM(S)					150.00	150.00	0.00	0.00	0.00	150.00

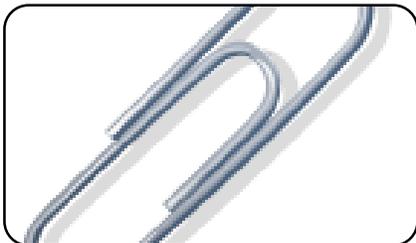
Electronic Claims Reminders



Claims must be received by 5:00 pm on the cut off date

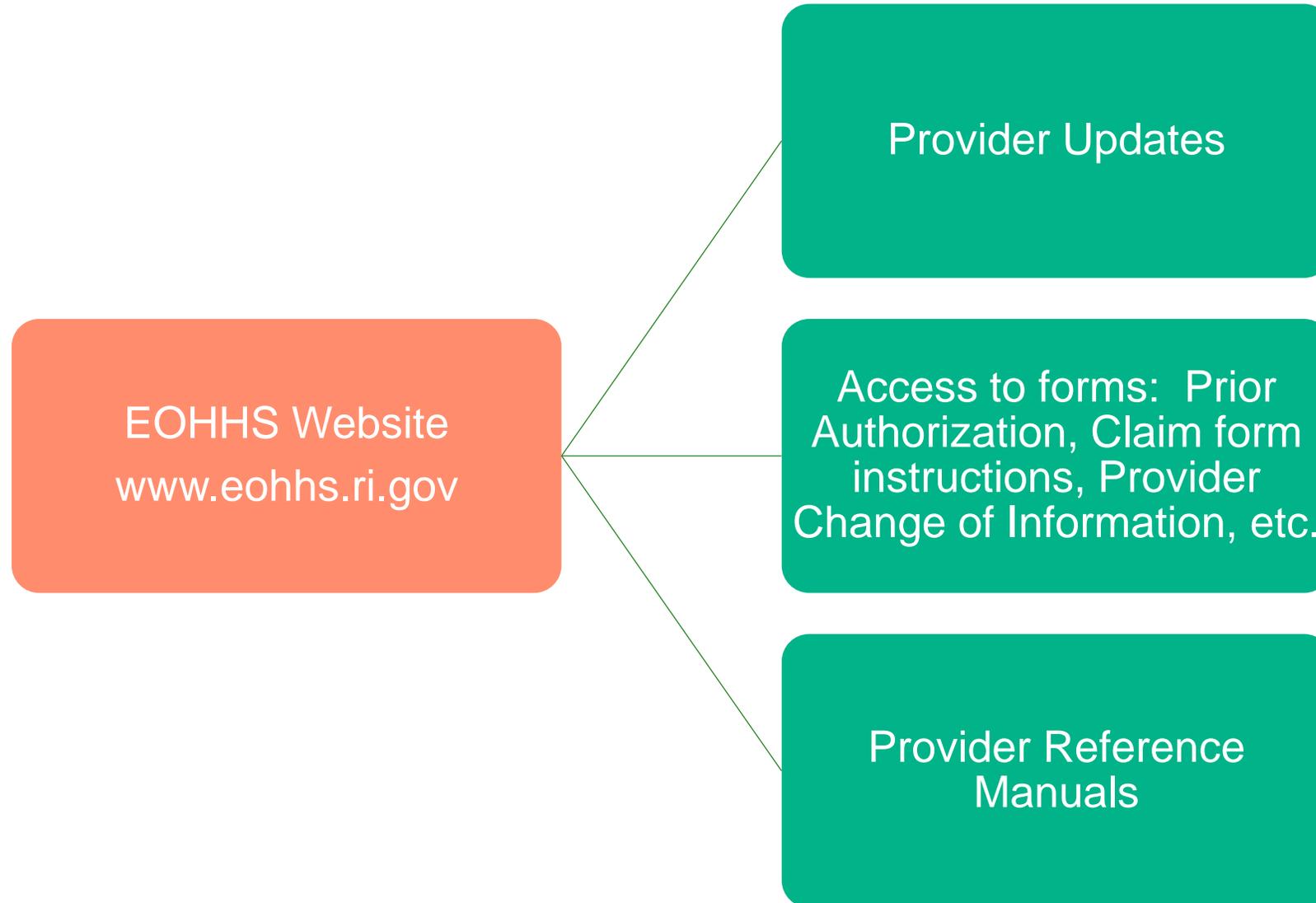


Long Term Care claims must be received by noon on Thursday prior to the financial cycle

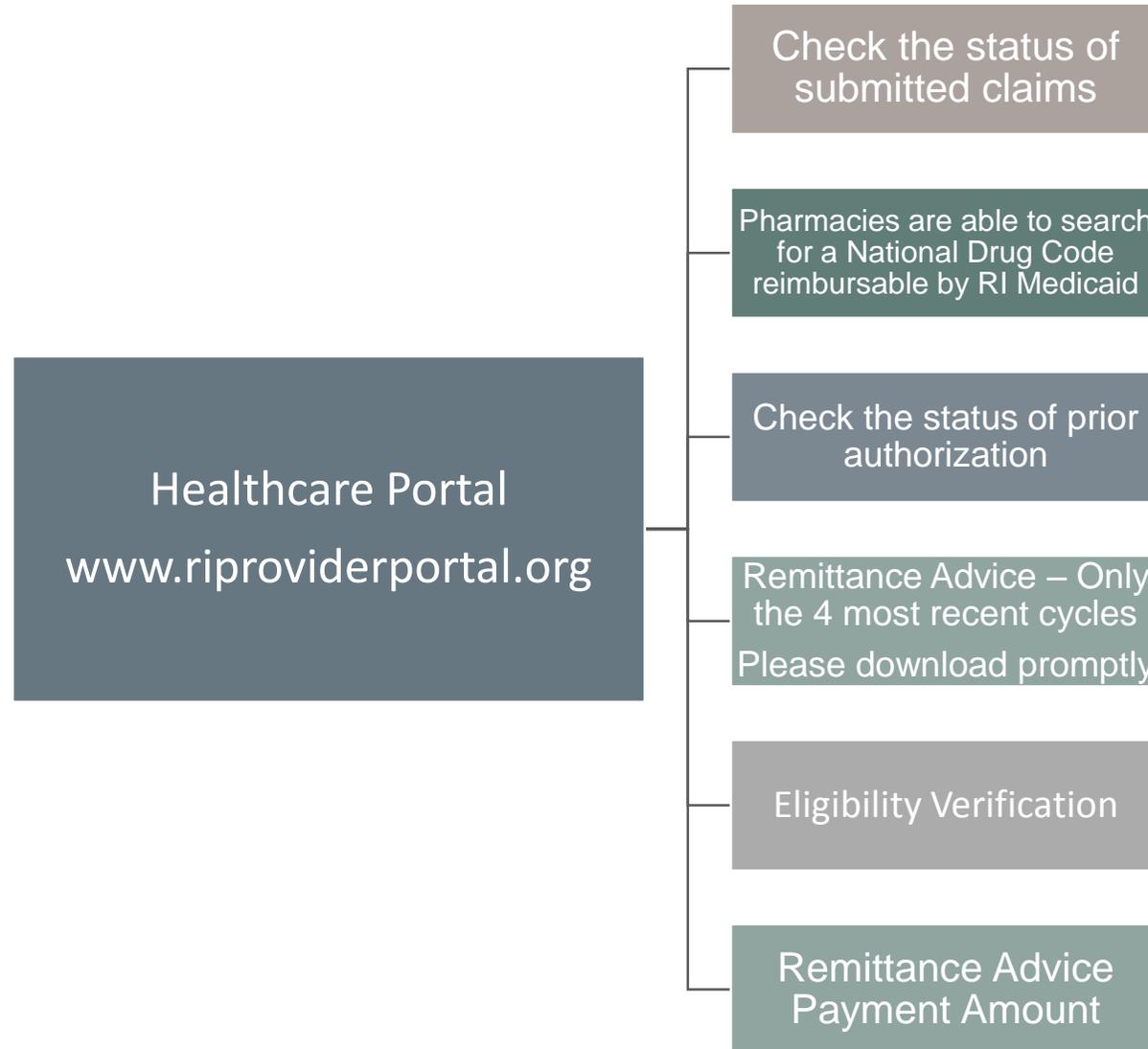


Claims that require attachments cannot be submitted electronically and require paper submission for processing

Services Available Through The Website



Services Available Through the Healthcare Portal



Reminders

Claims require submission within one (1) year from the date of service

Paper claims require an original signature

Policy information may be found on the EOHHS website:
www.eohhs.ri.gov



RI Medicaid is always the payer of last resort, requiring prior submission to all primary insurances

All attachments should be on 8 ½ X 11" paper – please do not cut strips of EOBs and submit them

Verify eligibility and limitations prior to providing services

Claims should not be stapled/taped to attachments

The monthly Provider Update and the Banner Page of the RA contain valuable information about policy/program changes and accurate processing

Helpful Phone Numbers

For Providers

- Customer Service Help Desk: 401.784.8100 or 1.800.964.6211 (In-state toll calls)
- Office of Managed Care: 401.462.5300
- Managed Care/United Health: 1.877.842.3210
- Managed Care/Neighborhood Health: 401.459.6020 (local)
 - or 1.800.459.6019
- Rhody Health Options 401.459.6601 (local) or 1.855.996.4774
- Qualidigm 1.800.357.8417



Provider Representative	Contact Information	Focus Area
Sandra Bates	sandra.bates@hpe.com 401-784-8022	Ambulance, Dental Services, Dialysis Center, Federally Qualified Health Centers, Free Standing Ambulatory Surgical Centers, Independent Labs, Indian Health Services, Lifespan Hospitals and Physician Groups, Vision, Podiatry, Chiropractor, Certified Nurse Anesthetists
Marlene Lamoureux	marlene.lamoureux@hpe.com 401-784-3805	Durable Medical Equipment, Eleanor Slater Hospital, Home Health, Hospice, ICF-MR, Personal Care Aide/Assistant, Nursing Homes, Out of State Hospitals and Physician Groups, Independent Hospitals and Physician Groups, Audiologist, Nutrition
Karen Murphy	karen.murphy3@hpe.com 401-784-8004	Adult Day Care, Assisted Living, Care New England Hospitals and Physician Groups, Physicians, Physician's Assistant, Case Manager/Social Worker, CEDARR, Children's Services, Community Mental Health Centers, DCYF, Early Intervention, Free Standing Psychiatric Hospital, Lead Center, LEA, Licensed Therapist, MH Rehab, MR/DD, Other Therapies, Psychologist, Substance Abuse Rehab, Waiver Group Homes
Ann Bennett	Ann.bennett2@hpe.com 401-784-3840	Pharmacy
Mary-Jane Nardone	mary-jane.nardone@hpe.com 401-784-8014	EDI Coordinator
Deborah Meiklejohn	deborah.meiklejohn@hpe.com 401-784-3859	Training and Documentation Specialist

Kelly Leighton	kelly.leighton@hpe.com 401-784-8013	Provider Service Manager
Dorothy Pizzarelli	dorothy.pizzarelli@hpe.com 401-784-8012	Customer Service Supervisor
Customer Service Help Desk	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM

Provider Training and Education

EXECUTIVE OFFICE OF
Health & Human Services
State of Rhode Island

Consumer ▾ Providers & Partners ▾ Reference Center ▾

- Healthcare Portal
- ICD-10 Implementation
- Provider Training and Education
- General Information
- Certification, Licensing & Registration
- Provider Enrollment
- Electronic Health Records (EHR) Incentive Program
- Billing & Claims
- Provider Manuals & Guidelines
- Forms & Applications
- Program Tools & Resources
- Grant & Contract Opportunities
- Program Integrity

Providers & Partners > Provider Training and Education [Print](#)

Provider Training and Education

Training Schedule

Getting Ready for ICD-10 Webinar

This webinar features an introduction to ICD-10 and information to help providers get ready for the transition on October 1, 2014.

Choose one of four opportunities to participate:

- Tuesday February 25th from 10-11 am
- Thursday February 27th from 10-11 am
- Tuesday March 4th from 3-4 pm
- Thursday March 6th from 3-4 pm

To register: Please send an email to deborah.meiklejohn@hp.com. Include ICD-10 in the subject line of your email. Spaces are limited. Please include a first and second choice of dates for participation.

Provider E-Learning Center

Welcome to the Provider E-Learning Center. This section will be updated with new trainings as they become available. For best quality, after opening the presentation, click on the *Slide Show* tab, and click *From Beginning*. Click your mouse or space bar to advance the slides.

[Navigating the EOHHS website E-Learning](#)

[Welcome to Medicaid - New Provider E-Learning](#)

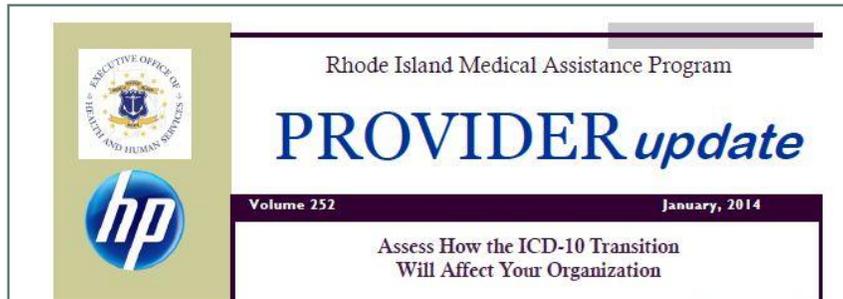
Monthly Provider Update

The monthly Provider Update delivers news and information to providers.

It is posted on the EOHHS website at:

<http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx>

Or you can receive it electronically by subscribing. To subscribe, send an email to deborah.meiklejohn@hpe.com



Questions and Answers

Thank you for your time today.