

# Billing 101

## RI Medicaid Provider Training Days

May, 2017

PR0096 V1.0 4.25.2016

# Agenda

- Billing Basics
- Remittance Advice
- Recoupments, Adjustments, and Refunds
- Questions?

# DXC Technology Overview

## Rhode Island Title XIX:

The Rhode Island Executive Office of Health and Human Services (EOHHS) contracts with DXC Technology (DXC) as its Fiscal Agent to process the state's Medicaid Program claims, to enroll and train providers, and perform other duties to fulfill State and Federal requirements. EOHHS has the sole responsibility for formatting program policy and procedures.

# Billing Basics

# Your Role As A Billing Provider

- Verify Beneficiary RI Medicaid Eligibility
- Confirm Third Party Liability (TPL)/ Other Insurance
- Determine Prior Authorization (PA) Requirements
- Adhere to Timely Filing Guidelines
- Claim Submission



# Recipient Eligibility

➤ Available 24/7

➤ RI Medicaid Healthcare Portal

<https://www.riproviderportal.org>

➤ Healthcare Portal Resource Page

<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid website. The header includes the state seal and navigation links for 'Home', 'Contact Us', and 'Login'. The main content area features a 'Login' section with a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. Below this is a 'Protect Your Privacy!' notice and a section for 'Would you like to enroll as a Trading Partner?' with a 'Click here to Enroll' link. To the right, a heading 'What can you do in the RI Medicaid Health Care Portal' is followed by a list of services and a photograph of a doctor and a patient. At the bottom, there are buttons for 'FAQs', 'Trading Partner Agreement', and 'Trading Partner Enrollment User Guide', along with links for 'Website Requirements' and 'Rhode Island Medicaid Providers'. The footer contains the version number 'R4.2' and copyright information for Hewlett-Packard Development Company, L.P.

# Verify Eligibility



To verify eligibility, select this tab

# Eligibility

This page will allow you to verify eligibility. The user will select NPI/Provider Type/ and Taxonomy.

The user then selects the Billing Provider from a prepopulated list.

Provider ID section is only for providers who do not qualify for an NPI.

Enter the Recipient ID and the dates of service and submit.

Eligibility Thursday 08/14/2014 10:36 AM EST

---

**Eligibility Verification Request** ?

\* Indicates a required field.

Please select Billing Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI   Provider Type  Taxonomy

Billing Provider

Rendering Provider

---

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

*This section only for atypical providers*

---

Please enter in Recipient ID. For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name  First Name  MI  Birth Date

Payer

---

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

\*Effective From Date  Effective To Date

---

**Service Type Code**

Service Type Code #1 <input type="text"/>	Service Type Code #2 <input type="text"/>
Service Type Code #3 <input type="text"/>	Service Type Code #4 <input type="text"/>
Service Type Code #5 <input type="text"/>	Service Type Code #6 <input type="text"/>

[Show More Service Type Codes](#)

# Eligibility Response

[Eligibility](#) > Eligibility Verification Response Friday 06/07/2013 04:18AM EST

---

**Eligibility Verification Response** [Back to Eligibility Verification Request](#) ?

[Expand All](#) | [Collapse All](#)

Verification Number 2013099012345

---

**Recipient Information**

Recipient ID 0132546789      Recipient Name John Doe  
Birth Date 08/21/1986      Gender Male  
Date of Death -

---

**Benefit Plan Details**

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	08/15/2012	08/15/2012	\$0.00	Message Text

---

Service Type Code Details - Covered +

Service Type Code Details - Not Covered +

Managed Care Details +

Managed Care Service Type Code Details - Covered +

Lock-in Details +

Medicare Details +

TPL Details +

Premium Payment Details +

Long Term Care Details +

After clicking submit, this eligibility response will be returned.

For more details, click "expand all" or click the plus sign next to the specific information you require.

My Home Eligibility Claims File Exchange

Eligibility > Eligibility Verification Response Friday 08/07/2013 04:18AM EST

Wire frame continued from previous page.

**Service Type Code Details - Covered**

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
1	Medical Care	08/15/2012	11/01/2012	\$0.00	0%
36	Dental Care	08/15/2012	11/01/2012	\$0.00	0%
47	Hospital	08/15/2012	11/01/2012	\$0.00	0%
AL	Vision (Optometry)	08/15/2012	11/01/2012	\$0.00	0%

**Service Type Code Details - Not Covered**

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
33	Chiropractic	08/15/2012	11/01/2012	\$0.00	0%

**Managed Care Details**

Plan Name	Phone	Effective From Date	Effective To Date
United Health Plan	866 573-2451	08/15/2012	09/30/2012
Neighborhood Health Plan	866 222-3333	10/01/2012	11/01/2012

**Managed Care Service Type Code Details - Covered**

Service Type Code	Description	Effective From Date	Effective To Date
1	Medical Care	08/15/2012	09/30/2012
1	Medical Care	10/01/2012	11/01/2012
47	Hospital	08/15/2012	09/30/2012
47	Hospital	10/01/2012	11/01/2012
88	Pharmacy	08/15/2012	09/30/2012
88	Pharmacy	10/01/2012	11/01/2012

Wire frame continued on next page...

© 2013 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)

This screen shows the expanded version of the Service Type Code details.

Note: Dental and Vision coverage limits should always be verified. Return to the User homepage and select dental/vision limits from the IWS links on the right.

# Third Party Liability

## ➤ Identification of TPL:

- Prior to billing RI Medicaid for services rendered to a recipient, providers are required to exhaust all other third party resources

## ➤ To Determine Primary Coverage:

- Obtain information from a client at the time the service is provided
- Verify third party coverage through the web site
- Contact the CSHD for assistance

## ➤ TPL Data Match Process:

- DXC electronically obtains third party coverage using data from Health Management Systems, matching commercial insurance for recipients

# TPL Information For Claims Submission

After exhausting all third party resources, the following TPL information is required to appear on all paper or electronic claims billed to the Medicaid Program:

- Other Insurance Carrier Name
- Policy Number
- EOB from Primary Carrier
- Applicable TPL Carrier Code
  - Lists of carrier codes are found on the website on the TPL page under Billing and Claims
- The Payment Amount from Other Insurance



# Prior Authorization

- Prior Authorization (PA) is required for specific procedures, services and equipment as identified by the RI Medicaid Program
- The request is initiated by the provider
- Upon completion of the review, Prior Authorization status is available in the Healthcare Portal. Written notification of denials and incomplete requests are returned to the provider by mail.



The Medicaid Program does not require providers to obtain prior authorization (PA) when Federal Medicare is primary, and there is a payment from Federal Medicare

# Timely Filing

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service was provided to Medicaid recipients.

DXC must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from DXC within 12 months of the date of service in order to process claims for adjudication.



# Timely Filing

- Claims with a date of service over one year with an involved third party insurance must be submitted within ninety (90) days from the process date of the other payer.
- Claims with a date of service over one year that had denied previously by DXC must be submitted within ninety (90) days from the date on the remittance advice, including denials resulting from processing and/or recoupment errors.
- Any claim with a service date over one year and a process date from another payer or a remittance advice date from DXC over ninety (90) days will be denied for timely filing.



Once the date of service is over 1 year old, the claim and supporting documentation to prove timely filing must be submitted on paper to your provider representative for approval.

# Electronic Vs Paper Claims

## Electronic

- Faster turnaround time
- No original signature required
- Quicker corrections
- Free Provider Electronic Solutions (PES) Software for Billing
- Cost savings

## Paper

- Slower Turnaround Time due to Manual Data Entry
- Requires an original signature
- Cost of postage and forms
- Claims with Manufacturer's Invoices, Consent Forms and Medical Records Require Paper Billing

# Remittance Advice

# 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. To the right, under 'Interactive Web Services', a list of links includes 'View Remittance Advice', which is highlighted by a black arrow. Other links include 'Check Debit Authorization', 'Check Dental/Vision Limits', 'Check Prior Authorization', 'EHR Incentive Program - MAPIR', 'Message Center', 'NDC Lookup', and 'View Remittance Advice Payment Amt'. The footer contains the version number 'R4.2', copyright information for Hewlett-Packard Development Company, L.P., and a 'Privacy Notice' link.

# 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 DXC Technology may appear on this page.*

Providers should read these messages carefully.

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



# 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		102013235999999	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

# 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	102013235999999	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	102013235999999	00	23464							
01	00	03/31/07	03/31/07	31541		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	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 – Headings on Financial Items Section

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

# RA – Headings on Financial Items Section

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

# 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

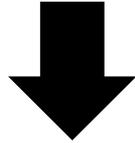
PROV: 900000X

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

# Recoupments, Adjustments, and Refunds

# 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 DXC Technology (DXC). Refund checks need to be claim specific. Claim related refunds result in the reversal of payment of a specific claim.

# 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		No./Street			City	State	Zip
Mailing Address		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/eductible	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

# 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

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: 00

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 03H999999 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: 900000X      RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE      RA NUM: 000023AB01  
 LTC AND PROFESSIONAL  
 RA DATE: 04/04/2008      PAGE 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	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	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	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	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 011/108	1.00	80.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT CLAIM TOTALS:		80.00	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
SUSPENDED ADJUSTMENT TOTALS:	1 CLAIM(S)	80.00	0.00	0.00	0.00	0.00	0.00

# 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	555-55-5555	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.\*

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



**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 Replacement/Void Claims (PES Users)

## For Dental, Professional, and Waiver Claims

### Replacements

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

On HDR 1, select Claim Frequency Code **7** and enter ICN of original claim  
Key the entire claim as it should have been keyed, making all corrections.

### Voids

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

Copy entire original claim.  
On HDR 1, select Claim Frequency Code **8** and enter ICN of original claim.

This voids entire claim. If you only want to remove one line – use replacement.

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.

### 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.

Save the claim. The next time you transmit, this replacement or void will be transmitted and processed.

# 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:						
RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT	
HEADER MESSAGES											
DNUMDVER 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

# 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](http://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

Provider Representative	Contact Information	Focus Area
<b>Sandra Bates</b>	<a href="mailto:sandra.bates@dxc.com">sandra.bates@dxc.com</a> 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
<b>Marlene Lamoureux</b>	<a href="mailto:marlene.lamoureux@dxc.com">marlene.lamoureux@dxc.com</a> 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
<b>Karen Murphy</b>	<a href="mailto:karen.murphy3@dxc.com">karen.murphy3@dxc.com</a> 401-784-8004	Adult Day Care, Assisted Living, Care New England Hospitals and Physician Groups, Physicians M-Z, Physician's Assistant, Case Manager/Social Worker, CEDAR, 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
<b>Wendy Hamel Sherzer</b>	<a href="mailto:wendy.hamel-sherzer@dxc.com">wendy.hamel-sherzer@dxc.com</a> 401-784-8002	Out of State Hospitals and Physician Groups, Independent Hospitals and Physician Groups, Physicians A-L
<b>Ann Bennett</b>	<a href="mailto:ann.bennett2@dxc.com">ann.bennett2@dxc.com</a> 401-784-3840	Pharmacy
<b>Mary-Jane Nardone</b>	<a href="mailto:mary-jane.nardone@dxc.com">mary-jane.nardone@dxc.com</a> 401-784-8014	EDI Coordinator
<b>Deborah Meiklejohn</b>	<a href="mailto:deborah.meiklejohn@dxc.com">deborah.meiklejohn@dxc.com</a> 401-784-3859	Training and Documentation Specialist

<b>Kelly Leighton</b>	<a href="mailto:kelly.leighton@dxc.com">kelly.leighton@dxc.com</a> 401-784-8013	Provider Service Manager
<b>Dorothy Pizzarelli</b>	<a href="mailto:dorothy.pizzarelli@dxc.com">dorothy.pizzarelli@dxc.com</a> 401-784-8012	Customer Service Supervisor
<b>Customer Service Help Desk</b>	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM

**Thank you**