



## **Rhode Island Medicaid Electronic Replacements and Voids for PES Users**

Rhode Island Medicaid can now accept Electronic Replacements and Voids, previously known as Adjustments and Recoups.

The instructions below are for PES users.

If your claim was sent using the PES software you then can copy the claim from your software using the copy function. You must have the claim in the “R” status to follow the instructions below.

Please follow the process below for your Claim type:

### **Professional, Dental and Waiver Claims:**

**Step 1** – Select the appropriate claim frequency located on header one of your claim:

- **7 = Replacement**
- **8 = Void**

**Step 2** -Enter the original Internal Control Number (ICN) of the PAID claim that you would like to replace or void. The ICN can be found on your remittance advice. It is a 15 digit number.

**Step 3** -Key the claim, as it should have been keyed making all appropriate corrections for replacements.

**Step 4** -Save the claim.

The next time you transmit this replacement or void will be transmitted and processed.

### **Nursing Home, Inpatient, Outpatient, Hospice and Institutional Home Health Claims:**

**Step 1** – Select the appropriate number in the third position of the bill type from header one.

- **7 = Replacement**
- **8 = Void**

**Step 2** -Enter the original Internal Control Number (ICN) of the PAID claim that you would like to replace or void. The ICN can be found on your remittance advice. It is a 15-digit number.

**Step 3** -Key the claim, as it should have been keyed making all appropriate corrections for replacements.

**Step 4** -Save the claim

The next time you transmit this replacement or void will be transmitted and processed.

**Please Note: If your claim is archived:**

**Step 1** Restore the appropriate archived file

**Step 2** Select “Restore only selected forms”

**Step 3** Highlight the appropriate claim(s)

**Step 4** Open your claim type

**Step 5** Select your claim(s) with an “A” status

**Step 6** Copy then select 7 for replacement or 8 for void as appropriate.

Follow remainder of directions above.

***Important Reminders:***

*A claim for services provided to a Medicaid recipient, with no other health insurance, has to be received by the States’ fiscal agent, Gainwell Technologies within twelve months of the date of service or if the claim is over a year old then 90 days from the date of denial by Gainwell Technologies in order to be processed for adjudication. Any claim that does not meet these criteria will be denied for timely filing.*

***Claims, over a year old, that involve a third party payer must be submitted within 90 days of the date of the Explanation of Benefits (EOB) from the primary payer. The other insurance (EOB) will verify this. The other insurance actual EOB must be attached to the claim. Any claim received with a date greater than the 90 days from date of the third party EOB will be denied for timely filing***

*Adjustments to a paid claim, over a year old, will be accepted up to 90 days from the remittance advice date that the original claim payment was posted and must be done on a paper Single Claim Adjustment Form or a Multiple Claim Adjustment Form.*

*Please call the Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls with any questions.*