

Billing 101

RI Medicaid Provider Training Days

May 2022

PR0096 V 2.1 May 2022



Agenda

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



Gainwell Technologies Overview

Rhode Island Title XIX:

The Rhode Island Executive Office of Health and Human Services (EOHHS) contracts with Gainwell Technologies 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.

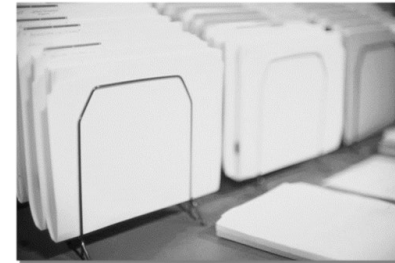


Billing Basics



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>

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home

Tuesday 10/07/2014 12:35 PM EST

Login

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Trading Partner?
[Click here to Enroll](#)

What can you do in the RI Medicaid Health Care Portal

Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can **enroll as a Trading Partner** with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - **MAPIR** - utilizing their Trading Partner ID as their User ID.

FAQs

Trading Partner Agreement

Trading Partner Enrollment User Guide

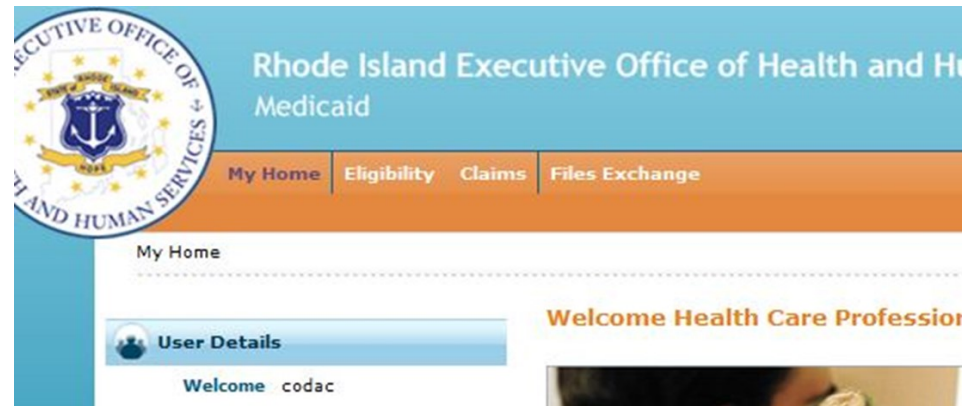
Website Requirements

[Rhode Island Medicaid Providers](#)



Verify Eligibility

To verify eligibility, select the Eligibility tab in the orange bar.



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 or enter valid 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

Please enter in Recipient ID. For CHON 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

- 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 09/07/2013 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 +

Service Codes

- 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.

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 | |



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:

- Gainwell Technologies 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.

Gainwell Technologies must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from Gainwell Technologies 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 Gainwell Technologies 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 Gainwell Technologies 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.



Rhode Island Executive Office of Health and Human Services
Medicaid

My Home | Eligibility | Claims | Files Exchange

My Home Thursday 01/29/2015 11:00 AM EST

User Details
Welcome Deborah Meklejohn

- My Profile
- Manage Accounts

Trading Partner

Name: DEBORAH MEKLEJOHN
Trading Partner ID: 601300105

- Trading Partner Profile

Welcome Health Care Professional!

Interactive Web Services

- Check Debit Authorization
- Check Dental/Vision Limits
- Check Prior Authorization
- RHR Incentive Program - MAPIS
- Message Center
- NDC Lookup
- View Remittance Advice
- View Remittance Advice Payment Act

We are committed to make it easier for physicians and other providers to perform their business. Our secure site provides the ability to verify member eligibility, search for claims, and conduct electronic file exchanges (upload/download).



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 Gainwell Technologies 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 ASSISTANCE PROGRAM REMITTANCE ADVICE RA NUM: 000023AB01
LTC AND PROFESSIONAL
RA DATE: 04/04/2008 PAGE NUM: 2
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 | 112007940054004 | 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 | 112007249054001 | 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 |



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 REMITTANCE ADVICE RA NUM: 000023AB01
 LTC AND PROFESSIONAL
 RA DATE: 04/04/2008 PAGE NUM: 3

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: | 4 CLAIM(S) | 230.00 | 230.00 | 68.00 | 0.00 | 0.00 | 162.00 |
|--------------------|------------|--------|--------|-------|------|------|--------|



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);
- 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 RA NUM: 000023AB01
 LTC AND PROFESSIONAL
 RA DATE: 04/04/2008 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

CLAIM TYPE: HCFA1500

SMITH JA 0366B9999 112007249054001 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 | 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 NUM: 000023AB01
 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
 S U S P E N D E D C L A I M S

CLINT BI 999H88899 1120071769999999 00 000000000272

| | | | | | | | |
|-------------------------------|------|--------|-------|------|------|------|------|
| 01 00 06/04/07 06/04/07 99921 | 2.00 | 100.00 | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 673/408 | | | | | | | |
| 02 00 06/04/07 06/04/07 99922 | 1.00 | 10.00 | 5.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 673/408 | | | | | | | |
| CLAIM TOTALS: | | 110.00 | 55.00 | 0.00 | 0.00 | 0.00 | 0.00 |

REAGA RO 776655443 4820073658888888 00

| | | | | | | | |
|-------------------------------|--------|--------|--------|------|------|------|------|
| 01 00 01/26/07 01/26/07 99717 | 150.00 | 100.00 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 433/122 | | | | | | | |
| 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



RA – Headings on Financial Items Section

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



RA – Headings on Financial Items Section

| | |
|-----------------|---|
| DVER | Detail Version – The version of the line item number |
| TXN DATE | Transaction Date – The date the adjustment, recoupment or void is being set up |
| ORIG AMT | Original Amount – The dollar amount of the original claim paid |
| TXN AMT | Transaction Amount – The dollar amount of the adjustment, recoupment or void being set up |
| BAL AMT | Balance Amount – The amount of the accounts receivable set up from the adjustment, recoupment or voided transaction |
| RSN CODE | 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 |
|-----------------|------------------|-----------|-----------------|------|------|------|----------|----------|----------|----------|----------|---|
| 532008221034000 | 5552008217000000 | 215000897 | 422008020012854 | 00 | 00 | 00 | 12/05/07 | 13.25 | 13.25 | 13.25 | 055 | |
| 532008221000009 | 5552000001000009 | 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

| | |
|-----------------------------|--|
| 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: 90000X

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

RA NUM: 00021AB01

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 Gainwell Technologies. 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

- 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



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 | | John Smith MD | | | Provider NPI | | 1234567890 | | | | |
|---------------------|---------------|---------------------------|----------------|----------------|------------------------|---------------------------------------|------------|-----|--|-------|--|
| Mailing Address | | No./Street 123 Main St | | | City | | Providence | | | | |
| | | | | | | State | | RI | | | |
| | | | | | | | | Zip | | 02901 | |
| ICN (15 characters) | Detail Number | Recipient Medicaid ID | From DOS* | To DOS* | Adjustment Reason Code | Claim Field Update/Change | | | | | |
| 123456789123456 | 3 | 1000555555 | 01 / 01 / 2016 | 01 / 01 / 2016 | 054 | Change TPL payment amount to \$100.00 | | | | | |
| 123456789654321 | 4 | 1000123456 | 04/23/2017 | 04/23/2017 | 053 | change billed amount to \$500.00 | | | | | |

*Please enter "ALL" if request is to adjust entire claim.

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 · P.O. BOX 2010 · WARWICK, RI 02887-2010

| | | | |
|--------------------------------------|------------|--------------|----------------|
| Requestor (Print Name): | Mary Jones | Title: | Office manager |
| Provider/Authorized Agent Signature: | | DIX Use Only | |
| Date: | 05/23/2017 | Examiner: | |
| | | Date: | |

PR0060 Version Number 1.4 09/15/2016

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.



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 RA NUM: 000023AB01
 LTC AND PROFESSIONAL
 RA DATE: 04/04/2008 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 FDOJ TDOS PROC + MODS QTY BLD
 DETAIL MESSAGES
 A D J U S T E D C L A I M S

PERRY HA 03H999999 481997HA3011189 421997HA3011189 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 PAGE NUM: 7
 RA DATE: 04/04/2008

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 56988888 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 56988888 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 |
|--|------------|------------|-------|------------|----------|--|-------------|------|------|------|
| 02 00 | 12/31/2008 | 12/31/2008 | A9999 | 150.00 | 1,258.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 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

- 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.



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 | John Smith | | | Provider NPI | 1234567890 |
| Mailing Address | No./Street | City | State RI | Zip | 02901 |
| | 123 Main St | Providence | | | |
| ICN (15 characters) | Detail Number(s)* | Recipient Medicaid ID | From DOS** | To DOS** | Recoupment Reason Code |
| 123456789123456 | 3 | 1000123456 | 01 / 01 / 2016 | 02 / 01 / 2016 | 054 |
| 123456789654321 | 4 | 1000654321 | 04/23/2017 | 04/23/2017 | 052 |
| | | | | | |
| | | | | | |

*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/eductible | 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 Prod/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 • P.O. BOX 2010 • WARWICK, RI 02887-2010

| | | | |
|--------------------------------------|------------|-------------|----------------|
| Requestor (Print Name): | Mary Jones | Title: | Office Manager |
| Provider/Authorized Agent Signature: | | * Examiner: | |
| Date: | 05/23/2017 | Date: | |



Refunds

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

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 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



Electronic Replacement/Void Claims (PES Users)

For Dental, Professional, and Waiver Claims

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

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.



Electronic Replacement/Void Claims (PES users)

For Institutional Claims

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

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.



RA – Electronic Replacement

| PROV: 900000X | RHODE ISLAND MEDICAL ASSI | Billed Amount | GRAMR | 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 | FRQ |
| HEADER MESSAGES | | | | | | | LIAB AMT |
| DNUM DVER | FDOS | TDOS | PROC + MODS | QTY BLD | | | COPAY AMT |
| DETAIL MESSAGES | | | | | | | PAID AMT |
| 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
- RI Medicaid is always the payer of last resort, requiring prior submission to all primary insurances
- Paper claims require an original signature
- Policy information may be found on the EOHHS website: www.eohhs.ri.gov
- The monthly Provider Update and the Banner Page of the RA contain valuable information about policy/program changes and accurate processing
- All attachments should be on 8 ½ X 11" paper – please do not cut trips of EOBs and submit them
- Claims should not be stapled/taped to attachments
- Verify eligibility and limitations prior to providing services

Contact Information

Celine Johnson

celine.johnson@gainwelltechnologies.com

401-400-4229

Dental, Podiatry, Vision, Independent Labs, Certified Nurse Anesthetist, Community Health Workers (CHW),

Marlene Lamoureux

marlene.lamoureux@gainwelltechnologies.com

571-895-4938

LMW Health Care-Westerly, Prime Healthcare-Landmark, Prospect Charter Care-Roger Williams, Prospect Charter Care-St. Joseph's, South County, Independent Hospital Physician Group, Skilled Nursing, Durable Medical Equipment (DME), Nursing Homes, Eleanor Slater, FQHC, Hospice, ICF-MR, Audiologist, Indian Health, Severely Disabled Nursing Home Care, Personal Choice/Hab Case Mgmt, Self-Directed Community Service, Personal Care/Homemaker, Meals on Wheels, Independent Provider



Contact Information

Karen Murphy

karen.murphy3@gainwelltechnologies.com

571-348-5933

Care New England Hospitals, Butler, Kent, Women & Infants, Care NE Hospital Based Physician Group, OOS Hospital & Physician Group, Lifespan Hospitals, Bradley, Miriam, Newport, Rhode Island, Lifespan Hospital Based Physician Groups, Physicians, Licensed Therapists, Physician Assistants, Dialysis Center, Free Standing Ambulance Surgical Ctr, RICLASS, Psychologists, Assisted Living, Nurse Practitioner, Case management, Children's Behavioral Health Group, LEA-Contracted Providers, Adult Day Care, Shared Living, Group Homes-Private, Day Habilitation, Waiver Case Manager-Other, Local Education Agency, Early Intervention, Substance Abuse Rehab, CMHC, Habilitation Group Home, BHDDH Behavioral Health Group, DCYF, Other Therapies/Hippotherapy, Lead Center, Home/Center Based Therapeutic Services, Cedar Family Center, Co-Located Services, BHDDH, PACE, Home Stabilization, Centers for Excellence, Peer Recovery Services, Emergency Behavioral Health Services..



Contact Information

Ann Bennett

ann.bennett2@gainwelltechnologies.com

571-895-6866

Pharmacy

Customer Service Help Desk

401-784-8100 or

Toll Free 1-800-964-6211

Monday through Friday

8:00 AM-5:00 PM

Mary-Jane Nardone

mary-jane.nardone@gainwelltechnologies.com

571-895-4941

EDI Coordinator

- Ambulance, Chiropractor, Physical Therapy



Contact Information

Kelly Leighton

kelly.leighton@gainwelltechnologies.com

571-348-5975

Provider Service Manager

Dorothy Pizzarelli

dorothy.pizzarelli@gainwelltechnologies.com

401-244-9564

Customer Service Supervisor



Thank You

