Billing 101
RI Medicaid Provider Training Days

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.
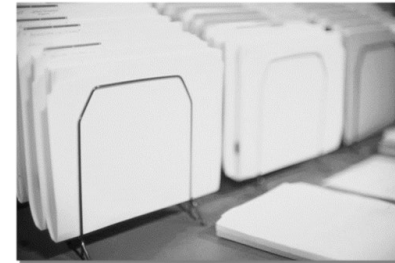
Billing Basics

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

Verify Eligibility

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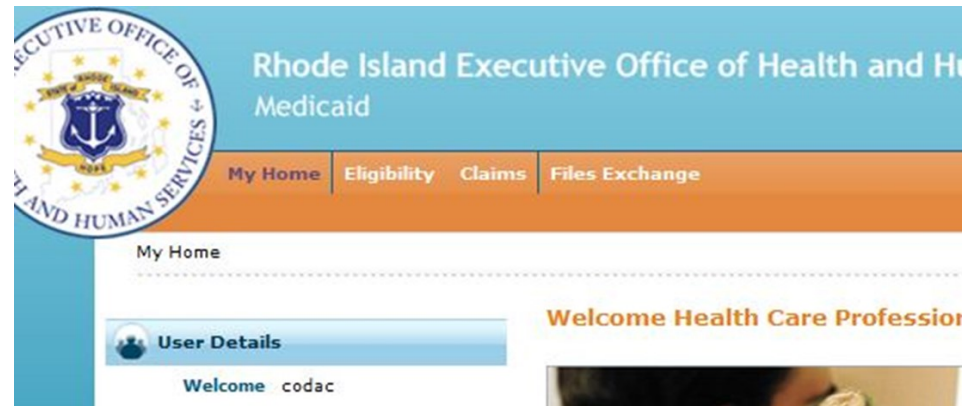
Eligibility

➤ 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 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.

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.

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.

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
P A I D   C L A I M S
--------------------------------------------------------------------------------------------------------------------------

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
P A I D   C L A I M S
-------------------------------------------------------------------------------------------------------------------------

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
D E N I E D   C L A I M S
-----------------------------------------------------------------------------------------------------------------
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 112007176999999 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 482007365888888 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:PROFESSIOMAL2 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 of 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   RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE
RA NUM: 000023AB01

                                                              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: 900000X   RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE   RA NUM: 000023AB01
                                              LTC AND PROFESSIONAL
                                          RA DATE: 04/08/2008   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

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 FDOS 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

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

```
S U S P E N D E D   A D J U S T M E N T S
--------------------------------------------------------------------------------

JAMES   JE  555555555 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     0.00
     011/108

     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.

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

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

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

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

Marlene Lamoureux

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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

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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

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Pharmacy

Customer Service Help Desk

401-784-8100 or
Toll Free 1-800-964-6211

Monday through Friday
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Mary-Jane Nardone

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Customer Service Supervisor

Thank You