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
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

<table>
<thead>
<tr>
<th>Electronic</th>
<th>Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Faster turnaround time</td>
<td>• Slower Turnaround Time due to Manual Data Entry</td>
</tr>
<tr>
<td>• No original signature required</td>
<td>• Requires an original signature</td>
</tr>
<tr>
<td>• Quicker corrections</td>
<td>• Cost of postage and forms</td>
</tr>
<tr>
<td>• Free Provider Electronic Solutions (PES) Software for Billing</td>
<td>• Claims with Manufacturer’s Invoices, Consent Forms and Medical Records Require Paper Billing</td>
</tr>
<tr>
<td>• Cost savings</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>NPI</th>
<th>MEDICAID ENCOUNTERS</th>
<th>CLAIMS PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE</td>
<td>038A888888</td>
<td>112007940054004 0023464</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 00 07/02/07 07/02/07 E1345</td>
<td>1.00</td>
</tr>
<tr>
<td>SMITH</td>
<td>0366B99999</td>
<td>112007249854001 0012345</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 00 08/24/07 08/24/07 9921X</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLAIM TOTALS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLAIM TOTALS:</td>
<td></td>
</tr>
<tr>
<td>TOTALS FOR CLAIM TYPE: PROFESSIONAL</td>
<td>2 CLAIM(S)</td>
<td>150.00</td>
<td>150.00</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>RICHLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVICE</th>
<th>RA DATE: 04/04/2008</th>
<th>RA NUM: 000023AB01</th>
</tr>
</thead>
</table>

**Recipient Name:** JONES JO 009877777 482007120012345 00 00000000001632

<table>
<thead>
<tr>
<th>YR</th>
<th>MT</th>
<th>PT</th>
<th>ACCT</th>
<th>RX</th>
<th>BILLED AMT</th>
<th>ALLOWED AMT</th>
<th>OL AMT</th>
<th>LIAB AMT</th>
<th>COPAY AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>01</td>
<td>01/04/07</td>
<td>01/04/07</td>
<td>9922P</td>
<td>1.00</td>
<td>10.00</td>
<td>10.00</td>
<td>8.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Claim Totals:**

- CLAIM TOTALS: 10.00 10.00 8.00 0.00 0.00 2.00

**Recipient Name:** WHITE WT 080866666 48208710006789 00 00000000001151

<table>
<thead>
<tr>
<th>YR</th>
<th>MT</th>
<th>PT</th>
<th>ACCT</th>
<th>RX</th>
<th>BILLED AMT</th>
<th>ALLOWED AMT</th>
<th>OL AMT</th>
<th>LIAB AMT</th>
<th>COPAY AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>05</td>
<td>05/14/07</td>
<td>06/13/07</td>
<td>K1234</td>
<td>1.00</td>
<td>70.00</td>
<td>70.00</td>
<td>60.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Claim Totals:**

- 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 60.00 0.00 0.00 12.00

**Paid Claim Totals:**

- 4 Claim(s): 230.00 230.00 68.00 0.00 0.00 162.00

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* HEALTH & HUMAN SERVICES
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

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>NPI</th>
<th>NPI LOCATION</th>
<th>NPI STATE</th>
<th>NPI SPECIALTY</th>
<th>NPI TELEPHONE</th>
<th>NPI EMAIL</th>
<th>NPI WEBSITE</th>
<th>NPI SID</th>
<th>NPI ID</th>
<th>NPI ID TYPE</th>
<th>NPI IDENTIFIER</th>
<th>NPI IDENTIFIER TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Corporation</td>
<td>12345</td>
<td>123 Main St</td>
<td>New York</td>
<td>General Practice</td>
<td>(123) 456-7890</td>
<td><a href="mailto:abc@abc.com">abc@abc.com</a></td>
<td><a href="http://www.abc.com">www.abc.com</a></td>
<td>ABC001</td>
<td>123</td>
<td>123-ABC</td>
<td>123ABC</td>
<td>123-ABC</td>
</tr>
<tr>
<td>DEF Hospital</td>
<td>67890</td>
<td>456 Elm St</td>
<td>California</td>
<td>Pediatrics</td>
<td>(456) 789-0123</td>
<td><a href="mailto:def@def.com">def@def.com</a></td>
<td><a href="http://www.def.com">www.def.com</a></td>
<td>DEF002</td>
<td>456</td>
<td>456-DEF</td>
<td>456DEF</td>
<td>456-DEF</td>
</tr>
</tbody>
</table>

CLAIM TYPE: PRACTICE

<table>
<thead>
<tr>
<th>CLAIM</th>
<th>DATE OF SERVICE</th>
<th>SERVICE CODE</th>
<th>BILLING CODE</th>
<th>PROVIDER ID</th>
<th>BILLAMT</th>
<th>ALLOWAMT</th>
<th>REBAMT</th>
<th>DERMAMT</th>
<th>TOTALAMT</th>
<th>CLAIM TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>00000</td>
<td>01/01/2023</td>
<td>C01</td>
<td>D01</td>
<td>12345</td>
<td>100.00</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>00000</td>
<td>01/01/2023</td>
<td>C02</td>
<td>D02</td>
<td>67890</td>
<td>200.00</td>
<td>200.00</td>
<td>0.00</td>
<td>0.00</td>
<td>200.00</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTALS FOR CLAIM TYPE: PROFESSIONAL 2 CLAIM(S) 300.00
DENIED CLAIM TOTALS: 2 CLAIM(S) 300.00
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

<table>
<thead>
<tr>
<th>CPT Cde</th>
<th>Description</th>
<th>Code</th>
<th>Qty</th>
<th>Rate</th>
<th>Total</th>
<th>Allowed</th>
<th>Paid</th>
<th>Copay</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>99922</td>
<td></td>
<td>01</td>
<td>200</td>
<td>50.00</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>99922</td>
<td></td>
<td>02</td>
<td>100</td>
<td>5.00</td>
<td>100.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Claim Totals:**
- **110.00**
- **55.00**
- **0.00**
- **0.00**
- **0.00**
- **0.00**

**Total for Claim Type: Professional:**
- **210.00**
- **155.00**
- **0.00**
- **0.00**
- **0.00**
- **0.00**
# RA – Headings on Financial Items Section

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCN</strong></td>
<td>Cash Control Number – Internal tracking number for the set-up of an accounts receivable from an adjustment, recoupment or voided transaction.</td>
</tr>
<tr>
<td><strong>A/L NUM</strong></td>
<td>Account Ledger Number – Tracking number that follows the adjustment, recoupment or voided transaction through to completion, when the balance is $0.</td>
</tr>
<tr>
<td><strong>MID</strong></td>
<td>Medicaid Identification Number</td>
</tr>
<tr>
<td><strong>ICN</strong></td>
<td>Internal Control Number – 15 digit number assigned to the claim when received by RI Medicaid</td>
</tr>
<tr>
<td><strong>HVER</strong></td>
<td>Header Version – The version number of the claim at the claim header level</td>
</tr>
<tr>
<td><strong>DNUM</strong></td>
<td>Detail Number – The line item number of the claim</td>
</tr>
</tbody>
</table>
# RA – Headings on Financial Items Section

<table>
<thead>
<tr>
<th>DVER</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail Version – The version of the line item number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TXN DATE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transaction Date – The date the adjustment, recoupment or void is being set up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORIG AMT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Amount – The dollar amount of the original claim paid</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TXN AMT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transaction Amount – The dollar amount of the adjustment, recoupment of void being set up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAL AMT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Amount – The amount of the accounts receivable set up from the adjustment, recoupment or voided transaction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RSN CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason Code – The reason the financial transaction was performed</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>CCN</th>
<th>A5 Num</th>
<th>MID</th>
<th>ICN</th>
<th>HIVER DNUM DVER</th>
<th>TXN DATE</th>
<th>ORIG AMT</th>
<th>TXN AMT</th>
<th>BAL AMT</th>
<th>RSN CODE</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>55200221054000</td>
<td>555200021700000</td>
<td>215000097</td>
<td>42200020012854</td>
<td>00 00 00</td>
<td>12/05/07</td>
<td>15.25</td>
<td>13.25</td>
<td>13.25</td>
<td>055</td>
<td></td>
</tr>
<tr>
<td>55200221000000</td>
<td>5552000001000000</td>
<td>509888000</td>
<td>42200852ABCD02</td>
<td>00 01 00</td>
<td>09/05/07</td>
<td>1,514.98</td>
<td>1,514.98</td>
<td>1,514.98</td>
<td>149</td>
<td></td>
</tr>
<tr>
<td>50200000034999</td>
<td>555200217000000</td>
<td>01 01 00</td>
<td>4210979A3011110</td>
<td>01 01 00</td>
<td>09/05/07</td>
<td>13.25</td>
<td>13.25</td>
<td>0.00</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>50200000001155</td>
<td>5552000001000009</td>
<td>09/05/07</td>
<td>1,514.98</td>
<td>152.75</td>
<td>1,362.23</td>
<td>103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** FINANCIAL REASON CODES ***
005 PROVIDER DOPPLICATE PAYMENT
103 RECOVERMENT APPLIED TO ACCOUNT RECEIVABLE
149 SYSTEM GENERATED MASS ADJUSTMENT
# RA – Earnings Data

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Claims Processed:</td>
<td>Total number of paid and denied (new day, x-over, and adjusted)</td>
</tr>
<tr>
<td>Claims Paid Amount:</td>
<td>Total dollar amount processed (new day, x-overs, and adjusted claims)</td>
</tr>
<tr>
<td>System Payout Amount</td>
<td>Dollar amount paid out to the provider as an interim payment through an</td>
</tr>
<tr>
<td></td>
<td>automated process</td>
</tr>
<tr>
<td>Recoup Amount Withheld:</td>
<td>Dollar amount withheld from the provider as a result of system payout,</td>
</tr>
<tr>
<td></td>
<td>manual payout, or claim adjustment</td>
</tr>
<tr>
<td>Payment Amount:</td>
<td>Total dollar amount paid to the provider. (This amount is determined by</td>
</tr>
<tr>
<td></td>
<td>adding Claims Paid +System Payout – Recoupment Withheld)</td>
</tr>
<tr>
<td>Manual Payout Amount</td>
<td>Dollar amount paid out to a provider as an interim payment through a</td>
</tr>
<tr>
<td></td>
<td>manual process.</td>
</tr>
<tr>
<td>Net Earnings:</td>
<td>Claims paid amount, plus system payout, plus manual payout, minus recoupment, and minus credit items</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Credit Items</td>
<td>Dollar amount related to any credit items. These include Medicaid and State voided transactions and refunds</td>
</tr>
<tr>
<td>Net Adjustment Amount:</td>
<td>Total net adjustment amount from adjusted claims processed. (both adjusted paid and adjusted denied) Note: This does not include claim specific recoups</td>
</tr>
<tr>
<td>Net 1099 Adjust:</td>
<td>An adjustment to the provider’s 1099 to offset the previous financial cycle to accurately reflect taxable income.</td>
</tr>
<tr>
<td>Message Codes:</td>
<td>All finalized and suspended claim codes displayed in other sections of the RA appear here. These messages explain the action taken on a claim.</td>
</tr>
</tbody>
</table>
RA – Earnings Data Example

<table>
<thead>
<tr>
<th><strong>Earnings Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RA – Earnings Data Example</strong></td>
</tr>
</tbody>
</table>

**Table:**

<table>
<thead>
<tr>
<th><strong>Item</strong></th>
<th><strong>Current</strong></th>
<th><strong>Year-to-Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claim Number</strong></td>
<td>12345</td>
<td>1234578</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>12345</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Benefit Amount</strong></td>
<td>12345</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Manual Payment Amount</strong></td>
<td>12345</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Net Earnings</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Net Adjustment</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Paid Amount</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Manual Payment</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Net Earnings</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Total Benefits</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
<tr>
<td><strong>Covered Days Including Benefit</strong></td>
<td>12345678</td>
<td>12345678</td>
</tr>
</tbody>
</table>

**Notes:**

- 01: Primary Diagnosis Uninsured
- 02: Service Denied, Not Covered by Rhode Island Medical Assistance Program
- 03: Claim Cutback Due to Medicare Payment
- 04: Claim Cutback Due to Medicaid/CHIP Payment
- 05: Claim Cutback Due to Excess Reimbursement
- 06: Claim Cutback Due to Other Cutoffs
- 07: Claim Cutback Due to Other Reimbursements
- **90**: Claim Cutback Due to Excess Reimbursement
- **99**: Claim Cutback Due to Other Cutoffs

**Suppressed Claim Codes:**

- 01: Recipient Not Eligible
- 02: Manual Payment
- 03: Recipient Other than 00 or 06 – Detail Detected

**Suppressed Claim Codes:**

- 01: Recipient Not Eligible
- 02: Manual Payment
- 03: Recipient Other than 00 or 06 – Detail Detected
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**

<table>
<thead>
<tr>
<th>PROV. NO: 900001X</th>
<th>PROVIDER: RHODE ISLAND MEDICAL ASSISTANCE PROGRAM REMITTANCE ADVOCATE</th>
<th>RA NUM: 80021AB01</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGE NO: 6</td>
<td>RA DATE: 01/09/2008</td>
<td></td>
</tr>
</tbody>
</table>

**RECEIPT NAME: MED HEADER MESSAGES**
- ICN: 019762/0011189
- PAYT ALT CODE: BIL/AMT ALLOWED AMT: 019762/0011189
- QTY: 0 RSL
- CPT CODE: 019762/0011189
- DSR D UEED: 0

---

**PAYMENT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Code</th>
<th>Description</th>
<th>Original Amount</th>
<th>Allowed Amount</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/07</td>
<td>E16A07</td>
<td>145.00</td>
<td>145.00</td>
<td>145.00</td>
<td>99.90</td>
</tr>
</tbody>
</table>

**RECOUPMENT TO ORIGINAL CLAIM**
- RECOUPMENT DATE: 01/09/07
- PAID AMOUNT: 99.90

---

**ADJUSTMENT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Code</th>
<th>Description</th>
<th>Original Amount</th>
<th>Adjustment Amount</th>
<th>Original Amount</th>
<th>Adjustment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/07</td>
<td>E16A07</td>
<td>280.00</td>
<td>280.00</td>
<td>95.90</td>
<td>280.00</td>
<td>95.90</td>
</tr>
</tbody>
</table>

**ADJUSTMENT REASON:** Retro Rate Adjustment
- NET ADJUSTMENT AMOUNT: 95.90
- ORIGINAL CLAIM PAID BEFORE ADJUSTMENT: 280.00

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*PAID CLAIM AMOUNTS RECEIVABLE RELATED TO ORIGINAL PAID CLAIM AMOUNTS FOR THIS.*

**HEALTH & HUMAN SERVICES**
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 – 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

<table>
<thead>
<tr>
<th>SUSPENDED ADJUSTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES</td>
</tr>
<tr>
<td>02/01 12/05/07 12/05/07 12/05/07 01/01/01 01/01/01</td>
</tr>
<tr>
<td>ADJUSTMENT CLAIM TOTALS:</td>
</tr>
<tr>
<td>TOTALS FOR CLAIM TYPE: PROFESSIONAL</td>
</tr>
<tr>
<td>SUSPENDED ADJUSTMENT TOTALS:</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>PROV: 9000000X</th>
<th>RHODE ISLAND MEDICAL ASS'LTC AND PROFESSIONAL RA DATE: 04/04/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECIPIENT NAME</td>
<td>MED</td>
</tr>
<tr>
<td>DOE J0 03858888</td>
<td>102015120999999999</td>
</tr>
<tr>
<td>SMITH JA 06689999</td>
<td>420015120999999999</td>
</tr>
<tr>
<td>CLAIM TOTALS:</td>
<td></td>
</tr>
<tr>
<td>TOTALS FOR CLAIM TYPE: PROFESSIONAL 2 CLAIM(S):</td>
<td></td>
</tr>
</tbody>
</table>
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 Anesthesist, 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

Mary-Jane Nardone
mary-jane.nardone@gainwelltechnologies.com
571-895-4941

EDI Coordinator
• Ambulance, Chiropractor, Physical Therapy

Customer Service Help Desk

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

Monday through Friday
8:00 AM-5:00 PM
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