

Billing 101

RI Medicaid Provider Training Days

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.

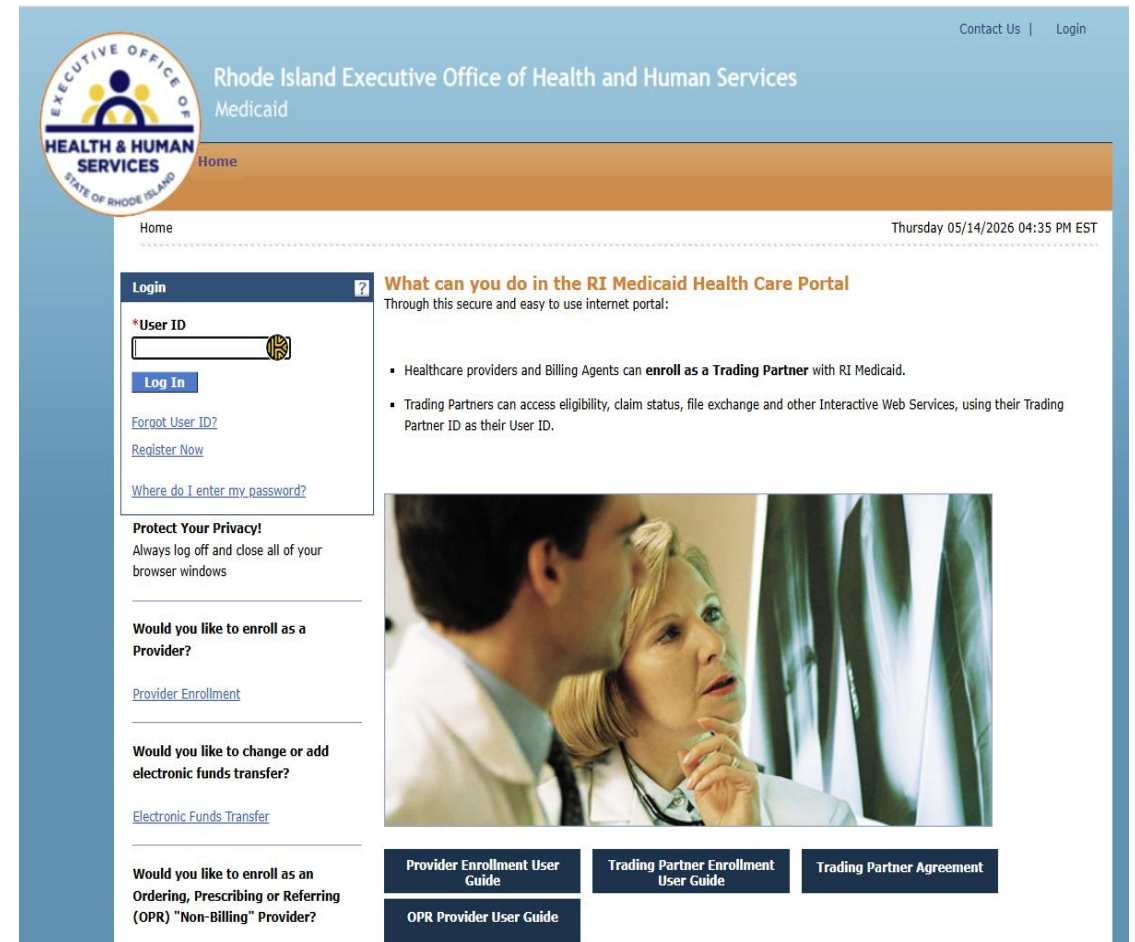
Billing Basics

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

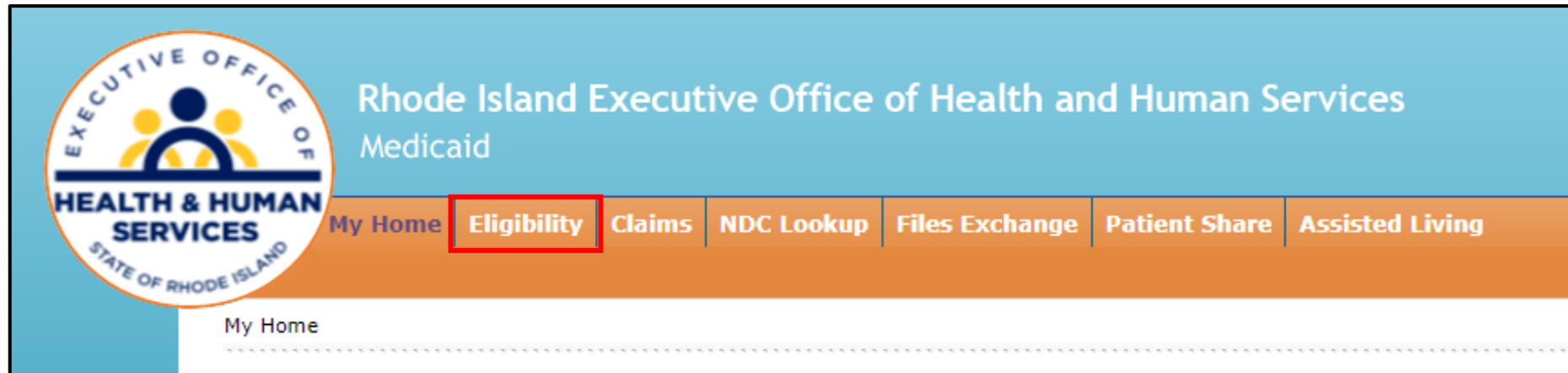
- Available 24/7
- [RI Medicaid Healthcare Portal](#)
- [Healthcare Portal Resource Page](#)



The screenshot shows the Rhode Island Medicaid Healthcare Portal website. The header includes the logo for the Executive Office of Health & Human Services, the text "Rhode Island Executive Office of Health and Human Services Medicaid", and navigation links for "Contact Us" and "Login". The main content area features a "Login" form with a "User ID" field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login form is a section titled "What can you do in the RI Medicaid Health Care Portal" with a list of services: "Healthcare providers and Billing Agents can enroll as a Trading Partner with RI Medicaid." and "Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services, using their Trading Partner ID as their User ID." Below this is a photograph of a doctor and a patient. At the bottom, there are four buttons: "Provider Enrollment User Guide", "Trading Partner Enrollment User Guide", "Trading Partner Agreement", and "OPR Provider User Guide".

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 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 Recipient ID.

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

Recipient ID

Last Name First Name MI Birth Date

Payer

Date range may be 36 months prior to today / 2 months into the future, 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, the eligibility response will be returned.
- For more details, click “Expand All” or click the plus sign next to the specific information you require.

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

Verification Response ID 201626701927 [Expand All](#) | [Collapse All](#)

Recipient Information

Recipient ID 100- Birth Date 01/2- Date Of Death - Recipient Name - Gender Male

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/01/2016	07/01/2016	\$0.00	Limitations apply to Vision and Dental services
Preventive Community Services	04/01/2016	07/01/2016	\$0.00	

Service Type Code Details - Covered

TPL Details

Demographic 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 09/07/2013 04:18AM EST

Wire Home continued from previous page.

Service Type Code Details - Covered

Service Type Code	Description	Effective From Date	Effective To Date	Copy	Coinsurance
1	Medical Care	06/15/2012	11/01/2012	\$0.00	0%
36	Dental Care	06/15/2012	11/01/2012	\$0.00	0%
47	Hospital	06/15/2012	11/01/2012	\$0.00	0%
46	Vision (Optometry)	06/15/2012	11/01/2012	\$0.00	0%

Service Type Code Details - Not Covered

Service Type Code	Description	Effective From Date	Effective To Date	Copy	Coinsurance
33	Chiropractic	06/15/2012	11/01/2012	\$0.00	0%

Managed Care Details

Plan Name	Phone	Effective From Date	Effective To Date
United Health Plan	866 573-2451	06/15/2012	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	06/15/2012	09/30/2012
1	Medical Care	10/01/2012	11/01/2012
47	Hospital	06/15/2012	09/30/2012
47	Hospital	10/01/2012	11/01/2012
58	Pharmacy	06/15/2012	09/30/2012
58	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 website.
- 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
 - List 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 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
- Quick 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 required for paper billing

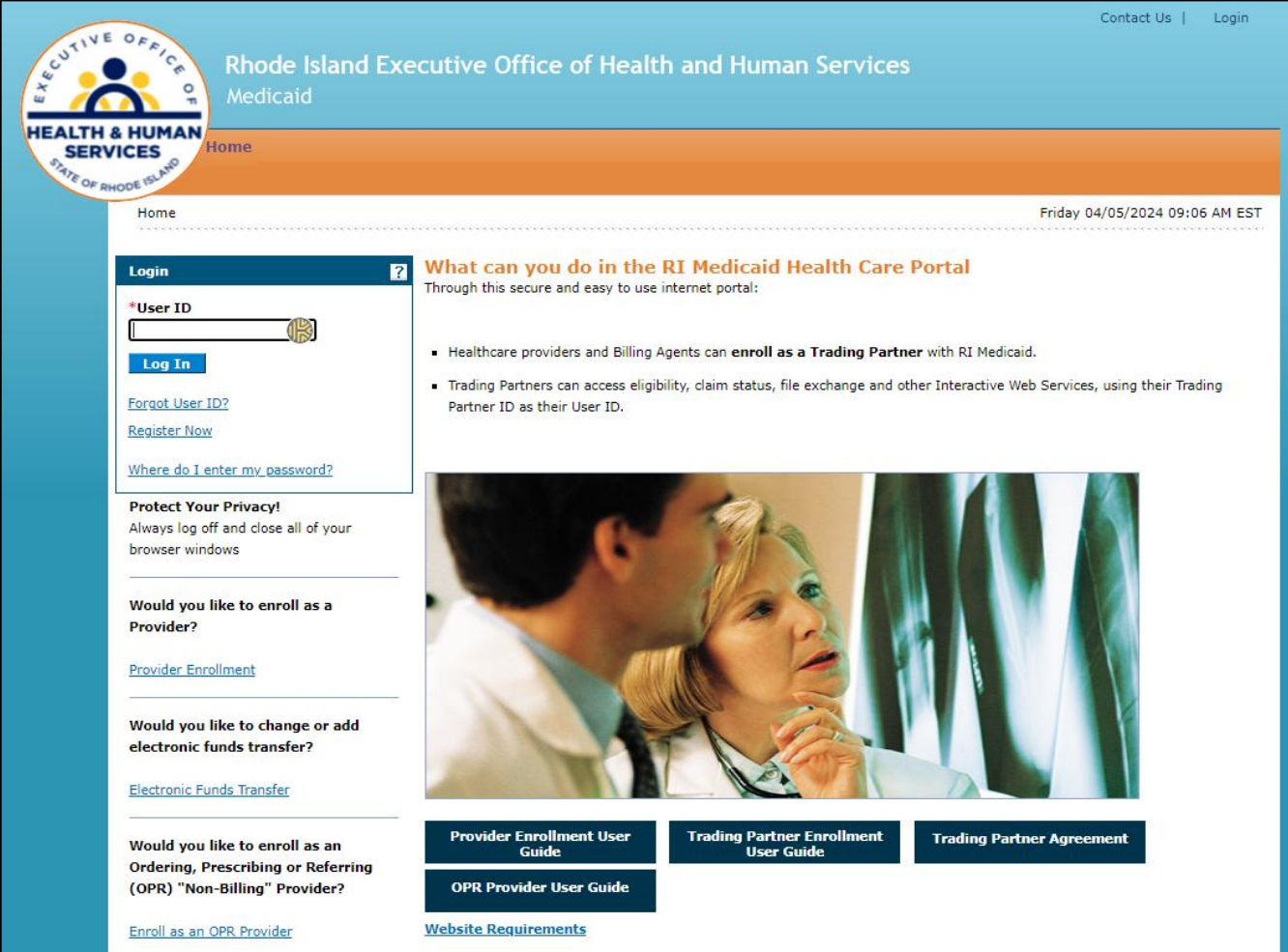
Remittance Advice

Remittance Advice

- Remittance advice documents are available electronically through the RI Medicaid Healthcare Portal.

www.riproviderportal.org

- Providers can access the last four Remittance Advice.
- Once a new one is produced, the oldest one is no longer available.



The screenshot shows the Rhode Island Medicaid Healthcare Portal. The header includes the logo for the Executive Office of Health & Human Services, the text "Rhode Island Executive Office of Health and Human Services Medicaid", and navigation links for "Contact Us" and "Login". The date and time "Friday 04/05/2024 09:06 AM EST" are displayed in the top right. The main content area features a "Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right, a section titled "What can you do in the RI Medicaid Health Care Portal" lists actions such as enrolling as a Trading Partner and accessing eligibility and claim status. Below this is a photograph of a man and a woman in a professional setting. At the bottom, there are buttons for "Provider Enrollment User Guide", "Trading Partner Enrollment User Guide", "Trading Partner Agreement", "OPR Provider User Guide", and "Enroll as an OPR Provider", along with a link for "Website Requirements".

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	100.00
CLAIM TOTALS:						100.00	100.00	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	50.00
CLAIM TOTALS:						50.00	50.00	0.00	0.00	50.00
TOTALS FOR CLAIM TYPE: PROFESSIONAL					2 CLAIM(S)	150.00	150.00	0.00	0.00	150.00

RA – Paid Claims - Crossover

- This section of the RA reports paid Crossover (x-over) claims for recipients eligible for Medicare and Medicaid.
- A summary of the number of x-over claims paid and the total dollar amount paid for the current payment period can be found on the last page of the Paid Claims/Professional x-over section.
- Examples of the x-over paid claims are shown on the following page.
- ***Note:*** *The last page of this section also reports the combined total number of crossover and non-crossover 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 website.

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
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
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

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		PAGE NUM: 5								
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										
SUSPENDED CLAIMS										

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
673/408										
02 00	06/04/07	06/04/07	99922		1.00	10.00	5.00	0.00	0.00	0.00
673/408										
CLAIM TOTALS:						110.00	55.00	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
433/122										
CLAIM TOTALS:						100.00	100.00	0.00	0.00	0.00
TOTALS FOR CLAIM TYPE:PROFESSIONAL2 CLAIM(S)						210.00	155.00	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 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

NPI : 1255655502
 TAXONOMY: 3112A0620X
 F I N A N C I A L I T E M S

RHODE ISLAND MEDICAL ASSISTANCE AND OTHER PROGRAM REMITTANCE ADVICE
 LTC AND PROFESSIONAL
 RA DATE: 12/12/2025

RA NUM: 0001884303
 PAGE NUM: 1,255

CCN	A/L NUM	MID	ICN	HVER	DNUM	DVER	TXN DATE	ORIG AMT	TXN AMT	BAL AMT	FRSN/8RSN
532025338138320	552025338138320	[REDACTED]	482025295051302	00	001	00	12/04/25	35.76	35.76	35.76	148 WO
532025338138321	552025338138321	[REDACTED]	482025295051302	00	002	00	12/04/25	47.01	47.01	47.01	148 WO
532025338138322	552025338138322	[REDACTED]	482025295055272	00	001	00	12/04/25	35.76	35.76	35.76	148 WO
502025340000263	552025338138320						12/04/25	35.76	35.76	0.00	103 AM
502025340000264	552025338138321						12/04/25	47.01	47.01	0.00	103 AM
502025340000265	552025338138322						12/04/25	35.76	35.76	0.00	103 AM

*** FINANCIAL REASON CODES ***

0103 Recoupment Applied to Account Receivable
 0148 HIPAA Electronic Claim Void
 0149 System Generated Mass Adjustment

*** 835 PLB ADJUSTMENT REASON CODES ***

AM APPLIED TO BORROWER'S ACCOUNT
 WO OVERPAYMENT RECOVERY



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

NPI : 1255655502
TAXONOMY: 3112A0620X

RHODE ISLAND MEDICAL ASSISTANCE AND OTHER PROGRAM REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 12/12/2025

RA NUM: 0001884303
PAGE NUM: 1,269

****EARNINGS DATA****

	CURRENT	YEAR - to - DATE
NUM OF CLAIMS PROCESSED	12,731	278,626
CLAIMS PAID AMOUNT	657,558.82	12,284,677.10
SYSTEM PAYOUT AMOUNT	0.00	0.00
RECOUP AMOUNT WITHHELD	54,673.26-	310,582.61-
PAYMENT AMOUNT	602,885.56	11,974,094.49
MANUAL PAYOUT AMOUNT	0.00	0.00
NET EARNINGS	602,885.56	11,974,094.49
CREDIT ITEMS	0.00	0.00
NET ADJUSTMENT AMOUNT	18,958.42	18,958.42
NET 1099 ADJUSTMENTS	0.00	0.00
COVERED DAYS INCLUDING NURSERY		0

** \$602,885.56 WAS DEPOSITED INTO ACCOUNT NUMBER [REDACTED]

****FINALIZED CLAIM CODES****

0067 PROCEDURE CODE MISSING OR INVALID
0093 PAYMENT AMOUNT REDUCED TO MAXIMUM ALLOWABLE AMOUNT
0096 CLAIM DENIED. EXACT DUPLICATE OF SERVICE PREVIOUSLY PAID, OR CURRENTLY SUSPENDED
0338 CLAIM COULD NOT BE REPLACED OR VOIDED. REPLACEMENT OR VOID DENIED.
0408 PLEASE BILL OTHER INSURANCE CARRIER FIRST AND ATTACH COPY OF PAYMENT OR DENIAL
0466 DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S AGE.
0615 RECIPIENT NOT ELIGIBLE FOR SERVICES
0704 PROCEDURE CODE NOT CONSISTENT WITH PROVIDER TYPE.
0799 DETAIL DENIED AS INCLUDED WITHIN OR IDENTICAL TO A CONCURRENTLY BILLED SERVICE

****REGULAR 835 CLAIM ADJUSTMENT REASON MSG. CODES***

17 PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SU
18 DUPLICATE CLAIM/SERVICE.
28 COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
45 CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT.
6 THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
8 THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).
97 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.

Recoupments, Adjustments & 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	100055555	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-no/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			
Requestor (Print Name): Mary Jones	Title: Office manager					
Provider/Authorized Agent Signature:	EOC Use Only					
Date: 05/23/2017	Examiner:					
	Date:					

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			PAGE NUM: 6					
		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										
ADJUSTED CLAIMS										

PERRY HA 038H999999 481997HA3011189 421997HA3011189 01 03850										
01 00	12/16/07	12/16/07	B9999		1.00	115.00	99.00	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 038H999999 481997HA3011189 02 03850										
01 01	12/16/07	12/16/07	B9999		2.00	230.00	200.00	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	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 ADVCE				RA NUM: 000021AB01				
		LTC AND PROFESSIONAL								
		RA DATE: 04/04/2008				PAGE NUM: 7				
RECIPIENT NAME MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT	
HEADER MESSAGES										
DNUM DVER FDOS TDOS PROC + MODS QTY BLD										
DETAIL MESSAGES										
DENIED ADJUSTED CLAIMS										

SIMAS IN 50988888 481996132ABC02 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	0.00	1,415.98
RECOUPMENT TO ORIGINAL CLAIM - PAID DATE: 06/30/96 PAID AMOUNT:						1,415.98				
SIMAS IN 50988888 481996132ABC02 01 0123										
01 00	12/31/2007	12/31/2007	A0000	100.00	250.00	0.00	0.00	0.00	0.00	0.00
			799-901							
02 00	12/31/2008	12/31/2008	A9999	150.00	1,258.50	0.00	0.00	0.00	0.00	0.00
			799-901							
ADJUSTMENT CLAIM TOTALS:				1,508.50	0.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT REASON: Ratio 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	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
SUSPENDED ADJUSTMENT TOTALS:					1 CLAIM(S)	80.00	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	Zip	
	123 Main St	Providence	RI	02901	
ICN (15 characters)	Detail Number(s)	Recipient Medicaid ID	From DOS**	To DOS**	Recoupment Reason Code
123456789123456	2	000123456	01/01/2016	02/01/2016	054
123456789054321	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 Rate 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 canceled/refused, not picked up	056	Client did not receive service
029	Incorrect Medicare paid amount, co-insurable	057	Change in recipient eligibility
048	Provider wrong provider number	058	Recipient has Medicare coverage
049	Provider wrong recipient number	059	Recipient has verified other insurance
050	Provider Wrong Proc/Disp code	110	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

Requester (Print Name):	Mary Jones	Title:	Office Manager
Provider/Authorized Agent Signature:		Examiner:	ERC User Only
Date:	05/23/2017	Date:	

FORM 11-2016



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								

PH0062 V1.2 11/01/2015

Electronic Replacement/Void Claims (PES Users)

For Dental, Professional, & 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	GRAM R	Allowed Amount	ADVICE	RA NUM: 000023A	Paid Amount				
LTC AND PROFESSIONAL			PAGE NUM:								
RA DATE: 04/04/2008					FRQ						
RECIPIENT NAME MID	ICN	HVER	PT ACCT/RX	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT		
HEADER MESSAGES											
DNUM/DVER FDOS TDOS PROC+MODS QTY BLD											
DETAIL MESSAGES											
PAID CLAIMS											

DOE	JO	038A88888	102013235999999	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:				ICN		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

Andrea Rohrer

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andrea.rohrer@gainwelltechnologies.com

LMW Healthcare – Westerly, Prime Healthcare – Landmark, Prospect Charter Care – Roger Williams, Prospect Charter Care – St. Joseph’s, South County, Dental, Independent Hospital Physician Group, Podiatry, Vision, Independent Labs, Ambulance, Chiropractor, FQHC, Indian Health, Certified Nurse Anesthetist, Physical Therapy, Doulas, Community Health Workers (CHW), Public Health Dental Hygienist

Marlene Lamoureux

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Skilled Nursing, Nursing Homes, Eleanor Slater, Hospice, ICF-MR, Audiologist, Severely Disabled Nursing Home Care, Personal Care/Homemaker, Meals on Wheels

Contact Information

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Physicians, Licensed Therapist, Physician Assistants, Dialysis Center, Free Standing Ambulatory Surgical Center, RICLASS, Psychologist, 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, Centers for Excellence, Butler, Kent Hospital, Woman & Infants, Care NE Hospital Based Physician Groups

Fidelia Williams-Edward

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Durable Medical Equipment (DME), Assisted Living, Personal Choice/Hab Case Management, Self-Directed Community Service, Rite Share, Home Stabilization, Peer Recovery, Emergency Behavioral Health Services, Independent Provider, Lifespan Hospitals, Bradley, Miriam, Newport, Rhode Island, Lifespan Hospital Based Physician Groups, OOS Hospital & Physician Groups

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Pharmacy

Electronic Data Interchange (EDI) team

Mary Jane Nardone

Denise Lemon

riediservices@gainwelltechnologies.com

Customer Service Help Desk

401-784-8100 or

Toll Free 1-800-964-6211

Monday through Friday: 8:00am-5:00pm



Contact Information

Kelly Leighton

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Dorothy Pizzarelli

Customer Service Supervisor

571-348-5689

dorothy.pizzarelli@gainwelltechnologies.com

Thank you!