

September 6, 2018

# Connecticut Medical Assistance Program - Remittance Advice (RA) Training

**Presented by:**

**The Department of Social Services & DXC Technology for  
Billing Providers**



# Training Topics

- Overview
- Downloading Your Remittance Advice
- The 7 Sections of the RA
- How to Read the RA
- The Recoupment Process
- Understanding EOB Codes
- Resources
- Questions & Comments

# Overview

# Remittance Advice (RA) Training Workshop

## Overview

- ❑ All claims activity is reported to providers twice a month on a Remittance Advice (RA).
- ❑ RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted.
- ❑ RAs are produced based on a provider's claim activity.
- ❑ Providers receive RAs electronically via the secure Provider Web site at [www.ctdssmap.com](http://www.ctdssmap.com).
- ❑ RAs are available in the following formats:
  - ❑ ASC X12N 835 Payment/Advice standard transaction format - a string of raw data that must be configured by the provider/vendor for download into their system
  - ❑ Comma Separated Format (CSV) - the paper version of the RA
  - ❑ Portable Document Format (PDF)
- ❑ Only the last **10** RAs are maintained on the CMAP Web site. It is recommended that providers save a copy of their RAs to their local computer system for future access

# Remittance Advice (RA) Training Workshop

## Terms You Should Know

**Claim Detail** – The specific information (From and To Date of Service, Procedure Code, Units, Facility Type Code, Charges, Allowed Amount, etc.) associated with the services billed on a claim.

**Explanation of Benefits (EOB)** - Codes posted to claims to provide a brief explanation of the reason why claims were either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

**Internal Control Number (ICN)** - A unique 13-digit number assigned to each claim that is used for tracking and research.

**Prior Authorization (PA)** - The approval from the Department of Social Services (DSS), or an Administrative Services Organization (ASO) of the Department of Social Services, for the provision of a service or the delivery of goods from the Department before the provider actually performs the service or delivers the goods.

**Remittance Advice (RA)** - A document that provides comprehensive information about claims that are paid, denied, in process, and adjusted, and are produced based on a provider's claim activity.

# Remittance Advice (RA) Training Workshop

## Claim Cycle Schedule

Providers should remember that because payment for services rendered are made twice per month there are several times per year when providers encounter a 3 week cycle. Providers are strongly encouraged to submit enough claims prior to the 3 week cycle to meet their organizations/ agency's operational needs.

A 3 week cycle is indicated on the "Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule" with the following identifier "-b" under Claim Cycle Date.

To download the Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule navigate to [www.ctdssmap.com](http://www.ctdssmap.com), select Information> Publications> in the title field enter "Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule".

2018 Month	Claim Cycle Date	Electronic Claims Received By	Web RA Availability	Check Mail Dates	EFT/835 Availability
<b>Jul</b>	6	5	10	11	11
	20	19	24	25	25
<b>Aug</b>	10-b	9	14	15	15
	24	23	28	29	29
<b>Sep</b>	7	6	11	12	12
	21	20	25	26	26
<b>Oct</b>	5	4	10**	11**	11**
	19	18	23	24	24
<b>Nov</b>	9-b	8	14**	15**	15**
	23	22	27	28	28
<b>Dec</b>	7	6	11	12	12
	21	20	26***	27***	27***
<b>b - Denotes 3 week cycle</b>					
** Denotes a 1 day delay in availability due to Monday Holiday					
*** Denotes a 1 day delay in availability due to Tuesday Holiday					

# Downloading Your Remittance Advice

# Remittance Advice (RA) Training Workshop

## Downloading your Remittance Advice

To access the Remittance Advice in PDF or CSV Format:

- ❑ Click Download Remittance Advice from the Quick Link box on the account home screen

or

- ❑ select Download from the Trade Files drop-down menu
- ❑ select “Remit. Advice (RA) - PDF” or “CSV” from the “Transaction Type” on the File Download Search screen.

**Note: Files are only retained on the Provider’s Secure Web Account for a period of five (5) months or ten (10). Providers should download copies each cycle for future reference.**

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)



Authorization	Trade Files	MAPIR	Messages	Account
demographic	Download			it
	Upload			
	Claim Level Detail			

# Remittance Advice

To access the RA in a PDF format:

- ❑ Navigate to [www.ctdssmap.com](http://www.ctdssmap.com) and log onto the secure Web portal
- ❑ Under “Trade Files”, choose “Download” from the drop down menu.
- ❑ Select “Remit. Advice (RA) – PDF ” from the “Transaction Type” on the File Download Search screen.

The screenshot shows a web interface titled "File Download Search". It features a search bar with a "search" button and a "clear" button. Below the search bar is a dropdown menu for "Transaction Type". The dropdown menu is open, showing a list of transaction types. The option "Remit. Advice (RA) - PDF" is highlighted with a green box. Other options in the list include Billing/Reversal, Claim Payment/Advice, Claim Status Response, Drug Rebate File Transfer, Eligibility Response, Enrollment/Maintenance, Functional Ack, Interchange Ack, PA Revers/Inq/Req Only, PCCM Reports, PDP/MAPD Reports, Premium Payments, Prior Authorization, and Transportation PA Files. There is also a "To receive summary" label next to the dropdown.

**REMINDER: DO NOT** delete all available download files, including Remittance Advices (RA) in PDF format, Advice, Functional Acknowledgements (997), Interchange Acknowledgement response (277), Prior Authorization Response (278), Benefit Enrollment (834), and other file formats (excluding Drug Rebate files) available for download will be available for a period of five (5) months, at which time they will be removed and will no longer be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available. It is recommended all electronic files be downloaded when they become available to the Provider or Trading Partner in an electronic format for easy storage and search access by such devices. Changes to file retention schedules will be posted on this page.

To receive summary information, please submit a request to have them mailed to your current address. You will need your computer to view and/or download the request form.

# Remittance Advice (RA) Training Workshop

In addition to the PDF RA format, providers also have access to their RA in an excel (CSV) format .

The CSV RA lets providers sort the file data and search for specific claim approvals and denials.

To access the RA in an excel format:

- ❑ Navigate to [www.ctdssmap.com](http://www.ctdssmap.com) and log onto the secure Web portal
- ❑ Under “Trade Files”, choose “Download” from the drop down menu.
- ❑ Select “Claim Payment/Advice” from the “Transaction Type” on the File Download Search screen.

The screenshot shows a web interface titled "File Download Search". It features a "Transaction Type" dropdown menu with a list of options. The option "Remit. Advice (RA) - PDF" is highlighted in blue. To the right of the dropdown are "search" and "clear" buttons. Below the dropdown, there is a red "REMINDER" section and a blue "To receive summary" section.

**File Download Search**

Transaction Type [dropdown menu]

search

clear

Transaction Type options:

- Billing/Reversal
- Claim Payment/Advice
- Claim Status Response
- Drug Rebate File Transfer
- Eligibility Response
- Enrollment/Maintenance
- Functional Ack
- Interchange Ack
- PA Revers/Inq/Req Only
- PCCM Reports
- PDP/MAPD Reports
- Premium Payments
- Prior Authorization
- Remit. Advice (RA) - PDF
- Transportation PA Files

**REMINDER: DO NOT** download all available download files, including Remittance Advices (RA) in PDF format, Advice, Functional Acknowledgements (997), Interchange Acknowledgement response (277), Prior Authorization Response (278), Benefit Enrollment (834), and other file formats (excluding Drug Rebate files) available for download will be removed and will no longer be available to authorized users for a period of five (5) months, at which time they will be removed and will no longer be available. It is recommended all electronic files be downloaded when they become available to the Provider or Trading Partner in an electronic format for easy storage and search of Benefits (EOB) Codes.

**To receive summary:** submit a request to have them mailed to your current address. You will need your computer to view and/or download the request form.

# Remittance Advice (RA) Training Workshop

The following provides an example of the data available in the CSV format.

Provider ID	Client ID	Client Last Name	Client First Name	Client Acct Number	ICN	Paid Date (MMDDYY)	Detail Num	FDOS(MM DDYY)	TDOS(MM DDYY)	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Billed Amt	Paid Amt	EOB1	EOB2	EOB3	Medical Record Num	Adj Xref ICN
#####	#####			FFS	2218274118123	10/11/2018	1	10/01/2018	10/01/2018	97537					20.00	5.00	9918	0	0	TC1FORANDIE	
#####	#####			FFS	2218274321145	10/11/2018	4	10/01/2018	10/01/2018	H2019					120.00	100.00	9918	0	0	TC1FORANDIE	
#####	#####			FFS	2218275124231	10/11/2018	1	10/02/2018	10/02/2018	97537					20.00	5.00	9918	0	0	TC1FORANDIE	



# The 7 Sections of the Remittance Advice



# Remittance Advice

## 7 Sections of an RA

### 1. Banner Page

Important messages from DSS or DXC Technology

### 2. Claims Information (Paid, Denied, and Adjustments)

Sorted by claim type and status; reports up to 20 EOB codes per claim

### 3. TPL Information

The primary insurance that is on file for clients whose services appear on the RA

### 4. Financial Transactions Processed

Payouts, Refunds, Account Receivables

### 5. RA Summary

Month-to-day and year-to-day summaries of financial activities, account receivables

### 6. EOB Code Descriptions

Brief descriptions of the EOB codes that posted to claims on the RA

### 7. Claims in Process

Lists claims that were in suspense (i.e. on hold) when the financial cycle was run

# How to Read the RA

# How to Read the RA

Claims submitted to DXC Technology are each assigned a unique 13-digit Internal Control Number (ICN) that is used for tracking and research

(20)(18)(005)(123)(456)

1 2 3 4 5

- 1 Claim Region** – Identifies the manner in which the claim was submitted (**20** = *Electronic Claims with No Attachments. The ICN Region Code List can be found on our Web site under Information> Publications> Claims Processing Information.*)
- 2 Year of Receipt** – Indicates the year in which the claim was received by DXC Technology (**18** = 2018)
- 3 Julian Date of Receipt** – The Julian calendar date of receipt (**005** = *the fifth day of the year; January 5*)
- 4 Batch Number** – An internal number assigned by DXC Technology to uniquely identify a batch (**123**)
- 5 Claim Number** – A sequential number assigned to uniquely identify claims within a batch (**456**)

# Remittance Advice

## 1. Banner Page

REPORT: CRA-BANN-R RA#: 1234567	InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSED REMITTANCE ADVICE	Date: 07/10/2018 PAGE: 1
------------------------------------	---	-----------------------------

Provider Inc  
1963 Doctor Lane  
Torchwood, CT 01123

PAYEE ID	MCD 008000123
ISSUE DATE	07/10/2018
TAXONOMY	-----
P. AVRS ID	008000124

Attention All Providers.  
PROVIDER FILE MAINTENANCE: In order to maintain the accuracy and completeness of the Connecticut Medical Assistance Program (CMAP) network, we are requesting all providers update their provider file on a regular basis. The information that you provide is presented in the on-line provider directory at [www.ct.gov/husky](http://www.ct.gov/husky). Thousands of members statewide rely on the accuracy of this source of information to find a suitable health care provider. Inaccurate addresses, phone numbers, and names may affect a member's ability to contact you. To update your provider profile, the main account administrator can log into their secure web account from the [www.ctdssmap.com](http://www.ctdssmap.com) web site and click on the "Demographic Maintenance" tab. Once on the Demographic Maintenance page, the provider can select from options listed as links below the Demographic Maintenance header panel. For instance, you can update your address\* if you happen to move to a new location; all you have to do is click on the "Location Name Address" link, select the address to be updated, click on the "Maintain Address" button to type in the new address and then save your changes. You can also add or remove performing providers to your group practice as applicable by clicking on "Maintain Organization Members". For detailed instructions, please refer to section 10.18 "Provider Demographic Maintenance" in Chapter 10 of the Provider Manual. The chapter is available from the web site [www.ctdssmap.com](http://www.ctdssmap.com) by clicking on "Publications" under information, scrolling down to Provider Manuals and then clicking on "web Portal/AVRS". You may contact the Provider Assistance Center at 1-800-842-8440 between the hours of 8:00 AM to 5:00 PM Monday through Friday if further assistance is needed in updating the information from your secure web account.  
\*There are special instructions for PCMH providers and licensed facilities such as hospitals, pharmacies and clinic providers for updating their service location or alternate service location addresses. Please refer to the warning messages on the web pages, as well as Chapter 10 for additional information.

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Attention All Providers.  
REPROCESSED THIS CYCLE: DXC Technology has identified and reprocessed claims which initially processed and paid under a temporary client ID as described in Provider Bulletin 2014-29. The claims were reprocessed to reflect the client's true (permanent) 9 digit Connecticut Medical Assistance Program (CMAP) ID. The claims which processed under a temporary client ID will be recouped and appear on the July 10, 2018 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 52 and Explanation of Benefits (EOB) code 8239 "ACA CLIENT TEMP ID REPLACED WITH CMAP ID. NEW CLAIM WILL BE SYSTEMATICALLY GENERATED". The new claims will also appear on the July 10, 2018 RA with an ICN beginning with region code 27.

# Remittance Advice

## 2. Claims Information

### Paid Claim Information:

1. Client Name
2. Client No. (Medicaid ID)
3. ICN
4. Service Billed
5. Dates of Service
6. Billed Amount
7. Allowed Amount
8. Paid Amount

REPORT: CRA-PHPD-R  
RA#: 1234567

InterChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE STATE  
CMS 1500 CLAIM PAID

Date: 06/26/2018  
PAGE: 4

Provider Inc  
1963 Doctor Lane  
Torchwood, CT 01123

PAYEE ID MCD 008000123  
ISSUE DATE 06/26/2018  
TAXONOMY -----  
P. AVRS ID 008000124

CLIENT NAME: Martha Jones  
CLIENT NO.: 001234567  
2018171803419 050318 052618 2,222.82

PL	SRV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM	THRU	SENDING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL	EOBS
12		1021Z		33.00	050318	050318	CD 008000123	157.41	157.41		
12		1021Z		33.00	050418	050418	CD 008000123	157.41	157.41		
12		1021Z		33.00	050718	050718	CD 008000123	157.41	157.41		
12		1021Z		33.00	050818	050818	CD 008000123	157.41	157.41		
12		1021Z		33.00	051018	051018	CD 008000123	157.41	157.41		
12		1021Z		33.00	051118	051118	CD 008000123	157.41	157.41		
12		1021Z		25.00	051418	051418	CD 008000123	119.25	119.25		
12		1021Z		33.00	051518	051518	CD 008000123	157.41	157.41		
12		1021Z		32.00	051718	051718	CD 008000123	152.64	152.64		
12		1021Z		30.00	051818	051818	CD 008000123	143.10	143.10		
12		1021Z		15.00	052118	052118	CD 008000123	71.55	71.55		
12		1021Z		32.00	052218	052218	CD 008000123	152.64	152.64		
12		1021Z		25.00	052418	052418	CD 008000123	119.25	119.25		
12		1021Z		16.00	052418	052418	CD 008000123	76.32	76.32		
12		1021Z		33.00	052518	052518	CD 008000123	157.41	157.41		
12		1021Z		27.00	052618	052618	CD 008000123	128.79	128.79		

0.00 0.00 0.00 0.00 2,222.82 0.00

2018171803419

Tip: When reading the paid section remember to look at each line detail "Allowed Amount" to validate that it paid as expected.

# Remittance Advice

## 2. Claims Information

### Denied Claim Information:

1. Client Name
2. Client No. (Medicaid ID)
3. ICN
4. Dates of Service Billed
5. Billed Amount
6. EOB

REPORT: CRA-LTDN-R		interChange MNIS				Date: 07/10/2018		
RA#: 6087594		MEDICAID MANAGEMENT INFORMATION SYSTEM				PAGE: 27		
		PROVIDER REMITTANCE ADVICE						
		LONG TERM CAR™ FACILITY CLAIM DENIED						
PROVIDER INC						PAYEE ID	NPI	
1963 DOCTOR LANE						ISSUE DATE	07/10/2018	
TORCHWOOD, CT 01123						TAXONOMY	314000000X	
						P. AVRS ID		
--ICN--	ATTEND PROV.	SERVICE DATES DAYS		BILLED	DEDUCT	CO-INS	TPL	PATIENT
--PATIENT NUMBER--		FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	LIABILITY
2018183151898				6,876.00	0.00	0.00	0.00	0.00
007400001TUX								
HEATER EOB: 2003								
REV C	MCPCS/RATE	SRV DATE	UNITS	BILLED AMT	DETAIL	EOBS		
100		06012018	30.00	6,876.00	4021			

3  
2018183151898

5 6

# Remittance Advice

## 2. Claims Information

REPORT: CRA-PHAD-R  
 RA#: 1234567

InterChange MMIS  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER REMITTANCE ADVICE  
 CMS 1500 CLAIM ADJUSTMENTS

Date: 04/10/2018  
 PAGE: 91

## Adjusted Claims Information:

Provider Inc  
 1963 Doctor Lane  
 Torchwood, CT 01123

PAYEE ID  
 ISSUE DATE  
 TAXONOMY  
 P. AVRS ID

MCD 008000123  
 04/10/2018  
 -----  
 008000124

1. Original Claim ICN
2. Recouped (Voided) Claim ICN
3. Original Paid Amount
4. Recouped Amount
5. EOB

FP	--ICN--	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	APPLIED INCOME	PAID AMOUNT	CLIENT CONTR.
	--PATIENT NUMBER--	FROM THRU									
CLIENT NAME: Amy Pond											
CLIENT NO.: 005555555											
1	2018031623110	012918 012918	(58.72)	(58.72)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(58.72)	(0.00)
1	5218086016667	012918 012918	58.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEADER 8085 8236											

Tip: When reading the adjusted section please cross reference the paid and denied section of the RA. This will tell you if the adjusted claims were paid back or if further follow-up is necessary.

# Remittance Advice

## 3. TPL Information

1. Client Name
2. Client Number/  
Policy Number
3. Group Number
4. Billing Address
5. Carrier

REPORT: CRA-TPLM-R RA#: 999999999	InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE TPL INFORMATION				Date: 08/14/2018 PAGE: 10,574
Provider Inc 1963 Doctor Lane Torchwood, CT 01123					PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID
					NPI 6565656565 08/14/2018 ----- 008000124
<b>CLIENT NAME POLICY HOLDER NAME</b>	<b>CLIENT NO. POLICY NUMBER</b>	<b>--ICN-- / GROUP NUMBER</b>	<b>CARRIER/EMP ID BILLING ADDRESS</b>	<b>CARRIER/EMPLOYER NAME</b>	
Astrid Peth Astrid Peth	009876589 WHO122500000	51215485454 / QT314592	060 DC/BS OF CONNECTICUT 370 BASSETT RD CLAIM UNIT NO HAVEN , CT 06473		
Susan Foreman Susan Foreman	004444444 WHY878787870	741852963147 / 654987	788 CONNECTICARE INC P.O. BOX 546 FARMINGTON , CT 06032		
Wilfred Mott Wilfred Mott	007744774 WHA63636366	357159852456 /	975 OXFORD HEALTH INSURANCE P.O. BOX 7082 BRIDGEPORT , CT 06601		

# Remittance Advice

## 4. Financial Transactions

1. A/R Number
2. Recouped This Cycle
3. Reason Code

REPORT :	CRA-TRAN-R	interChange MMIS				Date:	05/08/2018				
RA#:	1234567	MEDICAID MANAGEMENT INFORMATION SYSTEM				PAGE:	64				
Provider Inc		<div style="border: 1px solid green; padding: 2px;">           PROVIDER REMITTANCE ADVICE            FINANCIAL TRANSACTIONS         </div>				MCD <b>008000123</b>					
1963 Doctor Lane						ISSUE DATE 05/08/2018					
Torchwood, CT 01123						TAXONOMY -----					
						P. AVRS ID <b>008000124</b>					
-----NON-CLAIM SPECIFIC PAYOUTS-----											
TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE					
NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDER											
-----REFUNDS/CASH RECEIPTS FROM PROVIDER-----											
--CCN--	REFUNDS/CASH RECEIPTS --AMOUNT--	REASON CODE									
NO REFUNDS FROM PROVIDER											
-----ACCOUNTS RECEIVABLE-----											
<b>1</b>	A/R NUMBER/ICN	SETUP DATE	<b>2</b>	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	<b>3</b>	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE/ PGM YEAR
	5918117005971	5/04/2018		352.98	352.98	352.98	0.00	8400 07777777		Rose Tyler	
	5918117006741	5/04/2018		977.85	977.85	977.85	0.00	8400 08888888		Mickey Smith	
	5918124002677	5/04/2018		672.57	672.57	672.57	0.00	8400 09999999		Jack Harkness	
	5918121005517	5/04/2018		2,661.66	2,661.66	2,661.66	0.00	8400 11111111		Donna Noble	
-----1099 ADJUSTMENTS-----											
TRANSACTION NUMBER	SETUP DATE	ADJUSTMENT AMOUNT	REASON CODE								
NO 1099 ADJUSTMENTS											

# Remittance Advice

## Financial Transaction Reason Codes

### FINANCIAL TRANSACTIONS REASON CODES

EXPENDITURES REASON CODES	
RSN CODE	REASON CODE DESCRIPTION
8382	HMS Special Project Transaction

# Remittance Advice

## 5. RA Summary

- New Day Claims** – claims that were received prior to cut off for previous claim cycle and processed in that cycle
- Positive Adjustments** - Claims data processed during that month
- Total All Claims** - Claims data processed for that calendar year

	---NEW DAY CLAIMS---		---CURRENT CYCLE TOTALS BY FUND PAYER---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	2,022	294,967.21	1	14.01	2,023	294,981.22
HUSKY B-3	3	379.63	0	0.00	3	379.63
HUSKY B 1 and 2	41	5,577.61	0	0.00	41	5,577.61
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	310	45,263.10	0	0.00	310	45,263.10

  

	---CLAIMS DATA---		---EARNINGS DATA---	
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT
<b>CLAIMS PAID</b>	2,376	346,187.55	5,557	809,655.63
<b>POS. CLAIMS ADJUSTMENTS</b>	1	14.01	13	118.02
<b>TOTAL CLAIMS PAYMENTS</b>	2,377	346,201.56	5,570	809,773.65
CLAIMS DENIED	301		750	
CLAIMS IN PROCESS	0		0	

  

	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
<b>CLAIMS PAID</b>	29,311	4,268,250.86
<b>POS. CLAIMS ADJUSTMENTS</b>	142	222.03
<b>TOTAL CLAIMS PAYMENTS</b>	29,453	4,268,472.89
CLAIMS DENIED	6,745	
CLAIMS IN PROCESS	0	

  

	1	2	3
<b>PAYMENTS:</b>			
CLAIMS PAYMENTS	346,201.56	809,773.65	4,268,472.89
PAYOUTS	0.00	0.00	0.00
<b>ACCOUNTS RECEIVABLE:</b>			
CLAIM SPECIFIC:			
CURRENT CYCLE	(730.05)	(730.05)	(730.05)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(876.06)	(7,880.14)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
<b>NET PAYMENT</b>	345,471.51	808,167.54	4,259,862.70
<b>REFUNDS:</b>			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
<b>OTHER FINANCIAL:</b>			
MANUAL PAYOUTS	0.00	0.00	0.00
CHECK VOIDS	(0.00)	(0.00)	(0.00)
<b>NET EARNINGS</b>	345,471.51	808,167.54	4,259,862.70

# Remittance Advice

## 5. RA Summary

1. Total Claims Submitted per payer type
2. Payments Made Based On Claims Submitted in Current Cycle
3. Claims that were recouped in current claims cycle
4. Payment to be Deposited on Payment Date

	---NEW PAY CLAIMS---		---CURRENT CYCLE TOTALS BY FUND PAYER---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	2,022	294,967.21	1	14.01	2,023	294,981.22
HUSKY B-3	3	379.63	0	0.00	3	379.63
HUSKY B 1 and 2	41	5,577.61	0	0.00	41	5,577.61
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	310	45,263.10	0	0.00	310	45,263.10

  

	---CLAIMS DATA---		---EARNINGS DATA---	
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT
CLAIMS PAID	2,376	346,187.55	5,557	809,655.63
POS. CLAIMS ADJUSTMENTS	1	14.01	13	118.02
TOTAL CLAIMS PAYMENTS	2,377	346,201.56	5,570	809,773.65
CLAIMS DENIED	301		750	
CLAIMS IN PROCESS	0		0	

  

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
PAYMENTS:						
CLAIMS PAYMENTS	2	346,201.56		809,773.65		4,268,472.89
PAYOUTS		0.00		0.00		0.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE	3	(730.05)		(730.05)		(730.05)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(876.06)		(7,880.14)
NON-CLAIM SPECIFIC		(0.00)		(0.00)		(0.00)
NET PAYMENT		345,471.51		808,167.54		4,259,862.70
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:						
MANUAL PAYOUTS		0.00		0.00		0.00
CHECK VOIDS		(0.00)		(0.00)		(0.00)
NET EARNINGS	4	345,471.51		808,167.54		4,259,862.70



# Remittance Advice

## 7. Claims in Process:

FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED	DEDUCT	CO-INS	TPL					
	--PATIENT NUMBER--		FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT					
CLIENT NAME: Daniel Pink			CLIENT NO.: 001111112									
	2018218137008	NPI 0000333333	080118 080118	51,043.50	0.00	0.00	0.00					
	51335064800											
RCC	PROC	SRV DATE	MODIFIERS	UNITS	BILLED AMT	APC	SI	WEIGHT	DISC %	OUTLIER	DETAIL	EOBS
260	96365	080118		1.00	652.00	05693	S	2.4301	100.00	0.00	8621	
260	96366	080118		3.00	378.00	05691	S	0.4709	100.00	0.00	8621	
270		080118		1.00	3.16		N	0.0000	0.00	0.00	8620	
300	36415	080118		1.00	23.00		N	0.0000	0.00	0.00	8620	
636	C9399	080118		70.00	49,966.88		A	0.0000	0.00	0.00	9991	6000
636	J3490	080118		3.00	15.96		N	0.0000	0.00	0.00	8620	
636	J7050	080118		1.00	4.50		N	0.0000	0.00	0.00	8620	

# The Recoupment Process

# The Recoupment Process

## Why are claims recouped?

- Access or Case Management Agencies are allowed to make **retroactive** changes to a Prior Authorization (PA) **even when claims have been paid** against the PA.
- They can make changes to PAs **without** requesting the provider recoup/void claims paid for dates of service on or after the effective date of the change.
- They can make changes without notifying the providers that the PAs have been changed.

A Systematic Monthly Claims Reprocessing for all claims with voided and/or modified PAs occurs in the **first financial cycle of each month** to sync paid claims to the appropriate PA/PA line detail once PA changes have been made by the Access or Case Management Agencies.

# The Recoupment Process

## Systematic Monthly Reprocessing

In the **first cycle of each month**:

- ❑ DXC Technology will void all paid claims impacted by the PA changes made **two months prior**.
  - ❑ This is the recoupment.
  - ❑ The voided/ recouped claim starts with Region code 52.
  
- ❑ In the same cycle DXC Technology will reprocess to either pay or deny claims based on the modified PA or PA line detail.
  - ❑ The reprocessed claim starts with Region Code 24 which indicates a system generated new day claim.
  
- ❑ There is a **two month** delay between the PA change and reprocessing of the claim impacted by the change.
  - ❑ For example: In the first cycle of June claims impacted by changes made in April will be reprocessed.

**Remember:** *Region = the first two digits of the claim Internal Control Number (ICN).*

# The Recoupment Process

## Financial Impact

If there is an increase or a decrease in the reimbursement amount the adjustment will appear on the RA.

### You will see:

- The previously paid claims ICN will be in the adjusted section of the RA with a negative amount indicating it has been voided.
- The Recouped/Voided claim ICN will immediately follow the now voided previously paid claim with a zero paid amount. This claim will start with region code 52.
  - EOB Code 8236** – Claim was recouped due to PA change will set on the recouped claim.
- A new claim will be **systematically** created.
  - The new day claim ICN will appear either the paid or denied section of the RA. It will start with region code 24.
  - EOB Code 8238** – Claim Systematically Reprocessed Due to a PA/Service Order Change will set on the new day claim.

# The Recoupment Process

## Impact to Claim Inquiry

- ❑ Regardless of the financial impact all recouped and reprocessed claims will appear on your secure web account when performing a claim inquiry.
- ❑ New day claims with no financial impact will appear on the CMAP secure site only. They will have EOB code 8237 – Claim Systematically Reprocessed Due to Retro Change-Information Only. No action is required if the claim reprocessed and paid the same amount because there has been zero financial impact.
- ❑ Providers should verify if there was a financial impact by both the paid and denied sections of the RA to review ICNs that correspond to the voided claim.
- ❑ Some recoupments in a paid status may reprocess and pay at a lower amount than the originally paid amount. . Usually, this due to a retroactive reduction in the amount of units authorized by the Access Agency. If this occurs, please contact the Access Agency for assistance with the PA reduction. Neither DXC nor DSS cannot enter or change any PAs in the portal.
- ❑ Recoupments that deny payment are usually a result to PA changes and should be reported to the Access Agency. Occasionally, recoupments may be as a result of retroactive eligibility changes. Any eligibility changes should be reported to DSS for assistance.

# The Recoupment Process

## Recouped Claim

1. Previously Paid ICN
2. Recouped Amount
3. Void Claim
4. 0.00 Paid Amount

FP	--ICN--	SERVICE DATES		BILLED	ALLOWED	DEDUCT	CO-INS	TPL	CO-PAY	APPLIED	PAID	CLIENT
	--PATIENT NUMBER--	FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	INCOME	AMOUNT	CONTR.
REPORT: CRA-PHAD-R RA#: 1234567 InterChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIM ADJUSTMENTS Date: 04/10/2018 PAGE: 91												
Provider Inc 1963 Doctor Lane Torchwood, CT 01123										PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		
										MCD 008000123 04/10/2018 ----- 008000124		
CLIENT NAME: Amy Bond CLIENT NO.: 005555555												
1	2018031623110	1	012918	012918	(58.72)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(58.72)	(0.00)
1	5218086016667	3	012918	012918	58.72	0.00	(0.00)	0.00	(0.00)	0.00	0.00	0.00
10591 HEADER BOBS: 8236												

# The Recoupment Process

## Impact to Your Web Portal

**A PA may show negative units available**, if the changes made by the Access Agency reduce the frequency number or date span to less than the total units paid on claims currently associated to the PA.

### For example:

- ❑ PA authorized for **4 units per week for 4 weeks = 16 units authorized** and available.
- ❑ **Claims are paid** against the PA = **16 units used**
- ❑ Access Agency changes the PA to **4 units a week for 3 weeks = 12 units authorized** and available, due to hospitalization after the third week

**Until claims are recouped and reprocessed**, the PA will show **12 units authorized – 16 used = (4) negative (available) units.**

# The Recoupment Process

## As a Reminder:

### As a Reminder:

- ICNs that start with **24** identify a change made to the care plan/PA.
- ICNs that start with **24** will have **EOB Code 8238** – “Claim Systematically Reprocessed Due to a PA/Service Order Change” which confirms there has been a change which has:
  - **Positively** or **negatively** impacted you financially.
  - May **continue to impact** you financially in the future.

Providers should investigate reprocessed claims with a **negative** impact to determine if:

- **They were providing the appropriate level** of service authorized.
- **Current service order matches the PA** on their secure web account.

If there are discrepancies between the verbal authorization or service order, please report discrepancies to the Access Agency Care Manager. The Care Manager will report the discrepancy to the Access Agency staff who enter PA in the portal.

# The Recoupment Process

## How to Read Recouped Claims

- ❑ First Read the Adjusted Portion of the RA.
- ❑ Then go to the Paid Claims Section of the RA to ensure the claim paid as expected
- ❑ If the Claim is not on the Paid Section, go to the Denied Claims Section. Verify the service order or verbal authorization match the PA on the CMAP secure site.

REPORT: CRA-PHAD-R  
RA#: 1234567

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
CMS 1500 CLAIM ADJUSTMENTS

Date: 04/10/2018  
PAGE: 91



REPORT: CRA-PHPD-R  
RA#: 1234567

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
CMS 1500 CLAIMS PAID

Date: 06/26/2018  
PAGE: 4



REPORT: CRA-LTDN-R  
RA#: 6087594

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
LONG TERM CARE FACILITY CLAIMS DENIED

Date: 07/10/2018  
PAGE: 27

# The Recoupment Process

## How to Read Recouped Claims

This can be performed on the CMAP Secure Site.

- ❑ Go to Claims>Claims Inquiry.
- ❑ Enter the Clients Medicaid ID number, then the date span as indicated on the RA. Then Search.
- ❑ Sort the claim by date. You will be able to see the originally paid claim, the recouped claim, and the newly processed claim to clearly see if the claim paid as expected.

The screenshot displays the 'Claim Search' interface on the CMAP Secure Site. The navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Medical Care Advisory Committee, Claims (highlighted), Eligibility, and Prior Authorization. Below this, there are links for Hospice, Trade Files, MAPIR, Messages, and Account. The main search area is titled 'Claim Search 16161616 NPI' and contains several input fields: ICN, Client ID, TCN, FDOS (07/01/2016), TDOS (07/01/2016), Prescription No (Pharmacy Only), Claim Type, Status, FDate Paid, TDate Paid, Pending Claims (checkbox), Exclude Adjusted Claims (checkbox), and Records (20). Search and Clear buttons are located at the bottom right of the search area.

**Search Results**

ICN	Client ID	Client Name	Prescription No	FDOS	TDOS	Status	Date Paid	Amount Billed	Amount Paid
5916187	00	TOM		07/01/2016	07/01/2016	Adj/Voided	07/09/2016	\$188.00	\$0.00
2416187	00	TOM		07/01/2016	07/01/2016	Paid	07/09/2016	\$188.00	\$188.00
5216187	00	TOM		07/01/2016	07/01/2016	Denied	07/09/2016	\$188.00	\$0.00

# Understanding EOB Codes

# Understanding EOB's

## Claim Denials due to Client Eligibility

### Denial Reasons:

- EOB Code 2003** - Client Ineligible for dates of service
- EOB Code 4021** - Procedure Billed is not a Covered Service under the Client's Benefit Plan.

### Resolution:

- Client eligibility file needs to be updated with a waiver benefit plan or change in the effective dates of eligibility.

**\*\*If EOB code 4021 is the only EOB that sets on the claim, the client does not have Husky, ABI, CHC or PCA waiver in their benefit plan. If any other EOB is on the claim, take action on the other EOB code and disregard EOB code 4021.\*\***

# Understanding EOB's

## Claim Denials Related to Care Plan/PA Issues

### Denial Reasons:

**EOB Code 3015** –Care Plan Required

**Resolution:** A care plan must be created by the Access Agency (CHC or PCA Waiver) or Case Management Agency (ABI Waiver) and uploaded to the DXC Technology system.

**EOB Code 3016** - Service not Covered Under Care Plan

**Resolution:** A service denied for not on care plan must be added by the Access/Case Management Agency to the Care plan.

**Please note: Neither DSS nor DXC can enter or correct care plans or PAs. If a care plan or PA needs to be entered or corrected providers need to contact the Access/Case Management Agency responsible for the clients care plan for assistance.**

# Understanding EOB's

## Claim Denials related to Care Plan/PA Issues (continued) - Denial Reasons

- **EOB Code 5151** - Units exceed frequency units on care plan.

**Resolution:** Units of service must be added to the frequency of an existing PA by the Access/Case Management Agency.

- **EOB Code 3003** –Procedure Code Requires PA

**Resolution:** This code will set when the units of services are exhausted. Units of service must be added by the Access/Case Management Agency to an existing PA that is currently exhausted.

# Resources

# Resources

## RA Banner Announcements

RA Banners are messages published for providers on the first page of their remittance advice. They are often published in regards to reprocessed claims. The banner will explain the reasons behind the reprocessing as well as the claim types affected.

Previously published RA Banner Announcements can be retrieved from the messages archive at [www.ctdssmap.com](http://www.ctdssmap.com). To access the messages archive page, select messages archive from the Information drop-down menu on the home page.

RA Banner Announcements and Important Messages dated January 1, 2014 and forward are saved on the Web site and are available for review.

01/19/2018-01/26/2018	Attention Select Providers	Attention Select Providers. PCMH REPROCESS: Providers enrolled in the Person-Centered Medical Home Initiative (PCMH) were enrolled with retroactive effective dates, or were approved for changes in PCMH level or site address with retroactive effective dates. Claims which processed prior to the completion of the provider's PCMH enrollment or level/site address change were not paid with the PCMH differential payment rate and have now been reprocessed to include that amount. For any providers with retroactive site terminations, claims which processed with the PCMH differential payment rate have now been reprocessed without that amount. The impacted claims have been identified and reprocessed and will appear on your January 23, 2018 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 55.
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The screenshot shows the website's navigation bar with 'Information' selected. Below it, the 'messages archive' link is highlighted. On the left, there is an 'Information' icon consisting of a stack of books. The main content area features an 'Archived Search' section with a dropdown menu set to 'RA Banner Announcements' and a search box containing 'Important Messages'. Below the search box, a table titled '- 2015 Important Messages Archived' is displayed.

Message Effective Date	Title
10/07/2015-10/22/2015	<a href="#">Attention Inpatient Hospital Providers: Present on Admission Indicator Issue</a>

# Information – Provider Manual

## Provider Manual

The Provider Manual is available to assist providers in understanding how to receive prompt reimbursement through complete and accurate claim submission. It is the primary source of information for submitting CMAP claims, prior authorizations, and other related transactions. This manual contains detailed instructions regarding the Program, and should be your first source of information pertaining to policy and procedural questions

- The Provider Manual is divided into twelve (12) chapters
  - Click on the chapter title to open the document (disable pop-up blockers)
  - Chapters 7 and 8 are provider specific – select your provider type from the drop-down menu and click View Chapter to access the chapter
  - Chapter 11 is claim-type specific

# Information – Provider Manual

## Chapter 1 – Introduction

- Provides information on the CT Medical Assistance Program, the Department of Social Services' and DXC Technology's responsibilities and resources

## Chapter 2 – Provider Participation Regulations

- Details the CMAP regulations for provider participation

## Chapter 3 – Provider Enrollment

- Provides information on provider eligibility in regards to provider enrollment and re-enrollment

## Chapter 4 – Client Eligibility

- Provides information regarding client eligibility in the Medical Assistance Program, client eligibility verification, and client third party liability

## Chapter 5 – Claim Submission Information

- Provides information on general claims processing, billing requirements and timely filing guidelines

## Chapter 6 – EDI Options

- Provides information on electronic claim submission and electronic RAs

# Information – Provider Manual

## Chapter 7 – Regulations/Program Policy

- This section contains the Medical Services Policy sections that pertain to the chosen provider type

## Chapter 8 – Billing Instructions

- Provides information on provider specific billing requirements and instructions

## Chapter 9 – Prior Authorization

- Provides information on how to obtain Prior Authorization for designated services

## Chapter 10 – Web Portal/Automated Voice Response System (AVRS)

- Provides information on both the AVRS and the Web Portal functions

## Chapter 11 – Other Insurance/Medicare Billing Guides

- Provides claim-type specific information on other insurance and Medicare billing

## Chapter 12 – Claim Resolution Guide

- Provides descriptions of common EOBs and, if applicable, information to resolve the errors

# Resources

## **DXC Technology Provider Assistance Center (PAC)**

- 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
- [www.ctdssmap.com](http://www.ctdssmap.com)
- [ctdssmap-ProviderEmail@dxc.com](mailto:ctdssmap-ProviderEmail@dxc.com)

# Questions/Comments



# Thank you.

**All questions and comment regarding this training are welcome.**

**Please fill out the provided workshop survey. Your feedback helps us to improve future workshops.**