

Get to Know Your Fee-for-Service Remittance Advice

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2021



Agenda

- Financial Transactions and Remittance Advice Module
- How to Obtain the Remittance Advice (RA)
- Remittance Advice Format
- Claim Adjustments
- Accounts Receivable (A/R)
- Test Your Knowledge
- Helpful Tools
- Questions

Financial Transactions and Remittance Advice Module



Financial Transactions and Remittance Advice Module

IHCP Provider Website: <https://www.in.gov/medicaid/providers>

INDIANA MEDICAID for Providers

Provider Enrollment | **Provider References** | Provider Education | Business Transactions | Clinical Services | About IHCP Programs | Contact Information

News, Bulletins and Banner Pages
IHCP Email Notifications
Provider Reference Materials
Forms
IHCP Provider Locator
OPR Provider Verification
FAQs - Top 10 Questions

Provider Reference Materials

For information about IHCP policies, procedures, and billing guidance (including information about electronic transactions), access these IHCP reference documents.



Financial Transactions and Remittance Advice Module

[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR PROVIDERS](#) / [PROVIDER REFERENCES](#) / PROVIDER REFERENCE MATERIALS

IHCP Provider Reference Modules

For information about IHCP policies and procedures, including billing guidance, refer to the [IHCP Provider Reference Module](#) appropriate to the topic of interest.

Claims and Billing Procedures Modules

Claim Submission and Processing	July 1, 2020	5.0
Claim Adjustments	April 1, 2020	5.0
Claim Administrative Review and Appeals	November 1, 2020	5.1
Electronic Data Interchange	April 1, 2020	5.0
Financial Transactions and Remittance Advice	November 1, 2020	5.0

How to Obtain the Remittance Advice (RA)



How to Obtain the Remittance Advice

Log in to the Portal to obtain the RA for the *specific service location*.



The screenshot shows the homepage of the Indiana Medicaid for Providers portal. The header features the FSA logo and the text "INDIANA MEDICAID for Providers". Navigation links include "Contact Us", "FAQs", and "Login". A "Home" button is visible in the top navigation bar. The main content area includes 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?". A "Broadcast Messages" section contains a message about the 2021 virtual IHCP Works Seminar. Below this is a section titled "WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?" which lists several actions healthcare providers can take through the portal.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Login

Home

Home

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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

Broadcast Messages

Save the Date ! The 2021 virtual IHCP Works Seminar is scheduled for October 5, 2021 through October 7, 2021. More details to come.

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility



How to Obtain the Remittance Advice

The screenshot displays the FSA website's navigation menu. The 'Claims' tab is selected, revealing a dropdown menu with the following options: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. The 'Search Payment History' option is highlighted with a red rectangular border. To the left of the dropdown, the 'User Details' section is visible, containing a 'Welcome' message and links to 'My Profile' and 'Manage Accounts'. Below this, the 'Provider' section shows fields for 'Name' and 'Provider ID'. On the right side of the page, there are three links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'. A banner at the bottom of the page reads 'WELCOME HEALTH CARE PROFESSIONAL!' above a photograph of a healthcare professional.

My Home Eligibility **Claims** Care Management Resources

My Home

User Details

Welcome

▶ [My Profile](#)

▶ [Manage Accounts](#)

Provider

Name

Provider ID

Claims

Search Claims

Submit Claim Dental

Submit Claim Inst

Submit Claim Prof

Search Payment History

Broadcast Messages

[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)

WELCOME HEALTH CARE PROFESSIONAL!

How to Obtain the Remittance Advice

The **Payment Method** will default to All - leave as is.

Payment ID will be blank:

- Leave blank to search for all RAs in that time frame.
- If searching for a specific RA, enter the Payment ID.

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method	All	Payment ID	
Issue Date	*From		*To
	04/24/2021		07/23/2021

Search

Reset

To search for previous dates, change the date range.

- Can be no greater than a 90-day span.

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method	All	Payment ID	
Issue Date	*From		*To
	12/01/2019		02/28/2019






How to Obtain the Remittance Advice

Search Results

To see payment details, click on the Payment ID link.

To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 13

Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
07/21/2021	EFT		\$3,401.46	
07/14/2021	EFT		\$1,781.29	
07/07/2021	EFT		\$2,728.17	
06/30/2021	EFT		\$3,024.06	
06/23/2021	EFT		\$5,605.67	



RA
Date



Payment
Method



Payment
ID



Payment
Amount



PDF
Icon

**ALWAYS download the PDF
to see the complete RA information.**



How to Obtain the Remittance Advice

Test Your Knowledge

Remittance Advice (RA) can be found on the Portal under:

- a. Claims
- b. Care Management
- c. Resources



How to Obtain the Remittance Advice

Test Your Knowledge

New RAs are available:

- a. Daily
- b. Weekly
- c. Semi-Monthly



Remittance Advice Format

Remittance Advice Format

The RA is divided into sub-sections.

1. Medicare Crossover Claims and Professional, Institutional or Dental Claims
 - Listed under each claim type:
 - a. Claims Paid
 - b. Claims Denied
 - c. Claims in Process
 - d. Claim Adjustments
2. Financial Transactions
3. Accounts Receivable (A/R)
4. Summary
5. Explanation of Benefits (EOB) Code Descriptions
6. Adjustment Reason Code (ARC) Descriptions
7. Remark Code Descriptions
8. Service Code Descriptions



Remittance Advice Format

RAs will show the following for all claims:

1. Member Name
2. Member ID
3. Claim ICN (Internal Control Number)
4. Dates of Service
5. Medicare Amounts (when applicable)
6. Billed Amount
7. Copay/Deductible
8. Paid Amount
9. Procedure Codes
10. EOB Codes
11. ARC



Remittance Advice Format

--ICN--	PATIENT NO. MRN	SERVICE DATES FROM TO	- M E D I C A R E A M T S -			BILLED OTH INS AMT	COPAY AMT SPENDDOWN	OUTPAT DED CO-INS CB	PAID AMT	
			COPAY AMT PAID AMT	ALLOWED AMT DEDUCT	PSYCH CO-INS CO-INS					
MEMBER NAME:XXXXXXXXXX			MEMBER NO.:XXXXXXXXXXXXXX							
XXXXXXXXXXXXXX			032621 032621	0.00 71.60	0.00 0.00	0.00 0.00	220.00 0.00	0.00 0.00	0.00 0.00	11.27
REV CD	PROC CD	MODIFIERS COPAY AMT	SER DT FROM TO SPENDDOWN AMT	RENDERING PROV BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUMBER PAID AMT				
0	99203	0.00	032621 032621 0.00	220.00	1.00 11.27	11.27				
EOBS	001	9806 9920	9945							
ARCS	001	45	137.13 132	71.60						
BILLED AMOUNT - SUM OF ARCS = PAID AMOUNT										
220.00 208.73 11.27										



Numbers correspond to information on previous slide



Remittance Advice Format

Financial Transactions

REPORT: CRA-TRAN-R
RA#: TXIX
PAYER: TXIX

INDIANA CORE MMIS
INDIANA TITLE XIX
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 55
PAGE:

PAYEE ID MCD
NPI
PAYMENT NUMBER
PAYMENT DATE

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	FIN ARC	SERVICE DATE FROM THRU	RELATED PROVIDER ID
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NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	FIN ARC	PAYMENT NUMBER	RECEIPT DATE	MEMBER NAME	MEMBER NO.
-----------------------	------------------	----------------	------------	-------------------	-----------------	-------------	------------

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

Example of non-claim specific payout:

- Overpayments when a provider submits a check after claims are offset

Examples of non-claim specific refund:

- A/R repayments
- Non-claim refund – Refund check with insufficient documentation to apply to a given claim was received from a provider. A check was applied against a provider's earnings but not to a particular claim.



Remittance Advice Format

Summary

REPORT: CRA-SUMM-R
RA#: TXIX
PAYER: TXIX

INDIANA CORE MMIS
INDIANA TITLE XIX
PROVIDER REMITTANCE ADVICE
SUMMARY

DATE:
PAGE:

PAYEE ID MCD
NPI
PAYMENT NUMBER
PAYMENT DATE

CLAIMS DATA

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
★ CLAIMS PAID	13	385.16	30	1,360.94	214	8,064.01
CLAIM ADJUSTMENTS	60	2,350.81	60	2,350.81	63	2,350.81
CLAIM INTEREST		0.00		0.00		0.00
TOTAL CLAIMS PAYMENTS	73	2,735.97	90	3,711.75	277	10,414.82
CLAIMS DENIED	4		7		53	
CLAIMS IN PROCESS	0	0.00				

EARNINGS DATA

★ PAYMENTS:			
CLAIMS PAYMENTS	2,735.97	3,711.75	10,414.82
MANAGED CARE ADMINISTRATIVE PAYMENT*	0.00	0.00	0.00
HOOSIER HEALTHWISE CAPITATION PAYMENT*	0.00	0.00	0.00
HEALTHY INDIANA PLAN POWER ACCOUNT*	0.00	0.00	0.00
HEALTHY INDIANA PLAN CAPITATION PAYMENT*	0.00	0.00	0.00
NON EMERG MED TRANSP CAPITATION PAYMENT*	0.00	0.00	0.00
PAYOUTS	0.00	0.00	0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(1,856.48)	(1,856.48)	(1,856.48)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(18.87)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
★ 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)
VOIDS	(0.00)	(0.00)	(0.00)
MEMBER CONTRIBUTION (POWER)	(0.00)	(0.00)	(0.00)
★ NET PAYMENT	879.49	1,855.27	8,539.47
★ NET EARNINGS	879.49	1,855.27	8,539.47

Claim Adjustments

Claim Adjustments

ONLY A PAID CLAIM CAN BE ADJUSTED.

The most recent **PAID** claim must be used

- Search claims by the Member ID and date of service

Claim adjustment must be within **180** days of the **date of service**

- Exception examples:

- ❖ Retro eligibility
- ❖ Retro Prior Authorization or Notice of Action
- ❖ Retro provider enrollment
- ❖ Change in policy/coverage
- ❖ Primary payment (adjustment must be within 180 days of the date on the primary EOB)
- ❖ Overpayment



Claim Adjustments

Original Claim ICN

Original Paid Amount

--ICN--	PATIENT NO.			MRN	SERVICE DATES		BILLED AMT	OTH INS AMT	COPAY AMT	PAID AMT
					FROM	TO	ALLOWED AMT	SPENDDOWN AMT	CO-INS CB	OUTPAT DED
MEMBER NAME:					MEMBER NO.:					
20:XXXXXXXXXX					011121	011121	(318.00)	(0.00)	(0.00)	(89.76)
							(89.76)	(0.00)	(0.00)	(0.00)
EOBS	001	9806	9920							
	002	4005	9806	9920						
ARCS	001	45		143.29						
	002	45		84.95						
52 XXXXXXXXXXXX					011121	011121	318.00	0.00	0.00	95.92
							95.92	0.00	0.00	0.00
PROC CD	MODIFIERS	SERVICE DATES		ALLW UNITS	RENDERING PROVIDER		PA NUMBER			
		FROM	TO	COPAY AMT	BILLED AMT	ALLOWED AMT	PAID AMT			
99203	25	011121	011121	1.00						
				0.00	220.00	82.87	82.87			
51798		011121	011121	1.00						
				0.00	98.00	13.05	13.05			
							ADDITIONAL PAYMENT			
							6.16			

Adjusted Claim ICN

Adjusted Paid Amount

Net Difference
Additional payment



Claim Adjustments

Original Claim ICN

Original Paid Amount

--ICN--	PATIENT NO.	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: 52 XXXXX	818668		121020 121020	MEMBER NO.: (109.00) (36.50)	(0.00) (0.00)	(0.00) (0.00)	(36.50) (0.00)
EOBS 001	9806	9918					
002	9806	9920					
ARCS 001	45	45.11					
002	45	27.39					
56XXXXX	818668		121020 121020	109.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROVIDER BILLED AMT	PA NUMBER ALLOWED AMT	PAID AMT	
90714	GY	121020 121020	1.00	0.00	64.00	0.00	0.00
90471	GY	121020 121020	1.00	0.00	45.00	0.00	0.00
			0.00			0.00	
OVERPAYMENT TO BE WITHHELD							36.50

Adjusted Claim ICN

Adjusted Paid Amount

Net Difference
Overpayment to be
Withheld



Accounts Receivable

Accounts Receivable

Every adjusted claim will appear in the A/R section.

Even when there is no actual take back:

- The net difference is -0-
- The net difference is a payment

Actual recoupments may establish an outstanding A/R balance to be recouped on future remits

- There are not enough paid claims to offset the outstanding balance
- Offsets are not applied to any specific claim on future remit



Accounts Receivable

A/R Information:

1. A/R number
 - Number auto assigned to each individual claim
2. A/R set-up date
 - Date AR was established
3. Original amount
 - Amount to be recouped
4. Recoupment amount to date
 - Amount that has been withheld
5. Balance
 - Amount that will appear on future remits if there is a remaining balance
6. Adjustment ICN
 - New ICN assigned when claim is adjusted
7. Previous ICN
 - Original ICN of claim that is being adjusted
 - Search for claim on the Portal to identify the member
8. Amount recouped in current cycle
 - Amount withheld on current remit



Accounts Receivable

1 A/R NUMBER	2 SETUP DATE	3 ORIGINAL AMOUNT	4 RECOUPMENT AMOUNT TO DATE	5 BALANCE	REASON FIN CODE ARC	MEMBER NAME	MEMBER NO.	6 ADJUSTMENT --ICN--	7 PREVIOUS --ICN--	8 AMOUNT RECOUPED IN CURRENT CYCLE
041621		88.48	88.48	0.00	8400 CS			52	20	88.48
041621		89.76	89.76	0.00	8400 CS			52 XXXXX	20 XXXXX	89.76
041621		51.99	51.99	0.00	8400 CS			52	20	51.99
041621		61.26	61.26	0.00	8400 CS			52	20	61.26
041621		86.15	86.15	0.00	8400 CS			52	20	86.15
041621		78.96	78.96	0.00	8400 CS			52	20	78.96
041621		0.45	0.45	0.00	8400 CS			52	20	0.45
041621		14.17	14.17	0.00	8400 CS			52	20	14.17
041621		61.26	61.26	0.00	8400 CS			52	20	61.26
041621		61.26	61.26	0.00	8400 CS			52	20	61.26
041621		2.32	2.32	0.00	8400 CS			52	20	2.32
041621		76.88	76.88	0.00	8400 CS			52	20	76.88
TOTAL RECOUPMENT			1,856.48					1,856.48		

★ Same claim from previous adjustment example

--ICN--	PATIENT NO.	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: 20:XXXXXXXXXX			011121 011121	(318.00) (89.76)	(0.00) (0.00)	(0.00) (0.00)	(89.76) (0.00)

★ Looks like it recouped 89.76 – it actually paid an additional 6.16

Numbers refer to the information on the previous slide.

Test Your Knowledge

The RAs for multiple service locations can be obtained by logging into one location on the Portal.

True False



Test Your Knowledge

An RA that is a -0- pay does not need to be reviewed.

True False

Test Your Knowledge

My remits are sent by a vendor – do I still need to review the RA on the Portal?

Yes No

Test Your Knowledge

An A/R will always only appear on one RA.

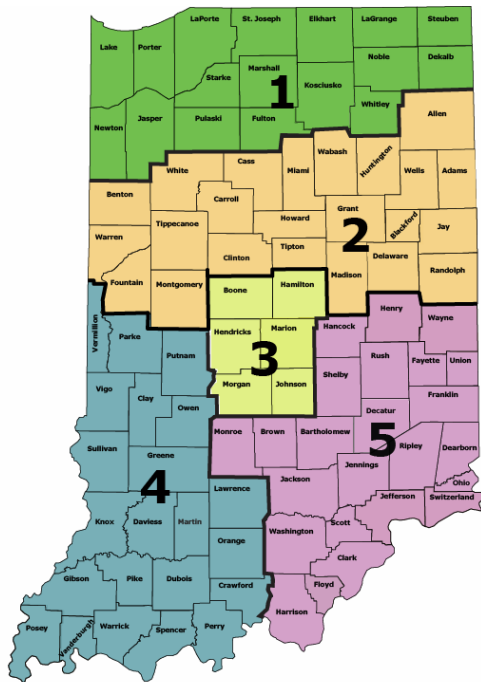
True False

Helpful Tools

Helpful Tools

Consultants for the Indiana Regions

(F= Field; I= Internal)



Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I)	INXIXRegion1@dxc.com	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) Gretchen Schaller-Golob (I)	INXIXRegion2@dxc.com	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I)	INXIXRegion3@dxc.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I)	INXIXRegion4@dxc.com	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Vikki Lowllun (I)	INXIXRegion5@dxc.com	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

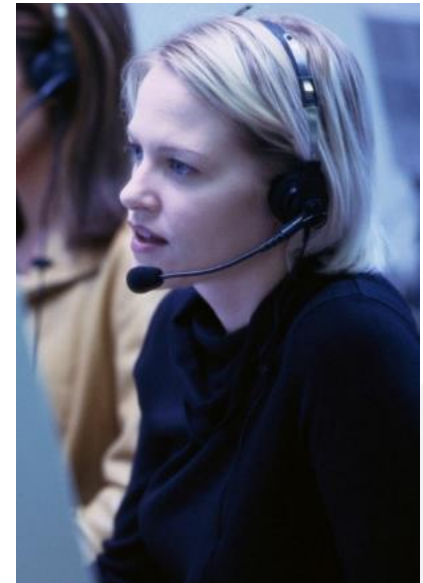
- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance available:

- 800-457-4584
- Live assistance available Monday–Friday, 8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions