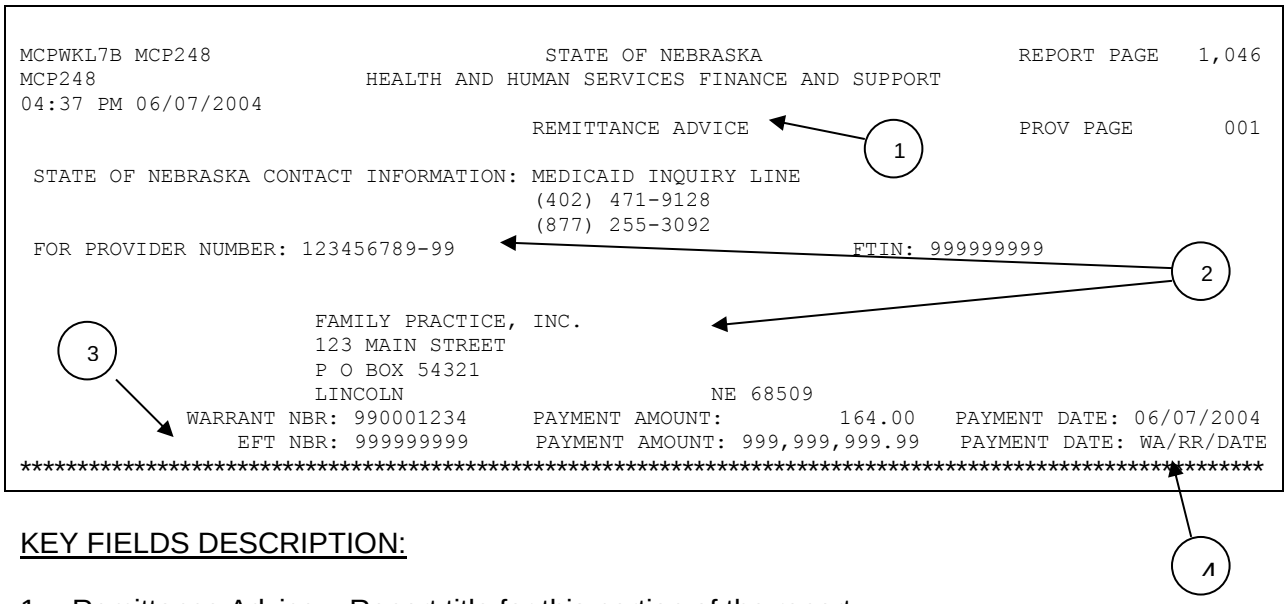
471-000-85 Explanation of Remittance Advice and Refund Requests Report

Use: The Remittance Advice and Refund Requests report contains information on Medicaid processed claims (paid or denied), adjusted claims and requested refunds. A report is sent weekly when there is reportable activity. While the report can contain both the Remittance Advice and Refund Requests, it is possible to receive only the Remittance Advice portion or the Refund Requests portion, both or neither, depending on the reportable activity that week. This report replaces the MC-7 Explanation of Medical Claims Activity report.

NOTE: The Remittance Advice mirrors the content of the national standard electronic Remittance Advice (ASC X12N 835). Only one version, either electronic or paper, will be produced for each provider number, not both. Additionally, when the electronic 835 Remittance Advice is chosen, the Refund Requests report will also only be electronic. For instructions regarding the electronic 835 Remittance Advice, consult the Nebraska Medicaid 835 Remittance Advice Companion Guide at http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx.

Following is an example of the report with descriptions of key fields:

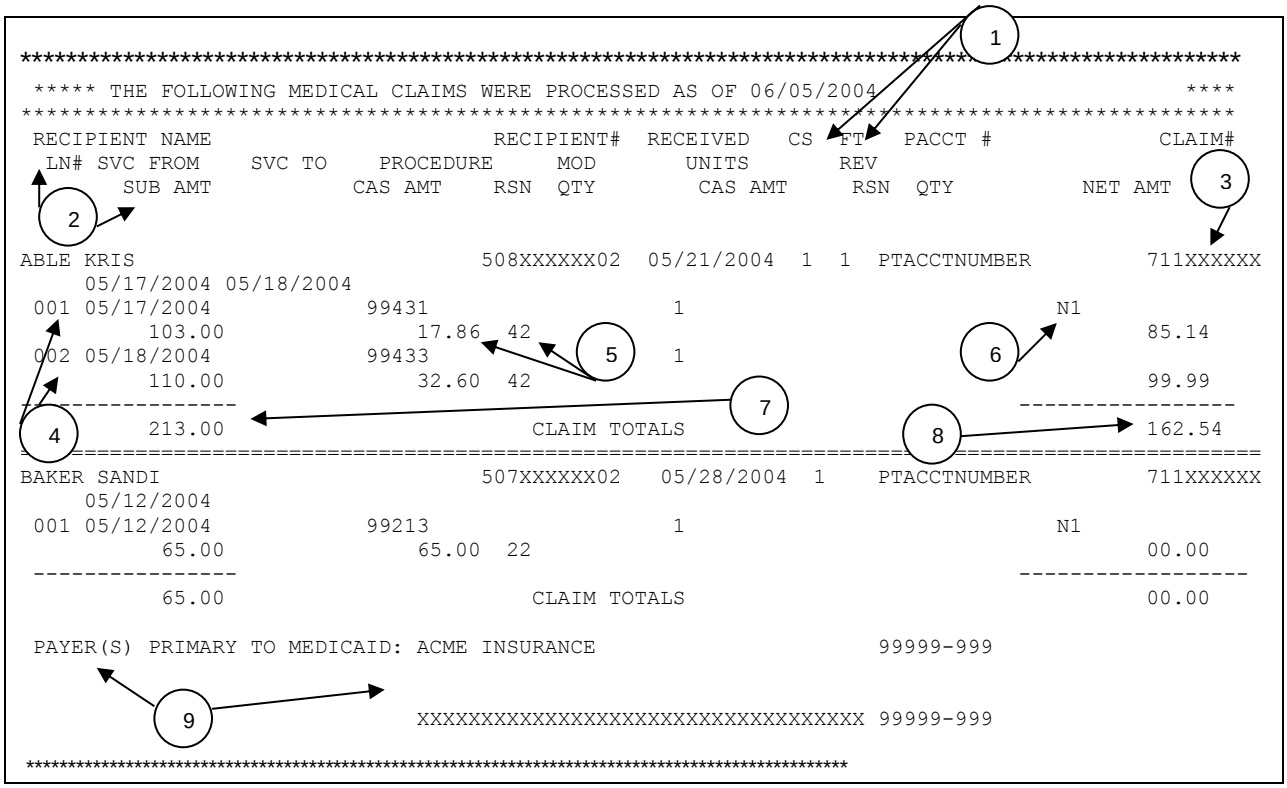
REMITTANCE ADVICE HEADING SECTION EXAMPLE:



KEY FIELDS DESCRIPTION:

1. Remittance Advice – Report title for this portion of the report.
2. Provider Number and Pay-To Name and Address
3. Warrant Number, payment amount and payment date or EFT (Electronic Fund Transfer) number, payment amount and payment date. Providers will receive either a paper warrant or EFT if there is a payment associated with this report. If the Remittance Advice is produced, but no payment is being made, "WARRANT NBR: NO PAYMENT" will be printed.
4. Payment Date – starts the 90-day time limit for requesting adjustments or appeal hearing. (See Medicaid policy 471 NAC 2-003.02 and 3-002.07.)

REMITTANCE ADVICE PROCESSED CLAIMS SECTION EXAMPLE:



KEY FIELD DESCRIPTIONS:

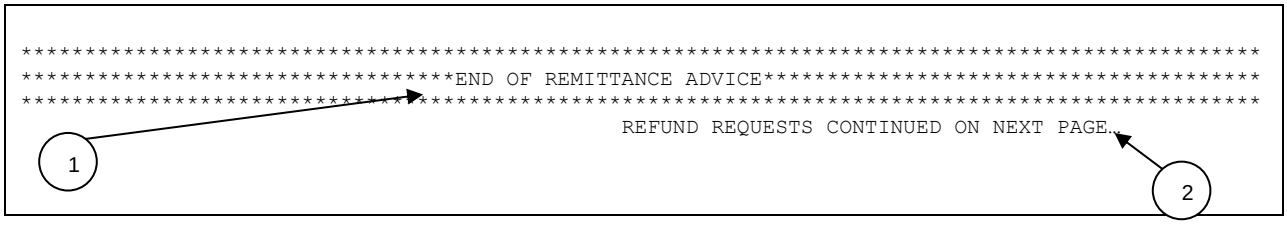
1. CS – claim status code; FT – frequency type code. These are national codes. When the claim has been reversed (adjusted), the CS value will be "22."
2. Column heading information printed once per page. Specific claim information follows.
3. Medicaid Claim/Document Number
4. Claim line numbers – match to submitted line for additional information, i.e., tooth number, etc.
5. CAS - claim adjustment segments indicate the amounts the claim submitted amount was reduced or disallowed and the national claim adjustment reason code (Code set 139)*
6. Remark Codes – remittance advice remark codes for additional information (Code set 411)*
7. Total claim amount submitted.
8. Claim paid amount.
9. Information if another payer(s) is primary to Medicaid.

*See Web sites for national code information: http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx or http://www.wpc-edi.com/codes/codes.asp

ADDITIONAL INFORMATION:

- This part contains information on claims that are being paid/denied or adjusted.
- The claims are listed alphabetically by client name.
- Adjusted claims will be reflected in two parts, the original claim (with a CS code "22") followed by the replacement claim (with CS code 1,2,3 or 4).
- If payment received is incorrect or the claim paid in error, see the adjustment and refund procedures in NAC 471-000-99 and 471-000-100.

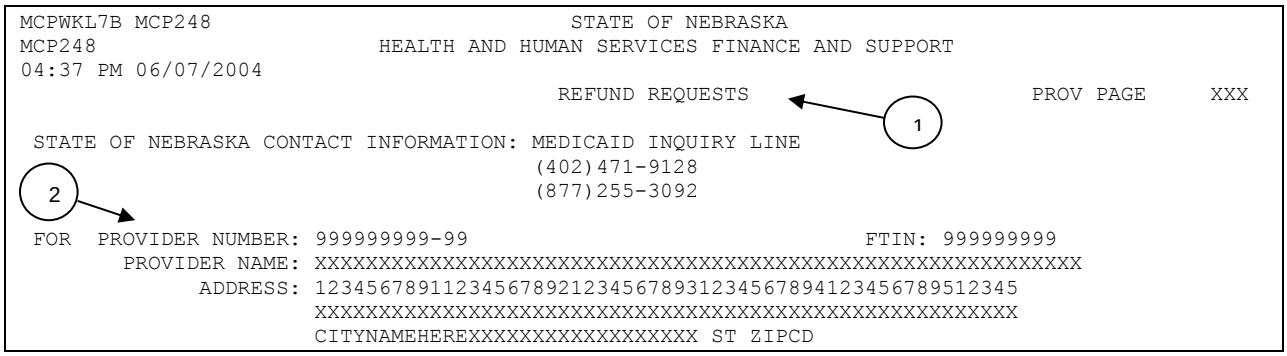
REMITTANCE ADVICE END OF REPORT EXAMPLE:



KEY FIELD DESCRIPTIONS:

1. Banner to indicate the end of the Remittance Advice portion of the report.
2. If refunds are requested, the Refund Request Report begins on the next page.

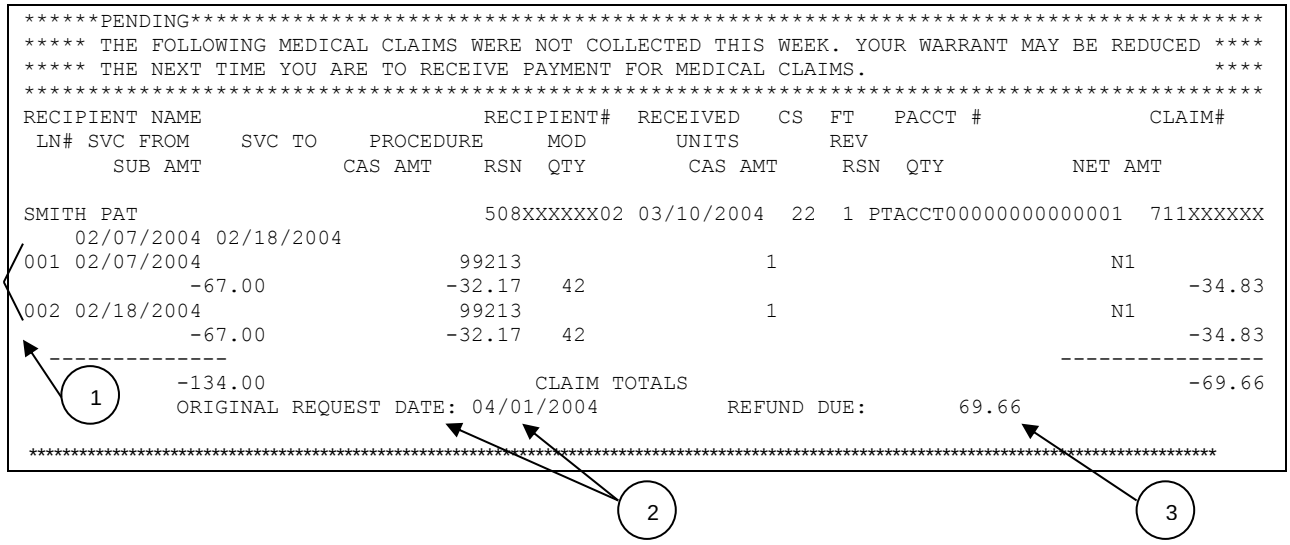
REFUND REQUESTS HEADING SECTION EXAMPLE:



KEY FIELD DESCRIPTIONS:

1. Refund Requests – Title of the Refund Requests portion of the report. This portion is produced when refunds are requested.
2. Provider Number and Pay-To Name and Address

REFUND REQUESTS PENDING REFUNDS SECTION EXAMPLE:



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******PENDING*************************************************************************************
***** THE FOLLOWING MEDICAL CLAIMS WERE NOT COLLECTED THIS WEEK. YOUR WARRANT MAY BE REDUCED ****
***** THE NEXT TIME YOU ARE TO RECEIVE PAYMENT FOR MEDICAL CLAIMS.                          ****
*****************************************************************************************************
RECIPIENT NAME                      RECIPIENT#  RECEIVED   CS  FT   PACCT #             CLAIM#
 LN# SVC FROM    SVC TO    PROCEDURE     MOD       UNITS       REV
       SUB AMT           CAS AMT    RSN  QTY        CAS AMT     RSN  QTY          NET AMT

SMITH PAT                           508XXXXXX02 03/10/2004  22  1 PTACCT00000000000001  711XXXXXX
    02/07/2004 02/18/2004
001 02/07/2004                    99213                    1                          N1
             -67.00              -32.17   42                                              -34.83
002 02/18/2004                    99213                    1                          N1
             -67.00              -32.17   42                                              -34.83
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            -134.00                     CLAIM TOTALS                                      -69.66
            ORIGINAL REQUEST DATE: 04/01/2004          REFUND DUE:       69.66

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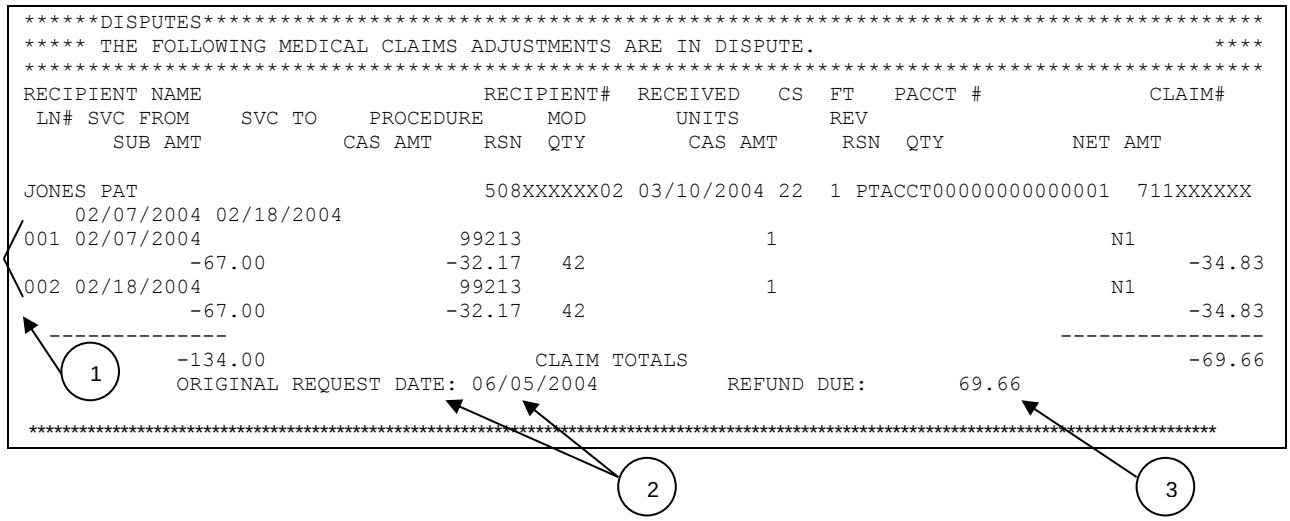
KEY FIELD DESCRIPTIONS:

1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.

ADDITIONAL INFORMATION:

This section contains refund requests that have not yet been received by the Department. After 30 days of no response or appeal, the amounts will be recouped/withheld from future payments. Refunds that can not be recouped due to lack of available money show up in this section. Once enough money is available, these amounts will be recouped.

REFUND DISPUTES SECTION EXAMPLE:



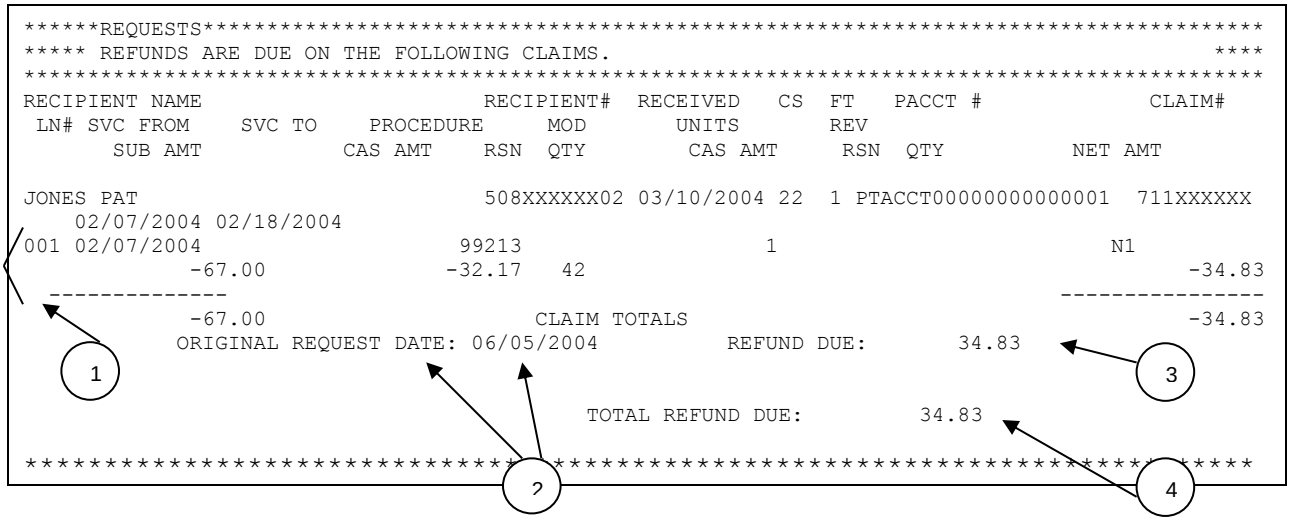
KEY FIELD DESCIPTIONS:

1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.

ADDITIONAL INFORMATION:

This section contains refunds that are under review by the Department as additional information has been received from the Provider.

REFUND REQUESTS SECTION EXAMPLE:

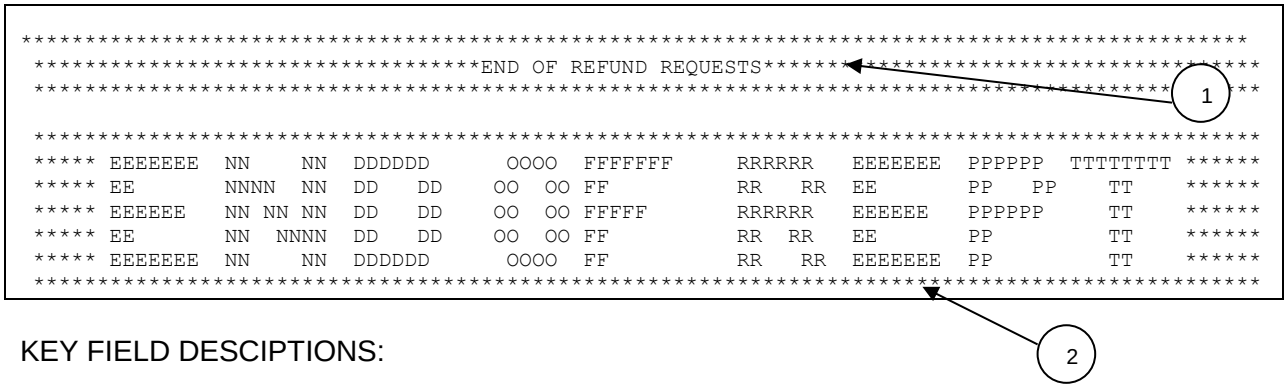


KEY FIELD DESCIPTIONS:

1. Claim information will appear with same heading and claim information as on the Remittance Advice.
2. Original Request Date starts the 30-day time frame for refunding the requested amount or to appeal the refund request. (See 471 NAC 2-003.02 and 3-002.08.)
3. Claim refund amount requested.
4. TOTAL refund amount requested.

ADDITIONAL INFORMATION:

Refund Requests will appear in this Section. This part contains claims for which a refund has been requested but has not been received by the Department.



KEY FIELD DESCIPTIONS:

1. End of Refund Requests banner will run at the end of Refund Requests report.
2. End of Rept (report) banner will run on the last page of the report.

Additional information is available on the Medicaid Electronic Data Interchange (EDI) Customer Service web site at http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx regarding electronic transactions.

If you have questions regarding the information on the Remittance Advice Refund Requests Report, please call the Medicaid Inquiry Line at 1-877-255-3092 (toll free) or 471-9128 (Lincoln).