THE NEW FORMAT OF THE REMITTANCE ADVICE (RA)

The Envision system now produces a new format for the Remittance Advice. This section provides an overview of the weekly RA report and will assist you in properly understanding the paper format of the weekly RA.

The Remittance Advice

The Remittance Advice (RA) is a computer-generated document that displays the status of all claims submitted to the fiscal agent along with a detailed breakdown of payment. This report is designed to simplify accounting by permitting accurate reconciliation of claim submissions. The Remittance Advice can be received electronically or physically by mail. Whether you receive a paper or electronic RA is based upon your choice and software capability. The RA will be available weekly. Data on the RA will consist of the following sections:

- Header/Cover Page
- Provider Broadcast Messages
- Claim Detail Report which will include the following when applicable:
  Paid/Denied Claims
  Suspended Claims
  Provider Adjustments/Legend

Cover Page Information

The common fields for the cover page are shown on the following page. The descriptions of the cover page are as follows:

- ***Pay to Provider Number*** — The 8-digit number of the provider or group who is to receive payment. The pay to provider is not necessarily the same as the provider who performed the service. This provider number also appears in the top left of the header page.
- ***Send Inquiries To***:—Fiscal Agent name, address, city , state , zip, contact phone number and web portal address.
- ***Total Associated Payment*** — Total amount of cycle check or EFT.
- ***Payment Date*** — Payment date of the check or EFT.
- ***Pay to Provider Tax ID*** — The federal tax ID number of the provider or group who is to receive payment. This is not necessarily the same as the provider who performed the service.
- ***Method of Payment*** — Indicates the form of payment.
  - CHK – Check
  - ACH – Automated Clearing House (EFT)
- ***ACH Format***—For ACH EFT payments
- ***Deposit To Bank***—Provider bank routing number.
- ***Account No./Type***—Provider bank account number and type.
- ***Check/EFT Payment Number***—System assigned check or EFT number
- ***For Claims Paid Through*** — Cycle run date.

Cover Page Information

PAY TO PROVIDER NUMBER: 00011111

JOHN DOE

N/A,

(FOR CHANGE OF ADDRESS, DOWNLOAD FORM FROM WEB PORTAL)

PLEASE SEND INQUIRIES TO: ACS, INC
PROVIDER SERVICES
P.O. BOX 23078
JACKSON, MS 39225-3078
TELEPHONE: (800) 884-3222
WEB PORTAL: HTTP://MSMEDICAID.ACS-INC.COM

REMITTANCE INFORMATION ONLY

TOTAL ASSOCIATED PAYMENT: $922.89 PAYMENT DATE: 09/27/2003

PAID TO PROVIDER TAX ID: 411111111

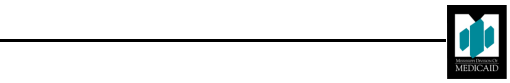
METHOD OF PAYMENT: ACH - ELECTRONIC FUNDS TRANSFER ACH FORMAT: CCP - CCD PLUS ADDENDA

DEPOSITED TO BANK: 055505555
ACCOUNT NO./TYPE: 7777777 DA CHECKING ACCOUNT

CHECK/EFT PAYMENT NUMBER: 000001111

FOR CLAIMS PAID THROUGH: 09/27/2003

JOHN DOE
110 MAIN STREET
ANYTOWN, MS 31111



Mississippi Envision MMIS Broadcast Message Page

The second page of the RA, as shown below, is used to display messages from DOM and the FA to Mississippi Medicaid providers. This page is used to address changes in billing procedures or program coverage. Not all RAs will contain a message. Please pay attention to this page, as any information listed here will be valuable in facilitating the filing of claims to Medicaid and to provide information on the Medicaid program.

Broadcast Message Page

```
DATE:         09/29/03                    MISSISSIPPI ENVISION MMIS                          PAGE:  00000002
PROVIDER NO:  00011111                      DIVISION OF MEDICAID                        RPT PAGE:  000000009
REMITTANCE:   00099999                       REMITTANCE ADVICE                        REMIT SEQ:  00000003
                                             BROADCAST MESSAGE

 ***********************************************************************************************************
 *FOR THE MOST UP-TO-DATE MEDICAID INFORMATION, INCLUDING BUT NOT LIMITED TO, CLAIMS PROCESSING ISSUES AND RESOLUTION,  *
 *BILLING *UPDATES, AND POLICY UPDATES, PLEASE VISIT THE MISSISSIPPI MEDICAID WEB PORTAL AT HTTP://MSMEDICAID.ACS-INC.COM.  *
 *ONCE YOU ACCESS THE HOME PAGE, CLICK ON "WHAT'S NEW" FOR THE LATEST INFORMATION.                                    *
 ***********************************************************************************************************
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Page Header Information

The Mississippi Envision MMIS Remittance Advice will consist of three different sections: Paid/Denied Claims, Suspended Claims and Provider Adjustments. The Page Header information will be similar throughout the Remittance Advice, however the last line in the top middle section of the RA header will indicate the specific section of the RA. The similar fields are as follows:

- ***Date***—RA cycle date
- ***Provider Number*** —The 8-digit number of the provider or group who is to receive payment.
- ***Remittance*** — The remittance advice number uniquely identifies the remittance advice prepared for the provider for a given payment cycle.
- ***Page*** – Page number within each provider's report
- ***RPT Page*** —Page number across all provider's reports
- ***Remit Seq*** —Sequential number produced for this RA cycle.

Paid/Denied Claims

The following section is designed to help you understand the Paid/Denied section of the RA.

FYI Paid/Denied Claims

Paid claims are line items passing final adjudication. They may be paid as submitted or at reduced amounts according to Medicaid program's reimbursement methodology. Reduced payments will be noted on the RA with the corresponding edit code for explanation.

Denied claims represent those services that are unacceptable for payment. Denial may occur if the fiscal agent cannot validate claim information, if the billed service is not a program benefit, or if a line item fails the edit/audit process. Denied claims may be reconsidered for payment if a health care provider submits corrected or additional claim information. Services denied on the RA appear on one line. A service may be reconsidered for payment if errors were made in submitting or processing the original claim.

Claim Header Information for Paid/Denied Claims

Each page of the Paid/Denied section will consist of the following fields:

- ***TCN*** — Transaction Control Number. This number uniquely identifies the claim.
- ***Stat*** — Claim Status
  - 1 —Primary (Paid)
  - 2 —Secondary
  - 4 — Denied
- ***Medicaid ID*** — Medicaid's beneficiary ID number.
- ***Patient Name***— Name of beneficiary
- ***Submitted Charges*** — Total charges submitted for this TCN
- ***Adjustment*** — Total amount of adjustments on the claim and the line levels.
- ***Patient Resp. Amount*** — Amount payable by patient
- ***Paid*** — Total amount paid on this TCN (For balancing, this should equal Submitted Charges minus Adjustments.)
- ***Dates of Service*** — First and last dates of service for this claim
- ***TOB*** — Type of Bill. Depending on the type of claim submitted, the code will either be the Facility Type Code or Place of Service Code.
- ***PAT ACCT Number*** — Provider submitted patient account number
- ***MED REC NO***— The number assigned by a health care provider to a beneficiary or a claim for reference purposes. This number is printed on the RA to assist providers in identifying the patient for whom the service was rendered.
- ***SVC PRV*** — The Medicaid ID number of the healthcare provider who rendered the service
- ***SVC PRV Name*** — Service Provider Name

Applied Adjustment/Void on the RA

Adjustment requests are used to change the original amount paid on a claim. The original payment can be increased or decreased. Void requests are used to refund the entire original payment on a claim. When an adjustment /void is applied to a previously paid claim, the following field will appear on the RA.

- ***Ref*** –the original TCN. This applies when an adjustment/void has been submitted. If not, this field will not be present on the RA.

Claim Level Adjustments

When DOM does not pay the submitted amount, an adjustment will appear on the RA. Adjustments will occur on either the claim level or line item. Claim level adjustments cannot be applied to a line item because they are not specific to a procedure. The following fields will appear on an RA if any claim level adjustments have been made:

- ***Adjustments***— Claim level adjustment
- ***Units*** — Units submitted for this claim adjustment
- ***Amount*** —Claim level adjustment amount excluding line items
- ***Remarks***— HIPAA standard Remark Codes
- ***EOB Code*** — Local codes. EOB codes and messages explain the action (payment, denied or return) taken on the adjudicated claim.

Claim Line Item Information for Paid/Denied Claims

The following are the field descriptions for claim line items. Please reference the example shown on the next page.

- ***LI*** – Line item number
- ***Proc*** –Procedure Code
- ***Type/Desc*** – Type of procedure and description of that procedure.
- ***M1, M2, M3, M4*** – Procedure Code Modifiers
- ***REVCD-*** Revenue Code
- ***Prov Control No*** –Provider's submitted control number
- ***Submitted***-Total charges submitted
- ***Adjustments***— Total line adjustments
- ***Units*** — Total of units submitted for the line item
- ***Paid*** — Total amount paid for line item
- ***LI Adjust***— Line item adjustment that states the adjustment reason code and the description of that code.
- ***Units***—Total units submitted for the line item; applies to the line item adjustment
- ***Paid***—Total paid for the line item; applies to the line item adjustment

Claim Header for Paid/Denied Claims

Page Header Information

```
DATE:          09/29/03                    MISSISSIPPI ENVISION MMIS                          PAGE:  00000002
PROVIDER NO:   00011111                      DIVISION OF MEDICAID                          RPT PAGE: 000000009
REMITTANCE:    00099999                      REMITTANCE ADVICE                            REMIT SEQ:  00000003
                                                PAID / DENIED
=======TCN======= STAT ==MEDICAID ID= ===PATIENT NAME============== ==SUBMITTED==== ===ADJUSTMENT== ===PAT RESP==== =====PAID======
==DATES OF SERV== TOB ==========PAT ACCT NUM======== ==========MED REC NO========== =SVC PRV ===SVC PRV NAME========================

01265311110016917   1  000002032179999 MICKEY MOUSE                                45.00            6.94            .00            38.06
09/18/03-09/18/03                                                                       00011111 JOHN DOE
ADJUSTMENT:     CO CONTRACTUAL OBLIGATIONS    45      CHARGES EXCEED YOUR CONTRACT          UNITS:  0.00           AMOUNT:  1.00

      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                  /N/A
                                                                   45.00            5.94        0.00           39.06
              LI     ADJUST: 42 -CHARGES EXCEED FEE SCHEDULE    UNITS:        1.00 AMT:            3.88
              LI     ADJUST: 137-PYMT/REDUC REG SURCHRG, TAXES  UNITS:        1.00 AMT:            2.06

03265330111116847   1  00000104119999 ROBIN HOOD                                   45.00            5.94             .00            39.06
09/16/03-09/16/03                                                                       00011111 JOHN DOE
      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                  /N/A
                                                                   45.00            5.94        0.00           39.06
              LI     ADJUST: 42 -CHARGES EXCEED FEE SCHEDULE    UNITS:        1.00 AMT:            3.88
              LI     ADJUST: 137-PYMT/REDUC REG SURCHRG, TAXES  UNITS:        1.00 AMT:            2.06

03061330110000827   1  00000203159999 DAFFY DUCK                                   45.00            8.94             .00            36.06
09/16/03-09/16/03                                                                       00011111 JOHN DOE
      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                  /N/A
                                                                   45.00            8.94        0.00           36.06
              LI     ADJUST: 42 -CHARGES EXCEED FEE SCHEDULE    UNITS:        1.00 AMT:            3.88
              LI     ADJUST: 137-PYMT/REDUC REG SURCHRG, TAXES  UNITS:        1.00 AMT:            2.06
REMARK CODES: MA92
EXPLANATION OF BENEFITS CODES (EOB): 0750

03162342176000277   1  00000904869999 BUGS BUNNY                                   45.00            8.94             .00            36.06
08/28/03-08/28/03                                                                       00011111 JOHN DOE
      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                  /N/A
                                                                   45.00            8.94        0.00           36.06

03465430110006747   1  00000304339999 SPIDER MAN                                   45.00            8.94             .00            36.06
09/17/03-09/17/03                                                                       00011111 JOHN DOE
      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                 /N/A
                                                                   45.00            8.94        0.00           36.06
              LI     ADJUST: 42 -CHARGES EXCEED FEE SCHEDULE    UNITS:        1.00 AMT:            3.88
              LI     ADJUST: 137-PYMT/REDUC REG SURCHRG, TAXES  UNITS:        1.00 AMT:            2.06

03265330110006937   1  00000311999999 BARNEY RUBBLE                                 45.00            5.94             .00            39.06
09/17/03-09/17/03                                                                       00011111 JOHN DOE
      -LI- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 REVCD
                              --PROV CONTROL NO------------- ---SUBMITTED--- --ADJUSTMENTS-- ---UNITS--- -----PAID------
        1  99213                  /N/A
                                                                   45.00            5.94        0.00           39.06
              LI     ADJUST: 42 -CHARGES EXCEED FEE SCHEDULE    UNITS:        1.00 AMT:            3.88
              LI     ADJUST: 137-PYMT/REDUC REG SURCHRG, TAXES  UNITS:        1.00 AMT:            2.06
```

Claim Level Adjustment

Claim Line Item Information

Line Item Adjustment

Claim Line Item Adjustment with Remark and EOB Codes

Suspended/Pended RA Field Descriptions

Claims requiring special handling or correction of errors will be temporarily pended. Correct items will be subject to further adjudication.

Do not submit Adjustment/Void Request forms for claims listed as pending on the most recent RA. Pended claims are in the processing cycle and will be adjudicated. In some instances, claims pend due to conditions which cannot be resolved by additional input from the health care provider (e.g., eligibility mismatches, claims requiring manual pricing). These conditions will be resolved internally by the fiscal agent.

Descriptions of the fields are as follows:

Suspended/Pended Claims Header

The common fields for the header are as follows:

- ***TCN*** — Transaction Control Number, which uniquely identifies this claim.
- ***Status Message*** — Health Care Claim Status Message Code
- ***Medicaid ID*** — Medicaid's beneficiary ID number
- ***Patient Name*** —Medicaid beneficiary name
- ***SVC PRV*** – the Medicaid id number of the healthcare provider who rendered the service
- ***SVC PRV Name*** — Service Provider Name
- ***Submitted*** —Total charges submitted
- ***Dates of Service***— First and last dates of service for this claim
- ***Stat Dt*** —Status Date
- ***TOB*** – Type of Bill. Depending on the type of claim submitted, the code will either be the Facility Type Code or Place of Service Code.
- ***Pat Acct***– Provider submitted beneficiary account number.
- ***Med Rec No***— Provider medical record number for this claim

Suspended Claim Line Detail

- ***LI*** — Line item number
- ***Dates of Service***— First and last dates of service for this claim
- ***Proc***— Procedure Code
- ***Type/Desc***—Type of procedure and description of that procedure.
- **M1**, ***M2, M3 and M4*** – Procedure Code Modifiers
- ***REVCD***—Revenue Code
- ***Units*** – Total number of units submitted for this claim
- ***Submitted*** —Total number of charges submitted for this claim.

Suspended Claims Header

Line Item

```
   DATE:        09/29/03                          MISSISSIPPI ENVISION MMIS                                  PAGE:  00000007
   PROVIDER NO: 00011111                            DIVISION OF MEDICAID                                   RPT PAGE: 000000014
   REMITTANCE:  00099999                             REMITTANCE ADVICE                                    REMIT SEQ:  00000003
                                                      SUSPENDED CLAIMS
=======TCN======= STAT MSSG  =MEDICAID ID== ===PATIENT NAME=============== =SVC PRV ===SVC PRV NAME=============== ===SUBMITTED===
==DATES OF SERV== =STAT DT TOB ===PAT ACCT NO================ ===MED REC NO=================
03161409140100219  P0   38   00000103171101 TWEETY BIRD                    00011111 JOHN DOE                                45.00
09/03/03-09/03/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  09/03/03-09/03/03 99213                  /N/A                                                1.00           45.00

03160409310000121  P0   38   00000108604131 MINNIE MOUSE                   00011111 JOHN DOE                                45.00
08/30/03-08/30/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/30/03-08/30/03 99213                  /N/A                                                1.00           45.00

03160409340000128  P0   38   00000203224151 BARNEY RUBBLE                  00011111 JOHN DOE                                45.00
08/30/03-08/30/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/30/03-08/30/03 99213                  /N/A                                                1.00           45.00

03258401140010119  P0   38   00000300854072 SCOOBY DOO                     00011111 JOHN DOE                                45.00
09/04/03-09/04/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  09/04/03-09/04/03 99213                  /N/A                                                1.00           45.00

03260401340111129  P0   38   00000303201585 WILMA FLINTSTONE               00011111 JOHN DOE                                45.00
08/30/03-08/30/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/30/03-08/30/03 99213                  /N/A                                                1.00           45.00

03111409341110261  P0   38   00000301910843 BETTY RUBBLE                   00011111 JOHN DOE                                40.00
04/10/03-04/10/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  04/10/03-04/10/03 99213                  /N/A                                                1.00           40.00

03261409140100279  P0   38   00000301910843 FRED FLINSTONE                 00011111 JOHN DOE                                45.00
08/30/03-08/30/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/30/03-08/30/03 99213                  /N/A                                                1.00           45.00

03261409340100142  P0   38   00000301846321 SCRAPPY DOO                    00011111 JOHN DOE                                45.00
08/30/03-08/30/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/30/03-08/30/03 99213                  /N/A                                                1.00           45.00

03261419140010194  P0   38   00000316749185 PETER PAN                      00011111 JOHN DOE                                60.00
08/28/03-08/28/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/28/03-08/28/03 99203                  /N/A                                                1.00           60.00

03264404340400449  P0   38   00000307593513 KERMIT THE FROG                 00011111 JOHN DOE                                45.00
08/29/03-08/29/03 01/01/01
   -LI-  --DATES OF SERV-- --PROC-------------- --TYPE/DESC------------ M1 M2 M3 M4 -REVCD- ----UNITS-- ---SUBMITTED---
      1  08/29/03-08/29/03 99213                  /N/A                                                1.00           45.00

03260407344040449  P0   38   00000321565936 WINNIE THE POOH                 00011111 JOHN DOE                                45.00
```

Provider Adjustments/Legend Page

The final page of the RA consists of Provider Adjustments and a summary of all claims that were paid/denied and suspended. The RA Financial Transactions reflect any accounts that DOM may request to be opened to receive or collect monies, from a specific healthcare provider. Funds, which may be received or collected from the health care provider, include the following:

- State-issued warrants returned by personal checks received from health care providers.
- Funds withheld against payments to health care providers according to state instruction (for example, a lien).
- Recoupment of payments to health care providers according to state instruction (for example, mass adjustments).
- Recoupment of reimbursement to health care providers to rectify overpayments.

Financial Transactions report any transaction that result in a credit balance on the provider's account. The following are the common fields for the Provider Adjustments/Legend page:

- ***Provider Adjustment*** – Provider level financial transactions; will only appear if adjustments have been applied to this RA. This is dollar amount withheld from the total payment.
- ***Date/Amt*** –Date of adjustment and the total amount of the adjustment
- ***Claim Totals*** – Totals for all categories of the RA.
- ***Status*** - Header within Claim Totals
- ***Count***- Total number specific to category
- ***SUBM Amount*** –Amount submitted by the provider
- ***Paid Amount*** –Amount paid by Medicaid
- ***Original Paid*** – New claims submitted for this cycle.
- ***Credit Adjustments*** – The total amount of credit adjustments
- ***Debit Adjustments*** – Total amount of debit adjustments
- ***Voids***- Total number of voided claims
- ***Approved Subtotal***- Subtotal of approved claims
- ***Suspended*** – Total number of suspended claims and charges
- ***Denied*** – Total number of denied claims and charges
- ***Claim Processed Total***- Total of submitted and paid amounts
- ***Provider Adjustment***-Total of the provider level adjustments
- ***Payment Total*** – Total paid amount. This total should match the total associated amount on Page 1 of the RA.
- ***Remarks Legend*** – HIPAA standard Remark Codes.
- ***EOB Legend*** – A full description of any EOBs from this RA

Provider Adjustments/Legend

PROVIDER ADJUSTMENT: TL THIRD PARTY LIABILITY REDUCTION - DEF. COMPENSATION 2003-09-26 1,000.00

CLAIM TOTALS

--------STATUS----------	---COUNT---	--SUBMITTED AMT---	------PAID AMT----
ORIGINAL PAID	23	1,080.00	922.89
CREDIT ADJUSTMENTS	0	0.00	0.00
DEBIT ADJUSTMENTS	0	0.00	0.00
VOIDS	0	0.00	0.00
APPROVED SUBTOTAL		1,080.00	922.89
SUSPENDED	34	1,595.00	
DENIED	2	200.00	
CLAIM PROCESSED TOTAL		2,875.00	922.89
PROVIDER ADJUSTMENTS			0.00
PAYMENT TOTAL			922.89

REMARKS LEGEND: MA92 Missing/incomplete/invalid primary insurance information.

EOB LEGEND: 0750 TPL - BENEFICIARY HAS PRIMARY INSURANCE COVERAGE
RESUBMIT WITH TPL-EOB

--- END OF REMITTANCE FOR PROVIDER 00011111 ---