

Medicaid Revenue

1

HOW TO CODE MEDICAID REVENUE FOR FY 2013-14 AND BEYOND

WI Department of Public Instruction

Types of Medicaid Payments

2

- **Interim SBS Billing (School Based Services)**
 - Payment for student-specific expenditures. This reimbursement is based on the billing submitted by the individual providing the direct services.

- **Medicaid Administrative Claiming (MAC)**
 - Not student specific, intended to cover administrative overhead. Payment is based on a prior year and sent in a lump sum to the receiving agency.

- **Cost Settlement (SBS)**
 - Not student specific, intended to resolve the differences between submitted claims and final eligibility.

WI Department of Public Instruction

Medicaid Payment Type	Source Code
Interim SBS Billing (School Based) <i>Code if transited through a CESA</i>	27R 000 000 780 <i>27R 000 000 581</i>
Medicaid Administrative Claiming (MAC) <i>Code if transited through a CESA</i>	10R 000 000 780 10R 000 000 581
Cost Settlement (SBS) <i>Code if transited through a CESA</i>	10R 000 000 780 10R 000 000 581

WI Department of Public Instruction 3

Location of Remittance Advice

- **Accessed through the ForwardHealth portal**
 - The Forward Health portal is different than the PCG website
<https://www.forwardhealth.wi.gov/wiportal/Home/Secure%20Site%20Login/tabId/43/Default.aspx>
- **Instructions for setting up a user to access the ForwardHealth portal (page 2):**
<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/userguides/PortalUserGuide.pdf.spage>

WI Department of Public Instruction

ForwardHealth
Wisconsin serving you

interChange
Provider

Home | Search | **Providers** | Enrollment | Claims | Prior Authorization | **Remittance Advices** | Trade Files | HealthCheck
 Site Map | Certification | User Guides

WI Department of Public Instruction 5

List of Remittance documents available

Document Results	
Document ID	Description
83113409	3/14/2014 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9794817 - 44204300 MCD
82982274	3/5/2014 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9781780 - 44204300 MCD
82913311	2/28/2014 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9774631 - 44204300 MCD
82828138	2/21/2014 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9764737 - 44204300 MCD
82367051	1/17/2014 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9481553 - 44204300 MCD
82040221	12/20/2013 - CRA-BANN-R: Remittance Advices - PHI - TXIX - 9444734 - 44204300 MCD

“Description” is the date the remittance was issued

A remittance is only available for 97 days after it was issued

Best Practice: Download and save to your own files

WI Department of Public Instruction 6

REPORT: CRA-BANN-R
RA#: 9794817
PAYER: TXIX

XXX SCHOOL DISTRICT #1
XXX
XXX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
BANNER MESSAGES

**Remittance
Generated
Date**

DATE: 03/14/2014
PAGE: 2

PAYEE ID XXXXXXXX MCD
NPI XXXXXXXXXX
CHECK/EFT NUMBER 013402389
PAYMENT DATE 03/17/2014

Check Date →

Banner Messages

- Medicaid Administrative Claiming with a Year
- Cost Settlement with a Year
- Does not say MAC or Cost Settlement – this is an Interim Payment

WI Department of Public Instruction
7

Interim SBS Payment

REPORT: CRA-BANN-R
RA#: 9794817
PAYER: TXIX

XXX SCHOOL DISTRICT #1
XXX
XXX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
PROFESSIONAL SERVICES CLAIMS PAID

DATE: 03/14/2014
PAGE: 4

PAYEE ID XXXXXXXX MCD
NPI XXXXXXXXXX
CHECK/EFT NUMBER 013402389
PAYMENT DATE 03/17/2014

--JLN--	PLN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PATN AMT OUTPAT DED
MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX			MEMBER NU.: XXXXXXXXXXXX 010214 013014	207.14 72.40	0.00 0.00	0.00 0.00	73.40 0.00
HEADER E06S: 9817							
PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS COPAY AMT	RENDERING PROVIDER BILLED AMT ALLOWED AMT	PA NUMBER PAID AMT	DETAIL E06S	
92508	IM GN	010214 010214	2.00 0.00	MLU XXXXXXXX 18.74 6.64	0.04 6.64	9817 9918	
92507	IM GN	011414 011414	2.00 0.00	MLU XXXXXXXX 56.72 20.10	20.10 20.10	9817 9918	
92508	IM GN	011614 011614	2.00 0.00	MLU XXXXXXXX 18.74 6.64	6.64 6.64	9817 9918	
92507	TM GN	012114 012114	2.00 0.00	MCD XXXXXXXX 56.72 20.10	20.10 20.10	9817 9918	
92508	TM GN	012714 012714	2.00 0.00	MCD XXXXXXXX 18.74 6.64	6.64 6.64	9817 9918	
92508	TM GN	013014 013014	2.00 0.00	MCD XXXXXXXX 18.74 6.64	6.64 6.64	9817 9918	
--TCN--							
PCN	MRN	SERVICE DATES FROM TO	RTIIFD AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PATN AMT OUTPAT DED	
MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX			MEMBER NU.: XXXXXXXXXXXX 030713 032113	170.58 860.15	0.00 0.00	0.00 0.00	60.45 0.00
WI HEADER E06S: 9817							

REPORT: CRA-SUM-R RA#: 2/2401/ PAYER: TXIX	FORWARDHEALTH INTERCHANGE WISCONSIN FORWARDHEALTH PROVIDER REMITTANCE ADVICE SUMMARY	DATE: 03/14/2014 PAGE: 32				
XXX SCHOOL DISTRICT #1 XXX XXX		PAYEE ID XXXXXXXX MCD NPI XXXXXXXXXXXX CHECK/EFT NUMBER 013397447 PAYMENT DATE 03/17/2014				
"Claims Payments" refer only to Interim Billing						
-----CLAIMS DATA-----						
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	39	3,405.88	39	3,405.88	80	7,692.11
CLAIM ADJUSTMENTS	0	0.00	0	0.00	1	0.00
TOTAL CLAIMS PAYMENTS	39	3,405.88	39	3,405.88	81	7,692.11
CLAIMS DENIED	2		2		2	
CLAIMS IN PROCESS+	0	0.00				
-----EARNINGS DATA-----						
PAYMENTS:						
CLAIMS PAYMENTS		3,405.88		3,405.88		7,692.11
CAPITATION PAYMENT		0.00		0.00		0.00
NURSE AID REIMBURSEMENTS		0.00		0.00		0.00
LEVEL ONE REIMBURSEMENTS		0.00		0.00		0.00
PAYOUTS		0.00		3,797.00		3,797.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(0.00)		(0.00)		(0.00)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(20.33)		(20.33)
NON-CLAIM SPECIFIC		(0.00)		(3,345.16)		(3,345.16)
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:						
VOIDS		(0.00)		(0.00)		(0.00)
NET PAYMENT		3,405.88		4,837.39		7,043.78
WI Department of Public Instruction		3,405.88	9	4,837.39		7,043.78

Medicaid Administrative Claim (MAC) Payment

REPORT: CRA-BANN-K RA#: 9781780 PAYER: TXIX	FORWARDHEALTH INTERCHANGE WISCONSIN FORWARDHEALTH PROVIDER REMITTANCE ADVICE BANNER MESSAGES	DATE: 03/05/2014 PAGE: 2
XXX SCHOOL DISTRICT XXX XXX		PAYEE ID XXXXXXXX MCD NPI XXXXXXXXXXXX CHECK/EFT NUMBER 013397447 PAYMENT DATE 03/06/2014
SUBJECT: Medicaid Administrative Claim 2012-13		
WI Department of Public Instruction		

CLAIMS DATA							
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT	
CLAIMS PAID	0	0.00	0	0.00	27	1,146.18	
CLAIM ADJUSTMENTS	0	0.00	0	0.00	0	0.00	
TOTAL CLAIMS PAYMENTS	0	0.00	0	0.00	27	1,146.18	
CLAIMS DENIED	0		0		0		
CLAIMS IN PROCESS+	0	0.00					
EARNINGS DATA							
PAYMENTS:							
CLAIMS PAYMENTS		0.00		0.00		1,146.18	
CAPITATION PAYMENT		0.00		0.00		0.00	
NURSE AID REIMBURSEMENTS		0.00		0.00		0.00	
LEVEL ONE REIMBURSEMENTS		0.00		0.00		0.00	
PAYMENTS		5,544.00		5,544.00		13,592.00	
ACCOUNTS RECEIVABLE:							
CLAIM SPECIFIC:							
CURRENT CYCLE		(0.00)		(0.00)		(0.00)	
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(0.00)		(0.00)	
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:							
VOIDS		(0.00)		(0.00)		(0.00)	
NET PAYMENT		5,544.00		5,544.00		14,738.18	
NET PAYMENTS		5,544.00	11	5,544.00		14,738.18	

"Payouts" refers only to MAC or Cost Settlement payments

This is the amount that is booked as a fund 10 revenue

Year to Date is CALENDAR year, not fiscal year.

RECOUPMENT

12

BECAUSE NOTHING WITH MEDICAID IS EVER SIMPLE

Sometimes a Payment is Not a Payment

13

You know to go look for a remittance if you get a check, but...

You must go out and look for a remittance corresponding to when your district does billing in case there is a payment that doesn't result in a check because of a recoupment. This payment must still be booked by the district.

WI Department of Public Instruction

Medicaid Recoupment Type	Code
Interim SBS Billing (School Based Services)	27E-971-492000-019
MAC	10E-971-492000-XXX
Cost Settlement (SBS)	10E-971-492000-XXX

WI Department of Public Instruction

14

Interim SBS Payment with Interim Recoupment

REPORT: CRA-HCAD-R
 RA#: 9774631
 PAYER: TXIX

FORWARDHEALTH INTERCHANGE
 WISCONSIN FORWARDHEALTH
 PROVIDER REMITTANCE ADVISE
 PROFESSIONAL SERVICES CLAIM ADJUSTMENTS

DATE: 02/28/2014
 PAGE: 2

XXX SCHOOL DISTRICT
 XXX
 XXX

Professional Services Claim Adjustments means there is a recoupment from prior interim payments

PAYEE ID XXXXXXXX MCD
 NPI XXXXXXXXXX
 CHECK/EFT NUMBER 00000000
 PAYMENT DATE 03/03/2014

No Check Number

--ICN--	PCN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDRWN AMT	COPAY AMT CO-INSUR	PAID AMT OUTPAT DEF
MEMBER NAME: XXXX		MEMBER NO.: XXXX					
XXXXXXXXXXXXXXXXXXXX	SLP		050713 052813	(212.70)	(0.00)	(0.00)	(76.25)
XXXXXXXXXXXXXXXXXXXX	SLP		050713 052813	(76.25)	(0.00)	(0.00)	(0.00)
				212.70	0.00	0.00	30.50
				(0.50)	(0.00)	(0.00)	(0.00)

ADJUSTMENT EOB: 8222
 HEADER EOB: 0989 9817

PROC CD...WORKING	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROVIDER	PA NUMBER	DATE	AMT	DIFFER FORS
9250Z...JM GN	050713 050713	1.50	MCD XXXXXXXX		9617	9918	15.25
		0.00	42.54				
9250Z...JM GN	051513 051513	1.50	MCD XXXXXXXX		9617	9918	15.25
		0.00	42.54				
9250Z...JM GN	052113 052113	0.00	MCD XXXXXXXX		0324	1690 9817	0.00
		0.00	42.54				
9250Z...JM GN	052413 052413	0.00	MCD XXXXXXXX		0324	1690 9817	0.00
		0.00	42.54				
9250Z...JM GN	052813 052813	0.00	MCD XXXXXXXX		0324	1690 9817	0.00
		0.00	42.54				
							OVERPAYMENT TO BE WITHHELD
							45.75

WI Department of Public Instruction TOTAL PROFESSIONAL SERVICE CLAIMS ADJ: 15.00 0.00 0.00 -15.75
 TOTAL NU. ADJ: 1 0.00

Financial Transactions Page (Interim SBS Payment with Interim Recoupment)

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000351155505	071213	76.25	30.50	45.75	8400	5013180004004	2013163017373	30.50
	TOTAL RECOUPMENT		30.50					30.50

“Original Amount” is the full amount that must be recouped due to a specific funding type over payment.

“Recoupment Amount to Date” is the amount that has been recouped of the original amount

“Balance” is the amount left to be recouped after the current payment has been made

“Amount Recouped in Current Cycle” should correspond with Financial Transactions page (but don’t rely on this number for expenditure information).

Summary Page (Interim SBS Payment with Interim Recoupment)

		-----EARNINGS DATA-----		
PAYMENTS:				
CLAIMS PAYMENTS		0.00	0.00	5,565.71
CAPITATION PAYMENT		0.00	0.00	0.00
NURSE AID REIMBURSEMENTS		0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS		0.00	0.00	0.00
PAYOUTS		0.00	0.00	17,845.34
ACCOUNTS RECEIVABLE:				
CLAIM SPECIFIC:				
CURRENT CYCLE		(30.50)	(30.50)	(30.50)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)	(0.00)	(0.00)
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:				
VOTDS		(0.00)	(0.00)	(0.00)
NET PAYMENT		0.00	0.00	23,380.55
NET EARNINGS		(0.00)	(0.00)	23,380.55

WI Department of Public Instruction

17

Financial Transactions & Summary Page (Interim SBS recoupment)

Financial Transactions

		-----ACCOUNTS RECEIVABLE-----						
A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000351155565	071213	76.25	76.25	0.00	8400	5013186004004	2013163017373	45.75
TOTAL RECOUPMENT			76.25					45.75

Summary Page

		-----EARNINGS DATA-----		
PAYMENTS:				
CLAIMS PAYMENTS		113.37	143.87	5,679.08
CAPITATION PAYMENT		0.00	0.00	0.00
NURSE AID REIMBURSEMENTS		0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS		0.00	0.00	0.00
PAYOUTS		0.00	0.00	17,845.34
ACCOUNTS RECEIVABLE:				
CLAIM SPECIFIC:				
CURRENT CYCLE		(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES		(45.75)	(45.75)	(45.75)
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:				
VOTDS		(0.00)	(0.00)	(0.00)
NET PAYMENT		67.62	67.62	23,448.17
NET EARNINGS		67.62	67.62	23,448.17

Interim SBS Payment with Non-Interim Related Recoupment

REPORT: CRA-TRAN-R
 RA#: 9764737
 PAYER: IXLX

FORWARDHEALTH INTERCHANGE
 WISCONSIN FORWARDHEALTH
 PROVIDER COMPLIANCE ADVISOR
 FINANCIAL TRANSACTIONS

DATE: 02/21/2014
 PAGE: 16

XXX SCHOOL DISTRICT
 XXX
 XXX

PAYEE ID XXXXXXXX MCD
 NPI XXXXXXXXXX
 CHECK/EFT NUMBER 00000000
 PAYMENT DATE 02/24/2014

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

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM THRU	RELATED PROVIDER ID
--------------------	---------------	-------------	------------------------	---------------------

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

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

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE
--------------------	---------------	-------------	--------------	--------------

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

ACCOUNTS RECEIVABLE

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
XXXXXXXXXXXX	013114	4,425.00	2,079.84	2,345.16	0830			2,079.84
TOTAL RECOUPMENT			2,079.84					2,079.84

Summary Page (Interim SBS Payment with MAC or Cost Settlement Recoupment)

		-----EARNINGS DATA-----		
PAYMENTS:				
CLAIMS PAYMENTS	This amount gets booked as a revenue in Fund 27, source 780	2,079.84	2,079.84	4,206.23
CAPITATION PAYMENT		0.00	0.00	0.00
NET FUND III REIMBURSEMENTS		0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS		0.00	0.00	0.00
PAYOUTS		0.00	0.00	0.00
ACCOUNTS RECEIVABLE:				
CLAIM SPECIFIC:				
CURRENT CYCLE		(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC		(2,079.84)	(2,079.84)	(2,079.84)
REFUNDS:				
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)	(0.00)	(0.00)
NON CLAIM SPECIFIC REFUNDS		(0.00)	(0.00)	(0.00)
OTHER FINANCIAL:				
VOIDS		(0.00)	(0.00)	(0.00)
NET PAYMENT		0.00	0.00	2,206.39
NET EARNINGS		(0.00)	(0.00)	2,206.39

Financial Transactions Page (MAC Payment with Interim and Cost Settlement Recoupment)

-----ACCOUNTS RECEIVABLE-----								
A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
XXXXXXXXXXXXXXXX	013114	4,425.00	4,425.00	0.00	0830			2,345.16
XXXXXXXXXXXXXXXX	022814	20.33	20.33	0.00	8400	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	20.33
TOTAL RECOUPMENT			4,445.33					2,365.49

There will be a separate line item for each recoupment.

Summary Page (Interim SBS Payment with Cost Settlement and Interim Recoupment)

-----CLAIMS DATA-----						
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	0	0.00	0	0.00	41	4,286.23
CLAIM ADJUSTMENTS	0	0.00	0	0.00	1	0.00
TOTAL CLAIMS PAYMENTS	0	0.00	0	0.00	42	4,286.23
CLAIMS UNLID	0		0		0	
CLAIMS IN PROCESS+	0	0.00				
-----EARNINGS DATA-----						
PAYMENTS:						
CLAIMS PAYMENTS		0.00		0.00		1,286.23
CAPITATION PAYMENT		0.00		0.00		0.00
NURSE AID REIMBURSEMENTS		0.00		0.00		0.00
LEVEL ONE REIMBURSEMENTS		0.00		0.00		0.00
PAYOUTS		3,797.00		3,797.00		3,797.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(0.00)		(0.00)		(0.00)
OUTSTANDING FROM PREVIOUS CYCLES		(20.33)		(20.33)		(20.33)
NON-CLAIM SPECIFIC		(2,345.16)		(2,345.16)		(4,425.00)
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
UTILITIES FINANCIAL:						
VOIDS		(0.00)		(0.00)		(0.00)
NET PAYMENT		1,431.51		1,431.51		3,637.90
NET EARNINGS		1,431.51	22	1,431.51		3,637.90

This amount gets booked as a revenue in Fund 10, source 780

This amount gets booked as an expenditure to 27-971-492000-019

Additional Guidance

23

Accounting Issues and Coding Examples

http://sfs.dpi.wi.gov/sfs_wufaracct_code_ex

- Fund 27 – Special Education
 - Medicaid Reimbursement pdf

Find a remittance example that is different and unusual? Pass it on so that we can add it to this presentation:

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