

Medicaid Revenue

1

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

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.

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

Location of Remittance Advice

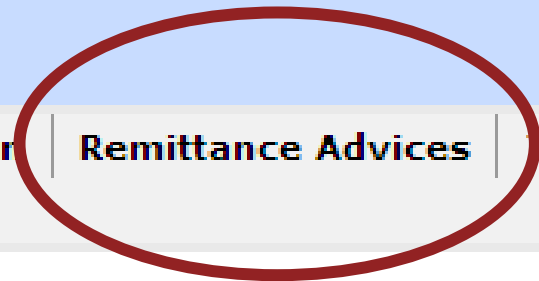
4

- 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>



interChange
Provider

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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



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
		Check Date → PAYEE ID XXXXXXXX MCD NPI XXXXXXXXXXXX CHECK/EFT NUMBER 013402389 PAYMENT DATE 03/17/2014

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

Interim SBS Payment

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

FORWARDHEALTH INTERCHANGE
 WISCONSIN FORWARDHEALTH
 PROVIDER REMITTANCE ADVICE
 PROFESSIONAL SERVICES CLAIMS PAID

DATE: 03/14/2014
 PAGE: 4

XXX SCHOOL DISTRICT #1
 XXX
 XXX

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

--ICN--	PCN	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: XXXXXXXXXXXXXXXX			MEMBER NO.: XXXXXXXXXXXXXXXX				
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXSLP			010214 013014	207.14 73.40	0.00 0.00	0.00 0.00	73.40 0.00

HEADER EOB: 9817

PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS COPAY AMT	RENDERING PROVIDER BILLED AMT ALLOWED AMT	PA NUMBER PAID AMT	DETAIL EOB
92508	TM GN	010214 010214	2.00	MCD XXXXXXXXXXXX 18.74	6.64	9817 9918
			0.00		6.64	
92508	TM GN	010914 010914	2.00	MCD XXXXXXXXXXXX 18.74	6.64	9817 9918
			0.00		6.64	
92507	TM GN	011414 011414	2.00	MCD XXXXXXXXXXXX 56.72	20.10	9817 9918
			0.00		20.10	
92508	TM GN	011614 011614	2.00	MCD XXXXXXXXXXXX 18.74	6.64	9817 9918
			0.00		6.64	
92507	TM GN	012114 012114	2.00	MCD XXXXXXXXXXXX 56.72	20.10	9817 9918
			0.00		20.10	
92508	TM GN	012314 012314	2.00	MCD XXXXXXXXXXXX 18.74	6.64	9817 9918
			0.00		6.64	
92508	TM GN	013014 013014	2.00	MCD XXXXXXXXXXXX 18.74	6.64	9817 9918
			0.00		6.64	

--ICN--	PCN	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: XXXXXXXXXXXXXXXX			MEMBER NO.: XXXXXXXXXXXXXXXX				
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXPT			030713 032113	170.58 60.45	0.00 0.00	0.00 0.00	60.45 0.00

HEADER EOB: 9817

XXX SCHOOL DISTRICT #1
 XXX
 XXX

PAYEE ID XXXXXXXXX MCD
 NPI XXXXXXXXXX
 CHECK/EFT NUMBER 013402389
 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-----

	CURRENT AMOUNT	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE AMOUNT
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)	(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)
OTHER FINANCIAL:			
VOIDS	(0.00)	(0.00)	(0.00)
NET PAYMENT	3,405.88	4,837.39	7,043.78
NET EARNINGS	3,405.88	4,837.39	7,043.78

This is the amount that is booked as a fund 27 revenue

Year to Date is CALENDAR year, not fiscal year.



Medicaid Administrative Claim (MAC) Payment

REPORT: CRA-BANN-R
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 XXXXXXXXX MCD
NPI XXXXXXXXXXXXX
CHECK/EFT NUMBER 013397447
PAYMENT DATE 03/06/2014

SUBJECT: Medicaid Administrative Claim 2012-13

	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				

“Payouts” refers only to MAC or Cost Settlement payments

-----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 EARNINGS		5,544.00		5,544.00		14,738.18

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.

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

Interim SBS Payment with Interim Recoupment

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

FORWARDHEALTH INTERCHANGE
 WISCONSIN FORWARDHEALTH
 PROVIDER REMITTANCE ADVICE
 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 XXXXXXXXX MCD
 NPI XXXXXXXXXXXX
 CHECK/EFT NUMBER 000000000
 PAYMENT DATE 03/03/2014

No Check Number

MEMBER NAME	PCN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPUTPAT DED
XXXX							
XXXXXXXXXXXXXXXXXX XXX	SLP		050713 052813	(212.70) (76.25)	(0.00) (0.00)	(0.00) (0.00)	(76.25) (0.00)
XXXXXXXXXXXXXXXXXX XX	SLP		050713 052813	212.70 30.50	0.00 0.00	0.00 0.00	30.50 0.00

ADJUSTMENT EOB: 8222

HEADER EOB: 0989 9817

PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROVIDER	PA NUMBER	DETAIL EOB
925.07	JM GN	050713 050713	1.50	MCD XXXXXXXXX	9817 9918	9817 9918
			0.00	42.54	15.25	15.25
925.07	JM GN	051513 051513	1.50	MCD XXXXXXXXX	9817 9918	9817 9918
			0.00	42.54	15.25	15.25
925.07	JM GN	052113 052113	0.00	MCD XXXXXXXXX	0324 1690 9817	0324 1690 9817
			0.00	42.54	0.00	0.00
925.07	JM GN	052413 052413	0.00	MCD XXXXXXXXX	0324 1690 9817	0324 1690 9817
			0.00	42.54	0.00	0.00
925.07	JM GN	052813 052813	0.00	MCD XXXXXXXXX	0324 1690 9817	0324 1690 9817
			0.00	42.54	0.00	0.00
OVERPAYMENT TO BE WITHHELD						45.75
TOTAL PROFESSIONAL SERVICE CLAIMS ADJ:				0.00	0.00	0.00
				-45.75	0.00	0.00

TOTAL NO. ADJ: 1

Financial Transactions Page (Interim SBS Payment with Interim 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
0000351155565	071213	76.25	30.50	45.75	8400	<u>5013186004004</u>	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	This amount gets booked as a revenue in Fund 27, source 780	30.50	30.50	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:				
VOIDS		(0.00)	(0.00)	(0.00)
NET PAYMENT		0.00	0.00	23,380.55
NET EARNINGS		(0.00)	(0.00)	23,380.55



This amount gets booked as a revenue in Fund 27, source 780

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

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)	(76.25)	(76.25)
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	67.62	67.62	23,448.17
NET EARNINGS	67.62	67.62	23,448.17

This amount gets booked as a revenue in Fund 27, source 780

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

Interim SBS Payment with Non-Interim Related Recoupment

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

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 02/21/2014
PAGE: 16

XXX SCHOOL DISTRICT
XXX
XXX

PAYEE ID XXXXXXXX MCD
NPI XXXXXXXXXXXX
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
XXXXXXXXXXXXXXXX	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	2,079.84	2,079.84	4,286.23
CAPITATION PAYMENT	gets booked as	0.00	0.00	0.00
NURSE AID REIMBURSEMENTS	a revenue in	0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS	Fund 27,	0.00	0.00	0.00
PAYOUTS	source 780	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

The \$2,079 is a cost settlement recoupment. This amount is coded to fund 10-971-492000

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 DENIED	0		0		0	
CLAIMS IN PROCESS+	0	0.00				
-----EARNINGS DATA-----						
PAYMENTS:						
CLAIMS PAYMENTS		0.00		0.00		4,286.23
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)
OTHER FINANCIAL:						
VOIDS		(0.00)		(0.00)		(0.00)
NET PAYMENT		1,431.51		1,431.51		3,637.90
NET EARNINGS		1,431.51		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 10-971-492000-019

Additional Guidance

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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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