

Provider name and billing address listed here. This will show on pages 1 and 2.

REFUNDS PLEASE MAKE REFUND CHECKS PAYABLE TO: Treasurer, State of New Hampshire

DO NOT SEND CASH

TO REQUEST A STOP PAYMENT IF PAYMENT IS NOT RECEIVED WITHIN 14 DAYS OF CHECK/EFT DATE ON RA, PROVIDER SHOULD REQUEST A STOP PAYMENT BY FAX.

THE REQUEST MUST BE ON PROVIDER LETTERHEAD AND INCLUDE: PROVIDER PAYEE NUMBER, CHECK NUMBER, CHECK AMOUNT, CONTACT NAME, CONTACT PHONE

FAX TO: 866-446-3318

PLEASE SEND ALL INQUIRIES, INCLUDING REFUNDS, TO THE ADDRESS LISTED BELOW: NH Medicaid, PO Box 20003, Concord, NH 03302-2003

OR CALL: 603-223-4774, 866-291-1674

Standard information that is on all Remittances. This does not mean that you need to send a refund check or stop payment, it just explains how to if needed.

NHMEDICAID Department of Health and Human Services Remittance Advice 12/17/2021 - 12/24/2021

Payee ID: Billing Provider ID: The provider Payee ID and Medicaid ID are listed here.

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NHMEDICAID Department of Health and Human Services Remittance Advice

PAID Member Name, Member ID, TCN, CFI, Patient Account Number, Billed Amt, Paid Amt

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

Adjustment reason codes will show why a claim may have processed a certain way. It will have an adjustment group code (CO in this case), adjustment reason code (45 in this case) and an amount that may be relevant to the code.

The paid claim section will show all claims that paid for the week. It indicates the member information and all of the lines submitted on the claim that includes the date of service, procedure codes, modifiers, units and billed and paid amounts of each line.

If a claim is denying as a duplicate claim, the duplicate TCN (Transaction Control Number, the claim number) will show here.

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NHMEDICAID Department of Health and Human Services Remittance Advice

DENIED EOB (Explanation of Benefits) codes are denial codes and show the reason why a claim has denied. A description of each code is shown at the end of the remittance advice.

Table with columns: Member Name, Member ID, TCN, CFI, Patient Account Num, Paid Amount

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

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NHMEDICAID Department of Health and Human Services Remittance Advice

Professional Crossover Member Name, Member ID, TCN, CFI, Patient Account Num, Paid Amount

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

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NHMEDICAID Department of Health and Human Services Remittance Advice

Professional Crossover Member Name, Member ID, TCN, CFI, Patient Account Num, Paid Amount

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

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NHMEDICAID Department of Health and Human Services Remittance Advice

In Process Member Name, Member ID, TCN, CFI, From Date, Thru Date, Patient Account Number, Billed Amt

Table with columns: LNN, From Date, Thru Date, Proc, M1, M2, M3, M4, Unit(s), Billed Amt, Line Status, Mcare Plate, Mcare Co. ins, Mcare Ded, Mcaid Alwd

Totals: In Process Claims = 2 \$100.00

This page will show any claims submitted that neither denied or paid, but are in process or are suspended. These claims are typically reviewed and will be set to either pay or deny manually.

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NHMEDICAID Department of Health and Human Services Remittance Advice

GRAND TOTALS - SUMMARY Professional Crossover, Medical, Grand Total

Table with columns: In Process, Fiscal Pend, Total Payment Amount

This page will show a summary of all of the claims on this remittance advice. It shows the sum of all of the claims with your total amount paid that will match your payment for the week.

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NHMEDICAID Department of Health and Human Services Remittance Advice

Calendar Year to Date Summary Total Number of Claims, Total Amount

Table with columns: Paid, Denied, In Process, Unreported 1099 Amount, Payouts

This page gives you a calendar year summary of all the claims paid, denied, and in process for the year. This is not the total of the remittance advice, but the total of all claims submitted over the course of the calendar year.

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NHMEDICAID Department of Health and Human Services Remittance Advice

Table with columns: EOB Code, Description

This page shows the EOB codes with the description of why a claim with that code denied.

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NHMEDICAID Department of Health and Human Services Remittance Advice

Table with columns: Adjustment Group Code, Description

This page shows the Adjustment Group Codes and the description of each one that are shown on each claim.

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NHMEDICAID Department of Health and Human Services Remittance Advice

Table with columns: Adjustment Reason Code, Description

This page shows the Adjustment Reason Codes and the description of each one that are shown on each claim.

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NHMEDICAID Department of Health and Human Services Remittance Advice

Table with columns: Claim Status Code, Description

This section shows a description of claim status codes. They will indicate the status of a claim if a claim inquiry transaction was submitted.

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Terminology

Billing Provider ID - The 7-digit Medicaid ID assigned to the provider who is billing the claims. This is the Medicaid ID that will receive payments from NH Medicaid.

Carrier ID - ID number assigned to insurance carriers. ID number can be determined by looking at the Carrier ID document on the NH MMIS Documents and Forms page.

Carrier Name - Name of the insurance carrier assigned to the carrier ID.

COB - Coordination of Benefits - Used to determine who pays first when 2 or more health insurance plans are responsible for paying a claim.

EOB Codes - Explanation of Benefit Codes - Remark codes that provide an explanation of the claim payment adjustment and/or disposition status.

Medicaid Allowed Amount - Maximum amount that Medicaid will pay for a service.

Member ID - The 11-digit ID number assigned to each NH Medicaid Program member.

Patient Account Number - Account number assigned to the patient by the provider.

Patient Responsibility - Portion of the claim that the patient is responsible for paying, not paid by insurance.

Payee ID - An ID number assigned to the billing provider ID. Used to identify the provider in the MMIS and make payments to that provider.

TCN - Transaction Control Number - An internal control number assigned to each claim as it is received for processing. This is the claim number.

Unreported 1099 Amount - 1099 amount that is not reportable to IRS on a 1099-MISC form. A 1099 amount is an amount that is paid to non-employees for services.

1099 Amount - 1099 Amount that is reportable to IRS on a 1099-MISC form. A 1099 amount is an amount that is paid to non-employees for services.