



# Medicaid Information Technology System

**State & Local Government Solutions**

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**Medicaid Information Technology System (MITS)**

## **Ohio MITS – Processing Voids and Adjustments Participant Guide**

**November 24, 2010**

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## Course Overview

### Overview

The goal of this course is to provide you with the foundational information required to perform tasks associated with initiating, reviewing, and releasing claim adjustments using MITS and FileNet.

### Objective(s)

After completing this course you should be able to:

- Retrieve, update, and complete single and multiple claim adjustment requests in FileNet
- Initiate a single claim adjustment or void
- Retrieve a single claim adjustment or void
- View, validate, and release a single claim adjustment
- Initiate a mass adjustment
- Retrieve a mass adjustment
- View, validate and release a mass adjustment

### Agenda

Topic	Time
Welcome and Introductions	10 minutes
Introduction to Claim Adjustments	45 minutes
Claim Adjustment Workflow Overview	60 minutes
Break	15 minutes
Adjusting or Voiding a Claim	60 minutes
Viewing, Validating and Releasing a Single Claim Adjustment	45 minutes
Break	15 minutes
Initiating a Mass Adjustment	60 minutes
Viewing, Validating and Releasing a Mass Adjustment	45 minutes

# Introduction to Claim Adjustments and Voids

## Overview

This course describes how to adjust or void single or mass claims. An adjustment is a request to change historical data or reimbursements for a **paid** claim. This course does not apply to denied claims which must be resubmitted as a new claim or portal and EDI adjustment requests (including encounter claims) which are processed automatically.

Perform adjustments, for example, to:

- Adjust data such as dates or billed amounts. This may result in additional payments to the provider or recovery of an over-payment to the provider from future earnings.
- Void a paid claim to recover payment from the provider's future earnings.
- Adjust or void a paid claim with a refunded payment from the provider due to other insurance or incorrect submission of services.
- Adjust a large amount of paid claims retroactively due to rate or policy changes.

Adjusting claims involve performing activities in FileNet and the Ohio MITS applications. You retrieve claim adjustment request forms from FileNet and perform the adjustment or void in MITS. Afterwards, record the information in FileNet.



You can only adjust **paid** claims.

## Claim Adjustment Definitions

Adjusting and voiding claims involve multiple applications. Review the definitions associated to the claim adjustment process in order to perform the necessary tasks.

<b>Term</b>	<b>Definition</b>
Captiva	Application that scans and verifies scanned data.
OCR	Optical Character Recognition (OCR), which allows Captiva software to interpret red typed data on forms.
FileNet	The database in which Electronic Data Management System (EDMS) stores all MITS application data received.
Workflow	A predefined series of manual activities triggered by a system event that follows specific steps to accomplish a given business process.
Queue	A database structure such as an inbox that holds an item to be worked, such as a scanned adjustment request form in a workflow.
ICN	Internal Control Number assigned by the system to a claim stored within EDMS.
ACN	Adjustment ICN (ACN) is a system assigned number that uniquely identifies a claim adjustment in FileNet.

## Claim Adjustment Types

An adjustment is a request to change any historical data or reimbursement for a claim. Adjustment types could be either:

- **Underpayment**- The provider seeks additional reimbursement for a claim. The net payment to the provider is the difference between the original claim amount and the adjusted claim amount.
- **Overpayment**- Ohio Health Plans (OHP) seeks to compensate for an overpayment for a claim. Due to an overpayment for a claim, OHP deducts the amount from future claim payments to the provider. After the offset processes, an accounts receivable could be established if no additional payment is made on the Remittance Advice (RA).

Adjustments are classified as **check-related (refund)** or **non-check related** with additional categories for full or partial payments.

Review the claim adjustment types below:

### Check Related Adjustment

Check related adjustment requests are cash receipts received and dispositioned as claim-specific refunds. The refunded dollar amount is posted to the specific claim as the adjustment is processed.

Check adjustment types are:

- Full Claim Refund
- Partial Claim Refund
- Claim Voids

<p><b>Check Related Adjustment</b></p> <p>Check related adjustment requests are cash receipts received and dispositioned as claim-specific refunds. When the adjustment is processed, the refunded dollar amount is posted to the specific claim.</p> <p><b>Check Adjustment Types:</b></p> <ul style="list-style-type: none"> <li>• Full claim refund</li> <li>• Partial claim refund</li> <li>• Claim voids</li> </ul>	<p><b>Non-Check Related Adjustment</b></p> <p>Non-check-related adjustments provider requests are for additional payment (an underpayment adjustment) or provider requests for offset adjustments (an overpayment adjustment). The overpayment is deducted from future claim payments.</p> <p><b>Non-Check Related Adjustment Types:</b></p> <ul style="list-style-type: none"> <li>• Underpayment adjustment</li> <li>• Overpayment full offset</li> <li>• Overpayment partial offset</li> </ul>
--	---

## Mass Adjustments

Initiate mass adjustments to apply adjustments to a large amount of claims retroactively, for example, when policy or rates change retroactively. All mass adjustment requests originate from the EDMS forms you retrieve from FileNet (9400, 9401, 9402, and 9405).

Initiating a mass adjustment request involves determining the criteria for the adjustment and specifying the appropriate parameters, for example, rates. You **must** suspend the claims identified for mass adjustments for internal review and approval **before** the changes can be applied. These claims suspend for internal review and approval before final processing in which the changes apply to the adjustment ("daughter") claims.

While single and mass adjustments share certain characteristics, for example applying only to paid claims, take note of the differences between single and mass adjustments:

### Single Adjustments and Voids

- Single adjustment requests may originate from external users, for example, providers or hospitals or from internal staff requests.
- Single adjustment requests could be submitted due to user error
- Single adjustments process one ICN at a time
- Single adjustments and voids **do not** need to be suspended for internal review and approval before the changes can be applied.
- Single adjustment FileNet forms are 6766, 6767 or 6768.

### Mass Adjustments

- Mass adjustments use specific criteria to pull claims into a batch. Instead of adjusting one ICN at a time, many claims may be processed simultaneously based on the specified criteria.
- Mass adjustments are **always** suspended for internal review and approval before the changes can be applied.
- Mass adjustment FileNet forms are 9400, 9401, 9402, or 9405.



Periodically, updates to specific data, such as pricing information or eligibility trigger automatic mass adjustments.

The criteria for selecting claims for mass adjustment processing is illustrated below:

Mass Adjustment Criteria		Claim Type Selection	
Aid Category for Medicaid coverage	<b>Aid Category</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>Type</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Claim type chosen
Recipient's state medical assistance program identification number	<b>Recipient ID</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>Diagnosis Code</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Code used to identify the primary or other diagnoses
Diagnostic Related Group (DRG)	<b>DRG</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>ESC</b> *** No rows found *** Click add to insert [Search] [delete] [add]	The edit/audit error status code (ESC) discovered on a claim during processing
The sex/gender of the recipient	<b>Gender/Age Min/Age Max</b> *** No rows found *** Click add to insert Gender: both [Min] [Max] [delete] [add]	<b>Provider Contract Selection</b> *** No rows found *** Click add to insert [Search] [delete] [add]	The provider contract and description which identifies the medical assistance programs that a provider can enroll in
The procedure code associated with the adjustment request and associated modifier(s)	<b>Procedure Modifier</b> *** No rows found *** Click add to insert [Search] [delete] [add] Modifier 1: [Search] 2: [Search] 3: [Search] 4: [Search]	<b>Health Program Selection</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Medical Assistance program
Provider identification number that uniquely identifies the provider, (could be the NPI)	<b>Provider ID/Location</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>Provider Type</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Code used to identify provider type
Code used to identify the specialty of the provider	<b>Provider Specialty</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>Region Code</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Region code associated to claim
Level Of Care (LOC) code(s)	<b>Level Of Care</b> *** No rows found *** Click add to insert [Search] [delete] [add]	<b>Revenue Code</b> *** No rows found *** Click add to insert [Search] [delete] [add]	Revenue code associated to claim

## Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

Adjustments can **only** be made to paid claims.

- A. True
- B. False

Select all scenarios that represent valid instances for performing a claim adjustment.

- A. A provider sends in a check with supporting documentation requesting a partial refund for a paid claim.
- B. OHP adjusts the reimbursement rate for radiology services for a hospital contract for 2009.
- C. The provider submits the wrong service date and needs to correct the date of service for a claim that has not yet been paid.
- D. A nursing facility submits a claim reversal request.

What is the term used to describe when OHP overpays a claim to a dentist and subsequently deducts from future claim payments?

- A. Overpayment
- B. Underpayment
- C. Claim void
- D. Claim reversal

## Summary

In this topic you learned about claim adjustment definitions, claim adjustment types, and the differences between single and mass adjustments.

## Claim Adjustment Workflow Overview

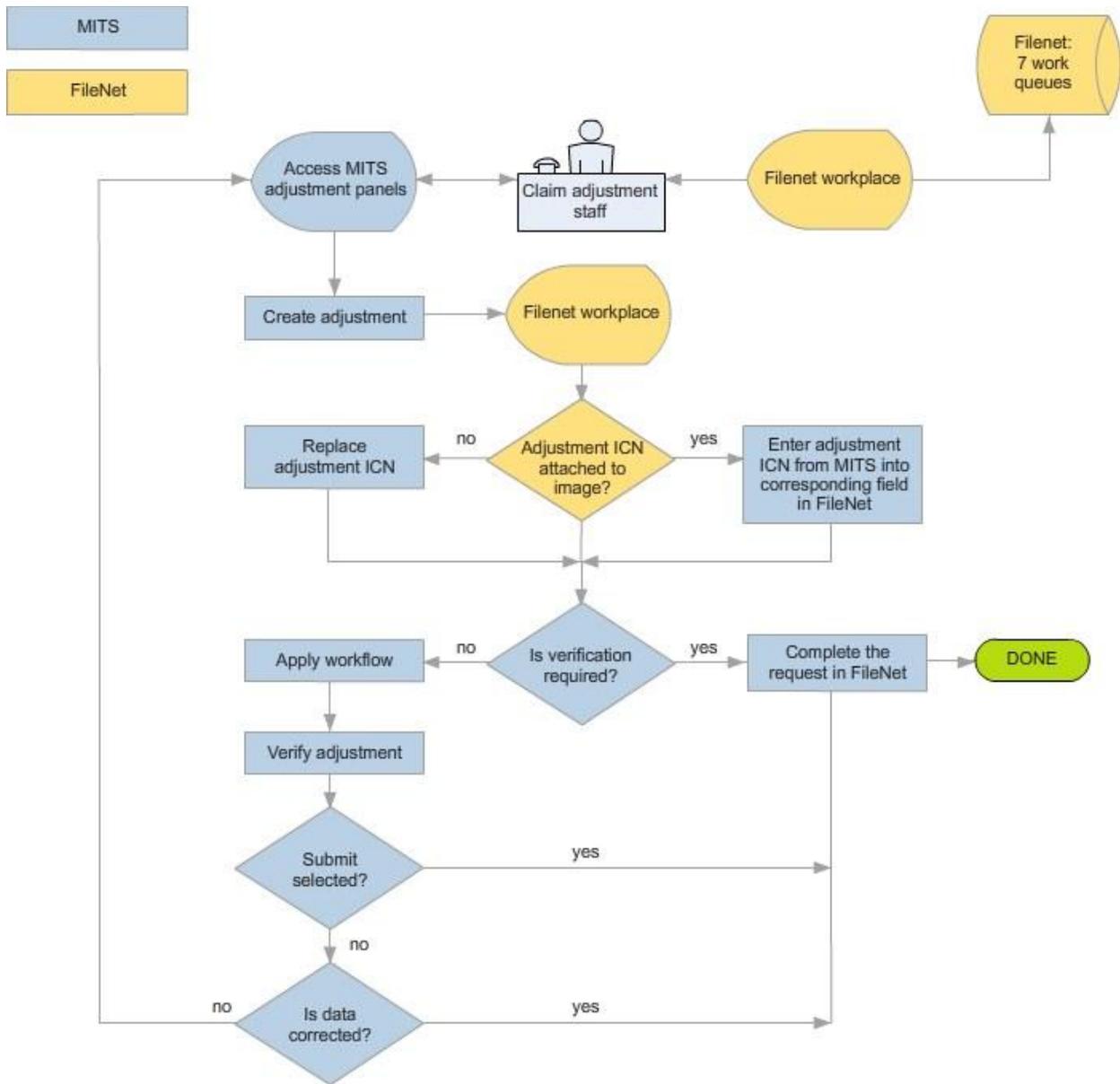
### Adjustment Workflow Overview

Claim adjustments process through a workflow cycle involving many applications. Providers submit claim adjustment requests for a variety of reasons, such as re-pricing of services, retroactive eligibility and edit modifications such as data entry errors. These adjustment requests are scanned into the Captiva system with an Internal Control Number (ICN) which becomes the adjustment record.

This flowchart illustrates the claim adjustment workflow which involves retrieving an adjustment request from FileNet, entering the adjustment into MITS, verifying the adjustment in MITS, and then completing the process by closing the FileNet request with the new adjustment ICN number. Claims are adjusted in real-time once they are released for processing.



Providers also have the flexibility to send in a check with supporting documentation, to partially refund or fully refund (void) a paid claim.



## Navigating in FileNet

As you process claim adjustments, use FileNet for your **first** and **last** steps in the process:

- Use FileNet in the **first** step to acquire the request by accessing the appropriate work queue.
- Use FileNet in the **last** step to enter the completed claim adjustment ICN from MITS to complete the FileNet request.

Review the FileNet screens to see how to access your work queue, retrieve the adjustment request, and then complete the adjustment.

**Accessing the FileNet Workplace Queue**

The screenshot shows the IBM FileNet Workplace interface. The user is logged in as 'ceadmin' on Tuesday, April 20, 2010. The 'Tasks' tab is selected in the top navigation bar. The left sidebar shows 'Public Inboxes' selected. The main content area shows a path of 'Public Inboxes > CA6766'. Below this is a filter section and a table of items found. The table has columns for Name, Step Name, Status, and Received On. Three items are listed, all with Name 'CAF6766' and Status 'In Progress'. Red boxes and numbers 1, 2, and 3 indicate the steps: 1. Click Tasks. 2. Click Public Inboxes. 3. Access the adjustment request from the queue.

Name	Step Name	Status	Received On
CAF6766	6766	In Progress	4/1/10 7:38 PM
CAF6766	6766	In Progress	4/20/10 1:27 PM
CAF6766	6766	In Progress	4/13/10 1:33 PM

1. Click **Tasks**.
2. Click **Public Inboxes**.
3. Access the adjustment request from the queue.

**Accessing the FileNet Form**

The screenshot shows the FileNet form for adjustment request CA6766. The form includes fields for Deadline, Subject, and Properties (ACN1, ACN2, ACN3). The 'Attachments' section shows an attachment named 'Adjustment\_Attachment'. A red box highlights this attachment, and a yellow callout box says 'Click to open the adjustment request attachment form'. The form also includes a Summary section with 'Launched by: ceadmin', 'Launched on: 4/20/10 1:25 PM', and 'Received on: 4/20/10 1:25 PM'. Buttons for 'Apply', 'Complete', and 'Close' are visible at the bottom right.

## Using the Attachment Panel

Properties:	
1 ACN1:	<input type="text"/>
ACN2:	<input type="text"/>
ACN3:	<input type="text"/>
ACN4:	<input type="text"/>
ACN5:	<input type="text"/>
ACN6:	<input type="text"/>
2 DOCID:	6610110000001
3 Document_Type:	6766
First_Name:	<input type="text"/>
4 ICN:	9876545678987
Last_Name:	<input type="text"/>
5 Provider_ID:	7654321
Recipient_ID:	<input type="text"/>

1. **ACN:** The MITS adjustment ICN that must be entered to complete FileNet request
2. **DOCID:** The document identification generated by Captiva
3. **Document\_Type:** The form type containing the adjustment request
4. **ICN:** The Internal Control Number associated to the parent claim being adjusted
5. **Provider ID and Recipient ID** associated to the adjustment

## Applying a Change

Views		6766	Instructions
Task	Deadline:	None specified	
Milestones	Subject:	CAF6766	
Properties:			
ACN1:	<input type="text"/>		
ACN2:	<input type="text"/>		
ACN3:	<input type="text"/>		
Attachments:			
Adjustment_Attachment			
Comments:			
<input type="text"/>			
Summary:			
Launched by: ceadmin			
Launched on: 4/20/10 1:25 PM			
Received on: 4/20/10 1:25 PM			
Click <b>Apply</b> when one or more of the adjustments requires supervisor approval or verification and is not yet complete.			<input type="button" value="Apply"/> <input type="button" value="Complete"/> <input type="button" value="Close"/>
© Copyright IBM Corp. 2002, 2008. All Rights Reserved.			

**Completing the Adjustment Request in FileNet**

6766Instructions

**Views**

Task

Milestones

**Actions**

- Move to Inbox
- Reassign
- Track Status

Deadline: None specified

Subject: CAF6766

Properties:

ACN1:

ACN2:

ACN3:

Attachments:

Adjustment\_Attachment

Comments:

Summary:

Launched by: ceadmin

Launched on: 4/20/10 1:25 PM

Received on: 4/20/10 1:25 PM

When you complete the adjustments and receive the appropriate approval/verification from your supervisor, click **Complete**.

Apply Complete Close

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## Claim Adjustment Forms

Providers submit requests using designated forms identifying the adjustment category, for example, for a single or mass adjustment. The FileNet workflow routes each type of form to its own queue for you to review.

View samples of various forms below:

Adjustment Request Form – Hospital Only																											
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Reset Form</div>																											
Ohio Department of Job and Family Services <b>ADJUSTMENT REQUEST FORM – HOSPITAL ONLY</b> *REMITTANCE ADVICE MUST BE ATTACHED																											
1. PROVIDER NAME	2. CHECK ONE		3. ONE CHECK ENCLOSED		4. BILL TYPE	5. SOURCE																					
PROVIDER ADDRESS (STREET OR BOX NUMBER)	<input type="checkbox"/> an initial request <input type="checkbox"/> a follow-up request		<input type="checkbox"/> CHECK NO. _____ <input type="checkbox"/> CHECK AMT. _____ <input type="checkbox"/> MORE THAN ONE (1) CHECK ENCLOSED			6. TOTAL NUMBER OF CLAIMS																					
(CITY, ZIP CODE)						7. CHECK ONE			<input type="checkbox"/> Medicare Crossover <input type="checkbox"/> Medicaid																		
Pay to Group Provider Number																											
National Identifier Number (10 digits)																											
Ref #																											
8. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
9. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
10. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
11. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
12. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
13. A. RECIPIENT NAME (LAST, FIRST INITIAL)		B. Dates of Service (beginning) to (ending)		C. Recipient ID # (12 digits)		D. Transaction Control Number (17 digits)		E. Medical Rec. #																			
F. PRINCIPAL DIAGNOSIS CODE		OTHER DIAGNOSES CODES		K. PRINCIPAL PROCEDURE CODE		OTHER PROCEDURE CODES		P. Amt. Refunded for Rec.																			
G. H. I. J.						L. M. N. O.																					
Include attachments and corrected bills																											
<input type="checkbox"/> Outpatient Admitted to Hospital ... <input type="checkbox"/> Duplicate Payment ... <input type="checkbox"/> Third Party Payment ... <input type="checkbox"/> Spenddown/Self pay ... <input type="checkbox"/> Paid as a Per Diem ... <input type="checkbox"/> Wrong pay rate ...		Ref. Numbers _____ _____ _____ _____ _____		<input type="checkbox"/> Codes were not keyed Correctly ... <input type="checkbox"/> Changed Codes ... <input type="checkbox"/> Deductible Not Due ... <input type="checkbox"/> Blood Replacement ... <input type="checkbox"/> Lab Serv. Not Performed ... <input type="checkbox"/> Medicare Payment ...		Ref. Numbers _____ _____ _____ _____ _____		15. REMARKS:																			
SIGNATURE OF PROVIDER REPRESENTATIVE		Telephone Number		Date																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ODJFS USE ONLY</th> <th style="width: 10%;">TCN#</th> <th style="width: 10%;">to</th> <th style="width: 10%;">TYPE</th> <th style="width: 10%;">ACCT CODE</th> <th style="width: 10%;">MMIS CODE</th> <th style="width: 10%;">RSN</th> <th style="width: 10%;">DATE UPDATED</th> <th style="width: 10%;">INITIALS</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>										ODJFS USE ONLY	TCN#	to	TYPE	ACCT CODE	MMIS CODE	RSN	DATE UPDATED	INITIALS									
ODJFS USE ONLY	TCN#	to	TYPE	ACCT CODE	MMIS CODE	RSN	DATE UPDATED	INITIALS																			
<small>JFS 06766 (Rev. 12/2006)      ADJ. REQUEST/CORRESPONDENCE (with supporting documentation, original, and one copy of form) to: O.D.J.F.S., Claims Adjustment Unit, P.O. Box 309 Columbus, Ohio 43216-0309 (telephone 614-456-5505)            Send Checks (Payable to: Treasurer, State of Ohio) with supporting documentation to: O.D.J.F.S., P.O. Box 714845 Columbus, Ohio 43271-4845.</small>																											

The 6766 form contains a single adjustment request for a hospital. Form 6766 can contain multiple recipients and up to six claims.

**Adjustment Request Form JFS 06767**

**Reset Form**

Ohio Department of Job and Family Services  
**ADJUSTMENT REQUEST FORM JFS 06767**

\*REMITTANCE ADVICE MUST BE ATTACHED

<p><b>1. PROVIDER NAME</b></p> <p>PROVIDER ADDRESS</p> <p>(CITY, ZIP CODE)</p> <p>PAY TO: GROUP PROVIDER NUMBER (7 DIGITS)</p> <p>NATIONAL PROVIDERS IDENTIFIER (10 DIGITS)</p>	<p><b>2. CHECK ONE</b></p> <p><input type="checkbox"/> an initial request</p> <p><input type="checkbox"/> a follow-up request</p>	<p><b>3. ONE CHECK ENCLOSED</b></p> <p>CHECK NO. _____</p> <p>CHECK AMT. _____</p> <p><input type="checkbox"/> PRIVATE INSURANCE</p> <p><input type="checkbox"/> OTHER</p>	<p><b>4. CLAIM TYPE</b></p> <p><input type="checkbox"/> CLINIC                      <input type="checkbox"/> INDEPENDENT LAB</p> <p><input type="checkbox"/> HOME HEALTH           <input type="checkbox"/> PHYSICIANS</p> <p><input type="checkbox"/> EPSDT                      <input type="checkbox"/> MEDICAL SUPPLIES</p> <p><input type="checkbox"/> DENTAL                    <input type="checkbox"/> VISION</p> <p><input type="checkbox"/> AMBULANCE</p> <p><input type="checkbox"/> OTHER _____</p>
<p><b>5. TOTAL NUMBER OF CLAIMS</b></p>		<p><b>6. CHECK ONE</b>    <input type="checkbox"/> Medicare Crossover    <input type="checkbox"/> Medicaid</p>	

<b>RECIPIENT INFORMATION</b>	<b>7. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>	<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____	<b>C. RECIPIENT ID#</b>	<b>D. Transaction Control Number</b>	<b>E. Prior Authorization</b>
	F. Incorrect Code/Units/Modifier	G. Correct Code/Units/Modifier	H. Reason for Refund <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other	I. Check Number	J. Check Amount
	K. Amt. Refunded for Rec.	L. Medicaid Paid	M. <input type="checkbox"/> ATTACHMENTS		
	<b>8. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>				
	<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____				
	<b>C. RECIPIENT ID#</b>				
<b>D. Transaction Control Number</b>					
<b>E. Prior Authorization</b>					
<b>F. Incorrect Code/Units/Modifier</b>					
<b>G. Correct Code/Units/Modifier</b>					
<b>H. Reason for Refund</b> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other					
<b>I. Check Number</b>					
<b>J. Check Amount</b>					
<b>K. Amt. Refunded for Rec.</b>					
<b>L. Medicaid Paid</b>					
<b>M. <input type="checkbox"/> ATTACHMENTS</b>					
<b>9. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>					
<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____					
<b>C. RECIPIENT ID#</b>					
<b>D. Transaction Control Number</b>					
<b>E. Prior Authorization</b>					
<b>F. Incorrect Code/Units/Modifier</b>					
<b>G. Correct Code/Units/Modifier</b>					
<b>H. Reason for Refund</b> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other					
<b>I. Check Number</b>					
<b>J. Check Amount</b>					
<b>K. Amt. Refunded for Rec.</b>					
<b>L. Medicaid Paid</b>					
<b>M. <input type="checkbox"/> ATTACHMENTS</b>					
<b>10. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>					
<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____					
<b>C. RECIPIENT ID#</b>					
<b>D. Transaction Control Number</b>					
<b>E. Prior Authorization</b>					
<b>F. Incorrect Code/Units/Modifier</b>					
<b>G. Correct Code/Units/Modifier</b>					
<b>H. Reason for Refund</b> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other					
<b>I. Check Number</b>					
<b>J. Check Amount</b>					
<b>K. Amt. Refunded for Rec.</b>					
<b>L. Medicaid Paid</b>					
<b>M. <input type="checkbox"/> ATTACHMENTS</b>					
<b>11. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>					
<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____					
<b>C. RECIPIENT ID#</b>					
<b>D. Transaction Control Number</b>					
<b>E. Prior Authorization</b>					
<b>F. Incorrect Code/Units/Modifier</b>					
<b>G. Correct Code/Units/Modifier</b>					
<b>H. Reason for Refund</b> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other					
<b>I. Check Number</b>					
<b>J. Check Amount</b>					
<b>K. Amt. Refunded for Rec.</b>					
<b>L. Medicaid Paid</b>					
<b>M. <input type="checkbox"/> ATTACHMENTS</b>					
<b>12. A. RECIPIENT NAME (LAST, FIRST, INITIAL)</b>					
<b>B. DATE OF SERVICES</b> (beginning) _____ to (ending) _____					
<b>C. RECIPIENT ID#</b>					
<b>D. Transaction Control Number</b>					
<b>E. Prior Authorization</b>					
<b>F. Incorrect Code/Units/Modifier</b>					
<b>G. Correct Code/Units/Modifier</b>					
<b>H. Reason for Refund</b> <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other					
<b>I. Check Number</b>					
<b>J. Check Amount</b>					
<b>K. Amt. Refunded for Rec.</b>					
<b>L. Medicaid Paid</b>					
<b>M. <input type="checkbox"/> ATTACHMENTS</b>					

<b>DEPARTMENTAL USE ONLY</b>	<b>13. REMARKS:</b>
Trans. #	
Type	ACCT. CODE
MMIS CODE	RSN
DATE UPDATED	INITIALS
SIGNATURE OF PROVIDER REPRESENTATIVE	
TELEPHONE NUMBER	DATE

JFS 06767 (Rev. 12/2008)

ADJ. REQUEST/CORRESPONDENCE (with supporting documentation, original, and one copy of form) to: O.D.J.F.S., Claims Adjustment Unit, P.O. Box 309 Columbus, Ohio 43215-0309 (telephone 614-465-5060)  
Send checks (Payable to: Treasurer, State of Ohio) with supporting documentation to: O.D.J.F.S., P.O. Box 714845 Columbus Ohio, 43271-4845.

The 6767 form contains a miscellaneous single adjustment request for a provider or hospital and can contain up to six claims per form.



### Claim Credit Reversal Form

**PLEASE DO NOT FOLD OR STAPLE ANY PART OF FORM**



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
CLAIM CREDIT REVERSAL FORM**

1. Transaction Control Number \_\_\_\_\_ 2. Pay to Medicaid Provider Number \_\_\_\_\_

3. Recipient Billing Number \_\_\_\_\_ 4. Reason Code \_\_\_\_\_ 5. From Date of Service to Date of Service \_\_\_\_\_

6. Patient Control Number \_\_\_\_\_ 7. Recipient Name \_\_\_\_\_

8. Reason for Adjustment \_\_\_\_\_ 9. Medicaid Provider Service \_\_\_\_\_

Reason for Adjustment (Enter 2 digit code in "4" above)				Provider Service (Check One)	
<b>Medicaid</b>				<input type="checkbox"/> Hospital-Inpatient	<input type="checkbox"/> Pharmacy
Third party payment (11)	Provider billing error (14)	<input type="checkbox"/> Hospital-Outpatient		<input type="checkbox"/> Medical Supplies	
Duplicate payment (16)	State processing error (07)	<input type="checkbox"/> Physician		<input type="checkbox"/> Waiver	
Medicare coverage (13)	Spend down (12)	<input type="checkbox"/> Podiatrist		<input type="checkbox"/> Chiropractor	
Collapse bill or overlap dates (02)	Payment made to wrong provider (15)	<input type="checkbox"/> Dental		<input type="checkbox"/> Home Health	
Interim bill (05)	Wrong pay rate (23)	<input type="checkbox"/> Ambulance		<input type="checkbox"/> Clinic	
<b>Medicare Crossover</b>				<input type="checkbox"/> Ambulette	
Third party payment (50)	State processing error (43)	<input type="checkbox"/> Other _____			
Duplicate payment (53)	Wrong provider (55)				
Miscellaneous (42)	Deductible or coinsurance (56)				

10. Authorization  
Authorized by (Type or print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_ Telephone \_\_\_\_\_

11. Name/Address  
Provider Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Retain **Yellow Copy**, Original send to: Ohio Department of Job and Family Services, P.O. Box 182824, Columbus, Ohio 43218-2824

JFS 06768 (Rev. 2/2001)

The 6768 form contains a claim reversal for a single claim.

### Nursing Facility Payment and Adjustment Authorization

Page \_\_\_\_\_ of \_\_\_\_\_

State of Ohio  
Ohio Department of Job and Family Services  
NURSING FACILITY PAYMENT AND ADJUSTMENT AUTHORIZATION

JFS 09400 (Rev. 12/2001)

1. MEDICAID BILLING NUMBER (12 digits)	12. DATE MEDICAID VENDOR PAYMENT TO START	MONTH	DAY	YEAR
2. Patient/Resident Name (Last, First, MI.)	13. TRANSFERRED FROM ANOTHER FACILITY, ENTER ODJFS PROVIDER NUMBER (7 digits) _____			
3. Social Security Number (9 digits)	14. MEDICAID VENDOR PAYMENT END DATE <small>Check One and Indicate Date (Medicaid Does NOT Reimburse for Day of Death)</small>			
4. Level of Care Effective Date	<input type="checkbox"/> Date Transferred to Another Facility _____ / _____ / _____ <input type="checkbox"/> Date Returned to Community _____ / _____ / _____ <input type="checkbox"/> Date Deceased _____ / _____ / _____			
<b>FACILITY INFORMATION</b>	Transferred To Facility ODJFS PROVIDER NUMBER (7 digits) _____ <input type="checkbox"/> Date Medicare Began to Pay _____ / _____ / _____ <input type="checkbox"/> Other (Explain Below) _____ / _____ / _____			
5. ODJFS PROVIDER NUMBER (7 digits)	15. PATIENT LIABILITY _____			
6. Facility Name	16. SUBMITTED FOR PAYMENT CYCLE _____			
7. Address (Street, City, Zip)	<b>ADJUSTMENTS</b>	Begin Date A	End Date B	Totals C
				Adjustment Code D
	17. Days			
	18. Patient Liability			\$
8. County	19. Patient Liability			\$
9. Facility Type <input type="checkbox"/> NF <input type="checkbox"/> ICF/MR	20. NF Leave Days at 50%	Time	am pm	Time
10. Contact Person	21. Co-Insurance			\$
11. Telephone Number (____)	22. Deductible			\$
	23. Other			
24. Explanation: _____	25. State Hearing <input type="checkbox"/>			
	Decision Date of State Hearing _____ / _____ / _____			
This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.				
PROVIDER SIGNATURE: _____		DATE: _____		

Distribution: Original white copy: LONG TERM CARE PAYMENT UNIT, MEDICAL SERVICES, 255 E. Main Street P.O. Box 162379, Columbus, Ohio 43215. Canary copy: Retained by facility. Pink copy: County Department of Job and Family Services, Nursing Home Section.

The 9400 form contains mass adjustment requests.

## Navigating in the Claim Adjustment Panels

Use MITS to create and verify the adjustment and void requests you retrieve from FileNet. Review the notes in the panels below to learn more.

**Claim Search Panel**

July 13, 2010 2:26 PM EDT

[Home](#) [Claims](#) [Drug EDI](#) [Healthcek](#) [Financial](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [Provider](#) [Recipient](#) [Reference](#) [RetroDUR](#) [TPL](#) [Security](#)

[Tools](#) [Site](#)

[home](#) [search](#) [information](#) [adjustments](#) [data corrections](#) [assignments](#) [related data](#) [encounter data](#) [eomb](#)

**Claim Search**

**Provider ID**  NPI [ Search ]

**Recipient ID**  [ Search ]

**FDOS**

**TDOS**

**ICN**

**TCN**

**Status**

**Claim Type**

**Records**

1 Type the appropriate search parameters.

2 Click **search** to display all claims that meet the search parameters.

**Search Results**

ICN	Recipient ID	Provider ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
4107248507605	<a href="#">551776510679</a>	8510022489	NPI	08/02/2007	08/02/2007	CMS 1500 CLAIMS	PAID		
4107306825766	<a href="#">140783200678</a>	8510022489	NPI	08/23/2007	08/29/2007	CMS 1500 CLAIMS	PAID		
4107306756097	<a href="#">859382227266</a>	8510022489	NPI	08/30/2007	09/04/2007	CMS 1500 CLAIMS	PAID		
4107248498807	<a href="#">902294361171</a>	8510022489	NPI	07/25/2007	07/27/2007	CMS 1500 CLAIMS	PAID		
4107248568535	<a href="#">850858989166</a>	8510022489	NPI	08/16/2007	08/16/2007	CMS 1500 CLAIMS	PAID		
4107248568937	<a href="#">850029459666</a>	8510022489	NPI	08/16/2007	08/16/2007	CMS 1500 CLAIMS	PAID		
4107339237886	<a href="#">901151171929</a>	8510022489	NPI	10/29/2007	11/02/2007	CMS 1500 CLAIMS	PAID		
4107339247964	<a href="#">853257984566</a>	8510022489	NPI	11/13/2007	11/13/2007	CMS 1500 CLAIMS	PAID		
4009028105328	<a href="#">964718456670</a>	8510022489	NPI	12/10/2008	12/10/2008	CMS 1500 CLAIMS	PAID	02/04/2009	\$80.00 \$31.99
4107248510014	<a href="#">850021973466</a>	8510022489	NPI	07/26/2007	07/26/2007	CMS 1500 CLAIMS	PAID		
4107306764710	<a href="#">850581003366</a>	8510022489	NPI	09/04/2007	09/04/2007	CMS 1500 CLAIMS	PAID		
4107306764581	<a href="#">861776454979</a>	8510022489	NPI	09/06/2007	09/06/2007	CMS 1500 CLAIMS	PAID		
4107307008036	<a href="#">853230429766</a>	8510022489	NPI	10/02/2007	10/02/2007	CMS 1500 CLAIMS	PAID		
4107338961482	<a href="#">861776454979</a>	8510022489	NPI	10/11/2007	10/11/2007	CMS 1500 CLAIMS	PAID		
4009028105329	<a href="#">854411489166</a>	8510022489	NPI	11/17/2008	11/17/2008	CMS 1500 CLAIMS	PAID	02/04/2009	\$80.00 \$31.99
4107248243834	<a href="#">850787027666</a>	8510022489	NPI	07/24/2007	07/24/2007	CMS 1500 CLAIMS	PAID		
4107248574078	<a href="#">853757984566</a>	8510022489	NPI	08/16/2007	08/16/2007	CMS 1500 CLAIMS	PAID		
4107306762921	<a href="#">853230429766</a>	8510022489	NPI	08/29/2007	08/29/2007	CMS 1500 CLAIMS	PAID		
4107306757936	<a href="#">852295044966</a>	8510022489	NPI	08/25/2007	08/26/2007	CMS 1500 CLAIMS	PAID		
4107338953849	<a href="#">852735874666</a>	8510022489	NPI	09/06/2007	09/06/2007	CMS 1500 CLAIMS	PAID		

1 2 Next >

Only paid claims can be adjusted. If a claim is denied or suspended, it cannot be adjusted.

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 Medicaid Information  
Technology System

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**Physician Claim Panel**

Next Search By: ICN  search clear

---

Physician Claim Top Nav ? A X

**1** ICN 4009028105328 Verify that the correct claim is displaying in the paid header of the selected claim.

* Recipient ID 964718456670 Last Name WAGONER First Name HARRIET DOB 09/25/1988 Medicaid ID 964718456670 Cert # <input type="text"/> MRN <input type="text"/> RA Number 825801 Referral Number <input type="text"/>	Prov Spec OBSTETRICS AND GYNE Ref Prov1 ID 8318915018 NPI [ Search ] Ref Prov2 ID <input type="text"/> [ Search ] Signature NO Accident NO PAN 7577727828 Submitter ID <input type="text"/> PA Number <input type="text"/>	* Status PAID * FDOS 12/10/2008 * TDOS 12/10/2008 Hosp FDOS <input type="text"/> Hosp TDOS <input type="text"/> Accident Date <input type="text"/> * Date Billed 01/28/2009 Copay Code <input type="text"/> Date Paid 02/04/2009 Attachment NO Txn Type <input type="text"/> ClaimDiagnosis 1 - 30981	Details 1 Billed \$80.00 Net Billed \$80.00 Header TPL \$0.00 Total Detail TPL \$0.00 TPL Rec Amt \$0.00 Spenddown \$0.00 Copay \$0.00 Paid \$63.98 Reimbursed \$31.99
---	---	--	---

[Copy](#)

---

Physician Claim Precis Top Bot ? X

Select an area to add or modify

PhysicianClaim DetailInformation	Additional Claim Information Cash Disposition Data Correction Note EOB Location REF Inquiry (PA/ICN)	Adjustment Information Check Decision Rules Error Medicare Information Related History	Attachment Claim Certification Information Diagnosis Expecting Date Misc Information Submitted Data	CAS Inquiry Claim Notes Display TCN Health Program Prior Authorization
-------------------------------------	---	---	--	--

**2** [adjust](#) Click **adjust** to specify an adjustment.

---

Claim Detail Top Nav ? A X

Detail Number	1	Status	PAID	FDOS	12/10/2008	Billed Amt	\$80.00
Procedure	90862	Diagnosis Ind	1	TDOS	12/10/2008	TPL Submitted Amt	\$0.00
Units Billed	1.00	Modifier1		PDS	11	Allowed Amt	\$31.99
Units Allowed	1.00	Copay Amt		Modifier2	20-	Revd Prov ID	8510022489 NP1



Adjustment Request			
Next Search By: Request Number		<input type="text"/>	<input type="button" value="search"/> <input type="button" value="clear"/> <input type="button" value="adv search"/>
Adjustment Information			
Request Number	5010194023	Claim Count	0
Entry Status		Entry Date	07/13/2010
User ID		Original Amount	\$0.00
		Adjustment Amount	\$0.00
		Net Paid Amount	\$0.00
Claim Adjustment		Select an area to add or modify	
Adjustments		Net Verification	
<input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="new mass"/>		<input type="button" value="Print"/> <input type="button" value="Top"/> <input type="button" value="Bot"/> <input type="button" value="Help"/>	
Adjustment Request			
Request Number	5010194023	*Batch Number	023
Region Code	50 ADJUSTMENTS - NON-CHECK RELATED	*Adjustments in Request	0
Complete the request then select Save to add the new Adjustments			
*** No rows found ***			
Click Add button for new record; Click Adjust Claim button to adjust the claim			
1	Adjustment ICN	5010194023001	History Only Amount / TPL Amount
	Original ICN	4009028105328	Recipient ID
	Action Code	A - Reprocess entire claim	*Provider ID
2	Verify	Do Not Verify	CCN
	Adjustment Reason Code		Reason Code Description
3			<input type="button" value="add"/> <input type="button" value="adj claim"/>

1. View the original and new adjustment ICN.
2. Verify before or after batch to view and approve adjustment.
3. Specify the reason for the adjustment.

### Adjustment Detail for Claim Line Item

**Physician Claim**    **Select an area to add or modify**    Prefs Top Bot ?

PhysicianClaim DetailInformation	Additional Claim Information Cash Disposition Data Correction Note EOB Location REF Inquiry (PA/ICN)	Adjustment Information Check Decision Rules Error <span style="color: #ff9900;">Medicare Information</span> Related History	Attachment Claim Certification Information Diagnosis Expecting Date Misc Information Submitted Data	CAS Inquiry Claim Notes Display TCN Health Program Prior Authorization
-------------------------------------	---	--	--	--

The following messages were generated:

Message Description	Panel	Field	Row
Physician Claim - Save was Successful	Save was successful	Physician Claim	

**Claim Detail**    Top Nav ? A X

Detail Number	1	Status	SUSPENDED	FDO5	12/10/2008	Billed Amt	\$80.00
Procedure	90862	Diagnosis Ind	1	TDOS	12/10/2008	TPL Submitted Amt	\$10.00
Units Billed	1.00	Modifier1		POS	11	Allowed Amt	\$0.00
Units Allowed	1.00	Copay Amt	\$0.00	Modifier2		Render Prov ID	8510022489 NPI
Modifier3		Ref Prov1 ID	8318915018 NPI	Render Prov Type	20- PHYSICIAN/OSTEOPATH, INDIVIDUAL	System	NO
Modifier4		Ref Prov2 ID	8318915018 NPI	Render Prov Spec	OBSTETRICS AND GYNECOLOGY	ClaimCheck	
EPSDT Ref		EPSDT/Fam Plan		Emergency	NO		

Specify line item to adjust    Type changes below.   

Detail #	1	Status	SUSPENDED	*FDO5	12/10/2008		
*Procedure	90862 [ Search ]	Diagnosis Ind	1	*TDOS	12/10/2008	Billed Amt	\$80.00
Units Billed	1.00	Modifier 1	[ Search ]	*POS	11 [ Search ]	TPL Submitted Amt	\$10.00
Units Allowed	1.00	Modifier 2	[ Search ]	Render Prov ID	8510022489 NPI [ Search ]	Allowed Amt	\$0.00
Emergency	NO	Modifier 3	[ Search ]	Render Prov Type	20-PHYSICIAN/OSTEOPATH,	Copay Amt	\$0.00
System	NO	Modifier 4	[ Search ]	Render Prov Spec	OBSTETRICS AND GYNECOLC		
EPSDT Ref		Ref Prov1 ID	8318915018 NPI [ Search ]	Ref Prov2 ID	8318915018 MCD [ Search ]		
EPSDT/Fam Plan							
ClaimCheck							

Field entry boxes indicate which fields may be adjusted.



**Adjustment Detail for Claim Line Item**

Adjustment Information			
Request Number	5010194023	Claim Count	0
Entry Status		Entry Date	07/13/2010
User ID		Original Amount	\$31.99
		Adjustment Amount	\$0.00
		Net Paid Amount	\$31.99

Claim Adjustment	
<b>Net Verification</b>	Click to verify the adjustment.

Adjustment Request	
Request Number	5010194023
Region Code	50 ADJUSTMENTS - NON-CHECK RELATED
*Batch Number	023
*Adjustments in Request	0

Complete the request then select **Save** to add the new Adjustments

Adjustment ICN	Original ICN	CCN	History Only TPL Amt	Verify	Action Code	EOB Code	Reason Code Description
5010194023001	4009028105328		\$0.00	B	A	8200	TPL PRIVATE HEALTH INSURANCE - CARRIER

Click Add button for new record; Click Adjust Claim button to adjust the claim

Adjustment ICN	5010194023002	History Only Amount / TPL Amount	
Original ICN	<input type="text"/> [Search]	Recipient ID	<input type="text"/>
Action Code	A - Reprocess entire claim	*Provider ID	<input type="text"/>
Verify	Do Not Verify	CCN	<input type="text"/> [Search]
Adjustment Reason Code	<input type="text"/> [Search]	Reason Code Description	<input type="text"/>

Net Verification															
Action Code	Original ICN	Adjustment ICN	Original Amount	Adjusted Amount	Net Amount	Adjusted Status	New Claim Status	CCN	ARC	User ID	Provider ID	Recipient ID	Claim Type	FDOS	TDOS
All	4009028105328	5010194023001	\$31.99	\$0.00	\$31.99	Suspended	EXECUTE	8200		6510022489	NP1	764728456670	M	12/10/2008	

Original ICN	4009028105328	*Adjustment Status	<input type="text"/>
Adjustment ICN	5010194023001		

Review details in the **Net Verification** panel.

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**Ohio** | Medicaid Information  
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Mass Adjustment			
Next Search By: Request Number		<input type="text"/>	<input type="button" value="search"/> <input type="button" value="clear"/> <input type="button" value="adv search"/>
Mass Adjustment Information			
Request Number	5208073001	Claim Count	0
Entry Status		Entry Date	03/13/2008
Adjustment Reason Code	9364	CCN	
Verify	B	Original Amount	\$0.00
		Adjustment Amount	\$0.00
		Net Paid Amount	\$0.00
Mass Claim Adjustment		Select an area to add or modify	
Adjustments		Mass Adjustment Criteria    Mass Net Verification	
<input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="new single"/>		<input type="button" value="new mass"/> <input type="button" value="Click to initiate new mass adjustment."/>	
Mass Adjustment Entry			
Mass Request Number	5208073001	Region Code	S2 MASS ADJUSTMENTS - NON-CHECK RELATED
Service Date	02/01/2005    02/28/2005	Entry Date	03/13/2008
Payment Date		CCN	<input type="text"/> [ Search ]
* Adjustment Reason Code	9364 [ Search ]	Reason Code Description	RETRO RATE ADJUST COLLECTION
Entry Status	Submitted	Verify	B - Suspend before CE
* Check Related	No		
Description	<input type="text"/>		
			<input type="button" value="remove request"/>

Complete the request then select Save to add the new Adjustments

**Mass Net Verification**

Mass Claim Adjustment
Select an area to add or modify
Prefs Top Bot ? A X

Adjustments

Mass Net Verification

1 Click to verify the mass adjustment.

save
cancel
new single
new mass

The following messages were generated:

Message Description	Panel	Field	Row
Mass Adjustment Entry - Save was Successful	Mass Adjustment Entry		

Mass Adjustment Entry
Top Nav ? A X

Mass Request Number: 5208044001

Service Date: 05/01/2007 05/31/2007

Payment Date:

Adjustment Reason Code: 9301 [ Search ]

Entry Status: Finalized

Check Related: No

Description:

Region Code: 52 MASS ADJUSTMENTS - NON-CHECK RELATED

Entry Date: 02/13/2008

CCN:  [ Search ]

Reason Code Description: TPL MPI RELATED

Verify: A - Suspend after CE

Complete the request then select **save** to add the new Adjustments.

Mass Net Verification
Top Nav ? A X

Action Code	Original ICN	Adjustment ICN	Original Amount	Adjusted Amount	Net Amount	Adjusted Status	New Claim Status	CCN	ARC	User ID	Provider ID	Recipient ID	CL
<input type="checkbox"/>	All	2008031604295	\$0	\$0	\$0	Suspended			9301			103161186499	
<input type="checkbox"/>	All	2008032604157	\$0	\$0	\$0	Suspended			9301			103161186499	
<input checked="" type="checkbox"/>	All	2008032604163	\$0	\$0	\$0	Suspended			9301			103161186499	
<input type="checkbox"/>		2008032604167	\$0	\$0	\$0	Processed			9301			103161186499	
Totals:			\$0.00	\$0.00	\$0.00								

2 Select checkbox associated to adjustment.

Original ICN: 2008032604163
\* Adjustment Status:

Adjustment ICN:

3 Click appropriate action button.

resubmit all
resubmit selected
data correct
delete all
delete selected

## Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

After a claim adjustment or void is complete in MITS, record the adjustment ICN number in FileNet in the corresponding \_\_\_\_\_ field.

- A. ICN
- B. ACN
- C. Doc ID
- D. OCR

You **cannot** complete an adjustment or void request in FileNet until the adjustment or void is verified and completed in MITS. After you click **complete** in FileNet the request disappears from the queue.

- A. True
- B. False

Access a claim adjustment request in \_\_\_\_\_ to identify the \_\_\_\_\_ of the claim that you need to adjust or void.

- A. Captiva, ACN
- B. Workflow, ICN
- C. FileNet, ICN
- D. MITS, OCR

Which of the following forms would contain a request for a single claim adjustment or void? Select all that apply.

- A. 9400
- B. 6766
- C. 6768
- D. 9404

Before you complete a claim adjustment, review verification details in the \_\_\_\_\_ panel.

- A. Claim Search
- B. Adjustment Request
- C. Adjustment Detail
- D. Net Verification

# Adjusting or Voiding a Claim

## Overview

### What

This task describes how to void or adjust a paid claim in MITS. Adjustments are changes to paid claims to correct or update data such as dates of service or units. A void is a claim that needs to be negated. You must coordinate your activities in MITS with FileNet. For example, after you complete an adjustment in MITS, type the corresponding adjustment ICN number in the ACN field in the FileNet request.

### Who

The Claim Adjustment staff perform this task.

### When

Perform this task after you retrieve an adjustment request from FileNet.

### Relevance

This task allows you to process paper adjustment and refund requests from providers and internal staff to correct or void a claim.

### Requirements

In order to complete this task:

- You **must** be authorized to access the FileNet work queue containing the adjustment request form.
- You **must** retrieve a completed scanned adjustment request form with the information that needs to be corrected.
- You **must** be working with a paid claim.

## Guidelines

To perform this task, be aware of the following guidelines:

- Complete the FileNet request **after** you verify and complete the adjustment in MITS. After a FileNet adjustment request is complete, you **cannot** modify the request.
- Open the scanned adjustment request in FileNet to ensure you complete all adjustment requests.

**Note:** A scanned claim adjustment form in FileNet (6766 or 6767) can contain up to six adjustment requests for a provider or hospital.

- Adjustments and voids only apply to the most recent version of a claim.
- For adjusted or voided claims, the original claim information remains unchanged and is part of claims history.
- Review the adjustment detail to confirm there is no existing adjustment against the claim.
- You can adjust claims in a **Paid** status that have not been processed through the financial cycle.

## How To

Follow these steps from the MITS home page to adjust or void a claim:

Step	Action								
1	<p>Retrieve the adjustment request in FileNet:</p> <ol style="list-style-type: none"> <li>Retrieve the adjustment request form, for example, 6766 document from the appropriate queue using the <b>Tasks</b> or <b>Browse</b> tab.</li> <li>Click the request form name, for example, CAF6766. <b>Note:</b> The status will be in progress.</li> <li>Open the adjustment attachment link to retrieve all the adjustment requests associated to that form. <b>Note:</b> There may be up to six individual adjustment requests for the 6766 or 6767 forms.</li> </ol>								
2	Log into <b>MITS</b> and select <b>search</b> from the <b>Claims</b> drop-down list.								
3	<p>To search for the claim, perform the following steps:</p> <table border="1"> <thead> <tr> <th>TO search by:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Provider ID</td> <td> <ol style="list-style-type: none"> <li>Type the provider ID in the <b>Provider ID</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol> </td> </tr> <tr> <td>Recipient ID</td> <td> <ol style="list-style-type: none"> <li>Type the recipient ID in the <b>Recipient ID</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol> </td> </tr> <tr> <td>Original claim ICN number</td> <td> <ol style="list-style-type: none"> <li>Type the original claim ICN number in the <b>ICN</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol> </td> </tr> </tbody> </table>	TO search by:	THEN:	Provider ID	<ol style="list-style-type: none"> <li>Type the provider ID in the <b>Provider ID</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol>	Recipient ID	<ol style="list-style-type: none"> <li>Type the recipient ID in the <b>Recipient ID</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol>	Original claim ICN number	<ol style="list-style-type: none"> <li>Type the original claim ICN number in the <b>ICN</b> field.</li> <li>Select the status <b>P-Paid</b> from the <b>Status</b> drop-down list.</li> <li>Click <b>search</b>.</li> </ol>
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4	Click the Claim ICN number to display the <b>Claim Information</b> panel and <b>Claim Detail</b> panel.								
5	Click <b>adjust</b> .								
6	<p>To initiate an adjustment or void, complete the following steps:</p> <ol style="list-style-type: none"> <li>Type the batch number in the <b>Batch Number</b> field.</li> <li>Type the total number of claims to adjust in the <b>Adjustments in Request</b></li> </ol>								

	<p>field.</p> <p>c. Click <b>save</b>.</p>						
7	<p>To add a new adjustment, complete the following steps:</p> <ol style="list-style-type: none"> <li>Click <b>add</b> to add a new adjustment and to activate the <b>Adjustment</b> panel fields.</li> <li>Select the appropriate region code from the <b>Region Code</b> drop-down list.</li> <li>Type the total number of claims to adjust in the <b>Adjustments in Request</b> field.LI&gt;</li> <li>Confirm that all required fields are completed, for example, the recipient and provider ID and click <b>save</b>. STRONG&gt;Note: The ICN number that displays in the <b>Adjustment ICN</b> field will need to be entered in the FileNet request.</li> <li>Select the appropriate action code from the <b>Action Code</b> drop-down list.</li> <li>Specify whether you will verify the claim adjustment prior to releasing for payment by selecting the appropriate verify option from the <b>Verify</b> drop-down list. Select either: <ul style="list-style-type: none"> <li>- <b>Do not verify</b></li> <li>- <b>B – Suspend before CE</b></li> <li>- <b>A – Suspend after CE</b></li> </ul> <p><b>Note:</b> If you select <b>Suspend after CE</b>, you cannot complete the FileNet request until after you complete the verification which occurs after the request is processed through the claims engine.</p> </li> <li>Type the reason code for the adjustment in the <b>Adjustment Reason</b> code field.</li> <li><b><u>IF the request is check-related</u></b>, type the Cash Control Number (CCN) in the <b>CCN</b> field.</li> </ol>						
8	<p>Click <b>adj claim</b> to display the claim detail in the <b>Data Corrections</b> panel.</p> <p><b>Note:</b> A voided claim will update to a <b>denied</b> claim status.</p>						
9	<p>Adjust the claim by following these steps:</p> <table border="1" data-bbox="371 1339 1377 1793"> <thead> <tr> <th style="background-color: #ffffcc;">TO:</th> <th style="background-color: #ffffcc;">THEN:</th> </tr> </thead> <tbody> <tr> <td>Adjust the total claim</td> <td> <ol style="list-style-type: none"> <li>Select an area in the claim to add or modify by clicking the area to add or modify in the <b>Physician Claim</b> panel, for example, the <b>Billed Amount</b> field.</li> <li>Update the applicable fields.</li> <li>Click <b>save</b> to add the new adjustment.</li> </ol> </td> </tr> <tr> <td>Adjust detail on the claim</td> <td> <ol style="list-style-type: none"> <li>Click the <b>Physician Claim</b> detail area to modify, for example, Medicare information.</li> <li>Type the line number in the <b>Go To</b> field or click the detail row number to activate the detail fields to change.</li> <li>Update the applicable field(s).</li> </ol> </td> </tr> </tbody> </table>	TO:	THEN:	Adjust the total claim	<ol style="list-style-type: none"> <li>Select an area in the claim to add or modify by clicking the area to add or modify in the <b>Physician Claim</b> panel, for example, the <b>Billed Amount</b> field.</li> <li>Update the applicable fields.</li> <li>Click <b>save</b> to add the new adjustment.</li> </ol>	Adjust detail on the claim	<ol style="list-style-type: none"> <li>Click the <b>Physician Claim</b> detail area to modify, for example, Medicare information.</li> <li>Type the line number in the <b>Go To</b> field or click the detail row number to activate the detail fields to change.</li> <li>Update the applicable field(s).</li> </ol>
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			d. Click <b>save</b> to add the adjustment.
10	Complete the claim adjustment or void by following these steps:		
	<b>TO:</b>	<b>THEN:</b>	
	Release a claim that was suspended	Select <b>Execute</b> from the <b>Status</b> drop-down list and click <b>save</b> .	
	Resubmit a claim to process through a batch run	Select <b>Resubmit</b> from the <b>Status</b> drop-down list.	
11	Return to the FileNet Workplace panel adjustment request and complete the adjustment request:		
	a. Type the associated ICN numbers to the corresponding adjustment request <b>ACN</b> field.		
	b. Provided that the adjustment has been completed and executed, click <b>Complete</b> and <b>Close</b>		
	OR		
	If the adjustment is not yet complete or verified in MITS, click <b>Apply</b> and <b>Close</b> .		

## Practice - Adjust a Single Claim Date of Service

### Adjust a single claim FDOS using this information:

- **FileNet Form** – Assigned by the Instructor
- **Verify - B** – Suspend Before CE
- **TDOS** - One day after the day currently listed
- **TDOS** - One day after the day currently listed
- **Date Billed** - One day after the day currently listed

Training ID	ICN	Provider	Recipient	Batch Number
Train1	4009160001261	8439188403	131054086078	10
Train2	4009098000575	8813959091	120488155378	11
Train3	4009105108112	8621209445	906066915378	12
Train4	4009082000110	8813959091	836566892778	13
Train5	4009091143641	8580617616	855748266366	14
Train6	4009105108129	8621209445	854716846566	15
Train7	4009163005643	8540355021	854716846566	16
Train8	4009126131946	8621209445	853393788366	17
Train9	4009147102655	8479565587	852882972166	18
Train10	4009160001247	8277635681	851248362366	19
Train11	4009082000109	8661697099	851275938266	20
Train12	4009098000563	8661697099	850049414566	21
Train13	4009093078564	8813949934	859324570466	22
Train14	4009167040820	8540355021	859847262466	23
Train15	4009015046990	8813959091	508787540178	24
Train16	4009063092680	8621209445	901842034279	25
Train17	4009063154233	8116978409	836438531678	26
Train18	4009064000294	8661697099	855839815966	27
Train19	4009076034693	8338374078	855736358366	28

Train20	4009016045287	8813959091	853399366966	29
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**Note:** Do not execute the adjustment. You will retrieve the adjustment in the next exercise.

After you successfully save the adjustment: record the ICN number for the next practice:

\_\_\_\_\_.

## Practice - Adjust a Single Claim Billed Amount

### Adjust a single claim billed amount using this information:

- **FileNet Form** – Assigned by the Instructor
- **Verify - B** – Suspend Before CE
- **Billed amount adjustment** – 100 dollars over current amount
- **Net Billed adjustment** - 100 dollars over current amount

After you successfully save the adjustment: record the ICN number for the next practice:

\_\_\_\_\_.

Training ID	ICN	Provider	Recipient	Batch Number
Train1	4009037076313	8601991487	758797117157	30
Train2	4009051543550	8601991487	758797117157	31
Train3	4009070113705	8601991487	758797117157	32
Train4	4009070113700	8601991487	758797117157	33
Train5	4009070113703	8601991487	758797117157	34
Train6	4009048249946	8601991487	758797117157	35
Train7	4009023401661	8601991487	758797117157	36
Train8	4009037077630	8601991487	758797117157	37
Train9	4009058078347	8601991487	758797117157	38
Train10	4009076072952	8601991487	758797117157	39
Train11	4009076072951	8601991487	758797117157	40
Train12	8601991487	8601991487	758797117157	41
Train13	4009076072950	8601991487	758797117157	42
Train14	4009055088769	8601991487	758797117157	43
Train15	4009170026349	8601991487	758797117157	44
Train16	4009168050334	8601991487	758797117157	45
Train17	4009166116329	8601991487	758797117157	46
Train18	4009160028702	8601991487	758797117157	47

Train19	4009168158934	8601991487	758797117157	48
Train20	4009161040873	8601991487	758797117157	49

After you successfully save the adjustment: record the ICN number for the next practice:

\_\_\_\_\_.

## Practice - Adjust a Claim with a CCN Number

Adjust a claim with a check (CCN Number) using this information:

- **FileNet Form** – Assigned by the Instructor
- **Verify - B** – Suspend Before CE

**Note:** Save the adjustment. Do **not** execute the adjustment. You will retrieve the adjustment in the next exercise and resubmit the adjustment.

After you successfully save the adjustment, record the ICN number for the next practice:

Training ID	ICN	Provider	Recipient	CCN	Batch Number
Train1	4009030060773	8186682847	854558988766	000400216	50
Train2	4009035152328	8186682847	130074642878	000400217	51
Train3	4009028077276	8439278394	076774731979	000400218	52
Train4	4009030060535	8439278394	071789864179	000400219	53
Train5	4009028077275	8439278394	854288739266	000400220	54
Train6	4009028077292	8439278394	850393826766	000400221	55
Train7	4009029063363	8439278394	086788792379	000400222	56
Train8	4009034085855	8439278394	490786618678	000400223	57
Train9	4009034085846	8439278394	855249795766	000400224	58
Train10	4009036061712	8439278394	076774731979	000400225	59
Train11	4009028077276	8439278394	853952971666	000400226	60
Train12	4009029063360	8439278394	854288739266	000400227	61
Train13	4009028077275	8439278394	759568477557	000400228	62
Train14	4009093036260	8631255627	851001800366	000400229	63
Train15	4009093036263	8631255627	759568477457	000400230	64
Train16	4009163003599	8631255627	851001800366	000400231	65
Train17	4009093036262	8631255627	759568477557	000400232	66

Train18	4009156039743	8631255627	759568477557	000400233	67
Train19	4009146132167	8631255627	759568477557	000400234	68
Train20	4009093036262	8631255627	851001800366	000400235	69

## Practice - Void a Claim

### Void a claim using this information:

- **FileNet Form** – 6768
- **Verify** - B – Do Not Verify

After successfully voiding the adjusted claim and validating the paid claim has been denied, record the ICN number for the next practice: \_\_\_\_\_.

<b>Training ID</b>	<b>ICN</b>	<b>Batch Number</b>
Train1	4009037076313	70
Train2	4009168049359	71
Train3	4009168049360	72
Train4	4009170015245	73
Train5	4009170026349	74
Train6	4009170015285	75
Train7	4009170015286	76
Train8	4009168052164	77
Train9	4009163034428	78
Train10	4009163034427	79
Train11	4009163016153	80
Train12	4009169032150	81
Train13	4009170010413	82
Train14	4009160039745	83
Train15	4009168066828	84
Train16	4009170025849	85
Train17	4009169020896	86
Train18	4009168052163	87

Train19	4009168052164	88
Train20	4009170015280	89

After you successfully save the voided claim, record the ICN number for the next practice:

\_\_\_\_\_.

## Success

You have successfully completed an individual claim adjustment or void in MITS if you are able to save the adjustment without any errors and the message "Save Was Successful" displays in the **Message Description**.

After successfully saving the adjustment or void you will see the new adjustment with its own ICN that you can view through the standard claims inquiry. A claim that you successfully voided maintains the claim status of **Denied**. A cross reference links the original and adjustment claim.

## Next Steps

Verify the adjustment information to be correct in the **Net Verification** panel, for example, a voided claim status is **Denied**.

## Summary

In this topic you learned how to adjust and void a single claim.

# Viewing, Validating and Releasing a Single Adjustment

## Overview

### What

This topic describes how to retrieve, review, update and release adjustment or void to a single claim.

### Who

The Claim Adjustment staff perform this task.

### When

Perform this task after you create and submit a claim adjustment or void in order to review and release the request.

### Relevance

This task allows you to monitor the results of claim adjustment requests that you submitted.

**Note:** Sometimes these adjustment requests may be related to policy changes, edit or audit disposition changes, and rate changes.

### Requirements

In order to perform this task, be aware of the following requirements:

- You can only adjust the most recent version of a paid claim.
- You cannot adjust claims that were not adjudicated.
- There must be a unique ICN identifying the claim as an adjustment or void.
- You **cannot** complete an adjustment request in FileNet (click **complete**) until you verified results and released the adjustment or void in MITS.

## Guidelines

You can verify results before or after an adjustment or void processes through the claims engine as noted in the following guidelines:

- Select **Suspend Before CE** to review and release the adjustment immediately after you review the detail in the **Data Corrections** panel.
- Select **Suspend after CE** to review the adjustments after they process through the batch process. After adjustments complete running through batch, the status will be **Suspend** and you can verify and release the adjustments.
- Select **Do not verify** to adjudicate adjustments and release immediately to a paid status.

**Note:** If there is an error on any adjustments that are not verified and release, you will need to void the adjustments in a separate claim adjustment.



Adjustments cannot be completed in FileNet until you verify and release the adjustment in MITS.

## How To

Follow these steps from the ICN hyperlink to review and update the appropriate claim adjustment.

Step	Action												
1	Select <b>Adjustments</b> from the <b>Claims</b> drop-down list.												
2	Specify any of the following criteria to search for an adjustment: <ul style="list-style-type: none"> <li>• The adjustment request number</li> <li>• The date of the adjustment request</li> <li>• The entry status</li> <li>• The user ID of the original adjuster</li> </ul>												
3	Click <b>search</b> .												
4	<u>If more than one claim adjustment matches the search criteria</u> , click the <b>ICN</b> link to review and update the appropriate adjustment.												
5	Click <b>Net Verification</b> to display the <b>Net Verification</b> panel.												
6	Click the adjustment line item detail to activate the <b>Net Verification</b> panel.												
7	View, update, release, resubmit or execute an adjustment or void by following these steps: <table border="1" data-bbox="371 1224 1373 1793"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Resubmit all adjustments</td> <td>Click <b>resubmit all</b>.</td> </tr> <tr> <td>Make a modification to a suspended adjustment and then release it for processing</td> <td>           a. Click <b>Data Correct</b> to make the necessary modifications in the <b>Claims Data Corrections</b> panel.            b. Click <b>save</b> in the claim.            c. Select <b>Execute</b> from the <b>Status</b> drop-down list.         </td> </tr> <tr> <td>Delete all the adjustments</td> <td>Click <b>Delete All</b>.</td> </tr> <tr> <td>Resubmit a claim to process through the batch process</td> <td>Select <b>Resubmit</b> from the <b>Status</b> drop-down list.</td> </tr> <tr> <td>Release an adjustment</td> <td>Select <b>Execute</b> from the <b>Status</b> drop-down list.</td> </tr> </tbody> </table>	TO:	THEN:	Resubmit all adjustments	Click <b>resubmit all</b> .	Make a modification to a suspended adjustment and then release it for processing	a. Click <b>Data Correct</b> to make the necessary modifications in the <b>Claims Data Corrections</b> panel. b. Click <b>save</b> in the claim. c. Select <b>Execute</b> from the <b>Status</b> drop-down list.	Delete all the adjustments	Click <b>Delete All</b> .	Resubmit a claim to process through the batch process	Select <b>Resubmit</b> from the <b>Status</b> drop-down list.	Release an adjustment	Select <b>Execute</b> from the <b>Status</b> drop-down list.
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	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> or void after the adjustment or void has been suspended </div>
8	<p>If you selected <b>Execute</b> and successfully released the adjustment in MITS, type the ICN in the corresponding FileNet <b>ACN</b> field and click <b>complete</b>.</p> <p>If your request is suspended, type the ICN in the corresponding FileNet <b>ACN</b> field and click <b>apply</b>.</p>

## Practice - Retrieve Claim Adjustment with New FDOS

**Retrieve the request number associated to the first claim adjustment practice (a non-check related claim adjustment to the FDOS field) and release the adjustment.**

To perform this task, use the following data to retrieve the existing adjustment.

- **ICN:** Adjustment ICN you recorded from the first claim adjustment practice scenario
- Execute the claim adjustment

**Result:** The claim will reflect the adjustment in the **FDOS** field.

After you successfully execute the adjustment, access the FileNet request and complete the request.

Be prepared to discuss how you complete a request in FileNet.

## Practice - Retrieve Claim Adjustment with New Billed Amount

View and validate an adjustment using the following information:

- **ICN:** The ICN associated to the second claim adjustment.
- **Output:** The claim adjustment will reflect the new billed amount.

After you successfully view and validate the adjustment, access the FileNet request and complete the request.

Be prepared to discuss how you complete a request in FileNet.

## Practice - Retrieve Claim Adjustment with New Amount with CCN

**View and validate an adjustment with a CCN using the following information:**

- **ICN:** The ICN associated to the third claim adjustment.
- **New Billed Amount:** Add 75 dollars.
- **Status: Resubmit**

After you successfully resubmit the adjustment, access the FileNet request and apply the change.

Be prepared to discuss the difference between applying and completing a request in FileNet.

## Practice - Retrieve Voided Claim

View and validate a voided claim using the following information:

- **ICN:** The ICN associated to the voided claim exercise.

After you successfully retrieve and validate the voided claim, access the FileNet request and complete the request.

Be prepared to discuss how you complete a request in FileNet.

## Success

If you successfully completed the data correction for an adjustment, the message "Save was Successful" displays.

If a suspended adjustment was released for processing, the status for the adjustment is **Release** and you successfully completed the adjustment or void. You can complete the adjustment request in FileNet and enter the adjustment ICN in the FileNet ACN field.

## Next Steps

Provided that an adjustment was verified and released, type the individual ICN numbers associated to each adjustment in the FileNet ACN fields in order to complete the request associated to the 6766, 6767 or 6768 adjustment request form.

If you need to resubmit an adjustment, perform this task again to review and validate the adjustment in order to release the adjustment and complete the task.

## Summary

In this topic you learned how to view, validate and release a single claim adjustment.

# Initiating a Mass Adjustment

## Overview

### What

This topic describes how to initiate a mass adjustment request in MITS. You **must** coordinate your activities in MITS with FileNet. For example, after you complete a mass adjustment in MITS, type the corresponding mass adjustment ICN number in the **ACN** field in the FileNet request.

### Who

The Adjustments Staff perform this task in both MITS and FileNet.

### When

Perform this task after you retrieve a scanned adjustment form, for example, a 9400 form, from a Long Term Care facility or as a result of an internal request for a mass adjustment. An internal mass adjustment request could be submitted due to:

- Changes for a recipient's eligibility dates of service, or deductibles
- Pay rate changes which impact benefit plans or payments
- Money recovered against claims through the Third Party Liability (TPL) recovery process

### Relevance

The mass adjustment process allows OHP to identify all claims from history that are affected by a policy change in order to reprocess all of the affected claims at one time.

### Requirements

In order to perform this task be aware of the following requirements:

- There **must** be a completed scanned mass adjustment request form
- You **must** be authorized to access the FileNet work queue containing the adjustment request form
- You can complete the FileNet request only **after** you verify and complete the mass adjustment in MITS. After a FileNet adjustment request is complete, it disappears from the queue and you **cannot** modify the request.

## Guidelines

The following guidelines apply to initiating mass adjustments:

- Open the scanned adjustment request in FileNet to ensure you address all adjustment requests.
- Verify all mass adjustment requests prior to releasing the request.
- After you submit a request to process a mass adjustment, a batch process identifies the claims to adjust. The batch process creates a cross-reference between the original and the associated adjusted claim.

**Note:** This task does **not** apply to encounter claims which are submitted via EDI.

## How To

Follow these steps to initiate a mass adjustment:

Step	Action						
1	<p>Retrieve the mass adjustment request in FileNet:</p> <ol style="list-style-type: none"> <li>Retrieve the adjustment request form, for example, a 9400 form from the appropriate queue using the <b>Tasks</b> or <b>Browse</b> tab</li> <li>Click the request form name, for example, CAF9400. <b>Note:</b> The status will be <b>in progress</b>.</li> <li>Open the adjustment attachment link to retrieve all the adjustment requests associated to the form.</li> </ol>						
2	From the MITS home page, select <b>Adjustment</b> from the <b>Claims</b> drop-down list.						
3	<p>Initiate a mass adjustment by following these steps:</p> <table border="1" data-bbox="371 932 1373 1136"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Initiate a new mass adjustment</td> <td>Click <b>new mass</b>.</td> </tr> <tr> <td>Initiate a new mass void</td> <td>Click <b>new mass void</b>.</td> </tr> </tbody> </table>	TO:	THEN:	Initiate a new mass adjustment	Click <b>new mass</b> .	Initiate a new mass void	Click <b>new mass void</b> .
TO:	THEN:						
Initiate a new mass adjustment	Click <b>new mass</b> .						
Initiate a new mass void	Click <b>new mass void</b> .						
4	<p>Specify the required criteria, for example, the adjustment reason code and service or payment date range by completing the following fields:</p> <ul style="list-style-type: none"> <li>• <b>Service Date</b> – Specify the range of the dates of service by specifying the start and date of service. or</li> <li>• <b>Payment Date</b> - Specify the range of the payment dates by specifying the start and end payment dates.</li> <li>• <b>Check Related</b> – Select <b>Yes</b> or <b>No</b> from the drop-down list.</li> <li>• <b>Verify</b> - Indicate whether: <ul style="list-style-type: none"> <li>○ <b>A</b> - the claim is suspend after running through the claims engine or</li> <li>○ <b>B</b> - the claim is suspended before running through the claims engine.</li> </ul> </li> </ul>						
5	Specify additional optional criteria as need, for example, the <b>Entry Status</b> .						
6	<p>Click <b>save</b> to save the mass adjustment request and correct any errors. <b>Note:</b> The <b>Mass Request Number</b> that appears will need to be entered in the corresponding FileNet <b>ACN</b> field.</p>						
7	Click <b>Mass Adjustment Criteria</b> to add or remove criteria for the mass						

	adjustment.
8	<p>For each category that you need to add, for example, Provider ID, follow these steps:</p> <ol style="list-style-type: none"><li>Click <b>add</b></li><li>Type data or select from drop-down lists as appropriate.</li></ol> <p><b>Note:</b> You <b>must</b> specify a claim type. To delete criteria, click <b>delete</b> below the criteria category that you want to remove and select the criteria to remove.</p>
9	Click <b>save</b> to complete the mass adjustment request in MITS.

## Practice - Initiate Mass Adjustment for a Provider

Initiate a mass adjustment for a specific provider using this information:

- **Provider** – 8015989655
- **Claim Type** - M - 1500 Paid Claims

<b>Training ID</b>	<b>FDOS</b>	<b>Paid Date</b>
Train1	01/29/2009	3/11/2009
Train2	1/29/2009	5/20/2009
Train3	1/30/2009	2/19/2009
Train4	1/31/2009	2/19/2009
Train5	2/01/2009	6/24/2009
Train6	2/02/2009	3/04/2009
Train7	2/02/2009	3/18/2009
Train8	2/02/2009	2/25/2009
Train9	2/03/2009	5/06/2009
Train10	2/04/2009	4/08/2009
Train11	2/04/2009	5/06/2009
Train12	2/05/2009	5/06/2009
Train13	2/05/2009	3/25/2009
Train14	2/06/2009	3/11/2009
Train15	2/08/2009	2/25/2009
Train16	2/08/2009	4/29/2009
Train17	2/09/2009	2/25/2009
Train18	2/10/2009	5/06/2009
Train19	2/11/2009	5/06/2009
Train20	2/13/2009	3/18/2009

After you successfully save the mass adjustment, record the mass adjustment request number for the next practice: \_\_\_\_\_.

## Success

You have successfully completed this task when the message "Mass Adjustment Entry – Save Was Successful" displays on the **Mass Claim Adjustment** panel.

## Next Steps

After completing the task, the mass adjustment will be submitted through a batch process and you can review the mass adjustment results on the **Mass Adjustment Net Verification** Panel after the batch run is completed. After you submit the mass adjustment request, the status of the mass adjustment will be one of the following:

- **Verified** – the request is ready to be processed by the batch job and action will be taken on this request in the next batch cycle
- **Processing** – The batch job is creating the adjustments; this status will remain until all the claims in the request have created daughter claims
  - Note:** If there is a problem with one of the claims, i.e., if a daughter claim cannot be created, the status for that claim is 'E' – error and the request remains in the "Processing" status.
- **Identified** – All claims have been identified in the batch job and are waiting to be processed through the claims engine
- **Finalized** – All the claims in the request have been adjusted and no daughter claims are suspended.

After you successfully complete the mass adjustment request in MITS, type the mass adjustment request number in the corresponding ACN field for the mass adjustment request in the **FileNet** panel.

## Summary

In this topic you learned about how to initiate a mass adjustment.

# Retrieving a Mass Adjustment

## Overview

### What

This task describes how to retrieve a mass adjustment request. After you retrieve the mass adjustment request, you can review and update the results in the **Mass Net Verification** panel.

### Who

The Claim Adjustment staff perform this task.

### When

Retrieve a mass adjustment after a mass adjustment request has been submitted and the batch process has completed.

### Relevance

Retrieving a mass adjustment request on the **Mass Net Verification** panel enables you to review results of the mass adjustment process and determine next steps. Once you review the adjustment results, you may remove, update or release and process the adjustments for payment.

### Requirements

To perform this task, there **must** be an ICN for a mass adjustment request and a mass adjustment must have completed running through the batch cycle.

### Guidelines

You will be able to retrieve mass adjustment requests after they complete the batch process.

## How To

### How to Retrieve a Mass Adjustment

Follow these steps from the MITS home page to retrieve a mass adjustment:

Step	Action
1	Select <b>Adjustment</b> from the <b>Claims</b> drop-down list.
2	Access the mass adjustment by specifying any of the following criteria: <ul style="list-style-type: none"> <li>• <b>Request Number</b></li> <li>• <b>Entry Status</b></li> <li>• <b>Date</b></li> <li>• <b>User ID</b></li> </ul>
3	Click <b>search</b> .
4	<u>If more than one mass claim adjustment matches the search criteria</u> , click the row of the adjustment request to review and update the appropriate mass claim adjustment.
5	Click <b>Mass Net Verification</b> .

### Success

You have successfully completed this task when you see the mass adjustment request and individual claim adjustments in the **Mass Net Verification** panel.

### Next Steps

After you retrieve the mass adjustment request, proceed to view, validate and release the adjusted claims based on the results.

# Viewing, Validating and Releasing a Mass Adjustment

## Overview

### What

This task describes how to use the **Mass Net Verification** panel to verify, update, and release mass claim adjustments after you retrieve the adjustment. After you validate the claim adjustments, you can release the mass adjustment and enter the **Mass Adjustment Request** number into the FileNet **ACN** field to complete the adjustment request that originated in FileNet.

### Who

The Claim Adjustment staff perform this task.

### When

A member of the Adjustment Staff performs this task after a mass adjustment request has been retrieved through the claim or adjustment number.

### Relevance

This task allows you to verify and update the changes that were applied to each of the claims selected for mass adjustments. Once you review and validate the adjustment results in the **Mass Net Verification** panel, you may release the claim adjustments for processing.

### Requirements

To perform this task, there must be an ICN for a mass adjustment request and the mass adjustment completed running through the batch cycle.

The following requirements relate to which claims may be adjusted:

- Only **paid** claims can be adjusted. Adjustments can only be made to the most recent version of a claim.
- Adjustments **cannot** be made to claims currently in process.
- Adjustments **cannot** be made to claims that have not been adjudicated.

## Guidelines

The following guideline applies to viewing, validating and releasing mass adjustments in MITS:

You may **not** complete mass adjustments in FileNet until **after** you verify and release the mass adjustment in MITS. You **must** verify mass adjustment requests **prior** to releasing the adjustments for processing based on the status of the mass adjustment as listed below:

- **Verified** – The request is ready to be processed by the batch job and action will be taken on this request in the next batch cycle.
- **Processing** – The batch job is creating the adjustments; this status will remain until all the claims in the request have created daughter claims.  
**Note:** If there is a problem with one of the claims, i.e., if a daughter claim cannot be created, the status for that claim is '**E**' – error and the request remains in the **Processing** status.
- **Identified** – All claims have been identified in the batch job and are waiting to be processed through the claims engine.
- **Finalized** – All the claims in the request have been adjusted and there are no daughter claims that are suspended.

## How To

Follow these steps from the ICN link to review and update the appropriate mass claim adjustment.

Step	Action																		
1	Click the <b>Mass Net Verification</b> link.																		
2	View, update, or release a mass adjustment by following these steps: <table border="1" data-bbox="371 621 1373 1644"> <thead> <tr> <th>TO:</th> <th>THEN:</th> </tr> </thead> <tbody> <tr> <td>Resubmit all the adjustments to release for processing</td> <td>Click <b>Resubmit All</b>.</td> </tr> <tr> <td>Resubmit selected adjustments</td> <td>a. Click the checkbox alongside the applicable adjustment(s). b. Click <b>Resubmit Selected</b>.</td> </tr> <tr> <td>Review and correct an adjustment, for example, due to an error</td> <td>Click <b>Data Correct</b> to update and save the adjustment. <b>Note:</b> An individual adjustment that is corrected, may be resubmitted by selecting <b>Execute</b> from the <b>Status</b> drop-down list.</td> </tr> <tr> <td>Delete all the adjustments to release for processing</td> <td>Click <b>Delete All</b>.</td> </tr> <tr> <td>Delete selected adjustments</td> <td>a. Click the checkbox alongside the applicable adjustment(s). b. Click <b>Delete Selected</b>.</td> </tr> <tr> <td>Correct a specific adjustment</td> <td>a. Click the checkbox associated to the adjustment row. b. Click <b>Data Correct</b> to make the appropriate changes.</td> </tr> <tr> <td>Select all adjustments</td> <td>Click the checkbox at the top.</td> </tr> <tr> <td>Release an adjustment</td> <td>a. Click the checkbox alongside the adjustment. b. Select <b>Release</b> from the <b>Adjustment Status</b> drop-down list.</td> </tr> </tbody> </table>	TO:	THEN:	Resubmit all the adjustments to release for processing	Click <b>Resubmit All</b> .	Resubmit selected adjustments	a. Click the checkbox alongside the applicable adjustment(s). b. Click <b>Resubmit Selected</b> .	Review and correct an adjustment, for example, due to an error	Click <b>Data Correct</b> to update and save the adjustment. <b>Note:</b> An individual adjustment that is corrected, may be resubmitted by selecting <b>Execute</b> from the <b>Status</b> drop-down list.	Delete all the adjustments to release for processing	Click <b>Delete All</b> .	Delete selected adjustments	a. Click the checkbox alongside the applicable adjustment(s). b. Click <b>Delete Selected</b> .	Correct a specific adjustment	a. Click the checkbox associated to the adjustment row. b. Click <b>Data Correct</b> to make the appropriate changes.	Select all adjustments	Click the checkbox at the top.	Release an adjustment	a. Click the checkbox alongside the adjustment. b. Select <b>Release</b> from the <b>Adjustment Status</b> drop-down list.
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Release an adjustment	a. Click the checkbox alongside the adjustment. b. Select <b>Release</b> from the <b>Adjustment Status</b> drop-down list.																		
3	Click <b>Save</b> .																		
4	Return to the <b>FileNet</b> Workplace panel and complete the adjustment request: <ul style="list-style-type: none"> <li>Type the <b>Mass Adjustment Request</b> number from the MITS mass adjustment</li> </ul>																		

	<p>in the <b>ACN1</b> field corresponding to the mass adjustment form request.</p> <ul style="list-style-type: none"><li>• If the adjustment is not yet complete or verified in MITS, click <b>Apply</b> and <b>Close</b>.</li><li>• If the mass adjustment has been completed and executed, click <b>Complete</b> and <b>Close</b>.</li></ul>
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### Practice - Correct a Mass Adjustment

Using the mass request number you recorded in the first practice, correct the mass adjustment using the following information:

- **Mass Adjustment Request number:** The number you documented in second practice exercise.
- **Service Date:** 01/01/2008 - 01/15/2009

Be prepared to describe the steps you perform in FileNet after you resubmit the mass adjustment.

### Practice - Resubmit Mass Adjustment

Using the mass request number you corrected, resubmit the request. Be prepared to describe the steps you perform in FileNet after you resubmit the mass adjustment.

## Practice - Release a Mass Adjustment

- Release a mass adjustment using the mass adjustment request number provided below.
- Complete the FileNet request.
- Be prepared to describe what happens in FileNet after you complete the request.

Trainer ID	Mass Request Number
Train01	5210273001
Train02	5210273003
Train03	5210273004
Train04	5210273005
Train05	5210273006
Train06	5210273007
Train07	5210273008
Train08	5210273009
Train09	5210273010
Train10	5210273011
Train11	5210273012
Train12	5210273013
Train13	5210273014
Train14	5210273015
Train15	5210273016
Train16	5210273017
Train17	5210273018
Train18	5210273020
Train19	5210273021
Train20	5210273022

## Success

You successfully completed this task when you see the mass adjustment request and individual claim adjustments in the **Mass Net Verification** panel and the FileNet request is complete.

## Next Steps

After successfully completing the mass adjustment request in MITS, type the mass adjustment request in the corresponding ACN number on the FileNet Workplace panel and complete the FileNet request.

## Review

### Objectives

In this course you learned how to:

- Retrieve, update, and complete single and multiple claim adjustment requests in FileNet
- Initiate a single claim adjustment or void
- Retrieve a single claim adjustment or void
- View, validate, and release a single claim adjustment
- Initiate a mass adjustment
- Retrieve a mass adjustment
- View, validate and release a mass adjustment