

# *AP Associates*

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## Remittance Advice Software

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# RAPrint

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If you receive your Medicare Remittance Advice electronically, then RAPrint is the perfect solution for printing the information contained in the remit file. In developing RAPrint, we sought to find a solution that would meet the needs for Medicare Cost Reporting, secondary payers, and most importantly, the person in the Business Office who has to use this data day in and day out. We wanted this program to be effective, efficient, and simple to use. We haven't reached perfection yet, but we believe RAPrint is well in front of the rest of the field.

## **SEARCH OPTIONS**

RAPrint allows you to search for an individual EOMB using one of four (4) different criteria:

1. By the hospital patient account (control) number (PCN).
2. Using the Patient's last name.
3. By the patient's Medicare number (HIC #)
4. By the patient's medical record number (MRN)

The search displays the EOMB and gives you the option of printing it on your default print or of continuing to search for additional records based upon your search criteria.

## **REPORT FORMATS**

There are two basic report formats:

The ALL CLAIMS format (see page 3) is similar to the old Medicare paper remittance.

The EOMB FORMAT (see page 4) allows you to print just one EOB per page.

## **REPORT OPTIONS**

RAPrint provides you with the following report options:

1. All Claims Report

Prints the data for all the claims withing a claim type, followed by the summary report. Virtually all pertinent data found in the file is reported.

*Continued on page 3*

## 2. All Claims by Date

At the end of your fiscal year it is sometimes necessary to know the claims and amounts incurred either before or after a cut-off date. This option asks you for a cut-off date and if you want claims before or after that date. The claims are then printed and totaled in the same format as the All Claims Report.

## 3. Claim Summaries

Prints the summary information as found in the file for a claim type or types.

## 4. Denied Claims Report

Prints only those claims that were denied. The criteria for selecting denied claims is any value other than \$0.00 in the denied claim field on the claim level or service level or that the Claim Status code is a 4 and is not a reversal (type 22).

## 5. Negative Claim Report

Prints those claims that have a Claim Payment amount less than \$0.00.

## 6. Replacement/Reversal Claims Report

Prints those claims that were reversed and/or replaced. Claims may be printed in the ALL CLAIMS format (multiple claims per page) or in the EOMB format (one claim per page).

## 7. Provider Totals Report

Prints a summary of the number of claims by type and the reimbursement amount. Adjustment codes and amounts are printed and the net reimbursement for the Remittance Advice is shown.

## 8. Case Mix Report

A report showing the average DRG weight by fiscal year of the claims contained in this Remittance Advice.

## 9. Outlier Claims Report

Selects and prints only those claims that have outlier amounts. The outlier may be 'day,' 'cost,' 'capital' or 'operational.' When shown in the ALL CLAIMS format, all outlier is summed and shown under the heading of Outlier Amt with the exception of Capital Outlier amount which is shown as a separate item.

## 10. Non Cross-Over Claims Report

Prints those Medicare claims that did not automatically cross over to Blue Cross, Medicaid or other third-party payor. This allows you to print only those EOMBs which must be reviewed for secondary insurance and filed via paper claim.

*See pages 5 and 6 for report format samples.*

## Sample ALL CLAIMS Report Format

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE													
The Best Health Center 2129 SW 58th Street Yourtown, FL 33116-7024				Provider: 123456 File Date: 07/19/2001 RA date: 07/19/2001				Date Printed: 10/18/02 Sequence # 250 Page 1					
----- 11 - Inpatient Part A -----													
Patient	From Date/Clnd	Report Chgs	DRG Nbr	DRG Cap Amt	Coins Amt	MSP Pct Pay	HCPCE Amt	Interest					
PCN Number	BSI Type	Thru Date(MO/Yr)	NCover Chgs	DRG Amount	Outlier AMMSP/Leak Amt	Fed/DRG Amt	GR Amount	Pat Refund					
HC Number	Clin St	Pat Stat	C+L R	Service Chgs	DRG Co Amt	Deductible	Reimb Rate	ESRD Amt	Cont(R) Amt	Net Reimb			
PATIENT1	IRIS	M	06/29/2001	7	7414.12	89	408.97	0.00	0.00	0.00	0.00		
1854358			1 07/06/2001	0	0.00	5886.84	0.00	0.00	4014.26	0.00	0.00		
44181889A			1 1 0	0.00	5207.07	0.00	0.00	0.00	11 12 16	381.87			
ICM No: 201194004601		MRN No: 275383		Blood Ded: 0.00		Prof Comp: 0.00		Per Diem: 0.00					
Capital Pmt: 455.97		Cap IME: 46.87		Cap HCP Amt: 0.00		Cap FSP Amt: 383.29		Cap Oth: 0.00					
Dtl Cst: 0.00		DRG Weight: 1.2947		DSH Amt: 741.05		IME Amt: 361.87		Cap OSH: 26.71					
MSIP Payer Code: Covered Charges: 7474.12													
SVC Charge Altd RC Qty APC Stat Wght Amt													
NU 110	2345.00	2345.00	130	7		0.00	0.00						
NU 250	303.25	303.25	250	186		0.00	0.00						
NU 258	634.20	634.20	258	4		0.00	0.00						
NU 270	88.84	88.84	270	8		0.00	0.00						
NU 272	111.83	111.83	272	10		0.00	0.00						
NU 300	15.00	15.00	300	5		0.00	0.00						
NU 301	721.00	721.00	301	10		0.00	0.00						
NU 305	55.00	55.00	305	1		0.00	0.00						
NU 306	558.00	558.00	306	8		0.00	0.00						
NU 324	116.00	116.00	324	1		0.00	0.00						
NU 410	1288.00	1288.00	410	8		0.00	0.00						
NU 460	39.00	39.00	460	2		0.00	0.00						
NU 730	112.00	112.00	730	1		0.00	0.00						
NU 732	366.00	366.00	732	3		0.00	0.00						
Claim level Adjustments - CCSIH Th 12 -15													
Medicare Remark code - MA02													
-----													
PATIENT2	D	B	06/09/2001	2	1298.00	127	436.88	0.00	0.00	0.00	0.00		
1854236			1 06/30/2001	0	0.00	5295.07	0.00	0.00	2819.43	0.00	0.00		
445691801C1			1 1 0	0.00	4864.98	780.00	0.00	0.00	-4263.48	4500.67			
ICM No: 201198004601		MRN No: 225147		Blood Ded: 0.00		Prof Comp: 0.00		Per Diem: 0.00					
Capital Pmt: 455.68		Cap IME: 44.89		Cap HCP Amt: 0.00		Cap FSP Amt: 364.88		Cap Oth: 0.00					
Dtl Cst: 0.00		DRG Weight: 1.2190		DSH Amt: 705.07		IME Amt: 0.00		Cap OSH: 27.31					
MSIP Payer Code: Covered Charges: 1298.00													
SVC Charge Altd RC Qty APC Stat Wght Amt													
NU 110	670.00	670.00	110	2		0.00	0.00						
NU 250	264.84	264.84	250	47		0.00	0.00						
NU 258	28.80	28.80	258	8		0.00	0.00						
NU 270	4.50	4.50	270	1		0.00	0.00						
NU 272	9.88	9.88	272	1		0.00	0.00						
NU 300	8.00	8.00	300	2		0.00	0.00						
NU 301	164.00	164.00	301	2		0.00	0.00						
NU 306	153.00	153.00	306	2		0.00	0.00						
Claim level Adjustments - CCSIH -882.45													
Medicare Remark code - MA02													
-----													
PATIENT3	DOUGLAS	B	07/02/2001	3	3057.44	294	327.14	0.00	0.00	0.00	0.00		
1854408			1 07/05/2001	0	0.00	4808.25	0.00	0.00	2881.37	0.00	0.00		
44042195A			1 1 0	0.00	2712.00	790.00	0.00	0.00	-861.78	3247.23			
ICM No: 201198004601		MRN No: 147813		Blood Ded: 0.00		Prof Comp: 0.00		Per Diem: 0.00					

## Sample EOMB Report Format

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE											
Explanation of Medicare Benefits (EOMB)								Page: 1			
The Best Health Center 2129 SW 58th Street Yourtown MX 73119-7024 Provider No. 123455			File Date: 07/19/2001 Bill cycle: 07/19/2001 File #: 258			BC/BS of MX 1215 South Boulder Ave. Capital City MX 97979 918/560-3000					
-----											
Name: PATIENT1 IRIS M		Service From 06/29/2001 thru 07/06/2001		HIC: 444181688A		ICN: 20119400404601		Pat Stat: 1			
PCN: 10634368		MRN: 275383		Claim St: 1		Type: 111					
-----											
<b>CHARGES:</b>			<b>PPS DATA:</b>			<b>PAYMENT DATA:</b>					
Reported	7474.12	DRG Number	89	Reimb Rate	0.00						
NCovd	0.00	DRG Weight	1.0647	MSP Prim Pay( )	0.00						
Denied	0.00	DRG Amount	5666.84	Prof Comp	0.00						
		DRG/Oper	5207.87	ESRD Amt	0.00						
		DRG/Capital	458.97	HCPCS Amt	0.00						
<b>DAYS:</b>		Outlier/Op(C)	0.00	G/R Amt	0.00						
Covered	7	Outlier/Cal(C)	0.00	Cont Adj Amt	7112.15						
Non Covered	0	Fed DRG Amt	4014.36	Interest	0.00						
Co-insurance	0			Pat Refund	0.00						
Life Reserve	0			Per Diem Amt	0.00						
Cost Rept	7			Net Reimb Amt	361.97						
		<b>PATIENT LIABILITY</b>									
		Total Deduct	0.00								
		Coinsurance	0.00								
		Blood Deduct	0.00								
		MSP Liab Met	0.00								
		NCovd Charges	0.00								
-----											
HCPCS Code	Rev	Units	APC #	APC Amt	Stat	Wght	Date	Charges	Allowed	Reason	Adj Amt
NU 110	110	7		0.00	0.00	0.00	07/06/2001	2345.00	2345.00		
NU 290	290	196		0.00	0.00	0.00	06/29/2001	923.25	923.25		
NU 258	258	4		0.00	0.00	0.00	06/29/2001	634.20	634.20		
NU 270	270	8		0.00	0.00	0.00	06/29/2001	98.84	98.84		
NU 272	272	10		0.00	0.00	0.00	06/29/2001	111.83	111.83		
NU 300	300	5		0.00	0.00	0.00	07/01/2001	15.00	15.00		
NU 301	301	10		0.00	0.00	0.00	06/29/2001	721.00	721.00		
NU 305	305	1		0.00	0.00	0.00	07/05/2001	55.00	55.00		
NU 306	306	8		0.00	0.00	0.00	06/29/2001	558.00	558.00		
NU 324	324	1		0.00	0.00	0.00	07/03/2001	118.00	118.00		
NU 410	410	8		0.00	0.00	0.00	06/29/2001	1388.00	1388.00		
NU 480	480	2		0.00	0.00	0.00	07/01/2001	28.00	28.00		
NU 730	730	1		0.00	0.00	0.00	07/03/2001	112.00	112.00		
NU 732	732	3		0.00	0.00	0.00	07/04/2001	386.00	386.00		
		Total Service Contractual Adj...		0.00							
		Total Service Denied Amt.....		0.00							
		Total Service NonCovered Amt...		0.00							
-----											
Claim Level Adjustment - CO/94 Amount - 7112.15											
Processed in excess of charges.											
Date Printed: 10/18/02											

# RAXtrac

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RAXtrac is a program that creates a FLAT file from the ANSI835 Electronic Medicare Part A remittance file. The purpose of a flat file is to enable providers to take this file and upload it into their mainframes.

You may select all provider numbers or only one to output claims to the extracted file. Also you may select all claim types or only claims of a particular type. Both of these selections are accomplished by making the appropriate selection from the drop-down boxes.

The extracted file will be named either with the selected provider or, in the case of all providers, with 'ALLPROVI'. The file extension will be of the form 'Lxx' where xx is the claim type. In the case where all claim types are chosen, the file extension will be 'Lxx' only.

Examples:

You select all providers and all claim types – ALLPROVI.Lxx

You select provider 12T345 and all claim types – 12T345.Lxx

You select all providers and claim type 11 – ALLPROVI.L11

You select provider 12T345 and claim type 13 – 12T345.L13

*See page 8 for the output file format.*

# RAXtrac

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The output file format is:

<b>Field Description</b>	<b>Field Length</b>	<b>Field Position</b>
PCN#	20	1-20
Contractual Adjustment Amount	10.2	21-30
Provider Payment	10.2	31-40
Deductible Amount	10.2	41-50
Co-Insurance Amount	10.2	51-60
DRG #	4	61-64
Provider #	8	65-72
RA Payment Date	10	73-82
Claim Type	2	83-84
Claim Frequency	1	85-85
Patient's Last Name	15	86-100
Patient's First Name	10	101-110
Patient's Middle Initial	1	111-111
Service Start Date	10	112-121
Service End Date	10	122-131
Reported Charges	10.2	132-141
DRG Amount	10.2	142-151
Outlier Amount	10.2	152-161
Claim Level Denied Charges	10.2	162-171
Covered Charges	10.2	172-181
HIC #	15	182-196
Blood Deductible Amount	10.2	197-206
Patient Status	2	207-208
Claim Status	2	209-210
ICN Number	10	211-220

# *RAMedicaid*

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## ***For North Carolina Healthcare Providers***

If you receive your Medicaid remittance advice electronically, then RAMedicaid is the perfect solution for printing the information contained in the remit file. This program is effective, efficient, and easy to use.

This program allows you to eliminate the need to store paper remits. You have access to all the data right from the comfort of your desk, through your personal computer.

RAMedicaid is very versatile. You may use it to print Medicaid remits that are in the old Medicaid proprietary format, or you may use it to print Medicaid remits in the HIPAA compliant 835 format.

## **SEARCH OPTIONS**

RAMedicaid allows you to search for an individual account/claim using one of two different search criteria:

1. By the provider claim number. (Medicaid refers to this as the MRN # on it's remittances)
2. Using the patient's last name.

The search displays all of the individual accounts that match your search criteria. For example, if you search on the last name of Smith, RAMedicaid will list all the Smiths in the file.

## **REPORT OPTIONS**

There are three (4) basic reports:

1. The ALL CLAIMS Report. This report lists the entire file.
2. ALL CLAIMS where PAID AMOUNT is > (greater than) \$0.00 (These are Paid Claims)
3. ALL CLAIMS where PAID AMOUNT is < (less than) \$0.00 (These are Adj. Claims)
4. ALL CLAIMS where PAID AMOUNT is = (equal to) \$0.00 (These are Denied Claims)

When printing any of the above reports, the program will allow you to select printing claims for all providers, or to print only those claims for a specific provider.

# *RACombine*

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If you are using RAPrint, you need to know the date of the Remit file in order to find and print a particular EOMB. RACombine changes all that.

RACombine allows you to put all your daily remit files into one file. You might want to combine all Remits for a month into one file. Then, if you were searching for a particular EOMB, you would only need to know which month the remit was processed. This makes it easier for staff to locate remits and manage the files.

For example, your naming convention might be H070102.835. H is for “hospital,” followed by the date of the remit. For the month of July, you would have 22 daily remit files. With RACombine, you could create a new file called July2002.835, and load all the daily files from July into this one new file. Now, if Mr. Bush calls you on the phone and says he knows that Medicare paid in July, you could search your July2002.835 file for Mr. Bush’s EOMB with out knowing the exact date.

We at AP Associates like to think that it’s all about working smarter, not harder.

# RAMedilog

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How often have you wondered if you were getting reimbursed properly by Medicare? Or what are my top 20 APC's and how do I compare with the national statistics? Well, look no further. RAMedilog is your solution.

RAMedilog creates a database from your Medicare Remittance files. This is the key. Although RAMedilog has a few "canned" reports for your use, there is no way A.P. Associates can anticipate all the different analysis you may want to undertake. What we do provide is a licensed copy of Seagate Crystal Report Writer. Using this report writer against your RAMedilog database allows you to tailor your analysis to your specific needs. You can create printed reports, export specific data to Excel files for further analysis, or create a new database file.

If you prefer, for a small fee, you can give your analysis criteria to an expert at A.P. Associates. They will create and email to you the Report Writer Macro, which can then be used over and over again.

To fully be able to maximize RAMedilog, Seagate Crystal Report Writer is provided as part of the software. Utilization of this Report Writer enables you to tailor your statistical reports to your individual facility with minimal programming cost. A.P. Associates, if required, will provide Crystal Report Writer macros for your facility at a nominal cost.

One example of how you might want to utilize this database include generating a report showing you the inpatients who have transferred to another facility and the subsequent impact on reimbursement as a result of these transfers. Another example would be to identify your top 100 APCs and the related impact on reimbursement.

Utilizing RAMedilog along with Crystal Report writer gives you the unlimited ability to analyze your Medicare Remit data, on both a detail level and a on a summary level. It allows you to more effectively manage your Medicare reimbursement.