### 7.7 Provider Adjustments/Legend Page

The final page of the RA (Provider Adjustments/ Legend) consists of provider adjustments and a summary of all claims that were paid/ denied and suspended. Provider Adjustments can be any of the following: creation of a receivable, payoff of a receivable, extra payment, IRS withholdings, or Deferred Compensation withholdings. Claim voids and advance payments create new receivables, which will be paid off later or on this cycle. Extra payments are usually refunds from providers who are repaying DOM for receivables; specifically the refund exceeded the Medicaid payment for the specific claims. A positive amount is the creation of a receivable (money owed by the provider to the state) to be paid off either now or in the future. A negative amount is the payoff of a new receivable, existing receivable, or a withholding of some sort.

<table>
<thead>
<tr>
<th>Field</th>
<th>Field Name</th>
<th>RA Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Adjustments</td>
<td>Provider level financial transactions; will only appear if adjustments have been applied to this RA. This is dollar amount withheld from the total payment.</td>
</tr>
<tr>
<td>2</td>
<td>Claim Totals</td>
<td>Totals for all categories of the RA</td>
</tr>
<tr>
<td>3</td>
<td>Status</td>
<td>Claims transactions during weekly payment cycle</td>
</tr>
<tr>
<td>4</td>
<td>Count</td>
<td>Total number of claim lines specific to category</td>
</tr>
<tr>
<td>5</td>
<td>Submitted Amount</td>
<td>Amount submitted by the provider</td>
</tr>
<tr>
<td>6</td>
<td>Paid Amount</td>
<td>Amount paid by Medicaid</td>
</tr>
<tr>
<td>7</td>
<td>Outstanding Credit Balance</td>
<td>Total outstanding credit balance as of current RA date.</td>
</tr>
<tr>
<td>8</td>
<td>Exception Legend</td>
<td>A full description of any exceptions that showed up on this RA</td>
</tr>
</tbody>
</table>
## Mississippi Medicaid Provider Billing Handbook

**Provider Adjustments/Legend Page**

**DATE:** 01/07/08  
**MISSISSIPPI ENVISION MMIS**  
**DIVISION OF MEDICAID**  
**REMITTANCE ADVICE**  
**RPT PAGE:** 000123109  
**REMIT SEQ:** 000059159  
**NPI NUMBER:** 1234567890  
**PROVIDER NO:** 000999999  
**PROVIDER ADJUSTMENTS/LEGEND**

<table>
<thead>
<tr>
<th>PROVIDER ADJUSTMENTS</th>
<th>RECIVABLE-CLAIM PAYMENT</th>
<th>2008-01-08</th>
<th>15.36</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS Adjustment</td>
<td>RECOUPMENT-CLAIM PAYMENT</td>
<td>2008-01-08</td>
<td>-15.36</td>
</tr>
<tr>
<td>WO Overpayment Recovery</td>
<td>REDUCTION - DEF. COMPENSATION</td>
<td>2008-01-08</td>
<td>-433.27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLAIM TOTALS</th>
<th>STATUS</th>
<th>COUNT</th>
<th>SUBMITTED AMT</th>
<th>PAID AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIGINAL PAID</td>
<td>96</td>
<td>14,434.00</td>
<td>3,622.63</td>
<td></td>
</tr>
<tr>
<td>CREDIT ADJUSTMENTS</td>
<td>27</td>
<td>5,846.00-</td>
<td>1,619.61-</td>
<td></td>
</tr>
<tr>
<td>DEBIT ADJUSTMENTS</td>
<td>25</td>
<td>5,686.00-</td>
<td>1,619.61</td>
<td></td>
</tr>
<tr>
<td>VOIDS</td>
<td>1</td>
<td>19.71-</td>
<td>15.36-</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED SUBTOTAL**  
14,274.00 | 3,622.63

**SUSPENDED**  
11 | 1,060.00 |

**DENIED**  
26 | 3,235.00 |

**CLAIM PROCESSED TOTAL**  
18,569.00 | 3,622.63 |

**PROVIDER ADJUSTMENTS**  
433.27-  

**PAYMENT TOTAL**  
3,189.36  

**OUTSTANDING CREDIT BALANCE AS OF 01/07/2008**  
0.00

**ADJUSTMENT SUBTOTALS**  
- **FIRST QUARTER**  
  - CREDIT ADJUSTMENTS 07 | 0.00  
  - CREDIT ADJUSTMENTS 06 | 0.00  
  - DEBIT ADJUSTMENTS 07 | 0.00  
  - DEBIT ADJUSTMENTS 06 | 0.00  

- **SECOND QUARTER**  
  - 73.30-  
  - 0.00  
  - 73.30  
  - 0.00  

- **THIRD QUARTER**  
  - 11.08-  
  - 190.65  
  - 11.08  
  - 190.65  

- **FOURTH QUARTER**  
  - 1,319.40-  
  - 25.18  
  - 1,319.40  
  - 25.18 

**END OF REMITTANCE FOR PROVIDER 000999999**

**EXCEPTION LEGEND:**  
0238 | SUBMITTED UNITS EXCEED MAXIMUM ALLOWED UNITS  
3708 | PHYSICIAN OFFICE VISIT SERVICE LIMIT EXCEEDED  
0104 | EXACT DUPLICATE CLAIM  
0143 | BENEFICIARY NOT ELIGIBLE OR NOT FOUND  
3075 | SERVICES NOT COVERED FOR SLMB/QI1/QI2 BENEFICIARIES  
0142 | BENEFICIARY NOT ELIGIBLE - RECYCLE