



## Provider Offsets: Provider Remittance Advice (PRA)

At times, we, the insurer, may overpay a claim and request the overpaid amount back from the provider. If the provider does not pay back the overpaid amount, we will apply the overpaid amount to any future claims that the provider submits.

The PRA below is an example of a notification of a claim adjustment that may result in an overpayment. If a payment is not made within 60 days, the overpayment amount will offset future claims. The PRA will not explicitly state how much the provider was overpaid. The provider will know the claim was reprocessed by the AAG code under "Remarks."

**1 Tax Identification Number:** The Tax Identification Number (TIN) the provider billed under.

**2 Claim #:** The claim number assigned by the insurer.

**3 Patient Account:** The Patient Account number assigned by the facility that is entered in the claim form.

**4 Patient ID:** The Member number assigned by the insurer.

**5 Insured Name:** The policyholder's name.

**6 Patient Name:** The patient's name.

**7 See Remarks:** The reason codes for the claim's processing.

**8 Remarks:** Description for the reason codes listed in "See Remarks." Code AAG is defined as "AAG - ANSI Code - 29: Prior processing information appears incorrect. Adjustment to a previously processed claim. Subtract prior payment for true net payment. Negative adjustment may result in refund requests."

Page 1 of 1

**WPS HEALTH INSURANCE**  
 Western Physicians Service Insurance Corporation  
 875 N. Broadway - P.O. Box 890  
 Madison, WI 53708-8100

**WHITE STOCK**  
 2018000022

Electronic Service Requested: **SINGLE PIECE**  
 3 0-3820 SP 0-470

If we may be of assistance to you, please call Customer Service at 800-765-4977. Please have the customer, group number and claim number available.

You can access your Remittance Advices online 24 hours a day using Emdeon Payment Manager or Emdeon Vision. Simply login and select WPS ID SX022. For FREE registration info, see the Remarks Section below.

**1 Tax Identification Number**  
 Date: 02/00/2018

**PROVIDER REMITTANCE ADVICE**

Claim #: Group #:	3 Patient Account: 4 Patient ID:	5 Insured Name: 6 Patient Name:	NPI:										
Date of Service	Service Code	Units	Submitted Charges	Negotiated or Allowed	Deductible	Copy Amount	Co-ins Amount	Provider Responsibility	CCB Amount	Less Other Amount	Withhold Amount	See Remarks	Payable Amount
20170414-20170414	0921	1	\$1,079.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$879.00	\$0.00	R004 AA	\$200.00
<b>CLAIM TOTALS:</b>			\$1,079.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$879.00	\$0.00		\$200.00
<b>STATEMENT TOTALS:</b>			\$1,079.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$879.00	\$0.00		\$200.00

**REMARKS:**

**8 AAG -** ANSI Code - 129 - Prior processing information appears incorrect. Adjustment to a previously processed claim. Subtract prior payment for true net payment. Negative adjustment may result in refund requests.

R004 - Alliance preferred provider agreement

\*\*\* WPS and Alliance will be implementing the process of offsetting overpayments with a sixty days' notice, on open refunds starting in early 2018. More information on this process will be communicated in the near future.

\*\*\* Check out your PRAs online!

You can view your Provider Remittance Advice(PRA) online 24 hours a day using Emdeon Payment Manager or Emdeon Vision for Claim Management. Simply select Payer ID SX022 and access to the exact images you receive via mail - all in one place and available 24 hours a day.

Need to register? It's FREE! Simply visit: <http://www.emdeon.com/emdeon/vision/educationcenter/contact.php> to register for Emdeon Vision or call 877.EMDEON.6 (877-363-3666) to get set up today!

Already registered? Login here <https://access.emdeon.com/CHS/>



If the provider does not repay the overpaid amount, we will use the overpaid amount to pay future claims. Below is an example of a PRA for a claim that was paid using overpaid amounts from previous claims.

**1 The top section of the PRA** contains information regarding the claim that is being paid.

**2 Payable Amount:** The Amount that is payable on the current claim.

**3 Offset Summary:** The Offset Summary includes information on claims we previously overpaid.

**4 Original Amount Paid:** The original amount paid on the claim(s) in which the overpayment occurred.

**5 Overpaid:** The amount that we overpaid.

**6 Previously Applied:** The amount of the overpayment we previously applied to other claims the provider submitted.

**7 Offset This EOB:** The amount of the overpayment we will use to pay this claim.

**8 Reason Code:** The reason code for the offset.

**9 Current Overpayment:** The amount that is still overpaid after the current claim has been processed.

**10 Remarks:** Description for the reason codes listed in "See Remarks" and "Reason Code." The description for A30 reads: "Based on additional information received, claim has been reprocessed resulting in an overpayment."

WPS HEALTH INSURANCE  
Wisconsin Physicians Service Insurance Corporation  
P.O. Box 8100 - P.O. Box 8100  
Madison, WI 53708-8100

WHITE STOCK  
10/10/18

Electronic Service Requested  
3 0-0324

If we may be of assistance to you, please call Customer Service at 800-765-4977. Please have the customer, group number and claim number available.

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Tax Identification Number  
Date 04/10/2018

**PROVIDER REMITTANCE ADVICE**

1 Claim #:  
Group #:

Patient Account:  
Patient ID:

Insured Name:  
Patient Name:

NPI: 2

Date of Service	Service Code	Units	Submitted Charges	Negotiated or Allowed	Deductible	Copy Amount	Co-ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	See Remarks	Payable Amount
20170211-20170211	G0202	1	\$201.20	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$191.20	\$0.00	R004	\$10.00
20170211-20170211	77052	1	\$18.40	\$0.00	\$0.00	\$0.00	\$0.00	\$18.40	\$0.00	\$0.00	\$0.00	R004 z11	\$0.00
<b>CLAIM TOTALS:</b>			\$219.60	\$10.00	\$0.00	\$0.00	\$0.00	\$18.40	\$0.00	\$191.20	\$0.00		\$10.00

**OFFSET SUMMARY:**

3 Claim#	Patient Name	Patient Acct#	Date of Service	4 Original Amount Billed	5 Overpaid	6 Previously Applied	7 Offset This EOB	8 Reason Code	9 Current Overpayment
161042119800			2/10/2016	\$219.60	\$52.13	\$12.00	\$10.00	A30	\$30.13

Submitted Charges	Negotiated or Allowed	Deductible	Copy Amount	Co-ins Amount	Provider Responsibility	COB Amount	Less Other Amount	Withhold Amount	Total Offset This EOB	Issued Amount
\$219.60	\$10.00	\$0.00	\$0.00	\$0.00	\$18.40	\$0.00	\$191.20	\$0.00	\$10.00	\$0.00

**STATEMENT TOTALS:**

**REMARKS: 10**

A30 - OFFSET Reason: Based on the additional information received, claim has been reprocessed resulting in an overpayment.

R004 - Alliance preferred provider agreement.

z11 - ANSI Code - 16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

This claim line is being disallowed because the procedure code has been deleted.

Sources for procedure code changes include: AMA/JA/DCS/ACS/AODG/ACR/CPT/CC/Medicare/CMS.

WPS and Arise will be implementing the process of offsetting overpayments with a sixty days' notice, on open refunds starting in early 2018. More information on this process will be communicated in the near future.

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**Example:** WPS received a claim for Mary Beth with a payment amount of \$10.00 (#2) but the provider has an outstanding overpayment due to WPS in the amount of \$52.13 (#5). WPS previously applied \$12.00 to the offset (#6). WPS will take the \$10.00 for Mary Beth's claim (#7) which leaves a balance of \$30.13 remaining to be offset (#9). The reason for the overpayment on the original claim is listed in Remarks (#10).

