

## Remittance Advice – General Information

The Pharmacy Remittance Advice (RA) represents all paid pharmacy claims transactions that have occurred during the warrant period indicated at the top of the RA. The electronic version of the RA, an 835, represents the same information as the RA, but in a standard raw data format.

Both 835s and PDF versions of hard-copy RAs are available to trading partners who have registered for access to the GHS Electronic Data Interchange (EDI) gateway. If you do not already have access you can contact Goold Health Systems (GHS) at [wyprowider@ghsinc.com](mailto:wyprowider@ghsinc.com) to request an EDI access enrolment form. Please provide your Wyoming Trading Partner ID number (supplied by GHS during enrollment) with this email request.

A complete, sample PA is provided on the following page with additional information.

RAs are divided into 5 key sections:

1. The warrant date and pharmacy / trading partner information.
2. Field code descriptions – Describes the field code values for the Other Coverage Code (CD), Basis of Reimbursement (COST BASIS), and Reversal Reason Codes (REV RSN CD) fields.
3. Paid claims information – This section supplies the details related to claims that were accepted and paid by EqualityCare. The warrant number is also listed above this information.
4. Adjustment information – Indicates any adjustments, such as transaction fees or reversals, applied.
5. Manual rejection information – Details of paper claims rejected for processing. Since manual claims are not common for many Pharmacy Providers, this section will often not contain any rejections.

All transactions (payments, adjustments, and manual rejections) are sorted ascending in the following order: Pharmacy location NPI, Claim Type, TCN, and TCN Line Num.

### RA FIELD DESCRIPTIONS

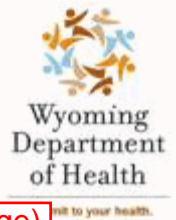
Field Name	Description
SUB ID	EqualityCare Client ID Number.
NAME	EqualityCare Client Last name, first name.
RX NUM	Prescription number supplied by pharmacy.
RX DATE	Claim date of service.
NDC	NDC of drug submitted with claim.
DESCRIPTION	Drug description associated with NDC.
QTY	Quantity of drug submitted with claim.
D/S	Day supply of drug submitted with claim.
BILLED AMOUNT	The submitted amount billed for the prescription.
ING COST	Ingredient cost of drug submitted with claim.
DISP FEE	Dispensing fee submitted by pharmacy.
COPAY	Client co-pay.
OT PAY SUBMIT	Amount of payment supplied by any third-part insurance a client may have.
CD	Other Coverage Code.
PAID AMOUNT	Amount paid to Pharmacy by EqualityCare.
COST BASIS	Basis of reimbursement determination code.
PLAN	EqualityCare Client plan.
REV RSN CD	Reversal Reason Code
LN NUM	Line number of claim. Applies to compound claims only.

03-Apr-2009

Warrant Date

ACCEPTED PHARMACY CLAIMS

Wyoming Department of Health



Vendor# / NABP / NPI

Pharmacy: 000000000 / 0000000 / 0000000000 - Example Pharmacy / ANYTOWN, WY 82000 / RA Only

Pharmacy information and remit type

Field values for "CD", "COST BASIS", and "REV RSN CD" fields

Field Names (described on following page)

Details of claims paid by EqualityCare

Gross adjustments from warrant and / or transactions fees

Details of manual (paper) claims rejected for processing

- CD (OTHER COVERAGE CODE) Valid Values:**
- 0 - Not Specified
  - 1 - No Other Coverage Identified
  - 2 - Other Coverage Exists-Payment Collected
  - 3 - Other Coverage Exists-This Claim Not Covered
  - 4 - Other Coverage Exists-Payment Not Collected

- COST BASIS (Basis of Reimbursement Determination) Valid Values:**
- 00 - Not Specified
  - 01 - Ingredient Cost Paid as Submitted
  - 02 - Ingredient Cost Reduced to AWP Pricing
  - 03 - Ingredient Cost Reduced to AWP Less X% Pricing
  - 04 - Usual & Customary Paid as Submitted
  - 05 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary
  - 06 - MAC Pricing Ingredient Cost Paid
  - 07 - MAC Pricing Ingredient Cost Reduced to MAC
  - 08 - Contract Pricing
  - 09 - Acquisition Pricing

- REV RSN CD Valid Values:**
- AD - Administrative
  - CR - Claim Review
  - RB - Rebate
  - SR - Store Requested
  - SU - SURS
  - TP - TPL

Warrant Number

SUB ID	NAME	RX NUM	RX DATE	NDC	DESCRIPTION	QTY	D/S	BILLED AMOUNT	INS COST	DISP FEE	COPAY	OT PAY SUBMIT	C D	PAID AMOUNT	COST BASIS	PLAN	REV RSN CD	L N U M
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WARRANT NUM: 0000000000000000

PAID		RX NUM	RX DATE	NDC	DESCRIPTION	QTY	D/S	BILLED AMOUNT	INS COST	DISP FEE	COPAY	OT PAY SUBMIT	C D	PAID AMOUNT	COST BASIS	PLAN	REV RSN CD
		0311903	03/31/2009	59762453701	MEDROXYPR AC INJ 150MG/ML	1.0	90	315.00	47.21	5.00	0.00	0.00	0	52.21	09	198	
		1317201	03/03/2009	00093005801	TRAMADOL HCL TAB 50MG	30.0	10	250.00	1.25	5.00	1.00	0.00	0	5.25	06	190	
		1317202	03/03/2009	00062065330	ULTRAM ER TAB 100MG	30.0	8	225.00	112.45	5.00	3.00	0.00	0	114.45	09	190	

ADJUSTMENT		Transaction Fee	PAID AMOUNT
			-0.45

MANUAL REJECT		RX NUM	RX DATE	NDC	DESCRIPTION	QTY	D/S	BILLED AMOUNT	INS COST	DISP FEE	COPAY	OT PAY SUBMIT	C D	PAID AMOUNT	COST BASIS	PLAN	REV RSN CD
		0311901	03/31/2009	52544096691	QUASENSE TAB	100,000.0	100	65000.00	15717.00	500.00	0.00	0.00	0	16217.00	09	198	
		0311902	03/31/2009	51285005866	SEASONALE TAB	90,000.0	90	32500.00	20025.00	500.00	0.00	0.00	0	20525.00	09	198	
		0311903	03/31/2009	59762453701	MEDROXYPR AC INJ 150MG/ML	90,000.0	90	31500.00	31500.00	0.00	0.00	0.00	0	31500.00	04	198	
		0311904	03/31/2009	50419040203	YASMIN 28 TAB 3-0.03MG	28,000.0	28	2500.00	2500.00	0.00	0.00	0.00	0	2500.00	04	198	
		0311904	03/31/2009	50419040203	YASMIN 28 TAB 3-0.03MG	28,000.0	28	2500.00	2500.00	0.00	0.00	0.00	0	2500.00	04	198	
		0311905	03/31/2009	49614017366	AZO-TABS TAB 95MG	90,000.0	90	16500.00	1249.00	500.00	0.00	0.00	0	1749.00	09	198	
		1317202	03/03/2009	00062065330	ULTRAM ER TAB 100MG	30,000.0	8	22500.00	11245.00	500.00	300.00	0.00	0	11445.00	09	190	
		1317203	03/03/2009	00378808801	TRAMADL/APAP TAB	10,000.0	6	50000.00	472.00	500.00	100.00	0.00	0	872.00	06	190	

TOTAL FOR Casper Payless Drug Co.	TOTAL RX: 3	\$790.00	\$15.00	\$4.00	\$171.91	Paid Amount
					(\$0.45)	Adjustments
					\$171.46	Total

Totals for paid claims and adjustments (no rejections)



03-Apr-2009

Warrant Date

ACCEPTED PHARMACY CLAIMS  
Wyoming Department of Health



Vendor# / NABP / NPI  
Pharmacy: 000000000 / 0000000 / 0000000000 - Example Pharmacy / ANYTOWN, WY 82000 / RA Only

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WARRANT NUM: 0000000000000000

PAID	
[REDACTED]	[REDACTED]
0311903	03/31/2009 59762453701 MEDROXYPR AC INJ 150MG/ML 1.0 90 315.00 47.21 5.00 0.00 0.00 0 52.21 09 198
1317201	03/03/2009 00093005801 TRAMADOL HCL TAB 50MG 30.0 10 250.00 1.25 5.00 1.00 0.00 0 5.25 06 190
1317202	03/03/2009 00062065330 ULTRAM ER TAB 100MG 30.0 8 225.00 112.45 5.00 3.00 0.00 0 114.45 09 190

ADJUSTMENT	
	Transaction Fee -0.45

MANUAL REJECT	
[REDACTED]	[REDACTED]
0311901	03/31/2009 52544096691 QUASENSE TAB 100,000.0 100 65000.00 15717.00 500.00 0.00 0.00 0 16217.00 09 198
0311902	03/31/2009 51285005866 SEASONALE TAB 90,000.0 90 32500.00 20025.00 500.00 0.00 0.00 0 20525.00 09 198
0311903	03/31/2009 59762453701 MEDROXYPR AC INJ 150MG/ML 90,000.0 90 31500.00 31500.00 0.00 0.00 0.00 0 31500.00 04 198
0311904	03/31/2009 50419040203 YASMIN 28 TAB 3-0.03MG 28,000.0 28 2500.00 2500.00 0.00 0.00 0.00 0 2500.00 04 198
0311904	03/31/2009 50419040203 YASMIN 28 TAB 3-0.03MG 28,000.0 28 2500.00 2500.00 0.00 0.00 0.00 0 2500.00 04 198
0311905	03/31/2009 49614017366 AZO-TABS TAB 95MG 90,000.0 90 16500.00 1249.00 500.00 0.00 0.00 0 1749.00 09 198
1317202	03/03/2009 00062065330 ULTRAM ER TAB 100MG 30,000.0 8 22500.00 11245.00 500.00 300.00 0.00 0 11445.00 09 190
1317203	03/03/2009 00378808801 TRAMADL/APAP TAB 10,000.0 6 50000.00 472.00 500.00 100.00 0.00 0 872.00 06 190

TOTAL FOR Casper Payless Drug Co.	TOTAL RX: 3	\$790.00	\$15.00	\$4.00	\$171.91	Paid Amount
					(\$0.45)	Adjustments
					\$171.46	Total

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