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PA Access Program Monthly Management Reports

The Monthly Management reports are intended to provide information on claiming and payment activities for providers participating in the PA School-Based Access Program. Once a month, reports will be made available via your EasyTrac site for retrieval. They can be accessed under Reports/School System > Reports, on the bottom of the page. All reports are prefaced with the "Monthly Mgmt" label. Reports are available for 30 days after delivery, so PCG recommends administrators save these reports locally. There are 5 available reports:

1. **Claims Status Report by Service Date**
   This report provides an overview of Access claim submissions and payments by the month in which services were delivered. This report separates the information into Direct Service claims and Transportation claims; when applicable, as well as School Age and Early Intervention; when applicable.
   - *Gross Claims Submitted* represents the total claim value submitted by PCG on behalf of the provider for services rendered in that month.
   - *Net Claims to be Paid* is the amount of those claims that the go to the provider. For a paid claim, this is 54.28% of the claim amount; the other 45.72% is designated as the PA state share. Please note this number is before the PCG processing fee.
   - *PA State Share* is the amount of paid claims designated as the state's share. This is approximately 45.72% of the total payment of a claim. The other 54.28% is represented by the Net Claims to be Paid number.
   - *Denied Claims* is the value of claims that were processed and not paid. Remember, this will be a gross total. The main reasons claims are denied are MA eligibility and Third Party Liability (TPL).
   - *Pending Claims* represents the value of claims that have been submitted to Medicaid for processing, but have not been returned in remittance advice to be paid.
   - *Voids/Adjustments* indicate any voids that have been processed for previously paid claims.
   - *Processed Transactions* represents the number of claims submitted to Medicaid by PCG on behalf of the provider and processed. The PCG fee is based on this number.
   - *Number of Students* indicates the unique number of students whose services were claimed in that month.
   - *Processed Transaction Average* indicates the average amount of money paid to the provider per claim that was processed by Medicaid.

2. **Claim Status Report by Date Paid**
   This report provides claims and payment data broken out into the months when the funds were paid to the provider. This report separates the information into Direct Service claims and Transportation claims; when applicable, as well as School Age and Early Intervention; when applicable.

   - *Gross Claims Submitted* represents the total claim value submitted by PCG on behalf of the provider for services rendered in that month.
   - *Net Claims to be Paid* is the amount of those claims that the go to the provider. For a paid claim, this is 54.28% of the claim amount; the other 45.72% is designated as the PA state share. Please note this number is before the PCG processing fee.
   - *PA State Share* is the amount of paid claims designated as the state's share. This is approximately 45.72% of the total payment of a claim. The other 54.28% is represented by the Net Claims to be Paid number.

- *Denied Claims* is the value of claims that were processed and not paid. Remember, this will be a gross total. The main reasons claims are denied are MA eligibility and Third Party Liability (TPL).
- *Voids/Adjustments* indicate any voids that have been processed for previously paid claims.
- *PCG Fee* is the amount of the processing fee assessed by PCG. Fees are $0.77 per transaction for Direct Service claims, and $0.49 per transaction for Transportation claims. Claims denied because they are duplicates do not count as transactions. This amount can be deducted from the Paid amount to get the amount of money the provider will receive.
- *Processed Transactions* represents the number of claims submitted to Medicaid by PCG on behalf of the provider and processed. The PCG fee is based on this number.
- *Number of Students* indicates the unique number of students whose services were claimed in that month.
- *Processed Transaction Average* indicates the average amount of money paid to the provider per claim that was submitted.

Please note: If claims have been submitted on behalf of the provider but not yet processed, some sections in this report may appear as all zeros. These sections will populate once the state processes the claims.

3. **Claim Status Report by Date Paid (by Responsible District)**
   This report displays the same information as Claim Status by Date Paid, but breaks claims down to a responsible district level. This report is useful for entities that provide services and/or bill for students from multiple districts. Remember, in order for students to be assigned to a responsible district this must be designated on the personal information page.

Please note: If claims have been submitted on behalf of the provider but not yet processed, some sections in this report may appear as all zeros. These sections will populate once the state processes the claims.

4. **Claim Status by Billing Procedure**
   This report provides a detailed layout of claims submitted by Related Service, and, where applicable, by Procedure Code. This report does not show claims by dates, but encompasses anything that has been claimed by PCG on behalf of the district, including pending claims.
   - *Gross Claims Submitted* represents the total claim value submitted by PCG on behalf of the provider for services rendered in that month.
   - *Net Claims to be Paid* is the amount of those claims that the go to the provider. For a paid claim, this is 54.28% of the claim amount; the other 45.72% is designated as the PA state share. Please note this number is before the PCG processing fee.
   - *PA State Share* is the amount of paid claims designated as the state's share. This is approximately 45.72% of the total payment of a claim. The other 54.28% is represented by the Net Claims to be Paid number.
   - *Denied Claims* is the value of claims that were processed and not paid. Remember, this will be a gross total. The main reasons claims are denied are MA eligibility and Third Party Liability (TPL).
   - *Pending Claims* represents the value of claims that have been submitted to Medicaid for processing, but have not been returned in remittance advice to be paid.

- *Voids/Adjustments* indicate any voids that have been processed for previously paid claims.
- *Processed Transactions* represents the number of claims submitted to Medicaid by PCG on behalf of the provider and processed. The PCG fee is based on this number.
- *Number of Students* indicates the unique number of students whose services were claimed in that month.
- *Processed Transaction Average* indicates the average amount of money paid to the provider per claim that was submitted.

5. **Claim Analysis Report by Billing Procedure**
   This report is useful for comparing high level claiming activity across periods of time. The report has three sections. Previous Month is data for activity in the month of the report date. School Year is for the school year to date, which always begins on July 1. Previous School Year is the total of activity last year.
   - *Transaction in Claims* represents the distinct number of original claims submitted by PCG on behalf of the provider during the time period. This does not include resubmissions.
   - *Gross Claims Submitted* is the claim amount submitted during the time period by PCG on behalf of the provider.
   - *Paid to District in Remit* is the amount of money paid out to this district during the time period. This amount is post-state share and does not include the PCG processing fee.