

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 in PDF and excel format for 30 days after delivery, so PCG recommends administrators to save these reports locally each month.

There are 6 available reports. Each Monthly Management report has a number associated 1-6 that corresponds to the description below:

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 by fiscal year 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 go to the provider. For a paid claim, this is FMAP of the gross claim amount; the remaining percentage 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 the remaining percentage of the total payment of a claim after the FMAP is applied. The FMAP 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).
- Resubmitted Paid Claims are claims that were submitted and originally denied. These claims were eligible to be resubmitted and have been returned with a status to be paid. Gross amounts for these claims have already been accounted for in a previous month’s submission. Remember, for a paid claim, this is the FMAP of the gross claim amount; the remaining percentage is designated as the PA state share. Please note a second PCG processing fee will NOT be charged for these claims.
- 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.
- Grand Total calculates the following columns “Net Claims to be Paid” plus “Resubmitted Paid Claims” plus “Voids/Adjustments”.

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 by fiscal year 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 go to the provider. For a paid claim, this is the FMAP of the gross claim amount; the remaining percentage 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 the remaining percentage of the total payment of a claim after the FMAP is applied. The FMAP 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).
- Resubmitted Paid Claims are claims that were submitted and originally denied. These claims were eligible to be resubmitted and have been returned with a status to be paid. Gross amounts for these claims have already been accounted for in a previous month's submission. Remember, for a paid claim, this is the FMAP of the gross claim amount; the remaining percentage is designated as the PA state share. Please note a second PCG processing fee will NOT be charged for these claims.
- 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.
- Grand Total calculates the following columns "Net Claims to be Paid" plus "Resubmitted Paid Claims" plus "Voids/Adjustments".

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 by Service Date**

This report provides a detailed layout of claims submitted by fiscal year, Related Service, and applicable Procedure Code. This report does not show claims by dates, but encompasses anything the prior and current fiscal year 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 go to the provider. For a paid claim, this is the FMAP of the gross claim amount; the remaining percentage 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 the remaining percentage of the total payment of a claim after the FMAP is applied. The FMAP 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).
- Resubmitted Paid Claims are claims that were submitted and originally denied. These claims were eligible to be resubmitted and have been returned with a status to be paid. Gross amounts for these claims have already been accounted for in a previous month's submission. Remember, for a paid claim, this is the FMAP of the gross claim amount; the remaining percentage is designated as the PA state share. Please note a second PCG processing fee will NOT be charged for these claims.
- 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.
- Grand Total calculates the following columns "Net Claims to be Paid" plus "Resubmitted Paid Claims" plus "Voids/Adjustments".

5. **Claim Analysis Report by Billing Procedure by Date Paid**

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 current 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.
- Resubmitted Paid Claims are claims that were submitted and originally denied. These claims were eligible to be resubmitted and have been returned with a status to be paid. Gross amounts for these claims have already been accounted for in a previous month's submission. Remember, for a paid claim, this is the FMAP of the gross claim amount; the remaining percentage is designated as the PA state share. Please note a second PCG processing fee will NOT be charged for these claims.
- Grand Total calculates the following columns "Net Claims to be Paid" plus "Resubmitted Paid Claims".

6. Claim Status Report by Denial by Service Date

This report provides a detailed layout of claims submitted on a student level that have been denied by Medicaid. Students have been identified in alphabetical order, by related service, total charge and reason/s the claims have been denied. This encompasses anything within 365 days from the end of last month that has been claimed by PCG on behalf of the district and. This report separates School Age and Early Intervention; when applicable.

- Responsible District breaks denied claims down to a responsible district level. This can identify students from multiple districts, when applicable. It may be their home district or a district that provides services and/or bills for that student. Remember, in order for students to be assigned to a responsible district this must be designated on the personal information page.
- Student ID is the unique identifier assigned to students by a provider.
- Date of Birth is the date of birth of the student identified with denied claims.
- Student Last Name is the last name of the student identified with denied claims.
- Student First Name is the first name of the student identified with denied claims.
- Service Date is date of service of the denied claim for the student listed.
- Related Service identifies the services (direct and transportation) provided to the student that has denied claims.
- Total Charge is the value of claims that were processed and not paid. This amount will be calculated on the status of most recent claim. If a previously denied claim has been resubmitted, it will no longer be considered as denied. Remember, this will be a gross total.
- Processed Transactions represents the number of claims submitted to Medicaid by PCG on behalf of the provider, processed and not paid.
- Reason Denied is the description explaining why claims were denied by Medicaid. You may see one or all of the following descriptions:
 - Denied, will be resubmitted
 - Units billed exceed allowance for procedure code
 - Recipient ineligible on date of service.
 - Third Party Liability
 - Not eligible due to the recipient's age.
 - Needs More Information
 - Recipient deceased before date of service
 - PCA service prescribed/ordered by CRNP
 - Invalid NPI; Referring NPI not on file with DHS
 - Invalid NPI; Invalid MA ID; Referring NPI must be for an individual; Referring NPI not on file with DHS