VERMONT HEALTH ACCESS PROGRAM
SINGLE CLAIM ADJUSTMENT REQUEST FORM

1. INTERNAL CONTROL NUMBER	DETAIL	DETAIL	DETAIL	ALL
				☐ All Details

2. BENEFICIARY NAME		3. BENEFICIARY NUMBER

4. PROVIDER NAME, ADDRESS & NUMBER	5. FROM DOS	6. TO DOS
NAME: ADDRESS:		

	7. BILLED AMT.	8. PAID AMT.	9. R/A DATE
VT Medicaid Provider #: NPI # Taxonomy Code(s):			

10. PLEASE SPECIFY REASON FOR ADJUSTMENT

Please check the reason for adjustment and enter corresponding information:

☐ Change units from   to   with a detail billed amount of $

☐ Change procedure code from   to   w/ a detail billed amount of $

☐ Change the other insurance amount from $ to $

☐ Recoup and reprocess attached corrected claim (use lines below for description)

☐ Recoup (use lines below for a short description)

☐ Other:

IMPORTANT: THIS ADJUSTMENT WILL NOT BE PROCESSED UNLESS ALL FIELDS ARE COMPLETED.

SIGNATURE (required)	DATE

*** HPE USE ONLY ***

EXAMINER:	DATE:
REMARKS:	

Mail to:
HEWLETT PACKARD ENTERPRISE
P.O. BOX 888, WILLISTON VT 05495-0888

This form can be downloaded to your computer for your convenience. It is a 'locked' form; allowing you to fill in the required fields without altering the basic form. Please save all completed forms for your records. After filling in the required information, save the document, print the form and mail it to Hewlett Packard Enterprise, PO Box 888, Williston, VT 05495.

INSTRUCTIONS FOR FORM COMPLETION

Adjustment requests may be submitted to Hewlett Packard Enterprise when a claim is paid incorrectly. These requests can be initiated by the provider, Hewlett Packard Enterprise, or DVHA. All adjustments must be submitted on an Adjustment Request Form and all fields must be filled out with the correct information. Telephone requests are not accepted.

A new claim form with the correct information is required when changing the provider number, beneficiary number, or billed amount. Any request which does not have the proper attachments will be returned.

Denied claims cannot be submitted as adjustment requests. A claim that has been denied should be corrected and resubmitted with all attachments as a new claim. Adjustment requests for denied claims will be returned to provider without being entered into our system

1. INTERNAL CONTROL NUMBER/DETAIL
The 15-digit (ICN) is found on the remittance advice directly following the beneficiary's identification number. It **must** include the detail numbers requiring adjustment. If all details for the ICN require adjustment simply indicate "**ALL**". **Adjustment requests with the detail field empty or with a 00 will be returned to the provider.**

2. BENEFICIARY NAME
Enter the name of the beneficiary for which the paid claim is being adjusted.

3. BENEFICIARY NUMBER
Enter the Medicaid Identification number of the beneficiary for which the paid claim is being adjusted.

4. PROVIDER NAME, ADDRESS, PROVIDER NUMBER, and/or NPI NUMBER, AND TAXONOMY CODE
Enter the name, address, Medicaid provider number, NPI number and Taxonomy Code to whom the claim was paid. **All five are required. HP will return adjustment requests to provider if no provider number is given.**

5. FROM DOS
Enter the "from date of service" for which the paid claim is being adjusted.

6. TO DOS
Enter the "to date of service" for which the paid claim is being adjusted.

7. BILLED AMT.
Enter the billed amount for the claim/detail being adjusted.

8. PAID AMT.
Enter the amount paid for the claim/detail being adjusted.

9. R/A DATE
Enter the payment date from the Remittance Advice on which the claim/detail was paid.

10. PLEASE SPECIFY REASON FOR ADJUSTMENT
Enter reason adjustment is requested. If the adjustment is needed to change information on the claim you must include the corrected information.

SIGNATURE AND DATE
The adjustment request will be returned to the provider if a signature or date is not present.

Hewlett Packard Enterprise accepts electronic adjustments

You can submit electronic adjustments via the new 837 claim transaction sets, via our web portal, or by PES (provider electronic software). We accept codes 7 (replacement claim) and 8 (void claim). To submit an electronic adjustment, your adjustment claim must the following from the claim you wish to adjust: Provider ID, Beneficiary ID (MID), and paid claim's ICN (15 digit number), you may only adjust claims in a paid status (denied or suspending claims cannot be adjusted electronically). Replacement adjustments will recoup the paid claim (with EOB 220) and replace the new claim. A new claim with a new ICN is created with the replacement data. Void adjustments will recoup the original paid claim with EOB 636, but no new claim is created.