

MassHealth

**Guide to the Remittance Advice
for Paper Claims and
Electronic Equivalents**

MassHealth



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Introduction

This guide describes in detail the remittance advice that MassHealth issues to providers in response to claims submitted on paper CMS-1500 or UB-04 claim forms or their electronic equivalents. For instructions on submitting paper claims, see the MassHealth Billing Guides for the CMS-1500 or UB-04 paper claim form.

For information about billing electronically, see the applicable MassHealth companion guides. For general administrative and billing instructions, see Subchapter 5 of your MassHealth provider manual.

General Explanation of Remittance Advice

For each pay cycle (“run”), MassHealth issues a remittance advice to affected providers. The remittance advice explains the status of claims that were processed. It lists paid, denied, and suspended claims that were processed on that run.

The remittance advice sorts claims in the following order:

1. claim type;
2. claim status (paid, pending, denied, suspended, and adjustments); and
3. internal control number (ICN)

If the provider has not elected to have payments transferred directly into a bank account through electronic funds transfer (EFT), a check for the total amount of paid claims represented on the remittance advice will be mailed separately.

MassHealth uses the first page of the remittance advice to convey important messages to providers. These messages may contain billing and payment information, as well as other topics. These updates should be communicated to all applicable staff. Remittance advice messages may apply to all providers or to only certain types of providers (for example, physicians or hospitals). These messages are also posted on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on Remittance Advice Message Text.

These messages contain the following information about the remittance advice:

- a sample banner of the remittance advice;
- a description of each field and the corresponding type of information found on the remittance advice;
- a description of the information on the remittance advice relating to the status of each claim;
- a description of the information on the remittance advice relating to the different kinds of claims-processing requests, including requests for payment, adjustments, voids, and returned monies; and
- samples of remittance advices.

Organization of Content in this Guide

In this guide, the various claim types are described in the following order:

- [Medicare Part A claims](#);
- [Medicare Part B claims](#);
- [home health claims](#);
- [inpatient hospital claims](#) including acute, chronic and psychiatric hospital claims;
- [long-term-care claims](#) including nursing facility, intermediate care facility (ICF) and rest home claims;
- [professional claims](#) billed on the CMS 1500;
- [outpatient hospital claims](#) including acute, chronic and psychiatric hospital claims;
- [drug claims](#); and
- [compound drug claims](#).

Within each claim type, samples of the remittance advice are provided for each claim status in the following order:

- paid claims;
- pended claims;
- denied claims;
- suspended claims; and
- adjusted claims.

Each sample is followed by a field descriptions table. The field descriptions table contains the field name, its description, and the character length of the field. Please note that the fields are alphabetically listed in the table for easy reference.

Remittance advice for the following topics is also described in this guide:

- [financial transactions](#);
- [third-party-liability information](#);
- [summary advice](#); and
- [explanation of benefits \(EOB\) code description](#).



Field Descriptions - Banner

Field	Description	Length
Address	Pay to mailing address of the payee	120
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location of the provider receiving the remittance advice NOTE: The space between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Subject	Banner heading with text message following it	4000



Sample Remittance Advice – Medicare Part A

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-XAPD-R
COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART A CLAIMS PAID
RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

- - - - M E D I C A R E - - - - - - - - M E D I C A I D - - - - -										
--ICN--	PCN	SERVICE DATES	ADMIT DT	DT	COPAY AMT	BLOOD DEDUCT	CO-INS	BILLED	COPAY AMT	PATIENT LIAB
	MRN	FROM TO	DAYS		PAID AMT	DEDUCT			OTH INS AMT	PAID AMT
RRYYJJJBBSSS	XXXXXXXXXXXX	MMDDYY MMDDYY	MMDDYY		999,999.99	999,999.99	999,999.99	9,999,999.99	999,999.99	999,999.99
	XXXXXXXXXXXX		999		9,999,999.99	999,999.99			9,999,999.99	9,999,999.99

MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX

HEADER EOBS: 9999

PL	PROC	SERVICE DATES	BILLED AMT	COPAY AMT	DETAIL EOBS
SERV REV	CD CODE	MODIFIERS	FROM TO	UNITS	ALLOWED AMT
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9999.99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9,999,999.99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	999,999.99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9,999,999.99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	999,999.99
XX	9999	XXXXX	XX XX XX XX	MMDDYY MMDDYY	9,999,999.99

TOTAL MEDICARE CROSSOVER PART A CLAIMS PAID: 9,999,999.99 9,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 9,999,999.99

TOTAL NO. PAID: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-XAEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART A CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, ADMIT DT, COPAY AMT, BLOOD DEDUCT, CO-INS, BILLED, COPAY AMT, PATIENT LIAB. Includes values for RRYJJJBBSSS and various amounts.

MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX

HEADER EOBS: 9999

Table with columns: PL, PROC, SERVICE DATES, BILLED AMT, COPAY AMT, DETAIL EOBS. Includes rows for XX 9999 with various codes and amounts.

TOTAL MEDICARE CROSSOVER PART A CLAIMS PEND: 9,999,999.99 9,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 9,999,999.99

TOTAL NO. PENDED: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-XADN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
MEDICARE CROSSOVER PART A CLAIMS DENIED PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, ADMIT DT, COPAY AMT, BLOOD DEDUCT, CO-INS, BILLED, COPAY AMT, PATIENT LIAB. Includes rows for member details, service dates, and a summary row: TOTAL MEDICARE CROSSOVER PART A CLAIMS DENIED: 9,999,999.99

TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Medicare Part A (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on an RA one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-XASU-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART A CLAIMS SUSPENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, MRN, SERVICE DATES, ADMIT DT, COPAY AMT, BLOOD DEDUCT, CO-INS, BILLED, COPAY AMT, OTH INS AMT, PATIENT LIAB. Includes member name, header EOBs, and detailed service lines with PL, REV, CD, CODE, MODIFIERS, SERVICE DATES, UNITS, BILLED AMT, COPAY AMT, and DETAIL EOBs.



Sample Remittance Advice – Medicare Part A (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-XAAD-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE MEDICARE CROSSOVER PART A CLAIMS ADJUSTED RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, ADMIT DT, COPAY AMT, BLOOD DEDUCT, CO-INS, BILLED, COPAY AMT, PATIENT LIAB. Includes rows for RRYJJBBSSS with various amounts.

MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX ADJUSTMENT EOB: 9999 HEADER EOB: 9999

Table with columns: PL, PROC, SERVICE DATES, BILLED AMT, COPAY AMT, DETAIL EOB. Includes rows for XX 9999 with various amounts and summary rows for ADDITIONAL PAYMENT, TOTAL OVERPAYMENT, and REFUND AMOUNT APPLIED.

TOTAL MEDICARE CROSSOVER PART A CLAIMS ADJ: 9,999,999.99 9,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 9,999,999.99 TOTAL NO. ADJUSTED: 999,999



Field Descriptions – Medicare Part A

Field	Description	Length
(Total Medicare Crossover Part A Claims) Medicaid – Billed Amount	Total amount billed by the provider for the hospital stay	10
(Total Medicare Crossover Part A Claims) Medicaid – Copay Amt	Total amount the member should pay and is deducted from the allowed amount to arrive at the paid amount	9
(Total Medicare Crossover Part A Claims) Medicaid – Oth Ins Amt	Total payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid third-party-liability (TPL) amount includes the Medicaid other insurance and spenddown amounts.	10
(Total Medicare Crossover Part A Claims) Medicaid – Patient Liab	Total patient liability amount applied during the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	9
(Total Medicare Crossover Part A Claims) Medicaid Paid Amount	Total amount that is payable for the hospital stay	10
(Total Medicare Crossover Part A Claims) Medicare – Paid Amount	Total amount that is payable for the hospital stay	10
(Total Medicare Crossover Part A Claims Adjusted) Medicare – Blood Deduct	Total amount that is paid toward a Medicare claim for blood deductible	9
(Total Medicare Crossover Part A Claims) Medicare – Co-Ins Amount	Total amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	9
(Total Medicare Crossover Part A Claims) Medicare – Copay Amt	Total amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	9



Field Descriptions – Medicare Part A (cont.)

Field	Description	Length
(Total Medicare Crossover Part A Claims) Medicare – Deduct Amount	Total amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	9
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Admit Dt	Date the member was admitted into the hospital	6
Allowed Amt (Detail)	Allowed amount for the claim detail	9
Billed Amt (Detail)	Billed amount for the claim detail	9
Copay Amt (Detail)	Copay amount the member should pay for the claim detail	8
Days	Number of days the member was in the hospital	3
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
MRN	Medical record number or the patient account number submitted by the provider on the claim	12
Medicaid – Billed	Amount billed by the provider for the hospital stay	9
Medicaid – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount.	8
Medicaid – Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid third-party-liability (TPL) amount includes the Medicaid other insurance and spenddown amounts.	9
Medicaid – Paid Amt	Amount that is payable for the hospital stay	9



Field Descriptions – Medicare Part A (cont.)

Field	Description	Length
Medicaid – Patient Liab	Patient liability amount applied to the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	8
Medicare – Paid Amt	Amount that is payable for the hospital stay	9
Medicare – Blood Deduct	Amount that is paid toward a Medicare claim for blood deductible	8
Medicare – Co-Ins	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	8
Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicare – Deduct	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	8
Member ID	Member’s MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
PCN	Patient control number for the member submitted on the claim by the provider	12
Page	Current page and total number of pages within the provider’s RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
Pl Serv	Place of service code(s) indicating where the services were actually provided. This may occur up to 23 times depending on the number of detail lines billed.	2
Proc Code	Procedure codes that correspond to the revenue codes on each of the detail lines being billed	5
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions – Medicare Part A (cont.)

Field	Description	Length
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines	4
Refund Amount Applied (Adjustment Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle, if applicable	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service or the admit date	6
Service Dates – From (Detail)	From date of service on the detail line	6
Service Dates – Thru	Latest date of service or discharge date	6
Service Dates – Thru (Detail)	To date of service on the detail line	6
Total No.	Total count of claims for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided	6



Sample Remittance Advice – Medicare Part B

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-XBPD-R
COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART B CLAIMS PAID
RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

ICN	PCN	SERVICE DATES	COPAY AMT	ALLOWED AMT	PSYCH CO-INS	BILLED	COPAY AMT	PAID AMT
MRN	FROM TO	PAID AMT	DEDUCT	CO-INS	OTH INS AMT			
RRYYJJJBSSSS	XXXXXXXXXXXXX XXXXXXXXXXXXX	MMDDYY MMDDYY	999,999.99	9,999,999.99	999,999.99	9,999,999.99	999,999.99	9,999,999.99
			9,999,999.99	999,999.99	999,999.99		9,999,999.99	

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

PL	REV	PROC	MODIFIERS	SER DT	FROM TO	SERVICING	PROV	ALLW	UNITS	PA NUMBER	DETAIL	EOBS
SERV	CD	CODE	COPAY AMT			BILLED AMT	ALLOWED AMT	PAID AMT				
XX	9999	XXXXX	XX XX XX XX	MMDDYY	MMDDYY	XXXXXXXXXX	9999.99	XXXXXXXXXX	9999 9999 9999 9999 9999 9999 9999 9999			
			999,999.99			9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999			
XX	9999	XXXXX	XX XX XX XX	MMDDYY	MMDDYY	XXXXXXXXXX	9999.99	XXXXXXXXXX	9999 9999 9999 9999 9999 9999 9999 9999			
			999,999.99			9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999			
XX	9999	XXXXX	XX XX XX XX	MMDDYY	MMDDYY	XXXXXXXXXX	9999.99	XXXXXXXXXX	9999 9999 9999 9999 9999 9999 9999 9999			
			999,999.99			9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999			
XX	9999	XXXXX	XX XX XX XX	MMDDYY	MMDDYY	XXXXXXXXXX	9999.99	XXXXXXXXXX	9999 9999 9999 9999 9999 9999 9999 9999			
			999,999.99			9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999			

TOTAL MEDICARE CROSSOVER PART B CLAIMS PAID: 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99
99,999,999.99 9,999,999.99 9,999,999.99 9,999,999.99

TOTAL NO. PAID: 999,999



Sample Remittance Advice – Medicare Part B (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-XBEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
MEDICARE CROSSOVER PART B CLAIMS PENDED PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, COPAY AMT, ALLOWED AMT, PSYCH CO-INS, BILLED, COPAY AMT, PAID AMT. Includes values for RRYJJJBBSSS and various amounts.

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Table with columns: PL, REV, PROC, MODIFIERS, SER DT, FROM TO, SERVICING, PROV, ALLW, UNITS, PA NUMBER, BILLED AMT, ALLOWED AMT, PAID AMT, DETAIL, EOBS. Includes multiple rows of claim data.

TOTAL MEDICARE CROSSOVER PART B CLAIMS PEND: 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99
TOTAL NO. PENDED: 999,999



Sample Remittance Advice – Medicare Part B (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-XBDN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
MEDICARE CROSSOVER PART B CLAIMS DENIED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, COPAY AMT, ALLOWED AMT, PSYCH CO-INS, BILLED, COPAY AMT. Includes member name, header EOBs, and detailed claim rows with amounts and dates.



Sample Remittance Advice – Medicare Part B (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-XBSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
MEDICARE CROSSOVER PART B CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, COPAY AMT, ALLOWED AMT, PSYCH CO-INS, BILLED, COPAY AMT. Row 1: RRYJJJBBSSS, XXXXXXXXXXXX, 999,999.99, 9,999,999.99, 999,999.99, 9,999,999.99, 999,999.99.

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Table with columns: PL, REV, PROC, MODIFIERS, SER DT FROM TO, SERVICING PROV ALLW UNITS, PA NUMBER, BILLED AMT, ALLOWED AMT, PAID AMT, DETAIL EOB. Multiple rows showing claim details.

TOTAL MEDICARE CROSSOVER PART B CLAIMS SUSP: 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99
TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Medicare Part B (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-XBAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
MEDICARE CROSSOVER PART B CLAIMS ADJUSTED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PCN, SERVICE DATES, COPAY AMT, ALLOWED AMT, PSYCH CO-INS, BILLED, COPAY AMT, PAID AMT. Includes rows for RRYJJJBBSSS with various amounts.

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOB: 9999

Table with columns: PL, REV, PROC, MODIFIERS, SER DT, FROM TO, SERVICING PROV, ALLW UNITS, PA NUMBER, BILLED AMT, ALLOWED AMT, PAID AMT, DETAIL EOB. Includes rows for XX 9999 with various amounts and summary rows for ADDITIONAL PAYMENT, TOTAL OVERPAYMENT, and REFUND AMOUNT APPLIED.

TOTAL MEDICARE CROSSOVER PART B CLAIMS ADJ: 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99 9,999,999.99 99,999,999.99
TOTAL NO. ADJUSTED: 999,999



Field Descriptions – Medicare Part B

Field	Description	Length
(Total Medicare Crossover Part B Claims) Medicaid – Billed Amount	Amount billed by the provider	10
(Total Medicare Crossover Part B Claims) Medicaid – Copay Amt	Amount that the member should pay and are deducted from the allowed amount to arrive at the paid amount.	9
(Total Medicare Crossover Part B Claims) Medicaid – Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid other insurance amount includes the Medicaid other insurance and spenddown amounts.	10
(Total Medicare Crossover Part B Claims) Medicaid Paid Amount	Amount that is payable by Medicaid	10
(Total Medicare Crossover Part B Claims) Medicare – Paid Amount	Amount that is payable	10
(Total Medicare Crossover Part B Claims) Medicare – Allowed Amt	Allowed amount for Medicare	10
(Total Medicare Crossover Part B Claims) Medicare – Co-Ins Amount	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	9
(Total Medicare Crossover Part B Claims) Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	9
(Total Medicare Crossover Part B Claims) Medicare – Deduct Amount	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	9



Field Descriptions – Medicare Part B (cont.)

Field	Description	Length
(Total Medicare Crossover Part B Claims) Medicare - Psych Co-Ins Amount	Amount Medicare has determined the member must pay for psychiatric services received	9
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amt (Detail)	Allowed amount for the claim detail	9
Alwd Units	Units of service allowed	6
Billed Amt (Detail)	Billed amount for the claim detail	9
Copay Amt (Detail)	Copay amount the member should pay for the claim detail	8
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
MRN	Medical record number or the patient account number submitted by the provider on the claim	12
Medicaid - Billed Amount	Amount billed by the provider	9
Medicaid - Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicaid - Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. The Medicaid other insurance amount includes the Medicaid other insurance and spenddown amounts.	9
Medicaid Paid Amount	Amount that is payable by MassHealth	9
Medicare - Paid Amount	Amount that is payable	9



Field Descriptions – Medicare Part B (cont.)

Field	Description	Length
Medicare – Allowed Amt	Allowed amount for Medicare	9
Medicare – Co-Ins	Amount that the member should pay and is deducted from the allowed amount to arrive at the Medicare paid amount	8
Medicare – Copay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Medicare – Deduct	Amount that the member is responsible for paying. The Medicare deductible amount includes the Medicare deductible and blood deductible amounts. This amount will cross over and be paid by MassHealth.	8
Medicare – Psych Co-Ins Amount	Amount Medicare has determined the member must pay for psychiatric services received	8
Member ID	Member’s MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
PA Number	Prior authorization number for the line item	10
PCN	Patient control number for the member submitted on the claim by the provider	12
Page	Current page and total number of pages within the provider’s RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
Pl Serv	Place of service code(s) indicating where the services were actually provided. This may occur up to 12 times depending on the number of detail lines billed.	2
Proc Code	Procedure codes that correspond to the revenue codes on each of the detail lines being billed	5
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions – Medicare Part B (cont.)

Field	Description	Length
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines	
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Ser Dt (From)	From date of service on the detail line	6
Ser Dt (To)	To date of service on the detail line	6
Service Dates - From	Earliest date of service or the admit date	6
Service Dates - Thru	Latest date of service or discharge date	6
Servicing Prov	Provider who performed the service for the claim detail	10
Total No.	Total count of claims for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9



Sample Remittance Advice – Home Health

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-HHPD-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
REMITTANCE ADVICE
HOME HEALTH CLAIMS PAID

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE DATES		BILLED AMT	ALLOWED AMT	OTH INS AMT	PAID AMT
		FROM	THRU				
RRYYJJBBSS	XXXXXXXXXX	MMDDYY	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX		MEMBER ID: XXXXXXXXXXXX		OTH INS CD: 99999 99999 99999		PA: XXXXXXXXXXXX DIAG: XXXXXXXX	
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							

REV CD	HCPCS/RATE	MODIFIERS	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL	EOBS
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSS	XXXXXXXXXX	MMDDYY	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX		MEMBER ID: XXXXXXXXXXXX		OTH INS CD: 99999 99999 99999		PA: XXXXXXXXXXXX DIAG: XXXXXXXX	
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							

REV CD	HCPCS/RATE	MODIFIERS	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL	EOBS
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999	9999 9999 9999 9999 9999 9999 9999 9999

TOTAL HOME HEALTH CLAIMS PAID: 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99

TOTAL NO. PAID: 999,999



Sample Remittance Advice – Home Health (cont.)

Pended Claims

For pended claims, a list of all claims that are pended is displayed, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-HHEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
HOME HEALTH CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES (FROM, THRU), BILLED AMT, ALLOWED AMT, OTH INS AMT, PAID AMT, MEMBER NAME, MEMBER ID, OTH INS CD, PA, DIAG. Includes detailed rows for REV CD, HCPCS/RATE, MODIFIERS, SRV DATE, UNITS, BILLED AMT, ALWD AMT, and DETAIL EOB.



Sample Remittance Advice – Home Health (cont.)

Denied Claims

For denied claims, a list of all claims that were denied is displayed, along with EOB codes that explain why the claims were denied.

REPORT: CRA-HHDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
HOME HEALTH CLAIMS DENIED PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES FROM THRU BILLED AMT ALLOWED AMT OTH INS AMT
RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB:
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB:
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL HOME HEALTH CLAIMS DENIED: 999,999,999.99 999,999,999.99 999,999,999.99
TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Home Health (cont.)

Suspended Claim

For suspended claims a list of all claims that are suspended is displayed, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-HHSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
HOME HEALTH CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES FROM THRU BILLED AMT ALLOWED AMT OTH INS AMT
RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS/RATE MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL HOME HEALTH CLAIMS SUSPENDED: 999,999,999.99 999,999,999.99 999,999,999.99
TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Home Health (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-HHAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
HOME HEALTH CLAIMS ADJUSTED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Header information including patient details, service dates, billed and allowed amounts, and other insurance information.

Table of adjustment details with columns for REV CD, HCPCS/RATE, MODIFIERS, SRV DATE, UNITS, BILLED AMT, ALWD AMT, and DETAIL EOBs.

Summary line for the first adjustment, including member name, ID, and other insurance details.

Table of adjustment details for the second adjustment, including columns for REV CD, HCPCS/RATE, MODIFIERS, SRV DATE, UNITS, BILLED AMT, ALWD AMT, and DETAIL EOBs.

TOTAL HOME HEALTH ADJUSTMENT CLAIMS PAID: 999,999,999.99
TOTAL NO. ADJUSTMENTS 999,999



Field Descriptions - Home Health

Field	Description	Length
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Amount billed by the provider for the services provided	9
Billed Amt (Header)	Total amount billed by the provider for the services provided. For adjustments, both the original and new billed amounts are listed.	9
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
HCPCS/Rate	HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to calculate the allowed amount for the services provided. May occur up to 23 times depending on the number of detail lines.	8
Header EOBs	Explanation of benefits (EOB) codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10



Field Descriptions – Home Health (cont.)

Field	Description	Length
Oth Ins Amt	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new other insurance amount are listed.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount that is payable for the services provided. This represents the allowed amount plus the overhead amount, minus the other insurance and deductible amounts.	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. These may occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates - From	Earliest date of service on all the detail lines. For adjustments, both the original and new 'From' service dates are listed.	6
Service Dates - Thru	Latest date of service on all the detail lines. For adjustments, both the original and new 'Thru' service dates are listed.	6



Field Descriptions – Home Health (cont.)

Field	Description	Length
Srv Date	Dates the services were actually provided. Each detail line will have a date on which the service billed on that line was provided to the member. This may occur up to 23 times depending on the number of detail lines billed.	6
Total Home Health Claims – Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Allowed total amount of all the home health claims	10
Total Home Health Claims – Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of all the home health claims	11
Total Home Health Claims – Oth Ins Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all other insurance amounts for the home health claims	11
Total Home Health Claims – Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the home health claims	11
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided on the claim. This may occur up to 23 times depending on the number of detail lines billed.	8



Sample Remittance Advice – Inpatient Hospital

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-IPPD-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS PAID

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE FROM	DATES THRU	DAYS	ADMIT DATE	RATE AMT BILLED	BILLED AMT	ALLOWED AMT	COPAY	OTH INS AMT	PAID AMT
RRYYJJBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	999	MMDDYY	9,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX											
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999											
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOBS							
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
RRYYJJBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	999	MMDDYY	9,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX											
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999											
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOBS							
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
RRYYJJBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	999	MMDDYY	9,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX											
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999											
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOBS							
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999	9999

TOTAL INPATIENT CLAIMS PAID: 999,999 999,999,999.99 999,999,999.99 999,999,999.99

TOTAL NO. PAID: 999,999 999,999,999.99 99,999,999.99 999,999,999.99



Sample Remittance Advice – Inpatient Hospital (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-IPEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES, DAYS, ADMIT DATE, RATE AMT, BILLED AMT, ALLOWED AMT, COPAY, OTH INS AMT, PAID AMT. Includes multiple rows of data for different claims and a summary row at the bottom.



Sample Remittance Advice – Inpatient Hospital (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-IPDN-R

COMMONWEALTH OF MASSACHUSETTS
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER REMITTANCE ADVICE
 INPATIENT CLAIMS DENIED

RA DATE: MM/DD/YYYY
 PAGE: 9999 of 9999
 RUN: XXXXXX
 PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE DATES	DAYS	ADMIT DATE	RATE AMT	BILLED AMT	ALLOWED AMT	COPAY	OTH INS AMT
RRYYJJJBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	999	MMDDYY 9,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX									
HEADER EOB: 9999									
**** DUPLICATE ICN RRYYJJJBBSSS ON RUN 9999 ****									
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB					
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99									
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX									
HEADER EOB: 9999									
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB					
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99									
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX									
HEADER EOB: 9999									
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB					
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY 9,999.99 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99									
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX									
HEADER EOB: 9999									
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB					
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999
TOTAL INPATIENT CLAIMS DENIED:							999,999,999.99	999,999,999.99	999,999,999.99
TOTAL NO. DENIED:							999,999		



Sample Remittance Advice – Inpatient Hospital (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-IPSU-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS SUSPENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES, DAYS, ADMIT DATE, RATE AMT, BILLED AMT, ALLOWED AMT, COPAY, OTH INS AMT. Includes multiple rows of data for suspended claims and a summary row at the bottom: TOTAL INPATIENT CLAIMS SUSPENDED: 999,999,999.99



Sample Remittance Advice – Inpatient Hospital (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-IPAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
INPATIENT CLAIMS ADJUSTED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES, DAYS, ADMIT DATE, RATE AMT, BILLED AMT, ALLOWED AMT, COPAY, OTH INS AMT, PAID AMT. Includes rows for RRYJJBBSSS and member information.

Table with columns: REV CD, UNITS, BILLED AMT, ALWD AMT, DETAIL EOB. Includes summary rows for TOTAL OVERPAYMENT, REFUND AMOUNT APPLIED, and ADDITIONAL PAYMENT.

RRYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 999 MMDDYY (9,999.99) (9,999,999.99) (9,999,999.99) (999,999.99) (9,999,999.99) (9,999,999.99)
ADJUSTMENT EOB: 9999 HEADER EOB: 9999

Table with columns: REV CD, UNITS, BILLED AMT, ALWD AMT, DETAIL EOB. Includes summary rows for TOTAL OVERPAYMENT, REFUND AMOUNT APPLIED, and ADDITIONAL PAYMENT.

TOTAL INPATIENT ADJUSTMENT CLAIMS PAID: 999,999,999.99 999,999,999.99
TOTAL NO. ADJUSTED 999,999



Field Descriptions – Inpatient Hospital

Field	Description	Length
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Admit Date	Date the member was admitted into the hospital. For adjustments, both the original and new admittance dates are listed.	6
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Billed Amt (Header)	Amount billed by the provider for the claim. For adjustments, both the original and new billed amounts are listed.	9
Copay	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new copayments are listed.	8
Days	Number of days the member was in the hospital. This is the number of days submitted on the claim. For adjustments, both the original and new days are listed.	3
Detail EOBs	Explanation of benefits (EOB) codes	4
Diag	Primary diagnosis submitted on the claim	7
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member’s MassHealth identification number	12
Member Name	Name of the member	29
NPI	NPI of the provider receiving the remittance advice	10



Field Descriptions – Inpatient Hospital (cont.)

Field	Description	Length
Oth Ins Amt	Amount paid by sources other than MassHealth being billed for the member’s stay. This amount is subtracted from the allowed amount to arrive at the paid amount. For adjustments, both the original and new other insurance amounts are listed.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PAS	Unique number used to identify the preadmission screening (PAS) number	10
Page	Current page and total number of pages within the provider’s RA	8
Paid Amount	Amount that is payable for the claim	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	Nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
Proc	Code that represents the surgical procedure code	7
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. This may occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6
Service Dates – Thru	Latest date of service on all the detail lines	6



Field Descriptions – Inpatient Hospital (cont.)

Field	Description	Length
Total Inpatient Claims – Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Allowed amount total of all the inpatient claims	11
Total Inpatient Claims – Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of all the inpatient claims	11
Total Inpatient Claims – Copay (Adjusted, Denied, Paid, Pended & Suspended)	Total of all copay amounts for the inpatient claims	10
Total Inpatient Claims – Oth Ins Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all other insurance amounts for the inpatient claims	11
Total Inpatient Claims – Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the inpatient claims paid	11
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided. This may occur up to 23 times depending on the number of detail lines billed.	8



Sample Remittance Advice – Long-Term Care

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-LTPD-R
COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
LONG TERM CARE CLAIMS PAID
RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE DATES	MBR	ADMIT	BILLED AMT	ALLOWED AMT	PAT LIAB	PAT LIAB	OTH INS	PAID AMT
		FROM THRU	LVL DAYS	DATE			AMT (CLM)	AMT (APPLD)	AMT	
RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	XXX 999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999										

REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999

RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	XXX 999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999										

REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999

RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	XXX 999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999										

REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999
9999	9999999	9,999,999.99	9,999,999.99	9999 9999

TOTAL LONG TERM CARE CLAIMS PAID: 999,999,999.99 99,999,999.99 999,999,999.99

999,999,999.99 99,999,999.99 999,999,999.99

TOTAL NO. PAID: 999,999



Sample Remittance Advice – Long-Term Care (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-LTEN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
LONG TERM CARE CLAIMS PENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES MBR ADMIT PAT LIAB PAT LIAB OTH INS
RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99 99,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALLOWED AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999
9999 9999999 9,999,999.99 9,999,999.99 9999

TOTAL LONG TERM CARE CLAIMS PENDED 999,999,999.99 99,999,999.99 999,999,999.99
TOTAL NO. PENDED: 999,999 999,999,999.99 99,999,999.99 999,999,999.99



Sample Remittance Advice – Long-Term Care (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-LTDN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
LONG TERM CARE DENIED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES MBR ADMIT PAT LIAB PAT LIAB OTH INS
FROM THRU LVL DAYS DATE BILLED AMT ALLOWED AMT AMT (CLM) AMT (APPLD) AMT
RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL LONG TERM CARE CLAIMS DENIED: 999,999,999.99 99,999,999.99 999,999,999.99

TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Long-Term Care (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-LTSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
LONG TERM CARE CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES MBR ADMIT PAT LIAB PAT LIAB OTH INS
RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
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9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
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RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY XXX 999 MMDDYY 9,999,999.99 9,999,999.99 999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX
HEADER EOB: 9999

REV CD UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL LONG TERM CARE CLAIMS SUSPENDED: 999,999,999.99 99,999,999.99 999,999,999.99
TOTAL NO. SUSPENDED: 999,999 999,999,999.99 99,999,999.99



Sample Remittance Advice – Long-Term Care (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-LTAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
LONG TERM CARE ADJUSTMENT PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES (FROM, THRU), MBR (LVL, DAYS), ADMIT (DATE), BILLED AMT, ALLOWED AMT, PAT LIAB (AMT (CLM), AMT (APPLD)), OTH INS (AMT), PAID AMT. Includes member name, ID, and adjustment details.

Summary rows for adjusted claims, showing patient ID, service dates, and amounts.

Second table with columns: MEMBER NAME, ID, OTH INS, CD, PAS, DIAG, ADJUSTMENT EOB, HEADER EOB, REV CD, UNITS, BILLED AMT, ALWD AMT, DETAIL EOB. Includes totals for overpayment, refund, and additional payment.

TOTAL LONG TERM CARE CLAIMS ADJUSTMENT CLAIMS PAID: 999,999,999.99 99,999,999.99 999,999,999.99
TOTAL NO. ADJUSTMENTS 999,999 999,999,999.99 99,999,999.99 999,999,999.99



Field Descriptions – Long-Term Care

Field	Description	Length
Additional Payment (Adjustment Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Admit Date	Date the member was admitted into the long-term-care (LTC) facility	6
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Header)	Amount requested by the provider for the service billed on the detail line	9
Billed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Days	Number of days the member was in the LTC facility. This is the number of days submitted on the claim.	3
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Mbr Lvl	Member's level of care at the time of claims processing	3
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
NPI	NPI of the provider receiving the remittance advice	10



Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Oth Ins Amt	Payments made by sources outside MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PAS	Unique number used to identify the preadmission screening (PAS) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount that is payable for the services provided. This represents the allowed amount plus the overhead amount, minus the other insurance and deductible amounts.	9
Pat Liab Amt (Appld)	Patient liability amount applied during the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	8
Pat Liab Amt (Clm)	Patient liability amount the provider submitted on the claim	8
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	Revenue codes that pertain to the services being billed on the detail lines. May occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6



Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Service Dates – Thru	Latest date of service on all the detail lines	6
Total Long Term Care Claims – Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Allowed amount total of all the LTC claims	11
Total Long Term Care Claims – Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of the LTC claims	11
Total Long Term Care Claims – Oth Ins Amount (Adjusted, Denied, Paid, Pended & Suspended)	Total of all other insurance amounts for LTC claims	11
Total Long Term Care Claims – Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the LTC claims	11
Total Long Term Care Adjustment Claims – Pat Liab Amt (Appld) (Adjusted, Denied, Paid, Pended & Suspended)	Total patient liability applied to the claims	10



Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Total Long Term Care Adjustment Claims – Pat Liab Amt (Clm) (Adjusted, Denied, Paid, Pended & Suspended)	Total patient liability submitted on the claims	10
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided	7



Sample Remittance Advice – Professional

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-PHPD-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROFESSIONAL CLAIMS PAID

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE DATES	FROM	THRU	BILLED AMT	ALLOWED AMT	COPAY	OTH INS AMT	PAID AMT											
RRYJJBSS	XXXXXXXXXX	MMDDYY	MMDDYY		9,999,999.99	9,999,999.99	9,999.99	9,999,999.99	9,999,999.99											
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX																				
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX																				
HEADER EOBS: 9999																				
PL	SERV ST	PROC CD	MODIFIERS	UNITS	DIAG SEQ	SERVICE DATES	SERVICING	BILLED AMOUNT	ALLOWED AMOUNT	COPAY	PAID AMOUNT	DETAIL	EOBS							
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
RRYJJBSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 9,999,999.99																				
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX																				
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX																				
HEADER EOBS: 9999																				
PL	SERV ST	PROC CD	MODIFIERS	UNITS	DIAG SEQ	SERVICE DATES	SERVICING	BILLED AMOUNT	ALLOWED AMOUNT	COPAY	PAID AMOUNT	DETAIL	EOBS							
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
	XX	XX	XXXXXX	XX	XX	XX	XX	9999.00	XXXXXXX	MMDDYY	MMDDYY	XXXXXXXXXX	9,999,999.99	9,999,999.99	99.99	9,999,999.99	9999	9999	9999	9999
TOTAL PROFESSIONAL CLAIMS PAID: 999,999,999.99 999,999,999.99 999,999.99 999,999,999.99 999,999,999.99																				
TOTAL NO. PAID: 999,999																				



Sample Remittance Advice – Professional (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-PHEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROFESSIONAL CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, PATIENT NO., SERVICE DATES (FROM, THRU), BILLED AMT, ALLOWED AMT, COPAY, OTH INS, PAID AMT. Includes member name, ID, OTH INS CD, and various EOB codes.



Sample Remittance Advice – Professional (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-PHDN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
PROFESSIONAL CLAIMS DENIED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES FROM THRU BILLED AMT ALLOWED AMT COPAY OTH INS
RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

PL
SERV ST PROC CD MODIFIERS UNITS DIAG SEQ SERVICE DATES SERVICING BILLED ALLOWED PAID
FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL EOBS
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999

RRYYJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

PL
SERV ST PROC CD MODIFIERS UNITS DIAG SEQ SERVICE DATES SERVICING BILLED ALLOWED PAID
FROM THRU PROV/ NPI AMOUNT AMOUNT COPAY AMOUNT DETAIL EOBS
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999

TOTAL PROFESSIONAL CLAIMS DENIED: 999,999,999.99 999,999,999.99 999,999.99 999,999,999.99
TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Professional (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-PHSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
PROFESSIONAL CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES BILLED AMT ALLOWED AMT COPAY OTH INS
RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Table with columns: PL, SERV ST, PROC CD, MODIFIERS, UNITS, DIAG SEQ, SERVICE DATES, SERVICING, BILLED AMOUNT, ALLOWED AMOUNT, COPAY, PAID AMOUNT, DETAIL EOB. Contains 4 rows of data.

RRYYJJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Table with columns: PL, SERV ST, PROC CD, MODIFIERS, UNITS, DIAG SEQ, SERVICE DATES, SERVICING, BILLED AMOUNT, ALLOWED AMOUNT, COPAY, PAID AMOUNT, DETAIL EOB. Contains 4 rows of data.

TOTAL PROFESSIONAL CLAIMS SUSPENDED: 999,999,999.99 999,999,999.99 999,999.99 999,999,999.99
TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Professional (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-PHAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
PROFESSIONAL CLAIMS ADJUSTED PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES BILLED AMT ALLOWED AMT COPAY OTH INS AMT PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,999,999.99) (9,999,999.99) (9,999.99) (9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOB: 9999

PL SERV ST PROC CD MODIFIERS UNITS DIAG SEQ SERVICE DATES SERVICING BILLED AMOUNT ALLOWED AMOUNT COPAY PAID AMOUNT DETAIL EOB:
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
TOTAL OVERPAYMENT 9,999,999.99
REFUND AMOUNT APPLIED 9,999,999.99
ADDITIONAL PAYMENT 9,999,999.99

RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,999,999.99) (9,999,999.99) (9,999.99) (9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 9,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX
DIAG: XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOB: 9999

PL SERV ST PROC CD MODIFIERS UNITS DIAG SEQ SERVICE DATES SERVICING BILLED AMOUNT ALLOWED AMOUNT COPAY PAID AMOUNT DETAIL EOB:
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
XX XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX MMDDYY MMDDYY XXXXXXXXXXXX 9,999,999.99 9,999,999.99 99.99 9,999,999.99 9999 9999 9999 9999
TOTAL OVERPAYMENT 9,999,999.99
REFUND AMOUNT APPLIED 9,999,999.99
ADDITIONAL PAYMENT 9,999,999.99

TOTAL PROFESSIONAL CLAIMS ADJUSTED: 999,999,999.99 999,999,999.99 999,999.99 999,999,999.99 999,999,999.99
TOTAL NO. ADJUSTMENTS 999,999



Field Descriptions – Professional

Field	Description	Length
Additional Payment (Adjustments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amount (Detail)	Calculated amount allowed by MassHealth for the services being billed at the detail line	9
Allowed Amt (Header)	Calculated amount allowed for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Billed Amount (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Header)	Total amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9
Copay (Detail)	Detail amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	4
Copay (Header)	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	6
Detail EOBs	Explanation of benefits (EOB) codes that apply to each detail line on the claim form	4
Diag	Code for the condition requiring medical attention. A maximum of eight diagnosis codes can be displayed.	7
Diag Seq	Indicates whether diagnosis is primary, second, third, or fourth in the header. Values are 1, 2, 3, or 4 for paper claims; 1 through 8 for electronic claims.	8
Header EOBs	EOB codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29



Field Descriptions – Professional (cont.)

Field	Description	Length
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amount (Header)	Payments made by sources outside of MassHealth. This amount is deducted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Pl Serv	This may occur six times depending on the number of detail lines billed	2
Proc Cd	HCPCS code used to indicate what services were actually provided to the member by the provider.	6
Page	Current page and total number of pages within the provider's RA	8
Paid Amount (Detail)	Amount paid for the services provided at the detail line	9
Paid Amt (Header)	Amount paid for the services provided. This is arrived at by computing the allowed amount for the services and deducting the other insurance amount.	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
RA Date	Date of issue, usually the Tuesday after the cycle	8
Refund Amount Applied (Adjustments Only)	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6



Field Descriptions – Professional (cont.)

Field	Description	Length
Service Dates - From	Earliest date of service on all the detail lines	6
Service Dates - Thru	Latest date of service on all the detail lines	6
Servicing Prov/ NPI	NPI or MassHealth provider ID / service location for the provider that performed the service billed on the line item	10
St	Claim status code for the detail line (PD = Paid, DN = Denied, SU = Suspended)	2
Total No.	Total count of the number of claims on the RA for the provider	6
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Total Professional Claims Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Allowed amount total of all the professional claims paid	11
Total Professional Claims Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of all the professional claims	11
Total Professional Claims Copay (Adjusted, Denied, Paid, Pended & Suspended)	Total of copay amounts for all the professional claims	8
Total Professional Claims Oth Ins Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all other insurance amounts for the professional claims	11
Total Professional Claims Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the professional claims	11
Units	Units of service being billed on each detail line	6



Sample Remittance Advice – Outpatient Hospital

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-OPPD-R
COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PAID
RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	PATIENT NO.	SERVICE DATES	BILLED AMT	ALLOWED AMT	COPAY	OTH INS AMT	PAID AMT
		FROM THRU					
RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX							
HEADER EOB9: 9999							

REV CD	HCPCS	MODIFIERS	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB9
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
**** DUPLICATE ICN RRYJJBBSS ON RUN 9999 ****							
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX							
HEADER EOB9: 9999							

REV CD	HCPCS	MODIFIERS	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB9
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSS	XXXXXXXXXX	MMDDYY MMDDYY	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX							
HEADER EOB9: 9999							

REV CD	HCPCS	MODIFIERS	SRV DATE	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB9
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999	XXXXXX	XX XX XX XX	MMDDYY	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL OUTPATIENT CLAIMS PAID: 999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99 999,999,999.99
TOTAL NO. PAID: 999,999



Sample Remittance Advice – Outpatient Hospital (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-OPEN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES BILLED AMT ALLOWED AMT COPAY AMT PAID AMT
RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

**** DUPLICATE ICN RRYJJBBSSS ON RUN 9999 ****

9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL OUTPATIENT CLAIMS PENDED: 999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99
TOTAL NO. PENDED: 999,999



Sample Remittance Advice – Outpatient Hospital (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-OPDN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS DENIED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES FROM THRU BILLED AMT ALLOWED AMT COPAY OTH INS AMT
RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
*** DUPLICATE ICN RRYJJBBSSS ON RUN 9999 ***
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL OUTPATIENT CLAIMS DENIED: 999,999,999.99 999,999.999.99 99,999,999.99 99,999,999.99
TOTAL NO. DENIED: 999,999



Sample Remittance Advice – Outpatient Hospital (cont.)

Suspended Claims

For suspended claims, the remittance advice lists all claims that are suspended, along with EOB codes that explain why the claims were suspended. Suspended claims appear on these RAs one time when they are initially in the suspended status. They reappear each time the claim is reworked. This is triggered by the update in the claim's location code.

REPORT: CRA-OPSU-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
OUTPATIENT CLAIMS SUSPENDED PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES BILLED AMT ALLOWED AMT COPAY OTH INS AMT
RYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

*** DUPLICATE ICN RYYJJBBSSS ON RUN 9999 ***

9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RYYJJBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
HEADER EOB: 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL OUTPATIENT CLAIMS SUSPENDED: 999,999,999.99 999,999.999.99 99,999,999.99 99,999,999.99
TOTAL NO. SUSPENDED: 999,999



Sample Remittance Advice – Outpatient Hospital (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-OPAD-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
OUTPATIENT CLAIMS ADJUSTED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN-- PATIENT NO. SERVICE DATES FROM THRU BILLED AMT ALLOWED AMT COPAY OTH INS AMT PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,999,999.99) (9,999,999.99) (999,999.99) (9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB:
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL OVERPAYMENT 9,999,999.99
REFUND AMOUNT APPLIED 9,999,999.99
ADDITIONAL PAYMENT 9,999,999.99

RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY (9,999,999.99) (9,999,999.99) (999,999.99) (9,999,999.99) (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
MEMBER NAME: XXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX DIAG: XXXXXXXX PROC: XXXXXXXX
ADJUSTMENT EOB: 9999 HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD HCPCS MODIFIERS SRV DATE UNITS BILLED AMT ALWD AMT DETAIL EOB:
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 XXXXXX XX XX XX XX MMDDYY 9999999 9,999,999.99 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL OVERPAYMENT 9,999,999.99
REFUND AMOUNT APPLIED 9,999,999.99
ADDITIONAL PAYMENT 9,999,999.99

TOTAL OUTPATIENT ADJUSTMENT CLAIMS PAID: 999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99 999,999,999.99
TOTAL NO. ADJUSTMENTS 999,999



Field Descriptions – Outpatient Hospital

Field	Description	Length
Additional Payment (Adjustment Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjustments Only)	Code identifying the purpose of the claim adjustment	4
Header EOB	Code identifying the purpose of the claim	4
Allowed Amt (Header)	Calculated allowed amount for the services provided on this claim. For adjustments, both the original and new allowed amounts are listed.	9
Alwd Amt (Detail)	Calculated allowed amount for the item billed on each detail line	9
Billed Amt (Detail)	Amount requested by the provider for the item billed on each detail line	9
Billed Amt (Header)	Amount billed by the provider for the claim	9
Copay	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount	8
Detail EOBs	Explanation of benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was denied. There could be a maximum of 20 EOB codes per detail line.	4
Diag	Primary diagnosis submitted on the claim	7
HCPCS	HCPCS codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to calculate the allowed amount for the services provided. This may occur up to 23 times depending on the number of detail lines.	6
Header EOBs	EOB codes that apply to the claim header. There could be a maximum of 20 EOB codes.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29



Field Descriptions – Outpatient Hospital (cont.)

Field	Description	Length
Modifiers	Modifiers used to further describe the service provided. Up to four modifiers may be entered on each detail line.	2
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amt	Amount paid by sources other than MassHealth being billed for the member's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9
Oth Ins Cd	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amount	Amount that is payable for the claim	9
Patient No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	12
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
Proc	Code representing the surgical procedure	7
RA Date	Date of issue, usually the Tuesday after the cycle	8
Rev Cd	These are the revenue codes that pertain to the services being billed on the detail lines. May occur up to 23 times depending on the number of detail lines billed.	4
Refund Amount Applied (Adjustments Only)	Refund amount applied in the payment cycle, if applicable	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Service Dates – From	Earliest date of service on all the detail lines	6
Service Dates – Thru	Latest date of service on all the detail lines	6

Field Descriptions – Outpatient Hospital (cont.)

Field	Description	Length
Srv Date	Dates the services were actually provided. Each detail line will have a date on which the service billed on that line was provided to the member. This may occur up to 23 times depending on the number of detail lines billed.	6
Total No.	Total count of the number of claims on the RA for the provider	6
Total Outpatient Claims – Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total allowed amount of all the outpatient claims	11
Total Outpatient Claims – Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of all the outpatient claims	11
Total Outpatient Adjustment Claims – Copay Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all copay amounts for the outpatient claims	10
Total Outpatient Claims – Oth Ins Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all other insurance amounts for the outpatient claims	10
Total Outpatient Claims – Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the outpatient claims	11
Total Overpayment (Adjustments Only)	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Units of service provided on the claim	7



Sample Remittance Advice –Drug Claims

Paid Claims

For paid claims, the remittance advice lists all claims that are paid. Claims that include multiple detail lines may include both paid and denied detail lines in this section. A denied detail that is part of a paid claim will list the appropriate explanations of why the detail was denied.

REPORT: CRA-DRPD-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
DRUG CLAIMS PAID

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

--ICN--	NDC	DESCRIPTION	METRIC QTY	DISP DATE	BILLED AMT	ALLOWED AMT	OTH INS AMT	CO-PAY AMT	PAID AMT
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999 99999	PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999 99999	PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999 99999	PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999 99999	PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
TOTAL DRUG CLAIMS PAID:					999,999,999.99	999,999,999.99	99,999,999.99	99,999,999.99	999,999,999.99
TOTAL NO. PAID:					999,999				



Sample Remittance Advice – Drug Claims (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-DREN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
DRUG CLAIMS PENDED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, NDC, DESCRIPTION, METRIC QTY, DISP DATE, BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT, PAID AMT. Includes multiple rows of drug claim data and a summary row at the bottom: TOTAL DRUG CLAIMS PENDED: 999,999.99 999,999,999.99 99,999,999.99 99,999,999.99 999,999,999.99



Sample Remittance Advice – Drug Claims (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-DRDN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
DRUG CLAIMS DENIED

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: --ICN--, NDC, DESCRIPTION, METRIC QTY, DISP DATE, BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT. Includes multiple rows of denied claims and a summary row at the bottom: TOTAL DRUG CLAIMS DENIED: 999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99



Sample Remittance Advice – Drug Claims (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-DRAD-R	COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE DRUG CLAIMS ADJUSTED	RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX
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--ICN--	NDC	DESCRIPTION	METRIC	DISP	BILLED AMT	ALLOWED AMT	OTH INS	CO-PAY	PAID
			QTY	DATE			AMT	AMT	AMT
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999	99999 PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
							TOTAL OVERPAYMENT		9,999,999.99
							REFUND AMOUNT APPLIED		9,999,999.99
							ADDITIONAL PAYMENT		9,999,999.99
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999	99999 PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
							TOTAL OVERPAYMENT		9,999,999.99
							REFUND AMOUNT APPLIED		9,999,999.99
							ADDITIONAL PAYMENT		9,999,999.99
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999	99999 PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
							TOTAL OVERPAYMENT		9,999,999.99
							REFUND AMOUNT APPLIED		9,999,999.99
							ADDITIONAL PAYMENT		9,999,999.99
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBSSS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999.999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
RX NO:	XXXXXXX	MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX			MEMBER ID: XXXXXXXXXXXXX		OTH INS CD: 99999 99999	99999 PA: XXXXXXXXXXXX	
EOBS	00	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
	01	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999							
							TOTAL OVERPAYMENT		9,999,999.99
							REFUND AMOUNT APPLIED		9,999,999.99
							ADDITIONAL PAYMENT		9,999,999.99
							TOTAL DRUG ADJUSTMENT CLAIMS PAID:		999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99
							TOTAL NO. ADJUSTMENTS		999,999



Field Descriptions – Drug Claims

Field	Description	Length
Additional Payment	Additional payment amount, when applicable	9
Allowed Amt	Calculated amount allowed under MassHealth for the dispensed drug being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9
Billed Amt	Amount requested by the provider for the drug that was dispensed	9
Co-Pay Amt	Amount that the member should pay and is deducted from the allowed amount to arrive at the paid amount. The copay amount that is deducted depends on the type of drug that was dispensed.	8
Description	Short description of the National Drug Code	25
Disp Date	Date the drug was actually dispensed to the member. For drug claims, this serves as the service date.	6
EOBs	Explanation of benefits (EOB) codes that apply to the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of 20 EOB codes per claim.	4
EOBs (Sequence Number)	Sequential line number of the EOB code line	2
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Metric Qty	Quantity of the drug that was dispensed	9
NDC	National Drug Codes (NDCs) that pertain to the ingredients used in the compound	11
NPI	NPI of the provider receiving the remittance advice	10

Field Descriptions – Drug Claims (cont.)

Field	Description	Length
Oth Ins Amt	Amount paid for the drug by any source outside of MassHealth that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	8
Oth Ins CD	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's RA	8
Paid Amt	Amount paid for the drug. This is arrived at by computing the allowed amount for the drug and deducting the other insurance amount, copay amount, and the deductible amount.	9
Payee Number	MassHealth provider number and service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Rx No.	Prescription number on the prescription that was used to dispense the drug	7
Refund Amount Applied	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Total Drug Claims Paid – Allowed Amt	Total allowed amount of all the drug claims paid, for the provider	11
Total Drug Claims Paid – Billed Amt	Total billed amount of all the drug claims	11



Field Descriptions – Drug Claims (cont.)

Field	Description	Length
Total Drug Claims Paid - Copay Amt	Total of copay amounts for all the drug claims paid	10
Total Drug Claims Paid - Oth Ins Amt	Total of all other insurance amounts for the drug claims paid	10
Total Drug Claims Paid - Paid Amt	Total of all the drug claims paid	11
Total No. Adj	Total count of the number of adjustments on the RA for the provider	6
Total Overpayment	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9



Sample Remittance Advice – Compound Drug Claims (cont.)

Pended Claims

For pended claims, the remittance advice lists all claims that are pended, along with EOB codes that explain any discrepancies between the billed and paid amounts.

REPORT: CRA-CDEN-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS PENDED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX PAGE: 9999 of 9999 RUN: XXXXXX RA DATE: MM/DD/YYYY

Table with columns: --ICN--, METRIC QTY, DISP DATE, BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT, PAID AMT. Includes RX NO, MEMBER NAME, MEMBER ID, OTH INS CD, and detailed EOB codes for multiple claims.



Sample Remittance Advice – Compound Drug Claims (cont.)

Denied Claims

For denied claims, the remittance advice lists all claims that were denied, along with EOB codes that explain why the claims were denied.

REPORT: CRA-CDDN-R COMMONWEALTH OF MASSACHUSETTS RA DATE: MM/DD/YYYY
MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9999 of 9999
PROVIDER REMITTANCE ADVICE RUN: XXXXXX
COMPOUND DRUG CLAIMS DENIED PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

Table with columns: METRIC, DISP, QTY, DATE, BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT. Includes multiple rows for denied claims with NDC, DESCRIPTION, UNITS, and EOB CODES. Summary row: TOTAL COMPOUND CLAIMS DENIED: 999,999,999.99



Sample Remittance Advice – Compound Drug Claims (cont.)

Adjusted Claims

For adjustments, the remittance advice displays header data for the original claim and displays both header and detail data for the adjustment claim. The net result of the adjustment is also displayed, along with the accounting of any refunded money.

REPORT: CRA-CDAD-R COMMONWEALTH OF MASSACHUSETTS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS ADJUSTED RA DATE: MM/DD/YYYY PAGE: 9999 of 9999 RUN: XXXXXX PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

Table with 7 columns: METRIC, DISP, BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT, PAID AMT. Rows include RRYJJBBSSS 999999.999 MMDDYY and RRYJJBBSSS 999999.999 MMDDYY.

RX NO: XXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PA: XXXXXXXXXXXX

Table with 7 columns: NDC, DESCRIPTION, UNITS, BILLED AMT, ALLOWED AMT, PAID AMT, EOB CODES. Includes summary rows for TOTAL OVERPAYMENT, REFUND AMOUNT APPLIED, and ADDITIONAL PAYMENT.

Summary rows for RRYJJBBSSS 999999.999 MMDDYY showing BILLED AMT, ALLOWED AMT, OTH INS AMT, CO-PAY AMT, and PAID AMT.

Table with 7 columns: NDC, DESCRIPTION, UNITS, BILLED AMT, ALLOWED AMT, PAID AMT, EOB CODES. Includes summary rows for TOTAL OVERPAYMENT, REFUND AMOUNT APPLIED, and ADDITIONAL PAYMENT.

TOTAL COMPOUND ADJUSTMENT CLAIMS PAID: 999,999,999.99 999,999,999.99 99,999,999.99 99,999,999.99 999,999,999.99 TOTAL NO. ADJUSTMENTS 999,999



Field Descriptions – Compound Drug Claims

Field	Description	Length
Additional Payment	Additional payment amount, when applicable	9
Allowed Amt (Header)	Calculated amount under the MassHealth for the dispensed drug being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9
Allowed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Billed Amt (Detail)	Amount requested by the provider for the item billed on each detail line	9
Billed Amt (Header)	Amount requested by the provider for the drug that was dispensed	9
Copay Amt	Amount that the member should pay and is deducted from the allowed amount. The copay amount that is deducted depends on the type of drug that was dispensed.	8
Description	Short description of the National Drug Code	25
Disp Date	Date the drug was dispensed to the member. For drug claims, this serves as the service date.	6
EOB Codes	Detailed Explanation of benefits (EOB) codes that apply to the detail on the compound drug claim form. There can be a maximum of 20 EOB codes per detail.	4
Header EOBS	EOB codes that apply to the header on the compound drug claim form. There can be a maximum of 20 EOB codes per claim.	4
ICN	Unique number used to identify and track a claim processed through the system	13
Member ID	Member's MassHealth identification number	12
Member Name	Name of the member	29
Metric Qty	Quantity of the drug that was dispensed	5



Field Descriptions – Compound Drug Claims (cont.)

Field	Description	Length
NDC	NDCs that correspond to the ingredients used. There is a maximum of 15 ingredients that can be entered on one claim.	11
NPI	NPI of the provider receiving the remittance advice	10
Oth Ins Amt	Amount paid for the drug that is being billed by any source outside of MassHealth. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	8
Oth Ins CD	Other insurance carrier codes indicated on the claim record. There are a maximum of 3 other insurance codes per claim.	5
PA	Unique number used to identify the prior authorization (PA) number	10
Page	Current page and total number of pages within the provider's remittance advice	8
Paid Amount (Detail)	Amount that is payable for the claim detail line	9
Paid Amt (Header)	Amount paid for the drug. This is arrived at by computing the allowed amount for the drug and deducting the other insurance amount and copay amount.	9
Payee Number	MassHealth provider number and service location for the provider receiving the remittance advice. NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Rx No.	Prescription number on the prescription that was used to dispense the drug	7
Refund Amount Applied	Refund amount applied when the adjustment results in a negative paid amount and cash is applied in the payment cycle	9
Report	Internal report identifier	8
Run	System-generated cycle reference number	6



Field Descriptions – Compound Drug Claims (cont.)

Field	Description	Length
Total Compound Claims Paid - Allowed	Total amount allowed for claims for the payee	11
Total Compound Claims Paid - Billed	Total amount billed for the payee	11
Total Compound Claims Paid - Copay	Total amount of copay for the payee's claims	10
Total Compound Claims Paid - Oth Ins Amt	Total amount of other insurance for the payee's claims	10
Total Compound Claims Paid - Paid	Total amount paid for the payee's claims	11
Total No. Adj	Total count of the number of adjustments on the RA for the provider	6
Total Overpayment	Net overpayment amount when the adjustment results in a negative paid amount and an accounts receivable (setup) transaction is established	9
Units	Quantity of the ingredient(s) used	6



Sample Remittance Advice - Financial Transactions

This section of the remittance advice details the provider's weekly financial activity for both payouts and non-claim specific refunds received and applied during the current financial cycle. In addition, it lists all outstanding accounts receivables (A/R) in A/R number order, and all of the provider's outstanding accounts receivables on a weekly basis. An example of this remittance advice is shown below.

REPORT: CRA-TRAN-R

COMMONWEALTH OF MASSACHUSETTS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

RA DATE: MM/DD/YYYY
PAGE: 9999 of 9999
RUN: XXXXXX
PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX

-----EXPENDITURES-----

TRANSACTION NUMBER	AMOUNT	REASON CODE	RENDERING PROVIDER/NPI	SVC DATE FROM THRU	MEMBER ID	MEMBER NAME
999999999	9,999,999.99	9999	XXXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999	9,999,999.99	9999	XXXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999	9,999,999.99	9999	XXXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999	9,999,999.99	9999	XXXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999	9,999,999.99	9999	XXXXXXXXXX	MMDDYY MMDDYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL EXPENDITURES: 999,999,999.99

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER	SETUP DATE	RECOUP THIS CYCLE	ORIGINAL AMOUNT	TOTAL RECOUPMENT	BALANCE	REASON CODE	ADJUSTMENT
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS
999999999	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	RRYJJJBBSS

TOTAL ACCTS RECEIVABLES: 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99

-----PAYMENT DEDUCTIONS-----

TRANSACTION NUMBER	SETUP DATE	DEDUCTED THIS CYCLE	ORIGINAL AMOUNT	TOTAL DEDUCTED	BALANCE	REASON CODE
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999
XXXXXXXXXXXX	MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999

TOTAL PAYMENT DEDUCTIONS: 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99



Field Descriptions – Financial Transactions

Field	Description	Length
A/R Number	Unique number identifying the accounts receivable number assigned during processing	13
Adjustment ICN	Unique number used to track claims activity through the system. If the A/R was set up as a result of an adjustment, this number is the adjustment ICN. For manually established accounts receivables, this field is left blank.	13
Amount	Amount of the expenditure	9
Balance	Account receivable balance remaining after the current weekly financial cycle processes	9
Balance (Payment Deductions)	Balance remaining in the payment deduction after the current weekly financial cycle processes	9
Deducted This Cycle (Payment Deductions)	Amount deducted this financial cycle	9
Member ID	Member's Medicaid identification number. For expenditures, if there is a member associated with this expenditure, an ID is displayed. Otherwise it is blank.	12
Member Name	Member's first and last name. For expenditures, if there is a member associated with this expenditure, a name will appear. Otherwise it will be blank.	29
NPI	NPI of the provider receiving the remittance advice	10
Original Amount	Amount of the original A/R setup	9
Original Amount (Payment Deductions)	Amount of the original payment deduction setup	9
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider id and service location in the sample is not counted in the field size.	10
RA Date	Date of issue, usually the Tuesday after the cycle	8



Field Descriptions – Financial Transactions (cont.)

Field	Description	Length
Reason Code (A/R)	Code that identifies the type and reason the A/R was established	4
Reason Code (Expenditure)	Code assigned to indicate the purpose of the expenditure	4
Reason Code (Payment Deductions)	Code that identifies the type and reason the A/R was established	4
Recouped This Cycle	Amount recouped this financial cycle	9
Rendering Provider/NPI	NPI or the MassHealth provider number used to identify the provider that performed the service	10
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Svc Date From	Earliest date of service of the expenditure	6
Svc Date Thru	Last date of service of the expenditure	6
Setup Date (Accounts Receivable)	Date of the original A/R setup	6
Setup Date (Payment Deductions)	Date the original payment deduction was setup	6
Total Accts Receivables (Balance)	Total of A/R balance remaining after the current weekly financial cycle processes	11
Total Accts Receivables (Original Amount)	Sum of the original A/R setup	11
Total Accts Receivables (Recoup This Cycle)	Sum of the amount recouped this financial cycle	11
Total Accts Receivables (Total Recoupment)	Sum of A/Rs recouped the current cycle and previous cycles	11



Field Descriptions – Financial Transactions (cont.)

Field	Description	Length
Total Deducted (Payment Deductions)	Total amount deducted in the current cycle and previous cycles	9
Total Expenditures (Expenditures)	Sum of all expenditures for all transaction numbers	11
Total Payment Deductions (Balance)	Sum of the payment deduction balance after the current weekly financial cycle processes	11
Total Payment Deductions (Original Amount)	Sum of the original payment deduction setup	11
Total Payment Deductions (Total Deducted)	Sum of all deductions in the current cycle and previous cycles	11
Total Payment Deductions (Deducted This Cycle)	Sum deducted within this financial cycle	11
Total Recoupment	Total amount recouped the current cycle and previous cycles	9
Transaction Number (Expenditures)	Number assigned by the system to uniquely identify expenditure	9
Transaction Number (Payment Deductions)	Number assigned by the system to uniquely identify the payment deduction	9



Sample Remittance Advice – Third-Party-Liability Information

This section lists third-party-liability (TPL) information pertinent to claims processed during the current financial cycle. It lists all TPL carriers pertinent to the members to whom services were provided, and the information necessary for billing a third-party carrier on claims denied for failing TPL edits. An example of the TPL remittance advice is shown below.

```
REPORT: CRA-TPLP-R                                COMMONWEALTH OF MASSACHUSETTS                                RA DATE: MM/DD/YYYY
                                                MEDICAID MANAGEMENT INFORMATION SYSTEM                                PAGE: 9999 of 9999
                                                PROVIDER REMITTANCE ADVICE                                RUN: XXXXXX
                                                TPL INFORMATION                                PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

MEMBER NAME                                MEMBER NUMBER    --ICN--          CARRIER/EMP ID  CARRIER/EMPLOYER NAME
POLICY HOLDER NAME                          POLICY NUMBER /  GROUP NUMBER    BILLING ADDRESS
COVERAGE DATES / SVC. TYPE / INS. TYPE / DESCRIPTION

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXX   RRYJJJBBBSS      XXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX XXXXX-XXXX
XX/XX/XX - XX/XX/XX / XX / XXX / XXX / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXX   RRYJJJBBBSS      XXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX XXXXX-XXXX
XX/XX/XX - XX/XX/XX / XX / XXX / XXX / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXX   RRYJJJBBBSS      XXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX XXXXX-XXXX
XX/XX/XX - XX/XX/XX / XX / XXX / XXX / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXX   RRYJJJBBBSS      XXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX XXXXX-XXXX
XX/XX/XX - XX/XX/XX / XX / XXX / XXX / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```



Field Descriptions – TPL Information

Field	Description	Length
Billing Address	Address where insurance claims are to be sent to bill the other insurance carrier. This includes a 31-character street address, 15-character city, two-character state abbreviation, and nine-digit zip code.	57
Carrier/Emp ID	Number assigned to the member's insurance carrier or employer, if the employer is self-insured	7
Carrier/Employer Name	Name of the insurance carrier or the name of the member's employer if the employer is self-insured	45
Coverage Dates (Begin)	Effective begin date of this coverage code	6
Coverage Dates (End)	Effective end date of this coverage code	6
Description	Description of the other insurance plan	50
Group Number	Number assigned to the employer group insured under the other insurance carrier. The group number does not apply to non-employer based policies.	16
ICN	Unique number used to identify and track a claim processed through the system	13
Ins. Type	Code identifying the type of insurance policy within a specific insurance program	3
Member Name	Name of the member. Shortened to the first 13 characters of the first name, one character for the middle initial and first 16 characters of the last name.	30
Member Number	Member's MassHealth identification number	12
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
Policy Number	Individual identification number assigned to the policyholder by the private insurance carrier	16



Field Descriptions – TPL Information (cont.)

Field	Description	Length
Policyholder Name	Name of the owner of the insurance policy under which the member could be covered. This may or may not be the member.	29
RA Date	Date of issue, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Svc. Type	HIPAA service type code that describes the type of coverage a member has with a policy	2



Sample Remittance Advice – Summary Advice

The provider remittance advice summary is generated for each cycle of claims payment to summarize all claim and financial activity for each weekly cycle and to report year-to-date totals of all claim and financial activity. It also supplies the provider with information about payment deductions that were withheld during the current cycle and year-to-date. An example of this summary is shown below.

REPORT: CRA-SUMM-R

COMMONWEALTH OF MASSACHUSETTS
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER REMITTANCE ADVICE
 SUMMARY

RA DATE: MM/DD/YYYY
 PAGE: 9999 of 9999
 RUN: XXXXXX
 PAYEE NUMBER XXXXXXXXXX X NPI: XXXXXXXXXX

-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	999,999	999,999,999.99	9,999,999	999,999,999,999.99
CLAIM ADJUSTMENTS	999,999	999,999,999.99	9,999,999	999,999,999,999.99
TOTAL CLAIMS PAYMENTS	999,999	999,999,999.99	9,999,999	999,999,999,999.99
CLAIMS DENIED	999,999		9,999,999	
CLAIMS SUSPENDED	999,999			
CLAIMS PENDED	999,999			

-----PAYMENT DATA-----

PAYMENTS:				
CLAIMS PAYMENTS		999,999,999.99		999,999,999,999.99
CAPITATION PAYMENT		999,999,999.99		999,999,999,999.99
EXPENDITURES		999,999,999.99		999,999,999,999.99
ACCOUNTS RECEIVABLE RECOUPMENTS:		(999,999,999.99)		(999,999,999,999.99)
PAYMENT DEDUCTIONS		(999,999,999.99)		(999,999,999,999.99)
NET PAYMENT		999,999,999.99		999,999,999,999.99
VOUCHER NUMBER:		XXXXXXXXXX		



Field Descriptions – Summary Advice

Field	Description	Length
Current Amount Accounts Receivable Recoupments	Total amount of all claim-specific accounts receivables (A/R) recouped during the current financial cycle	11
Current Amount Capitation Payment	Total amount of the capitation payment	11
Current Amount Claim Adjustments	Total of all positive adjustment claims finalized during the current financial cycle. Negative adjustments, which result in an A/R adjustment, are reported below in the offsets section.	11
Current Amount Claims Paid	Total amount of the claims paid during the current weekly financial cycle	11
Current Amount Claims Payments	Total amount of all claims paid and positive adjustments finalized from the current weekly financial cycle. This number is propagated from the total claims payment field of the claims data section.	11
Current Amount Expenditures	Total amount of all non-claim-specific payouts made to the provider for the current financial cycle. This also accounts for managed care other payments.	11
Current Amount Net Payment	Sum of all claim payments less any offsets for the current financial cycle. This amount equals the provider's weekly payment request sent to MMARS.	11
Current Amount Payment Deductions	Total amount of all payment deductions recouped during the current financial cycle	11
Current Amount Total Claims Payments	Total amount of all claims paid and the amount of all positive adjustments finalized during the current weekly cycle	11
Current Number Claim Adjustments	Total number of all positive claim adjustments finalized during the current financial cycle. Negative adjustments that result in an A/R adjustment are reported below in the offsets section.	6
Current Number Claims Denied	Total number of claims denied during the current financial cycle	6
Current Number Claims Paid	Total number of claims paid during the current weekly financial cycle	6
Current Number Claims Pended	Total number of claims pended during the current weekly financial cycle	6
Current Number Claims Suspended	Total number of claims suspended during the current weekly financial cycle	6



Field Descriptions – Summary Advice (cont.)

Field	Description	Length
Current Number Total Claims Payments	Total number of claims paid and positive adjustments finalized during the current weekly financial cycle	6
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	The nine-digit MassHealth provider number and one-character service location for the provider receiving the remittance advice NOTE: The space that exists between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date of issue, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Voucher Number	System-assigned reference number that uniquely identifies a payment request to MMARS	9
Year-to-Date Amount Accounts Receivable Recoupments	Summary of all the cycles A/R recouped year to date	14
Year-to-Date Amount Capitation Payment	Total amount of the capitation payments year to date	14
Year-to-Date Amount Claims Adjustments	Total amount of all positive adjustments finalized year to date	14
Year-to-Date Amount Claims Paid	Total amount of claims paid year to date	14
Year-to-Date Amount Claims Payments	Total amount of all claims paid and the amount of all positive adjustments finalized year to date	14
Year-to-Date Amount Net Payment	Sum of all claims payments less any offsets year to date	14
Year-to-Date Amount Payment Deductions	Total amount of all payment deductions recouped year to date	14
Year-to-Date Amount System Expenditures	Total amount of all non-claim-specific payouts made to the provider year to date. This also accounts for year-to-date managed care other payments.	14
Year-to-Date Amount Total Claims Payments	Total amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the total claims payment field of the claims data section.	14



Field Descriptions – Summary Advice (cont.)

Field	Description	Length
Year-to-Date Number Claims Adjustments	Total number of positive adjustments finalized year to date	7
Year-to-Date Number Claims Denied	Total number of claims denied year to date	7
Year-to-Date Number Claims Paid	Total number of claims paid year to date	7
Year-to-Date Number Total Claims Payments	Total number of claims paid and positive adjustments finalized year to date	7



Field Descriptions - EOB Code Description

Field	Description	Length
EOB Code	Explanation of benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain the status of the claim. There is a maximum of 20 EOB codes per claim header and 20 EOB codes per detail line.	4
EOB Code Description	English descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied, or not paid in full.	100
NPI	NPI of the provider receiving the remittance advice	10
Page	Current page and total number of pages within the provider's RA	8
Payee Number	Nine-digit MassHealth provider number and one-character service location of the provider receiving the remittance advice NOTE: The space between the provider ID and service location in the sample is not counted in the field size.	10
RA Date	Date payment was issued, usually the Tuesday after the cycle	8
Report	Internal report identifier	8
Run	System-generated cycle reference number	6