MassHealth

Guide to the Remittance Advice for Paper Claims and Electronic Equivalents

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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, pended, 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.

Sample Remittance Advice - Banner

A sample banner of the remittance advice is shown below. The banner is used to report the status of all claims processed by MassHealth for a specific claim type. The banner may include a message.

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


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX


SUBJECT: XXXXXXXXXXXXXXXXXXXX
```

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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                  MEDICARE CROSSOVER PART A CLAIMS PAID            PAYEE NUMBER XXXXXXXXX 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   COPAY AMT   BLOOD DEDUCT     CO-INS        BILLED      COPAY AMT   PATIENT LIAB
                   MRN      FROM   TO       DAYS     PAID AMT       DEDUCT                                OTH INS AMT     PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY  MMDDYY    999,999.99   999,999.99    999,999.99   9,999,999.99     999,999.99    999,999.99
               XXXXXXXXXXX                 999    9,999,999.99   999,999.99                                9,999,999.99  9,999,999.99

MEMBER NAME: XXXXXXXXXXX XXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 PL         PROC                SERVICE DATES              BILLED AMT     COPAY AMT
SERV REV CD CODE    MODIFIERS    FROM   TO     UNITS       ALLOWED AMT                DETAIL EOBS
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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
                                                 99,999,999.99  9,999,999.99                               99,999,999.99  99,999,999.99
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                                      RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                               RUN: XXXXXX
                                                MEDICARE CROSSOVER PART A CLAIMS PENDED            PAYEE NUMBER XXXXXXXXX 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   COPAY AMT   BLOOD DEDUCT     CO-INS        BILLED      COPAY AMT   PATIENT LIAB
                  MRN      FROM   TO       DAYS     PAID AMT       DEDUCT                              OTH INS AMT     PAID AMT
 RRYYJJJBBBSSS 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 XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX

 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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

 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
                                                 99,999,999.99  9,999,999.99                               99,999,999.99  99,999,999.99
 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 XXXXXXXXX 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   COPAY AMT   BLOOD DEDUCT     CO-INS        BILLED      COPAY AMT   PATIENT LIAB
                  MRN      FROM   TO       DAYS     PAID AMT       DEDUCT                                OTH INS AMT
 RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY  MMDDYY    999,999.99   999,999.99    999,999.99   9,999,999.99     999,999.99    999,999.99
               XXXXXXXXXXX                999     9,999,999.99   999,999.99                                 9,999,999.99

 MEMBER NAME: XXXXXXXXXXX XXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXX
  HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  PL         PROC                SERVICE DATES              BILLED AMT     COPAY AMT
 SERV REV CD CODE    MODIFIERS    FROM   TO     UNITS       ALLOWED AMT                DETAIL EOBS
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL MEDICARE CROSSOVER PART A CLAIMS DENIED:    9,999,999.99  9,999,999.99  9,999,999.99  99,999,999.99  9,999,999.99   9,999,999.99
                                                 99,999,999.99  9,999,999.99                                99,999,999.99

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                                      RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE: 9999 of 9999
                                                        PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                               MEDICARE CROSSOVER PART A CLAIMS SUSPENDED          PAYEE NUMBER XXXXXXXXX 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   COPAY AMT   BLOOD DEDUCT     CO-INS        BILLED      COPAY AMT   PATIENT LIAB
                  MRN      FROM   TO       DAYS     PAID AMT       DEDUCT                                OTH INS AMT
 RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY  MMDDYY    999,999.99   999,999.99    999,999.99   9,999,999.99     999,999.99    999,999.99
               XXXXXXXXXXX                999     9,999,999.99   999,999.99                                 9,999,999.99

 MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  PL         PROC                SERVICE DATES              BILLED AMT     COPAY AMT
 SERV REV CD CODE    MODIFIERS    FROM   TO     UNITS       ALLOWED AMT               DETAIL EOBS
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART A CLAIMS SUSP:      9,999,999.99  9,999,999.99  9,999,999.99  99,999,999.99  9,999,999.99   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 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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                     PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                            MEDICARE CROSSOVER PART A CLAIMS ADJUSTED           PAYEE NUMBER XXXXXXXXX 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   COPAY AMT   BLOOD DEDUCT     CO-INS        BILLED      COPAY AMT   PATIENT LIAB
                   MRN      FROM   TO       DAYS     PAID AMT       DEDUCT                                OTH INS AMT     PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY  MMDDYY    (999,999.99)  (999,999.99) (999,999.99)  (9,999,999.99)  (999,999.99)  (999,999.99)
              XXXXXXXXXXX                 999    (9,999,999.99)  (999,999.99)                              (9,999,999.99)(9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX MMDDYY MMDDYY  MMDDYY     999,999.99    999,999.99   999,999.99    9,999,999.99    999,999.99    999,999.99
              XXXXXXXXXXX                 999     9,999,999.99    999,999.99                                9,999,999.99  9,999,999.99

MEMBER NAME: XXXXXXXXXXX XXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  PL         PROC                SERVICE DATES             BILLED AMT     COPAY AMT
 SERV REV CD CODE    MODIFIERS    FROM   TO     UNITS       ALLOWED AMT               DETAIL EOBS
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY  9999.99     9,999,999.99   999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                           9,999,999.99               9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                            ADDITIONAL PAYMENT            9,999,999.99
                                                                                            TOTAL OVERPAYMENT             9,999,999.99
                                                                                            REFUND AMOUNT APPLIED         9,999,999.99

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
                                                  99,999,999.99  9,999,999.99                                99,999,999.99  99,999,999.99
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                                    RA DATE:   MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of  9999
                                                       PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                               MEDICARE CROSSOVER PART B CLAIMS PAID              PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                         - - - - M  E  D  I  C  A  R  E - - - - -   - - - - M  E  D  I  C  A  I  D - - - - -
   --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
RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY     999,999.99   9,999,999.99    999,999.99    9,999,999.99    999,999.99  9,999,999.99
               XXXXXXXXXXXX                  9,999,999.99     999,999.99    999,999.99                  9,999,999.99

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 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
SERV  CD    CODE   COPAY AMT                  BILLED AMT    ALLOWED AMT     PAID AMT   DETAIL EOBS
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 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                99,999,999.99
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 XXXXXXXXX X  NPI: XXXXXXXXXX

                                            - - - - M  E  D  I  C  A  R  E - - - - -   - - - - M  E  D  I  C  A  I  D - - - - -
   --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
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY     999,999.99   9,999,999.99    999,999.99    9,999,999.99    999,999.99  9,999,999.99
                XXXXXXXXXXXX                  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 9999 9999 9999 9999

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

 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 99,999,999.99
                                               99,999,999.99  9,999,999.99  9,999,999.99                99,999,999.99
 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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                   PROVIDER REMITTANCE ADVICE                                               RUN: XXXXXX
                                              MEDICARE CROSSOVER PART B CLAIMS DENIED           PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                        - - - - M  E  D  I  C  A  R  E - - - - -   - - - - M  E  D  I  C  A  I  D - - - - -
   --ICN--         PCN       SERVICE DATES     COPAY AMT   ALLOWED AMT   PSYCH CO-INS      BILLED         COPAY AMT
                   MRN       FROM   TO         PAID AMT       DEDUCT        CO-INS                      OTH INS AMT
 RRYYJJJBBBSSS  XXXXXXXXXXX  MMDDYY MMDDYY     999,999.99   9,999,999.99    999,999.99    9,999,999.99    999,999.99
                XXXXXXXXXXX                  9,999,999.99     999,999.99    999,999.99                  9,999,999.99

 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 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
 SERV  CD    CODE   COPAY AMT                   BILLED AMT    ALLOWED AMT     PAID AMT   DETAIL EOBS
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
 XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS DENIED:  9,999,999.99 99,999,999.99  9,999,999.99   99,999,999.99 9,999,999.99
                                               99,999,999.99  9,999,999.99  9,999,999.99                 99,999,999.99
TOTAL NO. DENIED:  999,999
```

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 XXXXXXXXX X  NPI: XXXXXXXXXX

                                        - - - - M  E  D  I  C  A  R  E - - - - -   - - - - M  E  D  I  C  A  I  D - - - - -
   --ICN--         PCN       SERVICE DATES     COPAY AMT   ALLOWED AMT   PSYCH CO-INS      BILLED         COPAY AMT
                   MRN       FROM   TO         PAID AMT       DEDUCT        CO-INS                      OTH INS AMT
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY     999,999.99   9,999,999.99    999,999.99    9,999,999.99    999,999.99
                XXXXXXXXXXXX                  9,999,999.99     999,999.99    999,999.99                  9,999,999.99

 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 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
 SERV  CD    CODE   COPAY AMT                  BILLED AMT    ALLOWED AMT     PAID AMT   DETAIL EOBS
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 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 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
  XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999

 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
                                              99,999,999.99  9,999,999.99  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

                                          - - - - M  E  D  I  C  A  R  E - - - - -   - - - - M  E  D  I  C  A  I  D - - - - -
   --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
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY    (999,999.99) (9,999,999.99)  (999,999.99)  (9,999,999.99)  (999,999.99)(9,999,999.99)
                XXXXXXXXXXXX                 (9,999,999.99)   (999,999.99)  (999,999.99)                (9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY     999,999.99   9,999,999.99    999,999.99    9,999,999.99    999,999.99  9,999,999.99
                XXXXXXXXXXXX                  9,999,999.99     999,999.99    999,999.99                  9,999,999.99

 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX
 ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 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
SERV  CD    CODE   COPAY AMT                  BILLED AMT    ALLOWED AMT     PAID AMT   DETAIL EOBS
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
XX  9999  XXXXX  XX XX XX XX  MMDDYY MMDDYY   XXXXXXXXXX          9999.99    XXXXXXXXXX 9999 9999 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 9999 9999
                                                                             ADDITIONAL PAYMENT                          9,999,999.99
                                                                             TOTAL OVERPAYMENT                           9,999,999.99
                                                                             REFUND AMOUNT APPLIED                       9,999,999.99


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                                    RA DATE: MM/DD/YYYY
                                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                                PAGE: 9999 of 9999
                                                         REMITTANCE ADVICE                                                     RUN: XXXXXX
                                                      HOME HEALTH CLAIMS PAID                        PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

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

RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY       9,999,999.99      9,999,999.99     9,999,999.99     9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 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    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 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                                      RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                                       HOME HEALTH CLAIMS PENDED                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                            SERVICE DATES                                                 OTH INS
  --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT        ALLOWED AMT          AMT           PAID AMT
 RRYYJJJBBBSSS XXXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 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    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 9999 9999 9999 9999 9999 9999 9999 9999 9999

 RRYYJJJBBBSSS XXXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 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    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 PENDED:          999,999,999.99    999,999.999.99   999,999,999.99   999,999,999.99
 TOTAL NO. PENDED:  999,999
```

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 XXXXXXXXX X  NPI: XXXXXXXXXX

                             SERVICE DATES                                          OTH INS
   --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT        ALLOWED AMT          AMT
 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY       9,999,999.99      9,999,999.99     9,999,999.99
 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 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    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

 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY       9,999,999.99      9,999,999.99     9,999,999.99
 MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 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    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 XXXXXXXXX X  NPI: XXXXXXXXXX

                            SERVICE DATES                                          OTH INS
  --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT        ALLOWED AMT          AMT
RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY       9,999,999.99      9,999,999.99     9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 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    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

RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY       9,999,999.99      9,999,999.99     9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 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    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

                           SERVICE DATES                                          OTH INS
  --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT        ALLOWED AMT          AMT              PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY      (9,999,999.99)    (9,999,999.99)   (9,999,999.99)      (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 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 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 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 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 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)   (9,999,999.99)      (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  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 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 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 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 HOME HEALTH ADJUSTMENT CLAIMS PAID:        999,999,999.99    999,999.999.99   999,999,999.99     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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                      INPATIENT CLAIMS PAID                     PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES DAYS  ADMIT  RATE AMT   BILLED AMT    ALLOWED AMT     COPAY       OTH INS         PAID AMT
 --ICN--       PATIENT NO.  FROM     THRU       DATE    BILLED                                                AMT
RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 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 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 9999

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 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 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 9999

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 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 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 9999

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 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 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 9999

                 TOTAL INPATIENT CLAIMS PAID:                                 999,999,999.99             999,999,999.99
                                                                 999,999,999.99             99,999,999.99                 999,999,999.99
            TOTAL NO. PAID:  999,999
```

Sample Remittance Advice – 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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                        INPATIENT CLAIMS PENDED                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES DAYS  ADMIT  RATE AMT   BILLED AMT    ALLOWED AMT     COPAY       OTH INS         PAID AMT
  --ICN--       PATIENT NO.  FROM     THRU       DATE    BILLED                                                AMT
 RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
 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
 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
 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

 RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
 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
 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

 RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
 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
 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

 RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
 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
 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

 TOTAL INPATIENT CLAIMS PENDED:                    999,999,999.99              999,999,999.99             999,999,999.99
                                                                   999,999,999.99             99,999,999.99                 999,999,999.99
TOTAL NO. PENDED:  999,999
```

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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                        INPATIENT CLAIMS DENIED                     PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                           SERVICE DATES DAYS  ADMIT  RATE AMT   BILLED AMT    ALLOWED AMT     COPAY       OTH INS
 --ICN--       PATIENT NO.  FROM     THRU       DATE    BILLED                                              AMT
RRYYJJJBBBSSS 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: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
**** DUPLICATE ICN  RRYYJJJBBBSSS   ON RUN 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 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

RRYYJJJBBBSSS 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: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 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 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

RRYYJJJBBBSSS 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: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 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 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

RRYYJJJBBBSSS 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: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 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 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 INPATIENT CLAIMS DENIED:                 999,999,999.99  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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                                       INPATIENT CLAIMS SUSPENDED                  PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                           SERVICE DATES DAYS  ADMIT  RATE AMT   BILLED AMT    ALLOWED AMT     COPAY       OTH INS
 --ICN--       PATIENT NO.  FROM     THRU       DATE    BILLED                                                AMT
RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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
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

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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
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

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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


            TOTAL INPATIENT CLAIMS SUSPENDED:                   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
       TOTAL NO. SUSPENDED:  999,999
```

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: XXXXXXXXXX

                           SERVICE DATES DAYS  ADMIT  RATE AMT   BILLED AMT    ALLOWED AMT     COPAY       OTH INS         PAID AMT
 --ICN--       PATIENT NO.  FROM     THRU       DATE    BILLED                                                AMT
RRYYJJJBBBSSS 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)
RRYYJJJBBBSSS 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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
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
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
                                                                                                                  TOTAL OVERPAYMENT       9,999,999.99
                                                                                                                  REFUND AMOUNT APPLIED   9,999,999.99
                                                                                                                  ADDITIONAL PAYMENT      9,999,999.99

RRYYJJJBBBSSS 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)
RRYYJJJBBBSSS 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
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
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
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
                                                                                                                  TOTAL OVERPAYMENT       9,999,999.99
                                                                                                                  REFUND AMOUNT APPLIED   9,999,999.99
                                                                                                                  ADDITIONAL PAYMENT      9,999,999.99

TOTAL INPATIENT ADJUSTMENT CLAIMS PAID:                                                 999,999,999.99             999,999,999.99
                                                                                 999,999,999.99             99,999,999.99                 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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                       LONG TERM CARE CLAIMS PAID                 PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES   MBR         ADMIT                              PAT LIAB     PAT LIAB      OTH INS
  --ICN--       PATIENT NO.  FROM     THRU   LVL DAYS    DATE   BILLED AMT    ALLOWED AMT   AMT (CLM)   AMT (APPLD)      AMT        PAID AMT
RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 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 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


RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 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 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

 RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 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 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 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

                             SERVICE DATES   MBR       ADMIT                                PAT LIAB     PAT LIAB    OTH INS
  --ICN--    PATIENT NO.   FROM     THRU   LVL DAYS    DATE   BILLED AMT    ALLOWED AMT   AMT (CLM)   AMT (APPLD)    AMT       PAID AMT
RRYYJJJBBBSSS XXXXXXXXX   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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 REV CD    UNITS    BILLED AMT    ALLOWED AMT  DETAIL EOBS
 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

 RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 REV CD    UNITS    BILLED AMT    ALLOWED AMT  DETAIL EOBS
 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


 RRYYJJJBBBSSS 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: XXXXXXXXXX  DIAG: XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 REV CD    UNITS    BILLED AMT    ALLOWED AMT  DETAIL EOBS
 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 PENDED                        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. PENDED:  999,999
```

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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                      LONG TERM CARE DENIED                     PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES   MBR         ADMIT                              PAT LIAB     PAT LIAB      OTH INS
 --ICN--       PATIENT NO.  FROM     THRU   LVL DAYS    DATE   BILLED AMT    ALLOWED AMT   AMT (CLM)   AMT (APPLD)      AMT
RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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

RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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
                                             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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

                                                                                 999,999,999.99           99,999,999.99
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 XXXXXXXXX X  NPI: XXXXXXXXXX

                           SERVICE DATES   MBR         ADMIT                                PAT LIAB     PAT LIAB      OTH INS
 --ICN--       PATIENT NO.  FROM     THRU   LVL DAYS    DATE   BILLED AMT    ALLOWED AMT   AMT (CLM)   AMT (APPLD)      AMT
RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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

RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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

RRYYJJJBBBSSS XXXXXXXXXXX  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: XXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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

                                                                                 999,999,999.99           99,999,999.99
          TOTAL NO. SUSPENDED:  999,999
```

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 XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES   MBR         ADMIT                                PAT LIAB     PAT LIAB      OTH INS
 --ICN--       PATIENT NO.  FROM     THRU   LVL DAYS    DATE   BILLED AMT    ALLOWED AMT   AMT (CLM)   AMT (APPLD)      AMT        PAID AMT
RRYYJJJBBBSSS 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)
RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 OVERPAYMENT              9,999,999.99
                                               REFUND AMOUNT APPLIED          9,999,999.99
                                               ADDITIONAL PAYMENT             9,999,999.99


RRYYJJJBBBSSS 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)

RRYYJJJBBBSSS 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PAS: XXXXXXXXXX  DIAG: XXXXXXX
ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 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 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 OVERPAYMENT              9,999,999.99
                                               REFUND AMOUNT APPLIED          9,999,999.99
                                               ADDITIONAL PAYMENT             9,999,999.99

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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                        PROFESSIONAL CLAIMS PAID                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                              SERVICE  DATES                                                   OTH INS
   --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT       ALLOWED AMT       COPAY          AMT          PAID AMT
 RRYYJJJBBBSSS   XXXXXXXXXXX  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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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

 RRYYJJJBBBSSS   XXXXXXXXXXX  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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  PL                                        SERVICE DATES  SERVICING     BILLED       ALLOWED              PAID
 SERV ST PROC CD  MODIFIERS  UNITS  DIAG SEQ   FROM    THRU  PROV/ NPI     AMOUNT       AMOUNT    COPAY     AMOUNT    DETAIL EOBS
  XX  XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                                       PROFESSIONAL CLAIMS PENDED                  PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                              SERVICE  DATES
   --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT       ALLOWED AMT       COPAY           OTH INS         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
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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

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: XXXXXXXXXX
DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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

      TOTAL PROFESSIONAL CLAIMS PENDED:        999,999,999.99   999,999,999.99    999,999.99  999,999,999.99   999,999,999.99
 TOTAL NO. PENDED:  999,999
```

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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                           RUN: XXXXXX
                                                       PROFESSIONAL CLAIMS DENIED                  PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                              SERVICE  DATES
   --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT       ALLOWED AMT       COPAY        OTH INS
 RRYYJJJBBBSSS   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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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


 RRYYJJJBBBSSS   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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  PL                                          SERVICE DATES  SERVICING     BILLED       ALLOWED              PAID
 SERV ST PROC CD  MODIFIERS  UNITS  DIAG SEQ   FROM    THRU  PROV/ NPI     AMOUNT       AMOUNT    COPAY     AMOUNT    DETAIL EOBS
  XX  XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  MMDDYY MMDDYY XXXXXXXXXX 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 XXXXXXXXX X  NPI: XXXXXXXXXX

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

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

 RRYYJJJBBBSSS   XXXXXXXXXXXX  MMDDYY  MMDDYY     9,999,999.99     9,999,999.99      9,999.99    9,999,999.99
 MEMBER NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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

     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 XXXXXXXXX X  NPI: XXXXXXXXXX

                              SERVICE  DATES                                                   OTH INS
   --ICN--       PATIENT NO.  FROM     THRU       BILLED AMT       ALLOWED AMT       COPAY          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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  PL                                        SERVICE DATES  SERVICING     BILLED       ALLOWED              PAID
 SERV ST PROC CD  MODIFIERS  UNITS  DIAG SEQ   FROM    THRU  PROV/ NPI     AMOUNT       AMOUNT    COPAY     AMOUNT    DETAIL EOBS
  XX  XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  MMDDYY MMDDYY XXXXXXXXXX 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: XXXXXXXXXX
 DIAG: XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXXX
 ADJUSTMENT EOB: 9999   HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  PL                                        SERVICE DATES  SERVICING     BILLED       ALLOWED              PAID
 SERV ST PROC CD  MODIFIERS  UNITS  DIAG SEQ   FROM    THRU  PROV/ NPI     AMOUNT       AMOUNT    COPAY     AMOUNT    DETAIL EOBS
  XX  XX XXXXXX XX XX XX XX 9999.00 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  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 XXXXXXXX  MMDDYY MMDDYY XXXXXXXXXX 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 (Adjusments Only)	Additional payment amount when the adjustment results in a positive paid amount	9
Adjustment EOB (Adjusments 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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                         OUTPATIENT CLAIMS PAID                     PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                            SERVICE DATES                                                          OTH INS
  --ICN--       PATIENT NO.  FROM     THRU    BILLED AMT       ALLOWED AMT          COPAY           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
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 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 EOBS
 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  RRYYJJJBBBSSS   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

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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 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 EOBS
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
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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
HEADER EOBS:  9999 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 EOBS
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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                        OUTPATIENT CLAIMS PENDED                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


                              SERVICE DATES                                                          OTH INS
  --ICN--       PATIENT NO.  FROM     THRU    BILLED AMT       ALLOWED AMT          COPAY           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
 MEMBER NAME: XXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
  HEADER EOBS:  9999 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 EOBS
  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  RRYYJJJBBBSSS   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

 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: XXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 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 EOBS
  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

 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: XXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 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 EOBS
  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   999,999,999.99
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                                    RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                          RUN: XXXXXX
                                                        OUTPATIENT CLAIMS DENIED                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX


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


 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY   9,999,999.99     9,999,999.99        999,999.99    9,999,999.99
 MEMBER NAME: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 HEADER EOBS:  9999 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 EOBS
  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


 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY   9,999,999.99     9,999,999.99        999,999.99    9,999,999.99
 MEMBER NAME: XXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
  HEADER EOBS:  9999 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 EOBS
  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 XXXXXXXXX X  NPI: XXXXXXXXXX

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

 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY   9,999,999.99     9,999,999.99        999,999.99    9,999,999.99
  MEMBER NAME: XXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
  HEADER EOBS:  9999 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 EOBS
  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

 RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY  MMDDYY   9,999,999.99     9,999,999.99        999,999.99    9,999,999.99
 MEMBER NAME: XXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
  HEADER EOBS:  9999 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 EOBS
  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 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

                            SERVICE DATES                                                          OTH INS
  --ICN--       PATIENT NO.  FROM     THRU    BILLED AMT       ALLOWED AMT          COPAY           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: XXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
 ADJUSTMENT EOB: 9999   HEADER EOBS:  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 EOBS
  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 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: XXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA:  XXXXXXXXXX  DIAG: XXXXXXX PROC: XXXXXXX
  ADJUSTMENT EOB: 9999   HEADER EOBS:  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 EOBS
  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 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                                      RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                            RUN: XXXXXX
                                                            DRUG CLAIMS PAID                        PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                                     METRIC      DISP                                    OTH INS        CO-PAY           PAID
 --ICN--       NDC            DESCRIPTION             QTY        DATE    BILLED AMT     ALLOWED AMT        AMT            AMT             AMT
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY   9,999,999.99   9,999,999.99    999,999.99     999,999.99     9,999,999.99
RX RX NO:  XXXXXXX       MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 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                                      RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                    PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                                 RUN: XXXXXX
                                                       DRUG CLAIMS PENDED                       PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                                 METRIC      DISP                                   OTH INS        CO-PAY           PAID
 --ICN--       NDC            DESCRIPTION          QTY       DATE    BILLED AMT     ALLOWED AMT        AMT            AMT             AMT
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

                         TOTAL DRUG CLAIMS PENDED:                  999,999,999.99 999,999,999.99 99,999,999.99  99,999,999.99   999,999,999.99
                     TOTAL NO. PENDED:  999,999
```

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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                       DRUG CLAIMS DENIED                       PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                                 METRIC      DISP                                      OTH INS        CO-PAY
 --ICN--       NDC            DESCRIPTION        QTY        DATE    BILLED AMT     ALLOWED AMT        AMT            AMT
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY   9,999,999.99   9,999,999.99    999,999.99     999,999.99
RX NO:  XXXXXXX       MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY   9,999,999.99   9,999,999.99    999,999.99     999,999.99
RX NO:  XXXXXXX       MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY   9,999,999.99   9,999,999.99    999,999.99     999,999.99
RX NO:  XXXXXXX       MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY   9,999,999.99   9,999,999.99    999,999.99     999,999.99
RX NO:  XXXXXXX       MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999

                         TOTAL DRUG 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 – 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                                        RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                     PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                          DRUG CLAIMS ADJUSTED                      PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                                                 METRIC     DISP                                       OTH INS        CO-PAY          PAID
 --ICN--       NDC            DESCRIPTION         QTY       DATE    BILLED AMT     ALLOWED AMT        AMT            AMT            AMT
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99)   (999,999.99)   (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999
                                                                                                  TOTAL OVERPAYMENT              9,999,999.99
                                                                                                  REFUND AMOUNT APPLIED          9,999,999.99
                                                                                                  ADDITIONAL PAYMENT             9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99)   (999,999.99)   (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999
                                                                                                  TOTAL OVERPAYMENT              9,999,999.99
                                                                                                  REFUND AMOUNT APPLIED          9,999,999.99
                                                                                                  ADDITIONAL PAYMENT             9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99)   (999,999.99)   (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 9999
                                                                                                  TOTAL OVERPAYMENT              9,999,999.99
                                                                                                  REFUND AMOUNT APPLIED          9,999,999.99
                                                                                                  ADDITIONAL PAYMENT             9,999,999.99
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999999.999  MMDDYY  (9,999,999.99) (9,999,999.99)  (999,999.99)   (999,999.99)   (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 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:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
EOBS  00  9999 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 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   999,999,999.99
          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

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-CDPD-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 PAID                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

              METRIC     DISP                                          OTH INS        CO-PAY              PAID
 --ICN--       QTY       DATE         BILLED AMT       ALLOWED AMT       AMT           AMT                AMT
RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
  HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
     NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
  HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
     NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
  HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
     NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
 XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

 TOTAL COMPOUND CLAIMS PAID:  999,999,999.99   999,999,999.99  99,999,999.99   99,999,999.99   999,999,999.99
```

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                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                   COMPOUND DRUG CLAIMS PENDED                  PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

              METRIC     DISP                                          OTH INS        CO-PAY              PAID
  --ICN--      QTY       DATE         BILLED AMT       ALLOWED AMT       AMT           AMT                AMT
 RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

 RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

 RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXX  999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXX  999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXX  999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXX  999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXX  999999  9,999,999.99 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 9999

TOTAL COMPOUND CLAIMS PENDED:  999,999,999.99   999,999,999.99  99,999,999.99   99,999,999.99   999,999,999.99
```

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

               METRIC     DISP                                          OTH INS        CO-PAY
  --ICN--       QTY       DATE         BILLED AMT       ALLOWED AMT       AMT           AMT
 RRYYJJJBBBSSS 999999.999 MMDDYY       9,999,999.99     9,999,999.99    999,999.99     999,999.99
 RX NO:  XXXXXXX  MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

 RRYYJJJBBBSSS 999999.999 MMDDYY       9,999,999.99     9,999,999.99    999,999.99     999,999.99
 RX NO:  XXXXXXX  MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

RRYYJJJBBBSSS 999999.999 MMDDYY       9,999,999.99     9,999,999.99    999,999.99     999,999.99
 RX NO:  XXXXXXX  MEMBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MEMBER ID: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
   HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
      NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999
  XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 9999

     TOTAL COMPOUND CLAIMS DENIED:  999,999,999.99   999,999,999.99  99,999,999.99   99,999,999.99
```

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                                      RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                               RUN: XXXXXX
                                                      COMPOUND DRUG CLAIMS ADJUSTED                 PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

               METRIC     DISP                                          OTH INS        CO-PAY             PAID
  --ICN--       QTY       DATE         BILLED AMT       ALLOWED AMT       AMT           AMT               AMT
  RRYYJJJBBBSSS 999999.999 MMDDYY      (9,999,999.99)   (9,999,999.99)  (999,999.99)   (999,999.99)     (9,999,999.99)
  RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
    HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
       NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 OVERPAYMENT                9,999,999.99
                                                                                 REFUND AMOUNT APPLIED            9,999,999.99
                                                                                 ADDITIONAL PAYMENT               9,999,999.99

  RRYYJJJBBBSSS 999999.999 MMDDYY      (9,999,999.99)   (9,999,999.99)  (999,999.99)   (999,999.99)     (9,999,999.99)
  RRYYJJJBBBSSS 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: XXXXXXXXXXXX  OTH INS CD:  99999 99999 99999 PA: XXXXXXXXXX
    HEADER EOBS:     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
       NDC            DESCRIPTION            UNITS    BILLED AMT  ALLOWED AMT   PAID AMT    EOB CODES
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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
   XXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX   999999  9,999,999.99 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 OVERPAYMENT                9,999,999.99
                                                                                 REFUND AMOUNT APPLIED            9,999,999.99
                                                                            ADDITIONAL PAYMENT               9,999,999.99

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                                RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                       RUN: XXXXXX
                                                         FINANCIAL TRANSACTIONS            PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

                            -------------------------EXPENDITURES-------------------------------

  TRANSACTION                        REASON  RENDERING       SVC DATE
    NUMBER              AMOUNT        CODE  PROVIDER/NPI   FROM   THRU      MEMBER ID            MEMBER NAME

   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   999999999          9,999,999.99  9999   XXXXXXXXXX    MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXX

 TOTAL EXPENDITURES: 999,999,999.99

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

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

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

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

   TRANSACTION     SETUP      DEDUCTED       ORIGINAL        TOTAL                     REASON
      NUMBER       DATE      THIS CYCLE       AMOUNT        DEDUCTED       BALANCE      CODE
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   MMDDYY    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9999
  XXXXXXXXXXXXX   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 XXXXXXXXX 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 XXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   RRYYJJJBBBSS        XXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX
                                  XX/XX/XX - XX/XX/XX / XX  / XXX / XXXXXXXXXXXXXXXXXXXX
```

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                                RA DATE: MM/DD/YYYY
                                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE: 9999 of 9999
                                                       PROVIDER REMITTANCE ADVICE                                        RUN: XXXXXX
                                                                 SUMMARY                    PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXX

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

                                              CURRENT         CURRENT          YEAR-TO-DATE    YEAR-TO-DATE
                                               NUMBER         AMOUNT              NUMBER          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:                                       XXXXXXXXX
```

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

Sample Remittance Advice – EOB Code Description

A sample of the explanation of benefits (EOB) is shown below. It lists all the EOB codes used in the preceding remittance advice (RA) pages and displays their corresponding descriptions. The purpose of this report is to give the provider a better explanation of the reasons why claims were either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

```
REPORT:   CRA-EOBM-R                                COMMONWEALTH OF MASSACHUSETTS                                    RA DATE: MM/DD/YYYY
                                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE: 9999 of 9999
                                                    PROVIDER REMITTANCE ADVICE                                              RUN: XXXXXX
                                                      EOB CODE DESCRIPTIONS                   PAYEE NUMBER XXXXXXXXX X  NPI: XXXXXXXXXXX

 EOB CODE                EOB CODE DESCRIPTION

 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

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