

Residential Care Home

Guide to the Remittance Advice for Paper Claims and Electronic Equivalents



Commonwealth of Massachusetts
Executive Office of Health and Human Services
February 2010

Table of Contents

Introduction 1
General Explanation of Remittance Advice 1
Organization of Content in This Guide 2
Sample Remittance Advice – Banner 3
Field Descriptions – Banner 4
Sample Remittance Advice – Long-Term Care..... 5
 Paid Claims 5
 Pended Claims 6
 Denied Claims..... 7
 Suspended Claims 8
 Adjusted Claims..... 9
Field Descriptions – Long-Term Care 10
Sample Remittance Advice – Financial Transactions 14
Field Descriptions – Financial Transactions..... 15
Sample Remittance Advice – Summary Advice..... 18
Field Descriptions – Summary Advice..... 19
Sample Remittance Advice – EOB Code Description..... 22
Field Descriptions – EOB Code Description..... 23

Introduction

The Commonwealth of Massachusetts uses the MassHealth claims payment system to process claims on behalf of the Department of Transitional Assistance (DTA) for payment of residential care services provided to residents receiving DTA assistance. This guide describes in detail the remittance advice that the MassHealth payment system issues in response to claims submitted on UB-04 claim forms or their electronic equivalents.

For information about billing electronically, see the 837I Companion Guide for residential care homes.

For instructions on submitting paper claims, see the Residential Care Home Billing Guide for the UB-04 paper claim form.

General Explanation of Remittance Advice

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

The remittance advice sorts claims in the following order:

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

If the residential care home 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.

The MassHealth payment system uses the first page of the remittance advice to convey important messages to facilities. 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 entities receiving the remittance advice or to only certain entities. 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.

This guide contains 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

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. Fields are alphabetically listed in the table for easy reference.

The following topics are also described in this guide:

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

Field Descriptions – Banner

Field	Description	Length
Address	Pay to mailing address of the payee	120
NPI	If the residential care home does not have a national provider identifier (NPI), this field will be blank.	10
Page	Current page and total number of pages within the residential care home's remittance advice	8
Payee Number	The residential care home's 10-character MassHealth claims payment system identification number/service location code consisting of nine numeric digits and one alpha character Note: The space between the nine-digit numeric identifier and the alphabetic service location code 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 – 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
PAGE: 9999 of 9999

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXX
RUN: XXXXXX

ICN	PATIENT NO.	FROM	THRU	MBR	ADMIT	BILLED AMT	ALLOWED AMT	PAT LIAB	PAT LIAB	OTH INS
		MMDDYY	MMDDYY	LVL	DATE			AMT (CLM)	AMT (APPLD)	AMT
RRYYJJBBSSS	XXXXXXXXXXXX			XXX	999	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	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	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999

ICN	PATIENT NO.	FROM	THRU	MBR	ADMIT	BILLED AMT	ALLOWED AMT	PAT LIAB	PAT LIAB	OTH INS
		MMDDYY	MMDDYY	LVL	DATE			AMT (CLM)	AMT (APPLD)	AMT
RRYYJJBBSSS	XXXXXXXXXXXX			XXX	999	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	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	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999

ICN	PATIENT NO.	FROM	THRU	MBR	ADMIT	BILLED AMT	ALLOWED AMT	PAT LIAB	PAT LIAB	OTH INS
		MMDDYY	MMDDYY	LVL	DATE			AMT (CLM)	AMT (APPLD)	AMT
RRYYJJBBSSS	XXXXXXXXXXXX			XXX	999	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	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	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999

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

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 remittance advices 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
 PAGE: 9999 of 9999

PAYEE NUMBER XXXXXXXXXXX X NPI: XXXXXXXXXXXX
 RUN: XXXXXXX

PATIENT NO.	FROM	THRU	MBR	ADMIT	BILLED AMT	ALLOWED AMT	PAT LIAB	PAT LIAB	OTH INS	
---ICN--	JBBBSSS	MMDDYY	MMDDYY	XXX 999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	
9999	9999	9999	9999	9999	9999	9999	9999	9999	9999	
MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 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						
MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 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						
MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 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						
MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
HEADER EOB: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999										

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

999,999,999.99

TOTAL LONG TERM CARE CLAIMS SUSPENDED:

TOTAL NO. SUSPENDED:

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 PAGE: 9999 of 9999

PAYEE NUMBER XXXXXXXXX X NPI: XXXXXXXXXXXX RUN: XXXXXX

ICN	PATIENT NO.	FROM	THRU	MBR LVL	ADMIT DATE	BILLED AMT	ALLOWED AMT	PAT LIAB AMT (CLM)	PAT LIAB AMT (APPLD)	OTH INS AMT
RRYYJJBBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	XXX 999	MMDDYY	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBBSSS	XXXXXXXXXXXX	MMDDYY	MMDDYY	XXX 999	MMDDYY	9,999,999.99	9,999,999.99	999,999.99	999,999.99	9,999,999.99
MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX MEMBER ID: XXXXXXXXXXXX OTH INS CD: 99999 99999 99999 PAS: XXXXXXXXXXXX DIAG: XXXXXXXX										
ADJUSTMENT EOB: 9999 HEADER EOB: 9999										
REV CD	UNITS	BILLED AMT	ALWD AMT	DETAIL EOB						
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999
9999	9999999	9,999,999.99	9,999,999.99	9999	9999	9999	9999	9999	9999	9999
										9,999,999.99
										9,999,999.99
										9,999,999.99

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

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

TOTAL OVERPAYMENT
REFUND AMOUNT APPLIED
ADDITIONAL PAYMENT

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 resident was admitted into the residential care home	6
Allowed Amt (Header)	Calculated allowed amount for the 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 residential care home for the days billed on the detail line	9
Billed Amt (Detail)	Calculated amount allowed for the detail item billed	9
Days	Number of days the resident was in the residential care home. 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	The resident’s level of care at the time of claims processing	3
Member ID	The resident’s identification number	12
Member Name	Name of the resident	29
NPI	NPI of the residential care home receiving the remittance advice	10
Oth Ins Amt	This field will be blank.	9
Oth Ins Cd	This field will be blank.	5
PAS	This field will be blank.	10
Page	Current page and total number of pages within the residential care home’s remittance advice	8

Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Paid Amt	Amount that is payable for the claim	9
Pat Liab Amt (Appld)	Resident liability amount applied to the claim during processing. This amount is subtracted from the allowed amount to arrive at the paid amount.	8
Pat Liab Amt (Clm)	Resident liability amount the facility submitted on the claim	8
Patient No.	Unique number assigned by the residential care home. This is usually used for filing or tracking purposes.	12
Payee Number	The residential care home's 10-character MassHealth claims payment system identification number/service location code consisting of nine numeric digits and one alpha character Note: The space between the nine-digit numeric identifier and the alphabetic service location code 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 days being billed on the detail lines.	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 on all the detail lines	6
Service Dates – Thru	Latest date on all the detail lines	6
Total Long Term Care Claims – Allowed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Allowed amount total of all the residential care home claims appearing on this remittance advice	11
Total Long Term Care Claims – Billed Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total billed amount of all the residential care home claims appearing on this remittance advice	11

Field Descriptions – Long-Term Care (cont.)

Field	Description	Length
Total Long Term Care Claims – Oth Ins Amount (Adjusted, Denied, Paid, Pended & Suspended)	This field will be blank.	11
Total Long Term Care Claims – Paid Amt (Adjusted, Denied, Paid, Pended & Suspended)	Total of all the residential care home claims appearing on this remittance advice	11
Total Long Term Care Adjustment Claims – Pat Liab Amt (Appld) (Adjusted, Denied, Paid, Pended & Suspended)	Total resident liability applied to the claims appearing on this remittance advice	10
Total Long Term Care Adjustment Claims – Pat Liab Amt (Clm) (Adjusted, Denied, Paid, Pended & Suspended)	Total resident liability submitted on the claims appearing on this remittance advice	10
Total No.	Total number of claims on the remittance advice for the residential care home	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	Number of days of service provided	7

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	The resident’s identification number. For expenditures, if there is a resident associated with this expenditure, an ID is displayed. Otherwise it is blank.	12
Member Name	The resident’s first and last name. For expenditures, if there is a resident associated with this expenditure, a name will appear. Otherwise it will be blank.	29
NPI	NPI of the residential care home receiving the remittance advice, if applicable	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 residential care home’s remittance advice	8
Payee Number	The residential care home’s 10-character MassHealth claims payment system identification number/service location code consisting of nine numeric digits and one alpha character Note: The space between the nine-digit numeric identifier and the alphabetic service location code 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 claims payment system identification number used to identify the residential care home that provided the service	10
Report	Internal report identifier	8
Run	System-generated cycle reference number	6
Svc Date From	Earliest date of the expenditure	6
Svc Date Thru	Last date 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 set up	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
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

Field Descriptions – Financial Transactions (cont.)

Field	Description	Length
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

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 derived 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 facility 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 facility'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, if applicable, of the residential care home receiving the remittance advice	10
Page	Current page and total number of pages within the facility's remittance advice	8
Payee Number	The residential care home's 10-character MassHealth claims payment system identification number/service location code consisting of nine numeric digits and one alpha character Note: The space between the nine-digit numeric identifier and the alphabetic service location code 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 residential care home year to date.	14

Field Descriptions – Summary Advice (cont.)

Field	Description	Length
Year-to-Date Amount Total Claims Payments	Total amount of all claims paid and positive adjustments finalized year to date. This number is derived from the total claims payment field of the claims data section.	14
Year-to-Date Number Claims Adjustments	Total number of positive adjustments finalized year to date	7
Year-to-Date Number Claims Denied	Total number of claims denied year to date	7
Year-to-Date Number Claims Paid	Total number of claims paid year to date	7
Year-to-Date Number Total Claims Payments	Total number of claims paid and positive adjustments finalized year to date	7

Field Descriptions - EOB Code Description

Field	Description	Length
EOB Code	Explanation of benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines. These codes are used to explain the status of the claim. There is a maximum of 20 EOB codes per claim header and 20 EOB codes per detail line.	4
EOB Code Description	English descriptions corresponding to the EOB codes that were used. These descriptions give the residential care home the reasons why submitted claims were suspended, denied, or not paid in full.	100
NPI	NPI of the residential care home receiving the remittance advice, if applicable	10
Page	Current page and total number of pages within the residential care home's remittance advice	8
Payee Number	The residential care home's 10-character MassHealth claims payment system identification number/service location code consisting of nine numeric digits and one alpha character Note: The space between the nine-digit numeric identifier and the alphabetic service location code 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