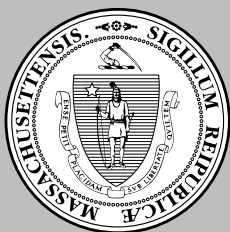# Residential Care Home

Guide to the Remittance Advice for Paper Claims and Electronic Equivalents

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

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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, pended, 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.

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 the MassHealth claims payment system 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


 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX



 SUBJECT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

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

Paid Claims

Residential care home claims are reported on the Long-Term Care remittance advice. The remittance advice lists all claims that have been paid during the paycycle. In addition, for claims that include multiple detail lines, both paid and denied detail lines will appear 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 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
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    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    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    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


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
 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    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    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    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

 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
 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    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    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    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

  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 XXXXXXXXXX   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: XXXXXXXXXXXXXXXXXXXXXXXXXXX  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     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     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     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

 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
 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     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     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     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


 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: 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    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     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     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     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

    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 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     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 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     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 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     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 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
                                          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 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: 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 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: 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 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: 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 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  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 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

Sample Remittance Advice - Financial Transactions

This section of the remittance advice details the residential care home'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 residential care home's outstanding A/Rs 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  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      999999999      9,999,999.99      9999   XXXXXXXXXX   MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      999999999      9,999,999.99      9999   XXXXXXXXXX   MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      999999999      9,999,999.99      9999   XXXXXXXXXX   MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      999999999      9,999,999.99      9999   XXXXXXXXXX   MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      999999999      9,999,999.99      9999   XXXXXXXXXX   MMDDYY MMDDYY  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  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
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999
    XXXXXXXXXXXX   MMDDYY   9,999,999.99   9,999,999.99  9,999,999.99   9,999,999.99   9999


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

Field Descriptions – Financial Transactions

Field	Description	Length
A/R Number	Unique number identifying the accounts receivable number assigned during processing	13
Adjustment ICN	Unique number used to track claims activity through the system. If the A/R was set up as a result of an adjustment, this number is the adjustment ICN. For manually established accounts receivables, this field is left blank.	13
Amount	Amount of the expenditure	9
Balance	Account receivable balance remaining after the current weekly financial cycle processes	9
Balance (Payment Deductions)	Balance remaining in the payment deduction after the current weekly financial cycle processes	9
Deducted This Cycle (Payment Deductions)	Amount deducted this financial cycle	9
Member ID	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

Sample Remittance Advice – Summary Advice

The 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 residential care home 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 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

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 residential care home 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       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   9999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

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