Remittance Advice (RA)

Instructions for how to read the Remittance Advice for the Department of Human Services

DHS
Oregon Department of Human Services

Overview

This step-by-step presentation is intended to provide information to assist those who bill the Division of Medical Assistance Programs (DMAP) for Medicaid services to read the Remittance Advice (RA) statement correctly.

We hope you find this tutorial helpful.

~ DHS ~

MMIS

- The federal government requires DHS to process Medicaid claims through an automated claim processing system known as the Medicaid Management Information System (MMIS).
- This system is a combination of people and computers working together to process claims.
- This system performs daily edits for presence and validity of data.
- DHS staff only reviews claims that MMIS cannot make a payment decision based on the information submitted.

Claims Processing

- Paper claims submitted by mail go to DHS Office of Document Management (ODM) Imaging Unit.
- ODM processes hardcopy claims using Optical Character Recognition (OCR) scanning or by keying from image.
- Make sure your claim form meets OCR specifications.

Before you bill

- Read your provider guidelines.
- Verify recipient eligibility on the date of service.
- Make sure you bill all prior resources first. DHS is the payer of last resort.

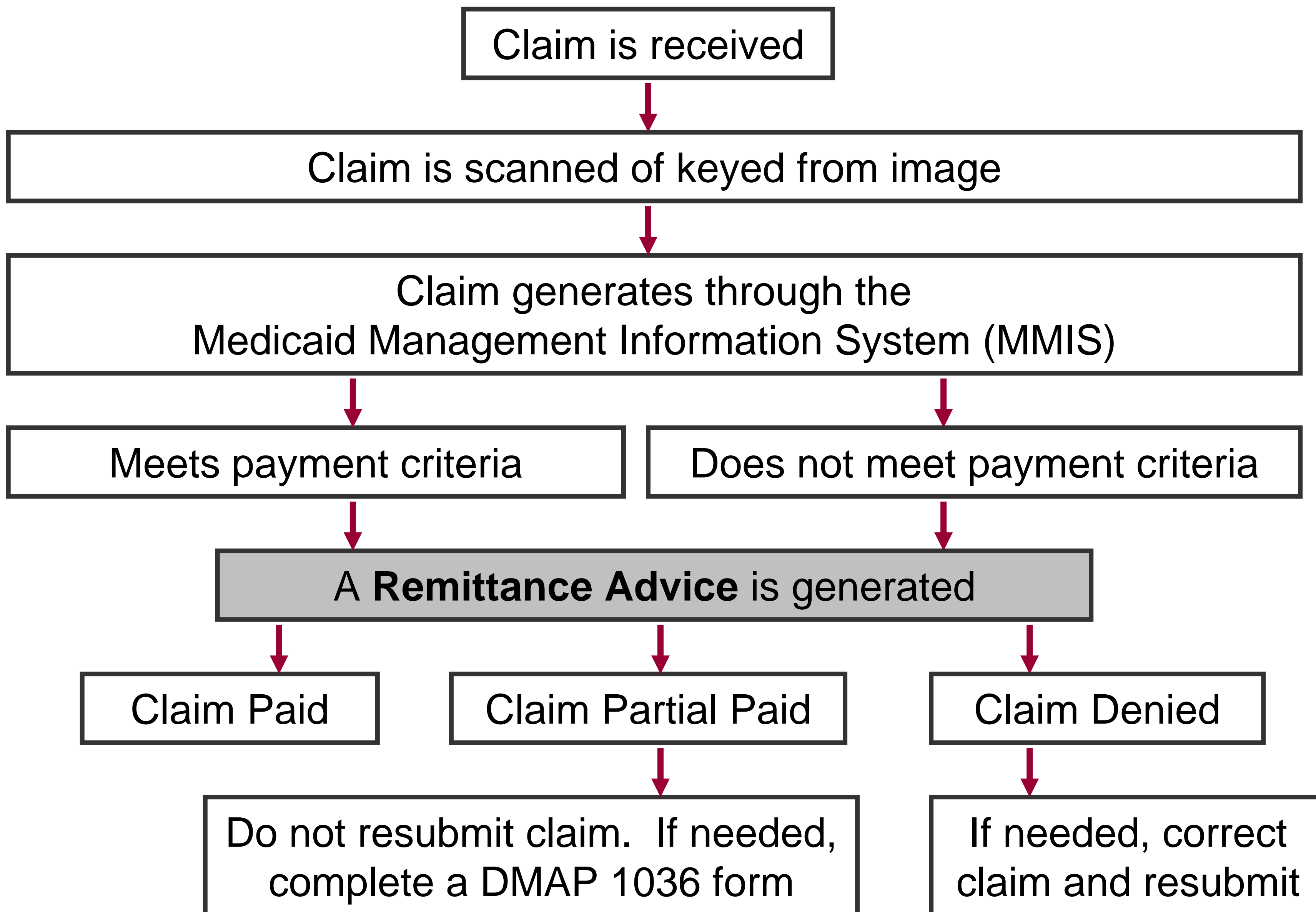
A few tips

- When submitting handwritten claim forms, you must use blue or black ink, never use red ink.
- Make sure your hand writing is legible.
- If possible, submit no more than the lines indicated on the claim form.
- Do not use liquid whiteout.
- Check your printer alignment.

About the Remittance Advice

- When a claim adjudicates (or denies), an automated paper notice known as a Remittance Advice (RA) statement is sent to the provider telling about payment or other claims actions made by the Division of Medical Assistance Programs (DMAP).
- Only claims that have been adjudicated or denied will appear on the RA.
- Claims that are “in process” or “in suspense” will not appear on the RA.

How it works for “Paper” claim submissions



Example of how to read a
Remittance Advice

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
PROFESSIONAL REMITTANCE ADVICE

ZIP: 97###
RA #: #######

PROVIDER NAME/NUMBER: PROVIDER, IAMA ###### DATE: ##/##/## PAGE: #

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM	THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040107	040107	#-#####	1	278.00	.00	.00	117.03	093
	#############		040207	040207	#-#####	1	279.37	.00	.00	49.31	093
			CLAIM TOTALS				557.37	.00	.00	166.34	061
Patient, Your	XX###X#X	#####	040507	040507	#-#####	1	147.00	.00	.00	60.46	093
	#############		040507	040507	#-#####	1	11.00	.00	.00	5.45	093
			040507	040507	#-#####	1	78.00	.00	.00	.00	321
			CLAIM TOTALS				236.00	.00	.00	65.91	061
Patient, Your	XX###X#X	#####	031007	031007	#-#####	1	105.00	.00	.00	.00	003
	#############										
Patient, Your	XX###X#X	#####	022607	022607	#-#####	1	147.00	60.46	.00	.00	
	#############		CLAIM TOTALS				147.00	90.56	.00	.00	095

******Provider Earnings Information*****

	-Current-	-Year to Date-
Total Claims	4	62
Total Amount Billed	1,045.37	1,872.00
Gross Reimbursement Authorized	232.25	920.23
+ Additional Payment Included	.00	.00
- Recoupment Amount Withheld	.00	280.02
Payment Amount	232.25	640.21
Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

093 Payment at maximum allowed rate.

Top section

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
PROFESSIONAL REMITTANCE ADVICE

1 ZIP: 97###
2 RA #: #######

3 PROVIDER NAME/NUMBER: PROVIDER, IAMA
4 ######
5 DATE: ##/##/##
6 PAGE: #

1. **ZIP**: The zip code of the provider identified in field 3.
2. **RA#**: A unique number assigned to each RA. Do not refer to this number when inquiring about your RA.
3. **Provider Name**: The name of the billing provider that billed DMAP for services rendered.
4. **Provider #**: The six-digit (DHS issued) billing provider number.
5. **Date**: The date the RA was printed. This will always be a Friday date. Refer to this date when inquiring about your RA.
6. **Page#**: The sequential page number of the RA.

Middle section

1 RECIPIENT NAME	2 RECIP ID/ ICN	3 PATIENT ACCOUNT	4 SVC DATES FROM THRU	5 TOS/PROC CODE	6 QTY	7 BILLED AMOUNT	8 TPL CRED APPLIED	9 COPAY AMOUNT	10 PAYMENT AMOUNT	11 MSG

1. **Recipient Name**: The name of the recipient being billed to DMAP.
2. **Recip ID/**: The eight-character medical care identification number of the recipient.
   ICN: A thirteen-digit Internal Control Number (ICN) assigned by DMAP to each claim during processing.
3. **Patient Account**: If a patient account number was indicated on the claim form, it will be printed here.
4. **Svc Dates From Thru**: The from and thru dates of service as indicated on the claim form.
5. **TOS/Proc Code**: The type of service and procedure listed on the claim form.

Middle section

1 RECIPIENT NAME	2 RECIP ID/ ICN	3 PATIENT ACCOUNT	4 SVC DATES FROM THRU	5 TOS/PROC CODE	6 QTY	7 BILLED AMOUNT	8 TPL CRED APPLIED	9 COPAY AMOUNT	10 PAYMENT AMOUNT	11 MSG

6. **Quantity**: The number of services billed for a procedure.
7. **Billed Amount**: The amount billed for each service listed on the claim form.
8. **TPL Credit Applied**: The amount paid by other third party resources.
9. **Copay Amount**: The amount deducted from your paid amount as a result of a copayment.
10. **Payment Amount**: The amount DMAP paid for a service billed.
11. **Message**: A three-digit number explaining the outcome of a claim as found at the bottom of the RA.

Bottom section

	******Provider Earnings Information******	1 -Current-	2 -Year to Date-
3	Total Claims	4	62
4	Total Amount Billed	1,045.37	1,872.00
5	Gross Reimbursement Authorized	232.25	920.23
6	+ Additional Payment Included	.00	.00
7	- Recoupment Amount Withheld	.00	280.02
8	Payment Amount	232.25	640.21
9	Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

10 093 Payment at maximum allowed rate.

1. **Current Earnings**: Provides payment information according to the current RA statement.

2. **Year to Date Earnings**: Provides payment information according to all RA statement's you received for the calendar year (January-December).

Bottom section

	******Provider Earnings Information*****	1 -Current-	2 -Year to Date-
3	Total Claims	4	62
4	Total Amount Billed	1,045.37	1,872.00
5	Gross Reimbursement Authorized	232.25	920.23
6	+ Additional Payment Included	.00	.00
7	- Recoupment Amount Withheld	.00	280.02
8	Payment Amount	232.25	640.21
9	Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

10 093 Payment at maximum allowed rate.

3. **Total Claims**: The total number of claims adjudicated on the current RA and year to date.
4. **Total Amount Billed**: The total billed amount of claims adjudicated on the current RA and year to date.
5. **Gross Reimbursement Authorized**: The total amount paid for approved claims on the current RA and year to date.

Bottom section

	******Provider Earnings Information*****	1 -Current-	2 -Year to Date-
3	Total Claims	4	62
4	Total Amount Billed	1,045.37	1,872.00
5	Gross Reimbursement Authorized	232.25	920.23
6	+ Additional Payment Included	.00	.00
7	- Recoupment Amount Withheld	.00	280.02
8	Payment Amount	232.25	640.21
9	Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

10 093 Payment at maximum allowed rate.

6. **Additional Payment Included**: Indicates any additional payment owing to you on the current RA and year to date.
7. **Recoupment Amount Withheld**: Indicates the amount being deducted due to outstanding balance owing DMAP on the current RA and year to date.
8. **Payment Amount**: The total amount paid for approved claims on the current RA and year to date.

Bottom section

******Provider Earnings Information*****

		1 -Current-	2 -Year to Date-
3	Total Claims	4	62
4	Total Amount Billed	1,045.37	1,872.00
5	Gross Reimbursement Authorized	232.25	920.23
6	+ Additional Payment Included	.00	.00
7	- Recoupment Amount Withheld	.00	280.02
8	Payment Amount	232.25	640.21
9	**Refunds Credited to Earnings**	**.00**	**.00**

*****Claims Message Codes*****

10 093 Payment at maximum allowed rate.

9. **Refunds Credited to Earnings**: Indicates if a refund was received and if credited to your current RA and year to date.

10. **Claims Message Codes**: Lists all Explanation of Benefit (EOB) codes explaining how the claim was processed, if more information is needed to process the claim, or if payment was denied.

Paid claim example

Paid claim

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM	SVC DATES THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040107	040107	#-#####	1	278.00	.00	.00	117.03	093
	#############		040207	040207	#-#####	1	279.37	.00	.00	49.31	093
			CLAIM TOTALS				557.37	.00	.00	166.34	061

*****Claims Message Codes*****

093 Payment at maximum allowed rate.

- This claim example shows 2 lines of services billed.
- DMAP approved and paid both lines.
- The claims message code indicates that both lines paid at the maximum allowed rate.
- If this claim had paid incorrectly, or was billed with incorrect information, you would complete an Individual Adjustment Request (DMAP 1036) form.

Partial paid claim example

Partial paid claim

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040507 040507	#-#####	1	147.00	.00	.00	60.46	093
	#############		040507 040507	#-#####	1	11.00	.00	.00	5.45	093
			040507 040507	#-#####	1	78.00	.00	.00	.00	321
			CLAIM TOTALS			236.00	.00	.00	65.91	061

*****Claims Message Codes*****

093 Payment at maximum allowed rate.

321 This combination of type of service and procedure code not recognized by DMAP.

- This claim example shows 3 lines of services billed.
- The claims message code indicates that DMAP paid 2 lines at the maximum allowed rate, and 1 line was denied due to an error.
- You would complete an Individual Adjustment Request (DMAP 1036) form if correcting line 3 error.

Denied claim example

Denied claim

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	031007 031007	#-#####	1	105.00	.00	.00	.00	003

*****Claims Message Codes*****

003 Our records show recipient is not eligible on the date of service.

- This claim example shows 1 line of service billed.
- The claim message code indicates that DMAP denied the service billed.
- If this claim contained erroneous information, it would need to be corrected and re-billed to DMAP.

Adjudicated claim example

Zero paid claim

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	022607 022607	#-#####	1	147.00	60.46	.00	.00	
			CLAIM TOTALS			147.00	90.56	.00	.00	095

*****Claims Message Codes*****

095 DMAP payment reduced by other resource payment.

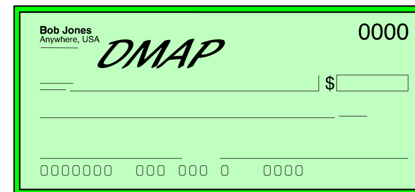
- This claim example shows 1 line of service billed.
- This claim zero paid because other insurance paid above the DMAP allowed rate for the service.
- Do not re-bill this claim if there was an error in billing.
- If you re-bill this claim, it will deny as a duplicate.
- You would complete an Individual Adjustment Request (DMAP 1036) form if correcting an error in billing.

Refunding DMAP

Refunding overpayments

- For underpayments and overpayments (never denied claims), complete an Individual Adjustment Request (DMAP 1036) form, or
- Write DMAP a check and mail it to:

  DMAP
  PO Box 14955
  Salem, OR 97309



- Do not do both.
- Include a copy of the RA.
- If necessary, include a corrected claim.

Recoupments

Why a recoupment

- Recoupments result when the provider did not reply to correspondence, thus resulting in payments to be recouped from future remittance advices, or
- An Individual Adjustment Request (DMAP 1036) form generated a recoupment.
- The following example is a result of an overpayment generated from an Individual Adjustment Request (DMAP 1036) form.

PROVIDER NAME/NUMBER: PROVIDER, IAMA ###### DATE: ##/##/## PAGE: #

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040107 040107	#-#####	1	130.60	.00	.00	.00	
	50###########		040207 040207	#-#####	1	279.37	.00	.00	.00	
			CLAIM TOTALS			409.97	71.65	.00	00.00	084
Patient, Your	XX###X#X	#####	040107 040107	#-#####	1	-130.60	.00	.00	-22.34	
	#############		040207 040207	#-#####	1	-279.37	.00	.00	-49.31	
			CLAIM TOTALS			-409.97	.00	.00	-71.65	083

******Provider Earnings Information*****

	-Current-	-Year to Date-
Total Claims	2	62
Total Amount Billed	409.97	11,872.00
Gross Reimbursement Authorized	71.65-	5,420.23
+ Additional Payment Included	.00	.00
- Recoupment Amount Withheld	.00	200.20
Payment Amount	71.65-	5,220.03
Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

083 We have deducted the original payment as a result of your adjustment request.
084 We have adjusted this claim to reconcile an overpayment made to you.

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
PROFESSIONAL REMITTANCE ADVICE

ZIP: 97###
RA #: #######

PROVIDER NAME/NUMBER: PROVIDER, IAMA ###### DATE: ##/##/## PAGE: #

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040107 040107	#-#####	1	130.60	.00	.00	.00	
	50###########		040207 040207	#-#####	1	279.37	.00	.00	.00	
			CLAIM TOTALS			409.97	71.65	.00	00.00	084
Patient, Your	XX###X#X	#####	040107 040107	#-#####	1	-130.60	.00	.00	-22.34	
	#############		040207 040207	#-#####	1	-279.37	.00	.00	-49.31	
			CLAIM TOTALS			-409.97	.00	.00	-71.65	083

- This example is a result of an overpayment submitted on an Individual Adjustment Request (DMAP 1036) form. The ICN will start with 50 for adjustments.
- The claim will appear twice on the current RA.
- The top claim is the adjustment (positive +) and the bottom (negative -) is the original claim.
- The provider owes DMAP $71.65 because a third party resource paid for services after DMAP originally processed and paid the claim.
- This amount will be deducted from the current or possibly the next RA statement.

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
PROFESSIONAL REMITTANCE ADVICE

ZIP: 97###
RA #: #######

PROVIDER NAME/NUMBER: PROVIDER, IAMA ###### DATE: ##/##/## PAGE: #

RECIPIENT NAME	RECIP ID/ ICN	PATIENT ACCOUNT	SVC DATES FROM THRU	TOS/PROC CODE	QTY	BILLED AMOUNT	TPL CRED APPLIED	COPAY AMOUNT	PAYMENT AMOUNT	MSG
Patient, Your	XX###X#X	#####	040107 040107	#-#####	1	278.00	.00	.00	17.03	093
	#############		040207 040207	#-#####	1	279.37	.00	.00	49.31	093
			CLAIM TOTALS			557.37	.00	.00	166.34	061

******Provider Earnings Information*****

	-Current-	-Year to Date-
Total Claims	1	63
Total Amount Billed	557.37	12,429.37
Gross Reimbursement Authorized	166.34	5,586.57
+ Additional Payment Included	.00	.00
- Recoupment Amount Withheld	71.65-	271.85
Payment Amount	94.69	5,314.72
Refunds Credited to Earnings	.00	.00

*****Claims Message Codes*****

084 Payment at maximum allowable rate.

- This example shows the recoupment being deducted from the next RA statement. The recoupment amount was deducted from the total amount due.
- You should have taken $71.65 from the account that resulted in the recoupment and applied it to this account as noted above.

Resources

Need help?

- Contact DMAP Provider Services if you need assistance reading your remittance advice.
- They can be reached at:
  - Toll free: 800-336-6016
  - E-mail: DMAP.providerservices@state.or.us

Thank You!