



Medicaid Information
Technology System

Provider Medicaid Portal User Manual

Reports

Volume 8

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1 REPORTS – PROVIDER MEDICAID PORTAL

The provider community uses Provider Medicaid Portal report information that can be generated for their individual accounts for various business purposes. Information for reports detailed in this section includes:

- The title of each Remittance Advice report;
- A descriptive narrative of each report's business use and function;
- A layout image of each report; and,
- Descriptions of all fields that are presented on the report.

1.1 Provider Reports

The Provider Reports panel allows providers to view and/or download specific FileNet reports such as the Remittance Advice and Provider History Profile reports. The most recent two years of reports are available. This panel is accessed from the Reports option on the MITS main menu.

Tasks for this Panel

To **locate** a remittance advice provider report:

1. Select the **Remittance Advice** option from the **Report** drop-down field.
2. The panel refreshes and displays the **Check/EFT Number**, **Payment Date**, and **RA Number** fields.

- a. Enter additional search criteria, if known, in the **Check/EFT Number**, **Payment Date**, and **RA Number** fields.
 - b. Click the **Search** button.
3. The remittance advice reports that are available for the provider account are displayed in the Provider Reports **search results**, which displays below the Provider Reports panel:

Please select the row to show the report		
RA Number	Part Number	RA Date
30105228	3	08/03/2010
30100817	1	08/02/2010
30100817	2	08/02/2010

To **clear** the search criteria and **locate another** report to view:

1. Click the **Clear** button in the Provider Reports search panel. The **Report** drop-down field clears.
2. Select a new option from the **Report** drop-down field.
3. Click the **Search** button.
4. Repeat steps 1 to 5 above.

To **view** a remittance advice provider report:

4. Select and click on the row that contains the desired report to view from the search results list.

Please select the row to show the report		
RA Number	Part Number	RA Date
30105228	3	08/03/2010
30100817	1	08/02/2010
30100817	2	08/02/2010

5. The selected report displays in an Adobe .pdf file.

To **print** the RA report in the Adobe file:

1. From the **File** menu, select the **Print** option.
2. The **Print** dialog box opens.
3. Click **OK**.

OR

1. Select the Adobe Reader Print icon in the upper left of the menu bar.
2. The **Print** dialog box opens.
3. Click **OK**.

Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	Clears the search criteria fields.	Button	N/A	0
search	Initiate the search.	Button	N/A	0
Check/EFT Number	Check or Electronic Fund Transfer number corresponding to the payment that was generated.	Field	Number	20
Payment Date	Date the payment was issued.	Field	Date (MM/DD/CCYY)	8
RA Number	Unique identifier assigned to the remittance advice.	Field	Number	9
Report	Contains the title of the available reports for the current provider.	Field	Drop Down List Box	0

Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Report	Field	0	Select the type of report from the dropdown.	Select a report.

Remittance Advice Summary

The Remittance Advice Summary report displays a summary of all claim and financial activity for the payee for each financial cycle, and also reports year-to-date totals of all claim and financial activity.

Additionally, this report supplies the payee with information regarding lien and IRS backup withholding payments which are made to lien holders by The Ohio Department of Job and Family Services (ODJFS) during the current cycle and year-to-date.

Technical Name: CRA-SUMM-R

Field Descriptions – Remittance Advice Summary

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Capitation Payment	Amount of money paid for all capitation payments.	Decimal	12
Claim Adjustments (Amount)	Amount of claim adjustments that resulted in a payment.	Decimal	12
Claim Adjustments (Number)	Number of claim adjustments.	Number	9
Claim Specific Adjustment Refunds	Amount of provider refunds applied to claim adjustments.	Decimal	12
Claim Specific Current Cycle (Offsets)	Amount of money recouped towards claim adjustment related ARs created in the current cycle.	Decimal	12
Claim Specific Outstanding from Previous Cycles (Offsets)	Amount of money recouped towards claim adjustment related ARs created in previous cycles.	Decimal	12
Claims Denied (Amount)	Amount of regular claims denied.	Decimal	12
Claims Denied (Number)	Number of denied claims.	Number	9
Claims Paid (Amount)	Amount of regular claims paid.	Decimal	12
Claims Paid (Number)	Count of regular claims paid.	Number	9
Claims Payments	Amount of money paid for all claims.	Decimal	12

Field	Description	Data Type	Length
Court Order Number	Court Order Number	Character	20
Current Amount	Total amount for each itemized expenditure category for the current payment cycle.	Number	12
Current Number	Total count of transactions for each itemized expenditure category for the current payment cycle.	Number	9
Deduction Amount	Dollar amount withheld from the payee's check and paid to the lien holder.	Decimal	12
Issue Date (Header)	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Issue Date (Warrant)	Issue date of the voided warrant.	Date (MM/DD/CCYY)	8
Lien Holder Name/Type	Name of the entity receiving the lien amount withheld from the payee.	Character	39
Manual Payouts (Non-Claim Specific)	Amount of manual expenditures paid outside of the MITS Financial cycle.	Number	12
Month-To-Date Amount	Total amount for each itemized expenditure category for the current month.	Decimal	12
Month-To-Date Number	Total count of transactions for each itemized expenditure category for the current month.	Number	10
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Earnings	Amount of money impacting the 1099 earnings amount.	Decimal	12
Net Payment	Total payable amount minus all offsets.	Decimal	12
Non Claim Specific Refunds	Amount of non-claim related provider refunds applied to earnings.	Decimal	12

Field	Description	Data Type	Length
Non-Claim Specific Offsets	Amount of money recouped towards claim adjustment not specific to claims.	Decimal	12
Provider Fiscal-To-Date Amount	Total amount for each itemized expenditure category for the current provider fiscal year.	Decimal	12
Provider Fiscal-To-Date Number	Total count of transactions for each itemized expenditure category for the current provider fiscal year.	Number	10
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
State Fiscal-To-Date Number	Total count of transactions for each itemized expenditure category for the current state fiscal year.	Number	10
State-Fiscal-To-Date Amount	Total amount for each itemized expenditure category for the current state fiscal year.	Decimal	12
System Payouts (Non-Claim Specific)	Amount of money paid for all regular expenditures.	Decimal	12
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Claims Payments (Amount)	Total amount of the Claims Paid and Claim Adjusted amount fields.	Decimal	12
Total Claims Payments (Number)	Total number of the Claims Paid and Claim Adjustments number fields.	Decimal	12
Warrant Number	Number of warrant that was voided.	Character	10
Warrant Voids	Total amount of all warrants voided that will credit the provider's earnings.	Decimal	12
Year-To-Date Amount	Total amount for each itemized expenditure category for the	Number	12

Field	Description	Data Type	Length
	current year.		
Year-To-Date Number	Total count of transactions for each itemized expenditure category for the current year.	Number	7

Layout

Report: CRA-SUMM-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
REMITTANCE ADVICE SUMMARY

Date: MM/DD/CCYY
Page: 9,999

XX
XX
XX
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

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

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

-----EARNINGS DATA-----

PAYMENTS:			
CLAIMS PAYMENTS		9,999,999,999.99	9,999,999,999.99
CAPITATION PAYMENT†		9,999,999,999.99	9,999,999,999.99
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)		9,999,999,999.99	9,999,999,999.99
ACCOUNTS RECEIVABLE (OFFSETS):			
CLAIM SPECIFIC:			
CURRENT CYCLE		(9,999,999,999.99)	(9,999,999,999.99)
OUTSTANDING FROM PREVIOUS CYCLES		(9,999,999,999.99)	(9,999,999,999.99)
NON-CLAIM SPECIFIC OFFSETS		(9,999,999,999.99)	(9,999,999,999.99)
NET PAYMENT**		9,999,999,999.99	(9,999,999,999.99)
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(9,999,999,999.99)	(9,999,999,999.99)
NON CLAIM SPECIFIC REFUNDS		(9,999,999,999.99)	(9,999,999,999.99)
OTHER FINANCIAL:			
MANUAL PAYOUTS (NON-CLAIM SPECIFIC)		9,999,999,999.99	9,999,999,999.99

WARRANT VOIDS	(9,999,999,999.99)	(9,999,999,999.99)
NET EARNINGS	9,999,999,999.99	9,999,999,999.99

-----CURRENT DEDUCTIONS-----

LIEN HOLDER NAME/TYPE	DOCUMENT ID	DEDUCTION AMOUNT
XX	XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99

-----CURRENT WARRANT VOIDS-----

WARRANT NUMBER	ISSUE DATE
999999999	MM/DD/CCYY

** NET PAYMENT AMOUNT HAS BEEN REDUCED. LIEN PAYMENTS HAVE BEEN MADE TO THE FOLLOWING LIEN HOLDERS.

† CAPITATION PAYMENT FOR THE MONTH OF MM/YY. PLEASE REFER TO YOUR CAPITATION PAYMENT LISTING FOR ADDITIONAL DETAIL.

Remittance Advice – Banner Messages

The Remittance Advice – Banner Messages report lists all banner messages by provider ID. When Medicaid or the fiscal agent discovers billing problems encountered by all or select provider types, a remittance advice banner message is printed as the first page of the advice. Suggestions for avoiding problems, explanations of policy, and new or changed procedure codes are described in the report. Training sessions are also announced on the remittance advice banner page.

Technical Name: CRA-BANN-R

Field Descriptions – Banner Messages

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	10
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4

Layout

Report: CRA-BANN-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 BANNER MESSAGES

Date: MM/DD/CCYY
 Page: 9,999

XX
 XXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999

Remittance Advice – CMS 1500 Claim Adjustments

The Remittance Advice - CMS 1500 Claim Adjustments report displays CMS 1500 claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are adjusted along with explanations on why they are adjusted.

Technical Name: CRA-PHAD-R

Field Descriptions– CMS 1500 Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount	Number	9

Field	Description	Data Type	Length
	(Detail) field on all the detail lines.		
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9

Field	Description	Data Type	Length
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Service Dates From (Detail)	Earliest date of service or admission date for the claim detail.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim detail.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6

Field	Description	Data Type	Length
Spenddown	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total CMS 1500 Claim Adjustments	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	6

Layout

Report: CRA-PHAD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
Page: 9,999

XX
XX
XX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 99999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	BILLED	ALLOWED	TPL	SPENDDOWN	CO-PAY	PAID
PATIENT NUMBER	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 999999999999	RECIPIENT NAME: XX	COUNTY: XX	XXXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX			
RRYYJJBBSSS	MMDDYY MMDDYY	(999,999.99)	(9,999,999.99)	(999,999.99)	(999,999.99)	(99,999.99)	(99,999,999.99)
XX							
RRYYJJBBSSS	MMDDYY MMDDYY	999,999.99	9,999,999.99	999,999.99	999,999.99	99,999.99	99,999,999.99 *VOID*
XX	ADJ RSN: XXXX						

HEADER EOBS: 9999

Remittance Advice – CMS 1500 Claims Denied

The Remittance Advice - CMS 1500 Claims Denied report displays CMS 1500 claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are denied along with explanations on why they are denied.

Technical Name: CRA-PHDN-R

Field Descriptions– CMS 1500 Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13

Field	Description	Data Type	Length
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt (Detail)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12

Field	Description	Data Type	Length
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Service Dates From (Detail)	Earliest date of service or admission date for the claim detail.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim detail.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Spenddown	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total CMS 1500 Claims Denied	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	6

Remittance Advice – CMS 1500 Claims Paid

The Remittance Advice - CMS 1500 Claims Paid report displays CMS 1500 claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-PHPD-R

Field Descriptions– CMS 1500 Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15

Field	Description	Data Type	Length
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6

Field	Description	Data Type	Length
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Service Dates From (Detail)	Earliest date of service or admission date for the claim detail.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim detail.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Spenddown	The amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient (based on the recipient's income, etc.) which must be spent on medical expenses prior to Medicaid benefits being available.	Number	8
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9

Field	Description	Data Type	Length
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total CMS 1500 Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	6

Layout

Report: CRA-PHPD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 CMS 1500 CLAIMS PAID

Date: MM/DD/CCYY
 Page: 9,999

XX
 XXX
 XXX
 XXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	BILLED	ALLOWED	TPL	SPENDDOWN	CO-PAY	PAID
PATIENT NUMBER	FROM THRU	AMOUNT	AMOUNT	AMOUNT		AMOUNT	AMOUNT
RECIPIENT ID: 999999999999	RECIPIENT NAME: XX	COUNTY: XX	XXXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX			
RRYYJJBBSS	MMDDYY MMDDYY	999,999.99	9,999,999.99	999,999.99	999,999.00	99,999.99	99,999,999.99
XX							

HEADER EOB: 9999

SERVICE DATES	BILLED	ALLOWED	TPL	PAID	RENDERING	DETAIL EOB
FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	PROVIDER	
MMDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	XXX XXXXXXXXXXXXXXXX	9999 9999 9999 9999 9999
MMDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	XXX XXXXXXXXXXXXXXXX	9999 9999 9999 9999 9999
Duplicate ICN: RRYYJJBBSS DTL: 999 PREV PAID DT: MMDDYY						
MMDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	XXX XXXXXXXXXXXXXXXX	9999 9999 9999 9999 9999
MMDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	XXX XXXXXXXXXXXXXXXX	9999 9999 9999 9999 9999

TOTAL CMS 1500 CLAIMS PAID: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Compound Drug Claim Adjustments

The Remittance Advice - Compound Drug Claim Adjustments report displays drug claims that are adjusted on the remittance advice report series.

This report displays the header data for the claim being adjusted and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the drug provider a list of all compound drug claims that are adjusted along with explanations as to why the claims are adjusted.

Technical Name: CRA-CDAD-R

Field Descriptions – Compound Drug Claim Adjustments

Field	Description	Data Type	Length
Prev Paid Dt	Paid date of the duplicate ICN.	Date (MM/DD/YY)	8
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Character	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Reason code for the adjustment.	Character	4
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value	Number	9

Field	Description	Data Type	Length
	in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.		
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There are a maximum of 20 EOB codes per detail line.	Numeric	4
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	8
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There are a maximum of 20 EOB codes.	Number	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	10
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Metric Qty	Metric Quantity is the amount expressed in metric decimal units	Number	5

Field	Description	Data Type	Length
	of the product included in the compound mixture.		
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Description	Short description of the drug NDC.	Character	35
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net Amount owed to the State for the entire claim.	Number	9
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	18
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rx No.	Prescription number that was used to dispense the drug.	Character	7
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is	Number	9

Field	Description	Data Type	Length
	subtracted from the allowed amount.		
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Compound Drug Claim Adjustments	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

Layout

Report: CRA-CDAD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
COMPOUND DRUG CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
Page: 9,999

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XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	RX NO.	DISPENSE DATE	PRESCRIBING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
RECIPIENT ID: 999999999999 RECIPIENT NAME: XX COUNTY: XX XXXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX								
CHARGE SOURCE: XXXXXXXXXXXXX								
RRYYJJBBSS	XXXXXX	MMDDYY	XXX XXXXXXXXXXXXXXX	(999,999.99)	(9,999,999.99)	(999,999.99)	(99,999.99)	(99,999,999.99)
RRYYJJBBSS	XXXXXX	MMDDYY	XXX XXXXXXXXXXXXXXX	999,999.99	9,999,999.99	999,999.99	99,999.99	99,999,999.99

VOID

HEADER EOBS: 9999
ADJ RSN: XXXX

NDC	NDC DESCRIPTION	METRIC QTY	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOBS
XXXXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999
XXXXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999
DUPLICATE ICN: RRYYJJBBSS DTL: 999 PREV PAID DT: MMDDYY							
XXXXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999
XXXXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999

Remittance Advice – Compound Drug Claims Denied

The Remittance Advice - Compound Drug Claims Denied report displays compound drug claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are also displayed on this report.

The purpose of this report is to give the provider a list of all compound drug claims that are denied along with explanations as to why they are denied.

Technical Name: CRA-CDDN-R

Field Descriptions– Compound Drug Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There are a maximum of 20 EOB codes per detail line.	Numeric	4
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	6
Duplicate HSID	Duplicate HSID for the claim.	Character	14
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13

Field	Description	Data Type	Length
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There are a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Metric Qty	Metric Quantity is the amount expressed in metric decimal units of the product included in the compound mixture.	Number	5
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Description	Short description of the drug NDC.	Character	35
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Number	10
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Prev Paid Dt (Detail)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50

Field	Description	Data Type	Length
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rx No.	Prescription number that was used to dispense the drug.	Character	7
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Compound Drug Claims Denied	Grand total dollar amounts for each column of this section of the remittance report.	Number	12

Layout

Report: CRA-CDDN-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
COMPOUND DRUG CLAIMS DENIED

Date: MM/DD/CCYY
Page: 9,999

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XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	RX NO.	DISPENSE DATE	PRESCRIBING PROVIDER	BILLED AMOUNT	TPL AMOUNT	DUPLICATE ICN	PREV PAID DT				
RECIPIENT ID: 999999999999	RECIPIENT NAME: XX	COUNTY: XX XXXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX	RRYJJBSSS	XXXXXX	MDDYY	XXX XXXXXXXXXXXXXXXX	999,999.99	999,999.99	RRYJJBSSS	MMDDYY

HEADER E OBS: 9999

NDC	NDC DESCRIPTION	METRIC QTY	BILLED AMOUNT	TPL AMOUNT	DETAIL E OBS
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999.99	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
DUPLICATE ICN: RRYJJBSSSS DUPLICATE HSID: 9999999999999999 DTL: 999 PREV PAID DT: MMDDYY					9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL COMPOUND DRUG CLAIMS DENIED:		9,999,999,999.99 9,999,999,999.99			

Remittance Advice – Compound Drug Claims Paid

The Remittance Advice - Compound Drug Claims Paid report displays compound drug claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are also displayed on this report.

The purpose of this report is to give the drug provider a list of all compound drug claims that are paid along with explanations of any discrepancies between the billed and the paid amount.

Technical Name: CRA-CDPD-R

Field Descriptions– Compound Drug Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the	Number	8

Field	Description	Data Type	Length
	individual details and adding up the individual prices.		
County	County code and name of the county where the recipient resides.	Character	15
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There are a maximum of 20 EOB codes per detail line.	Numeric	4
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	6
Duplicate DTL	Additional detail for the duplicate ICN.	Character	3
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There are a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Metric Qty	Metric Quantity is the amount expressed in metric decimal units of the product included in the compound mixture.	Number	5
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Description	Short description of the drug NDC.	Character	35
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10

Field	Description	Data Type	Length
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Prev Paid Date	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rx No.	Prescription number that was used to dispense the drug.	Character	7
TPL Amount (Detail)	TPL Amount is the dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4

Field	Description	Data Type	Length
Total Compound Drug Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

Layout

Report: CRA-CDPD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
COMPOUND DRUG CLAIMS PAID

Date: MM/DD/CCYY
Page: 9,999

XX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	RX NO.	DISPENSE DATE	PRESCRIBING PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
RECIPIENT ID: 99999999999999999999 RECIPIENT NAME: XX COUNTY: XX XXXXXXXXXXXXX				999,999.99	9,999,999.99	999,999.99	99,999.99	99,999,999.99
CHARGE SOURCE: XXXXXXXXXXXX								
RRYYJJBBSSS	XXXXXX	MDDYY	XXX XXXXXXXXXXXXXXX					

HEADER EOB: 9999

NDC	NDC DESCRIPTION	METRIC QTY	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL	EOBS
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999
XXXXXXXXXX	XX	999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999

TOTAL COMPOUND DRUG CLAIMS PAID: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Dental Claim Adjustments

The Remittance Advice - Dental Claim Adjustments report displays dental claims that are adjusted on the remittance advice report series.

This report is separated by individual claims and displays the header data for the claim that is being adjusted (original claim) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the dental provider a list of all dental claims that are adjusted along with explanations as to why the claims are adjusted.

Technical Name: CRA-DNAD-R

Field Descriptions– Dental Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice. A concatenation of all of the address information on T_PR_ADR.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the item billed on each detail line.	Number	9

Field	Description	Data Type	Length
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Date Srv Perf	Date the service was rendered.	Date (MMDDYY)	6
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There are a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There are a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	4
NPI ID	National Provider ID number that is associated with the provider on	Character	3

Field	Description	Data Type	Length
	the remittance advice.		
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	38
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	15
Service Dates From	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6

Field	Description	Data Type	Length
Surface	Code pertaining to the part of the tooth that was worked on.	Character	5
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Numeric	4
Tooth	Number of the tooth that was worked on.	Character	2
Total Dental Claims Adjustment	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Count for units of service approved for payment.	Number	8

Layout

Report: CRA-DNAD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 DENTAL CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
 Page: 9,999

XX
 XXX
 XXX
 XXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
 NPI ID: 999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	RENDERING	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PAID
PATIENT NUMBER	PROVIDER	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 99999999999	RECIPIENT NAME: XX	COUNTY: XX XXXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX				
RRYYJJBBSSS	XXX XXXXXXXXXXXXXXX	MMDDYY MMDDYY	(999,999.99)	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(9,999,999.99)
XX							
RRYYJJBBSSS	XXX XXXXXXXXXXXXXXX	MMDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99 *VOID*
XX	ADJ RSN: XXXX						

HEADER EOBs: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999												
DATE SVC	PERF	PL SERV	PROC CD	MODIFIERS	TOOTH	SURFACE	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOBs
MMDDYY	XX	XXXXXX	XX	XX	XX	XX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999
MMDDYY	XX	XXXXXX	XX	XX	XX	XX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999
MMDDYY	XX	XXXXXX	XX	XX	XX	XX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999
MMDDYY	XX	XXXXXX	XX	XX	XX	XX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999
DUPLICATE ICN: RRYJJJBBSS DTL: 999 PREV PAID DT: MMDDYY												
MMDDYY	XX	XXXXXX	XX	XX	XX	XX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999
											9,999,999.99	
											9,999,999.99	
TOTAL DENTAL CLAIM ADJUSTMENTS: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99												

Remittance Advice – Dental Claims Denied

The Remittance Advice - Dental Claims Denied report displays dental claims that were denied on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the dental provider a list of all dental claims that are denied along with explanations on why they are denied.

Technical Name: CRA-DNDN-R

Field Descriptions– Dental Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Date Srv Perf	Date the service was rendered.	Date (MMDDYY)	6
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or	Numeric	4

Field	Description	Data Type	Length
	adjustment was processed or priced. There is a maximum of 20 EOB codes.		
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	4
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Character	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	38
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt (Detail)	Date the claim was previously paid.	Date (MM/CCYY)	6
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/CCYY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12

Field	Description	Data Type	Length
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	18
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Surface	Code pertaining to the part of the tooth that was worked on.	Character	5
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Tooth	Number of the tooth that was worked on.	Character	2
Total Dental Claims Denied	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Count for units of service approved for payment.	Number	8

Layout

Report: CRA-DNDN-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS DENIED

Date: MM/DD/CCYY
Page: 9,999

Remittance Advice – Dental Claims Paid

The Remittance Advice - Dental Claims Paid report displays dental claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the dental provider a list of all dental claims that are paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-DNPD-R

Field Descriptions– Dental Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15

Field	Description	Data Type	Length
DTL	Additional detail for the duplicate ICN.	Character	3
Date Srv Perf	Date the service was rendered.	Date (MMDDYY)	6
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	4
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	20

Field	Description	Data Type	Length
PI Serv	Code identifying the type of facility where services were performed.	Character	2
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the client identified on the claim.	Character	29
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	18
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Surface	Code pertaining to the part of the tooth that was worked on.	Character	5
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	8

Field	Description	Data Type	Length
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Tooth	Number of the tooth that was worked on.	Character	2
Total Dental Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Count for units of service approved for payment.	Number	8

Layout

Report: CRA-DNPD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
DENTAL CLAIMS PAID

Date: MM/DD/CCYY
Page: 9,999

XX
XX
XX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	RENDERING	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PAID
PATIENT NUMBER	PROVIDER	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 999999999999	RECIPIENT NAME: XX	COUNTY: XX XXXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX				
RRYYJJBBSSS	XXX XXXXXXXXXXXXXXXX	MDDYY MMDDYY	999,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99
XX							

HEADER EOBS: 9999

DATE SVC	PL SERV	PROC CD	MODIFIERS	TOOTH	SURFACE	UNITS	BILLED	ALLOWED	TPL	PAID	DETAIL	EOBS
PERF							AMOUNT	AMOUNT	AMOUNT	AMOUNT		
MMDDYY	XX	XXXXXX	XX XX XX XX	XX	XXXXX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999	9999 9999
MMDDYY	XX	XXXXXX	XX XX XX XX	XX	XXXXX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999	9999 9999
MMDDYY	XX	XXXXXX	XX XX XX XX	XX	XXXXX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999	9999 9999
MMDDYY	XX	XXXXXX	XX XX XX XX	XX	XXXXX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999	9999 9999
DUPLICATE ICN: RRYYJJBBSSS	DTL: 999	PREV PAID	DT: MMDDYY								9999 9999 9999 9999	9999 9999
MMDDYY	XX	XXXXXX	XX XX XX XX	XX	XXXXX	999999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999	9999 9999

TOTAL DENTAL CLAIMS PAID: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Drug Claim Adjustments

The Remittance Advice - Drug Claim Adjustments report displays drug claims that are adjusted on the remittance advice report series. Compound drug claims are excluded from this report.

This report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the drug provider a list of all drug claims, excluding compound drugs, which are adjusted along with explanations on why the claims are adjusted.

Technical Name: CRA-DRAD-R

Field Descriptions– Drug Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Allowed Amount	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount	Dollar amount requested by the provider for the claim. The value in the Billed Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the	Number	8

Field	Description	Data Type	Length
	provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.		
County	County code and name of the county where the recipient resides.	Character	15
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	6
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Metric Qty	Metric Quantity is the amount expressed in metric decimal units of the product included in the compound mixture.	Number	4
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Desc	Short description of the drug NDC.	Character	35
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Paid Amount	Dollar amount that is payable for the claim.	Number	9
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	18

Field	Description	Data Type	Length
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rx No.	Prescription number that was used to dispense the drug.	Character	7
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Drug Claim Adjustments	Grand total dollar amounts for each column of this section of the remittance report.	Number	12

Layout

Report: CRA-DRAD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
DRUG CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
Page: 9,999

XX
XX
XX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	RX NO.	NDC	METRIC	PRESCRIBING	DISPENSE	BILLED	ALLOWED	TPL	CO-PAY	PAID
		NDC DESC	QTY	PROVIDER	DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 999999999999 RECIPIENT NAME: XX COUNTY: XX XXXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX										
CHARGE SOURCE: XXXXXXXXXXXX										
	RRYYJJBBSSS	XXXXXXX	XXXXXXX	99.99	XXX XXXXXXXXXXXXXXXX	MMDDYY (999,999.99)	(999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)
XX										
	RRYYJJBBSSS	XXXXXXX	XXXXXXX	99.99	XXX XXXXXXXXXXXXXXXX	MMDDYY 999,999.99	999,999.99	999,999.99	999,999.99	9,999,999.99
XX ADJ RSN: XXXX										

VOID

HEADER EOBS: 9999

Remittance Advice – Drug Claims Denied

The Remittance Advice - Drug Claims Denied report displays drug claims (except compound drugs) that are denied on the remittance advice report series. Compound drug claims are excluded from this report.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the drug provider a list of all drug claims, except compound drugs, that are denied along with explanations on why they are denied.

Technical Name: CRA-DRDN-R

Field Descriptions– Drug Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billed Amount	Dollar amount requested by the provider for the claim. The value in the Billed Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
County	County code and name of the county where the recipient resides.	Character	15
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	6
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date	8

Field	Description	Data Type	Length
		(MM/DD/CCYY)	
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	20
Metric Qty	Metric Quantity is the amount expressed in metric decimal units of the product included in the compound mixture.	Number	5
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Description	Short description of the drug NDC.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Character	3
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	18
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rx No.	Prescription number that was used to dispense the drug.	Character	7
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4

Remittance Advice – Drug Claims Paid

The Remittance Advice - Drug Claims Paid report displays drug claims that are paid on the remittance advice report series. Compound drug claims are excluded from this report.

This report is separated by individual claims and displays both header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the drug provider a list of all drug claims, except compound drugs, that are paid along with explanations on any discrepancies between the billed and the paid amounts.

Technical Name: CRA-DRPD-R

Field Descriptions– Drug Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount	Dollar amount requested by the provider for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
Dispense Date	Date the prescription was filled or pharmaceutical care provided.	Date (MM/DD/YY)	6
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced.	Numeric	4

Field	Description	Data Type	Length
	There is a maximum of 20 EOB codes.		
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Metric Qty	Metric Quantity is the amount expressed in metric decimal units of the product included in the compound mixture.	Number	5
NDC	National Drug Code that corresponds to the drug prescribed or ingredient used. For compound drugs only, there is a maximum of 25 ingredients that can be entered on one claim.	Character	11
NDC Desc	Short description of the drug NDC.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Character	3
Paid Amount	Dollar amount that is payable for the claim.	Number	9
Prescribing Provider	Unique identifier of the provider that prescribed the drugs to be administered to the recipient. Comprised of two fields, Provider ID Type and Provider ID.	Character	18
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rx No.	Prescription number that was used to dispense the drug.	Character	7

Field	Description	Data Type	Length
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Drug Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

Layout

Report: CRA-DRPD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 DRUG CLAIMS PAID

Date: MM/DD/CCYY
 Page: 9,999

XX
 XXX
 XXX
 XXXXXXXXXXXXXXX, XX XXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	NDC	METRIC	PRESCRIBING	DISPENSE	BILLED	ALLOWED	TPL	CO-PAY	PAID
	RX NO.	NDC	DESC	QTY	PROVIDER	DATE	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID:	999999999999	RECIPIENT NAME:	XX	COUNTY:	XX	XXXXXXXXXXXX	MED REC NUM:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
CHARGE SOURCE:	XXXXXXXXXX								
RRYYJJBBSS	XXXXXX	XXXXXXXXXX	99.99	XXX	XXXXXXXXXXXX	MMDDYY	999,999.99	999,999.99	999,999.99
XX									

HEADER EOBS: 9999

TOTAL DRUG CLAIMS PAID: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – EOB Code Descriptions

The Remittance Advice - EOB Code Descriptions report displays all of the explanation of benefits (EOB) codes and/or Adjustment Reasons (special EOB codes used to identify the primary reason for a claim adjustment) used in the remittance advice report series and displays their corresponding descriptions.

The purpose of this report is to give the provider a better explanation of the reasons why claims are either suspended or denied. The EOB codes are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

Technical Name: CRA-EOBM-R

Field Descriptions– EOB Code Descriptions

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Character	10
Provider ID	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Reason Code Description/EOB Code Description	Text description for the Adjustment Reason code or EOB code.	Character	97
Reason Code/EOB Code	EOB code or Adjustment Reason code. The Adjustment Reason code is the four-digit code on a claim adjustment that indicates the reason for the adjustment.	Numeric	4
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4

Layout

Report: CRA-EOBM-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
EOB CODE DESCRIPTIONS

Date: MM/DD/CCYY
Page: 9,999

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XX
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

REASON CODE/ EOB CODE	REASON CODE DESCRIPTION/ EOB CODE DESCRIPTION
9999	XX

Remittance Advice – Financial Transactions

The Remittance Advice - Financial Transactions report displays the payee's financial activity for expenditures and non-claim specific refunds received and applied during the current financial cycle. In addition, it lists all automatic, or system recoverable, outstanding accounts receivable in order based on account receivable number.

The purpose of this report is to give the payee a full accounting of their financial activity for the payment cycle period. Additionally, it informs the provider on a weekly basis of all of their outstanding accounts receivable.

The RA will show recipient information for expenditures only when there is an interest payment on a claim. Also the RA will show recipient information on an Accounts Receivable only when the AR is a claim adjustment AR.

Technical Name: CRA-TRAN-R

Field Descriptions– Financial Transactions

Field	Description	Data Type	Length
AR Number / ICN	Unique identifier for an accounts receivable record.	Character	13
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Balance	Amount outstanding for the account receivable.	Number	11
CCN	Unique cash control number assigned to the cash receipt.	Character	11
Check Amount	This is the total check amount received from the provider.	Number	9
Check Date	Date checked issued for provider refund.	Date (MM/DD/YY)	6
Check Number	Check number corresponding to the check that was generated.	Number	9
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Original Amount	Setup amount of the account receivable.	Number	9

Field	Description	Data Type	Length
Payout Amount	Dollar amount of the expenditure issued to the payee.	Number	9
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Reason Code (Accounts Receivable)	Code that indicates the reason for the financial transaction.	Number	4
Reason Code (Payouts)	Code that indicates the reason for the financial transaction.	Number	4
Reason Code (Refunds)	Code that indicates the reason for the financial transaction.	Number	4
Recipient ID (Accounts Receivable)	Recipient identification number.	Character	12
Recipient ID (Payouts)	Recipient identification number.	Character	12
Recipient Name (Accounts Receivable)	Name of the recipient identified on the claim.	Character	29
Recipient Name (Payouts)	Name of the recipient identified on the claim.	Character	29
Recouped This Cycle	Amount recovered during this financial cycle.	Number	9
Refund Amount	This is the specific amount posted to the claim (or other transaction type) during this financial cycle. This will be less than or equal to the check amount.	Number	9
Service Date From (Accounts Receivable)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Date From (Payouts)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Date Thru	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6

Field	Description	Data Type	Length
(Accounts Receivable)			
Service Date Thru (Payouts)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Setup Date	Date an account receivable is established in the system.	Date (MM/DD/CCYY)	8
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Balance	Total balance for all payouts, refunds, and accounts receivable.	Number	10
Total Payouts	Total amount for all expenditures for the current financial cycle.	Number	10
Total Recouped	Total amount of all recoupment recoveries for the current financial cycle.	Number	9
Total Refunds	Total number amount of all refunds and cash receipts for the current financial cycle.	Number	10
Transaction Number	Number assigned by the system to uniquely identify a financial transaction.	Number	11

Layout

Report: CRA-TRAN-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

Date: MM/DD/CCYY
Page: 9,999

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XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----

TRANSACTION NUMBER	CCN	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	SERVICE DATE THRU	RECIPIENT ID	RECIPIENT NAME
999999999999	YYJJBBSS	9,999,999.99	9999	MMDDYY	MMDDYY	XXXXXXXXXXXX	XX
999999999999	YYJJBBSS	9,999,999.99	9999	MMDDYY	MMDDYY	XXXXXXXXXXXX	XX
999999999999	YYJJBBSS	9,999,999.99	9999	MMDDYY	MMDDYY	XXXXXXXXXXXX	XX

Remittance Advice – Inpatient Claim Adjustments

The Remittance Advice - Inpatient Claim Adjustments report displays inpatient claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays header data for both the claim being adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that are adjusted along with explanations on why the claims are adjusted.

Technical Name: CRA-IPAD-R

Field Descriptions– Inpatient Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Age	Recipient age.	Number	2
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Attending Provider	Name of the attending provider.	Character	16

Field	Description	Data Type	Length
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
DRG Code	Diagnosis Related Groups (DRG): Refer to Rule 5101:3-2-07.3. For hospitals subject to prospective payment for inpatient services, the department will reimburse for inpatient hospital services an amount per discharge in each diagnostic category.	Number	4
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Diag Cd	Diagnosis codes associated with the claim.	Character	6
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8

Field	Description	Data Type	Length
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Patient Status	Patient status code and description that indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3

Field	Description	Data Type	Length
Room Rate	Room rate for the claim line item.	Number	5
Service Date	Date the service was rendered.	Date (MM/DD/YY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Sex	Indicates the sex of the recipient	Character	1
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	3
Total Inpatient Claim Adjustments	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-IPAD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 INPATIENT CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
 Page: 9,999

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 XXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	ADMIT	BILLED	ALLOWED	CO-PAY	TPL	PAID
PATIENT NUMBER	ATTENDING PROVIDER	FROM THRU DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT

RECIPIENT ID: 999999999999 RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX COUNTY: XX XXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXX
 AGE: 99 SEX: X
 RRYJJJBBSSS XXX XXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY MMDDYY 9,999,999.99) (9,999,999.99) (999,999.99) (9,999,999.99) (9,999,999.99)
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYJJJBBSSS XXX XXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADJ RSN: XXXX
 DIAG CD: XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX PROC CD: XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX
 DRG CODE: 9999 CHARGE SOURCE: XXXXXXXXXXXX PATIENT STATUS: XX-XXXXXXXXX *VOID*

HEADER EOB: 9999

REV CODE	ROOM RATE	SERVICE DATE	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOB
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
DUPLICATE ICN: RRYJJJBBSSS DTL: 999 PREV PAID DT: MMDDYY								
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
							ADDITIONAL PAYMENT	9,999,999.99
							NET AMOUNT OWED TO STATE	9,999,999.99

TOTAL INPATIENT CLAIM ADJUSTMENTS: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Inpatient Claims Denied

The Remittance Advice - Inpatient Claims Denied report displays inpatient claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays header data only. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that are denied along with an explanation as to why they are denied.

Technical Name: CRA-IPDN-R

Field Descriptions– Inpatient Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Age	Recipient age.	Number	2
Attending Provider	Name of the attending provider.	Alphanumeric	16
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or line detail level.	Character	10
County	County code and name of the county where the recipient resides.	Character	15
DRG Code	Diagnosis Related Groups (DRG): Refer to Rule 5101:3-2-07.3. For hospitals	Number	4

Field	Description	Data Type	Length
	subject to prospective payment for inpatient services, the department will reimburse for inpatient hospital services an amount per discharge in each diagnostic category.		
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Diag Cd	Diagnosis codes associated with the claim.	Character	6
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Patient Status	Patient status code and description that indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6

Field	Description	Data Type	Length
(Detail)			
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Room Rate	Room rate for the claim line item.	Character	5
Service Date	Date the service was rendered.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Sex	Indicates the sex of the recipient.	Char	1
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field	Number	8

Remittance Advice – Inpatient Claims Paid

The Remittance Advice - Inpatient Claims Paid report displays inpatient claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays header data only. Pertinent explanation of benefits (EOB) codes and EOB descriptions are also displayed on this report.

The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that are paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-IPPD-R

Field Descriptions– Inpatient Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Age	Recipient age.	Number	2
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Attending Provider	Name of the attending provider.	Character	16
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Charge Source	A code that indicates the basis for the claim amount paid or denied at the header or	Character	10

Field	Description	Data Type	Length
	line detail level.		
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
DRG Code	Diagnosis Related Groups (DRG): Refer to Rule 5101:3-2-07.3. For hospitals subject to prospective payment for inpatient services, the department will reimburse for inpatient hospital services an amount per discharge in each diagnostic category.	Number	4
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Diag Cd	Diagnosis codes associated with the claim.	Character	6
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9

Field	Description	Data Type	Length
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Patient Status	Patient status code and description that indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	Character	12
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Alphanumeric	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Room Rate	Room rate for the claim line item.	Number	5
Service Date	Date the service was rendered.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Sex	Indicates the sex of the recipient	Char	1
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The	Number	9

Field	Description	Data Type	Length
	header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.		
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Inpatient Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

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OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
INPATIENT CLAIMS PAID

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XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN SERVICE DATES ADMIT BILLED ALLOWED CO-PAY TPL PAID
PATIENT NUMBER ATTENDING PROVIDER FROM THRU DATE AMOUNT AMOUNT AMOUNT AMOUNT AMOUNT
RECIPIENT ID: 999999999999 RECIPIENT NAME: XX COUNTY: XX XXXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX
AGE: 99 SEX: X
RRYYJJBBSSS XXX XXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY MMDDYY 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99 9,999,999.99
XX
DIAG CD: XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX PROC CD: XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX
DRG CODE: 9999 CHARGE SOURCE: XXXXXXXXXXXX PATIENT STATUS: XX-XXXXXXXXXX

HEADER EOBS: 9999

REV	ROOM	SERVICE	UNITS	BILLED	ALLOWED	TPL	PAID	DETAIL	EOBS
CODE	RATE	DATE		AMOUNT	AMOUNT	AMOUNT	AMOUNT		
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	999.99	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999 9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Remittance Advice – Lien Holder Paid

The Remittance Advice - Lien Holder Paid report displays lien holder claims that are paid on the remittance advice report series.

The purpose of this report is to give the provider a list of all liens that are paid and the paid amount.

Technical Name: CRA-LHPD-R

Field Descriptions– Lien Holder Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Document ID	The unique internal number assigned by ODJFS for that specific lien or court order.	Character	20
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Lien Paid Amount	Amount paid on the lien.	Number	8
Lien Paid On Behalf Of	Name and address of the lien holder.	Character	138
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Character	10
Provider ID (Detail)	Provider identification number.	Number	15
Provider ID (Header)	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Liens Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	12

Layout

Report: CRA-LHPD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
LIENS HOLDER PAID

Date: MM/DD/CCYY
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XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

LIEN PAID ON BEHALF OF:	PROVIDER ID	DOCUMENT ID	LIEN PAID AMOUNT
999,999.99	9999999999999999	XXXXXXXXXXXXXXXXXXXX	
XX XX XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX			

TOTAL LIENS PAID 9,999,999,999.99

Remittance Advice – Long Term Care Claim Adjustments

The Remittance Advice - Long Term Care Claim Adjustments report displays Long Term Care claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all long term care claims that are adjusted along with explanations on why the claims are adjusted.

Technical Name: CRA-LTAD-R

Field Descriptions– Long Term Care Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the item billed on each detail line.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The Header Billed Amount is arrived at by adding the Detail Billed Amounts on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
Cov Days	Number of days the recipient was in the hospital that will be paid for the detail item billed.	Number	3

Field	Description	Data Type	Length
Covered Days	Total number of days the recipient was in the hospital that will be paid on the claim.	Number	3
Daily Rate	Daily Rate.	Number	7
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of twenty EOB codes per detail line.	Numeric	4
Header EOBS	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Number	4
ICN	Internal Control Number (ICN) is a unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Lump Sum	One-time payment of money applied to the claim.	Number	8
Med Rec Num	Medical Record Number	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Non-Cov Days	Number of days the recipient was in the hospital that will NOT be paid for the detail item billed.	Number	3
Non-Covered Days	Total number of days the recipient was in the hospital that will NOT be paid on the claim.	Number	3
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Amount that is payable for the claim. The header Paid Amount is arrived at by adding the detail Paid Amounts on all the detail lines.	Number	9
Patient Liability	Amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	Number	8

Field	Description	Data Type	Length
Patient Number	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	Character	12
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA #	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Unique identifier for the recipient on the claim.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Dates From (Detail)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	TPL Amount is the dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	TPL Amount is the dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the detail TPL Amounts on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4

Remittance Advice – Long Term Care Claims Denied

The Remittance Advice - Long Term Care Claims Denied report displays long term care claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all long term care claims that are denied along with explanations on why they are denied.

Technical Name: CRA-LTDN-R

Field Descriptions– Long Term Care Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
Cov Days	Number of days the recipient was in the hospital that will be paid for the detail item billed.	Number	3
Covered Days	Total number of days the recipient was in the hospital that will be paid on the claim.	Number	3
DTL	Additional detail for the duplicate ICN.	Character	3
Daily Rate	Daily rate for the detail line item.	Number	6
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4

Field	Description	Data Type	Length
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique internal control number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Leave Days	Number of days in the billing period the provider reserved a bed while the recipient was away on therapeutic or hospital leave.	Character	2
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Non-Cov Days	Number of days the recipient was in the hospital that will not be paid for the detail item billed.	Number	3
Non-Covered Days	Total number of days the recipient was in the hospital that will not be paid on the claim.	Number	3
Patient Liability	Amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	Number	8
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt (Detail)	Date the claim was previously paid.	Date (MM/DD/YY)	6

Field	Description	Data Type	Length
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Dates From (Detail)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4

Remittance Advice – Long Term Care Claims Paid

The Remittance Advice - Long Term Care Claims Paid report displays long term care claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all long term care claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-LTPD-R

Field Descriptions– Long Term Care Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount requested by the provider for the claim.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
Cov Days	Number of days the recipient was in the hospital that will be paid for the detail item billed.	Number	3
Covered Days	Total number of days the recipient was in the hospital that will be paid on the claim.	Number	3

Field	Description	Data Type	Length
Daily Rate	Daily rate for the detail line item.	Number	5
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Lump Sum	One time payment of money applied to the claim.	Number	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Non-Cov Days	Number of days the recipient was in the hospital that will NOT be paid for the detail item billed.	Number	3
Non-Covered Days	Total number of days the recipient was in the hospital that will NOT be paid on the claim.	Number	3
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Liability	Amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	Number	8
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12

Field	Description	Data Type	Length
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Dates From (Detail)	Earliest date of service or admission date for the detail line.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the detail line.	Date (MM/DD/YY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Long Term Care Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	12

Remittance Advice – Medicare Crossover Part A Claim Adjustments

The Remittance Advice - Medicare Crossover Part A Claim Adjustments report displays Medicare Crossover Part A claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for both the claims being adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that are adjusted along with explanations on why they are adjusted.

Technical Name: CRA-XAAD-R

Field Descriptions– Medicare Crossover Part A Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Billed Amount	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Number	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8

Field	Description	Data Type	Length
County	County code and name of the county where the recipient resides.	Character	15
Days	Total number of days the recipient was in the hospital.	Number	3
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes. The 00 EOB line corresponds with the claim header. Each claim detail line begins with 01, 02, 03, and so on.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Lump Sum	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Paid Amount	Dollar amount that was paid by Medicaid for the services and/or hospitalization stay.	Number	9
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is	Character	12

Field	Description	Data Type	Length
	usually used for filing or tracking purposes.		
Patient Resp	Amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	Number	8
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Service Dates From	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amt	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Institutional Medicare Crossover Inpatient Claims	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

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OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 INSTITUTIONAL MEDICARE CROSSOVER INPATIENT CLAIMS ADJUSTMENTS

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PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX

Remittance Advice – Medicare Crossover Part A Claims Denied

The Remittance Advice - Medicare Crossover Part A Claims Denied report displays Medicare Crossover Part A claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that are denied along with the explanations of benefits explaining the reason for denial.

Technical Name: CRA-XADN-R

Field Descriptions– Medicare Crossover Part A Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Number	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8
County	County code and name of the county where the recipient resides.	Number	9
Days	Total number of days the recipient was in the hospital.	Number	3
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13

Field	Description	Data Type	Length
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Number	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Billed Amount	Dollar amount that was billed to Medicaid for the services and/or hospitalization stay.	Number	9
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Service Dates From	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6

Field	Description	Data Type	Length
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Institutional Medicare Crossover Inpatient Claims	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

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OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 INSTITUTIONAL MEDICARE CROSSOVER INPATIENT CLAIM DENIED

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PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	ADMIT	ATTENDING	BLOOD DEDUCT	DEDUCT	MEDICARE PAID AMT	TPL AMOUNT	MEDICAID
PATIENT NUMBER	FROM THRU	DAYS	DATE	PROVIDER	DEDUCT	CO-INS ALLOWED AMT		BILLED AMOUNT
RECIPIENT ID: 999999999999	RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COUNTY: XX	XXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXX				
RRYYJJBBSSS	MMDDYY MMDDYY 999	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					999,999.99		9,999,999.99	
DUPLICATE ICN: RRYJJBBSSS PREV PAID DT: MMDDYY								

HEADER EOBs: 9999

TOTAL INSTITUTIONAL MEDICARE CROSSOVER INPATIENT CLAIMS:	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
	9,999,999,999.99		9,999,999,999.99			

Remittance Advice – Medicare Crossover Part A Claims Paid

The Remittance Advice - Medicare Crossover Part A Claims Paid report displays Medicare Crossover Part A claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that are paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-XAPD-R

Field Descriptions– Medicare Crossover Part A Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MMDDYY)	6
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Billed Amount	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Number	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Character	8
County	County code and name of the county where the recipient resides.	Character	15
Days	Total number of days the recipient was in the hospital.	Number	3
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8

Field	Description	Data Type	Length
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Lump Sum	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Paid Amount	Dollar amount that was paid by Medicaid for the services and/or hospitalization stay.	Number	9
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Patient Resp	Amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	Number	8
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9

Field	Description	Data Type	Length
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Service Dates From	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	8
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Institutional Medicare Crossover Inpatient Claims	Grand total dollar amounts for each column of this section of the remittance report.	Number	10

Layout

Report: CRA-XAPD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
INSTITUTIONAL MEDICARE CROSSOVER INPATIENT CLAIMS PAID

Date: MM/DD/CCYY
Page: 9,999

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XX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	ADMIT	ATTENDING	BLOOD	DEDUCT	MEDICARE PAID AMT	BILLED AMOUNT	PATIENT RESP	MEDICAID	
PATIENT NUMBER FROM	THRU	DAYS	DATE	PROVIDER	DEDUCT	CO-INS	ALLOWED AMT	TPL AMOUNT	LUMP SUM	PAID AMOUNT
RECIPIENT ID: 999999999999	RECIPIENT NAME: XX	COUNTY: XX	XXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX						
RRYYJJBBSSS	MMDDYY	MMDDYY	999	MMDDYY	XXX	XXXXXXXXXXXXXXXXXX	999,999.99	999,999.99	999,999.99	999,999.99
XX			999,999.99			999,999.99	999,999.99	999,999.99	999,999.99	999,999.99

HEADER EOBS: 9999

TOTAL INSTITUTIONAL MEDICARE CROSSOVER INPATIENT CLAIMS: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999.99
9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Medicare Crossover Part B Claim Adjustments

The Remittance Advice - Medicare Crossover Part B Claim Adjustments report displays Medicare Crossover Part B claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for both the claims being adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that are adjusted along with explanations on why they are adjusted.

Technical Name: CRA-XBAD-R

Field Descriptions– Medicare Crossover Part B Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Allowed (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
Billed Amount (Detail)	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Billed Amount (Header)	Dollar amount billed by the provider for the services and/or hospitalization stay. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) fields on all the detail lines.	Number	9
Co-Ins (Detail)	Dollar amount that the recipient should pay and is deducted from the allowed	Number	8

Field	Description	Data Type	Length
	amount to arrive at the Medicare paid amount.		
Co-Ins (Header)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount. The value in the Co-Ins (Header) field is arrived at by adding the values in the Co-Ins (Detail) fields on all the detail lines.	Number	8
County	County code and name of the county where the recipient resides.	Character	15
Deduct (Detail)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Deduct (Header)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid. The value in the Deduct (Header) field is arrived at by adding the values in the Deduct (Detail) fields on all the detail lines.	Number	8
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Number	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOB	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Paid Amount (Detail)	Dollar amount that was paid by Medicaid for the services and/or hospitalization stay.	Number	9
Medicaid Paid Amount	Dollar amount that was paid by Medicaid for the services and/or hospitalization	Number	9

Field	Description	Data Type	Length
(Header)	stay. The value in the Medicaid Paid Amount (Header) field is arrived at by adding the values in the Medicaid Paid Amount (Detail) fields on all the detail lines.		
Medicare Paid Amount	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	8
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Paid	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Code	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39

Field	Description	Data Type	Length
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	19
Service Dates From (Detail)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Spend Down	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Medicare Crossover Part B Claim Adjustments	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-XBAD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
PROFESSIONAL MEDICARE CROSSOVER PART B CLAIM ADJUSTMENTS

Date: MM/DD/CCYY
Page: 9,999

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XXXXXXXXXXXXXXXXXXXX, XX XXXX-XXXX

PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	PATIENT NUMBER	SERVICE DATES	DEDUCT	CO-INS	ALLOWED AMOUNT	MEDICARE PAID AMOUNT	BILLED AMOUNT	TPL AMOUNT	SPEND DOWN	MEDICAID PAID AMOUNT
RECIPIENT ID:	999999999999	RECIPIENT NAME:	XX	COUNTY:	XX	XXXXXXXXXXXX	MED REC NUM:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
RRYYJJBBSS	MMDDYY	MMDDYY	(999,999.99)	(999,999.99)	(9,999,999.99)	(9,999,999.99)	(9,999,999.99)	(9,999,999.99)	(999,999.99)	(9,999,999.99)
RRYYJJBBSS	MMDDYY	MMDDYY	999,999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99

ADJ RSN: XXXX

HEADER EOBS: 9999

PROC CODE	MODIFIERS	SERVICE DATES	RENDERING PROVIDER	DEDUCT	CO-INS	ALLOWED PAID	BILLED AMOUNT	TPL AMOUNT	MEDICAID PAID AMOUNT	DETAIL	EOBS
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9999 9999 9999 9999 9999	9999 9999

ADDITIONAL PAYMENT 9,999,999.99
NET AMOUNT OWED TO STATE 9,999,999.99

TOTAL MEDICARE CROSSOVER PART B CLAIM ADJUSTMENTS:	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
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Remittance Advice – Medicare Crossover Part B Claims Denied

The Remittance Advice - Medicare Crossover Part B Claims Denied report displays Medicare Crossover Part B claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that are denied along with the explanations of benefits explaining the reason for denial.

Technical Name: CRA-XBDN-R

Field Descriptions– Medicare Crossover Part B Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Billed Amount (Header)	Dollar amount billed by the provider for the services and/or hospitalization stay. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) fields on all the detail lines.	Number	8
Co-Ins (Detail)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8
Co-Ins (Header)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount. The value in the Co-Ins (Header) field is arrived at by adding the values in the Co-Ins (Detail) fields on all the detail lines.	Number	8
County	County code and name of the county where the recipient resides.	Character	15

Field	Description	Data Type	Length
DTL	Additional detail for the duplicate ICN.	Character	3
Deduct (Detail)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Deduct (Header)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid. The header Deduct is arrived at by adding the detail Deduct amounts on all the detail lines.	Number	8
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Number	4
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN (Header)	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicare Paid Amount	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	9
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Number	9

Field	Description	Data Type	Length
Paid (Detail)	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Prev Pd Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Code	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	19
Report	Technical name of the report.	Character	10
Service Dates From (Detail)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Detail)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6

Field	Description	Data Type	Length
(Header)			
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Medicare Crossover Part B Claims Denied	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-XBDN-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
PROFESSIONAL MEDICARE CROSSOVER PART B CLAIMS DENIED

Date: MM/DD/CCYY
Page: 9,999

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XX
XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
NPI ID: 999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	ALLOWED	MEDICARE PAID	BILLED	TPL	DUPLICATE	PREV	
PATIENT NUMBER	FROM THRU	DEDUCT	CO-INS	AMOUNT	AMOUNT	AMOUNT	ICN	PAID DT
RECIPIENT ID: 9999999999999	RECIPIENT NAME: XX	XX	XXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX				
RRYJJBSSS	MMDDYY NMDYY	999,999.99	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	RRYJJBSSS	MMDDYY
XX								

HEADER EOBS: 9999

PROC SERVICE DATES RENDERING DEDUCT ALLOWED BILLED TPL

Remittance Advice – Medicare Crossover Part B Claims Paid

The Remittance Advice - Medicare Crossover Part B Claims Paid report displays Medicare Crossover Part B claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that are paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-XBPD-R

Field Descriptions– Medicare Crossover Part B Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Billed Amount (Detail)	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Billed Amount (Header)	Dollar amount billed by the provider for the services and/or hospitalization stay. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) fields on all the detail lines.	Number	9
Co-Ins (Detail)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	9
Co-Ins (Header)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount. The value in the Co-Ins (Header) field is arrived at by adding the values in the Co-Ins (Detail) fields on all the detail lines.	Number	9

Field	Description	Data Type	Length
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Deduct (Detail)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	9
Deduct (Header)	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid. The value in the Deduct (Header) field is arrived at by adding the values in the Deduct (Detail) fields on all the detail lines.	Number	9
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Number	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes. The 00 EOB line corresponds with the claim header. Each claim detail line begins with 01, 02, 03, and so on.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Paid Amount (Detail)	Dollar amount that is payable for the services and/or hospitalization stay.	Number	9
Medicaid Paid Amount (Header)	Dollar amount that is payable for the services and/or hospitalization stay. The header amount is arrived at by adding the detail amounts on all the detail lines.	Number	9
Medicare Paid Amount	Dollar amount that was paid by Medicaid for the services and/or hospitalization stay.	Number	9

Field	Description	Data Type	Length
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers can be entered on each detail line.	Character	4
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Paid (Detail)	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Pd Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Code	Code used to indicate which services were rendered to the recipient by the provider.	Number	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rendering Provider	Unique identifier of the provider that performed the service. Comprised of two fields, Provider ID Type and Provider ID.	Character	19
Service Dates From (Detail)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6

Field	Description	Data Type	Length
(Detail)			
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
Spend Down	Amount of money that a recipient pays towards their spenddown threshold. A qualifying county worker may assign this dollar amount to a recipient, which must be spent on medical expenses prior to Medicaid benefits being available. This dollar amount is determined based on recipient income and other factors.	Number	8
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Medicare Crossover Part B Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	12
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-XBPD-R
 RA# : 99999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 PROFESSIONAL MEDICARE CROSSOVER PART B CLAIMS PAID

Date: MM/DD/CCYY
 Page: 9,999

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 XXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN SERVICE DATES ALLOWED MEDICARE PAID BILLED TPL SPEND MEDICAID PAID
 PATIENT NUMBER FROM THRU DEDUCT CO-INS AMOUNT AMOUNT AMOUNT AMOUNT DOWN AMOUNT
 RECIPIENT ID: 999999999999 RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX COUNTY: XX XXXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXXX
 RRYJJBBSSS MMDDYY NMDDYY 999,999.99 999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 9,999,999.99 999,999.99 9,999,999.99
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOB: 9999

PROC CODE	MODIFIERS	UNITS	SERVICE FROM	DATES THRU	RENDERING PROVIDER	DEDUCT CO-INS	ALLOWED PAID	BILLED AMOUNT	TPL AMOUNT	MEDICAID PAID AMOUNT	DETAIL	EOBS
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
DUPLICATE ICN: RRYJJBBSSS DTL: 999 PREV PD DT: MMDDYY												
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999
XXXXXX	XX XX XX XX	9999.99	MMDDYY	MMDDYY	XXX XXXXXXXXXXXXXXXXX	999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999

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

Remittance Advice – Medicare Crossover Part C Claim Adjustments

The Remittance Advice - Medicare Crossover Part C Claim Adjustments report displays Medicare Crossover Part C claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for both the claims being adjusted (original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes and EOB descriptions are also displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part C claims that are adjusted along with explanations on why they are adjusted.

Technical Name: CRA-XCAD-R

Field Descriptions– Medicare Crossover Part C Claim Adjustments

Field	Description	Data Type	Length
Days	Total number of days the recipient was in the hospital.	Number	3
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number (Decimal)	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Admit Date	Date the recipient was admitted into the hospital.	Date (MM/DD/YY)	6
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Beneficiary Name	Name of the beneficiary identified on the claim.	Character	29
Billed Amount	Dollar amount billed by the provider for the services and/or hospitalization stay. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) fields on all the detail lines.	Number	9

Field	Description	Data Type	Length
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Character	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8
County	County code and name of the county where the recipient resides.	Number	9
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes. The 00 EOB line corresponds with the claim header. Each claim detail line begins with 01, 02, 03, and so on.	Number	4
ICN	Internal Control Number (ICN) is a unique number used to identify and track a claim processed through the system.	Number	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	10
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid ID	Identification number associated to a Medicaid recipient.	Number	12
Medicaid Paid Amount	Dollar amount that is payable for the services/hospitalization stay.	Number	9
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services/hospitalization stay.	Number	9
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Number	10
Net Amount Owed to State	Net amount owed to the State for the entire claim.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is	Character	12

Field	Description	Data Type	Length
	usually used for filing or tracking purposes.		
Provider ID	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	8
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	8
TPL Amount	Payments made by sources outside of the state Medical assistance programs. This amount is deducted from the allowed amount to arrive at the paid amount.	Number	9
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Institutional Medicare Crossover Outpatient Claims	Grand total dollar amounts for this section of the remittance report.	Number	10

Layout

Report: CRA-XCAD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 INSTITUTIONAL MEDICARE CROSSOVER OUTPATIENT CLAIMS ADJUSTMENTS

Date: MM/DD/CCYY
 Page: 9,999

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 XXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN SERVICE DATES ADMIT ATTENDING BLOOD DEDUCT MEDICARE PAID AMT BILLED AMOUNT MEDICAID
 PATIENT NUMBER FROM THRU DAYS DATE PROVIDER DEDUCT CO-INS ALLOWED AMT TPL AMOUNT PAID AMOUNT
 MEDICAID ID: 999999999999 BENEFICIARY NAME: XX COUNTY: XX XXXXXXXXXXXXX MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXX

RRYYJJBBSSS	MMDDYY	MMDDYY	999	MMDDYY	XXX	XXXXXXXXXXXXXXXXXX	(999,999.99)	(999,999.99)	(999,999.99)	(9,999,999.99)	
XX							(999,999.99)		(999,999.99)	(9,999,999.99)	(9,999,999.99)
RRYYJJBBSSS	MMDDYY	MMDDYY	999	MMDDYY	XXX	XXXXXXXXXXXXXXXXXX	999,999.99	999,999.99	999,999.99	9,999,999.99	
XX							999,999.99		999,999.99	9,999,999.99	9,999,999.99 *V*

ADJ RSN: XXXX
 HEADER EOB: 9999

									ADDITIONAL PAYMENT	9,999,999.99
									NET AMOUNT OWED TO STATE	9,999,999.99

TOTAL INSTITUTIONAL MEDICARE CROSSOVER OUTPATIENT CLAIMS: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99
 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Medicare Crossover Part C Claims Denied

The Remittance Advice - Medicare Crossover Part C Claims Denied report displays Medicare Crossover Part C claims that are denied on the remittance advice report series. Medicare Crossover Part C claims consist of inpatient, home health, and extended care claims.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes and EOB descriptions are also displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part C claims that are denied along with the explanations of benefits explaining the reason for denial.

Technical Name: CRA-XCDN-R

Field Descriptions– Medicare Crossover Part C Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MM/DD/YY)	8
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Beneficiary Name	Name of the beneficiary identified on the claim.	Character	29
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Character	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8
County	County code and name of the county where the recipient resides.	Number	9
Days	Total number of days the recipient was in the hospital.	Number	3
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8

Field	Description	Data Type	Length
Duplicate ICN	Duplicate ICN for the claim line item.	Date (MM/DD/YY)	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Number	4
ICN	Internal Control Number (ICN) is a unique number used to identify and track a claim processed through the system.	Number	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	10
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Billed Amount	Dollar amount that was billed to Medicaid for the services and/or hospitalization stay.	Number	9
Medicaid ID	Identification number associated to a Medicaid recipient.	Number	12
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services and/or hospitalization stay.	Number	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Number	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Provider ID	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	8

Remittance Advice – Medicare Crossover Part C Claims Paid

The Remittance Advice - Medicare Crossover Part C Claims Paid report displays Medicare Crossover Part C claims that are paid on the remittance advice report series. Medicare Crossover Part C claims consist of inpatient, home health, and extended care claims.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes and EOB descriptions are also displayed on this report.

The purpose of this report is to give the provider a list of all Medicare Crossover Part C claims that are paid along with explanations on any discrepancies between the billed and the paid amounts.

Technical Name: CRA-XCPD-R

Field Descriptions– Medicare Crossover Part C Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Admit Date	Date the recipient was admitted into the hospital.	Date (MM/DD/YY)	6
Allowed Amt	Computed dollar amount allowable for the claim.	Number	8
Attending Provider	Name of the attending provider.	Character	16
Beneficiary Name	Name of the beneficiary identified on the claim.	Character	29
Billed Amount	Dollar amount billed by the provider for the services and/or hospitalization stay.	Number	9
Blood Deduct	Amount of money paid towards the blood deductible on a Medicare Crossover claim.	Number	8
Co-Ins	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the Medicare paid amount.	Number	8
County	County code and name of the county where the recipient resides.	Number	9
Days	Total number of days the recipient was in the hospital.	Number	3

Field	Description	Data Type	Length
Deduct	Indicates the dollar amount that the recipient is responsible for paying. This dollar amount will crossover and be paid by Medicaid.	Number	8
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Number	4
ICN	Internal Control Number (ICN) is a unique number used to identify and track a claim processed through the system.	Number	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Medicaid Paid Amount	Dollar amount that is payable for the services/hospitalization stay.	Number	9
Medicare Paid Amt	Dollar amount that was paid under Medicare for the services/hospitalization stay.	Number	9
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Number	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Provider ID	Provider identification number.	Number	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MM/DD/YY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MM/DD/YY)	6

Field	Description	Data Type	Length
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Institutional Medicare Crossover Outpatient Claims	Grand total dollar amounts for this section of the remittance report.	Number	10

Layout

Report: CRA-XCPD-R
RA# : 999999999

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
INSTITUTIONAL MEDICARE CROSSOVER OUTPATIENT CLAIMS PAID

Date: MM/DD/CCYY
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PROVIDER ID: 9999999999999999
NPI ID: 9999999999
TAX ID: XXXX
ISSUE DATE: MM/DD/CCYY

ICN	SERVICE DATES	ADMIT	ATTENDING	BLOOD DEDUCT	DEDUCT	CO-INS	MEDICARE PAID AMT	BILLED AMOUNT	MEDICAID
PATIENT NUMBER FROM	THRU	DAYS	DATE	PROVIDER	DEDUCT	CO-INS	ALLOWED AMT	TPL AMOUNT	PAID AMOUNT
RECIPIENT ID: 999999999999	BENEFICIARY NAME: XX			COUNTY: XX	XXXXXXXXXXXX	MED REC NUM: XXXXXXXXXXXXXXXXXXXXXXXX			
RRYYJJBBSS	MDDYY	MDDYY	999	MDDYY	XXX	XXXXXXXXXXXXXXXXXXXX	999,999.99	999,999.99	9,999,999.99
XX							999,999.99	999,999.99	9,999,999.99

HEADER EOBS: 9999

TOTAL INSTITUTIONAL MEDICARE CROSSOVER OUTPATIENT CLAIMS: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – Outpatient Claim Adjustments

The Remittance Advice - Outpatient Claim Adjustments report displays outpatient claims that are adjusted on the remittance advice report series.

This report is separated by individual claims. It displays the header data for the claim being adjusted (original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the outpatient provider a list of all outpatient claims that are adjusted along with explanations on why they are adjusted.

Technical Name: CRA-OPAD-R

Field Descriptions– Outpatient Claim Adjustments

Field	Description	Data Type	Length
VOID	VOID indicates that claim has been voided as the result of a claim adjustment request.	Char	6
Additional Payment	Additional amount owed to a billing provider as the result of a claim adjustment.	Number	9
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Adj Rsn	Code identifying the reason why an adjustment was made on a claim.	Character	4
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Attending Provider	Name of the attending provider.	Character	16
Billed Amount (Detail)	Dollar amount requested by the provider for the item billed on each detail line.	Number	9

Field	Description	Data Type	Length
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8
County	County code and name of the county where the recipient resides.	Number	9
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Net Amount Owed To State	Net amount owed to the State for the entire claim.	Number	9

Field	Description	Data Type	Length
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate which services were rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Date	Date the service was rendered.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount	Dollar amount paid by sources other than the state Medical Assistance Program	Number	8

		ADDITIONAL PAYMENT	9,999,999.99		
		NET AMOUNT OWED TO STATE	9,999,999.99		
TOTAL OUTPATIENT CLAIM ADJUSTMENTS:	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Remittance Advice – Outpatient Claims Denied

The Remittance Advice - Outpatient Claims Denied report displays outpatient claims that are denied on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the outpatient provider a list of all outpatient claims that are denied along with explanations on why they are denied.

Technical Name: CRA-OPDN-R

Field Descriptions– Outpatient Claims Denied

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Attending Provider	Name of the attending provider.	Character	16
Billed Amount (Detail)	Dollar amount requested by the provider for the item billed on each detail line.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN (Detail)	Duplicate ICN for the claim line item.	Character	13
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13

Field	Description	Data Type	Length
(Header)			
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt (Detail)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Prev Paid Dt (Header)	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate what services were actually rendered to the recipient by the provider.	Character	6
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9

Field	Description	Data Type	Length
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Date	Date the service was rendered.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Outpatient Claims Denied	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-OPDN-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 OUTPATIENT CLAIMS DENIED

Date: MM/DD/CCYY
 Page: 9,999

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PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

Remittance Advice – Outpatient Claims Paid

The Remittance Advice - Outpatient Claims Paid report displays outpatient claims that are paid on the remittance advice report series.

This report is separated by individual claims and displays header and detail data. Pertinent explanation of benefits (EOB) codes are displayed on this report.

The purpose of this report is to give the outpatient provider a list of all outpatient claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

Technical Name: CRA-OPPD-R

Field Descriptions– Outpatient Claims Paid

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Allowed Amount (Detail)	Computed dollar amount allowable for the detail item billed.	Number	9
Allowed Amount (Header)	Computed dollar amount allowable for the claim. The header amount is arrived at by pricing each of the individual details and adding up the individual prices.	Number	9
Attending Provider	Name of the attending provider.	Character	16
Billed Amount (Detail)	Dollar amount requested by the provider for the item billed on each detail line.	Number	9
Billed Amount (Header)	Dollar amount requested by the provider for the claim. The value in the Billed Amount (Header) field is arrived at by adding the values in the Billed Amount (Detail) field on all the detail lines.	Number	9
Co-pay Amount	Dollar amount of recipient responsibility on a claim that is to be collected by the provider at the time the service is rendered. The term co-pay is used interchangeably with coinsurance. The value in the Co-pay Amount field is arrived at by pricing each of the individual details and adding up the individual prices.	Number	8

Field	Description	Data Type	Length
County	County code and name of the county where the recipient resides.	Character	15
DTL	Additional detail for the duplicate ICN.	Character	3
Detail EOBs	Explanation of Benefits codes that apply to the claim detail lines. There is a maximum of 20 EOB codes per detail line.	Numeric	4
Duplicate ICN	Duplicate ICN for the claim line item.	Character	13
Header EOBs	Explanation of Benefits codes that apply to the claim or adjustment header. These codes are used to explain how the claim or adjustment was processed or priced. There is a maximum of 20 EOB codes.	Numeric	4
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
Med Rec Num	Medical record number used as an internal tracking number for the claim.	Character	25
Modifiers	Modifiers used to further describe the service rendered. Up to four modifiers may be entered on each detail line.	Character	2
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10
Paid Amount (Detail)	Dollar amount that is payable for the claim.	Number	9
Paid Amount (Header)	Dollar amount that is payable for the claim. The header amount is arrived at by adding the values in the Paid Amount (Detail) field on all the detail lines.	Number	9
Patient Number	Unique patient identification number assigned by the provider. This number is usually used for filing or tracking purposes.	Character	12
Prev Paid Dt	Date the claim was previously paid.	Date (MM/DD/YY)	6
Proc Cd	Code used to indicate what services were actually rendered to the recipient by the	Character	6

Field	Description	Data Type	Length
	provider.		
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	39
Rev Code	Revenue code that pertains to the services being billed on the detail line.	Number	3
Service Date	Date the service was rendered.	Date (MMDDYY)	6
Service Dates From (Header)	Earliest date of service or admission date for the claim.	Date (MMDDYY)	6
Service Dates Thru (Header)	Latest date of service or discharge date for the claim.	Date (MMDDYY)	6
TPL Amount (Detail)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount.	Number	9
TPL Amount (Header)	Dollar amount paid by sources other than the state Medical Assistance Program being billed. If present, this amount is subtracted from the allowed amount. The header amount is arrived at by adding the values in the TPL Amount (Detail) field on all the detail lines.	Number	9
Tax ID	Identification number assigned to a provider by the Internal Revenue Service.	Character	4
Total Outpatient Claims Paid	Grand total dollar amounts for each column of this section of the remittance report.	Number	10
Units	Quantity dispensed for the drug expressed in metric decimal units.	Number	8

Layout

Report: CRA-OPPD-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 OUTPATIENT CLAIMS PAID

Date: MM/DD/CCYY
 Page: 9,999

XX
 XXX
 XXX
 XXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

PROVIDER ID: 999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

ICN	PATIENT NUMBER	ATTENDING PROVIDER	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
RECIPIENT ID:	999999999999	RECIPIENT NAME:	XX	COUNTY:	XX	XXXXXXXXXXXX	MED REC NUM:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
RRYYJJBBSSS	XXX	XXXXXXXXXXXXXXXXXXXX	MMDDYY MMDDYY	9,999,999.99	9,999,999.99	9,999,999.99	999,999.99	9,999,999.99

HEADER EOBs: 9999

REV	CODE	PROC CD	MODIFIERS	SERVICE DATE	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL	EOBS
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
DUPLICATE ICN: RRYYJJBBSSS DTL: 999 PREV PAID DT: MMDDYY											
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
DUPLICATE ICN: RRYYJJBBSSS DTL: 999 PREV PAID DT: MMDDYY											
999	XXXXXX	XX	XX XX XX	MMDDYY	999999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9999	9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL OUTPATIENT CLAIMS PAID: 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99

Remittance Advice – TPL Information

The Remittance Advice - TPL Information report displays Third Party Liability (TPL) information that is processed on the remittance advice report series.

The purpose of this report is to give the provider a listing of all TPL carriers pertinent to the recipients to whom services were rendered.

This report provides information necessary for billing a third party carrier on claims denied for failing TPL edits.

Technical Name: CRA-TPLP-R

Field Descriptions– TPL Information

Field	Description	Data Type	Length
Address [Unlabeled]	Mailing address of the payee or billing service. Displayed in the upper left corner of the remittance advice.	Character	138
Billing Address City, St ZIP	Address where insurance claims are to be sent to bill the other insurance carrier. This field includes the street address, city, state, and nine-digit zip code.	Character	80
Carrier/EMP ID	Number assigned to the recipient's insurance carrier or employer if the employer is self-insured.	Character	7
Carrier/Employer Name	Name of the insurance carrier, or the name of the recipient's employer if the employer is self-insured.	Character	41
Group Number	Number assigned to the employer group insured under the other insurance carrier. The group number does not apply to non-employer based policies.	Character	16
ICN	Unique number used to identify and track a claim processed through the system.	Character	13
Issue Date	Date the checkwrite voucher is posted to the State accounting system.	Date (MM/DD/CCYY)	8
NPI ID	National Provider ID number that is associated with the provider on the remittance advice.	Numeric	10

Field	Description	Data Type	Length
Policy Holder Name	Name of the owner of the insurance policy under which the recipient could be covered. This may or may not be the recipient.	Character	24
Policy Number	Individual identification number assigned to the policyholder by the private insurance carrier.	Character	16
Provider ID	Provider identification number.	Numeric	15
Provider Name [Unlabeled]	Name of the provider to be reimbursed.	Character	50
RA#	Unique identifier assigned to the remittance advice.	Number	9
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Name of the recipient identified on the claim.	Character	29
Tax ID	Unique identification number assigned to a provider by the Internal Revenue Service.	Character	4

Layout

Report: CRA-TPLP-R
 RA# : 999999999

OHIO JOB AND FAMILY SERVICES
 Medicaid Information Technology System
 PROVIDER REMITTANCE ADVICE
 TPL INFORMATION

Date: MM/DD/CCYY
 Page: 9,999

XX
 XX
 XX
 XXXXXXXXXXXXXXXX, XX XXXX-XXXX

PROVIDER ID: 9999999999999999
 NPI ID: 9999999999
 TAX ID: XXXX
 ISSUE DATE: MM/DD/CCYY

RECIPIENT NAME POLICY HOLDER NAME	RECIPIENT ID POLICY NUMBER	ICN /GROUP NUMBER	CARRIER/EMP ID BILLING ADDRESS CITY, ST ZIP	CARRIER/EMPLOYER NAME
XX XX	XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX	RRYYJJBBBSS	XX XX	XX XX, XX XXXX-XXXX
XX XX	XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX	RRYYJJBBBSS	XX XX	XX XX, XX XXXX-XXXX
XX XX	XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX/XXXXXXXXXXXXXXXXXXXX	RRYYJJBBBSS	XX XX	XX XX, XX XXXX-XXXX

