



# Medicaid Information Technology System

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**State & Local Government Solutions  
Medicaid Information Technology System (MITS)**

## **Provider Financial Reports Participant Guide**

**October 1, 2010**

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# Course Overview

## Overview

The goal of this course is to provide you with the knowledge and common skills necessary to view a provider's 1099 from a previous year and also to read a provider's Remittance Advice report, using the Ohio Medicaid Information Technology System (MITS).

## Objective(s)

After completing this course you should be able to:

- Find information about a provider's 1099 from a previous year
- Read a Remittance Report (RA)

## Agenda

Topic	Time
Housekeeping and Introductions	5 minutes
Course Overview	5 minutes
Finding Information about an Entity's 1099 from a Previous Year	20 minutes
Introduction to Reading a Remittance Report	15 minutes
Reading a Remittance Report	10 minutes
Review	5 minutes

## Prerequisites

Before taking this course, you must complete the following courses:

- Introduction to MITS
- General Financial Overview

# Finding Information about an Entity's 1099 from a Previous Year

## Overview

### What

In this topic you learn how to find information about an entity's 1099 from a previous year.

### Who

This task is performed by Ohio Department of Job and Family Services (ODJFS) staff.

### When

This task is most often performed when an entity needs basic information about their 1099 before it has been mailed. Detailed 1099 information is not made available in MITS.

### Relevance

This task is important because it allows you to give the entity some information about the 1099 that has been mailed. You will not be able to view all the detailed information included on the 1099.

By using COLD reports and viewing recent RAs you would be able to give the provider accurate information about their year to date status without needing to access their 1099 information.

If this task is not done correctly, then you will either receive no results from your search or your search will bring up the wrong entity's information.

### Requirements

In order to find 1099 information for an entity, you must have their tax year **and** the tax ID number. Both are mandatory. You can look up the tax ID, but you must have the correct zip code, the correct IRS effective date, or the correct phone number.

### Guidelines

If the entity does not believe the information on the 1099 is correct, there is no way for you to make any changes to their information in MITS. Follow local work instructions to escalate the issue to management if the entity insists changes must be made.

The information made available from a MITS 1099 search includes:

- Tax ID
- Payee ID

- Payee Type
- Issue Date
- System Earnings
- Manual Earnings
- Claim Refunds
- Non-claim Refunds
- Void Amount
- Withholding Amount
- Net 1099 Amount

Basic 1099 information is available directly to the provider when they use the provider portal.

This information includes:

- Tax ID
- Payee Name
- Payee Address
- Provider ID
- Net 1099 Amount
- Adjustment Amount
- Tax ID Total

1099 information sent directly to the provider in a printed form includes:

- Payer's name, address, city state, zip, telephone
- Payer's federal identification number
- Recipient's identification number
- Recipient's name
- Street address
- City state and zip
- Account number
- Rents
- Royalties
- Other Income
- Federal income tax withheld
- Fishing boat proceeds
- Medical and health care payments
- Nonemployee compensation
- Substitute payments in lieu of dividends or interest
- Payer made direct sales of \$5,000 or more of consumer products to buyer for resale
- Crop insurance proceeds
- Excess golden parachute payments
- Gross proceeds paid to an attorney
- Section 409A deferrals
- Section 409A income
- State tax withheld
- State/payer's state no
- State income

## How To

Follow these steps from the MITS home page to find information about an entity's 1099 from a previous year.

Step	Action
1	Point to the <b>Financial</b> tab in MITS and click on <b>1099</b> in the drop-down menu.
2	Type the year of the entity's 1099 you wish to view in the <b>Year</b> field. <b>Note:</b> Seven years of 1099 data will be available in MITS.
3	<p>If you know the tax ID of the entity, type the tax ID in the <b>Tax ID</b> field. If you do not know the tax ID of the entity then:</p> <ol style="list-style-type: none"> <li>1) Click <b>[search]</b> next to the <b>Tax ID</b> field to display the search pop-up panel.</li> <li>2) If you know the date the IRS tax ID became effective, type that date in the <b>IRS Effective Date</b> field; otherwise, <b>delete the information in that field.</b></li> <li>3) Click <b>search</b> in the Tax ID search pop-up panel.</li> <li>4) Click the correct provider in the search results list that appears. This populates the Financial 1099 search panel.</li> </ol> <p><b>Note:</b> Enter information as necessary in the <b>IRS Tax Type</b> field (selecting either FEIN or SSN), the <b>ZIP</b> field, or the <b>Phone</b> fields to narrow your search results. The Extension field and the Zip +4 fields are not used at this time.</p>
4	Click <b>search</b> in the Financial 1099 panel. The Search panel populates with results.
5	Provide or locate the information desired.

## Success

You have successfully completed this task when you can view a provider's 1099 information.

## Practice

Find information about a provider's 1099 using this information:

- **Year:** 2008
- **Tax ID:** 583847600

All other fields will remain the same.

# Introduction to Reading a Remittance Report

## Overview

The Remittance Advice (RA) is the primary document sent to a provider that reports claim activity, claim status, payments sent to a provider, and monies received from a provider. The RA has six sections that are presented in the following order, however, if there is no information generated for one of the report sections, then that section will NOT be part of the RA.

- 1) Header
- 2) Banner Messages (if applicable)
- 3) Claims Activity/Status Reports (if applicable)
  - Ordered by Claim Type (CMS 1500 or Medical, Dental, Pharmacy, UB92)
  - Ordered by Claim Status (Paid, Denied, Suspended, Adjustments)
- 4) Financial Transactions
  - Expenditures (system-generated only)
  - Accounts Receivable
- 5) Summary
- 6) EOB (Explanation of Benefits) Code Descriptions (if applicable)

## About RA Reports

After calculating payments during the financial cycle, MITS generates the remittance advice (RA) for providers and lien holders. Based on whether there is applicable financial activity, the RA can include sections for paid, denied, and adjusted claims; financial transactions; explanation of benefits (EOB); and a summary page with weekly, month-to-date, and year-to-date totals.

A provider will receive an RA only if the provider has activity during the claim cycle.

RA Formats:

- 1) "Paper" format - This really refers to PDF format. ODJFS will not actually be sending any "printed on paper and mailed through the United States Postal Service" RAs. When an RA is referred to in MITS as a paper RA, that means MITS stores the files created during the batch process for viewing online. These electronic RAs are available for providers in PDF format via the MITS Web portal to view, download, and then print for themselves if they desire.
- 2) 835 Transaction - MITS creates an outbound RA (835 transaction) file that contains financial transaction details for those providers who elected to receive 835 transaction RAs. The file is extracted, formatted to be HIPAA-compliant, and sent by Electronic Data Interchange (EDI) to the appropriate trading partner mailbox. A provider must be set up as a trading partner or be linked to an existing trading partner in MITS in order to receive an EDI transaction. Instructions for creating a trading partner are available at the provider Web portal.

Once RA reports are generated they are stored in a data repository known as COLD (Computer Operated Laser Disk.) MITS users can retrieve the RAs stored there by using the COLD search panel.

### The RA search panel

The **COLD Report Search** panel provides an easy way for you to find and view an RA. Search for the Remittance Advice report by any of the following criteria:

- RA Number
- RA Run Date
- National provider indicator (NPI)
- Provider ID (Ohio provider number)
- Frequency
- Personal Health Information (PHI)
- County

The image below illustrates the **COLD Report Search** panel.

The screenshot shows the 'COLD Report Search' interface. It features a blue header with the title and a help icon. Below the header, there are two columns of search criteria. The left column includes fields for RA Number, NPI, Frequency (a dropdown menu), and County (a dropdown menu). The right column includes fields for RA Run Date (with a calendar icon), Provider ID, PHI (a dropdown menu), and Records (a dropdown menu). To the right of the PHI dropdown, there is a text box with a red arrow pointing to it, containing the instruction: 'Protected Health Info: Select "yes" to only show reports with PHI. Select "no" to only show reports with no PHI.' At the bottom right of the form, there are 'search' and 'clear' buttons.

## The RA Pick List

After you have entered your search criteria and clicked **search**, the results will be displayed in a list.

You can choose to display the results of the search in COLD, PDF, Excel, or Word formats.

The image below illustrates the RA pick-list that will appear after your valid search.

Click on one of the available format/document type buttons next to the RA that you wish to see. Any format will display all available data.

<<< 1, 2, 3, 4, 5, 6, 7, 8 >>>

PDF	EXCEL	WORD	COLD	RA Number	RA Run Date	Provider ID	Provider NPI	Frequency	County
				30151561	08/18/2010	0834		R	
				30245056	09/09/2010	2053	144	R	
				30053564	07/21/2010	0469		R	
				30035662	07/14/2010	0313	142	R	
				30061256	07/21/2010	2701	153	R	
				30135641	08/12/2010	2468		R	
				30056767	07/21/2010	2676	184	R	
				30056947	07/21/2010	2758		R	
				30056224	07/21/2010	2475	113	R	

## RA Sections - Header - Banner - Claims Activity/Status Report

An RA begins with the remittance advice **Header**, which includes the report headers, date, page number, and provider name and address. This section of the RA will always appear.

The remittance advice **Banner Messages** report section lists all banner messages by provider ID. If there are no banner messages, then this section will **not** appear. 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 RA banner messages section. Training sessions are also announced in the RA banner messages section.

The remittance advice **Claims Activity/Status** report section is separated by individual claims and claim types and displays header and detail data. Pertinent EOB codes are displayed on this report. If there is no activity for a claim or claim type, then the claim will **not** appear.

- The purpose of this Claims/Activity status report section is to give the provider a list of all claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.
- This section will include paid, denied, and adjusted claims by Internal Control number (ICN) or Accounts Receivable (A/R) number.
- If a claim denies for Third Party Liability (TPL on file), it will create a separate TPL report section. This provides information the provider can use to bill the other insurance agency (such as Blue Cross).
- If Crossover claims show in this section, no detail will appear.

Here is an example of an RA's Claims Activity/Status report section. (Protected Health Information has been blacked out.)

RAB: 30000340		MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE CMS 1500 CLAIMS PAID				PAGE: 2	
DIGN [REDACTED] WESTLAKE, OH 44145-0000						PROVIDER ID: [REDACTED] NPI ID: 11 [REDACTED] TAX ID: 1596 ISSUE DATE: 02/26/2010	
ICN	SERVICE DATES	BILLED	ALLOWED	TPL	SPENDDOWN	CO-PAY	PAID
PATIENT NUMBER	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 01 [REDACTED]	RECIPIENT NAME: NACE, [REDACTED]			COUNTY: 18 Cuyahoga		MEB REC NUM: [REDACTED]	
2010 [REDACTED]	090209 090209	100.00	100.00	0.00	0.00	0.00	100.00
LL 011513_01							
SERVICE DATES							
FROM THRU PL SERV PROC CD MODIFIERS	UNITS	BILLED	ALLOWED	TPL	PAID	RENDERING	DETAIL E0BS
090209 090209 12 MRO73	1.00	100.00	100.00	0.00	100.00	MCD 29 [REDACTED]	
TOTAL CMS 1500 CLAIMS PAID		100.00	100.00	0.00	0.00	0.00	100.00
DREPORT: CRA-PHDN-R		AGENCY FOR HEALTH CARE ADMINISTRATION				DATE: 02/26/2010	
RAB: 30000340		MEDICAID MANAGEMENT INFORMATION SYSTEM				PAGE: 3	
		PROVIDER REMITTANCE ADVICE				CMS 1500 CLAIMS DENIED	
DIGN [REDACTED] WESTLAKE, OH 44145-0000						PROVIDER ID: 290 [REDACTED] NPI ID: 11 [REDACTED] TAX ID: 1596 ISSUE DATE: 02/26/2010	
ICN	SERVICE DATES	BILLED	TPL	SPENDDOWN	DUPLICATE	PREV	
PATIENT NUMBER	FROM THRU	AMOUNT	AMOUNT	AMOUNT	ICN	PAID DT	
RECIPIENT ID: 10 [REDACTED]	RECIPIENT NAME: JOHN, [REDACTED]			COUNTY: 18 Cuyahoga		MEB REC NUM: [REDACTED]	
2010 [REDACTED]	090209 090209	100.00	0.00	0.00			
LL 011514_01							
SERVICE DATES							

### RA Sections - Financial Transactions Report

The Remittance Advice **Financial Transactions** report section displays the payee's financial activity for expenditures and non-claim specific refunds received and applied during the current financial cycle. If there was NO activity, this report section will **not** display. In addition, the report section lists all automatic, or system recoverable, outstanding accounts receivable (A/Rs) in order, based on the A/R number.

The purpose of this report section 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.

Below is an example of the financial transactions report section. (Protected Health Information has been blacked out.)

PAGE: 00001001 MEDICARE MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE FINANCIAL TRANSACTIONS PAGE: 1

MCDC [REDACTED] PROVIDER ID: 060 [REDACTED]  
MACOMB, IL 61455-3313 NPI ID: [REDACTED]  
TAX ID: 67 [REDACTED]  
ISSUE DATE: 04/23/2010

-----ACCOUNTS RECEIVABLE-----										
AR NUMBER/ ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL RECOUPED	BALANCE	REASON CODE	SERVICE DATE FROM	THRU	RECIPIENT ID	RECIPIENT NAME
10000069	040710	0.00	200.00	150.00	50.00	9604				
10000070	040710	0.00	200.00	0.00	200.00	9604				
TOTAL BALANCE:					250.00					

### RA Sections- Summary Report

The Remittance Advice **Summary** report section 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 section supplies the payee with information regarding lien and IRS backup withholding payments which are made to lien holders by ODJFS during the current cycle and year-to-date.

Here is an example of a Summary report section. (Protected Health Information has been blacked out.)

RAS: 30000390	WESTLAKE, OH 44145-0000						
MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE REMITTANCE ADVICE SUMMARY							
				PROVIDER ID:	113	15	200
				NPI ID:			
				TAX ID:			
				ISSUE DATE:	02/26/2010		

  

-----CLAIMS DATA-----							
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT	
CLAIMS PAID	1	100.00	1	100.00	1	100.00	
CLAIM ADJUSTMENTS	0	0.00	0	0.00	0	0.00	
TOTAL CLAIMS PAYMENTS	1	100.00	1	100.00	1	100.00	
CLAIMS DENIED	3			3	3		

  

-----EARNINGS DATA-----			
<b>PAYMENTS:</b>			
CLAIMS PAYMENTS		100.00	100.00
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)		0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):			
CLAIM SPECIFIC:			
CURRENT CYCLE		(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS		(0.00)	(0.00)
NET PAYMENT		100.00	100.00
<b>REFUNDS:</b>			
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)	(0.00)
<b>OTHER FINANCIAL:</b>			
MANUAL PAYOUTS (NON-CLAIM SPECIFIC)		0.00	0.00
VOIDS		(0.00)	(0.00)

### RA Sections - EOB Code Descriptions Report

The Remittance Advice EOB Code Descriptions report section displays all of the EOB codes and/or Adjustment Reasons that are used in the remittance advice report series, and displays their corresponding descriptions.

**Note:** Adjustment Reasons are special EOB codes used to identify the primary reason for a claim adjustment.

The purpose of this report section 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.

REASON CODE/ EOB CODE	REASON CODE DESCRIPTION/ EOB CODE DESCRIPTION
.0001	PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
0260	SERVICE NOT ALLOWED
4801	THESE SERVICES CANNOT BE BILLED ON THIS CLAIM FORM OR THE PROVIDER TYPE LISTED FOR THIS PROVIDER NUMBER CANNOT FILE THIS TYPE OF CLAIM
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
9938	PRICING ADJUSTMENT - PRICING APPLIED

## Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

Which of the following RA report sections tells you what A/Rs have been automatically recouped from money due the provider?

- A. Financial Transactions
- B. Claims Activity/Status

The RA report always includes a note telling you that a given section is blank because there was no activity for that particular RA report section.

- A. True
- B. False

## Summary

In this topic you learned that there are multiple sections to an RA report:

- Header - Banner Messages- Claims Activity/Status
- Financial Transactions
- Summary
- EOB Code Descriptions Section

You also learned that if there is no activity for any given section of the report, that section will simply not appear in the report. The report will give no indication that the section was left out because there was no activity.

# Reading a Remittance Report

## Overview

### What

In this topic you learn how to read a Remittance Advice report.

### Who

This task is performed primarily by Provider and Provider Relations staff.

### When

This task is performed when there is a need to research information, for example, to research provider payments.

### Relevance

This task is important because the Remittance Advice (RA) is the primary document sent to a provider that reports claims activity, claims status, payments sent to a provider, and funds received from a provider. If an RA report is not read correctly, then support staff could potentially give incorrect information to a provider.

### Requirements

Other than having the system privileges to access a Remittance Advice report, there are no additional requirements for performing this task.

### Guidelines

Use the COLD reports link on the MITS home page to access Remittance Advice reports.

## How To

Follow these steps from the Ohio MITS Landing Page to access and read a Remittance Advice.

Step	Action										
1	Click <b>COLD Report Search</b> .										
2	Search for the Remittance Advice report using any of the following criteria: <ul style="list-style-type: none"> <li>• RA Number</li> <li>• RA Run Date</li> <li>• National provider indicator (NPI)</li> <li>• Provider ID (Ohio provider number)</li> <li>• Frequency</li> <li>• Personal Health Information (PHI)</li> <li>• County</li> </ul>										
3	From the list of search results, click the appropriate icon to open the Remittance Advice in the desired format and use the arrows or the page numbers to page through the list.										
4	Review the applicable section of the Remittance Advice Report by following these steps. <table border="1" data-bbox="375 1073 1373 1608" style="margin-left: 40px;"> <thead> <tr> <th data-bbox="375 1073 724 1129">REVIEW the:</th> <th data-bbox="724 1073 1373 1129">TO see:</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 1129 724 1241">Banner Messages section</td> <td data-bbox="724 1129 1373 1241"> <ul style="list-style-type: none"> <li>• banner messages</li> <li>• explanations of policy</li> <li>• new or changed procedure codes</li> </ul> </td> </tr> <tr> <td data-bbox="375 1241 724 1352">Claims Activity/Status section</td> <td data-bbox="724 1241 1373 1352"> <ul style="list-style-type: none"> <li>• provider claims that are being paid</li> <li>• explanations of any discrepancies between the billed and the paid amount</li> </ul> </td> </tr> <tr> <td data-bbox="375 1352 724 1463">Financial Transactions section</td> <td data-bbox="724 1352 1373 1463"> <ul style="list-style-type: none"> <li>• payee's financial activity for expenditures</li> <li>• non-claim specific refunds received and applied during the current financial cycle</li> </ul> </td> </tr> <tr> <td data-bbox="375 1463 724 1608">Summary section</td> <td data-bbox="724 1463 1373 1608"> <ul style="list-style-type: none"> <li>• summary of all claim and financial activity for the payee for each financial cycle</li> <li>• year-to-date totals of all claim and financial activity</li> </ul> </td> </tr> </tbody> </table>	REVIEW the:	TO see:	Banner Messages section	<ul style="list-style-type: none"> <li>• banner messages</li> <li>• explanations of policy</li> <li>• new or changed procedure codes</li> </ul>	Claims Activity/Status section	<ul style="list-style-type: none"> <li>• provider claims that are being paid</li> <li>• explanations of any discrepancies between the billed and the paid amount</li> </ul>	Financial Transactions section	<ul style="list-style-type: none"> <li>• payee's financial activity for expenditures</li> <li>• non-claim specific refunds received and applied during the current financial cycle</li> </ul>	Summary section	<ul style="list-style-type: none"> <li>• summary of all claim and financial activity for the payee for each financial cycle</li> <li>• year-to-date totals of all claim and financial activity</li> </ul>
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**Success**

You have successfully completed this task when you have obtained the desired information from the RA.

**Practice**

In the COLD reports applications search menu, search for and examine an RA using this information:

**RA Run Date:** 9/17/2010

Choose any one of the RAs in the list that appears and examine the RA.

## Review

### Objectives

In this course you learned how to:

- Find information about a provider's 1099 from a previous year
- Read a Remittance Report (RA)