

HOW TO READ THE Remittance Advice (RA) RA Reports

Under your RA you will find the following info.:

Banner Messages, Claims Paid, Claims Denied, Claims Adjusted, TPL Information, Financial Transactions, Remittance Advice Summary and EOB Code Descriptions.

Note: All claims processed are available in the MITS Portal.

Remittance Reports generate weekly on Wednesday, only if there is activity.

Banner Messages

Note: All MITS Provider Resources, system updates, and known issues can be found at: <https://Medicaid.ohio.gov>. Please check this website often for important MITS information regarding your specific provider type.

Claims Paid (could include the types of claims below, depending on your provider type.)

Professional Medicare Part B Crossovers

Institutional Inpatient & Outpatient

Institutional Medicare Crossovers Inpatient & Outpatient

LTC (Long Term Care) & LTC Medicare Crossovers

Dental & Dental Crossover

Example: Claim Detail

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: ██████████	03302	RECIPIENT NAME: CARR, ██████████			COUNTY: 18 CUYAHOGA			MED REC NUM: 26370175			
CHARGE SOURCE: IXVRC											
2019072096903	012119	012919	8	012119	MCD 1563562	0.00	0.00	13,879.43	61,248.14	0.00	0.00
H110508029210003						1,364.00		15,243.43	0.00	0.00	0.00
HEADER BOBS: 9960 9962											

Dates of services

Claim ICN Number

[Type text]

Claims Denied (could include the types of claims below, depending on your provider type.)

Professional Medicare Part B Crossovers

Institutional Medicare Crossover Inpatient & Outpatient

Institutional Inpatient & Outpatient

LTC (Long Term Care) & LTC Medicare Crossovers

Dental & Dental Crossover

Claims Adjustments (could include the types of claims below, depending on your provider type.)

Professional Medicare Part B Crossovers

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Institutional Inpatient & Outpatient

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TPL Information

Example: TPL

BENEFICIARY NAME	MEDICAID ID	ICN	CARRIER/EMP ID	CARRIER/EMPLOYER NAME
POLICY HOLDER NAME	POLICY NUMBER	/GROUP NUMBER	BILLING ADDRESS CITY, ST ZIP	
JACKSON, [REDACTED]	[REDACTED] 3599	[REDACTED] 5294	82405 MEDICAL MUTUAL OF OHIO	
JOYCE, [REDACTED] R	[REDACTED] 934	[REDACTED] 768	PO BOX 6018 CLEVELAND, OH 44101-6018 16	
JACKSON, [REDACTED]	[REDACTED] 3599	[REDACTED] 5294	15012 MEDCO PRESCRIPTIONS LLC	
JOYCE, [REDACTED]	[REDACTED] 7434	[REDACTED] 8030	PO BOX 14711 LEXINGTON, KY 40512-0000 16	

Policy Holders Name

Financial Transactions

Accounts Receivable: Balance of claim and non-claim amounts due to Medicaid

Example: Accounts Receivable

-----ACCOUNTS RECEIVABLE-----									
AR NUMBER/ ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL RECOUPED	REASON BALANCE CODE	SERVICE DATE FROM	THRU	RECIPIENT ID	RECIPIENT NAME
5819073000071	032219	176.48	176.48	176.48	0.00 8400				
5819072000045	032219	242.22	242.22	242.22	0.00 8400				
58190730000915	032219	368.79	368.79	368.79	0.00 8400				
5819072000206	032219	57.36	57.36	57.36	0.00 8400				
*****	*****	***.00	***.00	***.00	0.00 8400				

Claim ICN Number. → 5819073000071

For patient specific information please search this claim ICN in claims paid section of this report

Example: Non-claim specific payouts to providers

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----									
TRANSACTION NUMBER	CCN	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	THRU	RECIPIENT ID	RECIPIENT NAME		
10053221		165,613.00	9505						

Trans. Number → 10053221

This transaction number will have no detailed patient info. You will have to access written correspondence sent to Provider or any specific report for this transaction.

[Type text]

Remittance Advice Summary: Current, Month and Year to Date Information

Example: Claims Data and Earnings Data

-----CLAIMS DATA-----						
	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	5,626	955,908.77	22,002	3,718,698.93	67,526	10,327,239.03
CLAIM ADJUSTMENTS	46	3,510.99	181	14,685.82	637	58,716.93
TOTAL CLAIMS PAYMENTS	5,672	959,419.76	22,183	3,733,384.75	68,163	10,385,955.96
CLAIMS DENIED	2,799		10,792		31,650	

-----EARNINGS DATA-----		
PAYMENTS:		
CLAIMS PAYMENTS	959,419.76	10,385,955.96
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	10,180,280.70
ACCOUNTS RECEIVABLE (OFFSETS):		
CLAIM SPECIFIC:		
CURRENT CYCLE	(26,636.41)	(26,636.41)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(672,232.48)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(4,694.77)
LIEN DEDUCTIONS	(0.00)	(0.00)
NET PAYMENT	932,783.35	19,862,673.00
REFUNDS:		
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)
NON-CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)
OTHER FINANCIAL:		
WARRANT VOIDS	(0.00)	(0.00)
NET EARNINGS	932,783.35	19,862,673.00

EOB Code Descriptions: Provides a comparison of codes to the description

Example: EOB Code & Code Description

REASON CODE/ EOB CODE	REASON CODE DESCRIPTION/ EOB CODE DESCRIPTION
0142	CLAIM EXCEEDS 12 MONTH FILING LIMIT
0253	RECIPIENT INELIGIBLE FOR DOS.
0260	SERVICE NOT ALLOWED ON BENEFIT PLAN FOR DATE OF SERVICE
0401	ELECTRONIC ADJUSTMENT/VOID CLAIM TYPES DO NOT MATCH
0482	CLAIM/DETAIL DENIED. DUPLICATE SERVICE BILLED.

Reason Code → 0142 ← Reason Code Description