
How to read the paper remittance advice

How to review claim and adjustment information
How to correct overpayments and underpayments



Overview

- OHA mails the paper Remittance Advice (RA) weekly.
 - It tells the status of all claims submitted that week.
 - You will continue to receive the paper RA until you ask OHA to stop sending it to you.
 - You can also get electronic copies of your paper RA through the [Online RA](#) function of the Provider Web Portal.
- You can only take actions on claims that appear in the Paid or Denied sections of the RA.
 - For overpaid or underpaid (including zero paid) claims, adjust each claim.
 - For denied claims, correct and resubmit (rebill) the claim. You cannot adjust denied claims.



How to read the remittance advice

CLAIM STATUS INFORMATION



Order of claim status information

First ordered by claim type:	Then status:	Then original format:
Institutional (UB-04) RA: 1. (Inpatient) Medicare Part A 2. (Inpatient) Medicare Part B 3. (Outpatient) Medicare Part A 4. (Outpatient) Medicare Part B 5. Inpatient (Medicaid) 6. Outpatient (Medicaid)	1. Paid 2. Denied 3. In process 4. Adjustments	Original claim submitted via: 1. Paper claim 2. EDI (837) 3. Provider Web Portal 4. Pharmacy Point of Sale
Professional RA: 1. CMS-1500 2. Medicare Crossover Part A (OHP 505)		
Dental RA: ADA 2006 claims		
Pharmacy RA: 1. Drug Claims 2. Compound Drug Claims		

Header example; Pay attention to the header for section and status changes

OREGON DHS
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER REMITTANCE ADVICE
 CMS 1500 CLAIMS PAID



Medical and dental - Paid examples

--ICN--	ATTENDING PROV.	SERVICE DATES			ADMIT	BILLED AMT	ALLOWED AMT	SPENDDOWN	TPL AMT	PAID AMT
PAT. ACCT NUM.		FROM	THRU	DAYS	DATE			COPAY AMT		
CLIENT NAME: PHOENIX BYRD		CLIENT NO.: AA####B								
2012086003033 12345678	NPI 1234567890	031812	031912	1	031812	5357.57	0.00	0.00 0.00	0.00	3766.69

1

HEADER EOB: 9932

REV CD	HCPCS/RATE	SRV DATE	LVL CARE	UNITS	BILLED AMT	ALLOWED AMT	DETAIL EOB
203		000000		1.00	4021.00	0.00	2
250		000000		33.00	116.57	0.00	
300		000000		17.00	1220.00	0.00	

2

Service billed

Billed amount

Paid amount

EOBs (if applicable).

1. Header EOBs on the left under the ICN
2. Detail EOBs are with the service
3. EOB key is at the end of the RA

--ICN--	RENDERING PROVIDER	SERVICE DATES		BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
		FROM	THRU						
CLIENT NAME: GLENDA GOODWICH		CLIENT NO.: AA####A							
100932703008	MCD 123456	090909	090909	38.75	38.75	0.00	0.00	0.00	38.75

PL SERV	PROC CD	TOOTH	SURFACE	DATE SVC PERF	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL EOB
	D0150			090909	38.75	38.75	2

2



Medical and dental - Denied examples

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--ICN--          SERVICE DATES          BILLED          TPL          SPENDDOWN
--PATIENT NUMBER-- FROM      THRU          AMOUNT          AMOUNT          AMOUNT

CLIENT NAME: DON QUIXOTE
2012089007997 061511 061511  NPI 9876543210      4,572.00      0.00      0.00
15854
  
```

1 HEADER EOB: 9999

```

PL SERV  PROC CD  MODIFIERS  UNITS  SERVICE DATES  RENDERING  BILLED  2
21      59400                1.00  061511 061511  MCD 123456  4,572.00  9926 0091
  
```

Service billed **Billed amount** **EOBs (if applicable).**

1. Header EOBs on the left under the ICN
2. Detail EOBs are with the service
3. EOB key is at the end of the RA

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--ICN--          RENDERING          SERVICE DATES          BILLED          TPL          SPENDDOWN
--PATIENT NUMBER-- PROVIDER          FROM      THRU          AMOUNT          AMOUNT          AMOUNT

CLIENT NAME: PHIL PHILLIPS          CLIENT NO.: AA####Z
1010056075008  MCD 123456          101609  101609  38.75          0.00      0.00
  
```

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PL SERV  PROC CD  TOOTH  SURFACE  DATE SVC  BILLED  2
          D0150                101609  38.75          0003 9926
  
```

2



Pharmacy - Paid and denied examples

--ICN--	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE DATE	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	SPENDDOWN AMOUNT	PAID AMOUNT
CLIENT NAME:	SNOW WHITE		CLIENT NO.:	ABC###A							
2512086002825	000000123456	00054457125	120.00	MCD 123456	032612	18.65		0.00		0.00	
EOBS	00 9000 7001 3536 9908 9910						7.68		0.00		17.36

1

Service billed	Billed amount	Paid amount	EOBs 1. EOBs are on the left 2. EOB key is at the end of the RA
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--ICN--	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE DATE	BILLED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT
CLIENT NAME:	DIANA PRINCE		CLIENT NO.:	ABC###A				
2512086002825	000000123456	00085113201	60.00	MCD 123456	032712	10.12	0.00	0.00
EOBS	01 9926 1100							

1



EOB key (EOB Descriptions section)

EOB CODE	EOB CODE DESCRIPTION
0003	OUR RECORDS SHOW RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE.
0006	THIS SERVICE REQUIRES PRIOR AUTHORIZATION UNLESS PERFORMED AS AN EMERGENCY. SEEPROVIDER GUIDE FOR INSTRUCTIONS.
0015	SERVICE IS A DUPLICATE OF A SERVICE PREVIOUSLY PROCESSED/PAID.
0028	RECIPIENTS NAME AND NUMBER DISAGREE AND DMAP CANNOT RESOLVE. CORRECT AND RESUBMIT BILLING.
0032	RECIPIENT NUMBER MISSING. REFER TO THE MEDICAL CARE IDENTIFICATION (DMAP1417) FOR VALID RECIPIENT NUMBER THEN CORRECT AND RESUBMIT.
0044	CLAIM FORM INCONSISTENT WITH PROVIDER TYPE. RESUBMIT ON CORRECT CLAIM FORM.
0053	PATIENT DOES NOT HAVE MEDICARE COVERAGE. DO NOT BILL AS A CROSSOVER CLAIM. REBILL ON A UB-04. DO NOT ENTER KOVR IN FORM LOCATOR 11.
0076	CLAIM PAST FILING TIME LIMIT. SEE GENERAL RULE 410-120-1300 FOR INSTRUCTIONS.
0090	SERVICE IS COVERED BY A MANAGED CARE PLAN. CLAIM MUST BE BILLED TO THE APPROPRIATE MANAGED CARE PLAN.
0091	NON-COVERED SERVICE.
0099	PROVIDER NUMBER IS MISSING, INVALID OR NOT IN THE CORRECT FIELD ON THE CLAIM FORM. CORRECT AND RESUBMIT.
0100	SERVICES AND/OR NUMBER OF UNITS BILLED DO NOT MATCH THOSE PRIOR AUTHORIZED. CONTACT APPROVING AUTHORITY.
0133	SERVICES BILLED DO NOT CONSTITUTE AN INPATIENT STAY. REBILL AS AN OUTPATIENT.
0139	INPATIENT AND OUTPATIENT BILLS NOT PAYABLE FOR SAME DATE OF SERVICE.
0145	THE RECIPIENT NUMBER LISTED IS NOT IN OUR RECORDS. CONTACT THE APPROPRIATE DMAP/SPD BRANCH FOR ASSISTANCE.
0160	ICD-9-CM PROCEDURE DATE NOT WITHIN THE ADMIT AND DISCHARGE DATES. CORRECT AND RESUBMIT.



How to read the remittance advice

CLAIM ADJUSTMENTS



Internal Control Numbers (ICN)

- When reviewing adjustments on the RA, you will see two ICNS:
 - The original claim's ICN
 - The adjustment ICN
- The first two digits of the adjustment ICN tell you what kind of adjustment occurred.
 - **OHA mass adjustments** will have ICNs beginning with numbers 52 through 55.
 - **Paper provider adjustments using the OHP 1036** will have ICNs beginning with 50 or 56.
 - **Electronic provider adjustments using the Web portal, Point of Sale reversal, or electronic data interchange (837)** will have ICNs beginning with 59.



Claim adjustment example - Payment

--ICN--	SERVICE DATES	BILLED	ALLOWED	TPL	SPENDDOWN	CO-PAY	PAID
--PATIENT NUMBER--	FROM THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
2209152020193	021809 021809	(1,516.00)		(0.00)		(0.00)	
123455			(550.82)		(0.00)		(73.33)
5912081356001	021809 021809	1,516.00		0.00		0.00	
123455			750.70		0.00		111.25

PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	ALLOWED	DETAIL	EOMS
				FROM THRU	PROVIDER	AMOUNT	AMOUNT		
11	J2785		4.00	021809 021809	MCD 123456789	340.00	199.88	9906	9918
11	A9500		1.00	021809 021809	MCD 123456789	159.00	155.50	9906	9918
11	78465	TC	1.00	021809 021809	MCD 123456789	878.00	330.78	9906	9920
11	78478	TC	1.00	021809 021809	MCD 123456789	70.00	32.27	9906	9920
11	78480	TC	1.00	021809 021809	MCD 123456789	69.00	32.27	9906	9920

ADDITIONAL PAYMENT

37.92

- The second ICN begins with “59,” meaning the provider adjusted the claim electronically.
- The claim was adjusted to bill according to a new allowed amount, resulting in an additional payment of \$37.92.



Claim adjustment example - Recovery

--ICN--	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE DATE	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	SPENDDOWN AMOUNT	PAID AMOUNT	
CLIENT NAME: MOLLY MALONE			CLIENT NO.: AB###A#M									
2512086002825	000000123456	00378418805	30.00	MCD 123456	032912	-9.27		-0.00		-0.00		
							-1.91		-0.00		-9.27	
5912089001014	000000123456	00378418805	30.00	MCD 123456	031912	9.27		0.00		0.00		
							0.00		0.00		0.00	
EOMS 00 8515						NET OVERPAYMENT (AR)					9.27	
TOTAL NO. OF ADJ: 3						TOTAL DRUG ADJUSTMENT CLAIMS:						
						0.0000		0.0000		0.00		
							-3.63		0.00		-28.01	

- The second ICN begins with “59,” meaning the provider adjusted the claim electronically. On drug claims, this means Point of Sale reversal.
- The “Net Overpayment” shows that OHA recovered \$9.27 (the full payment for the original claim).
- “(AR)” means Accounts Receivable will recover the overpayment.



Claim adjustment example – No payment changes

--ICN--	RX NO.	NDC	METRIC QTY	RENDERING PROVIDER	DISPENSE DATE	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	SPENDDOWN AMOUNT	PAID AMOUNT
CLIENT NAME:	LYNETTE BYRD		CLIENT NO.:	AB###A#B							
2512086002825	000000123456	49884054410	60.00	MCD 123456	121208	-96.18		-0.00		-0.00	
							-4.24		-0.00		-7.74
5211088001033	000000123456	49884054410	60.00	MCD 123456	121208	96.18		0.00		0.00	
							0.00		0.00		0.00
NET OVERPAYMENT (AR)											7.74

EOBS 01 9926 0090

- Sometimes OHA has to mass-adjust claims, but the activity does not affect any payments OHA may have already paid.
 - The second ICN begins with “52,” meaning OHA initiated the adjustment.
 - The adjustment shows here as an overpayment with Accounts Receivable, but the Financial Transaction section of the RA will verify that there is no payment change.



Financial Transactions information – Adjustments with no payment change

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----				
TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	RENDERING PROVIDER
150111		42.85	8503	123456
150112		7.74	8503	123456
150113		15.05	8503	123456
TOTAL PAYOUTS:		65.64		

-----NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS-----				
--CCN--	PAYOUT --AMOUNT--	REASON CODE	CLIENT NO.	CLIENT NAME
NO NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS				

-----CLAIM SPECIFIC REFUNDS FROM PROVIDERS-----				
--CCN--	PAYOUT --AMOUNT--	REASON CODE	CLIENT NO.	CLIENT NAME
NO CLAIM SPECIFIC REFUNDS FROM PROVIDERS				

-----ACCOUNTS RECEIVABLE-----						
A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL --RECOUPED--	--BALANCE--	REASON CODE
5212088001033	033012	42.85	42.85	42.85	0.00	8400
5212088001130	033012	7.74	7.74	7.74	0.00	8400
5212089001014	033012	15.05	15.05	15.05	0.00	8400
TOTAL BALANCE					0.00	

Non-claim-specific payout amounts match amounts listed as Net Overpayments in Adjustments section of the RA.

Accounts Receivable (A/R) ICNs and amounts match Net Overpayment information, but the Payouts listed above cancel out the A/R amounts.



RA Summary information

Claims Data:

Total claims processed for the current week and year-to-date

Accounts Receivable:

Amount OHA will recover due to adjustments.

If adjustments do not require recovery, a **System Payout** amount will show equal to the A/R amount.

-----CLAIMS DATA-----				
	CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	27	411.86	571	12,893.57
CLAIM ADJUSTMENTS	3	0.00	13	0.00
TOTAL CLAIMS PAYMENTS	30	411.86	584	12,893.57
CLAIMS DENIED	22		272	
CLAIMS IN PROCESS	0			
-----EARNINGS DATA-----				
PAYMENTS:				
CLAIMS PAYMENTS		411.86		12,893.57
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)		65.64		65.64
ACCOUNTS RECEIVABLE (OFFSETS):				
CLAIM SPECIFIC:				
CURRENT CYCLE		(65.64)		(65.64)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(622.49)
NON-CLAIM SPECIFIC OFFSETS		(0.00)		(0.00)
NET PAYMENT		411.86		12,271.08
REFUNDS:				
CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)
OTHER FINANCIAL:				
MANUAL PAYOUTS (NON-CLAIM SPECIFIC)		0.00		0.00
VOIDS		(0.00)		(0.00)
NET EARNINGS		411.86		12,271.08



How to read a remittance advice

RESOLVING OVERPAYMENTS AND UNDERPAYMENTS



How to adjust a claim

- To adjust overpaid and underpaid claims:
 - Electronically:
 - Go to the Provider Web Portal at <https://www.or-medicaid.gov>. You can review and correct any claims you have submitted to OHA; or
 - Correct and submit via your EDI software.
 - On paper:
 - Complete the OHP 1036 (Individual Adjustment Request) at <https://apps.state.or.us/Forms/Served/he1036.pdf>.
 - Include a copy of the RA and a corrected claim, if needed.
- **You cannot adjust denied claims.** Instead, correct and resubmit (rebill).



Recoveries

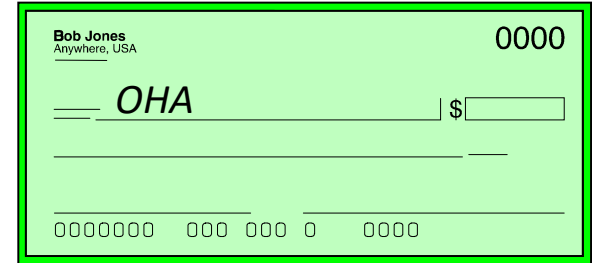
- When you or OHA adjust claims due to incorrect overpayments, OHA will recover the overpayments from your future payments.
- Recovery information will display on the Financial Transactions page of your RA as follows:
 - Each claim requiring recovery will display reason code 8400 (RESULT OF CLAIM ADJUSTMENT).
 - Until the overpayment is fully recovered, the Financial Transactions page of future RAs will track the amount recovered each week, and the remaining balance.

-----ACCOUNTS RECEIVABLE-----						
A/R	SETUP	RECOUPED	ORIGINAL	TOTAL		REASON
NUMBER/ICN	DATE	THIS CYCLE	AMOUNT	-RECOUPED-	--BALANCE--	CODE
5212088001033	033012	42.85	42.85	42.85	0.00	8400
5212088001130	033012	7.74	7.74	7.74	0.00	8400
5212089001014	033012	15.05	15.05	15.05	0.00	8400
		TOTAL BALANCE			0.00	



How to submit a refund

- Only submit a refund when you are unable to individually adjust the claim(s).
- Write OHA a check and mail it to:
OHP
PO Box 14955
Salem, OR 97309
- Include the following:
 - A letter addressed “ODHS Receipting Specialist, HSB 4th Floor” explaining the reason for the refund
 - Any related correspondence leading up to the refund
 - Include the ICNs that the refund applies to.



Need help?

- To stop receiving paper RAs or get help reading the RA:
 - Provider Services
 - 800-336-6016 or dmap.providerservices@state.or.us

- To view [claim status on the Web](#):
 - Provider Web Portal
 - <https://www.or-medicaid.gov>

- To hear claim status (by ICN or client ID) by phone:
 - [Automated Voice Response](#)
 - 866-692-3864



Thank you!

