

REMITTANCE ADVICE MANUAL

MO HEALTHNET ELECTRONIC PROPRIETARY REMITTANCE ADVICE (RA) RECORD LAYOUT

MANUAL OVERVIEW

BASIC DESCRIPTION

The "MO HealthNet Electronic Proprietary Remittance Advice Record Layout" manual contains specifications for Internet or cartridge Remittance Advices. MO HealthNet claim payment and denial information is displayed on Remittance Advices (RA). Electronic RA's allow MO HealthNet providers or their authorized billing agency to receive a cartridge or Internet file for MO HealthNet accounts posting.

Effective 10/16/2003, the proprietary tape layout will only be available for healthplans. Non-healthplan providers have the option to receive the X12N 835 (HIPAA RA) or paper. Providers have the choice to receive the X12N 835 remittance advice electronically. However, providers cannot receive a paper copy if this method is chosen. This document contains only the information related to the proprietary remittance advice.

Providers also continue to receive the remittance advice on paper if the option to receive an electronic remittance is chosen. This allows quick reference to claim information when billing questions arise.

The Remittance Advice (RA) is a computer generated report that contains seven different types of information concerning claims that were submitted to MO HealthNet by the provider. The seven types of information are:

1. Paid Claims
2. Denied Claims
3. Suspended Claims
4. MO HealthNet Program RA Messages
5. Third Party Liability (TPL) Information
6. Financial Transactions
7. Nurse Aide Training (NAT) Claims

PROCEDURE FOR INITIATING RA'S ELECTRONICALLY

This innovative technique is available, free of charge, excluding shipping charges, to MO HealthNet providers and computer service bureaus billing MO HealthNet claims. Individuals interested in receiving the Remittance Advice (RA) electronically, are encouraged to contact the Infocrossing Healthcare Services Help Desk at (573) 635-3559, in order to obtain the necessary enrollment forms.

The complete process for receiving the RA electronically is as follows:

- The provider or Computer Service Bureau completes and mails the enrollment form to Provider Enrollment Unit, MO HealthNet Division.
- The enrollment form must contain the provider's MO HealthNet identification number, name and mailing address. If a cartridge is to be shipped to a Computer Billing Agency, the agency name and address should appear on the enrollment form. The name and address on the form is used for shipment of cartridges and various written correspondence.

NOTE: There are circumstances when a billing agency electronically submits MO HealthNet claims for many providers. Under these circumstances, an enrollment form must be completed for each provider in which the billing agency submits claims. An enrollment form must also be completed for new providers that are added to the agencies billing list. This ensures that claims for each provider appear on the cartridge or Internet remittance advice.

- Provider Enrollment updates the RA indicator on the Provider Master File to 'Y' and forwards the enrollment form to the Fiscal Agent.
- Providers start to receive the Cartridge or Internet RA pending the next remittance advice date.

NOTE: Providers who choose to receive an electronic RA need to have the appropriate software and hardware to sort through data once files are received.

If there are any questions concerning the Electronic RA Record Layouts, unreadable files, or any technical questions concerning an electronic RA, call:

Infocrossing Healthcare Services
(573) 635-3559

For questions concerning billing problems, MO HealthNet Policy or billing instructions, call:

(800) 392-0938
(573) 751-2896

RA cartridges are sent directly to the provider or billing agency from the Fiscal Agent's Data Center. These cartridges are sent through a national courier service with billing set up to bill the receiver. Paper RAs and checks are sent from a different location, therefore, the provider receives the cartridge RA prior to receiving the paper RA and check.

RA SPECIFICATIONS

The required specifications for electronic RAs include the record length (333) and block size (6660). The record types include:

- Claim Data Record - 01
- Line Item Record - 02
- Provider Summary Record - 03

RA cartridges are IBM 3480 with EBSIDIC data. Internet RAs are ASCII files, which need to be downloaded after each financial cycle.

To assist in cartridge identification and assure the correct files are processed by both Infocrossing Healthcare Services and the provider or their billing agency, the RA cartridges now contain standard IBM tape labels. The file name of each cartridge is based on the following naming standard:

MMICMMO.BMDF6300.R###.G_ _ _ _V00

NOTE: ### equals your biller ID - see field '01' from each record type.

BILLER REMITTANCE ADVICE FILE DESCRIPTION

Media	Magnetic Tape (Cartridge)
Tape Label	Standard Labeled Cartridge
Record Format	Fixed Length
Record Size	333 Characters
Block Size	6660 Characters
Record Types	Claim Data Record – 01 Line Item Record – 02 Provider Summary Record – 03 Claim Remark Codes List Record – 04 Remittance Advice (RA) Message Record – 07 Third Party Liability (TPL) Record – 08 Suspended Claim Data Record – 09 Financial Transaction Record – 11 Nurse Assistant Training Claim Record – 12 Nurse Assistant Training Error Record – 13 Provider Summary Record - Additional Information – 14

Record Type Title	Occurrences
01—Claim Data	Occurs 0 to many times for a specific provider depending on the number of claims that have adjudicated (Paid/Denied). Occurs 1 time for each claim Internal Control Number (ICN).
02—Line Item	Occurs 1 to 28 times per ICN (one for every line item of the ICN).
03—Provider Summary	Occurs 1 time for each unique billing provider number.
04—Claim Remark Codes List	Occurs 0 to 1 time for each claim ICN.
07—Remittance Advice (RA) Message	Occurs 0 to many times for a specific provider.
08—Third Party Liability (TPL)	Occurs 0 to many times depending on the number or unique TPL codes for each participant serviced by the provider.
09—Suspended Claim Data	Occurs 0 to many times for a specific provider depending on the number of claims that are in suspended status.
11—Financial Transaction	Occurs 0 to many times depending on the number of

	financial transactions that processed for a unique provider in the processing cycle.
12—Nurse Assistant Training (NAT) Claim	Occurs 0 to many times depending upon the number of NAT claims processed for a specific provider.
13—Nurse Assistant Training (NAT) Error	Occurs 0 to many times depending upon the number of error codes for a specific NAT claim.
14—Provider Summary Record - Additional Information	Occurs 1 time for each unique billing provider number.

Record Description

Claim Data Record (01)	Contains all claims (ICNs) reaching final disposition (paid or denied) during the corresponding check write processing cycle.
Line Item Record (02)	Contains line item information for the corresponding Internal Control Number (ICN). The ICN can be cross referenced to a claim data record (01).
Provider Summary Record (03)	Contains summary information of activity for the provider during the corresponding check write processing cycle.
Claim Remark List Record (04)	Contains claim Remark Code information for the corresponding Internal Control Number. The ICN can be cross-referenced to a claim data record (01). Patient Account Number and Participant DCN are also included for additional cross-referencing. Claim Remark Codes are a processing audit trail of the systematic and manual handling of the claim. A maximum of 30 Remark Codes exist per ICN.
Remittance Advice (RA) Message Record (07)	Contains informational MO HealthNet program provider notifications. The notices are sent based on the first two digits of the provider number (provider type) and county code. The messages can be sent to any combination of these two variables including all providers in all counties.
Third Party Liability (TPL) Record (08)	Contains TPL data for a participant's claim line items related to third party insurance companies. Additional information available for cross referencing include TPL Code, Provider Number, and Participant DCN.

Suspended Claim Data Record (09)

Contains claims (ICNs) in a suspended status due to claim restrictions requiring manual review. These claims are released for further processing and appear on a future Remittance Advice (RA).

Financial Transaction Record (11)

Contains non-claim transactions affecting the MO HealthNet payment for the corresponding check write processing cycle. This information presently appears on the paper Remittance Advice (RA) immediately prior to the display of the provider's earnings data.

Nurse Assistant Training (NAT) Claim Record (12)

Contains all NAT claims (ICNs) reaching final disposition (paid or denied) during the corresponding check writing cycle.

Nurse Assistant Training (NAT) Error Record (13)

Contains error codes and descriptions for the corresponding NAT claim ICN. The ICN can be cross-referenced to a NAT Claim Record (12).

Provider Summary Record - Additional Information (14)

Contains subtotals of claim information by RA and YTD for fields such as the number of billed days, units, paid amount, billed amounts, etc.

CLAIM DATA RECORD (01)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "01").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program

05	Processing Record Code	28	X	The code identifying the type of claim: D = Drug L = Dental I = Inpatient H = Home Health N = Nursing Home X = Crossover M = Medical O = Outpatient P = Capitation
06	Claim Status Code	29	X(2)	First position of the 2 digit code is identified as the status: A, B ,C, or D = Credit E or F = Adjustment 0 = Normal 1 = History Only Second position of the 2 digit code is identified as the status: I or P = Paid K or N =Denied
07	Date Paid	31	9(6)	The date the Remittance Advice (RA) was created in YYMMDD format.
08	Recipient Last Name	37	X(11)	The last name of the participant for whom the claim was submitted.
09	Recipient First Name	48	X(4)	The first four characters of the participant's first name.
10	Recipient DCN	52	X(08)	The identifying number of the participant as assigned by the MO HealthNet program.
11	Filler	60	X(4)	Non-utilized data area.
12	Patient Account Number / Prescription Number	64	X(20)	For Paper claims - Number assigned to the participant by the provider. In case of a drug paper claim this field contains the form number. For Electronic claims - this field will contain the prescription number.

13	Recipient Current Medicare Number	84	X(12)	The identifying number of the participant as assigned by the Medicare program.
14	Recipient Previous Medicare Number	96	X(12)	The identifying number of the participant as assigned by the Medicare program.
15	Net Claim Charge	108	S9(7)V99	The amount of the claim after co-pay, third party, and patient liability has been subtracted.
16	Reimbursement Amount	117	S9(7)V99	The actual amount paid on the claim.
17	Cutback Amount	126	S9(7)V99	The amount by which the net claim charge is reduced.
18	Adjustment Reason Code (1)	135	X(5)	Adjustment Reason Code identifying a message pertaining to the claim.
19	Adjustment Reason Code (2)	140	X(5)	Adjustment Reason Code identifying a message pertaining to the claim.
20	Number of Line Items	145	S9(2)	The number of detail line items (0-28) that make up the claim. Each line represents a charge made for a specific service performed by the provider.
21	Performing Provider	147	X(9)	The identifying number of the physician who performed the billed services. Number assigned by MO HealthNet program.
22	Medicaid Eligibility (ME) Code	156	X(2)	Classifications under which participants are eligible for benefits under the MO HealthNet program.
23	Level of Care	158	X	Type of care code representing care a nursing home participant is receiving. Nursing homes only.
24	Medicare Cash Deductible	159	S9(7)V99	Amount of the yearly MO HealthNet premium the MO HealthNet program pays to buy Medicare coverage for a MO HealthNet participant.

25	Medicare Blood Deductible	168	S9(7)V99	Amount paid by the Medicare program for blood received by the participant.
26	Medicare Coinsurance	177	S9(7)V99	The 20% of the Medicare allowed amount that MO HealthNet pays.
27	Account Receivable Amount	186	S9(7)V99	Indicates the amount of accounts receivable created by this claim.
28	State-Employee FFP Amount	195	S9(7)V99	Indicates the amount of FFP state-employed bonus.
29	Spenddown Amount	204	S9(8)V99	The total spenddown amount that applies to this claim.
30	Spenddown Incur Amount	214	S9(8)V99	Total spenddown incurred on claim.
31	Filler	224	X(110)	Non-Utilized Data Area

LINE ITEM RECORD (02)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "02").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Line Item Number	28	9(2)	The number of the detail line item within the claim.

06	First Service Date	30	9(6)	The date the service was first rendered in YYMMDD format.
07	Last Service	36	9(6)	The date through which the service was rendered in YYMMDD format.
08	Rendered Services Code	42	X(13)	Code identifying the services rendered. Professional - Procedure Code, Modifier(s) Drug - National Drug Code (NDC) Inpatient - Revenue Code Revenue-Covered-Indicator 1- Active 2-Inactive 4-On Review Revenue-Code-Type C-Accommodation N-Ancillary Reporting-Revenue-Code For Reporting Only Original-Revenue-Code Revenue Code Submitted To MO HealthNet Nursing Home - Spaces
09	Unit of Service	55	S9(5)	The number of decimal units (days, pills, etc.) for which the service was rendered.
10	Drug Decimal Quantity	60	S9(7)V9(3)	The number of units on drug claims for which the service was rendered.
11	Submitted Charge	70	S9(7)V99	Amount charged for the service, by the provider.
12	Allowed Charge	79	S9(7)V99	The amount of payment the MO HealthNet program allows for the service and/or procedure.
13	Paid Amount	88	S9(7)V99	The amount the MO HealthNet program actually paid for the service.
14	Prescription No.	97	X(8)	In case of a drug claim only.

15	Adjustment Reason Code (1)	105	X(5)	Adjustment Reason Code identifying a message pertaining to the claim.
16	Cutback Amount	110	S9(7)V99	The amount by which the allowed charge is reduced.
17	Adjustment Reason Code (2)	119	X(5)	Adjustment Reason Code identifying a message pertaining to the claim.
18	Place of Service	124	X(2)	Indicates location/facility where services were performed.
19	Third Party Liability (TPL) Code (1)	126	9(3)	Corresponding TPL codes and description are located in record code 08 (Third Party Liability Record).
20	Third Party Liability (TPL) Code (2)	129	9(3)	Corresponding TPL codes and descriptions are located in record code 08 (Third Party Liability Record).
21	Third Party Liability (TPL) Code (3)	132	9(3)	Corresponding TPL codes and descriptions are located in record code 08 (Third Party Liability Record).
22	Third Party Liability (TPL) Code (4)	135	9(3)	Corresponding TPL codes and descriptions are located in record code 08 (Third Party Liability Record).
23	Third Party Liability (TPL) Code (5)	138	9(3)	Corresponding TPL codes and descriptions are located in record code 08 (Third Party Liability Record).
24	Tooth Number	141	X(2)	Tooth number for services rendered. Populated for dental claims only.
25	Tooth Surface Data	143	X(4)	Tooth surface data for services rendered. Populated for dental claims only.
26	FFP Amount	147	S9(7)V99	Calculated amount for Federally Funded Program (FFP)

27	Detail Copay	156	S9(7)v99	Co-pay amount applicable to the detail. If another insurance payment or surplus payment has been applied to the detail, this field includes that amount also.
28	ME Code	165	X(2)	The medical eligibility code.
29	State-Employee FFP Amount	169	S9(7)V99	Indicates the amount of FFP state-employed bonus on the detail line.
30	Spenddown Amount	176	S9(8)V99	The spenddown amount that applies to this line item.
31	Medicare Procedure Code Mod 3	186	X(2)	Medicare procedure code modifier.
32	Medicare Procedure Code Mod 4	188	X(2)	Medicare procedure code modifier.
33	Medicare Deductible	190	S9(5)V99	Medicare deductible amount.
34	Medicare Coinsurance	197	S9(5)V99	Medicare coinsurance amount.
35	Medicare Paid	204	S9(9)V99	Medicare paid amount.
36	Medicare Revenue Code	215	X(3)	The Medicare revenue code.
37	Filler	218	X(116)	Non-utilized data area.

PROVIDER SUMMARY RECORD (03)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Billor ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.

03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "03").
04	Filler	15	X(13)	All 9's, for Infocrossing Healthcare Services processing only.
05	Date Paid	28	9(6)	The date the Remittance Advice (RA) was created.
06	Provider Name	34	X(27)	The name of the provider (from field 02) as enrolled with the MO HealthNet program.
07	Provider Bldg.	61	X(22)	The provider's first line of address or the name of an association through which payment is made.
08	Provider Street	83	X(26)	The provider's second line of address.
09	Provider City, State, Zip Code	109 127 129	X(18) X(2) X(6)	The provider's third line of address.
10	As-of-Date	135	9(6)	Scheduled processing cycle start date.
11	Run Date	141	9(6)	The date the Remittance Advice (RA) was created.
12	Warrant Number	147	X(8)	The number of the Remittance Advice (RA) sent to the provider.
13	Period Number of Days	155	S9(6)V9	For an inpatient or nursing home provider, the number of accommodation days paid in the period.
14	YTD - Days	162	S9(6)V9	For an inpatient or nursing home provider, the number of accommodation days paid in the year.
15	YTD Number of Claims	169	S9(7)	The number of claims paid in the year.
16	YTD Amount of Claims	176	S9(9)V99	The total amount of claims paid in the year.

17	EOP Number of Paid Claims	187	S9(5)	The number of claims paid in the period.
18	EOP Amount of Paid Claims	192	S9(9)V99	The total amount of claims paid in the period.
19	EOP Payout Amount	203	S9(9)V99	The amount paid the provider during the period (including advanced and overpayments).
20	YTD Payout Amount	214	S9(9)V99	The amount paid the provider during the period (including advanced and overpayments).
21	EOP Credit Balance Applied	225	S9(9)V99	The amount of overpayment to be recouped during the year.
22	YTD Amount Withheld	236	S9(9)V99	The amount of overpayment to be recouped during the year.
23	EOP Number of Claims Credited	247	S9(5)	The number of claims credited and voided during the period.
24	EOP Amount of Claims Credited	252	S9(9)V99	The amount of claims credited and voided during the period.
25	YTD Number of Claims Credited	263	S9(5)	The number of claims credited and voided during the year.
26	YTD Amount of Claim Credited	268	S9(9)V99	The amount of claims credited and voided during the past year.
27	EOP Pay Amount	279	S9(9)V99	The gross amount payable to a provider during the period (does not include reductions for credit balances, cutbacks and overpayments). May be the same as amount of paid claims.
28	YTD Net 1099	290	S9(9)V99	The amount of 1099 reportable payments of the provider.
29	YTD Pay Amount	301	S9(9)V99	The gross amount payable to a provider during the year. (See EOP Pay Amount.
30	EOP Cutback Amount	312	S9(9)V99	The amount of cutback charged to the provider during the period.
31	YTD Cutback Amount	323	S9(9)V99	The amount of cutback to the provider during the year.

CLAIM REMARK CODE LIST RECORD (04)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Billor ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "04").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Patient Account Number	28	X(20)	Number assigned to the participant by the provider. In case of a drug claim this field contains the form number.
06	Recipient DCN	48	X(08)	The identifying number of the participant as assigned by the MO HealthNet program.
07	Remark Code (1)	56	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
08	Remark Code (2)	61	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
09	Remark Code (3)	66	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
10	Remark Code (4)	71	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
11	Remark Code (5)	76	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.

12	Remark Code (6)	81	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
13	Remark Code (7)	86	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
14	Remark Code (8)	91	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
15	Remark Code (9)	96	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
16	Remark Code (10)	101	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
17	Remark Code (11)	106	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
18	Remark Code (12)	111	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
19	Remark Code (13)	116	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
20	Remark Code (14)	121	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
21	Remark Code (15)	126	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
22	Remark Code (16)	131	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
23	Remark Code (17)	136	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
24	Remark Code (18)	141	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.

25	Remark Code (19)	146	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
26	Remark Code (20)	151	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
27	Remark Code (21)	156	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
28	Remark Code (22)	161	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
29	Remark Code (23)	166	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
30	Remark Code (24)	171	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
31	Remark Code (25)	176	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
32	Remark Code (26)	181	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
33	Remark Code (27)	186	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
34	Remark Code (28)	191	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
35	Remark Code (29)	196	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
36	Remark Code (30)	201	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
37	Filler	206	X(128)	Non-Utilized Data Area.

CLAIM EXCEPTION (EXC) MESSAGES AND DESCRIPTIONS RECORD (05)

This record has been deleted.

EXPLANATION OF BENEFITS (EOB) MESSAGE DESCRIPTION RECORD (06)

This record has been deleted.

REMITTANCE ADVICE (RA) MESSAGE RECORD (07)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Billor ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "07").
04	Filler	15	X(13)	All 9's for Infocrossing Healthcare Services processing only.
05	RA Message (1)	28	9(3)	MO HealthNet program information area.
06	RA Message (2)	123	9(3)	MO HealthNet program information area.
07	RA Message (3)	218	9(3)	MO HealthNet program information area.
08	Sequence Number	313	9(3)	The sequence number.
09	Filler	316	X(18)	Non-Utilized Data Area.

THIRD PARTY LIABILITY (TPL) RECORD (08)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
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01	Billor ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "08").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Recipient DCN	28	X(08)	The identifying number of the participant as assigned by the MO HealthNet program.
06	TPL Code	36	9(3)	Code to identify TPL insurance company and group. Refer to corresponding line item record (02) field numbers 18-22.
07	TPL Name	39	X(40)	Insurance company name.
08	TPL Address (1)	79	X(23)	Insurance company address (1)
09	TPL Address (2)	102	X(23)	Insurance company address (2)
10	TPL City	125	X(16)	Insurance company city.
11	TPL State	141	X(2)	Insurance company state.
12	TPL Zip Code	143	X(9)	Insurance company zip code.
13	TPL Policy Number	152	X(20)	Policy number for the insurance coverage.
14	Group Name	172	X(40)	Name of the group insurance company.
15	Group Address	212	X(23)	Group insurance company address.
16	Group City	235	X(16)	City of the group insurance company.

17	Group State	251	X(2)	State of the group insurance company.
18	Group Zip Code	253	X(9)	Zip code of the group insurance company.
19	Group Policy Number	262	X(20)	Policy number for the group insurance coverage.
20	Last Name	282	X(18)	Last name of policy holder.
21	Name Suffix	300	X(03)	Name suffix of policy holder.
22	First Name	303	X(12)	First name of policy holder.
23	Middle Name	315	X(12)	Middle name of policy holder.
24	Filler	327	X(7)	Non-utilized data area.

SUSPENDED CLAIM DATA RECORD (09)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "09").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Patient Account Number	28	X(20)	Number assigned to the participant by the provider. In case of a drug claim this field contains the form number.

06	Recipient DCN	48	X(8)	The identifying number of the participant as assigned by the MO HealthNet program.
07	First Service Date	56	9(6)	The date the service was first rendered in YYMMDD format.
08	Last Service Date	62	9(6)	The date through which the service was rendered in YYMMDD format.
09	Submitted Charge	68	S9(7)V99	Amount charged for the service, by the provider.
10	Remark Code(1)	77	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
11	Remark Code(2)	82	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
12	Remark Code (3)	87	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
13	Remark Code (4)	92	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
14	Remark Code (5)	97	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
15	Remark Code (6)	102	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
16	Remark Code (7)	107	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
17	Remark Code (8)	112	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
18	Remark Code (9)	117	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.

19	Remark Code (10)	122	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
20	Remark Code (11)	127	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
21	Remark Code (12)	132	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
22	Remark Code (13)	137	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
23	Remark Code (14)	142	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
24	Remark Code (15)	147	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
25	Remark Code (16)	152	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
26	Remark Code (17)	157	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
27	Remark Code (18)	162	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
28	Remark Code (19)	167	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
28	Remark Code (20)	172	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
29	Remark Code (21)	177	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
30	Remark Code (22)	182	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.

31	Remark Code (23)	187	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
32	Remark Code (24)	192	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
33	Remark Code (25)	197	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
34	Remark Code (26)	202	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
35	Remark Code (27)	207	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
36	Remark Code (28)	212	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
37	Remark Code (29)	217	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
38	Remark Code (30)	222	X(5)	Remark Code identifying a claim specific message pertaining to handling of the claim.
39	Filler	227	75	Non-Utilized Data Area.
40	Recipient Last Name	302	X(19)	The last name of the participant for whom the claim is submitted.
41	Recipient First Name	321	X(12)	The first name of the participant for whom the claim is submitted.
42	Filler	333	X(1)	Non-Utilized Data Area.

SUSPENDED EXCEPTION (EXC) MESSAGES AND DESCRIPTIONS RECORD (10)

This record has been deleted.

FINANCIAL TRANSACTION RECORD (11)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
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01	Biller ID	1	X(3)	The Three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies this type of record (in this case, "11").
04	Filler	15	X(13)	All 9's for Infocrossing Healthcare Services processing only.
05	Sequence Number	28	9(3)	Sequential number of financial transaction for this provider. Starts at '001'.
06	Transaction Code	31	X(3)	Type of Transaction: REC = Recoupment PAY = Payout ICV = ICN Void RAV = RA Void POS = Add to 1099 PDP = MO HealthNet Differential Payment NEG = Subtract from 1099 TPL = Third Party Recovery FRP = FRA Payout FRR = FRA Recoupment
07	Reason Description	34	X(20)	Originating purpose this financial transaction was created.
08	Transaction Amount	54	S9(9)V99	Total amount of financial transaction.
09	Account Receivable (A/R) Number	65	X(11)	The A/R Number assigned and used to uniquely identify each A/R.
10	Account Receivable (A/R) Line Number	76	X(4)	The number of the detail line within the A/R.

11	Account Receivable (A/R) Set Up Date	80	9(6)	Creation date of the related A/R.
12	Internal Control Number (ICN)	86	X(13)	The claim number (assigned by Infocrossing Healthcare Services and used by the MO HealthNet program) that caused the creation of the accounts receivable transaction.
13	Medicaid Eligibility (ME) Code	99	X(2)	Classifications under which participants are eligible for benefits under the MO HealthNet program.
14	First Service Date	101	9(6)	The date the service was first rendered in YYMMDD format.
15	Last Service Date	107	9(6)	The date through which the service was rendered in YYMMDD format.
16	Recipient DCN	113	X(8)	The identifying number of the participant as assigned by the MO HealthNet program.
17	Recipient Last name	121	X(19)	The last names of the participant on the affected claim.
18	Recipient First Name	140	X(12)	The first name of the participant on the affected claim.
19	FRA Payout - Current	152	S9(9)V99	Federal Reimbursement Allowance (FRA) received by the provider for this RA. This field is only populated on sequence number '001'.
20	FRA Payout - YTD	163	S9(9)V99	Federal Reimbursement Allowance (FRA) received by the provider, calendar year-to-date (YTD). This field is only populated on sequence number '001'.
21	FRA Recoupment - Current	174	S9(9)V99	Federal Reimbursement Allowance (FRA) withheld from the provider for this RA. This field is only populated on sequence number '001'

22	FRA Recoupment - YTD	185	S9(9)V99	Federal Reimbursement Allowance (FRA) withheld from the provider, calendar year-to-date (YTD). This field is only populated on sequence number '001'
23	1099 - Current	196	S9(9)V99	Taxable provider earnings for this RA.
24	NFRA Recoupment - Current or PFRA Recoupment - Current	207	S9(9)V99	Nursing Home Federal Reimbursement Allowance (NFRA) or Pharmacy Federal Reimbursement Allowance (PFRA) withheld from the provider for this RA. This field is only populated on sequence number '001'.
25	NFRA Recoupment - YTD or PFRA Recoupment - YTD	218	S9(9)V99	Nursing Home Federal Reimbursement Allowance (NFRA) or Pharmacy Federal Reimbursement Allowance (PFRA) withheld from the provider, calendar Year-to-date (YTD). This field is only populated on sequence number '001'.
26	Health Plan Provider Number	229	X(9)	Health Plan provider number.
27	Filler	238	X(96)	Non-Utilized Data Area.

NURSE ASSISTANT TRAINING (NAT) CLAIM RECORD (12)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.

03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case "12").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Date Paid	28	9(6)	The date the Remittance Advice (RA) was created in YYMMDD format.
06	Nurse Assistant Last Name	34	X(18)	The last name of the nurse assistant for whom the claim was submitted.
07	Nurse Assistant First Name	52	X(12)	The first name of the nurse assistant for whom the claim was submitted.
08	Nurse Assistant Middle Initial	64	X(01)	The middle initial of the nurse assistant for whom the claim was submitted.
09	Nurse Assistant SSN	65	X(09)	The social security number of the nurse assistant for whom the claim was submitted.
10	Date Hired	74	9(06)	The date the specified nurse assistant was hired.
11	Training Agency Number	80	X(05)	The training agency number, assigned by the Division of Aging, of the agency performing the final examination testing of the nurse assistant.
12	OJT Billed Indicator	85	X(01)	Indicates whether On-The-Job-Training (OJT) was billed for the nurse assistant (Y=Yes, N=No).
13	OJT Paid Indicator	86	X(01)	Indicates whether On-The-Job-Training (OJT) was reimbursed for the bill (Y=Yes, N=No).
14	Classroom Hours Billed	87	S9(03)V99	Number of classroom hours billed for the nurse assistant (Y=Yes, N=No).
15	Classroom Hours Paid	92	S9(03)V99	Number of classroom hours reimbursed for the claim.

16	Billed Amount	97	S9(07)V99	Amount billed.
17	Medicaid Utilization Rate	106	S9(01)V9(04)	MO HealthNet occupancy rate.
18	Payment Amount	111	S9(07)V994	The actual amount paid for the claim for the current RA.
19	Filler	120	X(214)	Non-Utilized Data Area

NURSE ASSISTANT TRAINING (NAT) ERROR RECORD (13)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "13").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Sequence Number	28	9(03)	A sequentially assigned number used to identify the record occurrence for a specific NAT claim ICN.
06	Error Code (1)	31	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
07	Error Description (1)	34	X(25)	Error description associated with the corresponding error code occurrence.
08	Error Code (2)	59	X(03)	Error Code identifying a specific NAT claim message pertaining to the handling of the bill.

09	Error Description (2)	62	X(25)	Error description associated with the corresponding error code occurrence.
10	Error Code (3)	87	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
11	Error Description (3)	90	X(25)	Error description associated with the corresponding error code occurrence.
12	Error Code (4)	115	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
13	Error Description (4)	118	X(25)	Error description associated with the corresponding error code occurrence.
14	Error Code (5)	143	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
15	Error Description (5)	146	X(25)	Error description associated with the corresponding error code occurrence.
16	Error Code (6)	171	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
17	Error Description (6)	174	X(25)	Error description associated with the corresponding error code occurrence.
18	Error Code (7)	199	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
19	Error Description (7)	202	X(25)	Error description associated with the corresponding error code occurrence.
20	Error Code (8)	227	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
21	Error Description (8)	230	X(25)	Error description associated with the corresponding error code occurrence.

22	Error Code (9)	255	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
23	Error Description (9)	258	X(25)	Error description associated with the corresponding error code occurrence.
24	Error Code (10)	283	X(03)	Error code identifying a specific NAT claim message pertaining to the handling of the bill.
25	Error Description (10)	286	X(25)	Error description associated with the corresponding error code occurrence.
26	Filler	311	X(23)	Non-Utilized Data Area

PROVIDER SUMMARY RECORD - ADDITIONAL INFORMATION - (14)

FIELD NUMBER	FIELD NAME	DISP	FIELD DEFINITION	DESCRIPTION
01	Biller ID	1	X(3)	The three character ID the MO HealthNet program uses to identify the billing agency or provider to whom the magnetic cartridge is sent.
02	Provider Number	4	X(9)	The identifying number of the provider as assigned by the MO HealthNet program.
03	Record Type Code	13	X(2)	The two digit code that identifies the type of record (in this case, "15").
04	Internal Control Number (ICN)	15	X(13)	The claim number assigned by Infocrossing Healthcare Services and used by the MO HealthNet program.
05	Spenddown Amount	28	S9(8)V99	The total spenddown amount that applies to the provider's claims in the period.
06	Filler	38	X(296)	Non-Utilized Data Area.

COMMONLY ASKED QUESTIONS

What if I can't download my 835?

Call (573) 635-3559 (Infocrossing Healthcare Services Helpdesk).

Who should be contacted if there is a noticeable billing problem after reconciling the Remittance Advice (RA)?

Contact the MHD Provider Relations Communication Unit by calling (573) 751-2896.

Do I have to bill claims electronically in order to receive an electronic Proprietary Remittance Advice (RA)?

No, claims can be submitted on hardcopy or electronically. Both hardcopy and electronically billed claims appear on the proprietary electronic remittance advice.

Can I receive my Remittance Advice (RA) on diskette instead of cartridge?

No, there are three (3) media in which remittance advices can be received. They are: paper, cartridge and the Internet. For any of the electronic remittances, there is an application that must be completed. Contact Infocrossing Healthcare Services Helpdesk at (573) 635-3559.