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December 2024

How to Read the Paper Remittance Advice

- How to review paid and denied claim information
- How to review claim adjustments

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 MMIS Provider Portal at <https://www.or-medicaid.gov>.
- 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.

Order of claim information in the paper RA

1. The RA is organized by **claim type**

Institutional

- Inpatient Medicare Claims
- Outpatient Medicare claims
- Inpatient Medicaid claims
- Outpatient Medicaid claims

Professional

- CMS-1500
- Medicare crossover (OHP 505)

Dental

Pharmacy

- Drug claims
- Compound drug claims

2. For each claim type, claims are grouped by **status**

Paid

Denied

In process

Adjustments

3. For each claim status, claims are grouped by **original submitted format**

Paper

Electronic data interchange (837)

Web portal

Pharmacy point of sale

Paper RA header example

- The header will tell you which section of the RA you are in.

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



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Paid claims

Institutional paid claim example

1. Header Explanation of Benefit (EOB) code(s)
2. Service billed (revenue code and/or HCPCS)
3. Billed amount
4. Detail EOB codes
5. Paid amount

--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								5
2012086003033 12345678	NPI 1234567890	031812	031912	1	031812	5357.57	0.00	0.00	0.00	3766.69
							0.00			
1	HEADER EOB: 9932									
REV CD	HCPCS/RATE	SRV DATE	LVL CARE	UNITS	BILLED AMT	ALLOWED AMT	DETAIL EOB			
203	2	000000		1.00	4021.00	0.00		3		
250		000000		33.00	116.57	0.00		4		
300		000000		17.00	1220.00	0.00				

Dental paid claim example

1. Service billed (procedure code)
2. Billed amount
3. Detail EOB codes
4. Paid amount

ICN	RENDERING PROVIDER	SERVICE DATES FROM	THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
CLIENT NAME: 1009327063008	GLEND 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			

Pharmacy paid claim example

1. Service billed (NDC)
2. Billed amount
3. Paid amount
4. EOB codes

--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	
							7.68		0.00		17.36
EOBS	00 9000 7001 3536 9908 9910										



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Denied claims

Professional denied claim example

1. Header EOB codes
2. Service billed (procedure code)
3. Billed amount
4. Detail EOB codes: These codes explain why the claim denied.

--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	
15854						0.00	
1	HEADER EOBS: 9999						
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES	RENDERING	BILLED	DETAIL EOBS
				FROM	THRU	PROVIDER	AMOUNT
21	59400		1.00	061511	061511	MCD 123456	4,572.00
							9926 0091

Pharmacy denied claim example

1. Service billed (procedure code)
2. Billed amount
3. Detail EOB codes: These codes explain why the claim denied.

1						2		
--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	3	01 9926 1100						



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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 MMIS Provider Portal, Point of Sale reversal, or electronic data interchange (837) will have ICNs beginning with 59.

Claim adjustment example - Payment

- The claim was adjusted after OHA set a new allowed amount, resulting in an additional payment of \$37.92.

This is the adjustment ICN. It starts with "59" for an electronic claim adjustment.

--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 PROVIDER	BILLED AMOUNT	ALLOWED AMOUNT	DETAIL EOB
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
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Claim adjustment example - Recovery

- The “Net Overpayment” shows that OHA recovered \$9.27 (the full payment for the original claim).
- “(AR)” means Accounts Receivable will recover the overpayment.

--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	
EOBS 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	

Claim adjustment example – No payment changes

- 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 confirm that there is no payment change.

--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

Financial Transactions information

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

-----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	

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

EOB Descriptions

This section lists the meaning of each EOB code in the paper RA.

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. SEE PROVIDER 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 XOVR 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.
0176	ADMIT DATE (LOCATOR 17) MUST BE THE SAME AS THE FROM DATE (LOCATOR 6) AND THE THROUGH DATE (LOCATOR 6) MUST BE THE DATE OF DISCHARGE. SUBMIT ONLY ONE BILL PER HOSPITAL STAY. CORRECT AND RESUBMIT IF APPROPRIATE.

Need help?

- To learn more about how to read the remittance advice:
 - [Visit the OHP Remittance Advice page](#)
- If you still need help, contact OHP Provider Services:
 - 800-336-6016
 - dmap.providerservices@odhsoha.oregon.gov

Thank you

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