



# MACSIS Remittance Advice Reports

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Changes Effective July 1, 2005

Spring FMG Conference 2005

# Remittance Advice Reports

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- Summary
  - **Changes planned for MACSIS paper remittance and reject reports **effective July 1, 2005****
    - Announced in HIPAA Alert #17 (Feb. 15, 2005)
  - **Goal is to familiarize boards and providers with **835** Health Care Claim/Payment Advice codes and terminology**
  - **Changes approved by Behavioral Health Operations Committee**

# Remittance Advice Reports

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- Difficult to **train staff** on new adjustment reason codes since hard copy reports currently use pre-HIPAA codes only
- Some **reluctance to adopt 835** for posting purposes due to lack of familiarity with codes
- Solution **provides more consistency** across payer remittance advices
- **More information**, not less on reports
  - “Old” MACSIS reason codes retained

# Remittance Advice Reports

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- **Field labels changed to match 835 terminology**
- **Data appears in same logical order as 835**
  - Separate line per claim adjustment
  - Adjustment Summary at end of report
- Changes affect the paper remittance and reject reports only
  - **No changes planned to the 835 or ERA**
  - Report print image file names will change

# Sample Current MACSIS Remittance Advice

RUN DATE: March 18, 1999

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES/OHIO DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MANAGEMENT INFORMATION SERVICES  
MACSIS REMITTANCE ADVICE

PAGE: 1

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COMPANY: ACNEA

UPI: 00000001161 Concord Counseling      VENDOR #: 1161      AP Check #: 1000      AP Check Date: 12/18/1998

NAME: JOHN Q PUBLIC      UCI: 0000001      DOB: 09/17/1960      GENDER: M      Medicaid Number: 123456789001

Claim Number	Ln A C # R S Plan	Proc Code	Md Patient fr Control #	Med Service Flg Date	Units	Billed Amount	Allowed Amount	Patient Amount	Other Payer	Withhold Amount	Net Amount	Reason
000000000043110	01 D DFNC255B	A011000	FO	M 07/03/98	1.0	76.47	0.00	0.00	0.00	0.00	0.00	PCMR
000000000021450	01 P DFNC255B	M151000	FO	M 08/10/98	3.0	205.00	204.80	0.00	0.00	0.00	204.80	
SUB TOTALS:						\$281.47	\$204.80	\$0.00	\$0.00	\$0.00	\$204.80	

NAME: ANDY A ADAMS      UCI: 0000002      DOB: 03/24/1957      GENDER: M      Medicaid Number: 123456789002 12345678900B (more)

Claim Number	Ln A C # R S Plan	Proc Code	Md Patient fr Control #	Med Service Flg Date	Units	Billed Amount	Allowed Amount	Patient Amount	Other Payer	Withhold Amount	Net Amount	Reason
000000000008360	01 P DFNC255	M151000	FO	M 07/01/98	1.0	114.80	114.69	0.00	0.00	0.00	114.69	
000000000008370	01 P DFNC255	M131000	FO	M 07/02/98	1.0	75.00	74.96	0.00	0.00	0.00	74.96	
000000000008380	01 P DFNC255	M151000	T2	M 07/09/98	0.0	16.40	16.38	0.00	0.00	0.00	16.38	
000000000008390	01 P DFNC255	M151000	FO	M 07/09/98	1.0	114.80	114.69	0.00	0.00	0.00	114.69	
000000000008400	01 P DFNC255	M151000	FO	M 07/10/98	1.0	82.00	81.92	0.00	0.00	0.00	81.92	
000000000008410	01 P DFNC255	M151000	FO	M 07/10/98	3.0	205.00	204.80	0.00	0.00	0.00	204.80	
000000000008440	01 P DFNC255	M131000	FO	M 07/16/98	1.0	75.00	74.96	0.00	0.00	0.00	74.96	
000000000008470	01 P DFNC255	M131000	FO	M 07/30/98	1.0	75.00	74.96	0.00	0.00	0.00	74.96	
000000000018790	01 P DFNC255	M131000	FO	M 08/27/98	1.0	75.00	74.96	0.00	0.00	0.00	74.96	
SUB TOTALS:						\$833.00	\$832.32	\$0.00	\$0.00	\$0.00	\$832.32	

NAME: JANE D DOE      UCI: 0000003      DOB: 05/08/1967      GENDER: F      Medicaid Number: 12345678900A

Claim Number	Ln A C # R S Plan	Proc Code	Md Patient fr Control #	Med Service Flg Date	Units	Billed Amount	Allowed Amount	Patient Amount	Other Payer	Withhold Amount	Net Amount	Reason
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# FY06 MACSIS Remittance Advice Report – Page 1

RUN DATE: February 9, 2005

REPORT NAME: RA\_02B06370\_tst05

Changed from  
"MACSIS  
Remittance Advice"

CENT OF ALCOHOL AND DRUG ADDICTION SERVICES/OHIO DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MANAGEMENT INFORMATION SERVICES  
**MACSIS HEALTH CARE CLAIM PAYMENT/ADVICE REPORT**

PAGE: 1

Year designation added

AP Check # removed

Company

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UPI

SENDER ID: ALLEB

PAYER NAME: MH&RSB ALLEN AUGLAIZE HARDI

RECEIVER ID: 00000006370 FAM RES-LIMA

PAYEE NAME: FAMILY RESOURCE

AP  
Post  
Date

PRODUCTION DATE: 01/31/2005

ADDL PAYEE ID: 6370

Vendor #

PT NAME: JOHN J SMITH

MEMBER ID (UCI): 1230045

DOB: 04/04/1980

GENDER: F Medicaid Number: 12341234199

835 Claim Status and Filing Indicator  
(replaces Mcd Flag and Diamond status)

MACSIS Claim #

Provider  
Filename

New

Mod 3 and 4

Billed Amt

ERA

835 835 835

See summary for  
description

Patient Control #	C	F	Payer Clm Ctrl #	Other Clm ID	Proc Code	Service Date	Units	Charge Amount	Rsn Code	ERA	Adj Grp	Adj Rsn	Rmk Cd	Adj Amt	Payment Amount
695409481171			4 MC 000144019610-01	A0101811.00705	H0004	01/08/04	7.0	\$70.28	PCFSC		CO 42		#1	\$1.19	
			DFMCD02	A07B05011	HQ-99-				MCDYO		CO 29			\$69.09	\$0.00
10020022004110800020			4 13 000134508890-01	A0066631.33804	H0005	11/08/04	10.0	\$79.40	00CTY		PR 38		#2	\$79.40	\$0.00
			DFNON02	A18A04341	HF-99-99-99										\$0.00
1446624			25 13 000146116190-01	A0010291.01405	H0004	12/04/04	6.0	\$135.00	PCFSC		CO 42		#3	\$0.00	
			DFNON02	A09B05018	HE- - -						PI 104			\$22.14	\$112.86
SUB TOTALS:								\$284.68						\$171.82	\$112.86

PT NAME: JANE A DOE

MEMBER ID (UCI): 1234567

DOB: 01/14/1954

GENDER: M Medicaid N

All adjustments must add up to diff  
between charge and payment amts

Patient Control #	C	F	Payer Clm Ctrl #	Other Clm ID	Proc Code	Service Date	Units	Charge Amount	Rsn Code	ERA	Adj Grp	Adj Rsn	Rmk Cd	Adj Amt	Payment Amount
109795			4 13 000108901630-01	A0013571.24304	90801	08/18/04	1.5	\$316.31	PCFSC		CO 42			\$47.81	
			DFNON02	A48M04251	HE- - -				NONDU		CR 18		#4	\$268.50	\$0.00
109795			4 13 000108901630-01	A0013571.24304	90801	08/18/04	1.5	\$316.31	PCFSC		CO 42			\$47.81	
			DFNON02	A48M04251	HE- - -				NONDU		CR 18			\$268.50	\$0.00
2004121014310015611698			4 13 000131816180-01	A0100612.34504	H0004	11/15/04	4.0	\$84.88	00CTY		PR 38			\$84.88	\$0.00
			DFNON02	A83B04349	HE- - -										\$0.00
SUB TOTALS:								\$717.50						\$717.50	\$0.00

PT NAME: MARY M MILLER

MEMBER ID (UCI): 3487545

DOB: 01/01/1993

GENDER: M Medicaid Number: 43455413444

Patient Control #	C	F	Payer Clm Ctrl #	Other Clm ID	Proc Code	Service Date	Units	Charge Amount	Rsn Code	ERA	Adj Grp	Adj Rsn	Rmk Cd	Adj Amt	Payment Amount
117348#8377561			22 MC 000140115210-01		H0015	11/01/04	-1.0	\$-136.75	PCFSC		CR 42			\$0.00	
			DFMCD02	A12B04356	HA- - -				218		OA 22		MA92	\$0.00	\$-136.75

#5

\* Blue - Title/label change, Green - New Data, Pink - Replaced Data, Red - Data not on 835

# FY06 MACSIS Remittance Advice Report – Page 2

RUN DATE: February 9, 2005  
 REPORT NAME: RA.02B06370.tst05

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES/OHIO DEPARTMENT OF MENTAL HEALTH  
 DIVISION OF MANAGEMENT INFORMATION SERVICES  
 MACSIS HEALTH CARE CLAIM PAYMENT/ADVICE REPORT

PAGE: 2

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SENDER ID: ALLEB  
 PAYER NAME: MH&RSB ALLEN AUGLAIZE HARDI

RECEIVER ID: 000000006370 FAM RES-LIMA  
 PAYEE NAME: FAMILY RESOURCE

PRODUCTION DATE: 01/31/2005  
 ADDL PAYEE ID: 6370

PT NAME: MARY M MILLER

MEMBER ID (UCI): 3487545      DOB: 01/01/1993

GENDER: F      Medicaid Number: 43455413444

Patient Control #	C S	F I	Payer C1m Ctrl # Member Plan	Provider Filename Other C1m ID (Batch #)	Proc Code Modifiers	Service Date	Units	Charge Amount	ERA Rsn Code	835 Adj Grp	835 Rsn	835 Rmk Cd	Payment Adj Amt Amount			
17913-9781	22	13	000131832190-01 DFNON02	A78B04349	H0006 HF- - -	11/03/04	-0.3	\$-23.44	15%SF ADMBR	CR 2		#6	\$-3.52			
000190877X16159-0410	2	13	000144281630-01 DFNON02	A0104411.00505	H0001 HF-99- -	11/24/04	1.0	\$96.19	PCFSC 3	CO 42		#7	\$0.00			
19770#256855	1	13	000146009090-01 DFNON02	A0018822.01105	H0004 HE- - -	12/09/04	3.0	\$67.50	PCFSC 20%SF	CO 42		#8	\$0.00			
214438071414504	4	MC	000145231100-01 DFMCD02	A0067961.01105	H0036 HQ- - -	01/03/05	32.0	\$261.76	ADERP	CR 125	MA67		\$261.76			
SUB TOTALS:								\$265.26				#9	\$303.28	\$-38.02		
								NUMBER OF CLAIMS	CHARGE AMOUNT					PAYMENT ADJ AMT AMOUNT		
								MEDICAID TOTALS:	3	\$195.29					\$332.04	\$-136.75
								NON-MEDICAID TOTALS:	8	\$1,072.15					\$860.56	\$211.59
FAM RES-LIMA								TOTALS:	11	\$1,267.44					\$1,192.60	\$74.84

# FY06 MACSIS Remittance Advice Report – Page 3

MACSIS HEALTH CARE CLAIM PAYMENT/ADVICE  
SUMMARY BY ADJUSTMENT REASON CODE

Sender Name: MH&RSB ALLEN AUGLAIZE HARDI  
Receiver Name: FAM RES-LIMA

835 Adj Rsn	835 Adjustment Description	# of Claims	Total Adj Amount
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42	Charges exceed (or equal) our fee schedule or maximum allowable amount.	5	\$96.81
2	Coinsurance Amount	2	\$9.98
23	Payment adjusted because charges have been paid by another payer.	2	\$31.54
38	Services not provided or authorized by designated (network/primary care) providers.	2	\$164.28
104	Managed care withholding.	1	\$22.14
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the	1	\$261.76
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.	1	\$0.00
18	Duplicate claim/service.	2	\$537.00
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	1	\$0.00
29	The time limit for filing has expired.	1	\$69.09
	Total:	11	\$1192.60

Total Withheld

Grand Total Adjustments

# Sample Current MACSIS Reject Report

RUN DATE: March 1, 1999

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES/OHIO DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MANAGEMENT INFORMATION SERVICES  
MACSIS/ODHS REJECT REPORT

PAGE: 1

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COMPANY: ACMEA

UPI: 00000001161 Concord Counseling      VENDOR #: 1161      AP Check #: 1000      AP Check Date: 12/18/1998

NAME: JOHN Q PUBLIC      UCI: 0000001      DOB: 11/27/1968      GENDER: M      Medicaid Number: 987654321001

Claim Number	Ln	R	C	Proc Code	Md Patient	Service Date	Units	Net Amount	Err Code	Car-rier	Policy Number	Group	Name
0000000000021450	01	R	A	DFMCD255B	N151000 FO	08/10/98	-3.0	-204.80					
								SUB TOTAL:					\$-204.80

NAME: ANDY A ADAMS      UCI: 0000002      DOB: 04/22/1967      GENDER: M      Medicaid Number: 987654321002

Claim Number	Ln	R	C	Proc Code	Md Patient	Service Date	Units	Net Amount	Err Code	Car-rier	Policy Number	Group	Name
000000000008360	01	R	A	DFMCD255	N151000 FO 000-1008374-001	07/01/98	-1.0	-114.60	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008370	01	R	A	DFMCD255	N131000 FO 000-1008374-001	07/02/98	-1.0	-74.96	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008380	01	R	A	DFMCD255	N151000 T2 000-1008374-001	07/09/98	0.0	-16.38	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008390	01	R	A	DFMCD255	N151000 FO 000-1008374-001	07/09/98	-1.0	-114.60	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008400	01	R	A	DFMCD255	N151000 FO 000-1008374-001	07/10/98	-1.0	-81.92	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008410	01	R	A	DFMCD255	N151000 FO 000-1008374-001	07/10/98	-3.0	-204.80	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008440	01	R	A	DFMCD255	N131000 FO 000-1008374-001	07/16/98	-1.0	-74.96	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000008470	01	R	A	DFMCD255	N131000 FO 000-1008374-001	07/30/98	-1.0	-74.96	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
000000000018790	01	R	A	DFMCD255	N131000 FO 000-1008374-001	08/27/98	-1.0	-74.96	278	REDST	2084938432-3940	GROUP PLAN 1	ADAM CONFIDENT
									101	INSUR	AC934320CS93393	UAM	JANE Q. DOE
								SUB TOTAL:					\$-832.32



# Sample Remittance Scenarios

#	Adjustments	Diamond/ ODJFS Reason Codes	835 Reason Codes
1	Medicaid claim denied for being over 365 days from date of service	- PCFSC - MCDY0	- 42 (Charges exceed our fee schedule) - 29 (Time limit for filing has expired)
2	Out-of-county, non-Medicaid claim	-OOCY	-38 (Services not provided or authorized by designated provider)
3	Non-Medicaid withheld claim	No reason code	-104 (Managed care withholding)
4	Denied non-Medicaid duplicate claim	-NONDU	-18 (Duplicate claim/service)
5	Reversed Medicaid claim due to other insurance	-218	-22 (Payment adjusted because this care may be covered by another payer per coordination of benefits)
6	Reversed non-Medicaid claim due to member eligibility change	-15%SF -ADMBR	- 2 (Coinsurance amount) - 141 (Claim adjustment because the claim spans eligible and ineligible periods of coverage)
7	Secondary non-Medicaid claim	-3	- 23 (Payment adjusted because charges have been paid by another payer)
8	Non-Medicaid claim with coinsurance	-20%SF	- 2 (Coinsurance amount)
9	Denied Medicaid claim due to provider error	-ADERP	-125 (Payment adjusted due to submission/billing error) - Remark MA67: Correction to a prior claim

# Remittance Advice Code Sets

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- National Code Sets Used on 835
  - Claim Status Code
  - Claim Filing Indicator
  - Claim Adjustment Group Code
  - Claim Adjustment Reason Code
  - Health Care Remark Codes

# Claim Status Code (Loop 2100, CLP02)

<b>835 Claim Status Code #</b>	<b>835 Claim Status Code Description</b>	<b>MACSIS Claim Status Codes</b>	<b>MACSIS Claim Status Code Description</b>	<b>Other Carrier Amount &gt;0</b>	<b>Withhold Amount&gt;0</b>
1	Process as Primary	P	Payable	No	No
2	Process as Secondary	P	Payable	Yes	No
4	Denied	D	Denied	Yes or No	Yes or No
22	Reversal of previous payment	A	Adjustment	Yes or No	Yes or No
25	Pre-Determination Pricing Only, no payment	P	Payable	Yes or No	Yes

# Claim Filing Indicator (Loop 2100, CLP06)

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- Identifies plan used to adjudicate claim
- Equivalent to the “Medicaid Flag”

<i>Medicaid Flag</i>	<i>CFI</i>
M (Medicaid)	MC
N (Non-Medicaid)	13 (Point of Svc)

## Claim Adjustment Group (Loop 2110, CAS01)

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<i>Adjustment Group Code</i>	<i>Description</i>
CO	Contractual Obligation
CR	Correction and Reversal
OA	Other Adjustment (Note: All ODJFS error codes are mapped to this type)
PI	Payor Initiated Reductions
PR	Patient Responsibility

# Claim Adjustment and Remark Codes

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- Claim Adjustment Reason Codes (Loop 2110, CAS02)
  - <http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html>
  - Crosswalks Diamond reason codes to 835 adjustment and remark codes
  - Reverse crosswalk (835 to Diamond)
  - Default 835 reason codes
- Remark Codes (Loop 2110, LQ02)

# Provider Level Adjustments

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- Medicaid reconciliation adjustments will still appear as “dummy” claims on the report
- Patient Control # Column will contain
  - ODADAS Reconciliation for Fiscal Year yyyy (FFP) \*\* 835 PLB
  - ODMH Reconciliation For Fiscal Year yyyy (FFP) \*\* 835 PLB

# Print Image File Name Changes

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- MACSIS Health Care Claim/Payment Advice Report
  - RA.bbbxxxxx.julyy
- MACSIS Reversal Report
  - RJ.bbbxxxxx.julyy
- “bbb” is Board Number and Type (ex. 25B)
- “xxxxx” is the Provider’s UPI Number
- “julyy” is the julian date and year the report was created

# MACSIS Web Changes

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- “Payment Related Documents” Updated
  - <http://www.mh.state.oh.us/ois/macsis/mac.pay.index.html>
  - ERA, 835, Paper Remittance Report Documents organized in logical groupings
  - New report samples, report definitions and data dictionary available
  - Copy of presentation will be available
- “Codes” Updated
  - <http://www.mh.state.oh.us/ois/macsis/mac.codes.index.html>
  - Alphabetical Order
  - Remittance-specific codes organized under “Remittance”

# Next Steps

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- New reports to begin July 1, 2005
- Provider and Board Considerations
  - Training for claims and remittance processing staff
    - HIPAA Alert #17  
(<http://www.mh.state.oh.us/legislation/hipaa/hipaa.alert.17.pdf>)
    - New report format
    - National Code Sets
    - Changes to any programs which “read” the print image files