

**ND Health Enterprise MMIS  
Remittance Advice Field Level Detail by RA Type**

<b>HOSPICE FORMAT</b>	
<b>FIELD LABEL</b>	<b>FIELD DESCRIPTION</b>
TCN	Transaction Control Number - This number uniquely identifies the claim.
Member ID	The identification number assigned to a member upon initial certification for participation in Medicaid
Member Name	Member Name
CFI	Claim Filing Indicator
Patient Account Number	Patient Account Number
Medical Record Number	Medical Record Number
Billed Amt	The billed amount for the claim.
Paid Amt	Total Paid
Status	Status of the claim.
<b>Corrected Patient/Insured Name</b>	
Corrected Patient/Insured Name	Corrected name of the patient or insured member.
Patient Responsibility Amount	Patient responsibility amounts made up of the following amounts: Copay, Member liability, PA member liability, Spend down.
<b>Patient Information</b>	
SA Number	Service Authorization Number
Patient Account Number	Patient Account Number
<b>Adjustment Reasons– Header Level</b>	
Adjustment Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
<b>Remark Code Header Level</b>	
Remark Code(s)	Remark codes based on the exception codes posted to the claim
<b>Related TCN Line</b>	
Related TCN (Replacement, Void)	The Related TCN will only be displayed if the claim is a replacement or voided.
<b>Claim Line Details</b>	
LNN	Line Number
From Date	This is the first date of service for the claim.
Proc	Procedure Code
SA Number	Service Authorization Number
Billed Units	Units of service used.
Billed Amt	The billed amount for the service for the claim.
Paid Amt	The reimbursement amount for the payee provider for this line item.
Line Status	Status of the line.
<b>Adjustment Reasons Line Level</b>	
Adjustment Group Code	Adjustment Group Code
Adjustment Reason Code	Adjustment Reason Code
Adjustment Amount	Adjustment Amount
<b>Remark Code Line Level</b>	
Remark Code(s)	Remark Code

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FIELD LABEL	FIELD DESCRIPTION
<b>Other Responsible Party (or HMO) Info (when a claim is denied)</b>	
Other Responsible Party ID	Carrier Number
Name	Outside organization responsible for providing health care coverage for this member.
Policy	TPL Policy Number
<b>Total Line</b>	
Claim Total	Total number of claims for this payee.
Mcaid Allwd	Total Medicaid allowed amount for claims of this status for this payee provider.
Paid Amt	Total amount paid for this payee.