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Remittance Advice Analysis

This chapter of the Idaho Medicaid Provider Handbook covers Medicaid remittance advice (RA) issued by the Department of Health and Welfare (DHW) for claims submitted to Medicaid. It addresses the following.

- Banner page
- Reversed, Paid, and/or Denied Details
- Summary Counts
- Warrant Data
- Earnings data
- Message Codes

The RA is a computer-generated notice sent to all Medicaid providers who have submitted claims. The RA is designed to simplify the provider's accounting and allows accurate reconciliation of Medicaid claims. Providers may elect to receive RAs on paper or electronically through their Trading Partner Account online. The RA shows providers the status of a claim's most recent processing cycle and the breakdown of payment.

If a provider renders two (2) clearly different types of service, they must have a provider number for each. Providers with more than one (1) National Provider Identifier (NPI) or atypical provider ID will receive an RA for each *pay to* billing number.

RAs are produced during the weekly claims cycle for providers with claims that week or financial activity. If a claim was received later in the week, the claim may not appear on that week's RA. Providers must maintain a copy of their RAs for a minimum of five (5) years.

1. Important Contacts

The Directory, Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

1.1. Gainwell Technologies

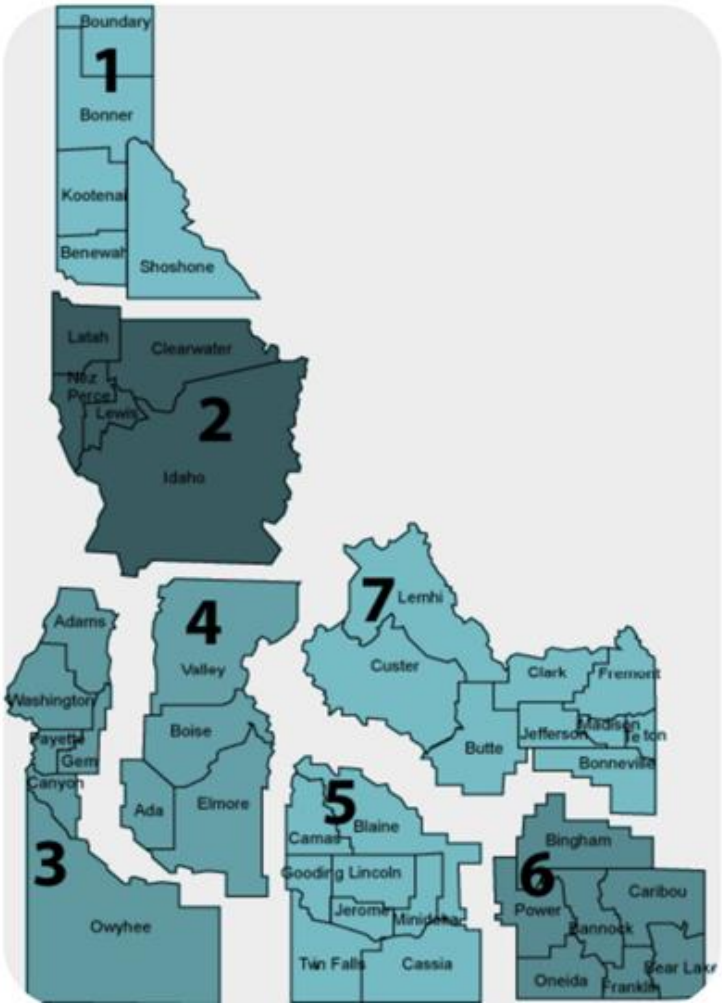
Gainwell Technologies is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues for participants not on a managed care plan.

Gainwell Technologies Contact Information
Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@gainwelltechnologies.com The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.
Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@gainwelltechnologies.com
Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@gainwelltechnologies.com

1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up-to-date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider's site to conduct training; and
- Assisting providers with electronic claims submission



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 and other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

2. Claim Status

Claims are grouped by claim type. Crossover claims will be grouped with the appropriate claim type. Claims with multiple lines will appear in the paid section if any line is paid. Denied lines have an explanation of benefit codes listed in the detail message line.

A claim must be reversed before it can be adjusted. Reversed claims will appear with an R1 in the Claim Number. The Adjusted claim will appear in the Paid Claim section of the remittance advice (RA) with an A1 in the Claim Number. Adjusted claims will not listed without a Reversed claim. However, a Reversed claim may be seen without an Adjusted claim.

All *processed* or *in-process* claims are placed into one of two categories within the section:

- Paid claims, which includes claims finalized without reimbursement because other insurance or Medicare reimbursed more than Medicaid allows.
- Denied claims for which payment has been disallowed.

Additionally, the RA includes sections concerning:

- Warrant data, which are provider financial transactions not tied to a particular claim.
- Earnings data detailing the amount of money paid to the provider.

3. Electronic Remittance Advice

Providers may elect to receive the 835 electronic remittance advice by logging in to their Trading Partner Account and selecting **Manage Providers** under the *Account Maintenance* menu. Providers can also choose to route the transaction to a vendor of choice. For detailed instructions on setting up electronic remittance advice (RA) preferences, refer to the *Trading Partner Account Registration and Maintenance Guide* at the **User Guides** link under the *Reference Material* menu at www.idmedicaid.com.

4. Remittance Advice Elements

4.1. Internal Control Number

An Internal Control Number (ICN), or Claim ID number, is a unique number assigned to all claims that identifies the claim on the provider's remittance advice (RA). It is made up of 13 characters in the YYJJJI####### format.

YY = Julian Year (last two digits of the current year)
JJJ = Julian Day (from 001 to 365 or 366)
I = Indicator of how claim was received (W=Web, E=Electronic)
# = Sequence numbers (seven (7) characters)

Sample: 10075W0000125

If a claim was adjusted or reversed, two additional characters will be added to the end of the ICN number. Reversed numbers have an R1 and adjusted claims have an A1.

Sample: 10075W0000125A1 – Adjusted Claim
10075W0000125R1 – Reversed Claim

4.2. Banner Page

The remittance advice (RA) banner section is the first page of the RA. It displays policy information and general notices.

Figure 1: Paper RA Banner Page

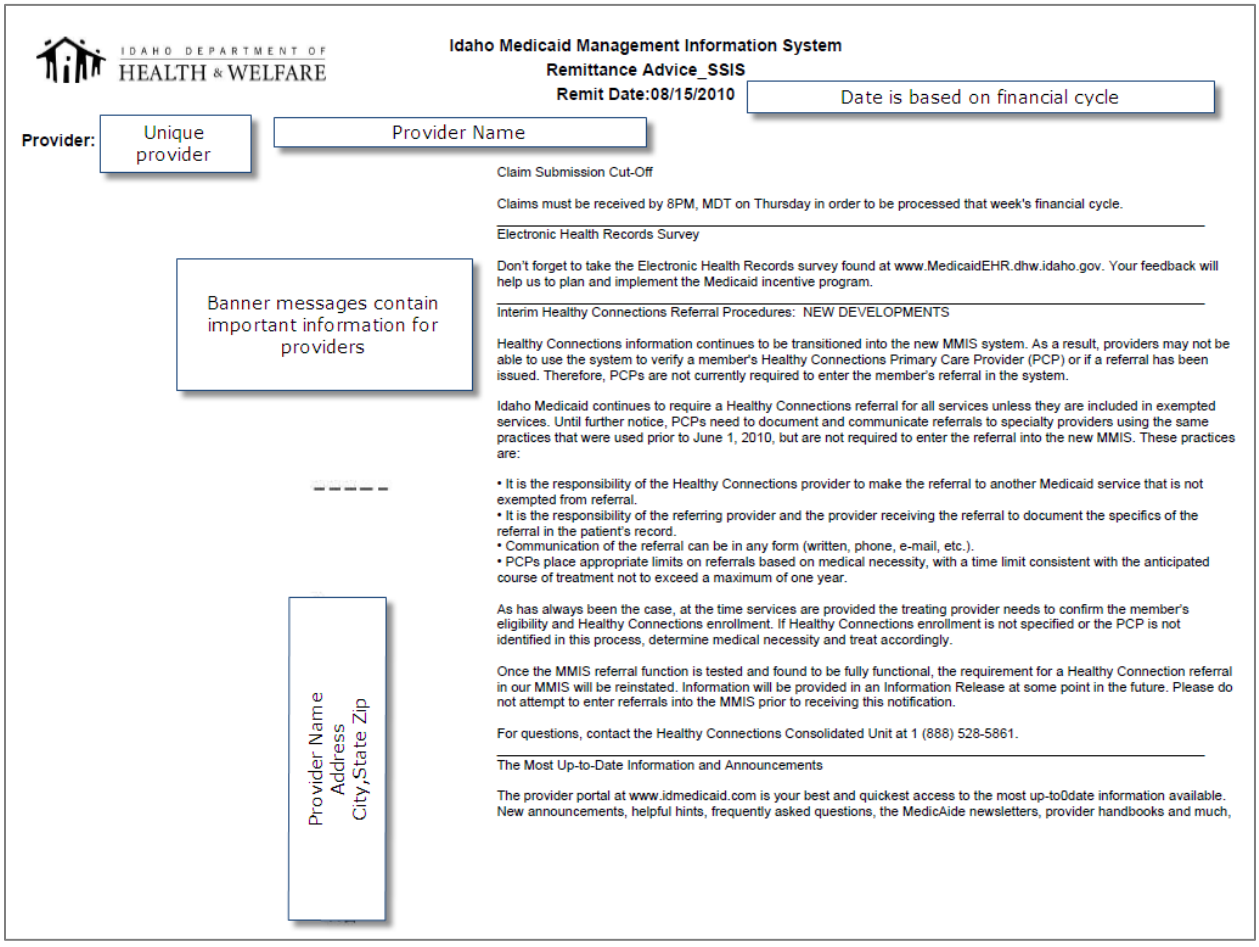


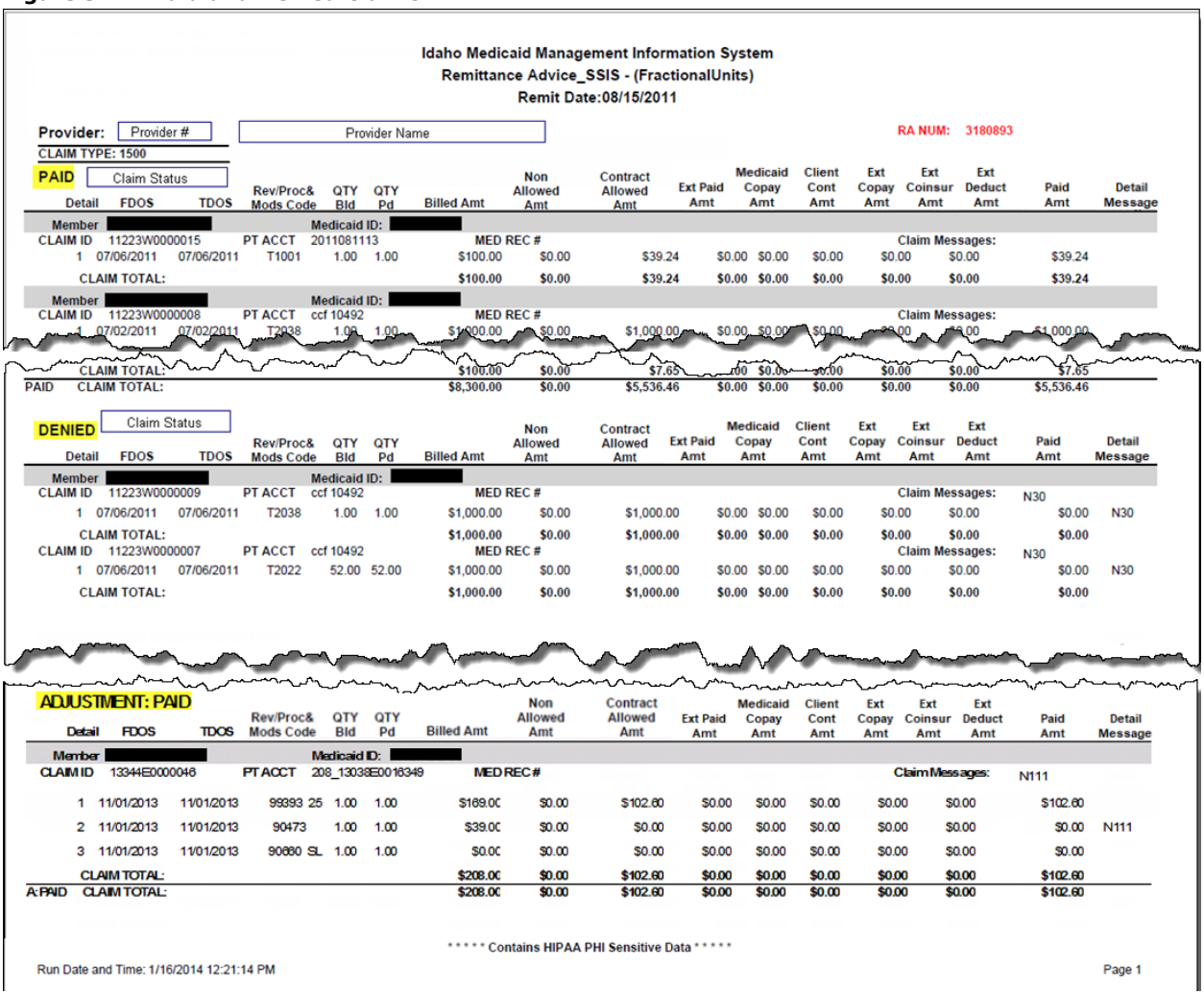
Figure 2: Field Descriptions - Banner

Banner Field Descriptions	
Field	Description
Provider	The provider's National Provider Identifier (NPI) or atypical number.
Provider Name	The provider's name receiving the RA.
Banner messages	This field provides messages to providers.
Provider Name	This field is the name corresponding to the provider number.
Provider Address Line 1	This field corresponds to the pay-to-provider's address located on the provider file.
Provider Address Street	This field corresponds to the pay-to-provider's street address.
Provider Address City	This field corresponds to the pay-to-provider's city.
Provider Address State	This field corresponds to the pay-to-provider's state.
Provider Address Zip Code	This field corresponds to the pay-to-provider's zip code.

4.3. Claim Details

The remittance advice (RA) contains paid and denied claim details and adjusted claims based on third-party and overpayment recoveries. They are displayed as "Adjustment: (paid or reversed)" groups at the end of the claim detail section. These adjustments do not impact payment and are for informational purposes only.

Figure 3: RA Paid and Denied Claims



Idaho Medicaid Management Information System
Remittance Advice_SSIS - (FractionalUnits)
Remit Date:08/15/2011

Provider: Provider # Provider Name RA NUM: 3180893
CLAIM TYPE: 1500

PAID Claim Status

Detail	FDOS	TDOS	Rev/Proc& Mods Code	QTY Bld	QTY Pd	Billed Amt	Non Allowed Amt	Contract Allowed Amt	Ext Paid Amt	Medicaid Copay Amt	Client Cont Amt	Ext Copay Amt	Ext Coinsur Amt	Ext Deduct Amt	Paid Amt	Detail Message
Member [redacted]				Medicaid ID: [redacted]												
CLAIM ID 11223W0000015			PT ACCT 2011081113			MED REC #								Claim Messages:		
1	07/06/2011	07/06/2011	T1001	1.00	1.00	$100.00	$0.00	$39.24	$0.00	$0.00	$0.00	$0.00	$0.00		$39.24	
CLAIM TOTAL:						$100.00	$0.00	$39.24	$0.00	$0.00	$0.00	$0.00	$0.00		$39.24	
Member [redacted]				Medicaid ID: [redacted]												
CLAIM ID 11223W0000008			PT ACCT ccf 10492			MED REC #								Claim Messages:		
1	07/02/2011	07/02/2011	T2038	1.00	1.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00		$1,000.00	
CLAIM TOTAL:						$100.00	$0.00	$7.65	[illegible]	$0.00	[illegible]	$0.00	$0.00		$7.65	
PAID CLAIM TOTAL:						$8,300.00	$0.00	$5,536.46	$0.00	$0.00	$0.00	$0.00	$0.00		$5,536.46	

DENIED Claim Status

Detail	FDOS	TDOS	Rev/Proc& Mods Code	QTY Bld	QTY Pd	Billed Amt	Non Allowed Amt	Contract Allowed Amt	Ext Paid Amt	Medicaid Copay Amt	Client Cont Amt	Ext Copay Amt	Ext Coinsur Amt	Ext Deduct Amt	Paid Amt	Detail Message
Member [redacted]				Medicaid ID: [redacted]												
CLAIM ID 11223W0000009			PT ACCT ccf 10492			MED REC #								Claim Messages:		N30
1	07/06/2011	07/06/2011	T2038	1.00	1.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	N30
CLAIM TOTAL:						$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
CLAIM ID 11223W0000007			PT ACCT ccf 10492			MED REC #								Claim Messages:		N30
1	07/06/2011	07/06/2011	T2022	52.00	52.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	N30
CLAIM TOTAL:						$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	

ADJUSTMENT: PAID

Detail	FDOS	TDOS	Rev/Proc& Mods Code	QTY Bld	QTY Pd	Billed Amt	Non Allowed Amt	Contract Allowed Amt	Ext Paid Amt	Medicaid Copay Amt	Client Cont Amt	Ext Copay Amt	Ext Coinsur Amt	Ext Deduct Amt	Paid Amt	Detail Message
Member [redacted]				Medicaid ID: [redacted]												
CLAIM ID 13344E0000046			PT ACCT 208_13038E0016349			MED REC #								Claim Messages:		N111
1	11/01/2013	11/01/2013	99393 25	1.00	1.00	$169.00	$0.00	$102.60	$0.00	$0.00	$0.00	$0.00	$0.00		$102.60	
2	11/01/2013	11/01/2013	90473	1.00	1.00	$39.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	N111
3	11/01/2013	11/01/2013	90680 SL	1.00	1.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
CLAIM TOTAL:						$208.00	$0.00	$102.60	$0.00	$0.00	$0.00	$0.00	$0.00		$102.60	
A:PAID CLAIM TOTAL:						$208.00	$0.00	$102.60	$0.00	$0.00	$0.00	$0.00	$0.00		$102.60	

***** Contains HIPAA PHI Sensitive Data *****

Run Date and Time: 1/16/2014 12:21:14 PM Page 1

4.4. Field Descriptions

Figure 4: Field Descriptions - RA

Field Descriptions	
Field	Description
Provider	The provider's National Provider Identifier (NPI) or atypical number.
Provider Name	The provider's name receiving the RA.
RA NUM	The cash transaction ID that is on the check.
RA Title	The type of RA generated (*e.g.* CLAIM TYPE: 1500, UB04, Dental).
Claim Status	The status of the claims in this section (e.g. PAID, DENIED, REVERSED, Adjustment: PAID, Adjustment: REVERSED)
Member	The participant's full name sorted by last name, first name.
Medicaid ID	The participant's Medicaid identification (MID) number.
CLAIM ID	The unique number assigned to the claim.
PT ACCT	The participant account number that appears on the claim.
MED REC #	The medical record number that appears on the claim.
Claim Messages	The explanation of benefits (EOB) message codes indicates the reasons for payment or denial of the claim at the header and the detail level.
Detail	Detail Number - corresponds to the line number on the claim.
FDOS	The *from* date of service that was rendered as it appears listed on the claim.
TDOS	The *to* date of service that was rendered as it appears listed on the claim.
Rev/Proc& Mods Code	The code identifying the item or service provided.
QTY Bld	The Billed units of service
QTY PD	The Paid units of service
Billed Amt	The amount billed by the provider for service
Non Allowed Amt	The non-allowed amount for the claim
Contract Allowed Amt	The Medicaid contracted allowed amount
Ext Paid Amt	The amount paid by another insurance carrier
Medicaid Copay Amt	The copay amount to be paid by the participant
Client Cont Amt	The amount paid by participant for specific procedure
Ext Copay Amt	The copay amount paid by another insurance carrier for this claim detail
Ext Coinsur Amt	The coinsurance amount paid by another insurance carrier
Ext Deduct Amt	The amount applied to the deductible to the other insurance carrier
Paid Amt	The dollar amount paid for each line detail
Detail Message	The explanation of benefits (EOB) message codes indicates the reasons for payment or denial of the claim on the detail level (lower portion of the claim).
CLAIM TOTAL	The sum of all billed amounts, non-allowed amounts, allowed amounts, other insurance amounts, participant contribution amounts, co-payment amounts, coinsurance amounts, deductible amounts, and paid amounts for the claim type appearing in this section of the provider's RA. This value is equal to the sum of the amounts appearing on the detail level.
PAID / DENIED CLAIM TOTAL	The sum of all the claim totals

Field Descriptions	
Field	Description
Run Date & Time	Date and time report was run
Page Number	Number of page of the report

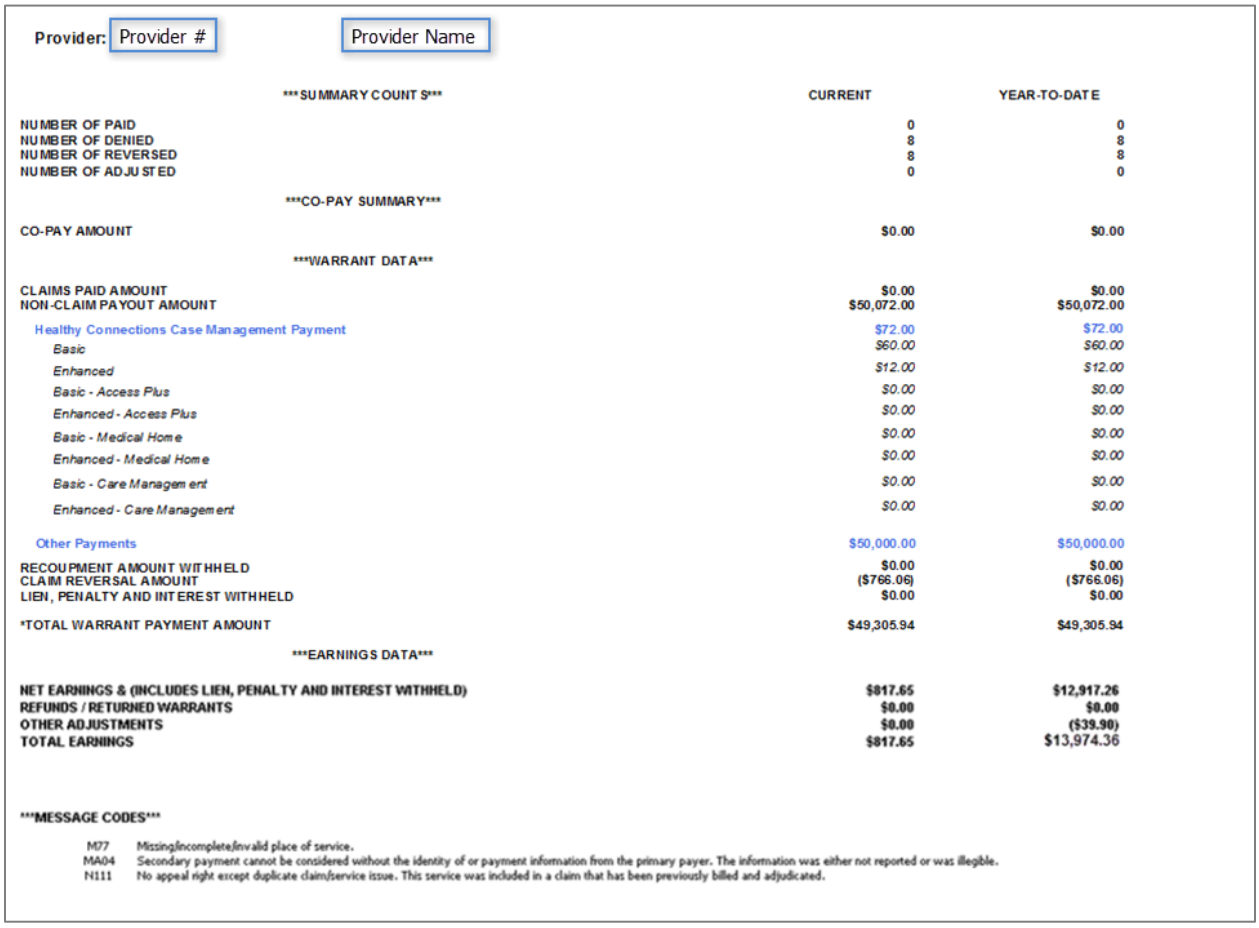
4.5. Summary Information

The summary information of the remittance advice (RA) contains a summary of provider earnings, both current and year to date calculated per provider and not service location. A list of Explanation of Benefit (EOB) codes and descriptions are reported in alphabetical order at the end of this section.

The summary information page contains summary values for:

- Summary Counts
- Co-Pay Summary
- Warrant Data
- Earnings Data
- Message Codes

Figure 5: Paper RA Summary Section



Provider: Provider # Provider Name

SUMMARY COUNTS	CURRENT	YEAR-TO-DATE
NUMBER OF PAID	0	0
NUMBER OF DENIED	8	8
NUMBER OF REVERSED	8	8
NUMBER OF ADJUSTED	0	0
CO-PAY SUMMARY		
CO-PAY AMOUNT	$0.00	$0.00
WARRANT DATA		
CLAIMS PAID AMOUNT	$0.00	$0.00
NON-CLAIM PAYOUT AMOUNT	$50,072.00	$50,072.00
Healthy Connections Case Management Payment	$72.00	$72.00
Basic	*$60.00*	*$60.00*
Enhanced	*$12.00*	*$12.00*
Basic - Access Plus	*$0.00*	*$0.00*
Enhanced - Access Plus	*$0.00*	*$0.00*
Basic - Medical Home	*$0.00*	*$0.00*
Enhanced - Medical Home	*$0.00*	*$0.00*
Basic - Care Management	*$0.00*	*$0.00*
Enhanced - Care Management	*$0.00*	*$0.00*
Other Payments	$50,000.00	$50,000.00
RECOUPMENT AMOUNT WITHHELD	$0.00	$0.00
CLAIM REVERSAL AMOUNT	($766.06)	($766.06)
LIEN, PENALTY AND INTEREST WITHHELD	$0.00	$0.00
*TOTAL WARRANT PAYMENT AMOUNT	$49,305.94	$49,305.94
EARNINGS DATA		
NET EARNINGS & (INCLUDES LIEN, PENALTY AND INTEREST WITHHELD)	$817.65	$12,917.26
REFUNDS / RETURNED WARRANTS	$0.00	$0.00
OTHER ADJUSTMENTS	$0.00	($39.90)
TOTAL EARNINGS	$817.65	$13,974.36

MESSAGE CODES

M77	Missing/incomplete/invalid place of service.
MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

4.5.1. Summary Counts

The summary counts contain the number of claims paid, denied, reversed, and adjusted for the current RA and for year-to-date.

4.5.2. Co-Pay Summary

The Co-Pay Summary contains the total Co-Payment amounts for the current RA and for year-to-date.

4.5.3. Warrant Data

The warrant data contains provider financial activity for the current remittance advice (RA) and year-to-date.

The following information is included.

- Claims Paid Amount
- Increase Due To Claim Adjustments
- Non-Claim Payout Amount, such as a non-claim interim payment
- Recoupment Amount Withheld
- Amount Withheld Due To Claim Adjustments
- Lien, penalty and interest withheld
- Total warrant payment amount

4.5.4. Earnings Data

The earnings data contains provider earnings for the current remittance advice (RA) and year-to-date. The following information is included.

- Net earnings (includes lien, penalty, and interest withheld)
- Refunds / Returned warrants
- Other Adjustments
- Total taxable earnings

4.5.5. Message Codes

The Message Codes contains the reason remark codes and descriptions of denied claims for the current remittance advice (RA).

4.5.6. Field Descriptions for the Summary Section

Figure 6: Field Descriptions - Summary

Field Descriptions - Summary	
Field	Description
Provider	The unique number of the provider who is receiving the RA.
PROVIDER NAME	The name of the provider receiving the RA.
SUMMARY COUNTS	The current RA and year-to-date summary counts for: NUMBER OF PAID CLAIMS NUMBER OF DENIED CLAIMS NUMBER OF REVERSED CLAIMS NUMBER OF ADJUSTED CLAIMS
Co-Pay Summary	Current and Year-to-Date amounts for Co-Pay
WARRANT DATA	The current RA and year-to-date warrant data for: CLAIM PAID AMOUNT NON-CLAIM PAYOUT AMOUNT Basic Enhanced Basic – Extended Enhanced – Extended Other Payments RECOUPMENT AMOUNT WITHHELD CLAIM REVERSAL AMOUNT LIEN, PENALTY AND INTEREST WITHHELD TOTAL WARRANT PAYMENT AMOUNT
EARNINGS DATA	The current RA and year-to-date earnings data for the provider, including: NET EARNINGS REFUNDS/RETURNED WARRANTS/OTHER ADJUSTMENTS TOTAL EARNINGS
MESSAGE CODES	These relate to the message codes printed under the detail information. They are EOB codes and indicate the reasons for denial of the claim on the detail level (lower portion of the claim).
FOOTER	Run Date and Time report was printed and page number.

Appendix A. Remittance Advice Analysis, Provider Handbook Modifications

This table lists the last three (3) years of changes to this handbook as of the publication date. Changes to references or of a non-substantive technical nature are not captured.

Remittance Advice Analysis, Provider Handbook Modifications				
Version	**Section**	**Modification Description**	**Date**	**SME**
12.0	All	Published version	12/24/2025	TQD
11.15	Appendix A. Remittance Advice Analysis, Provider Handbook Modifications	Added nonsubstantive changes will not be captured.	12/23/2025	A Welch W Deseron
11.14	3.5.6. Field Descriptions for the Summary Section	Removed Healthy Connections information.	12/23/2025	A Welch W Deseron
11.13	3.5.5. Message Codes	Moved example to Summary Information.	12/23/2025	A Welch W Deseron
11.12	3.5.3. Warrant Data	Removed Healthy Connections information.	12/23/2025	A Welch W Deseron
11.11	3.5. Summary Information	Moved example here.	12/23/2025	A Welch W Deseron
11.10	3.4.1. Field Descriptions for the Paper Remittance Advice (RA)	Renamed Field Descriptions.	12/23/2025	A Welch W Deseron
11.9	3.3.1. Field Descriptions for the Banner Page	Section deleted. Content moved to Banner Page section.	12/23/2025	A Welch W Deseron
11.8	3.2. Banner Page for Paper RA	Renamed Banner Page.	12/23/2025	A Welch W Deseron
11.7	3. Remittance Advice Elements	New header.	12/23/2025	A Welch W Deseron
11.6	2. Receiving Electronic RAs	Renamed Electronic Remittance Advice.	12/23/2025	A Welch W Deseron
11.5	1.2. Provider Relations Consultants	New Section.	12/23/2025	A Welch W Deseron
11.4	1.1. Gainwell Technologies	New Section.	12/23/2025	A Welch W Deseron
11.3	1. Important Contacts	New Section.	12/23/2025	A Welch W Deseron

11.2	1. Claim Status	Revised language.		
11.1	Remittance Advice Analysis	Removed Introduction header. Revised language.	12/23/2025	A Welch W Deseron
11.0	All	Published version	12/29/2020	TQD
10.1	2.3 Claim Details and 2.3.1 Field Descriptions for the Paper Remittance Advice (RA)	Updated sections based on CR63531.	12/16/2020	M Payne J Kennedy-King W Deseron E Garibovic
10.0	All	Published version	11/1/2018	TQD
9.1	All	Removed Molina references	11/1/2018	D Baker E Garibovic
9.0	All	Published version	3/8/2018	TQD
8.2	2.3.1 Field Descriptions for the Paper Remittance Advice (RA)	Changed "member" to "participant"	3/8/2018	W Deseron D Baker E Garibovic
8.1	2.1.1 General Policy	Changed "legacy ID" to "atypical provider ID"	3/8/2018	A Ramirez D Baker E Garibovic
8.0	All	Published version	1/6/2018	TQD
7.1	2.1.2.1 Receiving Electronic RAs	Updated for TPA upgrade	1/6/2018	T Humpherys D Baker E Garibovic