

REMITTANCE DETAIL REPORT FIELD DESCRIPTIONS

Field	Description
Header Information	
Report BRM 20	A Health Net-assigned number for the Remittance Detail Report
Report Title	The name of the report
Date	The day/month/year that the report was system generated
Page Number	The page number of the report
Provider ID	Three- or Four-digit number Health Net assigns to each PPG
Provider Name	Name of the PPG
Provider Address	Address of the provider.
Provider Phone Number	Phone Number of the provider.
Report Information	
Member Name	First and last names, and middle initial of the member
Member Sex Code	A single-digit code indicating the gender of the subscriber: <ul style="list-style-type: none"> • M= male • F= female
Member ID	Reports for commercial providers will have subscriber's ID/Ref ID number as shown on the Health Net ID card (usually the subscriber's Social Security number) Reports for medi-cal providers will have CIN Number(subscriber's client identification number)replaced for subscriber's ID/Ref ID
Group ID #	A eight-position code assigned to each employer group
PR TY	A single-letter code that identifies the product type of the member's employer group: <ul style="list-style-type: none"> • M = Standard HMO • N = POS HMO
Plan Code	A three-position code that identifies the type of benefits chosen by the employer group
Product code	A 3 or 4 position code that identifies the product type. Example, MDE, MLA, MCR, SDE, INDV
Contract Type	A single-digit code indicating the member sex <ul style="list-style-type: none"> • M= male • F= female
Member risk	A single digit code for the member's risk status for Part A, Medicaid, member status, working aged, Medicaid Add-on, Disabled, Default Risk Factor & Dialysis Indicator (refer to Member Status Table below for values)
PIP / DCG Code	A two character code for PIP / DCG Code. It stands for principal inpatient diagnostic cost groups
SCC Code	State county code
Date of Birth/Age	The member's date of birth and the member's age at the end of the reporting month
PHYS ID	The physician ID # of the member assigned by Health Net
Provider ID	The name of the PPG and the three- or four-digit number Health Net assigns to each PPG
Capitation Detail	All current and retroactive adjustments to the capitation remittance
Month	The effective date of the adjustment
Description	A description of the change that caused the adjustment

Amount	The dollar amount of the adjustment
Total Month Capitation	A subtotal of adjustment amounts for each month
Total Retroactive	A total of all retroactive adjustments
Net Capitation	The net capitation amount for all periods
CIN#	A 9 character number for Cin Number
Aid code	A two-position code(either two numbers or a number and a letter), which assist providers in identifying the types of services for which Medi-Cal recipients are eligible.
Aid category	A 3-position code which identifies the Aid category code of a member.
Project code	A 3-position code which identifies the project code of a member.
Medicare part A flag	A one-position flag which indicate if member has Part A coverage(Hospital insurance)
Medicare part B flag	A one-position flag which indicate if member has Part B coverage(Medical insurance)
Medicare part D flag	A one-position flag which indicate if member has Part D coverage(outpatient Prescription Drug insurance)
Aid category Description	A 15 position description that identifies the aid category in which the member belongs.
Capitation Summary	
Total Remittance per categories per month	Total remittances per categories per month.
Total Remittance per product	Total remittances per product.
Grand Total Remittance	Grand Total Remittances.

Member Status Table	
Field Name	Values
Medicare Part A Status	Y = Part A N = Part A Equivalent
Medicaid Status	Y = Yes N = No
Member Status	0 = Standard 1 = ESRD 2 = Hospice 3 = Institutionalized
Working Aged	Y = Yes N = No
Medicaid Add-on	Y = Yes N = No
Disabled	Y = Yes N = No
Default Risk Factor	Y = Yes N = No
Dialysis Indicator	Y = Yes N = No