REMITTANCE DETAIL REPORT FIELD DESCRIPTIONS

Field	Description
Header Information	
Report BRM 12	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
Report Information	
Provider ID	The name of the PPG and the three- or four-digit number Health Net assigns to each PPG
Member Name	First and last names, and middle initial of the member
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
Member Code	A code that identifies the member's gender and relationship to the subscriber. The three characters are defined as follows: **First Character = Gender** • M= male • F= female **Second Character = Relationship to Subscriber** • M= subscriber • S= spouse • D= dependent child **Third Character = Position in Family** • 1= first • 2= second, etc. **Member Code Examples** • MM1= male subscriber • FS1= female spouse • MD1= first male child
Group Number	A six-position code assigned to each employer group
Product	A description of the product type
Available Funding Types	A one-position funding description for the corresponding product type. The funding descriptions are: • F = Flex Funding • R = Regular Funding • S = Self Funding
Plan Code	A two-position code that identifies the type of benefits chosen by the employer group
Contract Type	A one-position code that defines the type of contract. These codes distinguish single, two-party and family contracts: • A = single contract, male subscriber • B = single contract, female subscriber
Physician ID	The physician assigned to this member. The satellite PPG is indicated on a consolidated report
Age	The member's age at the end of the reporting month

Date of Birth	The member's date of birth
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
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 three-position code that identifies the aid category in which the member belongs. Example, 001 - FAMILY 002 - AGED
Project code	A 3-position code which identifies the project code of a member.
Medical case number	A 14-position code which identifies the Medicaid case id of the 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)
SPD/DUAL flag	A one-position code which identifies if member is SPD or Dual. S= SPD member D= Dual member
Capitation Summary	
Total Current Rates	The total of all current rates projected from the prior month's capitation run
Total Adjustments	The total number of adjustments made each month, and a description of the adjustments made
Net Remittance	The total capitation paid to the PPG. This amount is specified on the Remittance Advice