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

FISCAL PEND	
FIELD LABEL	**FIELD DESCRIPTION**
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
From Date	This is the first date of service for the claim.
Thru Date	This is the last date of service for the claim.
Patient Account Number	Patient Account Number
Billed Amt	The billed amount for the service for the claim.
Total Line	
Claim Total	Total number of Fiscally Pended transactions for this payee.
Billed Amt	Total billed amount for claims of this status for this payee.