

Report: CRA-PHPD-R  
RA# : 12345678

OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVISE  
CMS 1500 CLAIMS PAID

DATE: 08/11/10  
PAGE: 1

PROVIDER ID: 123456789012345  
NPI: 999999999999999  
TAX ID: LAST 4 DIGITS 1234  
ISSUE DATE: 08/11/2010

PROFESSIONAL PRACTITIONER  
2010 NEW MITS RD  
ANYWHERE, OH 43221

ICN SERVICE DATES FROM THRU RECIPIENT NAME: CONSUMER, JOHN COUNTY: 01 FRANKLIN MED REC NUM: 12345678987  
PATIENT NUMBER 070710 070710 070710 310.00 245.00 0.00 0.00 0.00  
2010220234001 070710 070710 070710 310.00 245.00 0.00 0.00 0.00  
1234567

HEADER EOBS: 9365 9366

SERVICE FROM	THRU	PL	SERV	PROCCD	MODIFIERS	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN AMOUNT	CO-PAY AMOUNT	PAID AMOUNT	DETAILED EOB
070710	070710	12		78122		1.00	175.00	175.00	0.00	175.00	123 7654321	6254	9992
070710	070710	12		27625		1.00	65.00	0.00	0.00	0.00	123 7654321		
DUPLICATE ICN: 2010210200001 DET: 05 PREV PD DATE: 07/31/10													
070710	070710	12		99217		1.00	50.00	50.00	0.00	50.00	123 7654321		
070710	070710	12		54725		1.00	20.00	20.00	0.00	20.00	123 7654321		

TOTAL CMS 1500 CLAIMS PAID: 245.00

- Claim types are separated by sections and are indicated in the title: CMS 1500, Dental, Inpatient, Outpatient, Medicare Crossovers Part A, Medicare Crossovers Part B, and Medicare Crossovers Part C.
- Each detail page has a title: Paid, Denied, and Adjustments.
- Issue Date is the effective date of the Electronic Funds Transfer or the date printed on a paper check.
- Address is the "Pay To" provider address.
- Individual claims are divided into two parts, the header and detail, and have corresponding EOBs.

Report: CRA-PHAD-R  
RA# : 12345678

OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVICE  
CMS 1500 ADJUSTMENTS

DATE: 08/11/10  
PAGE: 2

PROFESSIONAL PRACTITIONER

2010 NEW MITS RD  
ANYWHERE, OH 43221

PROVIDER ID: 123456789012345  
NPI: 99999999999  
TAX ID: LAST 4 DIGITS 1234  
ISSUE DATE: 08/11/2010

ICN	PATIENT NUMBER	SERVICE DATES FROM	SERVICE DATES THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	SPENDDOWN	CO-PAY AMOUNT	PAID AMOUNT
2010220234001	0000001	070710	070710	310.00	195.00	0.00	0.00	0.00	195.00
1234567									
5010274127250		070710	070710	310.00	195.00	0.00	0.00	0.00	195.00
1234567	ADJ RSN: B13								

HEADER EOB: 9365 9366

SERVICE DATES:

FROM	THRU	PL SERV	PROC CD	MODIFIERS	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	RENDERING PROVIDER	DETAILED EOB
070710	070710	12	78122		1.0	125.00	125.00	0.00	125.00	123 7654321	
070710	070710	12	99215		1.0	65.00	0	0.00	0.00	123 7654321	6254 9992
DUPLICATE ICN: 2010210200001 DET: 05 PREV PD DATE: 07/31/10											
070710	070710	12	82805		1.0	50.00	50.00	0.00	50.00	123 7654321	
070710	070710	12	86945		1.0	20.00	20.00	0.00	20.00	123 7654321	

Total CMS Claim Adjustments: (50.00)

ADDITIONAL PAYMENT: 0.00  
NET AMOUNT OWED TO STATE: (50.00)

- Original or active claim appears first and is reversed with negative dollar amounts.
- Claim is reprocessed and given a 50 series ICN beneath the original or active claim.
- 50 series ICN is now the current active claim.
- New ICN processes for payment or denial.
- If the new claim processes for more than the original claim, the difference between the original payment and the new payment will result in an additional payment.
- If the new claim processes for less than the original claim, the difference becomes an Accounts Receivable.

OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVISE  
FINANCIAL TRANSACTIONS

Report: CRA-TRAN-R  
RA# : 12345678

PROVIDER ID: 123456789012345  
NPI: 99999999999  
TAX ID: LAST 4 DIGITS 1234  
ISSUE DATE: 08/11/2010

PROFESSIONAL PRACTITIONER  
2010 NEW MITS RD  
ANYWHERE, OH 43221

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----

TRANSACTION NUMBER	CCN	PAYOUT AMOUNT	REASON CODE	FROM	SERVICE DATE	THRU	RECIPIENT ID	RECIPIENT NAME
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NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS  
TOTAL PAYOUTS: 0.00

-----REFUNDS FROM PROVIDERS-----

CCN	CHECK NUMBER	REFUND AMOUNT	CHECK AMOUNT	CHECK DATE	REASON CODE
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NO REFUNDS FROM PROVIDERS  
TOTAL REFUNDS: 0.00

-----ACCOUNTS RECEIVABLE-----

AR NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL RECOUPED	BALANCE	REASON SERVICE DATES	RECIPIENT ID	RECIPIENT NAME
5010274127250	081110	50.00	50.00	50.00	0.00	75 070710 070710	0000001	Consumer, John

TOTAL BALANCE: 0.00

- Non-Claim Specific Payout to Providers: Lump sum not related to a single claim.
- Refunds From the Providers: Provider submits a check back to the OHP.
- Accounts Receivable
  - A/R number: Is the Adjustment ICN if the Accounts Receivable is claim related.
  - Recouped this Cycle: Is the amount subtracted from current warrant amount and decreased the amount of AR.
  - Original Amount: Is the dollar amount at the time the Accounts Receivable was set up.
  - Total Recouped: Is how much has been satisfied to date.
  - If a balance remains, the Accounts Receivable will carry over to the next week's financial cycle.

Report: CRA-SUMM-R  
 RA# : 12345678

OHIO JOB AND FAMILY SERVICES  
 Medicaid Information Technology System  
 PROVIDER REMITTANCE ADVICE  
 REMITTANCE ADVICE SUMMARY

DATE: 08/11/10  
 PAGE: 4

PROFESSIONAL PRACTITIONER  
 2010 NEW MITS RD  
 ANYWHERE, OH 43221

PROVIDER ID: 123456789012345  
 NPI: 999999999999  
 TAX ID: LAST 4 DIGITS 1234  
 ISSUE DATE: 08/11/2010

-----CLAIMS DATA-----					
CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
1	245.00	1	245.00	1	245.00
1	(50.00)	1	(50.00)	1	(50.00)
1	195.00	1	195.00	1	195.00
0		0			

CLAIMS PAID:  
 CLAIM ADJUSTMENTS:  
 TOTAL CLAIMS PAYMENTS  
 CLAIMS DENIED:

-----EARNINGS DATA-----

PAYMENT:

CLAIMS PAYMENT: 245.00  
 SYSTEM PAYOUTS (NON- SPECIFIC) 245.00  
 ACCOUNTS RECEIVABLE (OFFSETS): 0.00  
 CLAIM SPECIFIC 0.00  
 CURRENT CYCLE (50.00)  
 OUTSTANDING FROM PREVIOUS CYCLES (0.00)  
 NON-CLAIM SPECIFIC OFFSETS (0.00)

NET PAYMENT\*\*

REFUNDS:

CLAIM SPECIFIC ADJUSTMENT REFUNDS (0.00)  
 NON-CLAIM SPECIFIC REFUNDS (0.00)

OTHER FINANCIAL:

MANUAL PAYOUTS (NON-CLAIM SPECIFIC) 0.00  
 WARRANT VOIDS (0.00)

NET EARNINGS 195.00

• Year to Date is running total of what the provider's 1099 will be at the end of the calendar year.