

Report: CRA-IPPD-R  
RA# : 12345678

OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVICE  
INPATIENT CLAIMS PAID

DATE: 08/11/10  
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HOSPITAL, INC.  
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	ATTENDING PROVIDER	SERVICE FROM	DATES THRU	ADMIT DATE	BILLED AMOUNT	ALLOWED AMOUNT	CO-PAY AMOUNT	TPL AMOUNT	PAID AMOUNT
	RECIPIENT ID: 0000001		RECIPIENT NAME: CONSUMER, JOHN		COUNTY: 01	Franklin		MED REC NUM: 999999999		
	AGE: 99	SEX: M								
	2210137001001	123 7654321	010210	011010	010210	10,000.00	800.00	0.00	0.00	800.00
	1234567									
	DIAG CD: 925.19	994.80	PROC CD: 3040	3278						
	DRG CODE: 0129		CHARGE SOURCE: AABBCDDEE	PATIENT STATUS: 01-DISCHARGE HOME						

HEADER EOBs: 2147 2187

REV CODE	ROOM RATE	SERVICE DATE	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL EOBs
120	1187.50	010210	8.00	9500.00	500.00		500.00	2174
740		010210	1.00	500.00	300.00		300.00	2178

TOTAL INPATIENT CLAIMS PAID: 800.00

- 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-IPAD-R  
RA# : 12345678

OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVICE  
INPATIENT CLAIM ADJUSTMENTS

DATE: 08/11/10  
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HOSPITAL, INC.  
2010 NEW MITS RD  
ANYWHERE, OH 43221

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

ICN	SERVICE	DATES	ADMIT	BILLED	ALLOWED	CO-PAY	TPL	PAID	
PATIENT NUMBER	ATTENDING PROVIDER	FROM	THRU	DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
RECIPIENT ID: 0000001 RECIPIENT NAME: CONSUMER, JOHN COUNTY: 01 Franklin					MED REC NUM: 999999999				
AGE: 99 SEX: M									
2210137001001	123 7365321	010210	011010	010210	(10,000.00)	(800.00)	(0.00)	(0.00)	(800.00)
1234567									
5010138001002	123 7365321	010210	011010	010210	10,000.00				*VOID*
1234567	ADJ RSN: 2460								
ADDITIONAL PAYMENT						0.00			
NET AMOUNT OWED TO STATE						(800.00)			

TOTAL INPATIENT CLAIM ADJUSTMENTS: (800.00)

- 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.

Report: CRA-TRAN-R  
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OHIO JOB AND FAMILY SERVICES  
Medicaid Information Technology System  
PROVIDER REMITTANCE ADVICE  
FINANCIAL TRANSACTIONS

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HOSPITAL, INC.  
2010 NEW MITS RD  
ANYWHERE, OH 43221

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

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

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

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

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

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

AR NUMBER/	SETUP	RECOUPED	ORIGINAL	TOTAL	REASON	SERVICE	DATE				
ICN	DATE	THIS CYCLE	AMOUNT	RECOUPED	BALANCE	CODE	FROM	THRU	RECIPIENT ID	RECIPIENT NAME	
5010138001002	011510	800.00	800.00	800.00	0.00	112	010210	011010	0000001	CONSUMER,JOHN	

- Non-Claim Specific Payout to Providers: Disproportionate Share Payments (Hospitals).
- Non-Claim Specific Refunds From the Providers: Provider submits a check that goes against an Accounts Receivable not associated with a claim.
- 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 weeks financial cycle.

Report: CRA-SUMM-R  
RA# : 12345678

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

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HOSPITAL, INC.  
2010 NEW MITS RD  
ANYWHERE, OH 43221

PROVIDER ID: 123456789012345  
NPI: 99999999999  
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
CLAIMS PAID	1	800.00	5	1000.00	10	2000.00
CLAIM ADJUSTMENTS	1	(800.00)	1	(800.00)	1	(800.00)
TOTAL CLAIMS PAYMENTS	1	0.00	1	200.00	1	1200.00
CLAIMS DENIED	0		0			

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

PAYMENTS:

CLAIMS PAYMENTS	800.00	2000.00
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):	0.00	0.00
CLAIM SPECIFIC:		
CURRENT CYCLE	(800.00)	(800.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(0.00)
NET PAYMENT**	0.00	1200.00

REFUNDS:

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

OTHER FINANCIAL:

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

NET EARNINGS	0.00	1200.00
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- Year-to-Date is running total of what the provider's 1099 will be at the end of the calendar year.