

Report: CRA-LTPD-R
RA# : 12345678

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
LONG TERM CARE CLAIMS PAID

DATE: 08/11/10
PAGE: 1

LONG TERM CARE, 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	COVERED	NON-COV	BILLED	ALLOWED	TPL	PATIENT	LUMP	PAID	AMOUNT
PATIENT NUMBER	FROM	THRU	DAYS	DAYS	AMOUNT	AMOUNT	LIABILITY	SUM		
RECIPIENT ID: 0000001	RECIPIENT NAME: CONSUMER, JOHN		COUNTY: 01 FRANKLIN		MED REC NUM: 0987365431					
2010273100050	090110	093010	030	000	3800.00	3800.00	0.00	0.00	0.00	3800.00
1234567										
HEADER EOBs: 5431 9876										

REV	SERVICE DATES	COV	NON-COV	DAILY	BILLED	ALLOWED	TPL	PAID	DETAIL	EOBS
CODE	FROM	THRU	DAYS	DAYS	RATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
101	090110	093010	30	0	50.00	1,500.00	1,500.00	0.00	1,500.00	1225 2337
261	090110	093010	30	0	25.00	750.00	750.00	0.00	750.00	2338 2923
334	090110	093010	30	0	0.00	650.00	650.00	0.00	650.00	3379 4823 7654
475	090110	093010	30	0	0.00	900.00	900.00	0.00	900.00	8001 8234

TOTAL LONG TERM CARE CLAIMS PAID: 3,800.00

- 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-LTAD-R
RA# : 12345678

OHIO JOB AND FAMILY SERVICES
Medicaid Information Technology System
PROVIDER REMITTANCE ADVICE
LONG TERM CARE CLAIM ADJUSTMENT

DATE: 08/11/10
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LONG TERM CARE, 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 COVERED	NON-COVERED	BILLED	ALLOWED	TPL	PATIENT	LUMP PAID	AMOUNT
PATIENT NUMBER	FROM THRU DAYS	DAYS	AMOUNT	AMOUNT	AMOUNT	LIABILITY	SUM	
RECIPIENT ID: 0000001	RECIPIENT NAME: CONSUMER, JOHN		COUNTY: 01		FRANKLIN MED	REC NUM: 0987365431		
2010273100050	090110 093010	030 000	(3,800.00)	(3,800.00)	(0.00)	(0.00)	(0.00)	(3,800.00)
1234567								
5010282100001	090110 093010	030 000	3,500.00	3,500.00	(0.00)	(0.00)	(0.00)	3,500.00
1234567	ADJ RSN: 2460							

HEADER EOBS: 5431 9876

REV	SERVICE DATES	COV	NON-COV	DAILY	BILLED	ALLOWED	TPL	PAID	DETAIL	EOBS
CODE	FROM THRU	DAYS	DAYS	RATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT		
101	090110 093010	30	0	40.00	1,200.00	1,200.00	0.00	1,200.00	1225 2337	5555
261	090110 093010	30	0	25.00	750.00	750.00	0.00	750.00	2338 2923	
334	090110 093010	30	0	0.00	650.00	650.00	0.00	650.00	3379 4823	7654
475	090110 093010	30	0	0.00	900.00	900.00	0.00	900.00	8001 8234	

ADDITIONAL PAYMENT 0.00
NET AMOUNT OWED TO STATE (300.00)

TOTAL LONG TERM CARE CLAIMS ADJUSTMENTS: (300.00)

- 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.

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RA# : 12345678

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

DATE: 08/11/10
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LONG TERM CARE, 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 NUMBER	PAYOUT CCN	REASON AMOUNT	REASON CODE	SERVICE DATE FROM	SERVICE DATE THRU	RECIPIENT ID	RECIPIENT NAME
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NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS

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

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

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

AR NUMBER/ ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL RECOUPED	BALANCE	REASON CODE	SERVICE DATE FROM	SERVICE DATE THRU	RECIPIENT ID	RECIPIENT NAME
2010273100050	090110	300.00	300.00	300.00	0.00	5555	090110	093010	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
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LONG TERM CARE, 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	3800.00	1	3800.00	1	3,800.00
CLAIM ADJUSTMENTS	1	(300.00)	1	(300.00)	1	(300.00)
TOTAL CLAIMS PAYMENTS	1	3500.00	1	3500.00	1	3,500.00
CLAIMS DENIED	0		0			

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

PAYMENTS:

CLAIMS PAYMENTS	3800.00	3800.00
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):		
CLAIM SPECIFIC:		
CURRENT CYCLE	(300.00)	(300.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(0.00)
NET PAYMENT**	3500.00	3500.00

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	3500.00	3500.00

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