

Report: CRA-DNPD-R  
RA# : 12345678

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

DATE: 08/11/10  
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PROFESSIONAL DENTAL  
2010 NEW MITS RD  
ANYWHERE, OH 43221

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

ICN	RENDERING	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PAID
PATIENT NUMBER	PROVIDER	FROM	THRU	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RECIPIENT ID: 0000001	RECIPIENT NAME: CONSUMER, JOHN	COUNTY: 01	Franklin	MED REC NUM: 9001237463			
2210225200001	123 7654321	081110	081110	200.00	125.00	0.00	125.00
1234567							

HEADER EOBs: 2807 2746 2181

DATE	SVC	BILLED	ALLOWED	TPL	PAID	DETAIL	EOBS						
PERF	PLSERV	PROC	CD	MODIFIERS	TOOTH	SURFACE	UNITS	AMOUNT	AMOUNT	AMOUNT	AMOUNT		
081110	10	D9484	39	38	10	12	08	1.00	100.00	100.00	0.00	100.00	
081110	10	D1110						1.00	75.00	0.00	0.00	0.00	2870
DUPLICATE ICN: 2010210200001 DET: 05 PREV PD DATE: 07/31/10													
081110	10	D2765			10			1.00	25.00	25.00	0.00	25.00	

TOTAL DENTAL CLAIMS PAID: 125.00

- 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.

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

DATE: 08/11/10  
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Report: CRA-DNAD-R  
 RA# : 12345678

PROFESSIONAL DENTAL  
 2010 NEW MITS RD  
 ANYWHERE, OH 43221

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

ICN	RENDERING PROVIDER	SERVICE DATES FROM THRU	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PAID AMOUNT
RECIPIENT ID: 0000001	RECIPIENT NAME: CONSUMER, JOHN	COUNTY: 01 FRANKLIN	MED REC NUM: 9002837123				
2210215200001 1234567	123 7654321	081610 081610	(200.00)	(125.00)	(0.00)	(0.00)	(125.00)
5010216520036 1234567	123 7654321 ADJ RSN: 1250	081610 081610	175.00	100.00	0.00	0.00	100.00

HEADER EOBS: 2181 2746 2807

DATE SVC	PERF	PL	SERV	PROC CD	MODIFIERS	TOOTH SURFACE	UNITS	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	PAID AMOUNT	DETAIL	EOBS
081110		10		D9481	39 38 10	08	1.00	75.00	75.00	0.00	75.00		
081110		10		D1110			1.00	75.00	0.00	0.00	0.00	2870	
DUPLICATE ICN: 2010210200001 DET: 05 PREV PD DATE: 07/31/10													
081110		10		D2765		10	1.00	25.00	25.00	0.00	25.00		

ADDITIONAL PAYMENT 0.00  
 NET AMOUNT OWED TO STATE (25.00)

TOTAL DENTAL CLAIM ADJUSTMENTS: (25.00)

- 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  
RA# : 12345678

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

DATE: 08/11/10  
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PROFESSIONAL DENTAL  
2010 NEW MITS RD  
ANYWHERE, OH 43221

PROVIDER ID: 123456789012345  
NPI: 99999999999  
TAX ID: LAST 4 DIGITS 1234  
ISSUE DATE: 08/11/201

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

TRANSACTION NUMBER	CCN	PAYOUT AMOUNT	REASON CODE	SERVICE FROM	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	REASON BALANCE CODE	SERVICE FROM	DATE THRU	RECIPIENT ID	RECIPIENT NAME
50102155200036	081110	25.00	25.00	25.00	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

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PROFESSIONAL DENTAL  
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	125.00	1	125.00	11	1125.00
CLAIM ADJUSTMENTS	1	(25.00)	1	(25.00)	1	(25.00)
TOTAL CLAIMS PAYMENTS	1	100.00	1	100.00	12	1100.00
CLAIMS DENIED	0		0			

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

PAYMENTS:

CLAIMS PAYMENTS	125.00	1125.00
SYSTEM PAYOUTS (NON-CLAIM SPECIFIC)	0.00	0.00
ACCOUNTS RECEIVABLE (OFFSETS):		
CLAIM SPECIFIC:		
CURRENT CYCLE	(25.00)	(25.00)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)
NON-CLAIM SPECIFIC OFFSETS	(0.00)	(0.00)
NET PAYMENT**	100.00	1100.00

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	100.00	1100.00
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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.