** REMITTANCE ADVISE MESSAGE **

EFFECTIVE WITH THE 8/4/09 RA, MHCP NO LONGER PUBLISHES REMITTANCE ADVISE (RA) MESSAGES ON YOUR BIWEEKLY RA. INSTEAD, PLEASE REFERR TO THE PROVIDER NEWS (WWW.DHS.STATE.MN.US/PROVIDER/NEWS) LINK ON THE MHCP PROVIDER WEB SITE AT WWW.DHS.STATE.MN.US/PROV
<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGE</th>
<th>NBR</th>
<th>GRP CD</th>
<th>ADJ RSN</th>
<th>ADJ AMT</th>
<th>ADJ QTY</th>
<th>PD QTY</th>
<th>PAYMENT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08-15-16</td>
<td>08-15-16</td>
<td></td>
<td>64</td>
<td>CR</td>
<td>45</td>
<td>-98.56</td>
<td>64</td>
<td>-253.44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>08-16-16</td>
<td>08-16-16</td>
<td></td>
<td>64</td>
<td>CR</td>
<td>45</td>
<td>-98.56</td>
<td>64</td>
<td>-194.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CR</td>
<td>62</td>
<td>-59.40</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>08-17-16</td>
<td>08-17-16</td>
<td></td>
<td>64</td>
<td>CR</td>
<td>45</td>
<td>-98.56</td>
<td>64</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CR</td>
<td>62</td>
<td>-253.44</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAT AMT: .00 TOTAL CHARGE -1,056.00  TOTAL ADJUST: -608.52  TOTAL PAYMENT: -447.48  ORIG REF NBR: 9-09337-00-400-0280-52
<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGE</th>
<th>NBR</th>
<th>GRP CD</th>
<th>ADJ RSN</th>
<th>ADJ AMT</th>
<th>ADJ QTY</th>
<th>PD QTY</th>
<th>PAYMENT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08-15-16</td>
<td>T1019</td>
<td></td>
<td>110.00</td>
<td>20</td>
<td>CO</td>
<td>45</td>
<td>30.80</td>
<td>0</td>
<td>20</td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>08-16-16</td>
<td>T1019</td>
<td></td>
<td>110.00</td>
<td>20</td>
<td>CO</td>
<td>45</td>
<td>30.80</td>
<td>0</td>
<td>20</td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>08-17-16</td>
<td>T1019</td>
<td></td>
<td>110.00</td>
<td>20</td>
<td>CO</td>
<td>45</td>
<td>30.80</td>
<td>0</td>
<td>20</td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>08-18-16</td>
<td>T1019</td>
<td></td>
<td>110.00</td>
<td>20</td>
<td>CO</td>
<td>45</td>
<td>30.80</td>
<td>0</td>
<td>20</td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>08-19-16</td>
<td>T1019</td>
<td></td>
<td>110.00</td>
<td>20</td>
<td>CO</td>
<td>45</td>
<td>30.80</td>
<td>0</td>
<td>20</td>
<td>79.20</td>
<td></td>
</tr>
</tbody>
</table>

PAT AMT: .00  TOTAL CHARGE: 550.00  TOTAL ADJUST: 154.00  TOTAL PAYMENT: 396.00  ORIG REF NBR: 9-09337-00-400-0280-52
|----------------------|--------------------------|------------------------|---------------------|--------------------------|--------------------------|

**Claim Status:** PAID - SECONDARY

**Patient:** DOE JANE M  
**Patient ID #:** 01111111  
**Contract:** MA  
**Pat Ctrl #:** JDOE1  
**CLM #:** 9-08-344-00400-0000-02

**Claim Type:** CMS-1500  
**Payee ID:** 1234567890

**Provider:** SMITH  
**Provider ID:** 8888888887  
**Prov Ctrl Nbr:**

<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGE</th>
<th>NBR</th>
<th>GRP CD</th>
<th>ADJ RSN</th>
<th>ADJ AMT</th>
<th>ADJ QTY</th>
<th>PD QTY</th>
<th>PAYMENT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08-08-16 08-08-16</td>
<td>99201</td>
<td>75.00</td>
<td>1</td>
<td>CO</td>
<td>45</td>
<td>47.81</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OA</td>
<td>23</td>
<td>25.00</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PI</td>
<td>87</td>
<td>-2.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pat AMT:** .00  
**Total Charge:** 75.00  
**Total Adjust:** 75.00  
**Total Payment:** 0.00
**MINNESOTA HEALTH CARE PROGRAMS**

**PAYEE:** MHCP Provider  |  **NPI PAYEE ID:** 1234567890  |  **VENDOR NBR:** 787878787  |  **PROD DATE:** 08-19-16  |  **CHK/EFT NBR:** 111111111  |  **CHK/EFT DATE:** 08-23-16

**CLAIM STATUS:** DENIED

**PATIENT:** DOE JOHN  |  **PATIENT ID #:** 03333333  |  **CONTRACT:** MA  |  **PAT CTRL #:** JDOE2  |  **CLM #:** 9-09357-00-400-0051-18

**CLAIM TYPE:** CMS-1500  |  **PAYEE ID:** 1234567890

**REND PROV:** SMITH  |  **REND PROV ID:** 8888888887  |  **PROV CTRL NBR:**

<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGE</th>
<th>NBR</th>
<th>GRP CD</th>
<th>ADJ RSN</th>
<th>ADJ AMT</th>
<th>ADJ QTY</th>
<th>PD QTY</th>
<th>PAYMENT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08-08-16 08-08-16</td>
<td>T1019</td>
<td>352.00</td>
<td>64</td>
<td>CO</td>
<td>B5</td>
<td>352.00</td>
<td>64</td>
<td>0</td>
<td>.00</td>
<td>M62</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>08-09-16 08-09-16</td>
<td>T1019</td>
<td>352.00</td>
<td>64</td>
<td>CO</td>
<td>B5</td>
<td>352.00</td>
<td>64</td>
<td>0</td>
<td>.00</td>
<td>M62</td>
<td></td>
</tr>
</tbody>
</table>

**PAT AMT:** .00  |  **TOTAL CHARGE:** 704.00  |  **TOTAL ADJUST:** 704.00  |  **TOTAL PAYMENT:** .00

**PATIENT:** DOE JOHN  |  **PATIENT ID #:** 03333333  |  **CONTRACT:** MA  |  **PAT CTRL #:** JDOE2  |  **CLM #:** 5-09363-00-400-0182-40

**CLAIM TYPE:** CMS-1500  |  **PAYEE ID:** 1234567890

**REND PROV:** SMITH  |  **REND PROV ID:** 8888888887  |  **PROV CTRL NBR:**

<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGE</th>
<th>NBR</th>
<th>GRP CD</th>
<th>ADJ RSN</th>
<th>ADJ AMT</th>
<th>ADJ QTY</th>
<th>PD QTY</th>
<th>PAYMENT</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>07-25-16 07-25-16</td>
<td>T1019</td>
<td>60.50</td>
<td>11</td>
<td>CO</td>
<td>A1</td>
<td>60.50</td>
<td>11</td>
<td>0</td>
<td>0.00</td>
<td>M62 N216</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>07-26-16 07-26-16</td>
<td>T1019</td>
<td>60.50</td>
<td>11</td>
<td>CO</td>
<td>A1</td>
<td>60.50</td>
<td>11</td>
<td>0</td>
<td>.00</td>
<td>M62 N216</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>07-27-16 07-27-16</td>
<td>T1019</td>
<td>16.50</td>
<td>3</td>
<td>CO</td>
<td>A1</td>
<td>16.50</td>
<td>3</td>
<td>0</td>
<td>.00</td>
<td>M62 N216</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>07-28-16 07-28-16</td>
<td>T1019</td>
<td>16.50</td>
<td>3</td>
<td>CO</td>
<td>A1</td>
<td>16.50</td>
<td>3</td>
<td>0</td>
<td>.00</td>
<td>M62 N216</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>07-29-16 07-29-16</td>
<td>T1019</td>
<td>93.50</td>
<td>17</td>
<td>CO</td>
<td>A1</td>
<td>93.50</td>
<td>17</td>
<td>0</td>
<td>.00</td>
<td>M62 N216</td>
<td></td>
</tr>
</tbody>
</table>

**PAT AMT:** .00  |  **TOTAL CHARGE:** 247.50  |  **TOTAL ADJUST:** 247.50  |  **TOTAL PAYMENT:** .00

**PAT AMT:** .00  |  **TOTAL CHARGE:** 247.50  |  **TOTAL ADJUST:** 247.50  |  **TOTAL PAYMENT:** .00
MINNESOTA HEALTH CARE PROGRAMS

PAYEE: MHCP Provider
NPI PAYEE ID: 1234567890

VENDOR NBR: 787878787
PROD DATE: 08-19-16
CHK/EFT NBR: 111111111
CHK/EFT DATE: 08-23-16

PAYMENT AMOUNT: 208,669.50
** FINANCIAL SUMMARY INFORMATION **

<table>
<thead>
<tr>
<th>NUMBER OF CLAIMS</th>
<th>BILLED AMOUNT</th>
<th>REIMBURSEMENT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>168,002.48</td>
<td>36.63</td>
</tr>
<tr>
<td>3</td>
<td>248.00</td>
<td>36.36</td>
</tr>
<tr>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>1</td>
<td>93.79</td>
<td>0.00</td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

NUMBER OF PAID CLAIMS: 
PAID ORIGINAL CLAIMS: 
PAID ORIGINAL CLAIMS YTD: 
PAID ADJUSTMENTS: 
PAID ADJUSTMENTS YTD: 
PAID GROSS ADJUSTMENT: 
PAID GROSS ADJUSTMENT YTD: 
DENIED ORIGINAL CLAIMS INFO: 
DENIED ADJUSTMENT CLAIMS INFO: 
BEGINNING CREDIT BALANCE: 
ENDING CREDIT BALANCE: 
BEGINNING RECOUPMENT BALANCE: 
ENDING RECOUPMENT BALANCE:

CLAIM STATUS: SUSPENDED

PATIENT: DOE SUE M        ID NBR: 02222222        CONTRACT: MA      PAT CTRL #: SDOE1

CLAIM TYPE: CMS-1500        PAYEE ID: 1234567890

REND NAME: SMITH                                                   REND PROV ID: 8888888887        PROV CTRL NBR:

<table>
<thead>
<tr>
<th>LI</th>
<th>DOS</th>
<th>ADJ/PROD SVC</th>
<th>MOD</th>
<th>CHARGES</th>
<th>NBR</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>08-19-16 08-19-16</td>
<td>T1019</td>
<td></td>
<td>65.00</td>
<td>021</td>
<td>454</td>
</tr>
</tbody>
</table>

TOTAL CHARGE: 65.00        PAT RESP AMT: 0.00