APPENDIX 15

Nursing Home - Provider Number

MMIS Paid Claims Adjustment Worksheet

For the Fiscal Payment Year Ending June 30, 2006

											Corrections to Original Billing					Adjustments to Paid Claims					
Audit Working Paper Reference	Claims Control Number	Medicaid Billing #	Rea Code	Recipient Last Name	First Date of Service	Last Date of Service	Date Paid	Original Billed Resident Liability	Original Total Days Billed	Original Covered Leave Days	Correct First Date of Service	Correct Last Date of Service	Correct Resident Liability	Correct Total Days	Correct Covered Leave Days	Resident Liability = Corrected less Original	Total Days = Corrected less Original	Covered Leave Days = Correct less Original	Narrative Explanation for Adjustment		