Provider Remittance Advice
Quick Reference Guide

When the release of backlogged payments is completed on a weekly basis, payment information will be sent to PaySpan and a Provider Remittance Advice (PRA) will be created. The PRA is broken out by funding stream, provider TIN, provider NPI number, and provider type. It contains the final adjudication status for the claims submitted by your organization. The PRA will include any applicable claims explanation reason codes.

Providers must register with PaySpan to access their PRA. Instructions on how to register can be found in the Reconciliation Process Quick Reference Guide by clicking here.

Provider Remittance Advice (PRA) – Reading the Document

A sample PRA is shown below. You will receive a separate PRA like this for each combination of TIN, provider type, NPI number and Funding stream (Medicaid vs State funding). An explanation of each page of the document is shown below.

Provider Remittance Advice: Page 1

The example below represents page 1 of a PRA.

1

Optum Maryland
P.O. BOX 30532
Salt lake City, UT 84130

Page 1 of 4

Payment Date:	05/07/2020
Payment Number:	10001245
Payment Amount:	$0.00

3

Your Agency LLC
125 Main Street
SUITE 999
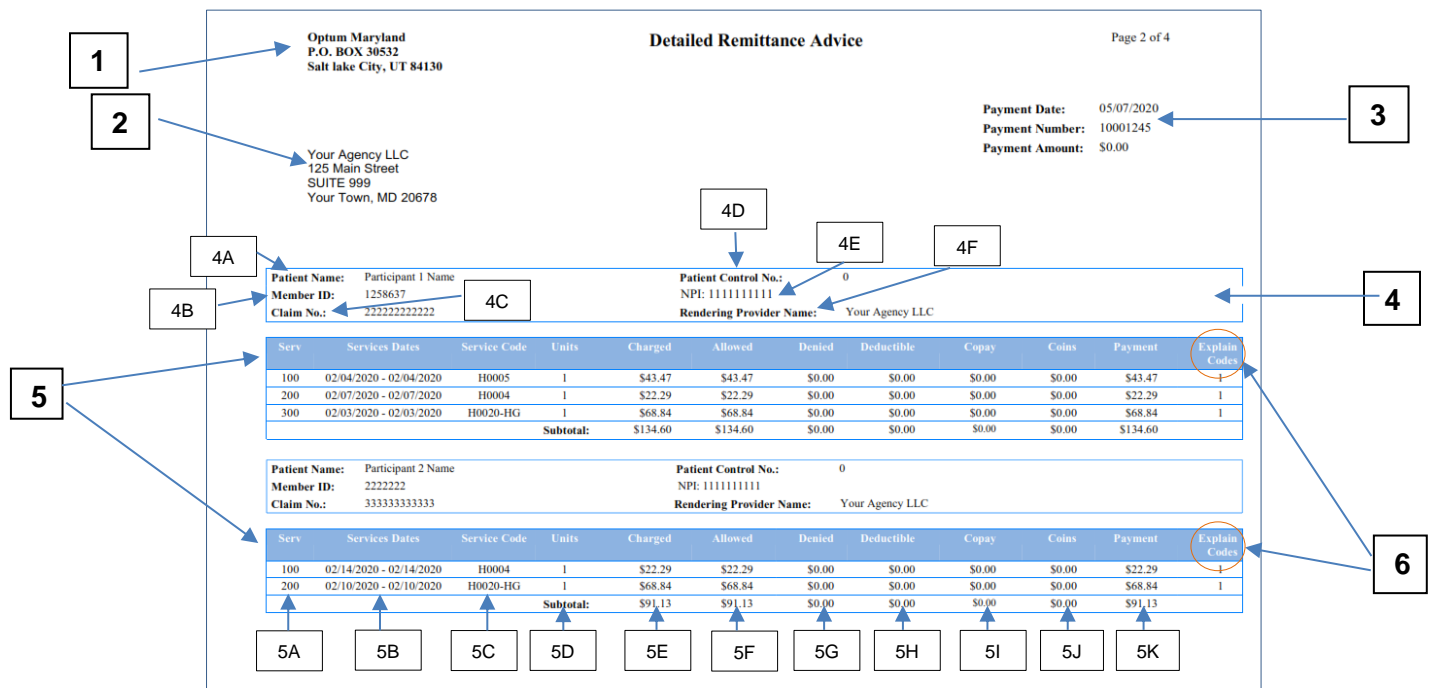Your Town, MD 20678

2

1: *Optum Maryland Claims address*

2: Name and address for the *organization receiving the PRA*

3: *Payment / PRA date*, any applicable *check number (Payment Number)* and *check dollar amount (Payment Amount)*

Provider Remittance Advice: Page 2

Page 2 of the PRA contains *detailed claims information* for each backlogged claim released.

1: Optum Maryland Claims address

2: Provider name and mailing address

3: PRA payment details specific to given date

4: Participant information and claims header details:
- 4A: Patient Name – Participant name
- 4B: Member ID – Incedo assigned member ID number
- 4C: Claim Number – Claim number assigned by Incedo
- 4D: Patient Control Number
- 4E: NPI
- 4F: Rendering Provider Name

5: Claim detail information as submitted by the provider:
- 5A: Service Incedo assigned grouping number
- 5B: Service Dates – Date that service was rendered to the participant
- 5C: Service Code – Procedure codes submitted on claim
- 5D: Units – The number of times a service was performed
- 5E: Charged – Dollar amount billed by provider
- 5F: Allowed – Dollar amount allowed per fee schedule
- 5G: Denied – Dollar amount not approved for payment
- 5H: Deductible – N/A
- 5I: Copay - N/A
- 5J: Coins- N/A
- 5K: Payment – Dollar amount paid for the service code on claim

6: PRA explanation codes and reconciliation detail

Provider Remittance Advice: Page 3

Page 3 of the PRA lists the *final totals* for the PRA and includes an *explanation code for reconciliation dollars (shown as "EP").*

Optum Maryland
P.O. BOX 30532
Salt lake City, UT 84130

Detailed Remittance Advice

Page 3 of 4

Your Agency LLC
125 Main Street
SUITE 999
Your Town, MD 206780000

Patient Name:	Participant 4		Patient Control No.:	0	
Member ID:	5555555		NPI: 1111111111		
Claim No.:	131313131313		Rendering Provider Name:	Your Agency LLC	

Serv	Services Dates	Service Code	Units	Charged	Allowed	Denied	Deductible	Copay	Coins	Payment	Explain Codes
100	01/07/2020 - 01/07/2020	H0004	1	$22.29	$22.29	$0.00	$0.00	$0.00	$0.00	$22.29	
200	01/06/2020 - 01/06/2020	H0020-HG	1	$68.84	$68.84	$0.00	$0.00	$0.00	$0.00	$68.84	
		Subtotal:		$91.13	$91.13	$0.00	$0.00	$0.00	$0.00	$91.13	

	Charged	Allowed	Denied	Deductible	Copay	Coins	Estimated Payment Offset	Estimated Offset Code	Payment
Total	$316.86	$316.86	$0.00	$0.00	$0.00	$0.00	$316.86	EP	$0.00

7: Final totals and explanation code represented in this example by "EP"

Provider Remittance Advice: Page 4

Your Agency LLC
125 Main Street
SUITE 999
Your Town, MD 206780000

Explanation Code	Description
I	Contract Amount
EP	Estimated STATE Payment Total $2,000.00 offset by $316.86 leaves remaining balance $1683.14

You have the right to request a reconsideration of this payment decision by submitting the appropriate documentation to Optum Maryland's Member/Provider Services Department within ninety (90) calendar days of the date on the remittance statement. All documentation should be submitted to the address on page 1 on this remittance. If your claim was denied for no pre-authorization, please submit supporting documentation, clinical data, etc. to the address on page 1, or call 800-888-1965 if you have questions.

- The "***EP" explanation code*** in this example represents the reconciliation calculation.

- The ***Total*** will represent all estimated dollars balances through the PRA run.

- The ***offset dollars*** represent the dollars linked to the backlogged claims released on this PRA cycle.

Important Reminders:

- PRAs are created at Tax Identification Number (TIN), National Identification Number (NPI) and Funding Stream (Medicaid vs State Dollars)
- The calculation of estimated payments and remaining balance will change each week as the estimated payments and backlogged claims are reconciled