

# Provider Remittance Advice

## Quick Reference Guide

Providers will receive Payment Remittance Advice (PRA) documents through PaySpan starting July 27, 2020, when Optum Maryland begins the controlled release of backlogged claims for the period January – July 2020. As a reminder, Optum Maryland will start to make payments against new day claims on August 13, 2020, Providers will receive Payment Remittance Advice (PRA) documents through PaySpan.

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.

- The reconciliation timeline can be viewed [here](#).
- A Provider Alert that details the reconciliation process can be found [here](#).
- Reconciliation Frequently Asked Questions (FAQs) can be found [here](#).
- Reconciliation information, including alerts, FAQs, videos, and Quick Reference Guides will be posted [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.



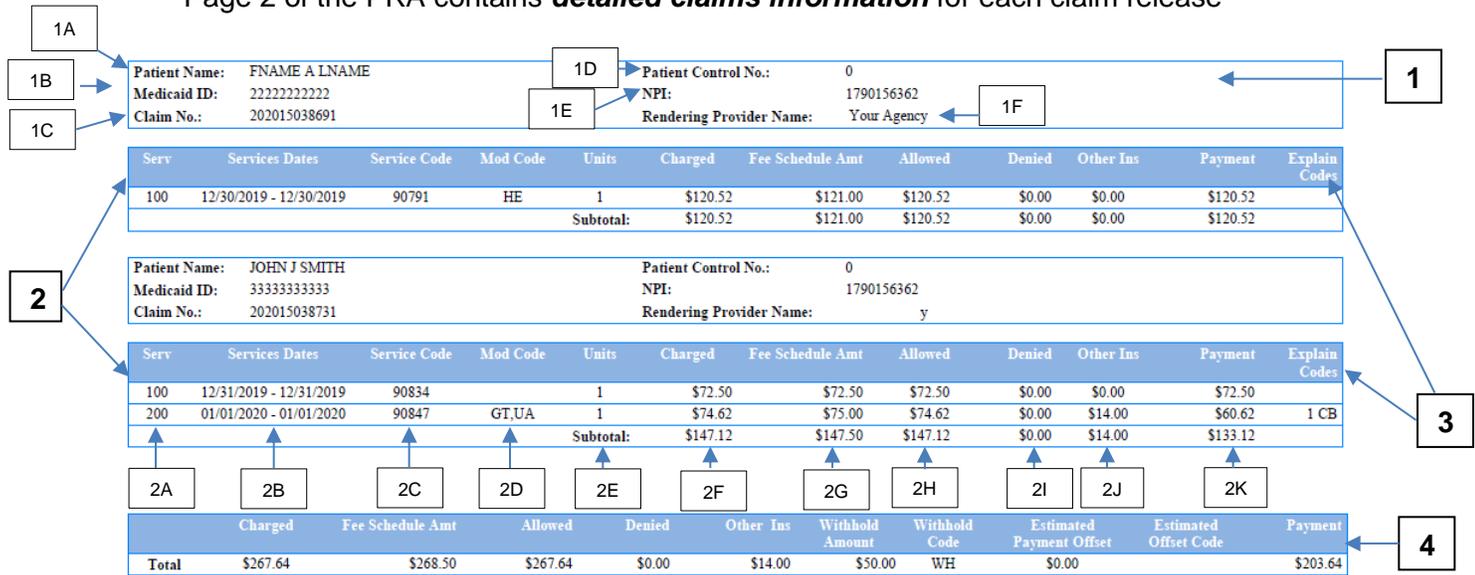
**1: Optum Maryland Claims address**

**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 claim release



1A	Patient Name: FNAME A LNAME	1D	Patient Control No.: 0	1																																																
1B	Medicaid ID: 22222222222	1E	NPI: 1790156362																																																	
1C	Claim No.: 202015038691		Rendering Provider Name: Your Agency	1F																																																
<table border="1"> <thead> <tr> <th>Serv</th> <th>Services Dates</th> <th>Service Code</th> <th>Mod Code</th> <th>Units</th> <th>Charged</th> <th>Fee Schedule Amt</th> <th>Allowed</th> <th>Denied</th> <th>Other Ins</th> <th>Payment</th> <th>Explain Codes</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>12/30/2019 - 12/30/2019</td> <td>90791</td> <td>HE</td> <td>1</td> <td>\$120.52</td> <td>\$121.00</td> <td>\$120.52</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$120.52</td> <td></td> </tr> <tr> <td colspan="5">Subtotal:</td> <td>\$120.52</td> <td>\$121.00</td> <td>\$120.52</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$120.52</td> <td></td> </tr> </tbody> </table>					Serv	Services Dates	Service Code	Mod Code	Units	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Payment	Explain Codes	100	12/30/2019 - 12/30/2019	90791	HE	1	\$120.52	\$121.00	\$120.52	\$0.00	\$0.00	\$120.52		Subtotal:					\$120.52	\$121.00	\$120.52	\$0.00	\$0.00	\$120.52													
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2	Patient Name: JOHN J SMITH		Patient Control No.: 0																																																	
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**1: Participant information and claims header details:**

- 1A: Patient Name – Participant name
- 1B: Medicaid ID – Participant’s Medicaid ID number
- 1C: Claim Number – Claim number assigned by Incedo
- 1D: Patient Control Number
- 1E: NPI number
- 1F: Rendering Provider Name

**2: Claim detail information as submitted by the provider:**

- 2A: Service Incedo assigned grouping number
- 2B: Service Dates – Date that service was rendered to the participant
- 2C: Service Code – Procedure codes submitted on claim
- 2D: Modifier code – modifier codes submitted on claim
- 2E: Units – The number of times a service was performed
- 2F: Charged/Contract Amount – Dollar amount billed by provider
- 2G: Fee Schedule Amount – Dollar amount allowed per fee schedule
- 2H: Allowed – Dollar amount allowed
- 2I: Denied - Dollar amount not approved for payment

- 2J: Other Insurance
- 2K: Payment – Dollar amount paid for the service code on claim

3: PRA explanation codes

4: The final totals for the PRA are listed

	Charged	Fee Schedule Amt	Allowed	Denied	Other Ins	Withhold Amount	Withhold Code	Estimated Payment Offset	Estimated Offset Code	Payment
<b>Total</b>	\$267.64	\$268.50	\$267.64	\$0.00	\$14.00	\$50.00	WH	\$0.00		\$203.64

## Provider Remittance Advice: Page 3

Explanation Code	Description
1	Contract Amount
CB	Coordination of Benefits - Amount Paid by Other Insurance Carrier
WH	Withhold Amount

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.

Explain codes are detailed

- The “**CB**” **explanation code** in this example represents the coordination of benefits – Amount paid by other insurance carrier
- The “**WH**” explanation code represents the Withhold amount

### 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