

# Provider Reconciliation Summary Report

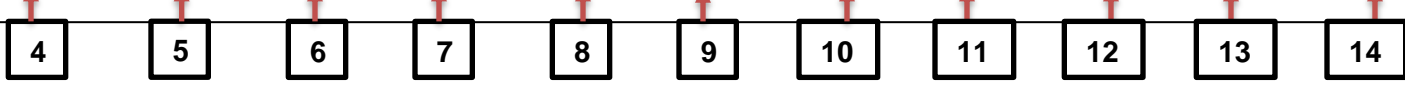
## Quick Reference Guide

This Quick Reference Guide explains how to read the Reconciliation Summary Report that Providers will receive in Phase 1 of the Reconciliation Process beginning July 20, 2020. The reports are created at the Provider Tax Identification Number (TIN) level. Providers will receive a separate report, like the one shown below, for each Tax Identification Number (TIN). When there are multiple unique Incedo Provider IDs sharing a single TIN, the same report will be available under each unique Incedo Provider ID for that TIN. These reports will be posted in the “Downloads” folder within the Incedo Provider Portal. An explanation of each section of the document is shown below.

### Provider Reconciliation Summary Report – Reading the Document

#### Provider Estimated Payment Summary Report

Provider Estimated Payment Summary Report											
As of:	MM/DD/YYYY										
Provider TIN:	123456789										
Provider Name:	ABC Provider										
<b>Date</b>	<b>Medicaid Est. Payment</b>	<b>State Est. Payment</b>	<b>Total Est. Payment</b>								
1/9/2020	\$692,215.00	\$0.00	\$692,215.00								
1/28/2020	\$1,256,621.88	\$123.32	\$1,256,745.20								
2/25/2020	\$502,648.75	\$49.33	\$502,698.08								
3/3/2020	\$502,648.75	\$49.33	\$502,698.08								
3/10/2020	\$502,648.75	\$49.33	\$502,698.08								
3/17/2020	\$502,648.75	\$49.33	\$502,698.08								
3/24/2020	\$502,648.75	\$49.33	\$502,698.08								
3/31/2020	\$502,648.75	\$49.33	\$502,698.08								
4/7/2020	\$502,648.75	\$49.33	\$502,698.08								
4/14/2020	\$502,648.75	\$49.33	\$502,698.08								
4/21/2020	\$502,648.75	\$49.33	\$502,698.08								
4/28/2020	\$502,648.75	\$49.33	\$502,698.08								
5/5/2020	\$502,648.75	\$49.33	\$502,698.08								
5/12/2020	\$502,648.75	\$49.33	\$502,698.08								
5/19/2020	\$502,648.75	\$49.33	\$502,698.08								
5/26/2020	\$502,648.75	\$49.33	\$502,698.08								
6/2/2020	\$502,648.75	\$49.33	\$502,698.08								
6/9/2020	\$502,648.75	\$49.33	\$502,698.08								
6/16/2020	\$502,648.75	\$49.33	\$502,698.08								
6/23/2020	\$502,648.75	\$49.33	\$502,698.08								
6/30/2020	\$502,648.75	\$49.33	\$502,698.08								
7/7/2020	\$502,648.75	\$49.33	\$502,698.08								
7/14/2020	\$502,648.75	\$49.33	\$502,698.08								
<b>TOTAL</b>	<b>\$12,504,460.63</b>	<b>\$1,159.25</b>	<b>\$12,505,619.88</b>								
<b>Claim Source</b>	<b>YTD Charged</b>	<b>YTD Payment</b>	<b>YTD Ready to Pay</b>	<b>In Process Amt</b>	<b>Rejected Amt</b>	<b>Duplicate Amt</b>	<b>Denied Amt</b>	<b>Disallow Amt</b>	<b>Other Amt</b>	<b>Over (+) / Under (-) Reimbursement (Est. Payment - RTP)</b>	
Optum Claims	\$25,228,101.39	\$0.00	\$20,765,644.97	\$579,548.00	\$335,355.00	\$2,107,449.00	\$968,691.04	\$471,413.38	\$0.00	(\$8,878,540.69)	
Beacon Claims	\$671,750.00	\$0.00	\$618,515.60	\$403.00	\$1,536.00	\$19,600.00	\$21,012.00	\$10,683.40	\$0.00		



- 1:** The date the report is run
- 2:** The provider TIN against which the estimated payment is made
- 3:** The provider name associated with the TIN listed in Field 2
- 4:** Claim information associated to claims billed directly to Optum Maryland or transitioned from Beacon
- 5:** The year-to-date total billed charges associated with the TIN listed in field 2, as of the date the report is run (field 1)
- 6:** Year-to-date payments – the total dollars associated to claims paid in the Incedo Provider Portal for the TIN in field 2
- 7:** The total dollar amount in ‘Ready to Pay’ status, associated with the TIN in field 2, as of the date the report is run (field 1)
- 8:** The dollar amount associated to pended claims that have not been adjudicated
- 9:** The dollar amount that was rejected back to the TIN in field 2
- 10:** The dollar amount denied associated to duplicate claims billed by the TIN in field 2
- 11:** The dollar amount denied (excluding duplicates) associated to denied claims billed by the TIN in field 2
- 12:** The dollar amount associated to charges billed over the allowed amount for services billed
- 13:** The dollar amount used for purposes of processing encounters (associated to case rate billing)
- 14:** The variance between the estimated payment amount and claims dollars. This may be a positive or negative value.
  - A negative value will be shown with either a “ – “ before the number, or will appear in parenthesis, as in the example given above.
  - A positive value will not have any symbol or parenthesis around it.