

# Reconciliation Process

## Quick Reference Guide

On April 27, 2020 Optum Maryland released the Estimated Payments Reconciliation Training video which describes the estimated payments reconciliation process and gives providers more detail into what they should expect during this process. This Quick Reference Guide (QRG) supports the Estimated Payments Reconciliation Training video and reinforces key points for providers.

### Clarification of Terms

In the Estimated Payments Reconciliation Training video, we refer to various processes, materials, and actions. These terms are defined below:

**Estimated payments:** Estimated payments were determined based on historical payment data and are paid weekly to providers while Optum Maryland prepares to reactivate the Incedo system.

**Advanced payments:** Payments made to providers by Optum Maryland prior to February 11, 2020. These payments, which include payments made by Optum for Beacon dates of service, will be included in the reconciliation.

**Summary level report:** A one-time report that will be sent to providers at the beginning of the remittance process. This report details:

- Estimated payments issued to the provider through May 5, 2020.
- Associated billed charges and allowed dollars. This is based ONLY on claims that have been submitted into the Incedo Provider Portal, approved, and are ready-to-pay.

Graphic 1 in this QRG shows a sample Summary level report.

**Provider Remittance Advice (PRA):** This is a statement that accompanies a payment to a provider, detailing and breaking down what was paid. Graphic 2 in this QRG shows a sample QRG.

**Backlogged claims:** Claims in the Incedo Provider Portal that have been received and processed, but not yet released due to the implementation of estimated payments.

**Remit (Remittance) cycle:** A weekly, scheduled process of releasing payments and generating associated reports/documents.

## Summary Level Reconciliation Report

In May 2020, Optum Maryland will begin the Reconciliation process. As part of this process, we will initiate the controlled release of backlogged claims (defined above), dating back to the start of the Optum Maryland contract on January 1, 2020. As part of this process you will receive two documents:

1. One-time summary level reconciliation report that reflects the estimated payments issued to the provider through May 5, 2020, and the associated billed charges and allowed dollars based on claims submitted by the provider into the Incedo Provider Portal.
2. Provider Remittance Advice (PRA) document that will be generated with each check-run.

The example below shows the one-time summary level reconciliation report, with explanation of the data fields.

Graphic 1:

As of  
Date: \_\_\_\_\_ MM/DD/YYYY [1]

Provider  
TIN: \_\_\_\_\_ [2]

Provider  
Name: \_\_\_\_\_ [3]

In the box immediately below, estimated payments are broken out into Medicaid and State dollars. This is created at the Tax Identification Number (TIN) level.

Date	Estimated Payments		
	Medicaid	State	TOTAL
1/28/2020	\$10,000.00	\$400.00	\$10,400.00
2/4/2020	\$10,000.00	\$400.00	\$10,400.00
2/11/2020	\$10,000.00	\$400.00	\$10,400.00
2/18/2020	\$10,000.00	\$400.00	\$10,400.00
2/25/2020	\$10,000.00	\$400.00	\$10,400.00
<b>TOTAL</b>	<b>\$50,000.00</b>	<b>\$2,000.00</b>	<b>\$52,000.00</b>

  

As of Date	Provider TIN	Provider Name	YTD Charged	YTD Payment	YTD Ready to Pay	Estimated Payments			Variance - Overpayment/(Underpayment) (Estimated payment- Ready to Pay)
						Medicaid	State	TOTAL	
MM/DD/YYYY	44455666	ABC Clinic	\$32,916.13	\$1,000.00	\$29,000.00	\$50,000.00	\$2,000.00	\$52,000.00	\$23,000.00
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]

The fields in the numbered boxes above are detailed below.

The numbered fields on the example above correspond to:

1. The date the report is run
2. The provider's Tax ID Number against which estimated payments are made
3. The provider name associated with the Tax ID Number listed in field 2
4. The year-to-date total billed charges associated with the Tax ID Number listed in field 2, as of the date the report is run (field 1)
5. Year-to-date payments; the total dollars associated to claims paid on the Incedo Provider Portal Platform for the Tax ID Number in field 2
6. The total dollar amount in "Ready to Pay" status, associated with the Tax ID Number in field 2, as of the date the report is run (field 1)
7. Estimated payments; the total amount of Medicaid dollars estimated payments balance associated with Tax ID Number in field 2, as of the date the report is run (field 1)
8. Estimated payments; the total amount of State dollars estimated payment balance associated to the Tax ID Number in field 2, as of the date the report was run (field 1)
9. Estimated payments; the total dollar amount of Medicaid dollars (field 7) and State dollars (field 8) estimated payment balance associated to the Tax ID Number in field 2, as of the date the report is run (field 1)
10. Variance (calculation of overpayment or underpayment); The Total Estimated Payment listed in field 9, minus the Year to Date Ready to Pay amount listed in field 6.

## **Provider Remittance Advice**

Claims data will be processed through to PaySpan and a Provider Remittance Advice (PRA) document will be created when the backlogged claims are released each week for the specified period. The latest backlogged claims release schedule will be posted to Optum Maryland's Reconciliation webpage, [here](#). This PRA document will be available on PaySpan to review released claims.

The PRA contains the final adjudication status of the claims submitted by your organization. This includes any applicable claim reason codes. A sample PRA is shown below:

Graphic 2:

<b>Patient Name:</b> KA L CXXH <b>Member ID:</b> 2783539 <b>Claim No.:</b> 202015992243		<b>Patient Control No.:</b> 0 <b>Rendering Provider Name:</b> KAXXX ANXXX LCPC		<b>Participant and claim details</b>							
Serv	Services Dates	Service Code	Units	Charged	Allowed	Denied	Deductible	Copay	Coins	Payment	Explain Codes
100	12/19/2019 - 01/16/2020	90834	3	\$217.50	\$117.50	\$100.00	\$0.00	\$0.00	\$0.00	\$117.50	1 45
<b>Subtotal:</b>				\$217.50	\$117.50	\$100.00	\$0.00	\$0.00	\$0.00	\$117.50	
<b>Patient Name:</b> PRXX T PXXY <b>Member ID:</b> 2292223 <b>Claim No.:</b> 202016001922		<b>Patient Control No.:</b> 0 <b>Rendering Provider Name:</b> KAXXX ANXXX LCPC		<b>Participant and claim details</b>							
Serv	Services Dates	Service Code	Units	Charged	Allowed	Denied	Deductible	Copay	Coins	Payment	Explain Codes
100	01/12/2020 - 01/12/2020	90834	1	\$72.50	\$72.50	\$0.00	\$0.00	\$0.00	\$0.00	\$72.50	1 45
<b>Subtotal:</b>				\$72.50	\$72.50	\$0.00	\$0.00	\$0.00	\$0.00	\$72.50	
		<b>Charged</b>	<b>Allowed</b>	<b>Denied</b>	<b>Deductible</b>	<b>Copay</b>	<b>Coins</b>	<b>Estimated Payment Offset</b>	<b>Estimated Offset Code</b>	<b>Payment</b>	
<b>Total</b>		\$290.00	\$190.00	\$100.00	\$0.00	\$0.00	\$0.00	\$190.00	EP	\$0.00	
<b>Provider remittance advice summary dollars and associated reconciliation reason codes</b>											
<b>Optum Maryland</b> P.O. BOX 30532 Salt lake City, UT 84130		<b>Detailed Remittance Advice</b>				Page 3 of 3					
ANXXX LCPC, KAXXX 3941 XXX AVENUE BALTIMORE, MD 212130000		<b>Payee details</b>									
Explanation Code	Description										
I	Contract Amount										
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)										
EP	Advance \$500.00 payment offset \$190.00; balance \$310.00										
<b>Claim adjudication reason code details</b>											

The PRA is available to providers on the PaySpan portal after each weekly release of claims. In order to access the PaySpan portal and the PRA, providers **MUST** register with PaySpan. Please note the 835 file will not reflect estimated payments and associated off-sets.

## How to Register with PaySpan

PaySpan is free to providers, speeds secondary billings, improves cash flow, and reduces paper usage. All providers are encouraged to register with PaySpan to take advantage of this convenient and free service. Detailed registration steps are outlined below.

## **Initial Provider Set-up > PaySpan**

1. Provider record(s) sent from Optum to PaySpan.
2. PaySpan mails the registration details to the provider; e.g., the PaySpan portal URL, provider unique Reg-Code (registration code) and PIN. (NOTE: Optum does NOT have ability to see these codes due to banking security measures; Providers should NEVER share codes, even with Optum).
3. The provider's first-time log-in permits registration for each Incedo provider record sent to PaySpan – so if a provider has four Incedo IDs, then the provider will need to register four times.
4. Once registered, the provider has the option to enroll in ACH (aka EFT). This is not required, but if the provider is not enrolled, every paper check payment will include a cover letter encouraging the provider to enroll in ACH.

## **Providers with PaySpan Record but has misplaced/lost/never received Reg-Code**

1. If a provider record has already been sent to PaySpan and the provider has not registered, the provider can still register directly within the PaySpan portal if they still have the letter containing the Reg-Code and PIN.
2. If unable to locate Reg-Code, Providers with records **already** loaded to PaySpan can contact PaySpan and/or Provider Support directly:
  - a. Web: [www.Payspanhealth.com/RequestRegCode/](http://www.Payspanhealth.com/RequestRegCode/)
    - i. Provider must select 'Optum Behavioral Health'
  - b. Phone: 877-331-7154, Option 1
  - c. Email: [ProviderSupport@payspanhealth.com](mailto:ProviderSupport@payspanhealth.com)

## **Claim Submission / How to Submit Corrected Claims**

- Providers should continue to submit authorizations through the Incedo Provider Portal during the entire reconciliation process. This will help to reduce the claims backlog and help Optum Maryland enhance the authorization system.
- Corrected claims can be submitted electronically via 837 file submission. Providers will also need to reference the original Optum claim number on the 837 submission.
- To submit corrected claims on paper, write "CORRECTED CLAIM" at the top of the CMS-1500 or UB-04 form. Please include the original Optum Maryland claim number on the corrected claim.

Please note that the Incedo Provider Portal does not support online adjustment of

previously denied claims. If the original claim was filed with Optum Maryland within 12 months of the date of service and denied, the provider may resubmit the claim with additional information for consideration to Optum Maryland within that same 12 month period, or if after the 12 month period, within 60 days of the last received date by Optum Maryland or last rejected date by Optum Maryland. (COMAR 10.09.36.06 B (3)).

### **Where to Find Information**

Information and training materials relating to the Reconciliation will be posted on the Optum Maryland website: <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/ReconciliationInformation.html>

If you have questions about the estimated payments reconciliation process, please email [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com).