Claim Lifecycle Report

Quick Reference Guide

Providers are now able to request a Claim Lifecycle Report containing detailed information for claims Optum Maryland (MD) has processed. This report will assist users in completing the reconciliation of estimated payments and will be delivered to the Download folder in the Incedo Provider Portal.

This Quick Reference Guide walks users through the Claim Lifecycle Report, which provides insight into claims that have been paid, adjusted, or denied by Optum MD. This will include any Beacon claims that were paid, adjusted, or denied by Optum MD, but it will not include the Beacon original adjudication claim line. Please note, Beacon historical paid claims that have not gone through an Optum check write will not show on the Claim Life Cycle report. Beacon historical claims that were processed on or after January 5, 2020, by Optum and on a check write will appear on the report.

DOS	Billed Amount	Paid Amount	Paid Date	Activity	On Report
12/15/2019	$100.00	$100.00	12/18/2019	Paid by Beacon	No
12/15/2019	($100.00)	($100.00)	10/3/2021	Reversed by Optum	Yes
12/15/2019	$100.00	$100.00	10/3/2021	Repaid by Optum	Yes

Below is a step-by-step guide to assist users in reading and understanding this report. Please see column descriptions detailed beneath the sample report.

Explanation of Report Tabs:

- *Tab 1 – Summary*: This tab contains a summary of all claims activity including estimated payments and negative balance totals.

- *Tab 2 – Check Details*: This tab contains information regarding each check and payment distribution, including the provider's Estimated Payments balance, negative balance, and claim payments offset against these.

- **Tab 3 – Paid and Denied**: This tab contains claim details for each paid and denied claim, including dates of service (DOS), check number, issue date, and amount paid on the claim. Information on individual claim denials is also included. This does not include pended claims, i.e., claims that have not been fully adjudicated. However, if there are previous claim lines associated with the pended claim that was adjudicated and on a check-write, those claim lines will appear on the report.

- **Tab 4 – EP Offset Detail**: This tab contains information regarding the provider's checks that have been used to offset estimated payments. This tab does not include negative balance or zero-dollar checks.

Tab 1 of the report – Summary

This tab contains a high-level summary of the named provider's total estimated payments balance and negative balance.

Please note: All totals including negative balance amounts given on this report are correct at the time of printing and may differ from the amount stated in the **Notice of Recoupment of Retro-Eligibility and Overpayments** letter received by many providers. Details about the dollar amounts reported in this letter can be found in the provider alert dated January 7, 2022.

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	A		B
	Provider Name		PROVIDER 1
	Provider TIN		512345678
	Estimated Payments Issued	$	2,046,977.42
	Estimated Payments Offset	$	1,494,827.53
	Total Estimated Payments Balance	$	552,149.89
	Total Negative Balance	$	(2,236.45)
	Medicaid	$	(2,236.45)
	State	$	-
	Total Due to State of Maryland	$	(554,386.34)
	Total Claim Payments	$	5,931,694.17

Tab 2 of the report – Check Details

This tab summarizes activity at check level*. The information is sorted by check date and contains the following columns.*Check details for estimated payment checks can be found on Tab 4 of the report.

The check date reflects the date the check was issued through Incedo. Checks dated May 2, 2020 - August 4, 2020, would have been part of reconciliation tranches and may not reflect the availability date in PaySpan.

To see any changes to your negative balance after the letters were sent, filter on the check date and select any checks after 12/21/2021 in column B of tab 2 of the Claim Lifecycle Report.

A	B	C	D	E
CHECK_NUMBER	CHECK_DATE	TOTAL_CLAIM_PAYMENT_AMOUNT	NEGATIVE_BALANCE	ESTIMATED_PAYMENT_OFFSET
50000063	1/6/2020	$ 490.28	$ -	$ -
50000788	1/13/2020	$ 280.16	$ -	$ -
10000189	1/13/2020	$ 271.89	$ -	$ -
50001918	1/16/2020	$ 5,006.55	$ -	$ -
10000609	1/16/2020	$ 1,008.06	$ -	$ -
50011874	5/16/2020	$ 41,033.04	$ -	$ 41,033.04

- **Columns A – E**

  - **Check Number**: Unique number of the check on which this payment appeared
    - ○ Check numbers that begin "RFND" represent a refund applied to your negative balance.
  - **Check Date**: Date that the check was created in Incedo
    - ○ For a refund, this will indicate the date the refund was applied.
  - **Total Claim Payment Amount**: Sum of claims dollars payable *prior to* offsets for the negative balance and estimated payments
  - **Negative Balance:** The negative balance dollars associated with the check
  - **Estimated Payment Offset**: Dollar amount used to offset estimated payment balance

- **Columns F – H**

F	G	H
CHECK_ACH_AMOUNT	ESTIMATED PAYMENT BALANCE	EP_OFFSET_TYPE
$ 490.28	$ 2,046,977.42	NO OFFSET
$ 280.16	$ 2,046,977.42	NO OFFSET
$ 271.89	$ 2,046,977.42	NO OFFSET
$ 5,006.55	$ 2,046,977.42	NO OFFSET
$ 1,008.06	$ 2,046,977.42	NO OFFSET
$ -	$ 2,005,944.38	FULL OFFSET

- **Check/ACH Amount**: Total claim amount, minus estimated payments, minus the negative balance

- **Estimated Payment Balance**: The running estimated payment balance
- **EP Offset Type**: This indicates whether the claim payments were fully or partially offset to estimated payments, or whether there was no offset to estimated payments.
  - ○ A full offset will generate a $0 payment amount to the provider.
  - ○ "No offset" means no dollars will be offset from the Incedo Check Amount for estimated payments.

Tab 3 of the report – *Paid and Denied*

This tab contains claim details for each claim paid or denied. This tab includes dates of service (DOS) and the date, check number, and amount paid on the claim. Information on individual claim denials is also included.

A	B	C	D	E	F	G
Sort ID	CLAIM_NUMBER	CLAIMMST_I	CLAIMDET_I	LINE_ITEM_CONTROL	CLAIMADJ_I	PROVIDER_ID
1	202138388095	49349216	50696055	202138388095-1	149739646	12345
2	202138075896	48898954	50234198	202138075896-1	148847629	12345
3	202139023472	50257532	51622258	202139023472-1	152913248	12345
4	202140178778	51886917	53276784	202140178778-1	157200729	12345
5	202241106620	53225178	54629264	202241106620-1	160302350	12345

- **Columns A – G**

  - ○ **Sort ID:** To return the file back to its original format, remove all filters and sort column "A" by ascending number. This will return the file back to the way it appeared when you first received it.
  - ○ **Claim Number**: The claim number assigned by Incedo
  - ○ **ClaimMST_I:** Optum internal claim identifier for use when you call your reconciliation manager or customer service
  - ○ **ClaimDET_I:** Optum internal claim identifier for use when you call your reconciliation manager or customer service
  - ○ **Line Item Control:** The ID number assigned to the given line item
  - ○ **ClaimADJ_I:** Internal claim identifier for use when you call your reconciliation manager or customer service
  - ○ **Provider ID:** The Incedo generated provider ID number

H	I	J	K
PROVIDER_NAME	PROVIDER_TIN	NPI	SITE_ID
PROVIDER 1	123456789	1231231231	1234
PROVIDER 1	123456789	1231231231	1234
PROVIDER 1	123456789	1231231231	1234
PROVIDER 1	123456789	1231231231	1234
PROVIDER 1	123456789	1231231231	1234

- **Columns H – K:**

  - **Provider Name:** The name of the provider organization
  - **Provider TIN:** The provider Tax ID Number for which the report was generated
  - **NPI:** The National provider ID Number associated with the provider
  - **Site ID:** The location where the billed service was provided

L	M	N	O	P
LAST_NAME	FIRST_NAME	INCEDO_MEMBER_ID	PATIENT_MEDICAID_ID	PATIENT_CONTROL_NUMBER
Example	Ann	1234567	701234567	312345678
Example	Ann	1234567	701234567	312345678
Example	Ann	1234567	701234567	312345678
Example	Ann	1234567	701234567	312345678
Example	Ann	1234567	701234567	312345678

- **Columns L – P:**

  - **Last_Name:** Last name of the patient receiving the billed service
  - **First_Name:** First name of the patient receiving the billed service
  - **Incedo Member ID:** The Incedo ID number of the patient
  - **Patient_Medicaid_ID:** The Medicaid ID number of the patient
  - **Patient Control Number:** The ID number generated for the patient by the provider

Q	R	S	T	U
PATIENT_DOB	DIAGNOSIS	DOS	PROC_CODE	REVENUE_CODE
2/1/1962	F31.2	9/2/2021	H0002	
2/1/1962	F31.2	9/30/2021	H2018	
2/1/1962	F31.2	10/31/2021	H2018	
2/1/1962	F31.2	11/30/2021	H2018	
2/1/1962	F31.2	12/31/2021	H2018	

- **Columns Q – U:**

  - **Patient_DOB:** Date of birth of the patient
  - **Diagnosis:** The ICD-10 diagnosis code for the patient's principal diagnosis
  - **DOS:** Date the billed service was rendered (Date of service)
  - **Proc_Code:** Procedure code
  - **Revenue_Code:** Billing code used to indicate what service or where the service was conducted

V	W	X	Y
PROCEDUREMODIFIER1	PROCEDUREMODIFIER2	PROCEDUREMODIFIER3	PROCEDUREMODIFIER4
U3			
U3			
U3			
U3			

- **Columns V – Y:**
  - **V – Y:** Procedure Modifier Code(s) associated with this claim line (if applicable)

Z	AA	AB	AC	AD	AE	AF
DATE_RECEIVED	CURRENT_ADJ_FLAG	BILLED_AMT	DENIED_AMT	PAID_AMT	OTHER_PAID_AMT	DENIAL_REASON
10/23/2021	1	$ 75.40		$ 75.40	$ -	
10/14/2021	1	$ 931.04		$ 931.04	$ -	
11/11/2021	1	$ 931.04		$ 931.04	$ -	
12/16/2021	1	$ 577.41	$ 577.41		$ -	Member's Coverage Not in Effect on Date of Service
1/13/2022	1	$ 550.69	$ 550.69		$ -	Member's Coverage Not in Effect on Date of Service

- **Columns Z – AF:**

  - **Date Received:** The date Optum received the claim
  - **Current_Adj_Flag:** A "1" denotes the last adjudication of the claim. A "0" denotes a previous adjudication on the claim
  - **Billed_Amt:** Amount billed by the provider
  - **Denied_Amt:** Dollar amount that is denied for payment; amount disallowed for reason "Charges Exceeds" is included in this column
  - **Paid_Amt:** Dollars payable *prior to* offsets for the negative balance and estimated payments
  - **Other_Paid_Amt:** Total amount paid by another payor
  - **Denial Reason:** Incedo denial reason description; where the reason is "Charge Exceeds" this is the amount billed above the fee schedule amount

AG	AH	AI	AJ	AK	AL	AM	AN
PAID_CHECK_NUMBER	PAID_DATE	DENIAL_CHECK_NUMBER	TOUCH_DATE	OFFSET_INDICATOR	NEGATIVE_BALANCE_INDICATOR	FUNDING	ADJ_STATUS
10064825	10/24/2021		10/23/2021	NO OFFSET		State	Approved
10064825	10/24/2021		10/18/2021	NO OFFSET		State	Approved
10068270	11/21/2021		11/16/2021	NO OFFSET		State	Approved
			12/16/2021	NO OFFSET			Denied
			1/14/2022	NO OFFSET			Denied

- **Columns AG – AN:**
  - **Paid_Check_Number:** The check number associated with this payment
  - **Paid Date:** The date the check was generated in Incedo.

- o **Denial Check Number:** The check number associated with the denied claim. Sometimes the denied claim line may have a blank "Denial Check Number" field. This will be addressed in future report versions.
- o **Touch Date:** The adjudication date of the claim line
- o **Offset Indicator:** This indicates whether the check associated with this claim was fully or partially offset to estimated payments, or whether the check was not used to offset estimated payments.
- o **Negative Balance Indicator:** Indicates whether the check associated with this claim was a negative balance check. If the claim line is not associated with a negative balance, the Negative Balance Indicator will be blank.
  - Yes = this is a negative balance check and contributed to the overall negative balance.
  - No = this is a reduction to negative balance for that specific check and represents either a Full or Partial offset.
    - Full offset - the total check amount was used to offset the negative balance.
    - Partial offset - a partial amount of this check was used to offset the negative balance.
  - To view claims that make up your negative balance, filter on the negative balance indicator.
    - Filter on "Yes" to view the claims that created the negative amount.
    - Filter on "No" to view claims that were used to offset the negative balance.
- o **Funding:** Indicates whether the payment was made from the State or Medicaid Bank Account.
- o **ADJ Status:** The current adjudication status of the claim line; Approved or Denied

Tab 4 of the report – Estimated Payment Offset Detail

This tab contains only checks associated with estimated payments and the offsets included in each check.

	A	B	C	D	E	F	G
	PaymentCode	CHECK NUMBER	INCEDO CHECK AMOUNT	PAYMENT AMOUNT	OFFSET AMOUNT	PAYMENT DATE	OFFSET TYPE
	MEDICAID	50093329	$ 1,334.50	$ -	$ 1,334.50	1/10/2021	FULL OFFSET
	STATE	10041083	$ 428.00	$ 428.00	$ -	4/11/2021	NO OFFSET
	STATE	10069077	$ 2,996.00	$ 2,996.00	$ -	11/28/2021	NO OFFSET
	STATE	10035260	$ 3,724.16	$ 3,724.16	$ -	2/14/2021	NO OFFSET

- **Columns A – G:**
  - **PaymentCode:** Indicates whether the payment was made from the State or Medicaid fund.
  - **Check Number:** The check number associated with this payment
  - **Incedo Check Amount:** This is the total payment amount *prior to* any estimated payment or negative balance offset being applied.
  - **Payment Amount:** Dollars payable *prior to* offsets for the negative balance and estimated payments
  - **Offset Amount:** Total dollar amount used to offset estimated payment balance
  - **Payment Date:** The date the check was generated in Incedo
  - **Offset Type:** This indicates whether the claim payments were fully or partially offset to estimated payments, or whether there was no offset to estimated payments.
    - A full offset will generate a $0 payment amount to the provider.
    - "No offset" means no dollars will be offset from the Incedo Check Amount for estimated payments.
    - A Partial Offset will mean that a partial amount of the Incedo Check Amount will be offset to estimated payments. The remaining amount of the Incedo Check Amount will appear in the Payment Amount column.

Notes

Check numbers:

- Checks with a "1000" series number are related to payments made from the State bank account.
- Checks with a "5000" series number are related to payments made from the Medicaid bank account.
- Checks with an "8000" series number are related to denials and checks with this numbering format will only appear on tab 2.
- Hyphen Checks: These are Incedo generated checks that show denials and reversals, and specifically are $0. Negative balance checks beginning October 3, 2021, are also "hyphen checks."
- Checks from before Payspan: Checks dated January 6, 2020 - January 19, 2020.