

# Assisted Reconciliation Report 5

## Quick Reference Guide

This quick reference guide explains how to read and download the fifth Assisted Reconciliation (ARE) Report that will be automatically delivered to the “download folder” of your Incedo Provider Portal account on May 7, 2021. The report offers detailed information on denied claims with dates of service from January 1, 2019, to August 3, 2020.

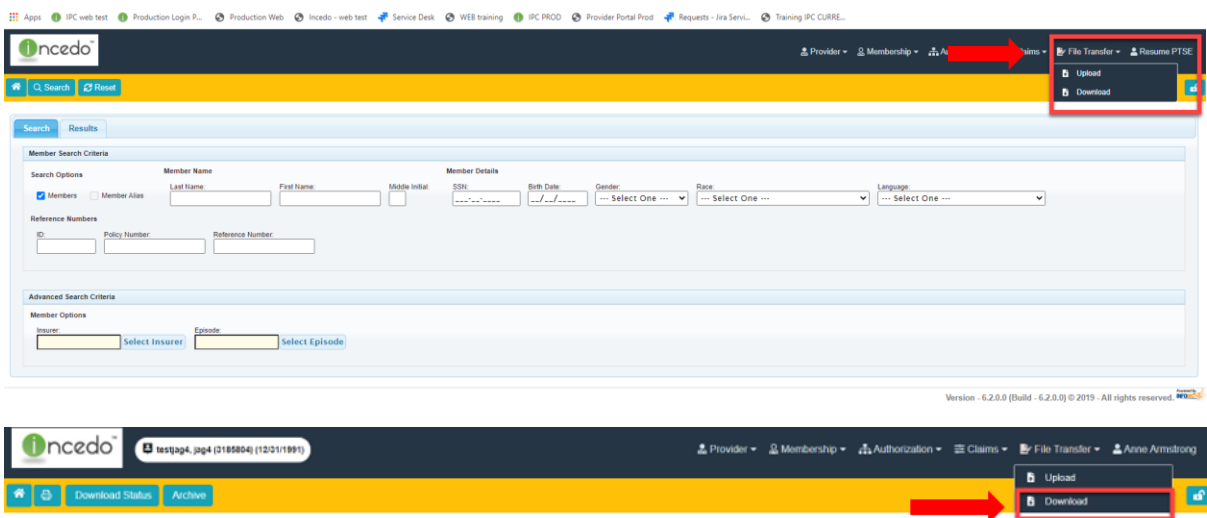
The purpose of this report is to assist providers with reconciliation by providing information on claims from the estimated payment period that remain in “denied” status and therefore have not been counted against the provider’s estimated payment balance.

When used with the previous ARE reports (reports 1-4), the denial report completes the picture of claims that have been received and adjudicated by Optum during the estimated payment period.

### ARE Report 5 – How to Download the Report

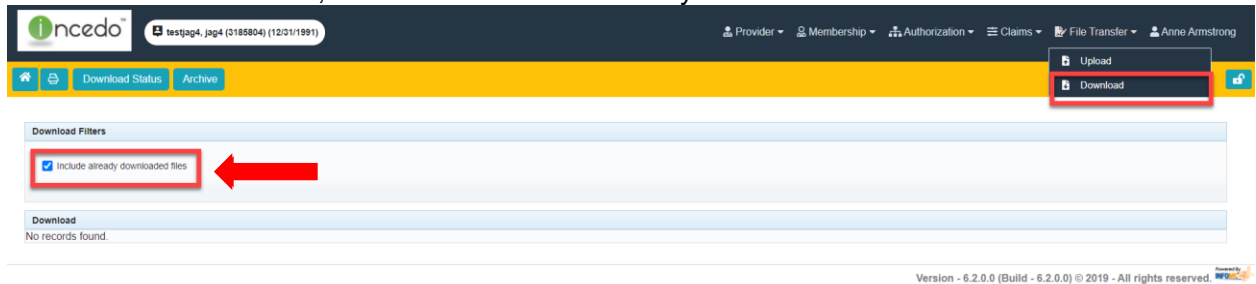
Providers can download and access the ARE Report 5 by completing the following steps:

1. Log into the Incedo Provider Portal and go to the “**download**” screen, listed under the “**file transfer**” drop-down tab.



2. In the “**download folder**” you will see all items that have not yet been downloaded (downloading means clicking on the file and opening/saving it).

- There is a checkbox to display items already downloaded. This checkbox defaults to **“unchecked”** and will only show new items that have not been downloaded. Check the box to view all items; both new and those already downloaded.



## ARE Report 5 – Things to Remember

- This report does not contain information regarding duplicate claims or disallowed dollars; disallowed dollars are reported on the PRA with the allowed dollars.
- The focus of this report is to inform providers of claims that remain in denied status.
- Denials that subsequently are paid (prior to the release of this report) after initial denial are not included on this report.
- For details of the Claims Dispute Process please see the [Assisted Reconciliation Report 5 Provider Alert](#)
- Please work with your Reconciliation Manager or email [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com) for any questions, concerns or additional assistance.

## ARE Report 5 – Reading the Document

The fifth ARE Report will be delivered to providers as an Excel spreadsheet. A sample ARE Report with column header descriptions and an explanation of each section of the report is shown below. The images below provide a description of what each column header represents.

### **ARE Report 5: Section 1**

Columns **A - D** of the ARE Report

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Incedo Claim Number	Claim Master ID	Claim Detail ID	LineItemControlNumber
2020XXX5678	12345678	87654321	2020XXX5678-1
2020XXX5679	90123456	65432109	2020XXX5679-1
2020XXX5670	78901234	43210987	2020XXX5670-1

**A** – Incedo Claim Number: The ID number assigned to the claim in the Incedo Provider Portal

- B** – Claim Master ID: Optum Maryland Internal Claim header
- C** – Claim Detail ID: Optum Maryland Internal Claim header
- D** – Line item control number: Claim line item

### **ARE Report 5: Section 2**

Columns **E - H** of the ARE Report

<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
Incedo Provider ID	Provider Name	Provider TIN	NPI
12345	PROVIDER A	123456789	1234567890
24680	PROVIDER B	012345678	0987654321
13579	PROVIDER C	001234567	1234509876

**E** – Incedo Provider ID: The unique provider identification number in the Incedo Provider Portal

**F** – Provider Name: The name of the provider organization

**G** – Provider TIN: The tax identification number of the billing provider

**H** – NPI: The National Provider Identification number of the billing provider

### **ARE Report 5: Section 3**

Columns **I - L** of the ARE Report

<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>
Patient Name	Incedo Member ID	Patient Medicaid ID	Patient Control Number
PATIENT A	1234567	00000000001	111111-CL-00000-1
PATIENT B	7654321	00000000002	222222-CL-00001-1
PATIENT C	0123450	00000000003	333333-CL-00003-1

**I** – Patient Name: Name of patient receiving the service

**J** – Incedo Member ID: Patient identification number in the Incedo Provider Portal

**K** – Patient Medicaid ID: Patient identification number assigned by Medicaid

**L** – Patient Control Number: Providers’ internal number used to track claims in their system

### **ARE Report 5: Section 4**

Columns **M - P** of the **ARE Report**

<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>
Primary Diagnosis	DOS From	DOS To	Procedure Code
F33.2	1/16/2020	1/16/2020	H2018
F14.10	1/16/2020	1/16/2020	H2016
F25.0	1/14/2020	1/14/2020	Q3014

- M** – Primary Diagnosis: Primary diagnosis code
- N** – DOS From: Start date of the billed service
- O** – DOS To: End date of the billed service
- P** – Procedure Code: Code assigned to the billed procedure

**ARE Report 5: Section 5**

Columns **Q - U** of the ARE Report

<b>Q</b>	<b>R</b>	<b>S</b>	<b>T</b>	<b>U</b>
Revenue Code	Modifier1	Modifier2	Modifier3	Modifier4
	U3			

- Q** – Revenue Code
- R** – Modifier 1: Modifier associated with procedure code
- S** – Modifier 2: Modifier associated with procedure code
- T** – Modifier 3: Modifier associated with procedure code
- U** – Modifier 4: Modifier associated with procedure code

**ARE Report 5: Section 6**

Columns **V - AA** of the ARE Report

<b>V</b>	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>	<b>AA</b>
Received Date	Billed Amount	Billed Units	Disallowed Amount	Denied Amount	Denied Reason
04-22-2021	\$ 592.00	1	\$ -	\$ 592.00	Authorization required; No authorization on file
04-22-2021	\$ 1,068.00	12	\$ -	\$ 1,068.00	Authorization required; No authorization on file
04-22-2021	\$ 12,654.00	9	\$ -	\$ 12,654.00	Authorization required; No authorization on file

- V** – Received Date: The date the claim was received into the Incedo system
- W** – Billed Amount: The amount billed by the provider
- X** – Billed Units: The number of units billed by the provider
- Y** – Disallowed Amount: The amount of the billed dollars disallowed for payment
- Z** – Denied Amount: The amount denied for the claim
- AA** – Denied Reason: Click [here](#) to view a list of denial reasons with descriptions