Enclosure 2

TRACKING BENEFICIARY REIMBURSEMENT CLAIMS (CONLAN)													
Date Received	Beneficiary Claim #	Beneficiary Name	Date to Provider	Follow-up Date	Provider Payment Date	Date Ltr #10 Sent w/copy to DMH	Provider Denial Date	Reason Provider Denied Claim	Date Ltr #7 Sent w/copy to DMH	MHP Payment Date	Claim Closed Date	Date Claim Returned to DMH	Notes/Comments