



PROVIDER ALERT

Status of Authorization Requirements

June 13, 2020

Providers will recall that Maryland Department of Health (MDH) previously approved a temporary “lifting” of authorization requirements for dates of service (DOS) January 1, 2020 through the date of Incedo Provider Portal (IPP) reactivation. This allowed claims processing to continue even without authorization while Optum Maryland was making improvements to their system.

Optum Maryland is now preparing for reactivation, requiring further instructions to cover the time periods from January to today, and from reactivation forward.

The exact date of reactivation has not yet been finalized but this document works from the assumption that providers should plan for future entry of authorizations for services beginning July 1, 2020.

The MDH and Optum Maryland are requesting the following:

1. **Please immediately put a hold on entering back authorizations** for the period from January - June 30, except as specifically instructed in the “Special Circumstances” table below.

For this period, the system will now process and pay approved claims without regard to authorization. As long as there is not a clinical denial on file, and a claim is appropriate, it will pay whether or not an authorization is present.

The missing authorizations from January - June 30 will be dealt with at a later date, and claims will, as always, remain subject to audit.

2. **Please place your major focus now on the upcoming Incedo Provider Portal (IPP) reactivation.**

After reactivation of IPP, the system will return to customary rules, in which all services needing it must have a pre-authorization on file for the claim to pay. Claims submitted without this will not pay.

It is therefore imperative that providers enter required authorizations in time for reactivation. In order to facilitate this, during the first month of reactivation, the system will allow providers to enter authorizations for DOS going back to the first of the month. (Eg: If the system were to come up in July, a DOS of July 1 may still be back entered authorized on July 30.)

Provider Action: Effective from the date of this notice, providers should direct their efforts to entering in authorizations beginning with dates of service (DOS) July 1st, 2020. Providers should discontinue entering authorizations, back-dated or otherwise, for the time period of January 1, 2020 through June 30, 2020.

Special Circumstances: Scenarios requiring special handling for the DOS January 1, 2020 until Reactivation.

	Circumstance	Action/Comment
1.	An existing authorization span started in January but ends after Reactivation, and, as of July still has units left. Eg: Authorization from April - September for 6 monthly units, with 3 units leaving 3 units in July.	Renew the authorization as necessary when it expires. Approved claims will pay. No special action needed.
2.	As above, but the authorization has run out of units prior to July. Eg: Authorization for clinical services which has run out of units because of very high service use.	Approved Claims will continue to pay until reactivation, even though units have run out. Further instructions will be provided later.
3.	As above, but the date span is short of the end of June, and the provider hasn't been able to enter an authorization span to renew it. Eg: Authorization span ending in April with no renewal authorization.	Approved Claims will continue to pay until reactivation. A new concurrent authorization span will be needed for July forward. Further instructions will be provided later.
4.	The provider has not entered ANY claims whose DOS fall within the date range of an authorization they would like to enter.	This is one circumstance in which retro-authorizations should be entered if possible. See "d." under "Important Points" below for more explanation.

Special Circumstances Applying to the Reactivation

Important Points:

- a. Prior to reactivation, claims will pay without an authorization, however if there is an authorization in Incedo, units authorized will decrement as claims come in.
- b. If providers have not been able to enter initial authorizations, providers should enter a concurrent authorization rather than an initial authorization request.
- c. Providers must preserve clinical and administrative records justifying authorization and claims, even if it has not been entered into the IPP. This includes assessments such as the DLA-20 where relevant. Optum Maryland will provide additional information to support the transfer of this critical information into their system.
- d. Although authorizations are not required for dates of service prior to reactivation, entering these now will reduce administrative burden in the future. Please note however, that *if you have previously entered claims for any date of service within your proposed authorization date range, do not attempt to submit authorizations for those dates of service, until further notice.*

Optum Maryland and MDH will notify providers at least 90 days in advance of any changes to the authorization lift requirement outlined in this alert. This notification will include sufficient time for providers to enter authorizations for the dates of service from January 1, 2020 to the reactivation date.

For questions or concerns regarding the content of this alert, please contact customer service at 1-800-888-1965.

Optum Maryland would like to reassure providers that all of our services are operating as normal during the current national response to COVID-19. Providers can continue to contact us at 1 (800) 888-1965. After-hours and holidays will be covered by clinical night staff for crisis and emergency services.

Thank you,

Optum Maryland Team