

Authorization Frequently Asked Questions (FAQ)

This FAQ document addresses questions and concerns regarding authorizations. For additional questions or concerns not addressed in this document, please contact marylandproviderrelations@optum.com.

1. Will authorizations that were obtained between January 1 through June 30 still be valid or do we need to request all new authorizations for everyone effective July 1?

All authorizations already entered that span beyond July 1 and have units remaining will be valid. We are going to be splitting those authorizations into two lines, so it is clear the number of units that are valid July 1 and beyond. If all units of an authorization have already been used, the authorization will be automatically end dated June 30 and a new authorization can be entered with a start date of July 1.

Example: Approved authorization currently for 10 units spanning March 1 – August 31:

- *If claims were processed for all 10 units to date, the authorization will soon have an end date of June 30 added. This will allow for a concurrent authorization to be entered with a start date of July 1.*
- *If claims were submitted for only two of the units to date (e.g., on March 10 and April 7), the authorization will split into two lines as follows:*
 - *3/1/20-6/30/20 2 units*
 - *7/1/20-8/31/20 8 units*

Both lines will have the original authorization number and units will only be taken from the second line of 8 units for dates of service (DOS) July 1 and beyond. A new authorization would be required only once the 8 units were used or for DOS beyond August 31, the end date of the authorization.

2. If we are not entering concurrent authorization requests for June now, what authorization number do we use for claims submitted after the current authorization has ended?

Providers should leave the authorization field blank. The system will process without an authorization in place.

3. How do we handle new consumers coming in during June?

For most providers, starting immediately, you can enter a request for authorizations for any period from now and going forward.

4. Should we continue to enter initial authorizations and concurrent authorizations now or wait until July 1 to enter them?

Authorizations can be entered now for any period going forward. See question 5b regarding backdating.

5. When do we begin entering back-dated authorizations?

Retro authorizations do not need to be entered for January 1 through June 30 until further notice. The Maryland Department of Health (MDH) and Optum Maryland are currently working on plans for collecting this data at a future date. If you would like to enter a backdated authorization now, the following applies:

- a) If no claims have been submitted, authorizations can be submitted for the period between authorization expiration and July 1, until July 1, at which time authorizations with start dates prior to July 1 will not be able to be entered into the portal.*
- b) If claims have been submitted for the period in which you did not have authorization coverage yet (e.g., Authorization expired in May and you submitted a claim for a date in June), a concurrent authorization can be submitted with a start date following the last DOS submitted as a claim. Claims for DOS January 1 through June 30 will process without an authorization on file.*

For the period from July 1 through July 31, you will be able to backdate authorizations to July 1 in order to help with the extra workload involved in entering authorizations required for July 1 and forward, but note that claims will deny if there is not an authorization on file. The retro capability is projected to end on July 31.

6. Are we expected to enter all new authorizations (such as SE which is still not set up) by July 1?

If open authorizations already exist from Beacon that span beyond July 1 for Supported Employment, TBS, or Brain Injury, those authorizations will be automatically updated by the system and will be valid by July 1. We are aware of errors in loading the Individual/Group Provider Outpatient Beacon historical authorizations. Providers will be advised before July 1 on how they can inform Optum Maryland when they discover these errors so that Optum Maryland can remedy them.

Similarly, if an authorization is on file from Optum Maryland that spans over July 1 and has units remaining, it will be valid (see Question 1 above). If no

authorization exists, authorization must be entered in the system by July 31 with a start date of July 1 or before. Starting on July 1, authorizations will not be able to be backdated to have a start date prior to July 1.

7. Will claims really be approved/paid if there isn't an authorization on file?

*All **valid** claims will be approved and paid without regard to authorization **prior to reactivation**. After reactivation of the Incedo Provider Portal (IPP), the system will return to customary rules, in which all services must have a pre-authorization on file for the claim to pay.*

8. When the current Beacon authorization expires prior to FY20 end, there will be a short period without authorization. When we are told to go back and get those authorizations at some future undefined date, the problem will be: "IPP allows providers to choose a start date." It does not allow providers to choose the end date. The IPP system automatically adds 179 days to the start date. This will cause the same overlapping authorization problem we currently have in IPP which prohibits all overlapping authorizations.

We understand this issue and are accounting for it as we determine a plan for future data entry. Instructions will be provided at a later date on how to handle this situation. At this point, please focus on authorizations for DOS July 1 and going forward.

9. Providers are finding the timeline complicated for when to request backdated authorizations. It is unclear if having denied or pended claims count as "if you've previously submitted claims, do not request backdated authorizations." This is also the case for backdated authorizations that have been requested and are "pended," in process, or denied. Should providers continue to submit authorizations for those same dates of service?

No. When claims have been submitted already, please do not submit retro authorization requests. Authorizations that span beyond July 1 and are incorrectly pended or denied will be fixed prior to reactivation. Authorizations that need to be entered post-July 1 can be entered now with a start date of today or forward.

10. Please clarify which DOS providers should enter claims for.

Authorizations are required for DOS July 1 and beyond. Claims should be submitted as usual and claims for DOS January 1 through June 30 will process without regard to authorization.

11. What should providers do for DOS January 1 through June 30?

Nothing is required for those DOS at this time.

12. Can we backdate authorizations during July to give time to get July DOS authorizations in?

Yes, authorizations for DOS July 1 and beyond will be able to be entered until July 31.

13. Will every outstanding authorization need to be entered by the end of June?

No, only authorizations for DOS July 1, 2020, and beyond must be entered at this time. In order to allow for additional time to accomplish that entry, MDH and Optum will allow for retro authorizations back to July 1 to be entered until July 31. After that time, all services must be pre-authorized.

14. How do I determine how many of my units are left from July 1 forward?

Authorizations that span beyond July 1 and have units remaining will be split into 2 lines. One line will be from the authorization start date through June 30 and will represent claims that have utilized units. The second line will be from July 1 until the end of the authorization and will represent the number of units remaining from July 1 forward. If additional claims are entered for DOS January 1 through June 30 are submitted after July 1, units will be added to the first line to allow claims to pay. Only DOS July 1 and beyond will be decremented from the second line.

Example: An authorization was obtained for 3/1 – 8/31 for 10 units and claims were submitted for 2 units to date.

Line 1: 3/1-6/30 2 units

Line 2: 7/1-8/31 8 units

If claims are received after July 1 for DOS prior to July 1, units will be added to line one to allow the claim to pay. Units for those DOS will not decrement line two. If claims are submitted for July 1 and beyond, units from line two will decrement.

Authorizations that span beyond July 1 and do not have units remaining will be “end-dated” June 30 so that new authorizations can be entered with a start date of July 1.

15. Will my original authorization end date change?

The end date of authorizations entered in the portal will not change if units are remaining. If no units remain, the end date will be changed to June 30 to allow for a new authorization to be entered with a start date of July 1.

The exception is that end dates for PRP, RRP, ACT and mobile treatment that were previously incorrect will be corrected to end at the end of the appropriate month.

16. Will Optum Maryland end-date my authorizations as of June 30 if I have used all my units in my authorization?

Yes, Optum Maryland will end authorizations as of June 30 if all units have been used.

17. Will providers be allowed to enter authorizations for any subsequent date to the last claim date?

Yes, authorizations may be entered with start dates the date after the last DOS submitted on a claim.