

## February 2020 Provider Council Meeting FAQs

This FAQ addresses questions and concerns raised by the provider community for February's Provider Council Meeting.

### General

- 1. When can we expect Incedo to operate properly, so authorizations can be obtained, services provided, and services paid for?**
  - a. MDH and Optum Maryland are working closely to develop a plan to stabilize the Incedo Provider Portal to support the authorization and claims transactions necessary to support the Maryland constituents*
  
- 2. When a provider has their unsuspended status in the Medicaid system, will they also be unsuspended in the Optum system? Do we have to contact someone at Optum to do this or is it automatic in Optum once Medicaid updates their system?**
  - a. Optum receives a provider file from MDH and that file is updated into the Incedo system on a weekly basis. Changes in providers' status will flow from the State to Optum Maryland.*
  
- 3. How do you plan to gain the trust of providers like me who depend on Medicaid billing for the majority of our practice, and who haven't been paid after repeatedly being assured we would be?**
  - a. MDH and Optum Maryland understand this transition has not resulted in the level of service we had anticipated. We are working closely with the Incedo application resources to accelerate system enhancements. Our plan is to communicate frequently and with transparency regarding how we move through this transition.*
  
- 4. Will customer service and clinical staff be able to provide reference numbers for calls?**
  - a. Yes*
  
- 5. If I have signed up to receive Optum provider alerts, but have not received any emails, what should I do?**
  - a. Please resend your email address to [marylandprovideralerts@optum.com](mailto:marylandprovideralerts@optum.com) and address the subject line as "Provider Alert" to receive alerts.*

## Technical

1. **When will there be resolution for MDRN providers still waiting for tokens?**
  - a. *The remaining passwords and sign-ons have been created and emailed to organizations.*
  
2. **When accounts lock there is no way for the “user admin” to reset the account. As a workaround, the administrator creates a new account for the user resulting in multiple accounts (active & deactivated). How can user admins unlock accounts or reset passwords to avoid using the workaround?**
  - a. *On the home, sign-on screen there is a prompt to reset your password. This prompt is located below the password box.*

## Eligibility

1. **Some of our clients are not showing in the system. When can we expect this to be resolved?**
  - a. *Full eligibility was loaded through February 7.*
  
2. **When all of my clients are downloaded, will hands-on training be available for navigating the system?**
  - a. *Optum Maryland has posted a new training schedule to [maryland.optum.com](http://maryland.optum.com), and we are currently working on recording trainings, including navigating the system. We will notify the provider community if on-site training becomes available.*
  
3. **Is there a way to verify if a client has medical assistance (e.g., a phone number to call and verify insurance status is active.)?**
  - a. *Provider should contact the Eligibility Verification System (EVS). [Click here](#) to view the Eligibility Verification System Users Guide.*
  
4. **If EVS indicates that a patient is eligible for services but Optum turns down payment because of eligibility, which should take precedence, the Optum system or EVS? If it's the Optum system, where do we obtain the info concerning eligibility?**
  - a. *EVS is the source of truth. Providers should contact Optum to review the situation.*

5. **Why would a client have multiple listings in the system? Assuming the duplicative listings are in error, who should we contact to resolve these types of inconsistencies?**
  - a. *Please reach out to Provider Relations at [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com) to assist with triaging this issue.*
6. **How do you find a client that was previously in the Beacon system, but is not listed in the Optum system when conducting a search?**
  - a. *Please reach out to [Provider Relations](#) to assist with triaging this issue.*
7. **We have a number of clients with uninsured expiration dates that are inconsistent with the information previously in Beacon. Who should we contact to resolve these types of inconsistencies?**
  - a. *See previous answer.*
8. **The following terms are being used in Optum: Medicaid, State funded, Uninsured, and Maryland State. Can you clarify how these correspond to the previous terminology of FMCD, FDUL, and SDUL?**
  - a. *The “finance codes” associated with the Incedo/Optum platform do not correlate to the codes that Beacon previously used for administration.*
6. **If an employee attempts to log in and receives an error message that states “this username & password is invalid/not registered,” what do we do?**
  - a. *Please reach out to [Provider Relations](#) to assist with triaging this issue.*

## Authorization

1. **Authorization submissions are frozen which means all services become unbillable; they pile up in our system with “red Xs” when there is no authorization attached. We have hundreds of claims from January 1 and on, that are sitting in the system unbillable because of no authorizations. Eventually all of the remaining authorizations we do will fizzle out and everything will be set as unbillable. This will result in no batches and claims being submitted. Will providers have to wait until April to submit all backdated submissions?**
  - a. *Providers are encouraged to submit their authorizations now. They should be able to get authorization for outpatient services now. If they are not able to do so, please let us know and we can assist them in resolving any issues.*
3. **Can providers strip authorization numbers from all services and batch services with no authorization loop attached?**

- a. *Providers that are utilizing an 837 file to submit claims are not required to submit the authorizations number. Please reference the Companions Guides located on [maryland.optum.com](http://maryland.optum.com).*
  
- 4. With no authorizations in place, how are providers to determine how long to keep participants in levels of care?**
  - a. *Authorizations are obtainable and we are still following all State parameters for length of service.*
  
- 5. If we have clients who have come to us and are MDRN eligible but weren't enrolled before their appointment, how do we submit an authorization for them?**
  - a. *Providers must coordinate with Care Coordinators to enroll/authorize MDRN services.*
  
- 6. How long will it take for authorizations to be approved once Incedo is working properly? Particularly, 90791, 90834, and testing services (96130, 96131, 96136, and 96137)?**
  - a. *90791 does not require authorization, and 90834 will be auto-authorized as soon as the request is submitted. Psych testing services require clinical, and the allowed turnaround time is 14 days.*
  
- 7. Is there a way to see authorizations as a document, instead of listed with multiple codes separately?**
  - a. *Not currently. There is the potential for a future enhancement that will allow users to see services as a bundle, rather than by individual code.*
  
- 8. When do you expect Incedo to operate for pre-certifications? How long after it is operating, do we have to obtain backlogged pre-certifications?**
  - a. *Incedo is accepting pre-certifications at this time. Providers will be able to backdate authorizations requests January 1, 2020 through April 2020.*
  
- 9. Providers were previously given 75 units of authorization in a bundle that allowed them to treat anyone for behavioral health issues using any CPT code in behavioral health. Will Optum Maryland revert back to 75 units?**
  - a. *75 units are still being offered for OMHCs. Providers must choose the correct authorization plan to ensure the correct number of units is offered.*

- 10. Your system gives out authorization for two codes and the remaining codes is considered ineligible. How do we obtain authorization for other codes that are needed to treat each participant?**
- a. *This is a known system issue that is being corrected. When the issue is resolved, all lines should show as approved.*
- 11. OMHC have combination of services which have not been honored for payment to date. If there is a change, can we have an official communication regarding the change? If this is a change, what happens to our payments for the patients already seen based on our understanding of the combination of services?**
- a. *The combination of service rules have not changed. Upon full implementation of Incedo Optum Maryland will be enforcing all rules. Retro issues will be reviewed on an individual basis?*
- 12. Do OMHCs need pre-certification for service codes 90791, 90792 and/or H0001?**
- a. *These service codes do not require an authorization, so therefore, will not appear in your list of service codes within your authorization plan.*
- 13. Are there still limits (2) on the number of family without client (90846) sessions that are initially included in the bundle?**
- a. *No, these limits have been removed by the State.*
- 14. Will the end dates for authorizations be adjusted to the last day of the month, as was true in Beacon? If so, when can we expect this change to occur?**
- a. *Currently, these dates will not be adjusted.*
- 14. Is a clinical narrative necessary or does the Data Capture form take the place of Beacon's narrative?**
- a. *Providers need to submit the appropriate clinical documentation for services requested in order to meet the MNC.*
- 16. Can you save an authorization as a draft and come back to complete it?**
- a. *You are not able to save the actual service request as a draft, but once the form is saved, it will be available when you log in again.*
- 17. What clinical information is required and needs to be included for the following section "skills the participant requested to support his/her recovery"?**
- a. *This is referring to skills that a participant has identified that they want to work on in PRP.*

**18. What clinical information is required and needs to be included to for the following section “skills to be addressed within this authorization period?”**

*a. This is asked on concurrent requests. It is asking for the specific skills that the participant is currently working on. The intent of the questions is to ensure that treatment is goal focused.*

**19. What clinical information is required to be included for the following section “recovery/supports needs participant has identified to support successful discharge”?**

*a. Part of any successful discharge is having identified people and agencies that will continue to support the participant once they return to the community.*

**20. What clinical information is required and needs to be included for the following section “what are the barriers preventing the participant from transitioning to a lower level of care and how is this being addressed”?**

*a. In this section, you should explain what lets you know that the participant is not yet ready to be discharged and what plans you have for addressing the identified issues.*

**21. What clinical information is required and needs to be included to for the following section “planned services after psychiatric rehabilitation”?**

*a. The discharge plan information.*

**22. To date, we have not been able to successfully complete an authorization for MAT or IOP. When can we expect to be able to do so?**

*a. Please clear your cache and attempt to obtain authorization. If this does not work, please contact us and we will attempt to assist with resolving the issue.*

**22. How will Optum handle a situation in which a client we have been submitting claims for a participant who had an open authorization with another provider, but we did not know since we are still unable to request authorizations? Will Optum make the closed authorization (after the client contacts the other provider to close the old authorization) retroactive, or will they take back any funds that have been paid on those claims?**

*a. These situations will be reviewed on a case-by-case basis.*

**23. Only opioid treatment provider service codes are showing up when you choose an authorization plan for outpatient substance abuse treatment, and only one code (H0015) shows up when you choose SUD IOP initial or concurrent. Will the rest of the service codes be uploaded soon so providers can request authorizations?**

*a. There is a SUD outpatient and an opioid maintenance authorization plan. If you need codes from both, then both authorization plans need to be required.*

**24. How will self-pay/MA pending cases be handled for authorization?**

*a. A courtesy review may be requested.*

**25. Why are submitted authorizations in Incedo showing up in the system as denied?**

*a. Outpatient authorizations may be showing as denied due to provider load issues or some known system issues. These are being actively worked on. Higher level of care authorizations may be denied for medical necessity or for the reasons noted above.*

**26. Under the “01” provider type, multiple authorizations for concurrent services were previously allowed by Beacon, but now result in denial of one of the entered concurrent authorizations. Why is that?**

*a. We would need to have specific information to be able to research this denial. Please contact [Provider Relations](#) to assist with this issue.*

**27. How many units can/should we select for Psychotherapy, group, MD/Resident?**

**OMS used 75 visits per 6 months.**

*a. See the following chart:*

<b>Provider Type</b>	<b>Initial/ Concurrent Units</b>	<b>Days</b>
OMHC/Facility Based Program	75/75	180
Individual or Group Practice	12/24	180
SUD Outpatient	300/300	180



- 28. Since OMS does not exist any longer, does age matter? We used non-OMS for children under six or adults over 65. Are the parameters the same, regardless of age (units and duration)?**  
*a. If this is regarding OP then that is correct.*
- 29. Authorization image is too small to see. Is there a way to enlarge the text to see? We use these authorizations to scan into the system as proof of obtained approval. When you go back in to the portal, you can't see all the details.**  
*a. Unfortunately, there a way to enlarge the text at the present time.*
- 30. When inputting an IOP authorization, I receive unusual date ranges. For example, I need 20 treatment days in 30 calendar days, not 20.**  
*a. Systems have been adjusted to allow a standard format.*
- 31. Why don't I have the ability to discharge in Incedo?**  
*a. You can submit the discharge information using the outpatient discharge or clinical discharge forms.*
- 32. Why am I unable to submit correct span of services for onsite PRP?**  
*a. The system is currently set up to default to spans designated by the State in days rather than at the end of the month. We are working on fixing this.*
- 33. We have submitted all but three concurrent authorization requests for January, but they remain in a "in process" folder in Incedo. Why have none of my requests been approved?**  
*a. This should have been resolved. If they remain in process even now, it will be helpful to know specifics so we can research.*
- 34. We have three more concurrent authorizations to submit for January. The system does not allow you to go past the first page in Incedo. It gives us an error message that says, "You must select a service," but we selected a service on the screen. It even says "Adult Mobile Treatment," yet, the system is not recognizing our selection and will not let us go any further. We now have three of our clients who do not have a concurrent authorization submitted because of this glitch. How can this error be resolved?**  
*a. In most cases, if you clear your cache, it will resolve the issue. If that does not solve the problem, it would be helpful to set up a WebEx, so we can view this problem and troubleshoot in real time.*

## Claims

- 1. What about claims prior to January 1, 2020? When will those services be paid out and who is responsible for the disbursement of those funds?**



- a. All claims are currently being held as we are doing estimated payments. Upon reconciliation, providers will be able to re-bill or have adjusted any old claims still in their receivable.*
- 2. Will our add-on codes be paid? If so, when?**
  - a. Add-on codes will be paid but must be billed with the appropriate CPT code.*
- 3. When will the system allow me to include a rendering provider when submitting claims?**
  - a. Optum Maryland recognized there are some challenges with rendering provider information in the system. We are working to address this issue.*
- 4. What will happen to all the denied claims because of billing for therapy sessions and medical management on the same day? Will you reprocess those claims or do we have to re-file each claim? I re-filed and it was still denied. What do I do next?**
  - a. Claim denials are being reviewed.*
- 5. Can you explain how to enter a claim when there is an explanation of payment from a primary payer which needs to be uploaded to the claim?**
  - a. At this time, COB claims cannot be directly entered into the Incedo Portal.*
- 6. When and how will we be notified of what CPT codes and number of sessions are now included in authorization bundles? Both Pre-Cert & Concurrent?**
  - a. All authorization parameters are set by the State and will be posted on the Optum Maryland website.*
- 7. Why is Optum erroneously rejecting claims for invalid procedure code: RESRB?**
  - a. Optum Maryland is aware of this issues and is reviewing the authorization bundles.*
- 8. Is there an official communication regarding the 30-day window for claims submission and payment during this transition?**
  - a. Providers have 365 days to submit claims for the Maryland Medicaid program. The authorization grace period has been extended to April 30, 2020 (for authorizations back to January 1, 2020). [Click here](#) to view the official alert that addresses the authorization grace period.*

- 9. We are unable to follow up appropriately on claim status. The “claim status drop down” function to filter claim searches as it shows on the Claims Management Quick Reference Guide is not available. Why is that?**
- a. *Optum Maryland is aware that reason codes are not available to providers. We are working to make these visible in the near future*

## Payments

- 1. If we were not a provider through Beacon last year, how will we receive funding if we don't have a “monthly average” to base it off of?**
- a. *Provider should [review the alert on this topic](#) and submit the requested information as instructed in the communication.*
- 2. What services are you utilizing to calculate averages from last year?**
- a. *The department used paid claims from 2019 from Beacon to determine estimated weekly payments.*
- 3. How are you accounting for a business's growth rate in year?**
- a. *[Click here](#) to view the alert that addresses this.*
- 4. When does Optum Maryland expect to reconcile “estimated payments” and how will the process work?**
- a. *Optum will be working with the Maryland Department of Health to work through the coordination needed for reconciliation of estimated payments.*
- 5. When will we have access to electronic remittance advice?**
- a. *Optum will be using PaySpan for future payments. Once systems are working properly, providers can access their remittances via PaySpan.*
- 6. How can I check the status of estimate payments?**
- a. *Providers should send an email to [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)*
- 7. I have a rendering provider who received several checks; however, he never billed Optum. What should he do with the checks?**
- a. *Provider should return the checks and advise what group the payment should go to.*
- 8. During the WebEx on 1/29 we were promised that our estimated payment checks would go out on 1/28 and we would receive them by 1/31 or 2/03. Why haven't we received our payment?**
- a. *Questions concerning estimated payments should be sent to [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)*

**9. We have received one check from Optum. Are we to assume that it is for one week, two weeks, or all five weeks to date? When can we expect EOBs with the checks?**

*a. We will be sending out estimated payment through April 20, 2020. If you have a question, please send an email to [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)*

**10. Why is remittance information not available to users? We are unable to post payments since checks did not come with any detail.**

*a. Estimated payments are based on average weekly claims in 2019; therefore, we cannot create an EOP as it is not based on claims adjudicated out of the Incedo Provider Portal.*