



Maryland Provider Council Meeting

April 17, 2020

Hosted by Optum Maryland



A photograph of a pregnant woman in a light pink shirt holding a baby in a blue patterned outfit. A man in a blue shirt is smiling in the background. The scene is brightly lit, likely from a window.

Welcome

Agenda

- 1 Welcome and Opening Comments
- 2 Maryland Behavioral Health Administration Updates
- 3 Maryland Medicaid Updates
- 4 Update on Estimated Payments and Authorization Grace Period
- 5 Reconciliation Process Update
- 6 Provider Questions and Answers
- 7 Wrap-Up

Maryland Behavioral Health Administration Updates

Telehealth Services and COVID-19

Telehealth FAQs are being regularly released by MDH. These are distributed via provider alert and can be found at maryland.optum.com under [Provider Alerts](#), and on the dedicated [COVID-19 Provider Information page](#).

For the latest information and updates providers can also visit the [BHA website](#) or coronavirus.maryland.gov.

Providers should submit their telehealth questions to MDH via the form at the following link:

<https://docs.google.com/forms/d/e/1FAIpQLSe62j-7lwO4JxtDgMdEz8Dycu5hZRH548s8wQdHRU3GKvVxBA/viewform>

Maryland Medicaid Updates

Update on Estimated Payments and Authorization Grace Period

Estimated Payments

Estimated payments will continue through May 2020 while Optum Maryland and MDH continue to work on implementing improvements and stabilizing the Incedo system. Further continuation of estimated payments will be considered in May as system improvements are completed and released.

Authorization Grace Period

MDH has instructed Optum Maryland to extend the Authorization grace period as follows:

- The grace period, which allows for providers to enter authorizations for dates of service from the beginning of the Optum contract forward, will be extended for 6 months following the reactivation of the Optum system.
- Providers will be notified of the reactivation date to determine the duration of the 6-month extension period. Providers must continue to enter authorizations to reduce authorization backlog. Keeping authorization submission current allows Optum to update and enhance the authorization system to support the provider experience.
- Several system updates will be implemented throughout April and May to improve the authorization process.
- Providers should make sure they are registered to receive provider alerts as updates are continually communicated via alerts. You can also obtain past provider alerts from the Optum Maryland website <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/alerts.html>

Reconciliation Process Update

Reconciliation Process for Estimated Payments:

- Optum Maryland and MDH are finalizing the estimated payments reconciliation process. We anticipate this process will begin on or around May 7, 2020.
- Key elements of the process will include:
 - Controlled release of the backlogged claims that began with the start of estimated payments
 - Accounting reconciliation against estimated payments, and
 - Explanation of payment documentation.
- Optum Maryland will share reference materials and educational review opportunities with the provider community to provide further information and guidance to support the reconciliation process.
- Optum Maryland will establish a process for providers related to overpayments and recoupment. Information regarding this process will be released at a later date.

Provider Questions

Authorizations

- Will Optum merge Multiple Authorizations for single stay?

Yes, please submit claims using the initial SR authorization number provided on all of the claims associated with that stay.

- Can individual providers bill for one-hour long sessions (90837)?

This code is currently only payable to an OMHC/FQHC

- Is there one number that encompasses the patient's entire hospital stay? Right now there are SR#'s and approval #'s and each one is different. Initial SR# / Approval# verses Concurrent Review SR# / Approval#.

The SR authorization number provided on initial review can be utilized for the entire stay.

Provider Questions

Authorizations, continued

- Why are courtesy authorizations coming up as denied? I have been told by Optum staff that it is denied because the policy is not active but we are aware of that which is why a courtesy auth was done in the first place.

Courtesy authorizations should show as approved within an unfunded span.

- Can individual providers bill for two services in one day? For example, can we bill for a 90847 and 90834? If not is there an exception can be requested?

Individual providers can bill one service per day. Providers should review the combination of service rules located at the following two links:

<https://maryland.optum.com/content/dam/ops-maryland/documents/provider/information/pbhs/Combination%20of%20MH%20Services.pdf>

[https://maryland.optum.com/content/dam/ops-maryland/documents/provider/information/pbhs/Combination%20of%20SUD%20Services%20\(Eff-07-1-17\).pdf](https://maryland.optum.com/content/dam/ops-maryland/documents/provider/information/pbhs/Combination%20of%20SUD%20Services%20(Eff-07-1-17).pdf)

Provider Questions

Authorizations, continued

- Currently there are a ton of authorizations that have incorrect date spans - for instance, authorizations submitted with an effective date of 1/1/2020 currently most of the ones from our program term 6/28/2020 instead of going through to 6/30/2020. Will these be correct and if so when will this be represented in the Incedo system. How will this impact billing when it comes to June when those last 2 days are not covered since we work on a case rate system we need those last 2 days available.

The system was not set up to be able to default end dates to the end of the month. This should be remedied for new requests in a fix scheduled to be run this weekend. We have requested an enhancement to modify authorizations entered previously and are waiting to hear if that will be feasible.

Provider Questions

Claims

- What are the plans for those of us in a group practice? We are still unable to submit claims as a rendering provider.

Optum is in the final stages of updating the Incedo direct claims entry screen. Providers can bill paper claims and via 837 transaction.

- What needs to be done if Beacon overpaid a claim/account and payment retraction is needed?

A corrected claim that references the original claim number should be submitted.

- What number should go on the claims?

The SR authorization number should go on the claims

Provider Questions

Incedo Provider Portal

- Has there been an ETA of when all the Beacon information (Past Payments, Authorizations, Etc.) will be fully integrated into the Incedo System?

2019 claims have been loaded. Authorization loads are in progress.

- Beacon would include denial reason on their website to why the claim is being denied. Will the Incedo System be updated to include claim denial reason(s) in their system?

The Incedo system is being update to list the actual reason for denial. We anticipate this to be functionality to be available towards the end of April.

- Has there been an ETA of when all the Beacon information (Past Payments, Authorizations, Etc.) will be fully integrated into the Incedo System?

The majority of the historical authorizations have been loaded into the system. There were some that were not able to be loaded, and a process has been set up to ensure that any authorizations that did not load to date will be entered upon claim receipt.

Provider Questions

Incedo Provider Portal, continued

- Will the Optum Incedo System be updated to include Authorization Letters like Beacon did for Inpatient and Partial Hospitalization stays?

While there is no plan to include authorization letters in the system, the functionality to export all authorizations and print them is now available.

- Will the Incedo System eventually include online inquiries like Beacon used to do for providers to inquire about claims, payment retractions, etc.?

Optum is reviewing that functionality.

- Also can we request a save function in the authorization process as Incedo has not been running great lately with time out, or run time errors. When this happens you are logged out of the system and will lose everything that was in process. A save draft function would be wonderful.

Optum will be taking this into consideration.

Provider Questions

Website

- Where are we able to locate the in the Optum Maryland Website the list of HCPCS/CPT covered under Mental Health, Substance Use Disorder (SUD), and Poisoning Diagnoses?

Covered diagnosis codes can be found here:

<https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html>

under the clinical/utilization management section. Covered services can be found in the fee schedules listed on the same page

Provider Questions

Telehealth

- Our agency has submitted telephonic visits using the UB modifier, per the “Follow-up Guidance on Temporary Telehealth Services” FAQ. Our claims have been denied for each telephonic/UB modifier visit. Can you please provide some clarification on what is the “correct” way to bill these?

Please continue to bill with the appropriate GT or UB modifier. Claims have denied and Fee schedules are being finalized. Denied claims will be reprocessed and re-adjudicated once fee schedules are completed.

- For PRP Services, is there a requirement of a BAA to be in place for all group activities that will count as an onsite? And does it have to be via a HIPAA Compliant platform for it to be considered an onsite?

A BAA is not needed but consent is. From an MDH provider alert: “If HIPAA compliant tele-video platforms are not available, group counseling/therapy may be conducted utilizing non-HIPAA compliant platforms. The individual must give consent to the telehealth service and be on notice that the platform is not-HIPAA compliant, and thus security/confidentiality may be at risk.” (From provider alert: [04-10-20: FAQs for Telehealth \(updated April 9\)](#))

Provider Council Information

- Minutes from previous meetings, and associated FAQs can be found on Maryland.Optum.com > [Provider Information](#).
- The next Provider Council meeting will be held on **Friday, May 8**.
- Meeting reminders will be sent at the end of April.

Frequently Used Phone and Email Addresses



Maryland Public Behavioral Health System **1-800-888-1965**

- Option 1 Participants
- Option 2 Providers

Maryland Provider Relations - marylandproviderrelations@optum.com

Token and Incedo Provider Portal Registration questions -
omd_providerregistration@optum.com

Maryland Provider Payments - maryland.provpymt@optum.com

To register for Provider Alerts - marylandprovideralerts@optum.com

Thank you.

The Optum Maryland Team

