



Maryland Provider Council Meeting

November 13, 2020

Hosted by Optum Maryland





Welcome

Agenda

- 1 Welcome and Opening Comments
- 2 Maryland Medicaid Updates
- 3 Maryland Behavioral Health Administration Updates
- 4 Assisted Reconciliation
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- 6 Customer Service Updates
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Maryland Medicaid Updates

Maryland Behavioral Health Administration Updates

Assisted Reconciliation

Assisted Reconciliation

- Optum Maryland and MDH have appreciated provider feedback regarding the Reconciliation process. With consideration of providers' workload and staffing conditions, we are committed to actively working with providers to understand challenges with Reconciliation and to identify additional support needed to further tailor the Reconciliation approach.
- On December 1, 2020 we will begin a phase of “Assisted Reconciliation” for a 6-month period applying to dates of services prior to August 3. During this period, we will:
 - Focus on ensuring claims submission meets the timely filing requirement*
 - Make an exception during the 6-month timeframe for the **90-day** appeal time frame to not apply to dates of service prior to August 3, 2020
 - Make an exception during the 6-month timeframe for the **60-day** reconsideration time frame to not apply to dates of service prior to August 3, 2020
 - Concentrate on resolving key system issues such as the 277CA report and Retro-eligibility.

Assisted Reconciliation

To maintain compliance with Federal Regulations, timely filing rules remain unchanged; claims must be filed within 1 year of date of service. As a result, we have developed a schedule to assist with meeting these deadlines.



- Providers are not required to supply feedback to us during this process, however provider engagement will be essential in improving the overall reconciliation process and confirming timeline completion.
- Based on information gathered from participating providers, the deadline for completing reconciliation will be confirmed after the end of the Assisted Reconciliation period.
- Once we have completed all two-month reconciliation intervals, we will collaborate with providers to develop a recoupment process.

Detailed Reconciliation Report Update

Detailed Reconciliation Report Update

Detailed Reconciliation Reports

- Optum Maryland began the release of the Detailed Reconciliation Reports on Friday, October 30, 2020.
 - Initial summary reports were delivered to providers' Incedo accounts by Monday, November 2
 - Completion/delivery of reports 2 and 3 expected by November 13, 2020
 - Providers who requested a detailed reconciliation report will receive an email notification when the reports are ready
 - Providers who did not request the detailed reconciliation report can still do so by completing the [reconciliation survey](#).

Providers who completed the survey and initially declined the detailed report may request this report by emailing maryland.provpymt@optum.com

Sample Detailed Report 1

The following slides show a breakdown of the Detailed Reconciliation Report 1 with Column Header Descriptions below.

'Incedo Claim Number'	'Claim Master ID'	'Claim Detail ID'	LineItemControlNumber	'Incedo Provider ID'	'Provider Name'	'Provider TIN'
20201	1111	111	20201-1	12345	ABC PROVIDER	101010101
20202	1112	112	20202-1	12345	ABC PROVIDER	101010101
20203	1113	113	20203-1	12345	ABC PROVIDER	101010101
20204	1114	114	20204-1	12345	ABC PROVIDER	101010101
20205	1115	115	20205-1	12345	ABC PROVIDER	101010101
20206	1116	116	20206-1	12345	ABC PROVIDER	101010101

Column Header	Description	Visible in the Portal Claim Screen
Incedo Claim Number	Claim number assigned by the Incedo system	Yes
Claim Master ID	Internal ID assigned by Incedo to the individual service line	No
Claim Detail ID	Internal ID assigned by Incedo to the individual service line	No
LineItemControlNumber	External ID assigned by Incedo to the individual service line	Yes
Incedo Provider ID	Incedo Provider ID	No
Provider Name	Provider Name	Yes
Provider TIN	Provider TIN	No

Sample Detailed Report 1

NPI	'Patient Name'	'Incedo Member ID'	'Patient Medicaid ID'	'Patient Control Number'	'Primary Diagnosis'	'DOS From'	'DOS To'
2020202020	John Doe	123456	11111111111	233999	F41.1	12/26/2019	12/26/2019
2020202020	Jon Smith	234567	22222222222	234000	F43.9	12/26/2019	12/26/2019
2020202020	Jane Doe	345678	33333333333	234001	F43.9	01/02/2020	01/02/2020
2020202020	Jane Smith	456789	44444444444	234002	F33.1	01/02/2020	01/02/2020
2020202020	Susie Smith	567890	55555555555	234003	F90.2	01/02/2020	01/02/2020
2020202020	Sally Doe	678901	77777777777	234008	F43.9	12/30/2019	12/30/2019

Column Header	Description	Visible in the Portal Claim Screen
NPI	NPI	No
Patient Name	Patient Name	Yes
Incedo Member ID	Incedo Member ID	No
Patient Medicaid ID	Patient Medicaid ID	No
Patient Control Number	Provider Assigned Patient Control Number	No
Primary Diagnosis	Primary Diagnosis Submitted on the claim	No
DOS From	From Date of Service	Yes
DOS To	To Date of Service	Yes

Sample Detailed Report 1

'Procedure Code'	'Revenue Code'	Modifier1	Modifier2	Modifier3	Modifier4	'Date Received'
90837						1/4/2020 8:15:20 PM
90834		UA				1/4/2020 8:15:20 PM
90847		UA				1/4/2020 8:15:20 PM
90834						1/4/2020 8:58:52 PM
90834		UA				1/4/2020 8:58:52 PM
90847		UA				1/4/2020 8:58:52 PM

Column Header	Description	Visible in the Portal Claim Screen
Procedure Code	Submitted Procedure Code	Yes
Revenue Code	Submitted Revenue Code	Yes
Modifier1	Submitted Modifier1	Yes
Modifier2	Submitted Modifier2	Yes
Modifier3	Submitted Modifier3	Yes
Modifier4	Submitted Modifier4	Yes
Date Received	Date claim was received into Incedo	Yes

Sample Detailed Report 1

'Billed Amount'	'Paid Amount - Medicaid'	'Paid Amount State'	'Ready to Pay - State '	'Ready to Pay - Medicaid'	'Pended Amount'	'Other Ins Amount'
\$150.00	\$103.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$119.59	\$119.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$122.35	\$122.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$114.00	\$103.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$119.59	\$119.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$122.35	\$122.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Column Header	Description	Visible in the Portal Claim Screen
Billed Amount	Billed Amount	Yes
Paid Amount - Medicaid	Paid Amount - Medicaid Funds	Yes - not separated by fund
Paid Amount State	Paid Amount State Funds	
Ready to Pay - State	Amount Ready to Pay in next check write - State funds	No
Ready to Pay - Medicaid	Amount Ready to Pay in next check write - Medicaid funds	No
Pended Amount	Amount for Pended Claims	Yes
Other Ins Amount	Primary Carrier Paid Amount	No

Sample Detailed Report 1

'Denied Amount'	'Disallowed Amount'	'Duplicate Amount'	'Denial Reason'
\$0.00	\$46.61	\$0.00	Charge exceeds allowed amount for this service
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$10.61	\$0.00	Charge exceeds allowed amount for this service
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	

Column Header	Description	Visible in the Portal Claim Screen
Denied Amount	Denied Amount	No
Disallowed Amount	Disallowed Amount	No
Duplicate Amount	Duplicate Amount	Yes - at the claim line level
Denial Reason	Denial Reason	Yes

Sample Detailed Report 2

Report 2										
PROVIDER_TIN	NPI	CLAIM_NUM	PROVIDER_CLAIM_NUMBER	CLAIM_DETAIL_NM	LINE_CONTROL_NBR	PATIENT_CONTROL_NUMBER	PAID_AMT	CHECK_DATE	CHECK_NUM	
52XXXXXX	1234567888	20200000002	13252122	13038534	20200000002-1	1223191002400072	\$ 856.71	05/02/2020	50006042	
52XXXXXX	1234567999	20200000003	13731412	13534051	20200000003-5	9358960041	\$ (12.30)	05/02/2020	50006042	
52XXXXXX	1234568110	20200000004	13730496	13534076	20200000004-5	9350840011	\$ (103.60)	05/02/2020	50006042	
52XXXXXX	1234568221	20200000005	13732063	13534108	20200000005-4	9362430021	\$ 1,256.15	05/02/2020	50006042	
52XXXXXX	1234568332	20200000006	13731436	13535069	20200000006-1	9299150071	\$ (326.73)	05/02/2020	50006042	
52XXXXXX	1234568554	20200000008	13731013	13536180	20200000008-1	9360540041	\$ -	05/02/2020	50006042	
52XXXXXX	1234568776	20200000010	13731081	13536316	20200000010-1	9283160021	\$ (516.00)	05/02/2020	50006042	
52XXXXXX	1234567890	20200000000	13252719	13037048	20200000000-1	1226190972700097	\$ 46.18	05/02/2020	50006045	
52XXXXXX	1234567890	20200000000	13252719	13038434	20200000000-2	1223191002400091	\$ 125.73	05/02/2020	50006045	
52XXXXXX	1234568443	20200000007	13732054	13535105	20200000007-1	9350720021	\$ (29.88)	05/02/2020	50006045	
52XXXXXX	1234568665	20200000009	13731870	13536216	20200000009-1	9358110021	\$ 388.04	10/04/2020	50054966	

- Report 2 shows the check numbers for each claim number, allowing providers to reference check numbers against claims details shown in report 1

Sample Detailed Report 3

Report 3				
PROVIDER TIN	CHECK NUM	CHECK DATE	CHECK PAID AMT	OFFSET AMT
52XXXXXXX	50006042	05/02/2020	\$ 1,154.23	\$ 1,154.23
52XXXXXXX	50006045	05/02/2020	\$ 142.03	\$ 142.03
52XXXXXXX	50054966	05/02/2020	\$ 388.04	\$ 300.00

- Report 3 shows the offset amount and links this amount to individual checks

Operations Updates

Operations Update

Customer service reorganization

- Customer service vendor management for Protocall and Issue Management execution transitioned to new management in October.
 - Urgent focus on customer service has centered on:
 - 1) the call experience
 - 2) enabling greater first call resolution, and
 - 3) effective help line execution.
 - RESULTS: Protocall Calls Volumes were down 8% from September to October and down 17% from September to November MTD.
 - RESULTS: Customer service to Helpline daily call volumes down 19% from September to October and down 29% from September to November MTD.
- Immediate engagement with Issue Management has centered on funneling all issues and escalations into a consistent and formal resolution process, strengthened reporting and management of issue inventory, and backlog reduction while maintaining a sustainable issue resolution performance.
 - Provider Relations Email and Voicemail Volumes down 22% from September to October and down 31% from September to November MTD

Operations Updates

Tranche release

- Optum Maryland is targeting the completion of all the PRAs to be released in the late November timeframe

PRP claims drilldown

- PRP claims workgroup will meet on Friday, November 13

PRP authorizations drilldown

- PRP authorizations workgroup first met November 5. Follow-up meeting Friday, November 13

Split Authorizations

- Some split authorizations that went beyond July 1 were end-dated June 30 for MAT and level 1 outpatient levels of care. Those spans have been expanded or added as outlined in a [provider alert](#) dated October 6, 2020

Duplicate Records Merge

- A process to merge duplicate participant records has been implemented and will be used on an ongoing basis as duplicate records are identified.

Operations Update

ECT Authorizations

- Update to process for obtaining ECT authorization. Provider alert pending

T2048 Code

- The code was added to RRP authorization plan and an authorization line was added for authorizations that were requested prior to the code being available.

November Training Opportunities

- [UB04](#)
- [MDRN](#)
- [Basic Authorization](#)
- [Basic Claims](#)

Provider Questions

Provider Council Information

- Slide decks from previous meetings, and associated FAQs can be found on [Maryland.Optum.com](https://maryland.optum.com) at the following link:
- <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html>
- The next Provider Council meeting will be held on **Friday, December 11, 2020.**
- Meeting reminders will be sent at the beginning of month.

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
(Please note the underscore in this email address: “omd_providerregistration...”)

Maryland Provider Payments - maryland.provpymt@optum.com

To register for Provider Alerts - marylandprovideralerts@optum.com

Thank you.

The Optum Maryland Team

