



These minutes reflect the December 2019 Provider Council Minutes and that all providers should have transitioned to Optum as of 1/1/2020. Please see the Optum Maryland website at: Maryland.optum.com

BHA/MA/Optum/Beacon Health Options Provider Council Meeting Minutes

**Friday, December 13, 2019
10:00 am to 11:30 am**

In attendance: Donna Shipp, Stephanie Clark, Cynthia Petion, Susan Steinberg, Karl Steinkraus, Corey Carpenter, Debbie Galloway, Barbara Trovinger, Shannon Hall, Steve Reeder, Scott Greene

Telephonically: There were 417 participants telephonically.

Topics & Discussion

Minutes

BHA Update

- No Updates at this time.

Medicaid Update

- No Updates at this time.

Beacon Health Options Update

- The last date for providers to submit claims to Beacon is December 29, 2019 at 11:59 PM. Any open claims that do not get processed will be sent to Optum for processing.
- MH RTC's December billing should be submitted to Optum as the claims cannot be split for the month.
- Providers should continue to submit authorizations for all 2019 services to Beacon until 12/31/19. Authorizations for 2020 date spans should be submitted to Optum as of January 1, 2020. Beacon will transition all current authorizations to Optum.



- ProviderConnect will be available to providers for 90 days after the end of the contract. Payspan will be accessible through the Payspan system for 18 months after the end of the contract.

Optum Update

- Dr Hadley, Medical Director, introduced Dr. Malika Closson as the new board certified child, adolescent and adult psychiatrist for Optum Maryland. Her prior experience includes working with MDH Medicaid pharmacy program, providing psychiatric services to children and adolescents in an outpatient setting, and performing physician peer reviews. Her work at Optum will be primarily with MH and SUD services for children and adolescents and MH services for adults.
- Dr Hadley further indicated that Dr. Steven Daviss, who is a board certified psychiatrist with expertise in addiction medicine, psychosomatic medicine, and clinical psychopharmacology will be joining the team shortly. His experience includes MH and SUD clinical practice, integrated care, behavioral health policy and medical informatics. His work at Optum will be primarily with adult MH and SUD services.
- Optum acknowledges that during trainings there were glitches of the system and providers only received a high level overview. Over the past week, Optum has been completing training that shows the system in full and by provider type. Optum is currently preparing an FAQ that they have been collecting from providers over questions that have come in over the past two weeks. Trainings are also being refined and they anticipate that next week's trainings will be even further refined. Trainings have also been recorded and will be posted next week to the Maryland Medicaid website so that providers are able to access for staff training as needed.
- 837 Companion guide has been posted and the provider manual is under final review with the state and we are looking to post early next week.
- If there is any issue with the system's ability to accept authorizations, there will be a temporary waiver for authorizations until it is resolved.
- Testing of the registration process is underway and will start on Monday with a select few providers to test.

Provider Questions



- 1. MDH has indicated that 12/31/19 is the last date that Beacon will accept authorizations. On what date will Optum's system be ready to accept new requests for authorization?**

Providers will begin to enter new and concurrent requests for authorizations on 1/1/2020.

- 2. Multiple RRP providers indicate that Beacon has recently been approving some RRP auths without always specifying intensive or general, and sometimes without units. Beacon hasn't responded to requests for clarification of the auths. Can you clarify the rationale for this change?**

This was a staff training issue, as Beacon has had to cover RRP with additional staff due to attrition. The staff have been re-educated and providers should not see this issue as they move forward.

- 3. Will Beacon's textual notes describing acuity or other factors impacting medical necessity associated with authorizations transfer?**

Providers are responsible for documenting in their patient records their MNC requirements. However, clinical data elements that you enter into the fields of ProviderConnect, have already begun transitioning over to Optum. PDF's and other documents that you attached to your review will not transfer. As such, Beacon is leaving their portal open for at least 90 days during which time providers may download if they haven't already, their patient's textual notes to retain for their records.

- 4. It was mentioned during November's meeting that Medicare would soon pay for SUD services when a consumer has QMB/MA. What about if there is no QMB/MA? Will an uninsured exception still be required for disabled consumers with only Medicare? What about retired consumers with only Medicare?**

CMS has announced that Medicare will cover services when rendered by an Opioid Treatment Program. When that goes into effect, it means that OTPs will need to bill Medicare directly for those they serve who are dually eligible individuals (Medicare AND full Medicaid). For those with QMB/SLMB coverage under Medicare, it means the OTP submits their claim to Medicare only for reimbursement. State funds will no longer be needed to cover this service for these individuals as Medicare would pay for the service. The main caveat to this



is that CMS will not be fully implemented as of January 1, 2020. CMS has directed States to continue to provide coverage for a period of time until they have fully implemented their coverage. OTPs need to get paneled with Medicare and as that process is completed, you will then bill only Medicare for services rendered to dually eligible and Medicare beneficiaries.

- 5. It was mentioned only paper claims or 837 batch, what about direct claim submission? This was promised that it was part of the contract? Is that not the case now?**

Optum Provider Connect will have the ability to enter single claims or upload a file. The one exception are drug code claims that require the NDC code. These must be submitted electronically or on paper. You will be unable to enter a UB through the direct submission. There will be trainings next week on Monday December 16, 2019 and Friday December 20, 2019 at 4:00 PM where providers can ask any additional questions.

- 6. "Optum Maryland, working with InfoMC, has a core system called Incedo which will be used to administer authorizations, pay provider claims, and for reporting." Do we need to do anything in this platform different than with Optum?**

Yes, your Administrator must register in Incedo beginning December 16, 2019 using the token and password you will receive from a secure email address from Optum. There will be two separate emails. The first email will be from Optum giving you the link and instructions for registration. The second email will look different as it is coming from a secure email and this is the email you will receive your token information that will be sent out based on your provider type. More details will come out on the process shortly. If you have any questions you can email them to marylandproviderrelations@optum.com

- 7. Will Authorizations still be downloadable and in similar format? Will authorization turnaround still be same day? Will the same bundles be used?**

Yes. The turnaround times will remain the same with post stabilization being 1 hour from the time of request, inpatient within 24 hours of request and Non-urgent up to 14 days. The service code bundles will remain the same.

- 8. How will Optum handle a provider with multiple MA#'s and different hours?**



Once Providers have been granted access into Optum's Provider Connect system you will be able to go in and adjust the hours for each of your individual locations.

9. The Uninsured Grants are currently processed by Beacon. Please confirm that Optum will be taking on this workflow

Yes, Optum will be administering the uninsured workflow. This is being shown in various trainings held by Optum.

10. A recent provider alert indicated that Mental Health Programs require a UA modifier for all in our Electronic Health Record we use the program enrollment modifier for our OMHC, PRP and SUD program

- U2 for Youth
- U2 for Wellness Services Youth receiving Health Home
- U3 for Adults
- U3 for Wellness Services Adults receiving Health Home

Is the expectation, to ensure proper billing, to change our modifier from U2 to UA for each patient 17 and under? PRP and SUD in addition to OMHC are considered Mental Health programs by the MD Behavioral Health Administration but PRP and SUD were not included in your list of programs required to identify patients 17 and under. Please advise.

- patients 17 and under. The list of programs responsible did not include PRP and SUD which historically have been considered Mental Health Programs.
- In reference to alert released 11/26, which required addition of a new modifier for child services: Modifier starts at age 18 or 21? Why can't the patient's date of birth be used instead of a modifier

There was a corrected Provider Alert sent out that stated only OMHC's need to use the modifier due to rate differential for payment. UA modifier should be placed in space one. For Telehealth the UA modifier would go in the first space and the GT modifier would go in the second space.

11. Some providers are waiting on Beacon to reprocess claims at corrected rates or correct retroactive billing. Does Beacon or MDH have a list of providers waiting on reprocessed claims? If Beacon has not reprocessed these claims before the end of its contract, how will these outstanding items get transferred to Optum?



All pending claims from Beacon will be transferred to Optum. If the provider has continued claims problems and does not get a response on their claims issue call Optum as of January 1, 2020 at 1-800-888-1965. You'll note this is the same contact number as today. That number is designated by MDH for the ASO. If you call prior to January 1, 2020 Beacon will answer. From January 1, 2020 forward, Optum will answer.

- 12. With respect to the Optum transition, it seems like the payer ID OMDBH is a new one. We submit through Change Healthcare. They are quite a large clearinghouse but they say they never heard of this payer ID. Do you know if Optum plans on working with Change Healthcare?**

We have reached out to various clearing houses to advise of this change. Please contact provider relations if this is still a concern marylandproviderrelations@optum.com.

- 13. The FAQs note that Optum anticipates using paper checks for a few weeks. How long is this anticipated to last? How will Optum verify the provider address on file?**

Optum is diligently working to get set up with electronic fund transfers and though they cannot promise the first January check run will be electronic, they are working to ensure this is set up as quickly as possible. Providers will continue to send paper checks until the end of January. Optum obtains the payment address from the Pay-to field in MMIS, therefore providers should validate their Pay to address per last month's communications with ePrep.

- 14. Currently, some PRP programs are set up to submit encounters automatically and release a case rate claim automatically only once the minimum number of encounters has been met. The revised PRP billing transmittal seems to suggest that the case rate claim and encounters must be submitted together. Can you clarify whether the encounters & claims must be submitted simultaneously, or whether the case rate claim can be submitted only after the minimum encounters have been met.**

The encounters and claims do not need to be submitted simultaneously. The case rate claim should only be submitted after all encounters for the month have been submitted.



15. At the October Provider Council, MDH indicated that Beacon’s archive of provider alerts would not be migrated into Optum’s provider website, although a copy would be stored for audit purposes. There is no up-to-date alternative library or manual of policies, billing rules and transmittals for providers to reference. In order to promote compliance with MDH’s existing rules and policies, providers must be able to access and reference the rules and policies. Access to the alert archive is essential for providers and the stakeholder community. We urge this to be incorporated into the ASO transition planning.

As clarified in the November Provider Council, all Provider Alerts are being archived and will be available on Optum’s website. Optum’s website will be live on January 1, 2020. Optum is focused on moving current materials first but will eventually upload all materials that exist today on the Beacon site to the Optum Site.

16. In past ASO vendor transitions, the new vendor has recouped claims from providers without adequate notice or sufficient detail to identify impacted claims. We request that no payment recoupments or take-backs occur across ASO vendors unless the vendor has given 30-days’ notice of the anticipated take-back to the provider, describing the impacted claims by client number and date of services.

The Department is aware of the concerns around large retraction projects during ASO transitions – outside of the ongoing PRP reconciliation which has designated Beacon outreach continuing, there are no other projects anticipated. Normal day to day business functions such as claims reprocessing, retractions due to audit findings, and PRP reconciliation will continue as part of normal business process into the launch of Optum. The ASO will notify providers at least 30 (calendar) days in advance before implementation of retractions that would impact the provider community.

Additional Provider Questions

1. Will Optums system provide authorization reports that providers get 7 day auth expirations?



Optum is working on reporting. There is not a listing that will be available on January 1, 2020 but if providers have suggestions of what they would like to see please email those to marylandproviderrelations@optum.com.

2. Has it been decided if PaySpan will be the vendor?

Yes, Optum is working to engage with PaySpan as the vendor for payment.

3. Since they will not be entering OMS, does this mean that the discharge will not be paid?

The OMS process is changing due to parity requirements. Providers are requested to answer the Additional Data Reporting Questions which are a form in Incedo's Provider Portal. Providers should answer these questions for their initial and concurrent authorizations and can then bill for the discharge.

4. UA is only for OMHC's?

Yes, and one service code under PRP.

5. There is RTC and Long term care but no OES or that it is known – no information has gone out about this?

Optum is aware of the OES and long term care process and there are meetings to review these processes and ensure that this workflow is accounted for.

6. Having multiple locations, patients may receive services at two different offices. Will the same authorization be utilized regardless of location or will it need to be location specific?

Optum will review this and get back to providers.

7. Clarification of the next claims training says December 19, 2019 but is it Friday?

The training is Friday, December 20, 2019.

8. We have been billing PRP in December, is this okay?

Yes, please continue to bill Beacon Health Options.



9. When completing the survey for Optum, the hours are getting stuck?

Please ensure that you complete all days, even if you are closed. You must enter every field with NA/Closed or some information.

10. PRP Authorizations that start in the new year, will we need to wait to put those authorizations?

Yes, 2020 authorizations will need to go into the Optum system.

11. Are trainings for LBHA's and CSA's being planned?

Yes, and more information will be coming out.

12. When will providers be given a list of contacts for claims and billings issues?

Please email Marylandproviderrelations@optum.com. Also, please note that the 800 number remains the same as the current one you use to contact Beacon, this number will not change.

13. Where will the billing guides be published?

They will be published on the Maryland Department of Health website until the Optum site is live on January 1, 2020.

14. Optum is asking for MA/NPI's and we only have Beacon provider files – how do we get set up?

Send an email to Steven.Reeder@maryland.gov and he will assist you.

15. How do we bill at the higher SUD rate?

Rates have been updated in the Beacon system and new claims coming in should be paying at the higher rate if you ensure to bill at the higher dollar amount. Beacon and Optum will be working to transition the SUD outstanding balances at the end of the contract.

16. Will all clients be transitioned over or will there be a grace period to ensure 100% success?



Optum is receiving Medicaid files currently. They have also received Beacon reports of providers that do state only funded services. These files are being loaded and be able to appropriately access the system.

17. As an FQHC, are there any issues with billing and reimbursement?

There should be no changes in the practice for FQHC's they will be paid their daily case rate.

18. How do we sign up for trainings?

If you go to the Beacon website and review the training provider alerts, there are links. Providers can also go to the transition websites where you will find links to the training calendars for registration.

19. Will PT 54 still be allowed to submit direct claims submissions?

Yes.

20. What will the SUD authorization be for those that have Medicare advantage?

You do not bill the PBHS, you must bill your MCO.

21. How much are OMHC's paid?

That information is located on the Beacon website. The fee schedules do not change and rates are the same under Optum.

22. Is Optum an MBHO for Maryland Medicare Advantage?

There is no Optum Medicare Advantage in Maryland.

23. Since we will receive a paper check, with the EOB be paper or electronic?

That information is still to be determined and more information will come out shortly.

24. Currently SUD methadone go through uninsured expectation process, will this remain the same?



Yes, the uninsured process will remain the same with Optum.

25. When will Health Homes transition?

Tentatively in July, but this transition is still under review by the department.

26. Will we be able to download auths and upload into our EHRs?

That is still under development and Optum will provide more information shortly.

27. When providers submit uninsured, will Optum be looking as retro-eligibility?

Yes, Optum will be monitoring and processing for retro-eligibility.

28. Will providers be able to bill for more than 1 service?

Remember, rules are not changing only the ASO vendor. You will still be able to bill according to regulations.

29. Should you not receive the new ROI form, will they still be able to bill Optum for services?

Yes, it is highly encouraged that providers get the ROI so that Optum can share information with the MCO for care coordination but it is not a requirement for claims payment.

30. Will the VSP program transition over to Optum?

No, they will not.

31. Will training cover Provider type 91?

No, the PBHS does not cover provider type 91.

32. What bank will you be using?



Optum uses the State of Maryland's bank accounts.