



Maryland Provider Council Meeting

July 10, 2020

Hosted by Optum Maryland





Welcome

Agenda

1 Welcome and Opening Comments

2 Maryland Medicaid Updates

3 Maryland Behavioral Health Administration Updates

4 Reactivation Update (Authorizations & Claims)

5 Operation Updates

6 COVID-19 Updates

7 Provider Questions

8 Wrap-up

Maryland Medicaid Updates

Maryland Behavioral Health Administration Updates

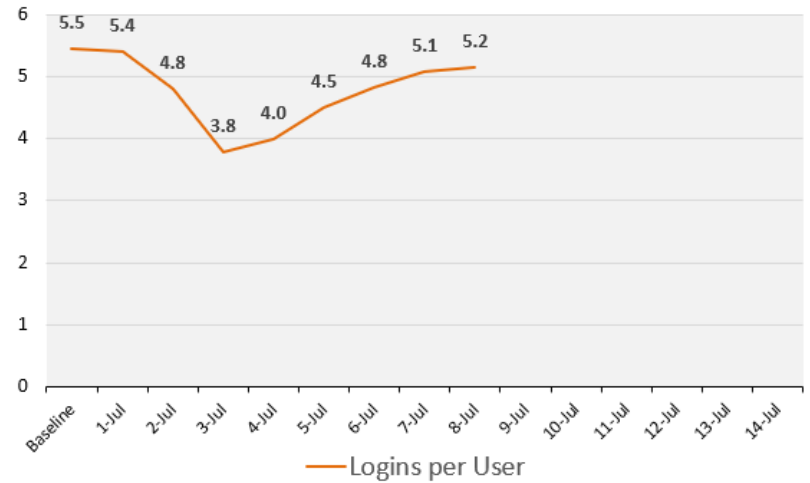
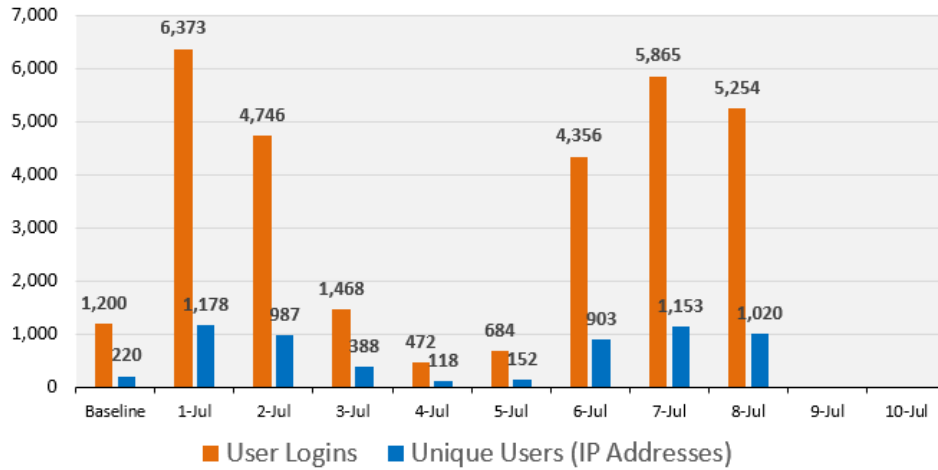
Reactivation of the Incedo System

Reactivation successful but key challenges being addressed

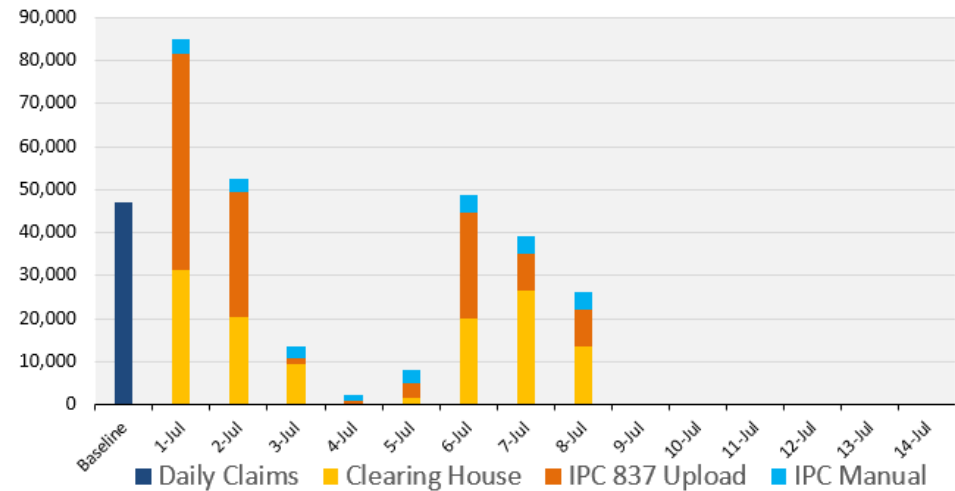
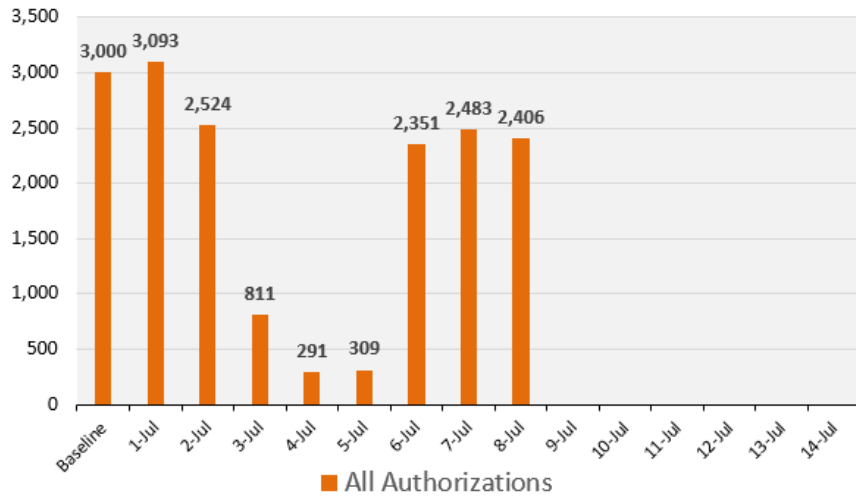
The Incedo System was reactivated on Wednesday, July 1.

- The Incedo Provider Portal was reactivated on July 1 with necessary system functionality
- Operational capacity in claims and clinical has been strong
- Day one issues in service center have been largely remediated
- Optum continues to assess future enhancements to the Incedo system

System utilization from July 1 – July 8



Authorization and Claims data from July 1- July 8



Reported Issues and Remediation

Since system reactivation on July 1:

- 10 items reported, of these;
 - 7 are now closed
 - 3 remain open or in process

System Enhancements

Optum Maryland has implemented new system enhancements

Functionality	Impacted Area	Impact to Providers
Diagnosis field set to "Required" when entering a service request	Clinical	Providers must enter a valid diagnosis when entering an authorization request.
Case rate services default to end of month	Clinical	Authorizations will be correct
Denial reasons and make visible to Providers on IPP	Claims	Ability to determine why a claim has been denied
HCFA1500 form to submit corrected claims/request voids	Claims	Allows entry of rendering provider, NDC and J codes, ability to submit corrected claims/request voids
Automated approval of uninsured eligibility span.	Eligibility	Reduced delay in receiving approval.

Authorization Reminders

Optum Maryland has released a number of Provider Alerts regarding authorizations:

- For the period January 1 – June 30, 2020 an authorization is currently not required. Claims for DOS in this period will pay without regard to authorization.
- Attempts to enter retro authorizations for dates prior to July 1 will cause a warning message to display and the date will be modified to July 1 or current day.
- For DOS July 1, 2020 and forward an authorization **MUST** be on file in order for claims to pay. Providers will be able to retroactively add authorizations for DOS July 1 and forward, until July 31. After July 31 Providers will not be able to request authorizations retroactively.

Authorization Reminders

- A diagnosis is now required for all authorization entries (except MDRN).
Diagnosis code **F99 should never be used when requesting concurrent review.**
- As we continue to update the Incedo system, Providers may notice updates, corrections, and changes to the way authorizations are displayed:
 - End dates for RRP and PRP authorizations have been corrected and will now automatically default to the correct date ([see Provider Alert](#))
 - Historical authorizations that span July 1 will now be split into 2 lines to reflect units used prior to July 1, and units available after July 1 ([see Provider Alert](#))
- Other recent updates include:
 - New procedures for requesting corrections to authorizations ([see Provider Alert](#))
 - New procedures for requesting authorization closure ([see Provider alert](#))

Claims

Top 5 Denials

1. Duplicate Claims
2. Billing Procedure Codes not covered for Provider Type
3. Billing Incorrect Modifiers for Procedure Codes
4. Billing incorrect Place of Service, 02 is not valid per fee schedule
5. Billing procedure codes that are not covered for Participants Active Benefit Plan

Helpful Reminders

1. For PRP, modifiers U2 through U7 should not be billed in conjunction with H2016
2. Telehealth claims are to be submitted with modifiers GT or UB only. Modifiers GO, GQ or 95 are not allowed
3. The Service Site on the authorization must match the Service Site on claim
4. Date Spans are only allowed on Inpatient, UB04 facility claims

Claims Functionality

New Claims Features

- Claim denial reasons are now displayed in IPP.
- In addition to the 837/paper process for resubmitting claims, providers can now resubmit claims via the IPP. Information for Providers on resubmitting claims can be found [here](#).
- The addition of the CMS 1500 form in IPP will be supported by regular training sessions through July. Click [here](#) to view the training calendar.

Updates to the CMS 1500 form:

- Allow provider types that require a rendering provider to place on claim
- Bill J-codes with appropriate NDC code online
- Resubmitting claims without corrections or changes doesn't trigger reprocessing. These claims will be denied as duplicates

Operations Updates

- For Participants who meet the criteria, IPP now features automatic approval of uninsured eligibility requests
- The Call Center has increased their CSR staff, adding a total staff of 14 a day on average to the phone queue (goal of 40 total)
- Hourly review of call metrics (call volume, wait time, abandonment rate)
- When spikes arise, Call Center staff are rearranged so they are all working the general call queue
- Two additional training classes are scheduled for July 13 and July 20 to train an additional 13 new CSRs
- The Call Center has streamlined their processes for handling claims inquiries to reduce call handle times
- We have requested a staffing plan at the end of each day for the following day

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- Two additional training classes are scheduled for 7/13 and 7/20 to train an additional 13 new CSRs
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Updates to Fee Schedules

On July 1, 2020, the Medicaid Provider rates for community behavioral health and ABA services were increased by 4 percent.

The new fee schedules are posted to the Optum Maryland website:
<https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html>

- **PRP Billing Cascade**
 - **Individual Practitioner and OMHC Rates**
 - **PRP and Specialty Programs Rates**
 - **1915(i) Fee Schedule**
 - **SUD Fee Schedule**
 - **Gambling Fee Schedule**
 - **SUD-Gambling Fee Schedule**
 - **SUD Gambling Residential**
- If billed/charges are equal to, or greater than, new rates, Optum Maryland will reprocess the claim. No Provider action is necessary.
 - If billed amount is less than the new rate, you will need to submit a corrected claim using the new rates to allow for reprocessing. Resubmitted, corrected claims must be clearly marked as “corrected.”

Estimated Payments

Estimated payments are currently scheduled to run through July 16. The transition of payment for claims will occur over the following timeline:

- The final estimated payment will be made on July 16 and will cover the period ending July 12.
- The first payment made by Optum Maryland will be on July 23, covering the period July 13 – 19.
- Optum Maryland and MDH will continue to monitor system stability to determine whether or not this date will change.

Reconciliation Process Update

- Optum Maryland and MDH continue to meet to discuss and fine tune the reconciliation process
- Both organizations want to ensure that all phases of the project are executed in a manner that is the least disruptive to the MDH, Optum Maryland and the Provider community
- Phases of the project:
 - Phase 1: Reconciliation report rollout
 - Phase 2: Lease of backlogged claims and distribution of associated 835 and Provider Remittance Advice
 - Phase 3: Review and analysis for claims payments and denials and resubmission of correct claims and or claims adjustments
 - Phase 4: Discussions on reconciliation variance dollars and next steps to settle

Telehealth Services and COVID-19

Maryland Department of Health released a [letter](#) on Wednesday, July 8, from Deputy Secretary, Dr. Aliya Jones which gave an update on the status of telehealth. Key points of the letter include:

- Provider concerns about the end of telehealth flexibilities (originally announced to end on July 25, 2020) have been shared and thoroughly discussed throughout the Department.
- On June 29, a spokesperson for the HHS tweeted that HHS “expects to renew the Public Health Emergency due to COVID-19 before it expires.”
- This extension would renew the current telehealth flexibilities for another 90 days. While the Department waits for an official renewal, this tweet is reassurance.

Additionally:

- A series of weekly webinars for Behavioral Health Providers with MDH Public Health partners will continue for the foreseeable future as scheduled every Friday morning. We encourage your participation and submission of questions in advance to sydney.rossetti@maryland.gov

Provider Questions

Provider Council Information

- Slide decks from previous meetings, and associated FAQs can be found on Maryland.Optum.com at the following links:
 - maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/tools.html
 - maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/council.html
- The next Provider Council meeting will be held on **Friday, August 14, 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

Maryland Provider Payments - maryland.provpymt@optum.com

To register for Provider Alerts - marylandprovideralerts@optum.com

Thank you.

The Optum Maryland Team

