

June 2020 Provider Council Meeting Questions and Answers (Q&A)

This Q&A addresses questions and concerns raised by the provider community during June's Provider Council Meeting.

Telehealth

1. Can Child Care Coordination Assessments be provided via telehealth?

The H0031 Case Management Annual Assessment is eligible for telehealth.

2. Does the State have any new information regarding telehealth after COVID-19? Is there a process for registering providers to use it moving forward? How soon to July 25 will we know if approved providers can telehealth in patient homes via video or phone?

MDH has been able to offer telehealth flexibility regarding audio-only services and using non-HIPAA compliant technology to health care providers during this time, based on both Executive Orders from the Governor and waivers from the federal government. The federal telehealth flexibilities tied to the federal Public Health Emergency are scheduled to expire on July 25, 2020, although the [United States Department of Health and Human Services \(HHS\) spokesperson Michael Caputo tweeted on June 29, that the public health emergency may be extended.](#)

Absent an extension, certain telehealth expansions, such as audio-only services or those using non-HIPAA compliant technology, will end on July 25. Those telehealth services delivered in the home-setting that use HIPAA-compliant audio-visual technology will continue to be covered.

The flexibility to reimburse services in the home-setting using HIPAA compliant technology is tied to Governor Hogan's Executive Orders and Secretary Neall's Directives. While Maryland regulations prohibit reimbursing these services with state funds, federal regulations permit such reimbursement. As circumstances permit, we will review existing regulations regarding the reimbursement of these services.

3. The federal Phase II guidelines encourage continued telehealth for participants who are disabled and high risk, both of which are many in PBHS. How does the July 25 date square with federal Phase II requirements? I am getting more compliance/attendance at sessions, particularly from my pediatric clients who come from disorganized

households where the parents have trouble getting their kids to appointments.

See answer above.

4. Will the Maryland Health Secretary extend ADT’s ability to provide telephonic services?

Maryland is still under the state of emergency which is anticipated to continue into July. Continuation of telehealth services is still under review and when the Maryland Department of Health (MDH) has additional information to share, these will be done via additional guidance on telehealth coverage across all Medicaid covered services.

5. House Bill 1208 – signed in April – states that Mental Health services to patients in their homes will be covered. Does this mean that Mental Health services will be reimbursed after the State of Emergency expires?

Maryland is still under the state of emergency which is anticipated to continue into July. Continuation of telehealth services is still under review and when the Maryland Department of Health (MDH) has additional information to share, it will be done via additional guidance on telehealth coverage across all Medicaid covered services.

6. Is there an additional way to submit questions to the Behavioral Health Administration (BHA)?

Yes. Providers may submit all COVID-19 and telehealth questions to BHA’s Frequently Asked Questions Submission Form. [Click here](#) to access the form.

Eligibility/Insurance

1. What ID number should the provider use for uninsured participants? The ID number that contains the letter “U” or just the seven-digit number?

Providers should use the “U” number for uninsured participants.

Authorization

1. How much notice will providers have on the system reactivation date? Sufficient notice and time to get backlogged authorizations into the system are needed?

Please reference the [Status of Authorization Requirements](#), distributed on June 13. Optum Maryland has also released an alert on June 23 with the reactivation date that includes further details. [Click here](#) to view.

- 2. The ability to track authorization status is a core operational function that providers need to perform revenue cycle management oversight. Can this be implemented as a system enhancement?**

Optum Maryland will take this under advisement. We have had many excellent enhancement requests from the provider community that we will continue to work on.

- 3. Will Optum Maryland accept files with authorization corrections instead of current policy only allowing phone calls, limited to 2-3 authorization corrections per call?**

Yes, starting soon, we will have dedicated staff to assist with as many authorization corrections as needed. We will also allow Excel files to be sent to request authorization corrections and “discharges.” These files must contain the following information: SR ID, Provider NPI, Incedo ID, requested change, start date, and end date. More information to come on this soon.

- 4. During a recent authorization training, Optum Maryland representatives informed us that authorization is waived six months post relaunch, back to January 1. Is this true?**

Please reference the [Status of Authorization Requirements](#), distributed on June 13.

- 5. There are errors in authorizations and when I call the Clinical department, it takes about 10 minutes to correct. Is there a point person to contact regarding getting authorizations (I suspect they were auto approved as opposed to manually being approved)?**

If these changes relate to end dates for PRP, RRP, Mobile or ACT services, please know that these will be fixed shortly and there is no need to contact us. We are working on fixing all authorizations that span beyond July 1. For authorizations that do not span beyond July 1, we ask that those be left for now based on the authorization waiver in place.

- 6. I have an authorization that I have not been able to submit since January (start date of Feb 1.). I can search the participant, but it won't let me move past the 1st screen. The participant is due for another authorization next month. What should I do?**

If you have cleared your cache, using Google Chrome, and are logged in under the correct provider type, then please contact marylandproviderrelations@optum.com for assistance.

7. Is authorization required for administered injections (Vivitrol and Sublocade)?

No, authorization is not required for J-codes.

8. How does the discharge process work? We complete the form, but how does that information get to the Incedo Provider Portal (IPP)? Can instructions be posted on the Optum Maryland website?

Once the form is submitted, only Optum Maryland staff can enter the actual discharge into IPP. As noted above, we will soon have dedicated staff available to enter requested discharges in real-time. We will also be accepting spreadsheets with specific information provided or you can continue to complete the form in the portal.

9. Please clarify what you mean by “authorizations are temporarily not required from January 1 through reactivation?”

Please reference the [Status of Authorization Requirements](#), distributed on June 13.

10. Currently, with PRPs, telehealth has allowed us to bill case rate services (H2018), but we are needing to submit an initial request, and then a concurrent request the next month. Would it be possible to request a concurrent authorization for six months the first time, to avoid clogging the system with requests?

Authorization parameters are set by the State. Initial authorizations are for two months and concurrents are for six months.

11. Since authorizations are having so many issues, would you recommend not submitting authorizations until the system is functional?

Please follow instructions and reference the [Status of Authorization Requirements](#), distributed on June 13.

12. During a previous authorization training, Optum Maryland representatives mentioned that administrative level access is the only level allowed to view Beacon authorizations. Is this true?

Yes, authorizations are only able to be seen by the person who entered the authorization, unless you are an administrator. As Beacon authorizations were loaded directly into the system, only administrators can see them.

- 13. How are open authorizations being handled? For clients we saw due to not being able to obtain authorization and no longer seen at our clinic, will services be covered for this if it was later determined that they have an open authorization?**

As this occurred between January 1 and reactivation, claims will pay without regard to authorization.

- 14. We are an ASAM Level 3.3 provider. At one point, when we were submitting authorizations through IPP, we were able to select ASAM Level 3.3 services (billing code W7330) and room and board services (billing code RESRB). The billing code RESRB has disappeared as an option, so now our authorizations do not include room and board. How will this affect reimbursement?**

While W7330 is requested under a Medicaid insurance span, RESRB is only covered under State funding. To obtain authorization for both lines, choose Medicaid as insurance and pick the W7330 code. Then change the insurance to State and pick the RESRB line.

- 15. We are not able to request Supported Employment (SE) authorizations and have never been able to. Is there a timeline for when this will be corrected? Will Optum Maryland send a provider alert that explicitly addresses SE authorizations when it is corrected? What steps is Optum Maryland taking to resolve this issue? Is any progress being made? When can we expect it to be completed?**

Optum Maryland continues to work with the BHA to develop the proper workflow for SE. Finalization of these workflows is happening with the new two-week timeline. Providers, as well as CSA/LBHA and DORs, training will be scheduled soon.

- 16. There are still many issues with authorizations and claims migrated from Beacon. Is there an update on the timeframe for when the migration process will be complete? Will Optum Maryland make an explicit announcement when this is complete so that providers know when to identify and follow up on remaining problems?**

Authorizations for July 1 and beyond will be corrected.

- 17. The export feature in the Authorization Manager section in IPP does not allow us to report solely on authorizations that have changed in status. In addition, Optum Maryland often takes months to respond to authorization requests. This means that we routinely need to report on thousands of authorizations and sort through them in search of requests that have changed status. Is there a way around this problem? If not, can Optum Maryland make an enhancement to IPP to address this issue?**

Providers should put authorizations into an Excel spreadsheet and filter by status.

- 18. Are providers to go back and obtain discharge authorizations for a 90899-discharge claim to payout? This has been unclear.**

Until July 1, authorization is not required for claims payment including code 90899. Going forward, an authorization will be required for 90899 to pay.

- 19. In the past, providers have been informed to see clients and get authorizations at a later date. It was also known that we were unable to verify open authorizations. As we are now getting old authorizations, we are running into the issues of the client having authorizations open with another provider. We have clients who have been seen for services, have an open authorization, and now are even discharged from our agency so we cannot contact them to get the authorizations closed. How is this being handled by Optum Maryland?**

Claims are currently paying without regard to authorization. If the client is no longer being seen this should not be a problem.

- 20. When will authorization requests submitted in previous months be processed?**

Please reference the [Status of Authorization Requirements](#), distributed on June 13.

- 21. Why do we see a huge list of modifiers on each authorization request, and why can't we unselect any of them?**

This is a temporary situation during COVID-19 which was implemented to ensure that all necessary modifiers are covered during this time without a specific authorization needing to be on file. After the COVID-19 allowances are removed, you will be able to select specific modifiers.

- 22. I have 72 PRP/RRP authorizations that have the wrong end date (i.e., 6-28 instead of 6-30). Is there an Optum Maryland staff I can email the list to? This would be very time consuming if I must call about each one.**

Optum Maryland will be fixing incorrect authorizations prior to reactivation.

- 23. When using IPP, it is incredibly frustrating to request an authorization and have the system continually timeout or give an error message because**

there is an authorization issue. If we move away from the screen and try later, we must redo all the prior work. Is there any way to have a “save” function in order to go back and try again without having to redo everything?

Please make sure to clear your cache before using the system and you should not experience these errors.

24. We continue to have problems with slow speed when entering authorizations – clearing the cache does not help.

This may be due to your internet connection as we are not hearing this issue from most providers. If you do not think it is your connection, please contact provider relations for additional assistance.

25. We have too many authorizations with incorrect dates to call regarding each one – who can we send a list to that needs correction?

If this is around end dates of PRP, these will be addressed without you having to notify us. If there are other issues, please provide us with examples so we can investigate and resolve the issue.

Claims/Billing

1. Denials without an explanation of why they are being denied are useless. My clients are suffering as a result.

Claim denial reasons have been made available as of June 20. [Click here](#) to access the list of denial reasons.

2. We still cannot see claims denial or rejection reasons in Incedo. Is there a timeframe for when this will be available?

The denial reasons are projected to be turned on prior to reactivation.

3. Why is it that we are receiving denials for duplicate authorizations when we were told that we would not have claims denied for this? How can we know if someone is receiving the same service from another provider when Optum Maryland hasn't processed authorization requests?

Claims should not be denied as the result of duplicate authorizations. If specific claim examples could be provided, Optum Maryland can research directly.

4. When reviewing the claim status in IPP, I am seeing the same claims posted three to four times on the same day. Why is that happening?

Optum Maryland is aware of this defect and is working with our platform vendor to correct the issues. Please note this is only a display issue and the claim is not in the system multiple times.

- 5. Due to Optum Maryland's inability to provide timely and accurate feedback on claims, some claims are now outside timely filing limits. Optum Maryland/MDH must waive timely filing until IPP is fully functional, plus an additional grace period. What will the terms of the grace period be?**
Optum Maryland is working with MDH to review this area and it will be addressed in a separate communication.

Incedo Provider Portal/Technical

- 1. When will our correct provider name/program name show up on our PRP landing page? This has been an issue since December 2019 and repeatedly brought to the attention of Optum Maryland.**
Naming conventions on IPP are matched to TIN information from MMIS. In some cases when there are multiple programs under one TIN, the program name is misaligned. Optum Maryland is working to correct this issue.
- 2. Will all program services be tested prior to reaching the reactivation decision? We continue to have programs that don't appear to be working and don't appear to have been tested yet.**
Optum Maryland, in cooperation with numerous provider organizations, are thoroughly testing both the authorization entry/processing platform as well as the claims administration platform.
- 3. When will our providers be entered into the IPP to be able to use the system to bill out mental health claims?**
Claims (CMS 1500) can currently be entered in IPP at present. An enhancement to the system has been made on June 20 to allow for entry of rendering providers, as well as the ability to process a void or submit a corrected claim.
- 4. How long will it take to get a provider file corrected that does not have appropriate codes of service.**
If a provider does not find the proper service codes in their profile, they should contact the marylandproviderrelations@optum.com. A resolution will vary depending on what the problem is.
- 5. When will "time-out" issues be resolved? Although your recent provider alert claimed this is fixed, it is not. And yes, we "cleared the cache."**
Optum Maryland, in cooperation with numerous provider organizations, are thoroughly testing both the authorization entry/processing platform as well as the claims administration platform. Testing has not uncovered significant "time-out errors" to date. We continue to monitor for this type of error.

Payment

- 1. When will the Provider Remittance Advice (PRA) information be released for the advanced payments? The information is still not available in PaySpan and no further updates have been provided via a provider alert.**
PRAs will be available when Optum Maryland and MDH determine the timing of the release processed claims. We anticipate starting the release of claims within the next few weeks.
- 2. When will we receive 835s?**
835s and PRAs will be available to providers for claims released as part of the reconciliation process, which we anticipate beginning prior to reactivation. Post reactivation, the 835 and PRA will be available with each weekly check cycle.

General

- 1. Many inquiries made to Optum Maryland via email or phone go unresolved. Often, we receive no response at all. What steps is Optum Maryland taking to address this and when can we expect to see improvement?**
Optum Maryland is increasing staffing levels to properly respond timely to provider inquiries.
- 2. When is the next training date for providers of ASAM Level 3.3?**
Optum Maryland offers authorization training throughout the month. At this time, we do not offer an authorization training module specific to ASAM level 3.3 but will consider for further training development.
- 3. How is it that six months into this transition we receive inconsistent responses when we talk to someone at Optum Maryland?**
Optum Maryland recognizes providers have not received consistent response to inquiries. We are reviewing our internal scripting across all departments and are developing consistent and accurate responses to eliminate these inconsistencies.
- 4. What is the purpose of sending out a provider alert on June 2 that details IPP updates scheduled for May 29? That alert should have gone out ahead of the update.**
Optum Maryland agrees with these comments and has implemented additional controls to ensure this doesn't occur again.

5. Why are the phone lines often static-filled?

Optum Maryland is currently researching this issue for resolution.

6. Please share the total number of people on the June 12 Provider Council Meeting call.

The June 12 Provider Council Meeting call had 226 attendees present.

7. Regarding Optum Maryland, is there a person that is collecting outstanding issues or patient errors, etc.?

Issues pertaining to IPP can be sent to marylandproviderrelations@optum.com.

8. Will these slides be made available to us?

Yes, all Provider Council Meeting Presentations can be found on the [Optum Maryland website](#)>Behavioral Health Providers>Provider Tools.

9. If we contact the call center instead of emailing, we should be given a reference number.

The customer service line does generate a call/tracking number. You can retrieve this number by asking the representative during your call.

10. The ASO RFP requires the ASO vendor to respond to provider inquiries within 1 business day and resolve open tickets within one week. Will those performance standards apply to this?

Optum Maryland will be working towards compliance with all standards required in the RFP.