

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

This Q&A addresses questions and concerns raised by the provider community. For questions not addressed in this Q&A, please email marylandproviderrelations@optum.com.

Reconciliation

- 1. Where can I find the most up-to-date information regarding the reconciliation process?**
 - a. Providers can view all reconciliation information under the “Reconciliation Information” section, listed under the “Behavioral Health Providers” tab on the Optum Maryland website. Providers can also access the dedicated page by [clicking here](#).*

Telehealth

- 1. Maryland has expanded telehealth to allow audio-only telephonic interactions for most services. However, Medicare and some other payers have not expanded telephonic services nearly as generously. Normally, the ASO would allow providers to submit claims to the ASO without an EOB from the primary payer in cases where the services are not covered by Medicare. Will this apply to telephonic services during the pandemic? Will the ASO process and pay claims for services rendered via audio-only telephone.**
 - a. Medicare is the primary payer so the provider must follow Medicare rules. Claims for dually eligible participants are submitted to Medicare for cross-over payment by Medicaid and these claims are not reimbursed under the ASO.*

Authorization

- 1. The April 17 Provider Council Meeting presentation stated that providers can enter authorizations dating back to January 1, 2020 for six months after the relaunch of the Incedo Provider Platform (IPP) system. Does this include an extension of being able to bill without an authorization during the second go-live period?**

- a. *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 six months following the reactivation of the Optum system.*

Providers will be notified of the reactivation date to determine the duration of the six-month extension period. Providers must continue to enter authorizations to reduce authorization backlog. Once the system is reactivated, claims from that date of service, forward, require an authorization.

2. Is there a way the Optum Maryland staff can be trained to better handle two existing open adult PRP authorizations for the same client?

- a. *This situation is not common, but if it occurs, it could be caused by one of the following reasons:*

- *The authorization system on occasion will see “clashing auths.” which are caused by automatically entered authorizations.*
- *On rare occasions, two providers have authorizations simultaneously for the same service. These will be handled by the clinical team, which will determine which authorization and claim should be allowed.*

If a provider identifies an authorization issue, please contact our Customers Service team at 1 (800) 888-1965 for assistance.

3. It is now time for us to submit concurrent authorizations for new consumers that we requested initial authorizations for mid-February. This takes considerable time when we can do it. I fear if we submit the concurrent authorizations, it will be denied since the initial authorizations have yet to be approved in this system. How will this work?

- a. *Please continue to enter concurrent authorizations. Optum Maryland is working on processing all past authorizations; however, open initial authorizations will not lead to denial of concurrents.*

4. When will authorizations carried over from Beacon be corrected?

- a. *Optum Maryland is continuing to load historical Beacon authorizations, however, they may not exactly match the authorization information that you have access to. If you have a historical Beacon authorization that is not showing at all in IPP, continue to provide the service and submit your claims. Claims will be paid based on your original authorization.*

5. We still cannot properly see the authorizations carried over from Beacon – most are showing as "denied" for insurance issues that should not have

insurance issues. Many of them seem to have weird placeholder authorization numbers, rather than the number used by Beacon.

- a. *Please see the answer above. The Beacon authorization numbers are not loaded into IPP. Optum Maryland is analyzing any authorizations from Beacon that are showing as denied and will correct them without further action by the provider.*

6. A provider alert from April 22 says, “All new authorizations for dates of service starting from the reactivation date forward, must be entered in IPP for submitted claims to be approved.” If the IPP failures prevent us from complying with this requirement, how will we be paid for services rendered?

- a. *Optum Maryland is monitoring the system performance issues and will not be relaunching until those issues are resolved. Once we relaunch, providers will have six additional months to enter authorizations for dates of service between January 1 and relaunch.*

7. When will authorizations have corrected end dates (June 28, 2020, instead of the correct date of June 30, 2020)?

- a. *All new authorizations for PRP, RRP and mobile treatment will now default to the end of the month when the request is entered. This includes those authorizations which previously did not run to the end of the month.*

8. Why are authorization start dates not matching our requests? We requested January 1 through June 30, 2020 and received February 1 through July 31, 2020.

- a. *If January 1 was entered as your effective date, that should be used as the start date instead. If that is not the case, please provide specific information to the Provider Relations team.*

9. Why are we getting time-out error messages when entering authorizations?

- a. *This issue has been resolved as of May 22.*

10. When using IPP, it is incredibly frustrating to request authorization due to the system continuously timing out or error messages because there is an authorization issue. If we move away from 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?

- a. *Unfortunately, there is not a “save draft” function in IPP. If the form has already been completed before the error occurred, the form should have saved and can be found under the “forms” section.*

11. No SE claims or authorizations from Beacon are migrated into our SE account in IPP. Instead, some but NOT all, SE claims and authorizations from Beacon have been migrated into our PRP account in IPP. It is assumed that this is because prior to the transition, PT-SE did not exist, and all SE providers were enrolled as PT-PR. If so, will this affect most SE providers? During the transition, providers were assured that our old "SE" NPIs would be tied to our new SE NPIs so that billing and payment could continue smoothly, which is not happening. When I spoke to Optum Maryland IT and Claims staff about this issue during a White Glove meeting, they were not even aware of it. Additionally, no one was aware were that SE providers had previously been required to enroll as PT-PR and then re-enroll with new NPIs as PT-SE as part of the transition. How will this issue be addressed? What is the timeframe for completion?

a. Optum Maryland is aware of this issue and is working to resolve it.

12. Our prior ASO stopped providers from proceeding to obtain an authorization if the client had an open authorization with another provider. Is there a way to have this function make this determination at the beginning of an authorization request as opposed to the end of the request to save time?

a. Although this is currently not a functionality in the portal, Optum Maryland is working on implementing a process that will alert providers to duplicate authorizations prior to starting the authorization process.

13. Why are authorization requests from January still not processed?

a. Optum Maryland is working to get all unprocessed authorizations completed. This will be done prior to relaunch.

Claims

1. Where/how do we include "SR Auth#" on 837 files?

b. Please view the 837i Companion Guide by [clicking here](#).

2. Should we choose to wait until IPP is updated and functioning to use the method of direct claim entry? Will we not be paid for our services rendered to Maryland Medicaid recipients?

a. Direct claims entry can be used for services that do not require a rendering provider or an NDC code. Providers can bill for those services via 837 electronic claims or paper claims.

- 3. Why can't we edit or void claims online? Will this be available in the future?**
 - a. This functionality was unique to Beacon and is not available in IPP currently. Providers should continue to submit corrected claims via mail or 825I/P file.*

- 4. Why don't 999 outfiles contain the "FILE NAME" that we uploaded? It's very hard to match with what we uploaded.**
 - a. We are exploring the opportunity for enhancements in this area.*

- 5. When we try to enter a claim with the J code manually in IPP, the "NDC number" field, which needs to be submitted with the J code, is not displayed. Will this be available in the future?**
 - a. This is currently a limitation within the system and will be remediated when the CMS-1500 form is released in the very near future.*

- 6. When we upload 837 files, why does it always say "successful" even though it didn't go through?**
 - a. This "successful" message indicates the file uploaded successfully but does not mean the file successfully processed should there be an error (type of error?) on the file. We are currently looking into enhancements to the file status process.*

- 7. If we made a mistake to the batch which contains more than 100 claims, how can we void all of them and resubmit them again?**
 - a. If the file fails as a result of the mistake, then the error can be corrected and the file resubmitted. If the mistake does not impact the file load process, then a corrected claim needs to be submitted for the claim(s) containing the error.*

- 8. Optum Maryland representatives are telling us that the IPP system is not working properly and are behind on claim processing submitted in the beginning of March due to COVID-19. Is this accurate?**
 - a. Claims are being processed when received and if configuration updates are required, claims are being reprocessed. Questions regarding specific claims can be referred to the Customer Service team for analysis.*

- 9. Optum Maryland is still not producing 277CA's to providers. When will this occur? Today, providers can only rely on the 999 file to verify that claims were accepted. However, we have noticed even in that case many of the claims never show up in the IPP system.**
 - a. The 277 file is not a current functionality within the IPP system. Optum Maryland is currently exploring options for a future enhancement. There is no ETA at this time.*

- 10. When will claims that were wrongfully denied by Optum Maryland be reprocessed, and how will we know when that happens?**
 - a. Questions regarding specific claims can be referred to the Customer Service team and inquiries can be performed. Claim statuses are updated in real time and are visible in the IPP system.*

- 11. Currently, while reviewing claims in IPP for any client, there are claims for various clients showing up in a single consumers file. When will this be rectified?**
 - a. This issue has been resolved and it was determined that while providers were able to see multiple clients during the search, those clients were limited to clients already in the care of that provider. Should a provider continue to experience this issue, please contact the Provider Relations team.*

Billing/Payments

- 1. Where and when will providers be able to see their prior and current weekly payments while receiving estimated payments?**
 - a. Claims reconciliation will be scheduled soon. Please watch for a provider alert that will contain further details. Providers will see their claims via the Provider Remittance Advice (PRA) from PaySpan.*

- 2. How will Optum Maryland release Explanation of Payments (EOPs) through PaySpan, IPP or both? Providers need to see examples of EOPs/PRA with detailed explanations.**
 - a. PRAs will be obtained via PaySpan with detailed explanations.*

- 3. What is the guarantee for the Optum Maryland Customer Service team to be properly staffed and trained on the EOPs for the inevitable questions providers will have upon their release?**
 - a. There are numerous Optum Maryland teams working on the various IPP issues and processes. The appropriate staff will be trained to efficiently respond to provider inquiries.*

Technical/Incedo Provider Portal

- 1. What is the performance measure to determine if the IPP system is functioning properly? Things may work for a day and then not work for seven days.**
 - a. As Optum Maryland continues to work on resolving system issues, implementing system enhancements and scaling up testing efforts proportionate with the higher volume of changes being introduced to the*

system. Alongside this, Optum Maryland is working in conjunction with MDH to develop the criteria that will be used to assess and determine an acceptable level of system performance and functionality.

2. Why can't we see DOS on the main screen instead of the "received date"? We need to click on the "+" symbol to look for the DOS every time.

a. This issue was resolved during the new Claim Status page release a few weeks ago.

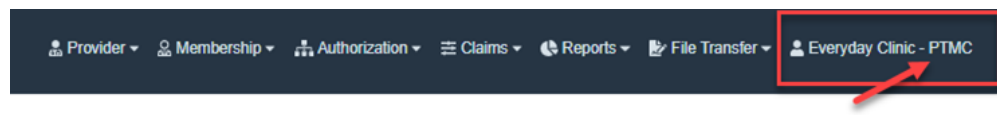
3. When I call Optum Maryland with a system issue, often the response is to "clear your cache." How does clearing your cache rectify the system issue?

a. It ensures the web browser is utilizing the latest version of the Incedo Provider Portal software application. If you don't clear the cache, the browser may use the old files for the application, which can cause unpredictable and undesirable application behavior.

Browser cache is utilized to improve application performance, especially upon startup of an application or module. Cached files reduces the number of files downloaded through the computer network and Internet.

4. Why can't we tell what NPI/Medicaid number we are selecting when we enter a service request in the IPP system?

a. Currently this functionality does not exist in IPP. We are looking to add this as a future enhancement, but we do not have an ETA currently. For providers/facilities with multiple provider types, we would recommend users add their provider type to the last name field of their username to help identify which log-in they are using. Here is an example of the workaround:



5. How can the provider community be confident in the accuracy of IPP's functionality from start (authorization submission) to finish (claims payment)?

a. Optum Maryland is aware of the various issues with the IPP system and are working and conducting testing to resolve system issues.

Insurance

- 1. We still see participants with multiple insurances listed. When will this be fixed? When will the layout allow providers to easily tell what insurance is currently active?**
 - a. Some participants will have multiple insurances based on the services they are receiving. Active coverages are listed with a 2099 expiration date.*

- 2. Approvals for uninsured coverage is taking months. When will these requests be processed within the required timeframe?**
 - a. Uninsured spans are currently reviewed within two business days. If your approvals for uninsured coverage has not been reviewed within two business day, please contact Customer Service at 1 (800) 888-1965 and they will submit the inquiry on your behalf to the eligibility department.*

General

- 1. Frequently when calling into Optum Maryland with an issue, I am told "this is a known issue." How is Optum Maryland working to rectify all know issues and will we be alerted of resolved issues?**
 - a. As providers contact Optum Maryland, their issues are logged with our IT department. As the issues are resolved, notification is received internally at Optum Maryland that the fix has been implemented, and our Communications team will distribute a provider alert notifying provider of the fix.*

- 2. Is there a way to find a discharge date for the client in the IPP system?**
 - a. If a participant has discharged, a discharge date will be visible on the service request. Providers/facilities can access all their service requests via the Provider menu under Auth Request Manager, or for specific participants via the Authorization menu under Requests. After selecting the Service Request to review, users can scroll down in the Service Request Details. If a Discharge Date has been entered this will be visible in the Actual Discharge Date field. See pictured example below.*

Service Request Summary

ID: 11111
 SRA # 72120207613566
 Request Type: Pre-cert
 Submission Date/Time: 5/20/2020 12:32:00 PM
 Priority: Standard
 Treatment Setting:
 Coordinator:
 Contact:

Attached Documentation
 No records found

Printed Letters

Service Request Detail Selected Id : [redacted] Modified on : 5/21/2020 10:50 AM

Facility: B [redacted]

Requested Dates: 5/20/2020-5/19/2021
 External Number:
 Requested Units: 0
 Objective:
 Service: 90840 - MH-CP-NoA-90840-Psychotherapy for crisis--additional 30 min
 Rendering Provider:
 Episode:

Clinical Status:
 Clinical Determination:
 Clinical Reason:
 Notification Status:

Service Request Information
 Authorization Status: Approved
 On: 5/20/2020
 Benefits: In Network
 Reason: Medicaid - Medicaid
 Units: 3
 Dates: 5/20/2020-5/19/2021
 Frequency: 1 Session Per Day Lasting 30 min
 Everyday
 UCM: Session

Authorization Information
 Units: 3
 On: 5/20/2020
 Benefits: In Network
 Dates: 5/20/2020-5/19/2021
 Insurer: Medicaid - Medicaid
 Rates: In Network
 Frequency: 1 Session Per Day Lasting 30 min
 Everyday
 UCM: Session

First Offered Date:
 First Appointment Date:
 Revenue Code:

Discharge
 Expected Discharge Date:
 Discharge Reason:
 Actual Discharge Date: 5/19/2020 1:00 AM
 Quality Code:
 Notified on:

- 3. We are receiving calls from new participants asking when they will receive services. What do we tell them so we will not lose them?**
- a. *Start dates for servicing new participants should be decided by the provider.*