



Maryland Provider Council Meeting

October 9, 2020

Hosted by Optum Maryland





Welcome

Agenda

- 1 Welcome and Opening Comments
- 2 Maryland Medicaid Updates
- 3 Maryland Behavioral Health Administration Updates
- 4 Dual Check-Write Process
- 5 Detailed Reconciliation Report Update
- 6 Operations Updates
- 7 Provider Questions
- 8 Wrap Up

Maryland Medicaid Updates

Maryland Medicaid Updates

- Medicaid implemented changes that went into effect on October 1, 2020 for the 1915i State Plan Amendment for Intensive Behavioral Health Services for Children and Youth and Level III Targeted Case Management.
- Several changes for the 1915i program went into effect on October 1, including the removal of two services: Mobile Crisis Response Services and Customized Goods and Services. These services were removed due to low utilization and overlap with existing services.
 - Included in the changes are several changes to participant eligibility, including changing the age of consent for services from 18 to 16 years old; increasing the financial eligibility from 150% to 300% of the federal poverty level; and several changes to the ESCII and CASII scoring in the needs-based criteria.
 - Changes to the ESCII and CASII scoring criteria were also implemented for Targeted Case Management Level III. A provider alert with the full details of the changes was sent on October 1st.

Maryland Behavioral Health Administration Updates

Dual Check-Write Process

Dual Check-Write Process

Issue: Payment of historical claims in the new day check-write process

Outlined below is a proposed process that would be incorporated into the weekly payment process and would delineate claims based on DOS and offset payments where appropriate and pay dollars associated to new day claims.

- The weekly payment process will be separated into two cycles, all executed on the same timeline as the current payment process:
 - Sunday: Cycle 1- Claims for DOS prior to 8/3/2020:
 - a. Provider has Estimated Payment balance? Yes - claims are offset against balance
 - b. Provider has Estimated Payment balance that is met with claims adjudicated? Yes - offset occurs and remaining balance is paid
 - c. Provider has No estimated payment balance or never had an Estimated Payment? Yes - Claims are paid
 - Sunday: Cycle 2- Claims for DOS 8/3/2020 and after:
 - a. Claims eligible for payment are paid- regardless if provider has Estimated Payment balance or not.
 - Thursday: Provider can access PRAs/835s/Payment information in their Payspan Account.

Detailed Reconciliation Report Update

Detailed Reconciliation Report Update

- The Detailed Reconciliation Report is currently being tested and is expected to be released soon.
- A Provider Alert will be sent to notify providers when the report is available in Incedo.
- To assist with providing clarity around the payments associated with each submitted claim, we are creating a second report.
 - This report will contain the claim numbers and line item control number data that is included on the reconciliation detail report
 - It will also include all payments, check number and dollar amounts to allow for a snapshot per claim of all applicable payments and or adjustments
- Lastly, we are developing an offset report which will allow providers to match check numbers and dollar amounts to any applicable offset dollars.

Detailed Reconciliation Report

The following slides show a breakdown of the Detailed Reconciliation Report 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

Detailed Reconciliation Report

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

Detailed Reconciliation Report

'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

Detailed Reconciliation Report

'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

Detailed Reconciliation Report

'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

Operations Updates

Operations Updates

Tranche release

- Optum Maryland is targeting the completion of all PRAs to be released in October

Duplicate claims

- During the month of September a number of claims were processed twice
- Clearinghouse submissions only
- Issue occurred because it appeared 837 files had failed and were resubmitted
- Optum Maryland is working to identify the number of claims affected and will implement a solution

PRP drilldown

Operations Updates

Known Issues Dashboard

We will soon be posting a dashboard on the homepage of the Optum Maryland website that will show the status and progress of know issues, and what action, if any, is required by providers.

Website updates – “Contact Us” page

The “Contact Us” page on the Optum Maryland website has been updated to offer a robust list of Optum Maryland contacts for provider issues and questions.

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 links:
 - <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html>
 - <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/council.html>
- The next Provider Council Meeting will be held on **Friday, November 14, 2020.**
- Meeting reminders will be sent at the beginning of month.

Frequently Used Phone Number and Email Addresses

 Maryland Public Behavioral Health System **1-800-888-1965**

- Option 1 Participants
- Option 2 Providers

Email Addresses

- 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 and Reconciliation inquiries - maryland.provpymt@optum.com
- To register for Provider Alerts - marylandprovideralerts@optum.com
- Electronic Claims Transactions - omd_edisupport@optum.com

Thank you.

The Optum Maryland Team

