



# Maryland Provider Council Meeting

April 9, 2021

Hosted by Optum Maryland



# Agenda

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- 1 Welcome and Opening Comments
- 2 Maryland Medicaid Updates
- 3 Maryland Behavioral Health Administration Updates
- 4 Assisted Reconciliation
- 5 277CA Implementation
- 6 Retro-Eligibility
- 7 System and Operational Review
- 8 Provider Questions
- 9 Wrap Up

# Maryland Medicaid Updates

# Maryland Behavioral Health Administration Updates

# Assisted Reconciliation

# Reconciliation Update

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- Quarter 1 CY2021 – Reporting
  - ARE Reports
  - Resubmission of Claims
  - Retro-eligibility
- Quarter 2 CY2021 – Review
  - ARE Denial Reports
  - Rejection Reports
  - Accounting Firm Review
- Quarter 3 CY2021 – Resolution
  - Claims reconsideration
  - Mediation/Dispute Resolution
- Quarter 4 CY2021 and beyond – Recoupment
  - Three Options
    - Payment
    - Installment
    - Percent of Claims

# Assisted Reconciliation

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- Optum Maryland had targeted to release Assisted Reconciliation Report 5 (Denials) to providers in the last week of March. Completion of this report has been delayed to allow for retro-eligibility denials and TPL to process, which will lessen the size of the denial report
- To support providers' reconciliation efforts, Optum Maryland has brought on additional reconciliation managers
- Reconciliation managers and claim representatives continue to partner together to best understand and support provider needs

# 277CA Implementation



# 277CA Implementation

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- Optum Maryland is targeting April 12, 2021 for activation of the 277CA transaction for eligible providers who request to receive this
- Provider Alert and FAQ document released on April 1, 2021
- Provider Training Webinars were held on Wednesday, April 7 and Thursday, April 8
- “Activation” means that when a provider uploads an 837 file into Incedo or via a clearinghouse, they will begin to receive the 277CA (if they have requested this)
  - Providers who upload 837s into Incedo will need to email the EDI team at [omd\\_edisupport@optum.com](mailto:omd_edisupport@optum.com) to request activation.
    - To ensure the most efficient response, include the TIN, organization name, contact name, and contact information in the email.
  - Providers who submit claims through a clearinghouse should engage directly with their clearinghouse to request to receive the 277CA.

# Retro-Eligibility

# Retro-Eligibility Update

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- On February 28, 2021, Optum Maryland activated retroactive eligibility functionality in the Incedo Provider Portal (IPP)
- This is a standard functionality that many providers are already familiar with if they serve uninsured clients and/or Medicaid participants
- The purpose of the retroactive eligibility functionality is to update participant eligibility in response to a change in coverage – for example from uninsured to Medicaid – and ensure services are paid from the correct funding stream
- **Due to the high volume of claims being reprocessed in a short period of time, this has resulted in provider concern**

# Retro-Eligibility: Negative State Balances

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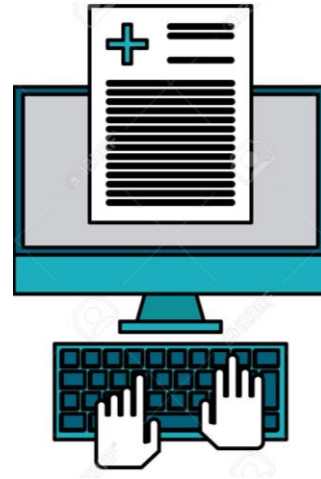
- **We recognize the challenges to providers and are pursuing EDI and other solutions to provide needed visibility into reprocessed claims and negative balances. The issues are:**
  - Some providers have a high number of re-processed claims with negative adjustments from State to Medicaid accounts, resulting in a negative State account balance;
  - These providers can see the incoming Medicaid payments but are unable to view the offset negative adjustments to the State account due to Incedo reporting limitations;
  - New claims submitted for payment from the State account are held against the negative State balance until it is satisfied, at which point claim activity will appear in PRAs and 835s.

# Retro-Eligibility: Example

January 2021



An individual is not enrolled in Medicaid but receives Medicaid covered services



Their provider submits authorization and identifies funding source as “Uninsured” at time of service



**STATE FUNDS**

Once the claim is approved, payment is issued to the provider from the State account

# Retro-Eligibility: Example (cont.)

**March 2021**



The same individual applies for Medicaid and is approved for benefits



The individual's eligibility status is updated in the system and claims from the 3-month retroactive period are automatically flagged for reprocessing



The claim for January services is re-processed, at which time the system creates a negative adjustment from the State account for the reprocessed claim and a second payment is issued from the Medicaid account.

# Retro Eligibility: Sample Claim Snapshot

Retro Eligibility (Example)	State Acct	Medicaid Acct
Claim Submitted and Adj Jan 20, 2021	\$100	
Check issued to provider A	- \$ 100	
Provider balance	\$ -	
Participant is approved for Medicaid benefits on March 1, 2021 with a retroactive effective date of Jan 1st		
Participant status updated in the system and claims flagged for re-processing		
Claim negatively adjusted on State to pay on Medicaid	\$ (100)	\$ 100.00
	_____ Check reissued to Provider A	- \$ 100.00
Ending Provider balance	\$ (100)	\$ -

**Summary:**

Checks issued to provider	\$ 200
offsetting negative balance	\$ (100)
Net	\$ 100

# System and Operational Review



# System Updates

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On April 3 Optum Maryland released a further update to the Incedo Provider Portal. Release 6.3 included 13 updates to improve functionality and user experience relating to claims processing and the 277CA. Included in this release were the following items which will be visible to the provider community:

- **RTC Claims:** This update resolved the issue of the last day of service being dropped and moving forward the last date of service will be paid for RTC claims. Claims dating back to January 1, 2020 that were underpaid for this reason will be reprocessed within 30-days of the update
- **Eligibility:** Prior to this update, when a request was made for the addition of a non-Medicaid participant into Incedo, the “Status” field in the “Eligibility” screen in the IPP always displayed the status as “Active” even if the provider’s request was actually denied or pending Optum processing. Following this system update, the “Status” field in the “Eligibility” screen in IPP reflects the actual status of the request; active/approved, pending, or denied
  - It is important to note that this issue was a display issue only, the functionality associated with authorization or claim payment was not impacted

# Operations Updates

# Operations Updates

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- Overlapping authorization warning is currently not displaying when providers enter an authorization request for a participant who has an open authorization with another provider;
  - Optum Maryland has identified the issue and is working on a resolution. While we work to resolve this, we ask that providers;
    - Talk with patients about other providers they may be visiting
    - Call Optum Customer Service to find out if conflicting authorizations are open for a participant
- OTPs having authorizations denied for no units
  - Optum is working to resolve this issue
  - At this time, providers do not need to take any action. Optum will add units to affected authorizations as appropriate
- Optum and MDH are discussing options to stagger authorizations



# Operations Updates

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- Updates to Medical Necessity Criteria for PRP-Minor
  - Effective April 1, 2021, the MNC and combination of service rules for child/youth and transition-age youth participants was updated
  - A provider alert detailing this update was released on March 1, 2021, and can be viewed [here](#)
- Changes to the TBS Authorization Plans and Form
  - Upcoming changes to TBS authorization plans and new form
  - Provider alert targeted for week ending April 16
- Reminder to providers to get MCO ROI forms signed again
  - ROI forms expire after 12 months

# Operations Updates

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- The period to back-date authorizations to July 1, 2020 ends on April 30, 2021
  - Beginning May 1, 2021 authorizations must be submitted prior to service, with a maximum retro authorization period of 14 days
  - If an authorization is not obtained within this timeframe;
    - Days may be lost from authorization
    - Providers may request an exception from Optum based on certain circumstances
  - For acute levels of care, the standard authorization timeframes continue to apply

# Provider Questions

# Provider Council Information

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- Slide decks from previous meetings, and associated FAQs can be found on [Maryland.Optum.com](https://maryland.optum.com) at the following link:
- <https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html>
- The next Provider Council meeting will be held on **Friday, May 14, 2021**
- Meeting reminders will be sent at the beginning of month

# Frequently Used Phone and Email Addresses

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

- Option 1 Participants
- Option 2 Providers

Maryland Provider Relations - [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)

Token and Incedo Provider Portal Registration questions - [omd\\_providerregistration@optum.com](mailto:omd_providerregistration@optum.com)  
(Please note the underscore in this email address: “omd\_providerregistration...”)

Maryland Provider Payments - [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)

Maryland EDI Team – [omd\\_edisupport@optum.com](mailto:omd_edisupport@optum.com) (please note the underscore in this email address: “omd\_edisupport...”)

To register for Provider Alerts - [marylandprovideralerts@optum.com](mailto:marylandprovideralerts@optum.com)



Thank you.

The Optum Maryland Team

