



Maryland Provider Council Meeting

May 13, 2022

Hosted by Optum Maryland

Agenda

- 1 Welcome
- 2 MDH Updates
- 3 Eligibility
- 4 Negative Balance Repayment
- 5 TPL/COB Processing and Reprocessing
- 6 Operations Updates

MDH Updates

MDH Updates

- The due date for all providers' State negative balance (due to retro-eligibility reprocessing) is **May 20, 2022**.
- Letters were sent **today** to all non-PT54 providers regarding their final balance due on May 20, 2022.
 - Letters were sent via USPS, email, and placed in providers' Incedo download folder.
 - The balance that is due on May 20 is the lesser of the amount reported on the December 21, 2021 letter OR the current negative balance, which will be in the letter.
 - Any negative balance amount that has accrued since the letter was sent can be repaid via claim reductions.
- Medicaid Negative Balance
 - Letters will be sent to affected providers prior to recoupment of the Medicaid negative balances with advance notice.
- We are targeting Recoupment letters with Estimated Payment balances due and further information, to be sent the first week of July.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

[DATE]

Dear [PROVIDER NAME],

On December 21, 2021, you received a letter regarding duplicate payments from Optum Maryland (Optum) for claims paid from State funds but were later processed for Retro-Eligibility and therefore were paid again under Medicaid.

Since that time, providers have received Claim Lifecycle Reports that were delivered to Incedo mailboxes at the frequency requested. We also agreed that recoupment would not begin until at least 60 days after receiving the Claims Lifecycle Report for providers who disagreed with their balances to allow time to review and reconcile their balances.

Providers who agreed with their balances and providers who never responded to multiple attempts to contact them have had their weekly claims “clipped” (reduced) by an average amount of their original overpayment balances, as of the date in the December 21, 2021 letter.

For those that disagreed with the amount in that letter, the deadline for recoupment was extended a number of times for all providers until May 20, 2022.

As of May 20, 2022, all final payments for duplicate payments for Retro-Eligibility are now due.

Providers are required to pay the LESSER of <current balance as of May xx> and the amount stated in your December 21, 2021 letter, unless alternative arrangements have already been made.

The amount stated in the December 21st letter was as of a moment in time. Some providers may have continued to accrue a negative balance since that time. We will continue to work with the providers affected by clipping those “tail” amounts over the next 60 days to eliminate all state negative balances so that the normal negative-balance withhold process can occur and so that balances will not build up over time in the future.

Providers were required to engage with a Reconciliation Manager to review balances and to reconcile any amounts in disagreement. If you have not done so, you can request a Reconciliation Manager by contacting maryland.provpymt@optum.com by no later than May 20, 2022.

For *specific* negative balance amounts in dispute, we will distribute the appeals process the week of May 16th.

Eligibility

Eligibility – Long Term Care

- Two different population groups are being worked separately:
 - Adult coverage – spans were updated in the Incedo Provider Portal in the week of May 2, 2022
 - Providers who need to submit authorization requests that they were previously unable to submit should use this process:
 - Backdating of authorizations will be approved back to July 1, 2020, for authorizations affected by this issue
 - From 1/1/2020 to 6/30/2020 no authorization was required. Claims submitted during this time and denied for LTC eligibility will be reprocessed. No provider action is required.
 - From 7/1/2020 onward, authorizations were required, however providers may have been unable to get an authorization. If an authorization was entered but the claim denied, no provider action is needed.
 - Authorizations for services with a date of service of 7/1/2020 or later can now be submitted using the "*Backdating Exception*" Form and adding the following information:
 - When asked "*Does the requested start date fall within the past 3 calendar months?*" Select "Yes." Then;
 - When asked "*How many total Participants are impacted*" select the appropriate number.
 - In the section titled "*Describe reason for request*" select "*The participant did not have Medicaid eligibility during the window of submission, but eligibility was approved for retroactive dates*" and under "*Please provide a detailed explanation*" enter "**LTC Eligibility Issue.**"
- Child and adolescent coverage: A potential solution has been identified and is currently in testing

Eligibility - Inaccurately Denied Claims

- Optum has been working to fix the eligibility denials related to the reason “*Member's Coverage Not in Effect on Date of Service*”
 - An update released to the Incedo Provider Portal on April 7 made improvements, but there are still claims inaccurately denying for eligibility
 - An increase in denials for this reason occurred over the past week. Optum has identified the cause and a fix is scheduled to go into the system on May 17. Denied claims will be reprocessed following the fix
- Optum implemented a fix on May 9 to complete the deactivation of inaccurate eligibility spans in Incedo by setting the “date to” and “date from” to 1/1/1989 in addition to setting the span to “*claims not payable*” status
 - If providers see claims denied for the reason “*Member's coverage not in effect on date of service*” and the DOS is in a “claims not payable” eligibility span, this hotfix will run these claims back through processing
 - No provider action is required
 - Following this fix, the participant’s active span in Incedo should align to what is in EVS. If the active spans in Incedo do not match what is in EVS, please contact Optum Maryland Customer Services (1-800-888-1965)
 - “Claims Not Payable” status is used when a record is not synced with the EVS system. Providers can continue to submit authorizations and claims if the active span aligns with the active span in EVS

Negative Balance Repayment

Negative Balance Repayments

- Liability Transfer
 - During the week of April 25, 2022, Optum Maryland transferred the State negative balance due to retro-eligibility reprocessing to the Medicaid account for providers who;
 - Agreed with the negative balance reported on the Notice of Recoupment and Retro-Eligibility Overpayments letter
 - Had a negative balance of \$500 or less on the State account
 - Reference the [provider alert](#) released on April 20 for details
 - Optum is targeting May 18 to transfer the negative balance from the State account to the Medicaid account for providers who have not engaged with Optum or MDH regarding their negative balance. Letters will be delivered to the Download folder in the Incedo Provider Portal early during the week of May 16 for affected providers.
 - Claim reductions of 40% will then be made on the Medicaid account beginning the week of May 23
- Management of negative balances moving forward
 - Beginning April 24, 2022, when a provider organization's negative balance due to retro-eligibility reprocessing is reduced to \$0, functionality will be switched on to automatically recoup any future negative balances that may occur
 - This is a standard process that prevents a large negative balance amount from accruing

TPL Processing and Reprocessing

TPL/COB Processing and Reprocessing

• 2020 TPL Claims Paid as Primary then down adjusted

- Claims were paid as primary, then retracted based on updated TPL files from MDH loaded to Incedo
- Analysis began in February 2022 and is still underway
 - Revised Report Received Week of 5/2/2022 and includes PRA dates
 - Shared with MDH on 5/5.
 - Segregating claims that are to be reprocessed as primary as the TPL record no longer exists
 - Next Steps are being identified/reviewed by Optum and MDH week of 5/16/2022
- **Update:**
 - 3 “buckets” identified
 - Denied with in 6 months of receipt – No action
 - Denied 6 months to 1 year – Under Review
 - Denied >1 yr - Under review

• COB Claims Denying for No Auth

- **Claims denying for no auth**
 - Claims to stop denying week of 2/6/22
 - Complete
- **Reprocessing is underway**
 - Expected Completion 4/30/2022
 - 17k Claims
 - **Updated Target of 5/6/2022**
 - 99.9% Complete as of 5/11
 - Validation Report has been requested as of 5/11
 - Review report and reprocess any additional claims found, or end project
 - Claims processed by Optum back to 1/1/2020
 - Including those with DOS in 2019 that were processed by Optum
 - Some may not pay because of other denial reasons, some providers may have submitted a new claim that paid. The no auth claim will be denied as a duplicate.

• COB Claims Not Pending for Review

- **Claims with OPA declared are not always pending**
 - When no TPL record on file but an OPA Amount is submitted
 - These claims are all now pending as of 2/2022
 - Claims in history that need to be reprocessed as they paid as primary
 - **An estimated 16k Claims Impacted**
 - **Reviewing claims impact revised report with MDH on 5/12/22**
 - **MDH/OPTUM to review Reprocessing next steps on 5/19/2022**
 - **Optum to begin reprocessing and these claims will result in retraction of over paid dollars**
- **Claims with an EOB, but no OPA Amount Declared on Claim**
 - **Short- and Long-Term Solution Under Review**
 - **Low claims volume impact expected**

- All claims will be reprocessed. If the participant has Medicare the claims would have been processed as a crossover claim and should not be sent to Optum for processing. Therefore, providers may receive denials for claims as Service Payable by Other Primary Carrier.
- If the provider/participant disagrees that a participant has another carrier, please contact Optum Customer Service. (Please see process previously outlined)

Operations Updates

Operations Updates

- Phase 2 Interest Payments
 - For the period December 1, 2021 – March 31, 2022
 - An individualized letter and a claims report were delivered to providers' Incedo Download folders on April 13
 - Checks were mailed to providers via USPS on April 12, 2022
- Uninsured Courtesy Spans for Participants
 - Now visible in the Incedo Provider Portal
 - Courtesy spans of up-to 30 days from the date Optum receives a termination for a participant's Medicaid coverage
 - For example, based on Optum receiving a Medicaid termination date on 4/27/2022:
 - 1. The participant's end date is 4/30/2022 – the courtesy span would only be 27 days since the end date is 3 days in the future
 - 2. The participant's end date is 6/30/2022 – no courtesy span is created since the end date is more than 30 days in the future
 - 3. The participant's end date is 2/28/2022 – the courtesy span would start on 3/1/2022 and go 30 days past 4/27/2022 – when Optum received the retroactive end date.

Operations Updates

- **Unfunded Spans**
 - Optum is working on a process to automatically add an open-ended “unfunded” span to each patient and each new patient added to Incedo
 - The unfunded span acts as a placeholder for service requests and other Incedo actions where an insurance span is a pre-requisite
- **RARC Codes**
 - Optum Maryland is targeting the addition of RARC code information to the PRA in late May
- **HG 8507**
 - Providers who render SUD services to HG 8507 (Court Ordered Treatment) participants should use the "CP" modifier when submitting claims for these services. When the "CP" modifier is used, Optum MD will pay these claims as "primary" if the participant has other coverage
- **SUD Services**
 - Physicians or Nurse Practitioners providing SUD services should ensure their credentials are up-to-date in MMIS/ePrep. PT20 and PT 27 are credentialed to provide services

Operations Updates

- **PRP Authorization Span Errors**
 - In some cases, 7-month spans have been given for 6 units
 - Authorizations may be end-dated before the end of the sixth month
 - Optum MD will enter the correct end-dates without any provider action.
- **Residential Crisis**
 - Residential Crisis Providers are reminded that when submitting requests for additional days they must provide *updated/current* clinical justification explaining why the additional days are required. The request must be submitted within one business day of the last authorized day.
- **Claim Lifecycle Report**
 - The April monthly reports were all delivered by April 28
 - Delivery of the May monthly report is targeted for the week of May 16
- Providers are asked to ensure that their mailing address is updated/correct in MMIS (via ePrep) for important mail correspondence
- Please check the Dashboard in the Incedo Provider Portal for important notifications including system downtime and new downloads
 - Optum will use the Download folder within Incedo as one means of delivering important information

Provider Questions

Provider Council Information

Slide decks from previous meetings 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, June 10, 2022**
- Meeting reminders will be sent at the beginning of month

Frequently Used Phone Numbers 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 (Please note the underscore in this email address: “omd_providerregistration...”)

Maryland Provider Payments - maryland.provpymt@optum.com

Maryland EDI Team – omd_edisupport@optum.com (please note the underscore in this email address: “omd_edisupport...”)

To register for Provider Alerts - marylandproviderrelations@optum.com

Thank you