



Maryland Provider Council Meeting

September 10, 2021

Hosted by Optum Maryland



Agenda

- 1 Welcome and Opening Comments
- 2 Maryland Department of Health Updates
- 3 Outpatient FAQs
- 4 Clinical documentation for authorization requests
- 5 CMS 1500 Form Update
- 6 Operations Updates
- 7 Provider Questions

Maryland Department of Health Updates

MDH Updates

FY 2022 SPA SUBMISSION Provider Council Report: September 2022

STATE PLAN AMENDMENT	SECTION/ PAGES IMPACTED	PURPOSE	SUBMITTED TO CMS	APPROVED
21-0006 Medication Assisted Treatment	Att. 4.19B pg. 17-17a Att. 3.1A SUD pages	This SPA is a technical change to for mandatory MAT services. Specifically, the Department will transfer Maryland Medicaid MAT services from the existing Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit to the new mandatory MAT benefit.	3/24/2021	8/30/2021
21-0008 Residential Treatment Center Rates	Att. 4.19A pg. 4A	The purpose of this amendment is to rebase the maximum rate for RTCs serving individuals ages 12 through 21 years old and individuals ages 12 and under from \$300 and \$600 per day, respectively, to \$750 per day for dates of service beginning July 1, 2021.	8/4/2021	

Please send questions to mdh.mabehavioralhealth@maryland.gov

MDH Updates

- **Incedo Provider Portal (IPP) Webinar: Utilizing Client-Level COVID-19 Vaccine Status Data Files**
 - [Provider alert](#) released September 2, 2021
 - To help positively impact vaccine confidence and access, MDH BHA is offering 3 provider webinars that demonstrate how providers can use client-level COVID-19 vaccine status data from the IPP in your vaccination outreach efforts.
 - Friday, September 17 · 3:00 – 3:30pm
 - Monday, September 20 · 11:30am – 12:00pm
 - Wednesday, September 22 · 11:30am – 12:00pm
 - Registration links can be found on the [provider alert](#)

Outpatient FAQs

Outpatient FAQs

- **What should I do if I receive an overlapping authorization warning when entering an authorization request into the Incedo Provider Portal (IPP)**
 - *First, check to see where the overlap may be coming from. It is possible that your program may have another authorization already approved for this participant over the same period of time, so the overlapping authorization may be yours.*
 - *If you have exhausted all available units on this authorization and the participant is continuing in treatment, please reference the guidance outlined in the [August 11, 2020 Provider Alert](#) to end date the initial authorization.*
 - *If you are entering this authorization as a concurrent request because you believe the original authorization has ended or will be ending in the next 30 days, please review the prior authorization and modify the start date of the new authorization request to the first uncovered day.*
 - *If the overlapping authorization is not yours (i.e., belongs to another program), you should speak with the participant to determine any overlaps in care for the same treatment code being delivered at the same time by another provider.*

Outpatient FAQs

- **What should I do if my authorization pends?**
 - *Authorizations will only pend if they overlap an already approved authorization for your organization. To resolve this, immediately submit an authorization correction request asking to modify the start date of the pended authorization. Ensure that the start date is later than the end date of the previously existing authorization.*
- **What should I do if I run out of units before my outpatient authorization's end date?**
 - *Submit an end-date request using the information outlined in the August 11, 2020, Provider Alert.*
 - ***Without waiting for Optum to add the end date***, enter a new authorization. *The start date must be after the most recent date of service for which you have already submitted claims for that participant. (e.g., If you submitted claims for DOS 1/1 and 1/2, the new authorization must start no sooner than 1/3).*
 - *The new authorization will remain in pended status until Optum has entered the end date on the previous authorization. Once Optum enters the end date, the status of the new authorization should change to approved.*

Outpatient FAQs

- **What should I do if the participant does not have active Medicaid eligibility at the time of service, but I expect that they will get it?**
 - *Request a 90-day uninsured span depending on whether the level of care being requested is covered for uninsured individuals*
 - *Request an unfunded span be created.*
- **How can I request an authorization correction?**
 - *Authorization corrections may be requested by calling customer service or through the IPP. Details on requesting authorization corrections through the IPP and customer service can be found here.*
- **What is the allowed time period to backdate authorizations?**
 - *Since May 1, 2021, providers may backdate authorizations by a **maximum of 20 calendar days**. This does not apply for acute levels of care, for which the standard authorization timeframes, outlined here, continue to apply.*

Clinical documentation for authorization requests

Clinical documentation for authorization requests

Optum authorization process: Authorization requests can be reviewed and processed more quickly if they contain:

- Clinical information regarding symptoms related to the participant's MH or SUD diagnosis
- Reason participant needs requested level of care rather than lower level

Clinical documentation for authorization requests

Examples: MH

- Clinical information for MH
 - Helpful examples:
 - Continued command AH telling pt to harm self
 - Agitated, threatening to others, needing PRN medication, risk of serious harm to others
 - PRP functional criteria: ability to work: manic symptoms of anger, irritability, verbal aggression have caused participant to lose jobs
 - Not helpful examples:
 - Calm, cooperative, sitting quietly in dayroom
 - Ready for discharge
 - PRP - Could benefit from social skills training;
 - Unable to work – can't stand long due to arthritis

Clinical documentation for authorization requests

SUD: Helpful Information

- WM – include amount used, last use, UDS results, CIWA or COWS score if applicable; current withdrawal information or intoxication information
- Levels 3.3; 3.5 – cravings, factors showing risk of relapse, amount of risk, physical or MH conditions and how they contribute to risk of relapse, ability to engage in treatment, etc.
- Level 3.7 – show need for medical monitoring (why 3.7 rather than 3.5)

CMS 1500 Form Update

CMS 1500 Form Update

- New functionality on the CMS1500 form begins at box 33 on the form
- This feature ensures that there is always alignment between the site address and NPI fields for improved accuracy of claims processing
- When entering Billing Provider Info, the user must click ellipsis on the right-hand side of the screen, to enter their search criteria

33. BILLING PROVIDER INFO & PH #

PROVIDER TELEPHONE

PROVIDER NAME

PROVIDER ADDRESS

PROVIDER ADDRESS

MD

PROVIDER ZIP CODE

a. NPI: PROVIDER NPI

b. ZZ - [field]

CMS 1500 Form Update

- User enters their search criteria and clicks “*Search*”:
- User selects the correct provider record for this claim and the system then returns to the claim form with the new, selected site address and the NPI populated in box 33. User continues with the claim entry as usual.

The screenshot shows the 'Provider Lookup' window with the 'Search' tab selected. The 'Search Providers' section contains the following fields:

- Provider Type: Individual Group Facility
- Name/Last Name:
- ID: NPI: TIN:
- City: State: Zip Code:

Buttons at the bottom: Search, Reset, Cancel.

The screenshot shows the 'Provider Lookup' window with the 'Results' tab selected. The 'Provider Results' table is displayed with the following data:

ID	Provider Name	Address	TIN	NPI	Degree
12345	PROVIDER NAME	PROVIDER ADDRESS 1	01-2345678	1234567890	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 2	01-2345678	1234567891	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 3	01-2345678	1234567892	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 4	01-2345678	1234567893	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 5	01-2345678	1234567894	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 6	01-2345678	1234567895	PS331 - ASAM Level 3.1
12345	PROVIDER NAME	PROVIDER ADDRESS 7	01-2345678	1234567896	PS331 - ASAM Level 3.1

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Buttons at the bottom: Search, Reset, Cancel.

Operations Updates

Operations Updates

- MCO and DORS ROI Designator
 - A designator will appear next to the participant's name, when a validated ROI form has been uploaded

The screenshot displays the incedo system interface for a member named "Supported Empl, Training 1 (12/31/1991)". A red arrow points to a green "DORS ROI" designator next to the member's name in the top navigation bar. The main content area is divided into several sections:

- Member Information:** Name: Supported Empl, Training 1; Age: 29; Gender: F; External ID; System ID.
- Demographics:** Primary Address: one main street, Edgewater, MD, 21037; Phone: 410-555-1212; Alt. Phone; Email: No Email Address on File.
- Insurance:** MD State (98564789654), State, (1/1/2021 - 12/31/9999). Includes "Previous", "1", and "Next" navigation buttons.
- Relationships:** No records available.
- Documents:** ROI - DORS- DORS ROI (8/14/2021 6:46 AM).

Operations Updates

- PRP Turnaround Time:
 - During August – September 2021 there were delays in processing authorization requests for PRP
 - As of September 7, 2021, all PRP authorizations that missed TAT have been processed
 - In some instances, a shortened authorization span and fewer units were approved
 - In some cases of RRP the H2018 line was approved but the T2048 is still in process
 - Provider alert pending: If a request missed TAT and was denied, providers will have one week from the alert date to resubmit authorization request and obtain authorization for the original requested start date
- Expanded Claim search
- Provider are reminded to use the maryland.provpymt@optum.com email box to connect with the Reconciliation team for assistance with reconciliation
- Reminder to providers to get MCO ROI forms signed again
 - ROI forms expire after 12 months
 - Have impact on patient care
 - An effort is underway to update the ROI requirements based on changes to 42 CFR Part 2.
 - Providers should continue to use the current form from the Optum Maryland website until an update is released

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 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, October 8, 2021**
- Meeting reminders will be sent at the beginning of month

Frequently Used Phone 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.

The Optum Maryland Team

