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12/11/20

Alexander Shekhdar  
Acting Director, Office of Medical Benefits  
Management/Senior Advisor to State Medicaid Director  
Maryland Department of Health

Aliya Jones, MD, MBA  
Deputy Secretary of Behavioral Health  
Behavioral Health Administration  
Maryland Department of Health

Dear Mr. Shekhdar and Dr. Jones:

We write to you today with two requests related to authorizations for behavioral health services administered by the ASO vendor, Optum Behavioral Health.

As you know, the Community Behavioral Health Association (CBH) is the leading voice for Maryland's community-based mental health and addiction treatment programs. CBH's 90 members deliver every covered service in the public behavioral health system.

### Background:

Due to Optum's failure to go live with their claims processing portal in January, authorizations for behavioral health services were unable to be successfully processed by Incedo, Optum's sub-vendor, until July 2020. The Department made the decision on January 10 to temporarily waive the requirement to have an active authorization on file, a decision ultimately extended through June 30, which enabled providers to continue to receive payment for services rendered. Starting July 1, providers began submitting authorizations for services through the Incedo portal and, due to the substantial backlog of authorizations required to be submitted, the Department permitted authorizations to be back-dated until December 31. That date is now two weeks away and substantial authorization issues still exist.

***Request 1: Extend the 12/31/20 date allowing retroactive submission of authorizations***

While providers are grateful for the grace period provided by the Department with which to back-date authorizations that had built up due to Optum's failure to go live, the challenges with Optum's authorizations processing continue to this day. Providers of psychiatric rehabilitation (PRP) services are seeing administrative denial rates between 25-40% for the months of July- November. These denials have been caused by untimely communications on policy and protocol changes, a lack of clarity and uniformity on required documentation and in what format to submit it, and inconsistencies in the standard operating procedures for Optum's care managers as they process authorizations and remit guidance to submitting providers. These issues have created a substantial burden on clinical staff to find out the cause of the denial (as no specific denial reasons are given); and resubmit authorizations, many of which were submitted with complete and accurate information the first time—all at a time when their time and effort is most needed for patient care. These challenges have been acknowledged by Optum and BHA, both of whom have collaborated with a subset of CBH members in a focus group to try to find solutions to some of these issues. Authorization changes have been proposed by this workgroup, however, they are still in draft form, and have yet to be either implemented or evaluated for effective impact.

Additionally, due to the fact that Incedo cannot process bundled services under one authorization, previously bundled services including bed days and clinical services under residential crisis (RCS) programs, and medication management and therapy under outpatient mental health clinics are causing claims to deny for no authorization. Residential crisis providers still have yet to be given formal instruction on whether and how to submit authorizations for previously bundled services. This means that the clock is ticking for RCS providers to submit 6 months of authorizations before 12/31 with the guidance for doing so still forthcoming. We would ask that the Department:

- Extend the 12/31/20 end date for retroactively submitting authorizations until such time that the PRP auth form changes are implemented and evaluated, AND RCS providers are given written guidance and 3 months to submit the auths they have been unable to due to Incedo's dysfunction.

***Request 2: Develop a plan to stagger the 6-month cycle of authorizations date spans***

While the waiving of authorization requirements from January - June solved the immediate problem caused by Incedo's dysfunction, it created a cycle whereby nearly *all* authorizations expire and concurrents must be submitted simultaneously. On January 1, all of the authorizations which were back-dated until July 1<sup>st</sup> will be up for renewal, and this cycle will continue this way every July 1<sup>st</sup> and January 1<sup>st</sup>. This has already and will continue to disrupt

December 11, 2020

Page 3

provider workflow and cause undue workload at specific intervals that would normally be spread out in a manageable way. This cycle has the added risk of overwhelming Optum and Incedo at the same intervals, and exacerbating the known issues with a claims platform prone to errors and of Optum's care managers who are regularly processing authorizations on the last allowable day (14 days). We would ask that the Department:

- Work with Optum and providers to develop a plan to stagger the authorization cycles so as to avoid a cyclical burden to both providers and the ASO.

Thank you for consideration of our request. If you need any additional information, please do not hesitate to contact me at [Lauren@mdcbh.org](mailto:Lauren@mdcbh.org)

Sincerely,



Lauren Grimes  
Assistant Director  
Community Behavioral Health Association of Maryland

cc: Scott Greene, CEO, Optum Maryland

Spencer Gear, Director of Licensing, Behavioral Health Administration