

MDH Response to Retractions and Deadlines Request by CBH

Each numbered item below is taken verbatim from CBH's document memo to MDH and Optum Maryland, "ASO Minimum Necessary Functionality Debugging Talking Points" (dated May 12, 2020). Please contact mdh.mabehavioralhealth@maryland.gov with any questions regarding the information in this document.

CBH Item 1. No Payment Reductions Due to Eligibility or Authorization Denials on Backlogged Claims. Due to the failure of Optum's systems, providers have been unable to submit eligibility and authorizations with any expectation of consistency or accuracy. Despite that fact, MDH urged providers to continue serving people in need, which they did. Therefore, the lack of proper eligibility and authorization determinations cannot be used during the reconciliation process to deny claims or to accrue to the amount providers owe against their estimated payments. How was this known issue factored into reconciliation?

MDH RESPONSE:

- **Eligibility:** Regardless of the system functionality, providers are responsible for verifying participant eligibility prior to delivering services and ensuring their patients meet medical necessity for the level of care. The Eligibility Verification System (EVS) should be used to verify a patient's Medicaid eligibility. Providers are reminded that Maryland allows eligibility for individuals up to 3 months retroactively. All appropriate considerations will be applied to avoid retractions for providers that were unable to request an uninsured span and are able to show that the individual would have qualified.
- **Authorizations:** MDH issued guidance that the authorization requirement is lifted so that claims will pay. That guidance has affirmed the requirement for providers to continue to enter authorizations as the system functionality improves.

MDH initially established an authorization "grace period" to allow providers six months from the date of the system reactivation to enter their authorizations for dates of services prior to the relaunch date. In light of difficulties entering retro-authorizations, MDH has now temporarily waived the requirement that auths be entered for the period January 2020 through June 2020 in order to allow all claims to process for payment.

Beginning July 1, 2020 authorizations will need to be entered to allow for claims to pay. During the first weeks of renewed operation the Incedo Internet Portal (IPP) will allow for authorizations to be entered back to July 1, 2020. The actual date of IPP system reactivation has not yet been determined. Arrangements will be made at a future date to ensure that necessary data concerning the January to June authorizations is entered.

The grace period created by the waived authorization requirement effectively defers retractions at this time for claims with “no prior authorization.” However, claims submitted that do not meet the medical necessity criteria for the correct level of care, then funds would be withheld/retracted from future claims payments. This process is the same as provider audits when retractions are made if the services rendered are to a patient who does not need the level of care requested. Providers will also be expected to provide information supporting authorizations when requested to do so, and failure to do so could also result in retractions.

MDH understands that providers are doing their best during a challenging situation. If you are performing your services in a way that meets all Medicaid reimbursement requirements and have documented best efforts to meet the requirements of the uninsured workflow, then retractions are less likely. If they occur, it will be based on all considerations with respect to the system functionality as well as the provider’s efforts and supporting documentation.

- **More information regarding authorizations was documented in Optum’s Provider Alert dated June 13, 2020. [Click here to access that alert.](#)**

CBH Item 3. Modification of Deadlines. The meltdown of the system has placed the onus on providers to research and resubmit hundreds of thousands of claims, many dating back to the Beacon contract prior to Optum’s installment as the ASO. There is simply no way for providers to shoulder that burden within such a short timeframe, particularly now as they also face the challenges brought on by COVID-19.

MDH Response:

Regarding the request related to modifying deadlines for items 3a, 3b, and 3c below, ***MDH is looking for a good faith effort and due diligence by providers and will review our ability to adjust deadlines on a case-by-case basis.*** Additional information related to specific deadlines is documented below with the corresponding CBH request.

CBH Item 3a. Timely Filing Waiver (12 months). CBH members with various claims that weren’t paid due to various state delays (ePRep delays; retroactive EBP eligibility; Beacon’s failure to manual rework RCS claims; inability to rework and submit Beacon denials from November onward). CBH sent questions seeking a transition plan for such claims to Provider Council and the ASO transition email on 8/5/2019, 10/3/2019, 11/4/2019, and 12/2/2019. CBH also communicated about individual provider situations with the Department and Beacon throughout the fall. No substantive response was received to these communications. ii. CBH requests that MDH seek a timely filing waiver for claims that were previously identified to MDH and Beacon in 2019 as needing reprocessing and which failed to be reprocessed.

MDH RESPONSE: See general response above. In addition, the MDH must abide by the established timely filing requirements below.

"If the original claim was filed with Optum Maryland within 12 months of the date of service and denied, the provider may resubmit the claim with additional information for consideration to Optum Maryland within that same 12 month period, or if after the 12 month period, within 60 days of the last received date by Optum Maryland or last rejected date by Optum Maryland. (COMAR 10.09.36.06 B (3))."

Additional consideration will be given in situations in which a provider's failure to meet timely filing requirements was clearly due to difficulties related to Optum's system. MDH will provide clear guidance for addressing these situations.

CBH Item 3b. Appeal Clock on Optum's Payment of Beacon Claims. Optum's payment of Beacon claims in January 2019 resulted in mis-directed payment, incomplete EOBs, and no system or process in place to rework claims and appeal payments. CBH requests that the clock for the January Beacon claims begins only when providers have received sufficient and complete notice from Optum to initiate action.

MDH RESPONSE: In part, disposition of this issue will depend on the system fixes that Optum implements and the summary response at the beginning of this section applies to this situation. Requests to waive timely filing may be initiated by the provider in accordance with the appeals process outlined in Item 3.a. above. MDH recognizes the issues associated with Optum's payment of Beacon claims and will consider provider appeal requests outside the required timeframe on a case-by-case basis.

CBH Item 3c. Extension of Deadlines. The reconciliation process includes deadlines for claims resubmission (60-days) and payment appeals (90 days). Due to the volume of claims needing reworking and appeal due to Optum's system failures, the timelines must be extended beyond 60/90 days (assuming Optum has first met the conditions in item #2 above).

MDH RESPONSE: Optum Maryland has begun to process claims submitted since January. As Optum is doing this, they are reprocessing denied claims. The "clock" starts when a "final determination" is made on the status of the claims, in the case of reprocessed claims it will be when the system is determined to be fully functional/reactivated. MDH is looking for a good faith effort and due diligence by providers and will review our ability to adjust deadlines on a case-by-case basis.

Appeals will follow the normal Level 2 process as outlined in Section 9 of Optum's Maryland Provider Manual ([click here to access the manual](#)). MDH will provide additional information to support providers, as needed.

CBH Item 3d. Impartial Appeals. Given the scope of Optum's systems failures and the many permutations that failure may take, we believe that access to a fair and impartial appeals process must be included in the reconciliation process.

MDH RESPONSE: MDH BHA provides impartiality as part of the current appeals process. MDH will give full consideration to all these factors and will provide additional information to support providers, as needed. We discourage filing appeals before claims have been processed (or reprocessed) and determined final denial decisions.

The information contained in this document is the best available as of June 15, 2020 and is subject to change based on the continuing efforts to fix and improve Optum Maryland's IPP system. The best source for changes to this information will be alerts issues through Optum Maryland. Alerts can be found by [clicking this link](#).

Please contact mdh.mabehavioralhealth@maryland.gov with any questions regarding the information in this document or other policy related questions. Contact Optum Maryland for any system related questions or concerns at 1-800-888-1965.