



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

To: Kathy S. Ghiladi, Partner, Feldesman Tucker Leifer Fidell LLP
Mindy B. Pava, Partner, Feldesman Tucker Leifer Fidell LLP

From: Steve R. Schuh, Deputy Secretary of Health Care Financing and Medicaid
Linda Rittelmann, Medicaid Behavioral Health ASO Lead

Re: Letter Dated 12/28/2021

Date: January 11, 2022

Dear Ms. Ghiladi and Pava,

Thank you for your letter dated December 28, 2021 on behalf of your clients, Counsel for the Community Behavioral Health Association of Maryland (CBH).

Below are the responses (in blue) to the list of items your client specifically requested in the Complete Claims History Report currently under development by Optum, Maryland. We hope this provides enough clarification and information to your request. We have provided responses in **blue**, below:

1. A full claims history for all claims processed or reprocessed by Optum *that links each/every reprocessing to the original claim* and includes:
 - a. The report would be sorted appropriately to group all the related claims within the report, and a flag will be added to denote the latest adjudicated outcome.
 - i. **There was a missed step to appropriately sort the pilot providers' report to group claims together. This has been corrected.**
 - b. Accurate dates of *each/every* reprocessing
 - i. **This requirement has been met with current report**

- c. Accurate check numbers associated with *every* reprocessing of a claim.
 - i. **This requirement has been met with current report**
- d. Accurate check dates associated with *every* reprocessing of a claim.
 - i. **This requirement has been met with current report**
- 2. Identification of any and all individual claims applied to a negative balance and tracked to the total balance. This must include the status of the applied claim (withheld and in process vs. paid and to be retracted)
 - a. **This is under development and a flag will be added to denote all claims related to negative balance within the final version of the report.**
 - b. **In-Process/Pended claims that are not considered fully adjudicated would not be present in the report until they appear on a PRA/check.**
- 3. Identification of any and all claims applied to estimated payment balance tracked to the balance remaining
 - a. **This is currently included in the pilot version of the report under the “paid tab” column W named “OFFSET INDICATOR”**
- 4. Identification of all denials for DOS under the estimated payments updated and accessible to providers on a weekly basis
 - a. **The providers would be able to request the report as needed, providers did indicate they would like it monthly.**

Additional changes based on pilot provider feedback:

- 1. **Columns to be added to the report**
 - a. Other payment amount
 - b. Site ID
 - c. NPI
 - d. Funding Column to present either Medicaid or State funding source.
- 2. **QRG Updates**
 - a. Update document to capture changes with new fields
 - b. Update screen shots for consolidated claims tab
 - c. Add more explanation on how to use the report and filters
 - d. Add explanation on how to use the new flag
 - 1. Addresses providers looking for Negative balance claims only
 - 2. Addresses providers looking for all and only last adjudication outcome

We previously agreed to postpone collections at the provider's request until they had adequate time to review the complete provider claims history reports once they are in production. We hope this adequately addresses the concerns of your client. Please do not hesitate to contact us, or Optum, Maryland directly with any further questions or concerns.

Sincerely,



Steve R. Schuh
Deputy Secretary of Health Care Financing and Medicaid Director

CC: Linda Rittelmann
Monica McNeil
Lauren Grimes
Shannon Hall
Lori Doyle
Kathleen Ellis