



# Maryland Provider Council Meeting

March 10, 2023

Hosted by Optum Maryland

# Agenda

- 1 Welcome
- 2 MDH and BHA Updates
- 3 Courtesy Uninsured Spans
- 4 Incedo Provider Portal Updates
- 5 Release of Information Data Reporting in Incedo
- 6 Operations Updates
- 7 Provider Questions

# MDH Updates



# Medicaid Check-In 2023

Maryland Department of Health, Office of Health Care Financing



# Overview

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- The Families First Coronavirus Response Act (FFCRA) provided an enhanced Federal Medical Assistance Percentage (FMAP) of 6.2% to states that met Maintenance of Eligibility Requirements (MoE) during the PHE. FFCRA MoE provisions required states to extend continuous eligibility (CE) to all participants through the end of the PHE.
- **These requirements have now changed. The PHE and the CE requirement that was part of the MoE are no longer linked.**
- The [Consolidated Appropriations Act, 2023](#) became law on December 29, 2022. The legislation amended certain provisions of FFCRA and **decouples** the CE requirement from the PHE.
- CE requirements that were part of the MoE will now sunset on **April 1, 2023**, at which time states may begin unwinding procedures.
  - Maryland will continue standard redetermination mailings in April 2023, with the first disenrollments for participants who no longer qualify for coverage occurring at the end of May 2023.
- President Biden announced that the national PHE will end on May 11, 2023. Maryland's disaster SPAs, 1135 waivers, and Appendix K authorities remain tied to the PHE.



# Unwinding Redeterminations Overview

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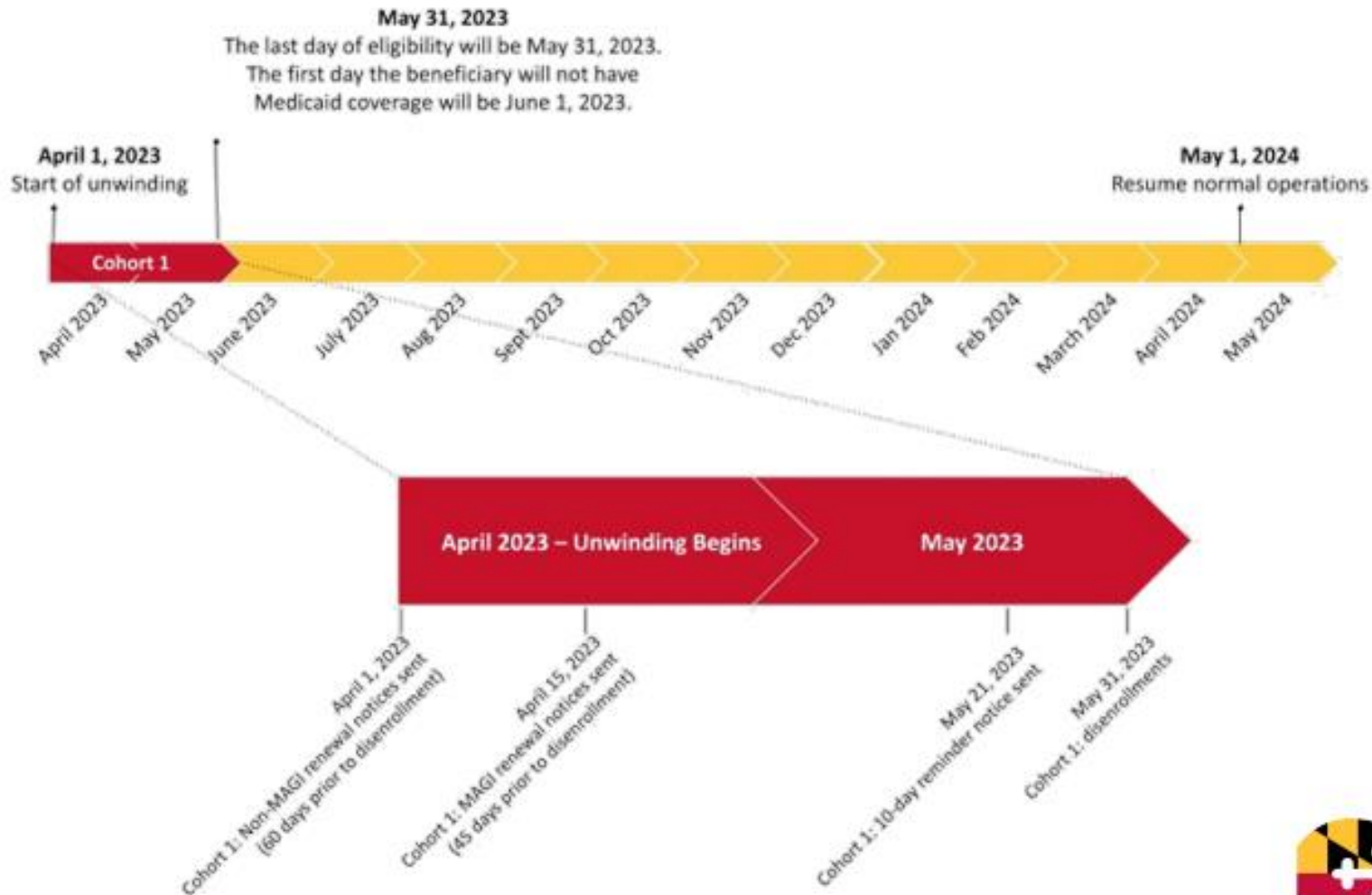
- Maryland Medical Assistance enrollment grew substantially during the national public health emergency (PHE):
  - During the COVID-19 public health emergency, Marylanders who were enrolled in Medicaid continued to be covered, even if they were no longer eligible.
    - 1,415,631 participants in February 2020 up to 1,773,143 participants in February 2023
  - Starting in April 2023, Maryland will begin making Medicaid eligibility reviews again. Not everyone will be up for renewal at the same time. These renewals will take place over 12 months.
- Medicaid Check-In Campaign: Statewide outreach and communication strategy, March 2023-April 2024
  - Key partners: MDH, Managed Care Organizations (MCOs), Maryland Health Benefit Exchange (MHBE), Maryland Department of Human Services (DHS), and Chesapeake Regional Information System for our Patients (CRISP), providers, grassroots organization.

# Who does this impact?

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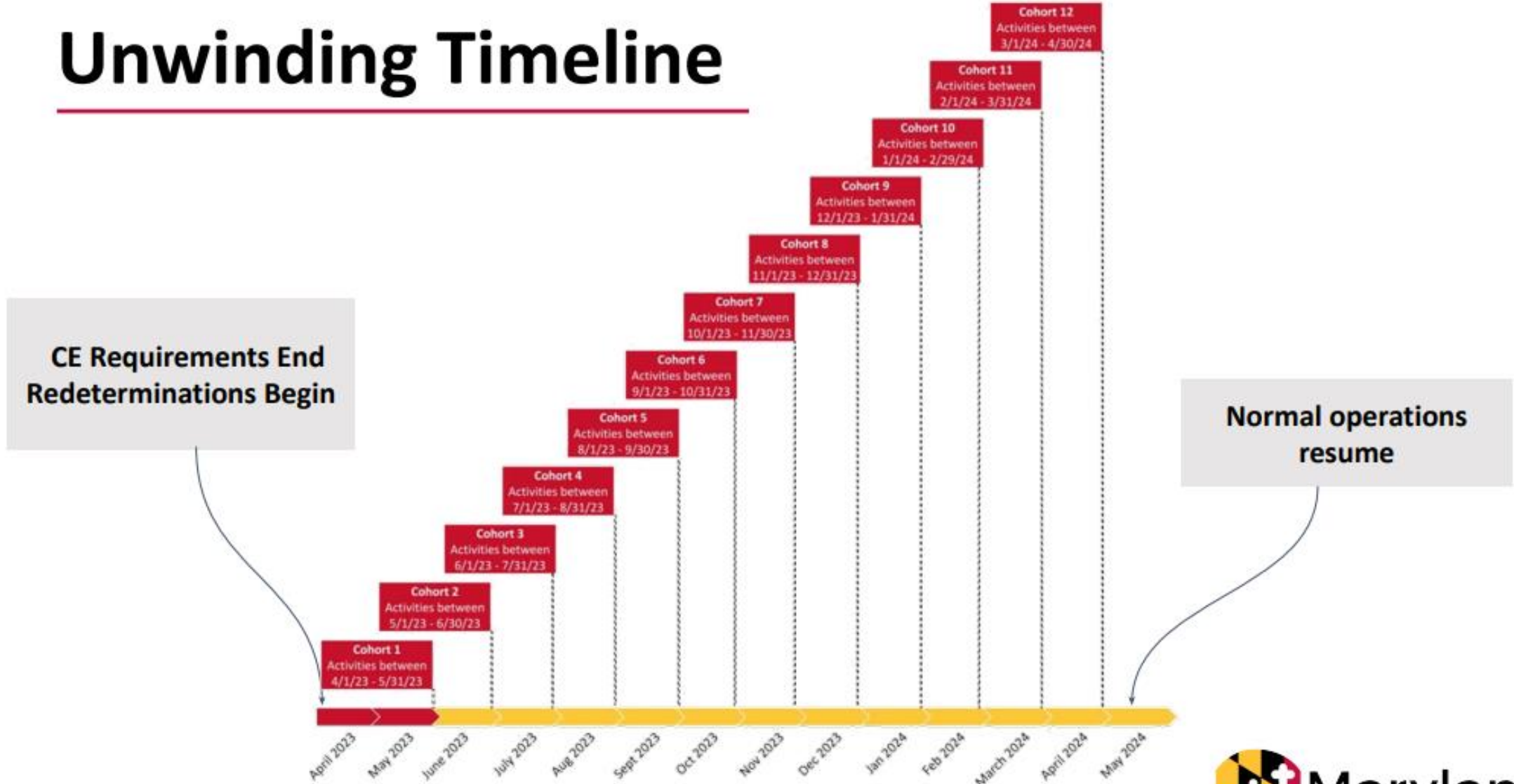
- Nearly all enrollees will have their coverage renewed in the next 12 months, including:
  - Participants who get their Medicaid/MCHP coverage through Maryland Health Connection;
  - Participants who qualify on the basis of being aged, blind, or disabled, or who are enrolled in a Home- and Community-Based Services Program and apply using MyMDThink;
  - Full dual eligibles enrolled in Medical Assistance/Medicare;
  - Partial dual eligibles, including those enrolled in the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) programs.
- Note: The Supplemental Security Income (SSI) population is exempt and will not be following the redetermination process.

# Zoomed In Timeline





# Unwinding Timeline



# Statewide Medicaid Check-In Campaign

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- **General Timeline:**
  - Winter 2022-January 2023: Focus Groups to develop Medicaid Check-In Campaign themes and creative approach based on feedback from Medicaid participants representing a variety of ages, race/ethnicities, genders, and geographic distribution
  - March 2023: Pre-launch Campaign
  - April 1, 2023-April 30, 2024: Launch Campaign
- **Key Objectives:**
  - **Encourage Medicaid participants to update their information**
  - **Generate awareness of the redetermination process statewide using an integrated mix of vehicles that reflect the audience's media preferences**
- The campaign will be presented in English and Spanish with statewide distribution plans allocated in accordance with enrollment. Hispanic media will also be leveraged to reach primarily Spanish-language portions of the audience.



# Medicaid Check-In, Launch Campaign

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- A 12-month integrated media plan aimed at encouraging enrollees to keep their contact information current and educating them on the process for renewing.
- Campaign strategies:
  - Paid Search;
  - Paid Social Media (Facebook and Instagram);
  - Digital Media (display banners, streaming TV/radio, apps);
  - TV;
  - Radio;
  - Outdoor of Home (OOH) – Outdoor boards and transit advertising;
  - Location-based media;
  - Prominent display of campaign information on MDH, MBHE, and DHS websites and dissemination of information through social media, public meetings and webinars, and other venues;
  - Providers serving the Medicaid population will be engaged through deployment of a dedicated MDH web page, provider toolkit, webinars, and other resources;
  - Other direct outreach strategies alongside the Medicaid Check-In Campaign to reach Medicaid participants.

# Coordination with DHS for Fee-for-Service Participants

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- DHS Local Departments of Social Services resumed in-office presence in August 2021.
  - Assistance to walk-in customers is available.
  - Age, Blind and Disabled Redeterminations may also be submitted via the myMDTHINK Consumer Portal at <https://mymdthink.maryland.gov/home/#/>.
- DHS has already resumed redeterminations, similar to the process implemented in MHBE.
- The agency is also hiring additional staff to support eligibility determination activities and outreach on Medicaid and associated programs.
- DHS is partnering with MDH to co-brand on marketing materials under development with the communications firm, GKV.
- Protocols in place to insure warm handoffs between systems.
  - Call centers (DHS, MDH, MHBE) will be prepared to redirect individuals as appropriate to ensure they can reapply for coverage through the appropriate application platform.
  - Information will also be available to consumers on all three websites.



# How Can I Help?

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Get the word out to your patients! The Medicaid Check-In [Provider Toolkit](#) has materials for you to use - you can...

- Alert patients and talk about what is going to happen;
- Post a Medicaid Check-In flyer in your clinic at the front desk and in each examination room;
- Post on social media directed to patients;
- Share the [Consumer Information](#) website link with patients;
- Send an email to patients - it could include information about the Medicaid Check-In or an attachment/picture of one of the flyers;
- Highlight the Medicaid Check-In in patient or stakeholder newsletters;
- Let others you work with and stakeholders know about the Medicaid Check-In.



# Additional Resources

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Check out these webpages for more information and additional resources to get the word out to Medicaid participants:

- Campaign Landing Page: <https://www.marylandhealthconnection.gov/checkin/>
- Consumer Information: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-participants.aspx>
- Provider Toolkit Information and Materials:  
<https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-providers.aspx>
- **Additional suggestions for FAQs** can be directed to the Medicaid Innovation, Research, and Development team for consideration in future updates. Please send to [mdh.medicheckin@maryland.gov](mailto:mdh.medicheckin@maryland.gov).



PRELAUNCH RECAP



# Agenda

- Situation
- Campaign communication objectives
- Creative theme
- Prelaunch creative presentation

# Situation

Beginning in March 2020, at the start of the declaration of the federal Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) temporarily waived certain Medicaid and Children's Health Insurance Program (CHIP) requirements and conditions.

The easing of these rules helped prevent people with Medicaid and CHIP from losing their health coverage during the COVID-19 pandemic.

Maryland will continue standard redetermination mailings in April, with the first disenrollments for participants who no longer qualify for coverage occurring at the end of May 2023.

# Situation

- Research was conducted to explore awareness of the renewal process to help guide the campaign development
- GKV developed the Medicaid Check-In campaign theme to brand and advertise outreach efforts
- Creative research was completed to validate the Medicaid Check-In creative theme
- Campaign efforts will be completed over two phases:
  - Prelaunch – generate awareness among Medicaid enrollees to update their contact information. Campaign launched on 2/28 and will run through 3/31. Paid media focused on social media to support MCO outreach. Collateral materials have also been developed. What follows in this presentation are advertising components for the prelaunch campaign only.
  - Launch – encourage enrollees to keep their information current and educate them on the process for renewing. Campaign materials are in development and will go live in April.



# Communication Objectives

- Disrupt autopilot behavior to let Medicaid participants know that changes are occurring
- Leverage the brand familiarity with Maryland Health Connection
- Generate awareness of the need for individuals to ensure their contact information is up to date
- Develop assets that can be easily adaptable by MCOs and partners for their needs in tandem with the campaign



- Makes it clear that action needs to be taken, but the action is not burdensome
- Feels familiar to other easy check-in occasions, hotels/motels, hair appointments, wellness visits
- Nonintimidating, implies care on the part of those looking out for you
- Results in a continued series of actions versus one step






# LOGO USAGE GUIDELINES

MEDICAID CHECK-IN LOGO







The Medicaid Check-in logo's main communication objective is to let Medicaid participants know that changes are occurring. The logo was designed leveraging the brand familiarity of the Maryland Health Connection and lending confidence with the endorsement of the Maryland Department of Health brand.

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### Color Palette


				
PMS 300 CMYK 27/52/24 RGB 41/104/134 HEX #2980B9	PMS 376 CMYK 15/83/24 RGB 102/187 HEX #66BB6A	PMS 300 CMYK 100/0/0 RGB 200/0/0 HEX #CC0000	PMS 365 CMYK 100/0/0 RGB 255/255/0 HEX #FFD700	PMS 123 CMYK 0/0/100 RGB 0/0/0 HEX #000000

### Typefaces

**NEW FRANK EXTRA BOLD**  
**NEW FRANK BOLD**  
New Frank REGULAR

### Clearance


Keep a 20-point clear area of the width of the logo on all sides on top sections of the slide.



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### Usage Guidelines

The logo was developed to be easily adaptable by MCOs and partners for their needs in tandem with the campaign.



LOGO SHOULD ALWAYS BE ON WHITE



ON COLORED OR PHOTO BACKGROUND


- Should be placed in white box on top of background.
- Logo should be clearly visible (avoided to merge in the white box with plenty of surrounding space (see examples below).




MCO Partner Logo should be smaller than the width of logo, when centered on the top portion of the logo.


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### Examples











**ALL MATERIALS WILL BE TRANSLATED  
INTO SPANISH**





# PRELAUNCH CREATIVE

## ONE-SIDED FLYER

# KEEP YOUR INFO CURRENT.

# KEEP YOURSELF INSURED.

### CHANGES ARE COMING TO MARYLAND MEDICAID.

Medicaid renewals won't be automatic this year. Check in to make sure your contact information is up to date, so that you can receive important notices on any changes to your health insurance.



To get started, log in to your account at  
[MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin)  
or call 855-642-8572



## TWO-SIDED FLYER



# KEEP YOUR INFO CURRENT. KEEP YOURSELF INSURED.

**CHANGES ARE COMING TO MARYLAND MEDICAID.**

Medicaid renewals won't be automatic this year. Check in to make sure your contact information is up to date, so that you can receive important notices on any changes to your health insurance.

 To get started, log in to your account at [MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin) or call 855-642-8572

  
maryland health connector Maryland



# UPDATE YOUR CONTACT INFO TODAY.

**IN 2023, MARYLAND MEDICAID WILL BEGIN MAKING REGULAR ELIGIBILITY REVIEWS AGAIN.**

This is why you need to check in to confirm that your current address, phone number, and email are up to date in Maryland Health Connection's system. That way, you can receive and respond to important notices about your health insurance.

 To get started, log in to your account at [MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin) or call 855-642-8572

  
maryland health connector Maryland

# STATIC SOCIAL

Maryland Department of Health  
Sponsored · 🌐

Changes are coming to Maryland Medicaid. Make sure your contact info is up to date so that you can receive important notices.

KEEP YOUR INFO CURRENT.  
KEEP YOURSELF INSURED.

**MEDICAID** 2023  
**CHECK-IN**

marylandhealthconnection...  
**Update Today!**  
2023 Medicaid Check-In [Learn more](#)

👍 🥰 10 3 shares

👍 Like    💬 Comment    ➦ Share

Maryland Department of Health  
Sponsored · 🌐

Medicaid renewals won't be automatic this year. Keep your contact info updated to receive info about your Medicaid insurance.

UPDATE YOUR  
CONTACT INFO NOW!

**MEDICAID** 2023  
**CHECK-IN**

marylandhealthconnection...  
**Stay Current. Stay Covered.** [Learn more](#)

👍 Like    💬 Comment    ➦ Share

Maryland Department of Health  
Sponsored · 🌐

As Maryland Medicaid changes, your contact info must be current to receive important new info.

KEEP YOUR INFO CURRENT.  
KEEP YOURSELF INSURED.

**MEDICAID** 2023  
**CHECK-IN**

marylandhealthconnection...  
**Update Today!**  
2023 Medicaid Check-In [Learn more](#)

👍 Like    💬 Comment    ➦ Share

PAID SOCIAL BEING RUN THROUGH MDH FOR  
PRELAUNCH ONLY



## TEXT MESSAGE

Changes are coming to Maryland Medicaid. Make sure your contact information is up to date so that you can receive important notices on any changes to your health insurance. Log in to your account at [MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin) or call 855-642-8572. *(MCO to insert required legal and opt-out language)*



## ROBOCALL SCRIPT

Hello,

This is an important message from [PLAN NAME] regarding the health insurance of an individual in your household. Changes are coming to Maryland Medicaid. Please make sure your contact information—including your mailing address—is up to date so that you can receive important notices on any changes to your health insurance. Log in to your account at Maryland Health Connection dot gov slash check in or call 855-642-8572 to get started. *(MCO to insert required legal and opt-out language)*

EMAIL

**KEEP YOUR  
INFO CURRENT.  
KEEP YOURSELF  
INSURED.**

**Changes are coming to Maryland Medicaid.**

Medicaid renewals won't be automatic this year. Check in to make sure your contact information is up to date, so that you can receive important notices on any changes to your health insurance.

To get started, log in to your account at:  
[MarylandHealthConnection.gov/Checkin](https://MarylandHealthConnection.gov/Checkin)  
or call 855-642-8572

**CLICK HERE TO GET STARTED**

**MEDICAID 2023  
CHECK-IN**

maryland health connection Maryland



# LANDING PAGE

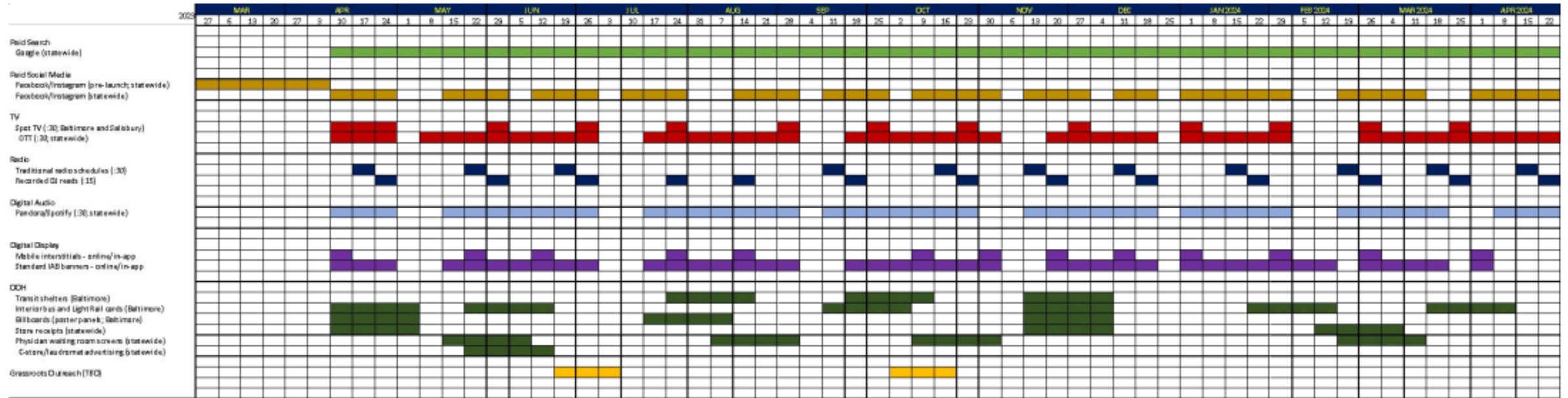


MarylandHealthConnection.gov/Checkin

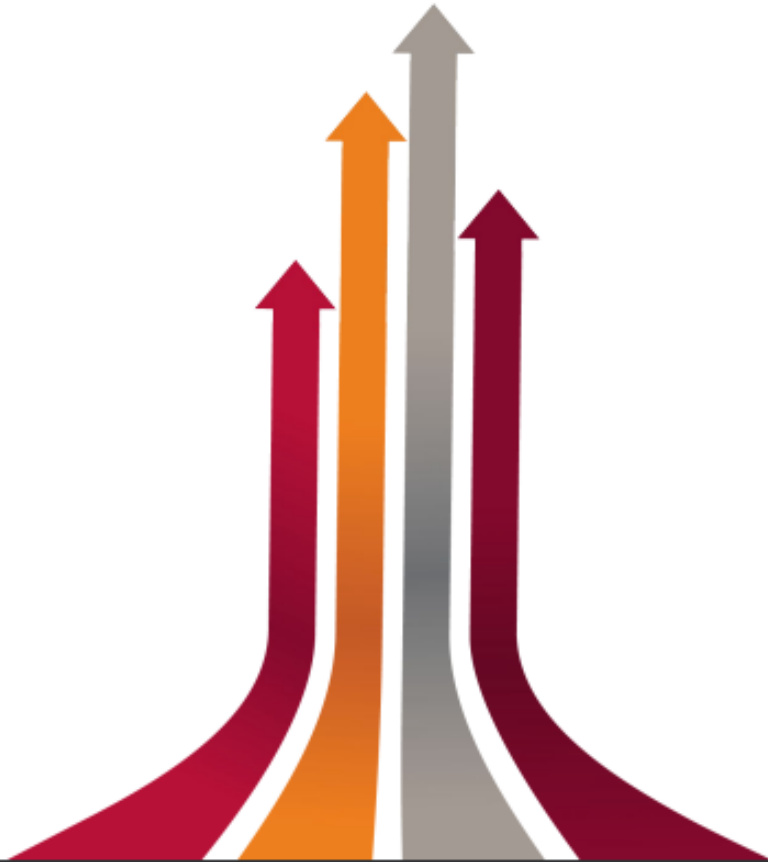


# LAUNCH CAMPAIGN MEDIA OVERVIEW

# Flowchart







# Courtesy Uninsured Spans

# Gap/Courtesy Uninsured Spans

## Calculation of Gap/Courtesy Uninsured span dates

- The calculation of the Gap/Courtesy span dates and duration are based on 2 factors; the termination date of Medicaid eligibility and the date that the Medicaid termination date (termination date) was communicated from the MMIS system (notification date.)
- 30-day Gap/Courtesy is a misnomer as the calculation using the two dates can result in fewer or greater than 30 days of Uninsured coverage being applied to the recipient record.
- 30 days of uninsured coverage, plus the number of days between the termination date and the notification date. Which means when a termination date is sent retroactively – there will be greater than 30 days, conversely if the termination date is sent proactively there will be fewer than 30 days – and in some cases No Gap/courtesy span will be applied.

# Gap/Courtesy Uninsured Spans

## Courtesy Span Examples

Example 1	Example 1 (30 day courtesy span)	Begin	End (termination)	Notification date
	Medicaid	1/1/2022	10/31/2022	10/31/2022
	Courtesy span	11/1/2022	11/30/2022	N/A
Example 2	Example 2 (49 Courtesy span)	Begin	End (termination)	Notification date
	Medicaid	1/1/2022	10/31/2022	11/19/2022
	Courtesy span	11/1/2022	12/20/2022	N/A
Example 3	Example 3 (20 Day Courtesy Span)	Begin	End (termination)	Notification date
	Medicaid	1/1/2022	10/31/2022	10/21/2022
	Courtesy span	11/1/2022	11/20/2022	N/A
Example 4	Example 4 (None)	Begin	End (termination)	Notification date
	Medicaid	1/1/2022	10/31/2022	8/11/2022
	Courtesy span	None	None	N/A

# Incedo Provider Portal Updates



# Incedo Provider Portal Updates

## Updates and Fixes

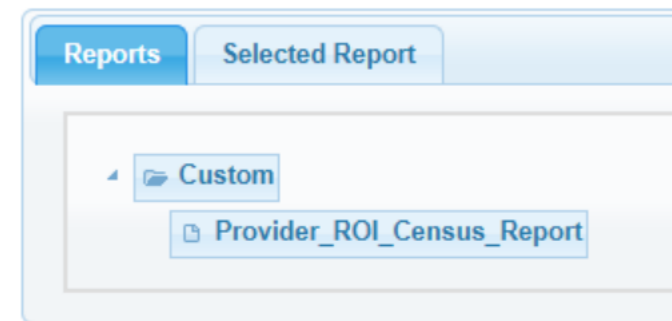
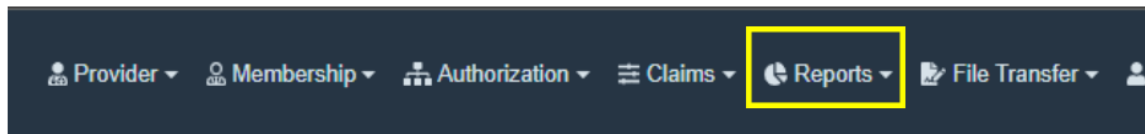
- Some providers have encountered the 500 error in the Incedo Portal.
  - Deployment of phase 1 of this fix to the Incedo Portal occurred on Saturday, February 18.
    - This deployment has rectified the majority of 500 error issues.
  - Additional improvements to be included in Phase 2 have been identified through Phase 1 analysis.
    - Phase 2 fixes are targeted for implementation by the end of March.
- The fix for the “tabbing” issue on the claim submission form is now scheduled for the Incedo 7.2.3 release targeted by the end of March.
- Duplicated, pended authorizations are being experienced by some providers.
  - The fix for this issue is now scheduled for the Incedo 7.2.3 release targeted by the end of March.

# Release of Information Data Reporting in Incedo

# Release of Information Data Reporting in Incedo

## Release of Information Data Reporting in Incedo

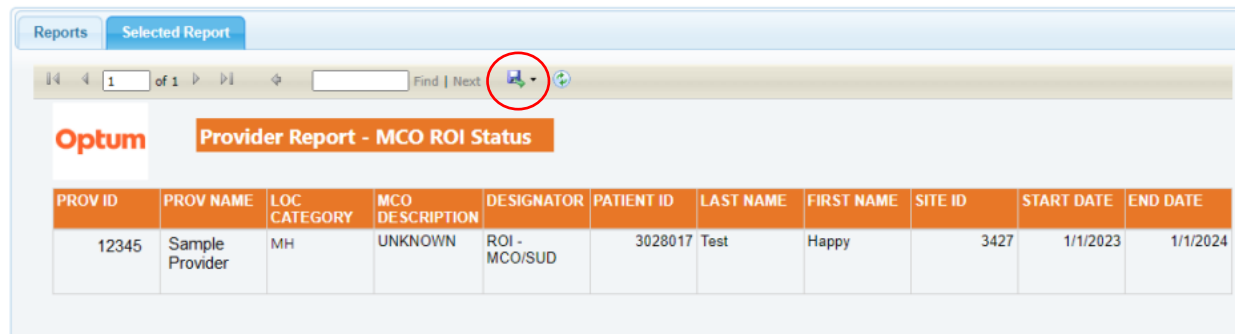
- As announced in a [provider alert](#) dated February 22, effective March 6 a new reporting functionality in the Incedo Provider Portal (IPP) will assist providers with obtaining Release of Information (ROI) forms.
  - This new reporting functionality gives providers a tool to identify which of their participants have a signed ROI form on file and when the ROI is due to expire.
  - Additionally, to capture ROI information for participants, a new question has been added to the Data Capture Form, “MCO SUD ROI Information.”
  - The reporting functionality can be found in the IPP, under the new “Reports” tab. Under this tab providers will see a report named “Provider\_ROI\_Census\_Report”



# Release of Information Data Reporting in Incedo

## Release of Information Data Reporting in Incedo

- This report lists all participants with open, active authorizations and indicates whether or not they have a signed ROI, with the start and end dates of any existing ROI.
- The information in this report is updated in “real time” so will always contain the most accurate data for each participant.



Optum Provider Report - MCO ROI Status

PROV ID	PROV NAME	LOC CATEGORY	MCO DESCRIPTION	DESIGNATOR	PATIENT ID	LAST NAME	FIRST NAME	SITE ID	START DATE	END DATE
12345	Sample Provider	MH	UNKNOWN	ROI - MCO/SUD	3028017	Test	Happy	3427	1/1/2023	1/1/2024

- By clicking the “Export” (disk) icon (circled above), the provider can select from a number of different formats to export and save the report.

# Release of Information Data Reporting in Incedo

## Release of Information Data Reporting in Incedo

- Additionally, to capture ROI information for participants, a new question has been added to the Data Capture Form.
  - The question is titled “MCO SUD ROI Information” and asks the provider whether the form was presented to the participant and whether the participant signed the form with or without limitations.
  - Providers are required to complete this information field for all data capture forms.
- Selecting either “MCO SUD ROI signed with no limitations” or “MCO SUD ROI signed with limitations” will result in an additional required field: “Date that SUD MCO ROI was Signed.”
- If the consumer signed the SUD MCO ROI with limitations, the immediately upload that document to Optum.

Please choose from one of the options below in order to proceed.\*

- MH Service Request. MCO SUD ROI does not apply.
- Consumer already has a current, signed MCO SUD ROI.
- MCO SUD ROI signed with no limitations.
- MCO SUD ROI signed with limitations.
- Consumer declined to sign MCO SUD ROI.
- Provider DID NOT present the MCO SUD ROI.

Please choose from one of the options below in order to proceed.\*

Date That SUD MCO ROI was Signed\*

Please choose from one of the options below in order to proceed.\*

Date That SUD MCO ROI was Signed\*

\*NOTE: If the participant signed the MCO SUD ROI with limitations, the provider must upload the document to Optum as soon as possible.



# Release of Information Data Reporting in Incedo

- Participant outcomes can be significantly improved by ensuring that there is good communication between Managed Care Organizations (MCO's) and the specialty providers in the Public Behavioral Health system.
- All providers are strongly encouraged to do everything they can to maximize the number of participants who sign Release of Information (ROI) authorizations allowing for this interchange of information.

# Operations Updates

# Operations Updates

## Authorizations Showing in “Pended” Status

- A small number of clinically-reviewed authorizations are temporarily placed in a Pended status. These authorizations are being approved via a twice daily fix. The status change will occur the same day or the next day.

## SUD-PHP, SUD-IOP, and SUD Ambulatory Detox providers:

- In an effort to assist providers with submitting the most pertinent clinical information for SUD Ambulatory, SUD Partial Hospital Initial and Concurrent, and SUD-IOP Concurrent authorization requests, updates will be made to the required Clinical Forms.
  - The updates will provide a resource which defines the ASAM Dimension ratings. In addition, specific guidance is given under each Dimension regarding the clinical documentation needed.
- This update was initially communicated on the Provider Bulletin of February 22, with an expected implementation date for these updates was March 3. This implementation date has now been pushed back while testing continues. The new implementation date will be communicated when confirmed.

## Intensive Outpatient (IOP) Billing

- Providers can only bill 4 days per week, as detailed in the [PBHS SUD Fee Schedule](#) (Effective 7-01-22).

H0015	Intensive Outpatient (IOP)	\$169.51	Per diem with a minimum of 2 hours of service per day	Providers may bill for maximum of 4 days per week. Services for participants who require a minimum of 9 hrs of service per week for an adult and 6 hrs per week for adolescents.	Cannot bill with H0004, H0005, or H2036
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# Operations Updates

## Medicaid Negative Balance

- Letters will be sent to providers by the end of March regarding negative balances on their Medicaid account.
  - Providers with a Medicaid negative balance between \$5,000 and \$25,000 will receive a letter confirming their balance and information regarding repayment.
  - Providers with a Medicaid negative balance over \$25,000 will receive a letter confirming their balance, the primary reason for the negative balance, and information regarding repayment.
  - From the date of the letter there will be a 60-day period prior to claim clipping beginning on Medicaid accounts where there is a negative balance.
    - Clipping will occur to offset this balance by no later than December 31, 2023. *Any amounts remaining by this date will be due in full.*
  - During this 60-day period, providers should compare the negative balance reported in their letter to claim detail contained in the Claim Lifecycle Report which can be requested by emailing [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com).
    - Please include your provider name, TIN, NPI(s), contact name, and phone number when emailing this request.
  - If, following analysis of the Claim Lifecycle Report, you disagree with the negative balance reported in the letter, please reach out to the Optum Maryland reconciliation team at [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com).

# Operations Updates - Reminders

## Interest Payments for February 2023

- Interest payments now being sent monthly.
- Checks for the period February 1 – February 28, 2023, will be sent out by March 16, 2023.
- Letters and claim details have been delivered to the Incedo Download folder.

## Estimated Payments Recoupment

- Providers who are repaying their Estimated Payment balances incrementally (claim clipping, monthly ACH payment, or both) and who have a balloon payment due at the end of the repayment period (12/31/23), can opt to increase their monthly payment which will reduce the amount of the balloon payment.
  - To do this, please reach out to the Optum Maryland reconciliation team at [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)
- Current estimated payment balance is reported on the PRA and Claim Lifecycle Report.

## Reconciliation Emails

- Please ensure that all reconciliation-related correspondence is routed to [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com) and copy individual reconciliation manager email addresses.
- Even if you are communicating directly with a reconciliation manager, please copy [Maryland.provpymt@optum.com](mailto:Maryland.provpymt@optum.com) on all emails.

# Operations Updates - Reminders

## Sending Postal Mail to Optum Maryland

<p><b>Checks and Financial Correspondence:</b></p> <p>Optum Maryland P.O. Box 30532 Salt Lake City, UT 84130</p>	<p><b>Claims, Grievances Complaints and all other NON-FINANCIAL related correspondence:</b></p> <p>Optum Maryland P.O. Box 30531 Salt Lake City, UT 84130</p>
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Providers are asked to ensure that their contact information (mailing address, email address, phone number, etc.) is updated/correct in MMIS (via ePREP) for important 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, April 14, 2023**.
- Meeting reminders will be sent at the beginning of the 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](mailto:marylandproviderrelations@optum.com)

Token and Incedo Provider Portal Registration questions - [omd\\_providerregistration@optum.com](mailto:omd_providerregistration@optum.com) (Please note the underscore in this email address: “omd\_providerregistration...”)

Maryland Provider Payments - [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com)

Maryland EDI Team – [omd\\_edisupport@optum.com](mailto:omd_edisupport@optum.com) (please note the underscore in this email address: “omd\_edisupport...”)

To register for Provider Alerts - [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)

# Thank you

# TPL/COB Processing and Reprocessing

# TPL/COB Processing and Reprocessing

- **2020/2021 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
- **DOS through 12/2022 are complete**
  - **2022 Claims**
    - Processed 347 claims with \$65k
    - Paid on checkwrite 12/1/2022
- **Optum continues to align with MDH and implement processing requirements for the post public health emergency processing of COB claims (See 8/2/2022 provider alert for details).**
  - This will include an update to the COB portion of the handbook and other provider notifications.

- **Important information**

- **See Provider Alert: 9-22-22: New: Process for Electronically Submitting COB Claims with an EOB**
  - Now able to submit EOBs for \$0 pay from another payor through the Portal:
  - When other carrier paid, complete boxes 11d, 9 a and d, and box 29
  - Submit the claim electronically through the portal or 837 process
  - See the provider alert for specific/detailed instructions
- **See Provider Alert: 8-5-22: Issues Impacting Participant Eligibility**
- **Medicare Advantage Plans:**
  - Update guidance will result in the following:
    - Claims submitted to OPTUM will deny for Service Payable by Other Primary Carrier
    - Providers must submit to Medicaid via paper or portal submission
    - Instructions can be found: <https://health.maryland.gov/mmcp/pages/provider-information.aspx>
    - E Medicaid Portal and Instructions: <https://encrypt.emdhealthchoice.org/emedicaid/>
- **MDCR Crossover Claims:**
  - Do not send to Optum
    - These will result in denial of Service Payable by other Primary Carrier
  - Will automatically cross from Optum to MDH for processing
- **Participant disagrees with TPL Record:**
  - Process outline in previous meeting notes