CLAIMS DENIAL MITIGATION PROJECT

PROVIDER REPORT GUIDE AND FAQs

Target Audience: Community-Based MD Behavioral Health Providers

On July 17, 2023, the Maryland Department of Health announced that a project began on July 1, 2023 to audit the denials of claims originally received by Optum for CY2020 and CY2021 (claims received by Optum prior to January 1, 2022). The announcement about the audit is located here. Please refer to the Q&A below to help understand the reports that you will receive and the next steps in the process.

What is the purpose of the Provider Reports?

Provider reports will be the most commonly used method for communication. These reports will identify which claims are included in the project scope, show the process and progress of the project, and provide the claims where provider review and correction may be considered.

What reports can I expect to receive and when?

Report # 1 –The first report is called the *Provider Denied Claims Catalog*. This report will appear

in your Incedo Provider "Download" Folder with either of the following file names:

- *ClaimsDenialCatalog_ProvIDPROVNAME_Date.FileType* **OR**
- *CDMDeniedCatalog_PROVIDPROVNAME_Date.FileType*.

This report was delivered the week of September 18, 2023. These are all your claims identified as being within scope of this project. All providers impacted by this project received a *Provider Denied Claims Catalog* if they had an active Incedo Provider "Download" Folder. Instructions on how to access the Incedo Provider "Download" Folder are located here. If you did not receive a *Provider Denied Claims Catalog*, and are not a hospital, lab, or out of state provider, and believe you should have received one, please send an email to mdh.denialsproject@maryland.gov.

Softech is reviewing claims in this project grouped by the Incedo denial reason. The ten most common denial reasons account for over 80% of all denials – both by volume and

dollars. As we complete our review of these and other denial reasons in this project – some as a whole and some in stages – providers will receive either one, two, or all three of the following reports in the weeks following the *Catalog* delivery until conclusion of the project:

- Report #2 – *Provider Informational Report: Claims Sent to ASO to Reprocess* – This report will appear in your Incedo Provider "Download" Folder with the file name:
  - *ClaimsDenialCatalogReproc_ ProvIDPROVNAME_Date.FileType* **OR**
  - *CDMInformationalReproc_ ProvIDPROVNAME_Date.FileType*

and contains claims that were identified as incorrectly denied and were sent to Optum for reprocessing by Optum. Once reprocessed, you can view the PRA or Provider Remittance Advice to see the outcome of the adjudication. Please note that once reprocessed, some of these claims may pay but some may deny for a different denial reason.

- Report #3 - *Provider Potential Correction Report* – This report will appear in your Incedo Provider "Download" Folder with the file name:
  - *CDMProvAction_ProvIDPROVNAME_Date.FileType*

and contains claims that could be reviewed for possible correction, along with other potential issues found on the claim. An example of this would be a claim denied for missing an NPI. Review the reports and if appropriate submit a corrected claim.

- Report #4 – *Provider Informational Report: Non-Actionable Claims* – This report will appear in your Incedo Provider "Download" Folder with the file name:
  - *ClaimsDenialCatalogNonactionable   _ProvIDPROVNAME_Date.FileType* **OR**
  - *CDMInformationalNoAct_PROVIDPROVNAME_Date.FileType*

and contains claims that were correctly denied. This report informs you of denied claim(s) that were analyzed and determined to be denied for the correct reason. Please retain the document for your records; no further action is necessary.

What is a *Provider Denied Claims Catalog report?*

The *Provider Denied Claims Catalog* identifies all of your claims that will be audited for the purposes of this project. Each impacted Provider will receive the *Provider Denied Claims Catalog* report if the provider has an Incedo folder. Please review the *Catalog* to ensure that your denied CY20 and CY21 claims have been included. If the *Catalog* is complete and not missing any of your denied claims that were received by Optum prior to January 1, 2022, simply retain the *Catalog* for your records. You will not receive a *Provider Denied Claims Catalog* if you are an Acute Care Hospital, Laboratory, or Out-of-State Provider.

What if I notice that one or more of my claims are missing, or there is some other discrepancy with my *Provider Denied Claims Catalog* report?

First, determine that your claim fits all the following criteria:

1. As of July 1, 2023, the final status of your claim was DENIED.
2. The claim was received by Optum prior to January 1, 2022.

If your claim fits these criteria, please send an email to mdh.denialsproject@maryland.gov as soon as possible. In your email, indicate that you believe the *Catalog* is missing a claim(s), include the line control number or claim number, and the contact name and email address of the respondent. Remember, please do not send Protected Health Information (PHI) or Personal Identifiable Information (PII) over unsecured email.

What is the *Provider Informational Report: Claims Sent to ASO to Reprocess?*

These are claims that do not require a corrected claim to initiate reprocessing. These claims were sent to Optum to reprocess and do not require provider action. You will be notified via Optum PRA once the claim has been reprocessed and a new claim status is identified.

Some of these claims may pay, but some may deny for a different reason.

What is a *Provider Potential Correction Report*?

These are claims identified in the audit that a Provider can review for potential correction(s)and submission of corrected claims.

Also, you may be provided with information about other potential reasons a claim could deny unless corrected. Once corrections to the claim are made, follow the process to submit a corrected claim to Optum MD for reprocessing. Should you have questions about the report, email an inquiry to mdh.denialsproject@maryland.gov. In your inquiry, include your question(s), the line control number or claim number, and the contact name and email address of the respondent. Remember, please do not send Protected Health Information (PHI) or Personal Identifiable Information (PII) over unsecured email.

What is the Provider *Informational Report: Non-Actionable Claims*?

If the claim's denial is determined to be valid and no Provider action is required, you will receive a report called the ***Provider Informational Report: Non-Actionable Claims*** indicating that the claim denial status has not changed as a result of this audit. Should you have questions about the analysis of the claim(s) on the ***Provider Informational Report: Non-Actionable Claims*** or send an emailed inquiry to mdh.denialsproject@maryland.gov. In the inquiry, include your question(s), the line control number or claim number, and the contact name and email address of the respondent. Remember, please do not send Protected Health Information (PHI) or Personal Identifiable Information (PII) over unsecured email.

Is there a document to explain the columns listed on the Provider Reports?

Yes, each column on the Provider Reports is defined in a series of Provider Report Keys posted on Optum's *Provider Tools* web page located under the *Claims Denial Mitigation Project* section **here**. **The keys list each "Field Name" or column heading and the "Field Name Descriptions."**

Should you need further clarification, you may send an email inquiry to:

mdh.denialsproject@maryland.gov.

In your inquiry, include the line control number or claim number, the Field Name or column heading, your question(s), and the contact name and email address of the respondent. Please remember not to send Protected Health Information (PHI) or Personal Identifiable Information (PII) over unsecured email.

If my audited claims are reprocessed and paid, will I receive the payment?

Claims payments will first apply to any negative balance and/or estimated payment balance. You will receive payment only if you have no outstanding estimated payment or negative balances. Optum announced the *Return of the Dual Check-Write* process on August 23,2023. You may access the Provider Alert here. If you have questions about the return of the dual check-write process, please contact a reconciliation manager at Maryland.provpymt@optum.com.

Will I continue to receive Optum's PRAs during this project?

Yes, and with the return of the dual check-write process, you may receive a separate Provider Remittance Advice or PRA from each check-write for claims audited during this project as well as for current claims Optum processes. Providers can access PRAs/835s in their *PaySpan* Account. If you have questions about the PRA, please contact Optum at 1-800-888-1965 and follow the prompts.

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PROVIDER REPORT GUIDE AND FAQs

Who to contact if you have a question.

Question	Who to contact
What does this report mean?	Review the *Provider Report Guide and FAQs*. If you still have questions, Contact Softech via email at mdh.denialsproject@maryland.gov.
I received the *Provider Potential Correction Report* but don't understand what action I need to take?	Contact Softech via email at mdh.denialsproject@maryland.gov
How come only a portion of my billed amount was paid?	Contact Optum1-800-888-1965 and follow the prompts.
What is the current amount of my estimated payment or negative balance?	Contact an Optum Reconciliation Manager at Maryland.provpymt@optum.com.
There is a claim(s) missing from my *Provider Denied Claims Catalog?*	Contact Softech via email at mdh.denialsproject@maryland.gov
As a result of the audit, my claim was sent to Optum for reprocessing but I disagree with this most recent denial code/reason. Who do I contact?	Contact Optum1-800-888-1965 and follow the prompts.
I have some other questions about one of these reports.	Contact Softech via email at mdh.denialsproject@maryland.gov