Optum

Residential Treatment Center

Optum Maryland Provider Training

Provider Guide

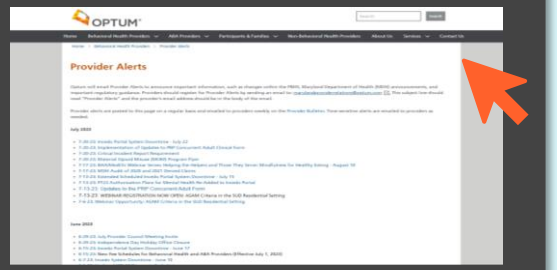
Residential Treatment Overview

Optum

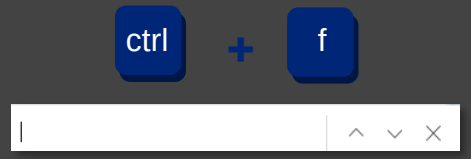
RTC Resources

Provider Alerts

The Provider Alerts are located on the Optum Maryland website. Click on the picture below to locate the most up to date Provider Alerts for RTC.



To easily locate what you need, try using the keyboard shortcut ctrl + f to quickly find what you're looking for.

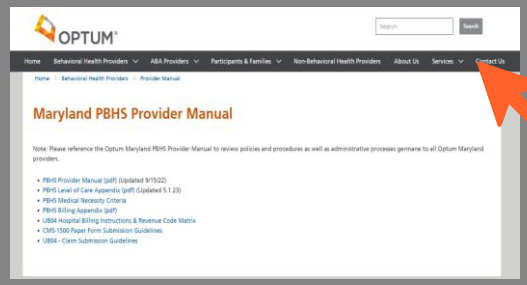


OES 1000 Form Guide

The participant guide on how to fill out the OES 1000 form correctly.

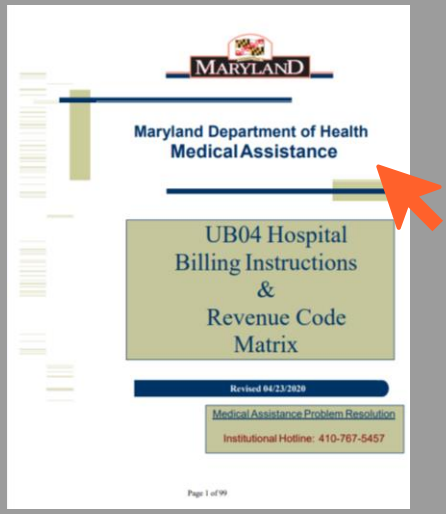
Provider Manual

Reference the PBHS Provider Manual to review policies and procedures as well as administrative processes germane to all Optum Maryland providers.



UB Billing

A guide on billing instructions and the revenue code matrix.



Click on the image to get to the resource.

What is an RTC?

Residential Treatment Center (RTC) is a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require a self-contained therapeutic, educational, and recreational program in a residential setting.

Purpose:

- To stabilize acute but not imminently dangerous psychiatric symptoms and address precipitating factors.
- Assist with the development of skills for daily living.
- Care coordination to plan and arrange access to a range of educational and therapeutic services.
- Coordination with community resources to transition the youth out of the program as soon as possible and when appropriate.

What is the Process for Admission to an RTC?

Admission Process

- Youth will only be eligible for admission to an RTC by meeting “Medical Necessity Criteria” which is documented by the presence of all the criteria in the Severity of Need and Intensity of Service.
- The child or adolescent must have a mental health disorder amenable to active clinical treatment.

Severity of Need

- Has a PBHS specialty mental health DSM 5 diagnosis.
- Has a serious emotional disturbance (children under 18).
- Has a serious mental illness (age 18 but not yet 22).
- Due to SED or SMI, the child or adolescent exhibits a significant impairment in functioning, representing potential harm to him or herself or others, across settings, including home, school, and community.

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What is the Process for Admission to an RTC?

Before admitting a youth to RTC, Optum Maryland (the State of Maryland's ASO) and the Core Service Agencies (CSAs) are responsible for assuring that the participant has received the maximum benefit from any available, appropriate, community-based services.

The overall focus of the RTCs, Optum, and the CSAs is to help children, adolescents, and their families develop skills to manage the symptoms of their mental illness and to live successfully in the community.

The Department of Social Services (DSS), the Department of Juvenile Services (DJS), the Department of Human Resources (DHR), and any other agency involved in the care and supervision of the participant, and/or the parents/guardians are expected to contribute toward the development and implementation of a discharge plan.

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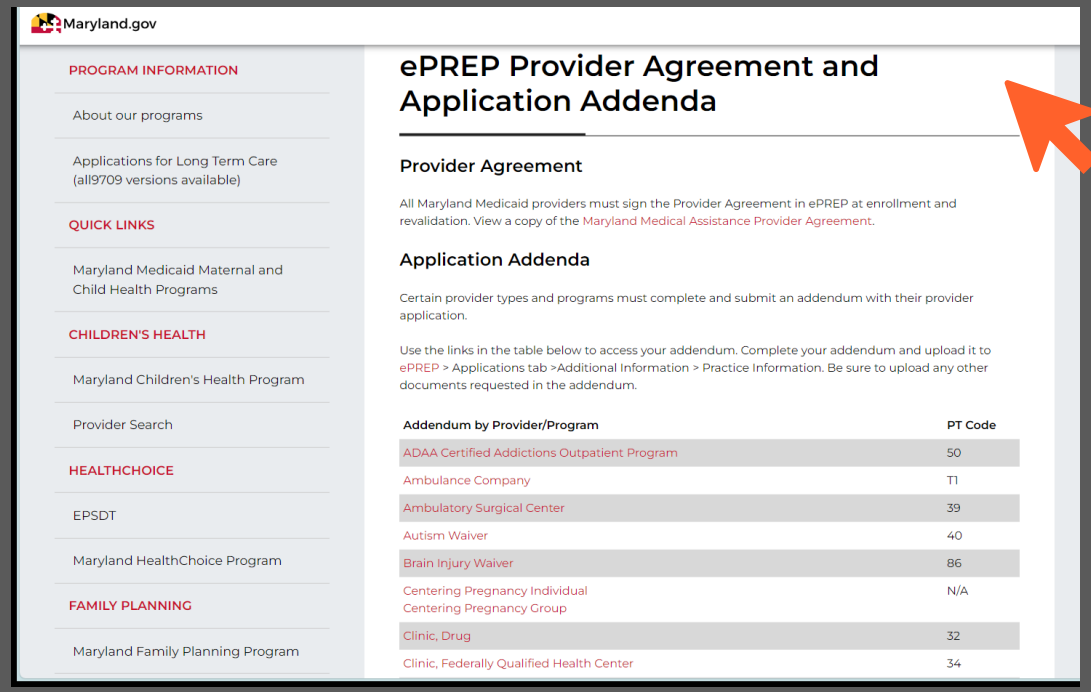
Provider Enrollment

Enrolling to Medicaid as Provider Type 88:

Possible RTC providers need to find the Residential Treatment Center (PT 88) addendum in the list and click on the link to access the "Addendum for Maryland Medical Assistance Program Application."

Note: One must also separately enroll your attending psychiatrist through EPREP.



Click on the image above to go to the Provider Type Addendum

Provider Enrollment

For more information on how to enroll as a provider for Residential Treatment Center, check out the Provider Guide Checklist. Click on the image to get to the checklist.

Optum Maryland

GUIDE 1
Guide for Providers enrolling in Medicaid

Welcome to Optum!
As a Maryland provider you have the opportunity to provide services to Maryland **Medicaid** recipients across the state. The purpose of this guide is to assist you in getting started and equip you with the required resources.

Checklist
This guide is for Community-based PBHS Providers

1. Certain providers will use a different registration process. If you are a provider **not** enrolled by Medicaid, please click here for the second version.
2. Providers must have an NPI for each site/service that they provide.
   - *e.g.*, PRPs operating out of two sites will have two NPIs or an OMHC and PRP on the same site will have 2 NPIs.
   - You can apply for NPI numbers through NPPES by clicking here.
3. If you are categorized as any of the providers below, please ensure that you are familiar with your registration process:
   PRP Providers participating in RRP (Residential Rehabilitation):
   - Must be a nonprofit PRP Provider.
   - Must be licensed and approved by the department.
   - A licensed PRP Provider would have to be awarded RRP beds from the department through procurement at the local jurisdiction.
     - *To participate in RRP, one must complete the enrollment via PRP, since RRP operates under the umbrella of PRP.*

   Supported Employment: Must be enrolled with Medicaid as a Supported Employment Provider (PTSE). (More on step 7.)

   Gambling Services:
   - Community-based Medicaid Providers are automatically able to participate in gambling services.
4. You must enroll with Medicaid to participate as a provider in the Medicaid program. Providers enroll through ePrep using their NPI to obtain a Medicaid ID Number.
   - *Click here to go to the ePREP website*
   - *Phone Number: 1-844-463-7768*
5. Once your Medicaid ID Number is obtained, complete the Optum Survey to receive your token registration for the Incedo Provider Portal (IPP).
   - *Click here for the Optum Survey*
   - *Click here for a tutorial video on token registration*
6. Token will be sent to you via e-mail in a few days. Then self register for the Incedo Provider Portal (IPP).
   - *Click here for the IPP self registration tutorial video*

   (If token is not received in your inbox, please check your junk/spam folder.)
7. Once registered, create your authorizations in the Incedo Provider Portal (IPP) **before** you provide services to anyone.
   - *Click here to view tutorial videos for authorizations*

   (Note: Assessments typically do not require authorizations)

   Supported Employment, must also enter into an agreement with the Division of Rehabilitation Services (DORS).
   - E-mail a copy of your Supported Employment license along with proof of accreditation to DORS via an email to catherine.drakeegmaryland.gov.
   - Once the DORS agreement is signed and the provider is registered for the IPP, then create your authorization.

Resources
Click on the box to get to the resource

- **Provider Education** — Tutorial videos/guides to help you through the IPP, authorizations, claims, backdating, and more.
- **Provider Manual** — The Provider Manual, LOC Appendix, Medical Necessity Criteria, Billing Appendix, and more.
- **Provider Resources** — This page houses FAQs, Provider Guides, ICD-10 codes, and more.
- **Fee Schedules** — Where to find Fee Schedules by levels of care.
- **Provider Alerts** — Sign up for provider alerts to come directly to your e-mail.
- **Provider Forms** — Forms that you can print and download.
- **Auth Submission Window** — Guide on how far you can backdate based on level of care.

FAQ

- **What diagnoses can I use for authorization and claims?** Please refer to your provider manual and locate the appropriate dx list linked here *(under Clinical/Utilization Management).*
- **What codes can I use for authorization and claims?** Please refer to your provider manual and locate the appropriate Fee Schedule linked here.
- **Why did I get a denial for my claim?** Click here to view a list of common denial reasons.

Things to consider before calling Customer Service:
Each provider type is assigned a unique Incedo username and password. If you have multiple provider types, please verify you are using the correct credentials.

Optum Customer Service: 1-800-888-1965
Provider Relations E-mail: MarylandProviderRelations@optum.com

Eligibility Requirements

1. Residential Treatment Overview
2. **Eligibility Requirements**
3. Authorization Process
4. Claims Submission

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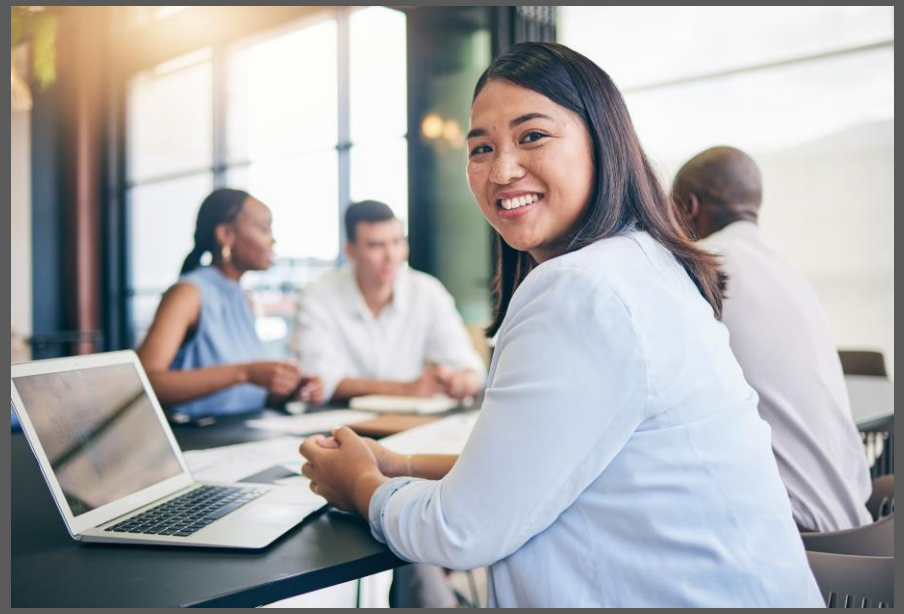
Provider Eligibility Requirements

Who is eligible to provide this service?

- To deliver residential treatment services, all RTCs must possess a valid license from Maryland or another state.
- The RTC must also have an active Maryland Medicaid provider number.
- To enroll with Maryland Medicaid, you must register with State Dept of Assessment and Taxation (SDAT). *Click here for more information.*



Participant Eligibility Requirements

Who is eligible to receive this service?

- Medicaid participants under the age of 21.
- RTC must be in network with the private insurance.
- Some participants with a private insurance carrier may find it necessary to seek Medicaid when fiscal or time period limitations on their private policies have been exhausted. These participants will be reviewed at the time of the application for Medicaid.
  Note: Medicaid does not automatically become primary.

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Authorization Process

1. Residential Treatment Overview
2. Eligibility Requirements
3. **Authorization Process**
4. Claims Submission

Prior to Authorization Request

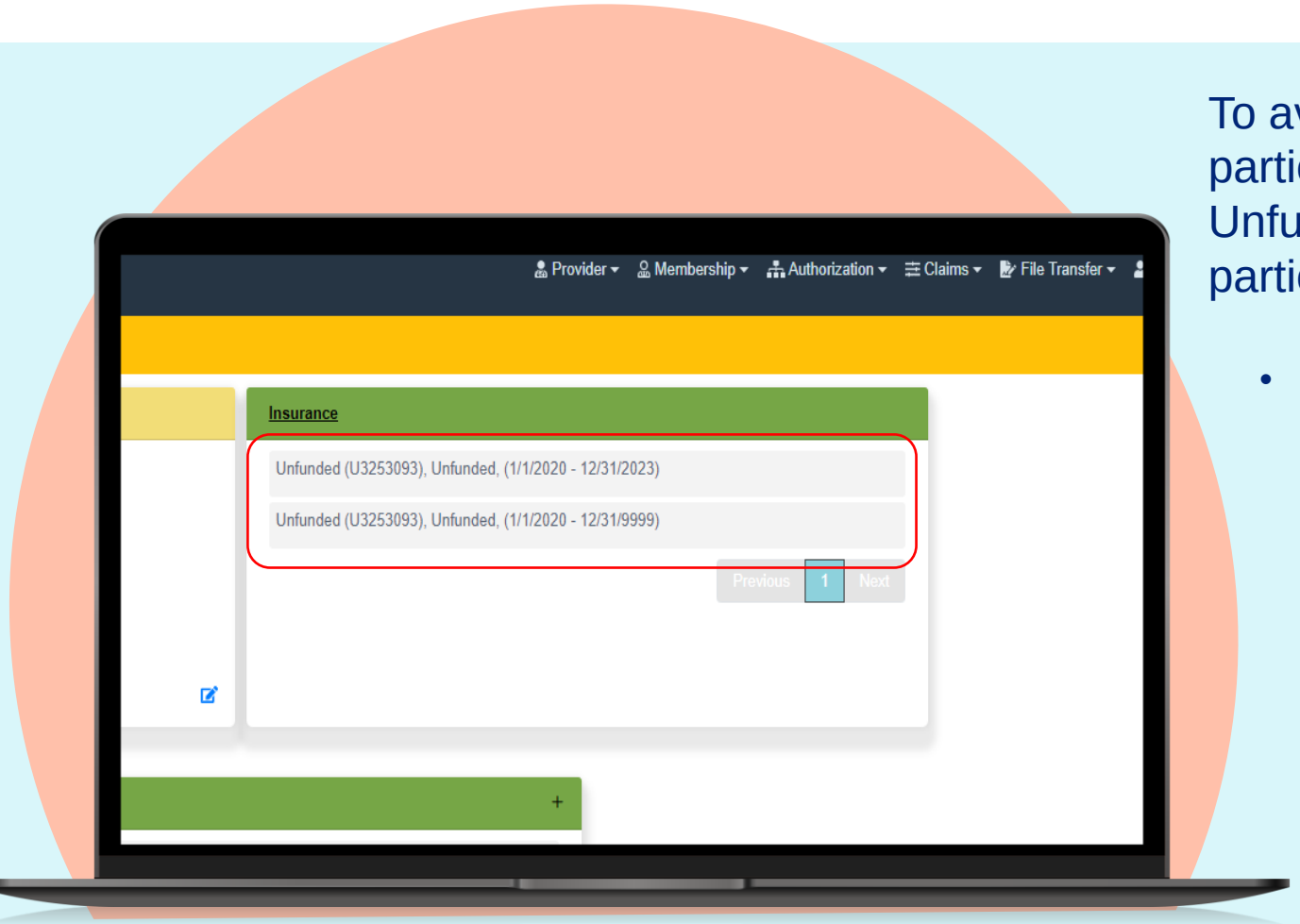
The placing facility is responsible for the gathering of Certificate of Need (CON) documents (psychiatric/psychosocial/ physical) within 30 days of placement.

Youth must have a psychiatric evaluation done within the last 30 days, which states that the youth needs RTC level of care. The recommendation must state that it is medically necessary for treatment to be 24 hours a day, 7 days a week.

Placing facility sends CON documents to the CSA/LBHA for approval. Once approved, CSA/LBHA sends documents with the CSA/LBHA approval form included back to the placing facility.

DHS, DJS, LBHA, and a parent can initiate an out of state referral. There are parameters when the LBHA is involved. A component to approval is acceptance by the parent and approval for the educational component by the local school system. Another component is the interstate compact which goes through the local department of social services. MDH does not have to approve all out of state referrals.

Unfunded Spans (Courtesy Review)



To avoid the need to backdate authorizations when the participant does not currently have eligibility, an Unfunded span can hold the authorization until the participant receives an eligibility span.

- Providers are encouraged to perform a courtesy review and submit the authorization.
  - An Unfunded span is available for use on every provider type and serves as a placeholder for the authorization.
  - Claims should not be submitted on an Unfunded span once the participant has received eligibility.

Initial Authorization

The placing facility enters an authorization request in Incedo for an initial review. During this process, the placing facility chooses the MH Residential Authorization plan and completes and saves the Mental Health-Higher Level of Care (MHHLC) Initial Request Form. This form must be completed in its entirety and no fields should be entered with “N/A” or “see attached”.

The placing facility also must upload the CON, CSA/LBHA CON review form, and any other approval or collaborative documents (i.e. DHS, DJS, DSS, etc.) into the portal. Optum then reviews the attachments and MHHLC form to ensure all documentation is there and medical necessity is met and renders a determination. If found to meet criteria, 120 units are authorized on initial review.

When submitting the initial request in Incedo, it is required that each child has a physical examination, and this document, along with the psychiatric and psychosocial evaluations, must be submitted.

The process is the same for out-of-state placing agencies as it is for in-state placing agencies.

Concurrent Authorization

The facility enters authorization request in Incedo for a concurrent review. During this process, the placing facility completes and saves Mental Health-Higher Level of Care (MHHLC) Concurrent Request Form, and uploads ITPs for that span, along with any other collaborative documentation that is not included on the ITP (i.e. DHS, DJS, DSS, etc.).

As with the initial request, the MHHLC Concurrent Request Form should be completed in its' entirety and no fields should be filled with "N/A" or "see attached". Optum then reviews attachments and MHHLC form to ensure all documentation is there and that medical necessity is met and renders a determination.

60 units are authorized on approved cases for concurrent.

The process is the same for out-of-state placing agencies as it is for in-state placing agencies.

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Discharge Planning

Discharge planning must be considered prior to placement in an RTC and the discharge plan must be actively reviewed throughout the treatment process.

Active discharge planning requires effective collaboration with the participant, the participant's family (or legal guardian), and other appropriate agencies and services providers.

Services to consider referring youth to post-discharge:

- TCM III (Child Adolescent Targeted Case Management)
- 1915(i)

Certification of Need (CON)

The CON is time-sensitive in that all elements must be dated within 30 days from when the participant enters the RTC.

- There is no standardized CON form; each provider uses his or her own format and all formats will be accepted if they each recommend an RTC placement.

They must also include the following:

A **psychiatric evaluation**, completed by a board-certified psychiatrist and must include a summary of the participant's presenting problem, current psychiatric symptoms and behaviors, treatment, medication, family, and educational history; all applicable diagnoses and a clear recommendation that the participant be placed in an RTC.

ASK Dr. Closson about NP? PMHP?

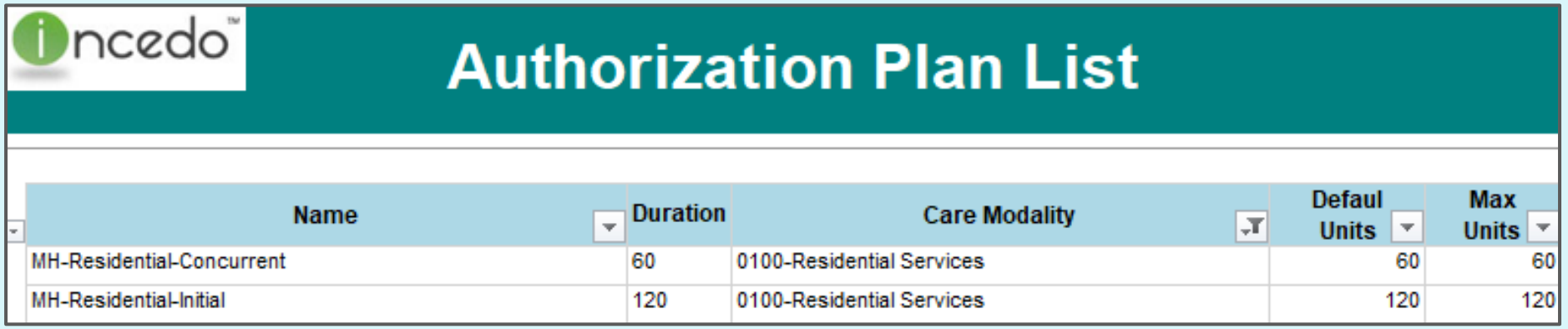
A **psychosocial evaluation**, completed by a licensed mental health professional; an evaluation completed by a licensed master social worker (LMSW) or licensed graduate professional counselor (LGPC) must be co-signed by a licensed mental health professional.

- The psychosocial evaluation may include the components delineated in the psychiatric evaluation but will provide further detail regarding: the presenting problem, family involvement, religious, social, educational, and legal history and a clear recommendation that the participant be placed in an RTC.

Authorizations

Authorization Requirements:

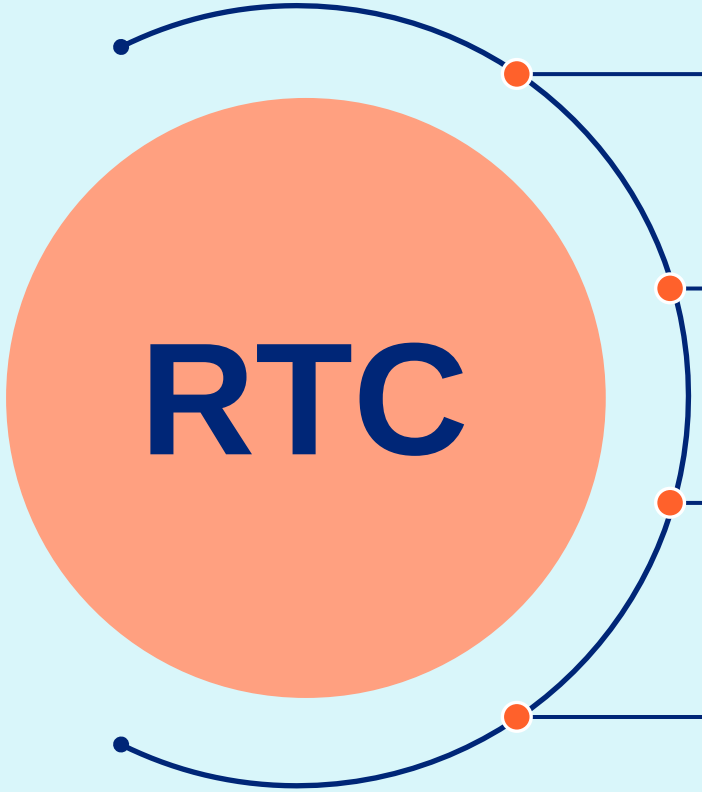
- Prior to admission an authorization request must be made via Incedo Provider Portal. A federally mandated Certificate of Need (CON) for services is required.
- Concurrent authorization requests should be submitted via Incedo Provider Portal with supporting clinical information on the first uncovered day.



Authorization Plan List

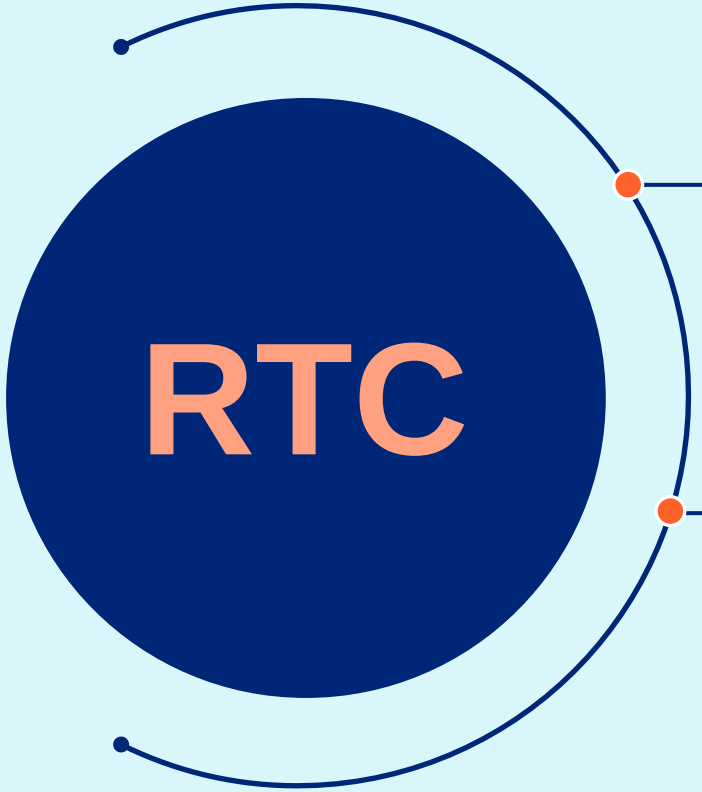
Name	Duration	Care Modality	Defaul Units	Max Units
MH-Residential-Concurrent	60	0100-Residential Services	60	60
MH-Residential-Initial	120	0100-Residential Services	120	120

Additional Information



- Treatment at this level of care requires family involvement. This must be documented in the participant's medical record.
- Enhanced support services are not available in an RTC. All services provided by the RTC must be included in the RTC rate.
- Psychological testing performed while a participant is being treated in an RTC is included in the RTC daily rate.
- Participants with another primary insurer (i.e. a commercial plan, TRICARE, etc.) should seek treatment in RTC facilities that are credentialed by (in-network with) that insurer.

Additional Information (continued)



- Information regarding participants' plans and progress toward discharge goals is to be shared with the Child and Adolescent Coordinator at the CSA for that participant's county of residence. Should issues arise which interfere with activating the discharge plan, the CSA Child and Adolescent Coordinator is to be contacted for assistance. A CSA directory is available at: http://www.marylandbehavioralhealth.org/core-service-agency-directory

- The mental health service provider is expected to exchange information and coordinate care with the participant’s primary care physician (PCP) and other treatment providers when clinically appropriate.

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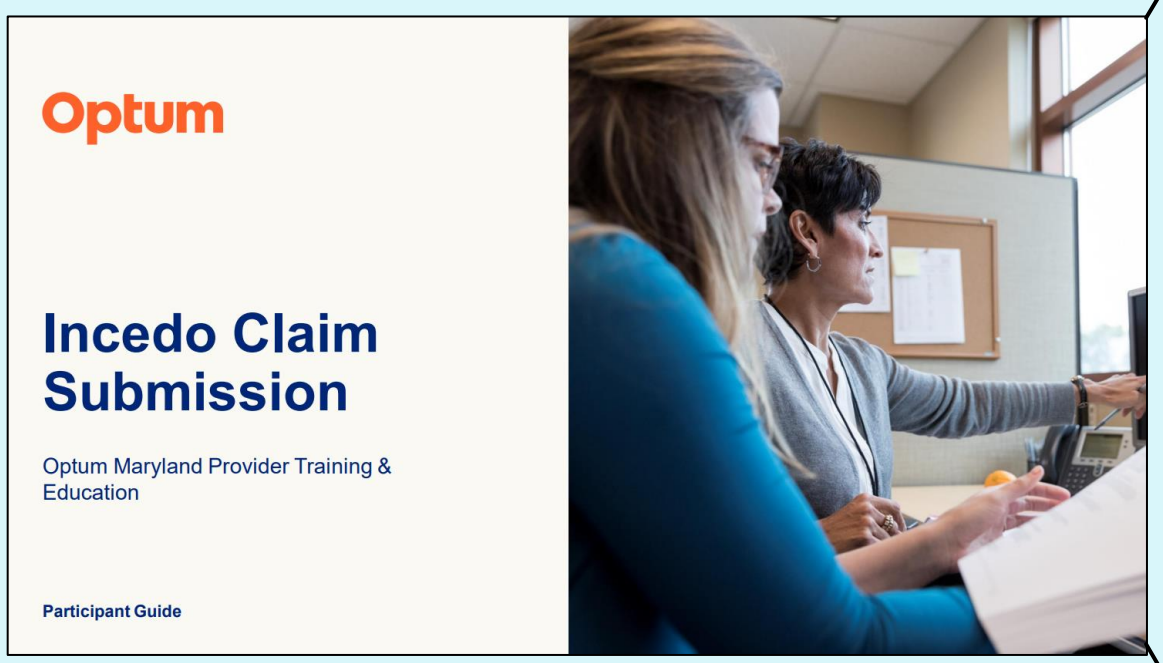
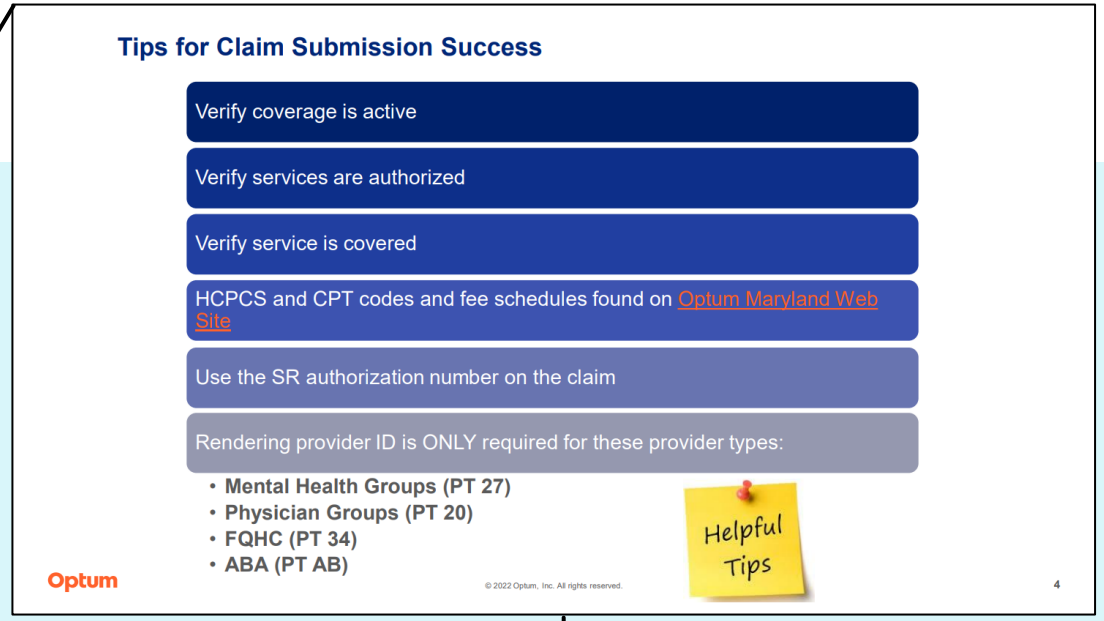
Claims Submission

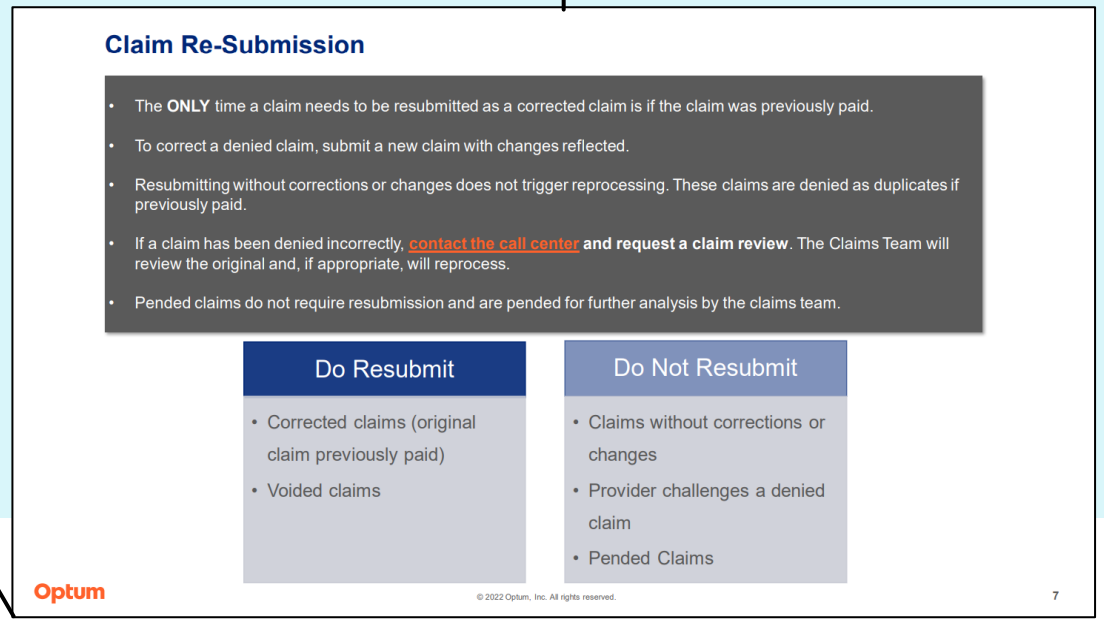
1. Residential Treatment Overview
2. Eligibility Requirements
3. Authorization Process
4. Claims Submission

Claims Participant Guide



Click on the image to find the resource.





Billing

Long Term Care/Medicare Coverage

- Once a child has been in a Residential Treatment Center (RTC) for a period of 30 calendar days, the OES process is initiated to establish eligibility and the span of long-term care for that individual.

Click on the image to get to the resource.

Fee schedule:

- The RTC daily rate is established according to federal guidelines and is intended to cover all services a participant may require, including but not limited to, psychological and other specific types of testing and forensic and psychosexual evaluations. Likewise, the occasional need for intensive supervision of some participants is included in the determination of the annual provider rate of care.

Billing

Revenue Code 100 or 101

(All Inclusive Per Diem Rate)

Statement Covers Period
(From - Through)

The "From" date represents the earliest date of service on the bill and the "Through" date equals the date through which Medicaid is paying for accommodations.

Remember that Medicaid does not pay for accommodations for the date of death/discharge.

Discharge Date may not be included in the Statement Covered Period

Bill Type must match Discharge Status

Billing (continued)

RTC's must submit one claim per Month (Exception Admit month and Discharge Month)

LTC Span **should be closed** with MDH when patient is discharged

Long Term Care span must be on file with MDH & Optum and covers the entire DOS on the claim.

(See OES 1000 Instructions. Optum will supply each provider with a report of their facility Long Term Care spans.)

Claims should not be billed until provider validates LTC from Optum report.