



Maryland Provider Council Meeting

July 14, 2023

Hosted by Optum Maryland

Agenda

1 Welcome

2 MDH and BHA Updates

3 Operations Updates

4 Provider Questions

MDH Updates

MDH and BHA Updates

Compliance with ADA Regulations

- Providers are reminded that they must comply with ADA regulations when providing services to participants, especially in relation to participants who are deaf or hard of hearing.



Medicaid Check-In 2023

Maryland Department of Health, Office of Health Care Financing



Redetermination Data

MDH is publicly posting Medicaid Check-In 2023 data on a new, designated webpage:
<https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>.

June 2023 Report:

- For the month of June, Maryland Medicaid processed 139,051 renewals. Of these 139,051 renewals:
 - 74,392 (53.5%) of the total participants auto-renewed in Maryland Health Connection.
 - 98,630 (70.9%) were determined eligible to have their coverage extended.
 - 17,075 (12.3%) were disenrolled for procedural reasons, such as not updating eligibility information.
 - 11,619 (8.4%) were determined to be not eligible based on information provided and were disenrolled
 - Of 11,619 that were determined to be not eligible, 11,256 were referred to sign up for low cost coverage through a qualified health plan at Maryland Health Connection.
- Please note that Maryland has prioritized those most likely to be ineligible for renewal in the first six months of unwinding. This includes people who have income overscale, people who have other coverage such as Medicare, or have aged out of their coverage group.

June 2023 Redetermination Data

	MAGI (Qualify for services on the basis of modified adjusted gross income through Maryland Health Connection)	Non-MAGI (Aged, blind, or disabled, or enrolled in a Home and Community-Based Services program).	Total (MAGI + non-MAGI)
Participants with coverage extended (non-SNAP reason)	87,054	2,444	89,498
Participants with auto-renewed with coverage extended due active enrollment in SNAP	9,132		9,132
<i>TOTAL COVERAGE EXTENSIONS</i>	96,186	2,444	98,630
Participants disenrolled because they are no longer eligible for coverage	11,256	363*	11,619
Participants disenrolled due to failure to submit application timely or renewal was incomplete	17,075	-	17,075
<i>TOTAL DISENROLLMENTS</i>	28,331	363*	28,694
Application pending review	7,623	4,271*	11,894
<i>GRAND TOTAL (COVERAGE EXTENSIONS + PENDING APPLICATIONS + DISENROLLMENTS)</i>	132,140	6,911*	139,051

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Renewal for Individuals Based on SNAP Eligibility: Maryland will renew eligibility for SNAP participants using gross income as determined by SNAP.
- Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe: Maryland will assume there has been no change in resources that are verified through AVS when no information is returned through the AVS within a reasonable timeframe and is permitted to complete an ex parte renewal without any further verification of assets.
- Ex Parte Renewal for Individuals with No Income and No Data Returned: Maryland will assume there has been no change in zero-income that was verified on or after March 2019 and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.
- Renew Medicaid Eligibility for Individuals with Income at or Below 100% FPL and No Data Returned on an Ex Parte Basis: Maryland will assume that there is no change in income verified on or after March 2019 that is at or below 100% FPL and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test: Temporary waiver of asset requirements for all non-MAGI beneficiaries subject to an asset test during the unwinding period.
- Permit Managed Care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms (pending): Temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of renewal forms.
- Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support (pending): Temporary authority to suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to cooperate with medical support enforcement or establish good cause for not doing so.
- Partnering with enrollment brokers to update beneficiary contact information (pending): Temporarily permit the acceptance of updated enrollee contact information from enrollment brokers without additional confirmation from the individual.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Permitting the Designation of an Authorized Representative via the Telephone without a Signed Designation from the Applicant or Beneficiary: Permit applicants and beneficiaries to designate an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary.
- Waive the Recording of the Telephonic Signature from the Applicant or Beneficiary: Authority to waive the recording of a telephonic signature which will enable Medicaid caseworkers to collect consent verbally from participants without an audio recording by following a written protocol.
- Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests: Time limited authority to extend the timeframe permitted for the state to take final administrative action on fair hearing requests.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage (continued)

Disaster SPAs:

- Suspension of Premiums: Maryland will continue to suspend premiums for the Employed Individuals with Disabilities (EID) group and for the Maryland Children's Health Program (MCHP) Premium.
- Resource Disregard: Maryland will disregard as a resource income that would otherwise have been part of an individual's liability for his or her institutional or home- and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage (continued)

Additional 30 Days for Non-MAGI Cases: Non-MAGI cases will be granted an additional 30 days to return renewal applications to allow for additional time to coordinate with case managers as needed.

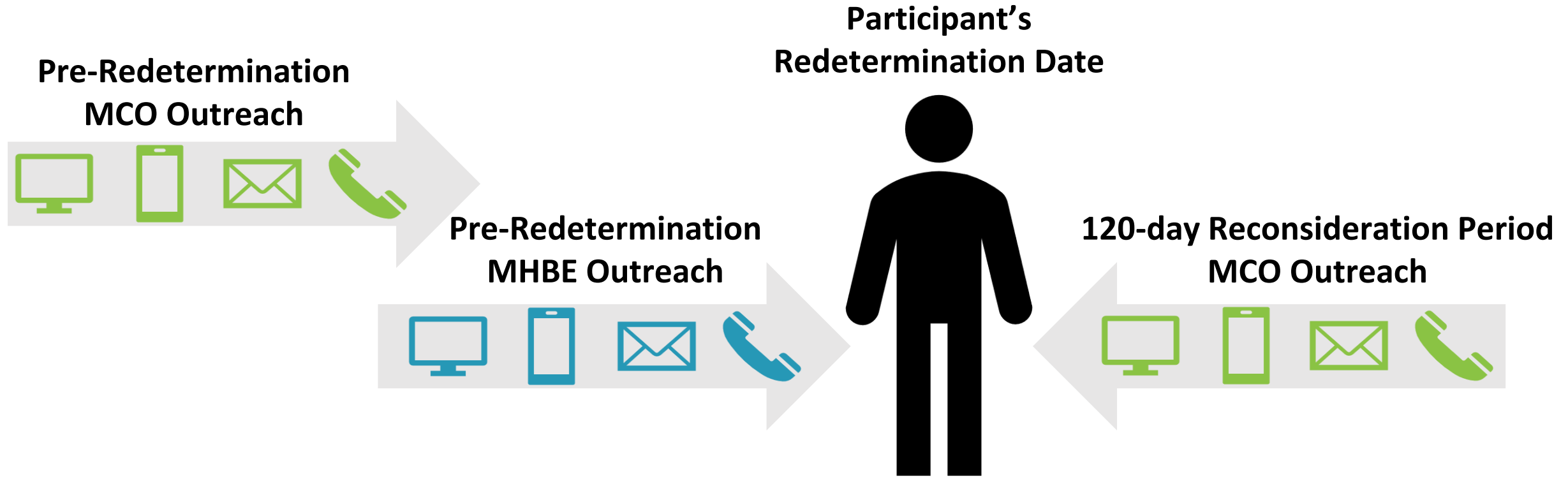
120-Day Reconsideration Period: Maryland extended the reconsideration period to 120 days to enable participants who were disenrolled based on procedural reasons to come back into the system and complete their renewal without needing to begin a new application.

Easy Enrollment into Qualified Health Plans (QHP):

- Maryland implemented an “Easy Enrollment” option for individuals who no longer qualify for Medicaid due to having too high an income into a QHP and can conduct advance premium tax credit (APTC)/cost sharing reduction (CRS) determinations using federal and state third-party data sources for individuals who are no longer eligible for Medicaid or are procedurally terminated when Medicaid has determined the individual is over the Medicaid MAGI income limits based on third-party data sources.
- Individuals will receive a notice about the QHP they are eligible for and may opt into coverage by revisiting the Maryland Health Connection portal or paying the premium stated in the letter, as applicable.

Continuous Eligibility for Children: Consolidated Appropriations Act 2023 requires states to implement continuous eligibility for children by January 1, 2024. Maryland plans to implement coverage as soon as August 2023.

Directed Outreach Strategy



Post-Redetermination: *MCO Outreach and Reconsideration Period*

- An individual may be disenrolled from Medicaid coverage for failure to complete their redetermination.
 - MCOs will conduct targeted outreach to such individuals for 120 days following disenrollment.
 - If, during this time, an individual comes back into the system, and is found eligible for coverage, they will be re-enrolled automatically in the MCO plan they were last enrolled in. This coverage will begin 10 days from the date of the eligibility decision.
 - Any services rendered during the period after disenrollment and prior to re-enrollment in an MCO plan are eligible for fee-for-service reimbursement.
- The 120 day reconsideration period is also available for non-MAGI participants.

Special Enrollment Periods (SEPs): *Overscale Income*

- Participants with overscale income
 - Low-cost health insurance options are available through Maryland Health Connection.
 - SEP starts when they have been notified that Medicaid coverage is ending, and ends July 31, 2024.
- Note: Maryland Health Connection (MHC) is implementing “easy enrollment” into qualified health plans (QHPs) for individuals who lose Medicaid coverage. Individuals will receive information on how to opt-in to QHP coverage.

Special Enrollment Periods (SEPs): Age 65+

- 6 month SEP to enroll in Medicare Part A and Part B
 - Participants should visit the local Social Security office, or call Social Security at 1-800-772-1213.
 - Benefits will start the month after Medicare enrollment.
- To cover the costs of health care and drugs not covered under Medicare, individuals may also enroll in a Medicare Advantage or a Medicare Supplemental Plan (also known as Medigap Plans)
 - Medicare Advantage (Must be enrolled Medicare Part B)
 - 3 month enrollment period after losing Medicaid coverage.
 - Participants should sign up at: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).
 - Medicare Supplemental Plans (Must be enrolled in Medicare Part B)
 - 6-month Guaranteed Issue Right to purchase a policy.
 - Rates and plans can be viewed at: <https://tinyurl.com/2s4fyvky>.
 - Note: Medicare Supplement policyholders may need a Medicare Part D plan. Participants should visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to sign up for Medicare Part D.
- Maryland's State Health Insurance Program (SHIP) can provide assistance with free Medicare counseling and education.

Engaging Providers: Redetermination Dates

- Eligibility Verification System ([EVS](#))
 - Redetermination dates are now included in the EVS system.
 - Information can either be access online (www.emdhealthchoice.org) or by phone (1-866-710-1447).
- MDH/CRISP partnership to provide redetermination information participating CRISP providers via a monthly managed file transfer (MFT) via CRISP. The file will include information for the current month + the next three cohorts at a given time. Tentative timelines:
 - Currently in a beta test phase with select FQHCs
 - End of May: expansion to all interested FQHCs
 - **End of June: expansion to all interested CRISP participants**
- Optum began including redetermination information in a new, weekly Patient Eligibility Report.
- Additional information is included on the MDH Medicaid Check-In [Provider Page](#).

Stakeholder Engagement

MDH, Office of Minority Health

- Faith-Based Organizations
- HCBUs
- Community-Based Organizations (e.g., NAACP chapters, Crossroads Community Food Network, Montgomery County Coalition for the Homeless)

Department of Disabilities

- Housing Policy and Programs
 - Distributed Medicaid Check-In flyers to DoD affordable housing developments
- Community-Based Organizations (e.g., The ARC of Maryland, Self Directed Advocacy Network)

Department of Labor

- American Job Centers
 - Used Medicaid Check-In slides in presentations and trainings, and posting flyers in their in-person locations
- Workforce Innovation and Opportunity Act (WIOA) monthly newsletter

MDH, Office of Long Term Services and Supports

- Presentations and trainings for case workers
- Newsletter, memorandums, and other communications to Medicaid participants and providers

Other organizations and offices MDH has partnered with or reached out to:

- Office of the Public Defender
- Pharmacy Associations (e.g., Association of Chain Drug Stores)
- Maryland Hospital Association
- Mid-Atlantic Association of Community Health Centers

Media

- 5/11 Press Conference
- News reporting (e.g., Associated Press, CBS Baltimore, The Washington Post, U.S. News & World Report, Maryland Reporter)



Engaging Providers & Stakeholders

MDH, in partnership with GKV and the MCOs, has prepared materials to facilitate outreach by providers and stakeholders.

The Medicaid Check-In [Provider Toolkit](#) has materials including:

- A [Provider Outreach Video](#) that explains the Medicaid Check-In campaign and provide ideas to stakeholders on how to engage.
- The Medicaid Check-In logo to add to existing materials.
- FAQs to help stakeholders understand the impact on participants.
- Newsletter blurbs that can be used in newsletters for participants or other stakeholders.
- Flyers in a variety of languages. Flyers include a QR code that brings participants to the main campaign page.
- Social media posts that can be co-branded by other organizations.
- Email templates that can be used to outreach to participants or other stakeholders.

Additional Resources

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/>
- Participant Information: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-participants.aspx>
- Participant critical messages: [English - 15 seconds](#); [English - 30 seconds](#); [Spanish - 15 seconds](#), [Spanish - 30 seconds](#)
- Provider Toolkit Information and Materials: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-providers.aspx>
- MDH Provider Transmittal: <https://health.maryland.gov/mmcp/Documents/Provider%20Transmittals/PT%2051-23%20Medicaid%20Checkin%20Campaign%202023.pdf>
- Provider Outreach Video: <https://www.youtube.com/watch?v=CBHxYbxwIAE&list=PL8iXJWFyNuRjUzqVrU19Va72QXP9MF9HP&index=4>
- Medicaid Check-In Data: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>
- PSA from Governor Wes Moore: https://www.youtube.com/watch?v=M9ReXXWuWDE&embeds_referring_euri=https%3A%2F%2Fhealth.maryland.gov%2F&source_ve_path=OTY3MTQ&feature=emb_imp_woyt
- [How to Register a New Account](#) - myMDTHINK video
- **Additional suggestions for FAQs** can be directed to the Medicaid Innovation, Research, and Development team for consideration in future updates. Please send to mdh.medicaidcheckin@maryland.gov.

Operations Updates

Operations Updates

Participant Eligibility Report

- Participant Eligibility Reports are delivered to providers' Incedo folders weekly. Download figures for the last six weeks are shown below.

Report Date	Provider Download Count
May 31, 2023	158
June 7, 2023	167
June 14, 2023	154
June 21, 2023	134
June 28, 2023	137
July 5, 2023	75

Operations Updates

PRP Concurrent Adult Clinical Request Form

- The concurrent authorization form includes two questions which should only have been mandatory and used to determine eligibility for PRP on the *Initial* authorization request, not the concurrent. The questions involved are:
 - *“Does the participant have Medicaid (including SLMB or QMB)?”*
 - *“Does the participant meet one of the four criteria below?”*
- A “No” answer to the first question brings up the second question, and a “No” answer to this question prevents the applicant from proceeding any further.
- **If you are beginning a new authorization request**, please answer “Yes” to the question *“Does the participant have Medicaid (including SLMB or QMB)”*
- **If you have been unable to complete an authorization request** due to this blocker and:
 - Are within the 20-day authorization submission window, please reattempt the authorization request and answer “Yes” to the question *“Does the participant have Medicaid (including SLMB or QMB).”*
 - Are outside the 20-day authorization submission window; submit a backdate exception request with the date of original submission attempt and a reference to “Uninsured PRP concurrent”
- Full details are given in a [provider alert](#) dated July 13, 2023.
- A longer-term solution is under development. A provider alert will be issued when it is in place.

Operations Updates

PRP Concurrent Adult Clinical Request Form continued:

- An administrative denial occurs when the provider fails to provide SSI/SSDI documentation on the first concurrent authorization request after stating that participant is enrolled in SSI/SSDI
 - This problem ONLY occurs in the rare instances that a provider answers “Yes” to the question about a participant having SSI/SSDI on the initial authorization request
 - If the provider then answers “No” or “Unknown” to the question concerning documentation thereof on the first concurrent (two month) form, the authorization request will be administratively denied, because proof of the SSI/SSDI is required by submission of the first concurrent request.
- In this situation, the provider should use the ONGOING concurrent form (*Psychiatric Rehabilitation Program (PRP) Adult Concurrent Request v5*) instead of the form designed just for the first concurrent. This will allow access to the functional impairments section
- Full details are given in a [provider alert](#) dated July 13, 2023.

PRP Administrative Denial Checklist

- An updated [PRP Administrative Denial Checklist](#) is now posted on the Optum Maryland website, on the “PRP Corner” page.

Operations Updates

OES 1000 Form – User Guide

- Psychiatric Hospitals and Residential Treatment providers are advised that a [guide to completing the OES 1000 Form](#) is now posted on the Optum Maryland website.

Webinar Opportunity: ASAM Criteria in the SUD Residential Setting

- As detailed in a [provider alert](#) dated July 13, 2023, MDH and Optum Maryland will host a series of meetings to discuss the ASAM Criteria and how these standards apply in residential settings for 3.1, 3.3, 3.5, and 3.7.
- Please select a date from below and click to register:
 - [Wednesday, July 26, 2023 | 2:00 – 3:30pm EDT](#)
 - [Wednesday, August 30, 2023 | 2:00 – 3:30pm EDT](#)
 - [Wednesday, September 27, 2023 | 2:00 – 3:30pm EDT](#)

Incedo Updates and System Downtime

- The Incedo Provider Portal will be unavailable between **5:00am and 10:00am EDT** on Saturday, July 15 for a scheduled system update.
- If you experience any issues when using the Incedo Provider Portal in the days following this update, please contact Optum Maryland customer service at 1-800-888-1965.

Operations Updates - Reminders

Interest Payments for June 2023

- Interest payments now being sent monthly.
- Checks for the period June 1 – June 30, 2023, have been mailed during the week of July 10.
- Letters and claim details have been delivered to the Incedo Download folder.

Estimated Payments and Negative Balance Recoupment

- Providers who have an outstanding estimated payment balance OR a negative balance are reminded that these balances are due for repayment by December 31, 2023.
 - Any balances that remain outstanding after December 31 will be referred to the Central Collections Unit (CCU).
 - Current balances are reported at the bottom of the weekly PRA and on the Claim Lifecycle Report.
 - For assistance at any time, please reach out to the Optum Maryland Reconciliation Team at maryland.provpymt@optum.com
- Providers who are repaying their Estimated Payment balances incrementally (claim reduction, 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. Email maryland.provpymt@optum.com

Reconciliation Emails

- Please ensure that all reconciliation-related correspondence is routed to 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 on all emails.

Operations Updates - Reminders

Sending Postal Mail to Optum Maryland

Checks and Financial Correspondence: Optum Maryland P.O. Box 30532 Salt Lake City, UT 84130	Claims, Grievances Complaints and all other NON-FINANCIAL related correspondence: Optum Maryland P.O. Box 30531 Salt Lake City, UT 84130
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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/content/ops-maryland/maryland/en/bh-providers/provider-council-information.html) 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, August 11, 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

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

Maryland Provider Payments - maryland.provpymt@optum.com

Maryland EDI Team – omd_edisupport@optum.com (please note the underscore in this email address: “omd_edisupport...”)

To register for Provider Alerts - 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