

PROCEDURE FOR RESOLVING DISPUTES OVER NEGATIVE BALANCES - May 18, 2022

Optum Maryland and the MDH will follow the procedures outlined below in order to fairly and efficiently resolve outstanding negative balances.

Calculation of Negative Balances

Provider negative balances are calculated as the lesser of:

- a. The amount currently due on May 20, 2022 (with consideration given to reductions in the balance or repayments by the provider) or
- b. The amount specified in the demand letter originally issued on or around December 21, 2021.

If the amount currently due has increased since issuance of the original demand letter, this “tail” excess balance will be handled through clipping of future claims.

Example: A provider owes \$100,000 based upon the demand letter, and \$120,000 on current balance due in the claims history reports. The provider must repay the lesser amount (\$100,000) by May 20, and the \$20,000 difference will be considered a “tail” amount to be repaid through claims clipping or another payment arrangement approved by MDH.

Steps in the Dispute process

Note: Providers must follow the steps outlined below in sequence. Out of sequence submissions will be rejected. Formal Appeals will only be considered if all administrative remedies outlined below have been exhausted.

Step 1: Reconciliation Manager - The provider will work with the reconciliation manager to identify disputed amounts. If there is an item that remains in dispute, the repayment **of that specific amount** will be held off until the reconciliation manager has determined that the provider owes the full amount or that the negative balance should be reduced. It is incumbent on the provider to supply the information requested by the reconciliation manager. The reconciliation team at Optum will provide a final decision letter stating the amount owed through the Optum provider portal.

Step 2: Dispute Level 1 – The provider will have 20 business days from the date of the reconciliation manager’s letter to file a Level 1 Dispute with Optum. The request must include the specific claims in question and be supported by documentation. Optum will review the request based on the information submitted by the provider and the Reconciliation team. Dispute Level 1 requests should preferably be sent securely/encrypted to:

Email address (preferred): mdrecon_escalation@optum.com

If secure email submission is not possible, please send to:
Optum Maryland Attn: Grievances and Appeals Department

P.O. Box 30532
Salt Lake City, UT 84130

Optum Maryland will render a decision on the dispute within 30 business days.

Step 3. Dispute Level 2 – The provider will have 20 business days from the date of the Dispute Level 1 decision to file a Dispute Level 2 with BHA. The provider shall provide all the information that they want considered in the appeal, including the findings from Step 1 and 2.

Dispute Level 2 requests should be submitted to:

- Email to BHA.Appeals@maryland.gov (preferred), or
- Mail to Behavioral Health Administration, ATTN: Disputes and Appeals, Spring Grove Hospital Center - Vocational Rehabilitation Building, 55 Wade Avenue, Catonsville, MD 21228 AND also send an email to the BHA.Appeals@maryland.gov to notify the administration of the request.

Note that this is the FINAL level of review for payments/claims involving non-Medicaid recipients.

BHA will render a written decision on the dispute within 90 business days. BHA **may**:

- a. Uphold the Optum finding regarding claims in the balance.
- b. Return some or all claims in question to Optum for further review, which will place a hold on repayment of these claims and may delay final determination.
- c. Reduce the amount in question from the provider balance.

Step 4. OAH Appeal (Medicaid only): Information on this will be given to providers with the final BHA decision on Step 3.