OPTUM | Maryland

Optum Maryland
Frequently Asked Questions

You may select the category of your question from the Contents below and it will link you to the appropriate section to find your specific question and answer.

FAQ Topics

Claims

Q.1 What is the Submitter ID?

A.1 The Submitter ID is your unique Optum Provider ID which was assigned to your organization during registration.

Q.2 Will there be an enrollment process for the clearinghouses?

*A.2 No enrollment process required. Switch to Payer ID **OMDBH** and ensure your clearinghouse routes those files to Optum 360.*

Q.3 Will there be a website where we can look up claim status?

A.3 Yes, in Optum's Incedo Provider Portal, you can find the status of claims.

Q.4 For corrected claims submission for DOS prior to date 12/29/19 submitted to Beacon, do we need to submit to Beacon for any corrections or Optum?

A.4 No. All claims submissions whether new claims or corrected claims should be sent to Optum beginning 12/30/2019.

Q.5 Does the Incedo Provider Portal have the ability to enter single claims or upload a file?

A.5 Yes, the Incedo Provider Portal will have the ability to enter single claims or upload a file. The one exception is drug code claims that require the NDC code. These must be submitted electronically or via paper.

Q.6 Should we still submit billing into Beacon Options Provider Connect or is billing now done in Optum? Are Beacon Health Options and Optum two different systems we are now working with as providers?

A.6 MDH is switching administrative service organizations – Beacon Health Options is the contractor until 12/31/2019 and Optum is the incoming new contractor starting 1/1/2020.

Claims submission cut over is as follows:

- *Last day providers submit claims to Beacon Health Options is 12/29/19 (11:59pm). Claims adjudicated to pay will be included on the final Beacon check run the week of 1/2/2020.*
- *First day providers submit claims to Optum is 12/30. Claims adjudicated to pay will be included on Optum's first check run week of 1/7/2020.*
- *Claims that do not successfully adjudicate in Beacon's system will be transferred as "non-adjudicated" into Optum's system. Optum will be responsible for the final adjudication (pay or deny) of claims that did not process in Beacon.*

Q.7 Beacon recently updated the reimbursement rate for SUD services however the tables have not been showing the updated rate. Claims date back to July, 2019. We were told to void the claims and resubmit them to Beacon. If they weren't reprocessed prior to 12/29, who will reprocess them?

A.7 Beacon reprocessed all claims that were submitted with a higher rate of reimbursement than the updated rate. For claims that submitted at the rate of reimbursement posted in July, 2019, they reprocessed a small subset of those claims. Optum will be reprocessing the claims that did not receive the updated rate.

Q.8 We use a 3rd party vendor for claims submission so they should follow your new guidelines, correct?

A.8 Yes. Any additional questions can be addressed by contacting our vendor Optum360 at 877-309-4256.

Q.9 What is the deadline for weekly claims submissions?

A.9 There is no change to the cutoff dates for claims submission. Per the ASO contract requirements, the ASO has 14 days to process clean claims and 30 days to adjudicate (pay or deny) claims that require additional work to resolve.

Q.10 How will you adjudicate claims from Beacon for children under 18 who do not have the UA modifier?

A.10 Optum Maryland does not have the ability to change the data submitted on a claim and if the UA modifier is not on the Beacon claims we will reimburse the service accordingly. For claims submitted from 12/30/19 forward, providers must include the UA modifier to receive the enhanced rate for children's services.

Q.11 Do authorizations have to be attached to the claims?

A.11 MDH has approved a grace period for the month of January to allow providers time to adjust to the Optum system. Authorizations will be able to be back dated to 1/1 as necessary during this month to support providers in this process. There does need to be an authorization entered into the system for all services, but the grace period will allow for claims to pay in the event of delays. There will be robust post-payment review to ensure that authorizations match the paid claims as required and that individuals receiving services met medical necessity criteria.

Q.12 If we are billing to Optum/United (private/employer-funded insurance) through other means, will we be able to do so through the new provider express or do we have to use a separate system?

A.12 The Medicaid ASO is a completely separate system from any other commercial market, just as it is today with Beacon Health Options. Providers must have a unique Optum Maryland registration in the Optum Maryland Provider portal to access authorization and claims payment under the Public Behavioral Health System.

Q.13 Can secondary claims be submitted electronically?

A.13 Yes. The Optum Incedo system is configured to support the submission of secondary claims.

Q.14 Is Optum responsible for all claim activities beginning January 1, 2020, regardless of the date of service?

A.14 Yes. Optum is responsible for the activities under the Public Behavioral Health System for dates of service that occur 12/30/2019 forward and under the contract period. Optum will also continue to process non-adjudicated claims that occurred in 2019.

Q.15 What happens to claims that are pended by Beacon?

A.15 Beacon forwarded all pended claims for processing by Optum.

Q.16 Will service code bundles such as OP MH and OP SUD remain the same?

A.16 Yes, service code bundles such as OP MH and OP SUD will remain the same.

Providers will note that the bundle is more visible in the Optum system. Changes are underway to update this visibility. In the interim, providers should use the reference guide for entering authorizations to support how to properly note that the bundled services.

Q.17 Will combination of service rules remain the same?

A.17 Yes, MDH determines the combination of services rules which remain the same as Optum implements a new system. Providers remain responsible to ensure that services rendered are not in violation of those rules. Over time there will be enhancements in the Optum system to support providers in this process.

Q.18 How would telehealth provider bill the UA modifier for consumers under the age of 18 with the GT modifier for telehealth services?

A.18 Provider would bill at UA and a GT modifier for any telehealth services for any consumer under the age of 18.

Q.19 Currently, some PRP programs are set up to submit encounters automatically and release a case rate claim automatically only once the minimum number of encounters has been met. The revised PRP billing transmittal seems to suggest that the case rate claim and encounters must be submitted together. Can you clarify whether the encounters & claims must be submitted simultaneously, or whether the case rate claim can be submitted only after the minimum encounters have been met?

A.19 The encounters and claims do not need to be submitted simultaneously. However, the claim will only pay for the rate equivalent to the number of encounters submitted at time claim is adjudicated.

Claims Payment

Q.20 Can you give more information about the email we received regarding payment delays and paper checks in January?

A.20 Optum will begin releasing claims payments the week of January 7th and will have EFT payments released on January 13th.

Q.21 We received an email that paper checks will be sent in January. How will those checks be delivered? We're typically reimbursed on Thursdays unless there is a delay.

A.21 Optum claims payment schedule will follow the same schedule as Beacon's: Check processing on Tuesday, followed by EFT payments Thursday.

Q.22 What company is replacing Payspan and how do we register for electronic deposit?

A.22 Optum will be utilizing Payspan. Providers who registered for Payspan under Beacon must register again under Optum. A registration notification will be sent to you.

Q.23 How quickly will Optum provide providers EFT payments?

A.23 Optum's schedule for EFT payments will be the same as with Beacon. EFT payments will be made on Thursdays each week.

Clinical

Q.24 What is the turnaround time for authorization approvals for SUD, PRP or non-OMS services?

A.24 Service Authorization/Review Timeframes:

a. Post Stabilization 1 hour from time of request
b. Expedited Service Authorization Decision 72 hours from time of request
c. Expedited Concurrent Review 72 hours from time of request
d. Non-urgent PRE-service request 14 calendar days
e. Non-urgent POST-service request 14 calendar days

Q.25 If you have different levels care like IOP and PHP you have to do two surveys for each level of care, but do you have to log in and out to process for each program?

A.25 Yes, clinical information will be requested for IOP and PHP.

No. You do not have to log out to submit another request.

Q.26 Will the authorization number generated by Beacon be transferred to Optum?

A.26 Yes. The authorization number will be transferred to Optum.

Q.27 If an authorization was approved by BHO for a start date of 1/1/2020, do we need to resubmit it through Optum?

A.27 The State will be extending the authorization submission grace period through the end of January. Providers are still subject to post-payment reviews to ensure that individuals receiving services meet medical necessity criteria.

This grace period applies to all levels of service, new and concurrent.

Q.28 Will you backdate an authorization for a visit, if it was not obtained at time of service?

A.28 The grace period mentioned above includes backdating an authorization from 1/1/2020 forward during the grace period. This is to allow time for providers to become familiar with the process.

Q.29 If an authorization ends 12/31 can we place the concurrent request of 0101 prior to 12/31 and have it roll over or will we HAVE to wait to request those on the 1st?

A.29 Since Beacon is not approving authorizations with a start date of 1/1 forward, requests for concurrent and new authorizations that are entered into Optum for covered services will be included under the grace period with a back dating permitted to 1/1/2020.

Open authorizations through 12/31/2019 will be transferred from Beacon to Optum for Medicaid, Uninsured, and state funded services.

Q.30 Will the authorizations that are currently active with Beacon Health transfer to Optum?

A.30 Beacon will continue transferring authorization data through December and January to Optum for Optum to import the authorizations into their system. This means that providers will NOT need to re-enter existing authorizations in Optum's system. As would normally occur, only new and concurrent requests will need to be continued.

Q.31 Does the consent of authorization for each client have to be faxed to Optum?

*A.31 Yes. Fax to **1-855-293-5407**.*

Q.32 Do CSAs use Incedo Provider Portal to authorize services for supported employment and crisis beds?

A.32 Yes. CSAs will access the Incedo Provider Portal to enter authorize services.

Q.33 Will the OMS go away? Also will private practice providers use the same authorization process as the OMHC providers?

A.33 As part of the conversations around parity, MDH agreed to CMS that under the new ASO contract, authorization requests were being "de-linked" from data entry requirements.

MDH strongly encourages providers to continue to report data which is used to support the overall public behavioral health system, as well as at the federal level in helping SAMHSA in assessing the value and impact that individuals receive as a result of access to this essential funding source. The data capture system will be under continuous quality improvement from the initiation of the contract until the system functions in a way to support ease of use for providers. Providers who continue to fully participate in the data entry will benefit from robust quality metrics to support participant care.

Q.34 Are we required to submit an ROI to Optum Maryland?

A.34 Yes. You can find the link here.

Q.35 Will appeals, complaints, open issues or other inquiries not resolved by Beacon be transferred to Optum?

A.35 Yes. Medical Necessity grievances (Level 1) can be made to Optum as outlined in the Optum Provider manual (Chapter 9). Second Level grievances of Medical Necessity Appeals can be made to the Behavioral Health Administration (See Optum Provider Manual Chapter 9).

Appeals of retrospective audit findings by the ASO must be made within 30 days of the date of BHA's letter of determination, and addressed to:

Maryland Department of Health Office of Health Services
Attention: Appeals Coordinator
201 West Preston Street, Room 127
Baltimore, Maryland 21201

Q.36 Can you confirm the authorization units for individual providers?

A.36 Outpatient auth units for individual practitioners (MDs, Nurse Practitioners, Psychologists, Physician Assistants & Social Workers) and Group Practices (PT 27) are 12 at initial request and 24 at concurrent review and not the same as outpatient program FQHCs and hospital based clinics which are included in the bundle of services. OMHC will receive 75 visits over a 6-month span

Q.37 What is the phone number to request administrative days?

*A.37 Please call Optum Maryland at **1-800-888-1965** and speak with a case manager.*

Q.38 Has a decision been made about substance use uninsured exceptions? Will these still come through the LBHA office?

A.38 Beginning 1/1/20, exception requests will be submitted via Optum's Incedo Provider Portal.

Q.39 Does a Crisis CPT need its own authorization or will we be covered under the regular authorization?

A.39 Yes, a Crisis code needs its own authorization.

Q.40 Will our previous end user accounts need to be registered and if so when will Beacon log ins stop working?

A.40 Yes, end user accounts will need to be registered. Beacon logins will stop 12/31/2019.

Q.41 Will the Value Option Select program carry over?

A.41 No.

Eligibility

Q.42 Will we get a notification if a client's insurance lapse or if a client becomes discharged?

A.42 An Incedo Provider Portal user will see consumer eligibility as well as the consumers discharge status (discharged or not) when viewing the consumers eligibility and authorization history in Incedo, there is no other notification process.

Q.43 Are members getting new cards?

A.43 No. The change in the ASO administrator does not impact Medicaid eligibility. No cards are issued specific to the behavioral health system. The contact number for BH services is the same regardless of vendor.

Q.44 Will patient's ID#'s remain the same? Such as M-number ID's and Medicaid IDs? Or will patient's each have a new Optum Patient ID#?

A.44 Yes, the participant's Medicaid ID number will stay the same. Providers should include the participant's Medicaid ID for all Medicaid recipients. Participants who are not covered by Medicaid will have an Optum system (Incedo) generated Member ID. This is assigned to the member when they are added to the Incedo Provider Portal. The M- number from the previous vendor will be stored for historical purposes but is not used as the identifier under Optum's system.

Network

Q.45 Will the Fee Schedule remain the same as the current Beacon Fee Schedule?

A.45 Yes. Regulations, fee schedules, billing codes, diagnoses covered under the carve out, and combination of service rules, are at the direction of MDH and DO NOT change based on the transition to a different ASO.

Q.46 Will we continue to use the State of MD's billing codes?

A.46 Yes, continue to use the State of MDs billing codes.

Q.47 Would providers already in network with Medicaid be transferred from Beacon to Optum or there is a separate process that needs to be done?

A.47 There is no transfer process. The Provider must register with Optum to obtain access to Incedo Provider Portal.

Q.48 I currently have a number as a provider for MA. Will that stay the same?

A.48 Yes, your provider ID will stay the same.

Q.49 Will the timely filing limit stay the same, 365 days?

A.49 Yes, per Medicaid regulations, COMAR 10.09.36.06 providers have 12 months from the date of service to file Medicaid claims.

Contracting

Q.50 Will Optum perform the contracting?

A.50 Providers will not be contracting with Optum for Maryland Medicaid recipients or uninsured individuals receiving services.

Registration

Q.51 I already completed the survey. At what point will I receive the two emails?

A.51 Emails will be sent in groups every few days. They will NOT be sent immediately after submission of the survey.

Q.52 Do we need to complete the survey for each Provider type or just one per agency?

A.52 One survey will need to be created for each provider type, for each TIN.

Q.53 Does this apply to group practices; just to clarify all providers must complete the survey individually?

A.53 Providers must complete a survey for every unique combination of Tax Identification Number (TIN) and provider type.

- *Each Tax Identification Number (TIN) in your organization, AND*
- *Every Provider/Service Type provided UNDER THAT TIN*
- *Provider locations are not a consideration for filling out surveys*

Q.54 This registration will be for group providers only? Is each employee required to register?

A.54 One survey will need to be created for each provider type, for each TIN. Once an admin registers, the admin can register users under their login.

Q.55 Since each provider type requires multiple tokens are they housed in the same portal?

A.55 They are housed in the same portal but access is restricted to only the access granted to them by the administrator.

Q.56 For providers that include multiple provider types, i.e. IOP AND PRP, how many surveys are required and how many tokens are issued? What if we have multiple practice locations?

A.56 Surveys must be completed for each unique Tax ID/Provider Type combination, regardless of practice location. A provider with one Tax ID and two provider types, such as IOP and PRP, will complete two surveys and be issued two tokens. Each token must be registered separately.

For providers that offer multiple levels of care that are NOT considered to be separate Provider Types, such as IOP and PHP, which are both levels of care that a Provider Type 50 can provide, only one survey would be required and a single token would be issued and only one registration would be required.

Q.57 Will the administrator of the Incedo Provider Portal have to go in and register all of the end users under our group # and Tax ID # or will each user need to register themselves? Currently we fill out a form to have a provider or user to get access.

A.57 The administrator will register all end users.

Q.58 If we have several NPI numbers for different locations, do we need to register all of them with the survey?

A.58 Providers must complete a survey for every unique combination of Tax Identification Number (TIN) and provider type.

- *Each Tax Identification Number (TIN) in your organization, AND*
- *Every Provider/Service Type provided UNDER THAT TIN*
- *Provider locations are not a consideration for filling out surveys*

Q.59 What about professional Medicaid account and hospital Medicaid numbers? Where we have one Medicaid id for each location, will we need two accounts with Optum for the different services processed within these locations?

A.59 Providers must complete a survey for every unique combination of Tax Identification Number (TIN) and provider type.

- *Each Tax Identification Number (TIN) in your organization, AND*
- *Every Provider/Service Type provided UNDER THAT TIN*
- *Provider locations are not a consideration for filling out surveys*

Q.60 How do we get logins for additional staff of the same provider?

A.60 If additional logins are required, contact marylandproviderrelations@optum.com.

Q.61 Does our agency's e-prep application need to be completed before we can complete the needed survey to be registered with Optum's Incedo Provider Portal?

A.61 Yes. Only providers that have an ACTIVE status in Medicaid can obtain a token. The exception is for providers who are under a temporary suspension (active status is 54, license expiration; or 55, mail return). If a provider status is a terminated status, the provider is not eligible to receive a token.

If you are in a terminated status you must contact ePrep to re-enroll with Medicaid.

This does not apply to non-Medicaid provider types: MDRN, Supported Employment, and Gambling, for example. These providers do not enroll with Medicaid and follow the same process they do today.

Q.62 Does the provider administrator get sign ons for all staff who request authorizations?

A.62 The administrator for the practice will have to sign up via the survey. Once the admin is registered, they can register additional users under their account.

Q.63 Does each staff member who will be entering authorizations need to complete the provider survey or just the Incedo Provider Portal administrator?

A.63 The administrator for the practice will have to sign up via the survey. Once the administrator is registered, they can register additional users under their account. Each user will have their own user ID and password.

Q.64 What are the different security access levels within Incedo?

A.64 Administrator – updates provider information and manages users

Claims – conducts member and claim search and entry

Clinical – conducts member and clinical form search and entry

Q.65 When registering for the Incedo website, when you get to the verification section if your company information is incorrect should you continue to hit next?

A.65 Please verify that all your information is accurate in the state's ePREP system. If you feel that your information is still inaccurate, please contact us at marylandproviderrelations@optum.com.

Q.66 Will the admin of the group be able to assign additional logins for supporting staff?

A.66 Yes.

Q.67 Will there be direction to give employees their own user and password?

A.67 Yes, the registration details sent to each provider organization includes instruction to do this.

Training

Q.68 What is the link for the new Incedo Provider Portal?

A.68 Follow this link to our Incedo Provider Portal. You can also find the link to the portal on our website, Maryland.Optum.com.

Q.69 When will you provide training on how to process claims?

A.69 Claims training will be performed in January. Access the latest information on training on the MDH BHASO transition website, health.maryland.gov/mdh-aso-transition, or on the Optum website, Maryland.Optum.com.

Q.70 Is there training available on the authorization process?

A.70 Please visit the Provider Training & Education page on Optum website, Maryland.Optum.com for information on pre-recorded training regarding the Incedo Provider Portal, as well as upcoming trainings on other topics.

Q.71 Will Optum be providing training for TBS services?

A.71 Yes, TBS training will be performed in January. Access the latest information on training on the MDH BHASO transition website, health.maryland.gov/mdh-aso-transition, or on the Optum website, Maryland.Optum.com.

Q.72 Will a copy of the webinar be available to all providers after the training?

A.72 Yes, recorded trainings are available and can be found the Optum Maryland website, Maryland.Optum.com.

MDRN

Q.73 Do MDRN providers register through e-Prep?

A.73 No, MDRN providers do not register through e-Prep. MDRN approved and certified recovery residence providers must register for Optum's Incedo Provider Portal. To register for the Provider Portal, please view the Survey sent out via Beacon alerts on 11/27/19. If you did not receive that alert, please reach out to marylandproviderrelations@optum.com for it to be forwarded to you or you can find the link to the portal on our website, Maryland.Optum.com.

Q.74 Who is entering the authorization request?

A.74 For MDRN recovery residence services, the MDRN approved and certified recovery residence must enter the authorization request into Optum's Incedo Provider Portal for clients found eligible for MDRN Recovery Housing services in order for that provider to receive reimbursement for recovery residence services. The process is as follows:

The State Care Coordinator or MDRN approved care coordination agency sends the completed initial housing request form to the Regional Area Coordinator (RAC) at BHA for initial review and approval. The form should be sent to mdrn.housinginfo@maryland.gov. If approved, the RAC sends the approval to the MDRN approved and certified recovery residence provider and the State Care Coordinator or MDRN approved state care coordination agency. Upon receipt of approval, the MDRN approved and certified recovery residence enters the authorization request into the Incedo Provider Portal.

Q.75 What if the recipient is a Medicaid beneficiary, does the provider still select state-funded?

A.75 Yes, select state-funded.

Q.76 Do all M-CORR recovery residences now need to become MDRN certified?

A.76 No. Certified recovery residence providers that have an executed state-funded contract with their local behavioral health authority (LBHA) or local addiction authority (LAA) should adhere to their existing Conditions of Award (COA) in order to receive reimbursement for recovery residence services until December 31, 2019. Beginning, January 1,2020, ***all state-funded recovery housing services, except as otherwise indicated below, will be administered through Optum.*** *This does not apply to Federal Block Grant, State Opioid Response, or Pregnant Women and Women with Children (PWWC) contracts.*

Affected certified recovery residence providers will need to register for Optum's Incedo Provider Portal, as described above.

Q.77 We receive referrals for both MDRN and SCC clients who are in residential, IOP, OP, corrections, and Salvation Army Rehab for whom we provide support services. My understanding today was that MDRN clients needing housing will be registered in Optum by the housing providers and not the MDRN provider.

A.77 Yes, please follow the process described above.

DLA-20

Q.78 What service types are associated with DLA-20? Have the number of units of service authorized change?

A.78 ACT, MTS, PRP, and RRP services. The initial authorization span for the service types associated with the DLA-20 will begin on date of submission of the initial authorization request and extend for two months of service, inclusive of the month of service request, ending on the last date of the second month. This authorization will be for two units of service.

The provider must complete the DLA-20 assessment of the individual within the initial authorization span while, at the same time, ensuring that all encounters completed within the authorized month of service accrue to the service month for which the claim for reimbursement is being submitted.

Prior to the expiration of the initial authorization of two units for two months of service, the provider will follow the established DLA-20 workflow of submitting a concurrent request to include the DLA-20 assessment.

The authorization span for each concurrent request will begin on the first of the month immediately following the expiration of the initial authorization span and extend for six

months, ending on the last date of the sixth month. Each concurrent authorization will be for six units of service. The DLA-20 assessment is required to be submitted with each concurrent authorization request.

1915i

Q.79 Will we be able to use Beacon's M# other than for existing uninsured?

A.79 Existing UINS members can use Beacon's M# initially and then 1/1/2020 newly entered uninsured members will be assigned an Optum participant number.

Q.80 Before starting a prior authorization do I have to add them as members first?

A.80 Only if the member does not have active Medicaid.

Q.81 Will anything be different about the authorization request process?

A.81 Yes, the paper form normally completed by the providers will be electronically sent to the CSAs when the provider submits an Uninsured request in Incedo.

Q.82 How do I obtain authorization for my care coordination for my 1951(i) services?

*A.82 To obtain authorization for 1915(i) services, the CCO, working with the participant and family, must request authorization from Optum Maryland by calling **1-800-888-1965**.*

Q.83 Is there a free text box that will allow them to type in the clinical for level I and II and adult TCM (both levels) because they do not require uploaded documents?

A.83 Yes, there is a free form text box that will allow users to enter additional clinical information.

CSA/LBHA

Q.84 What role will the CSA/LBHAs have in uninsured exception requests and crisis residential authorizations?

A.84 The role of the CSA/LBHA will have the same role in uninsured exception requests and crisis residential authorizations as with Beacon.

PRP

Q.85 Is the only "clinical" info requested the DLA-20?

A.85 Clinical information is still required. You will need to complete the "form" that is part of Incedo Provider Portal, and you are also welcome to attach any clinical information, as you always have, including the Individual Rehab Plan.

Q.86 Do we have to do a DLA-20 when we do the pre-cert as these are new members?

A.86 The DLA-20 process has not changed. The DLA-20 will only be needed for participants 18+, for concurrent reviews, and for discharge.

Q.87 Can you show the difference for a PRP minor please, since DLA is not used?

A.87 The process is the same, except you will not be prompted to enter the DLA-20 information.

Q.88 Normally we have goals and other key information that is required for the submission?

A.88 It is the same process moving forward. Clinical information will be captured in the Incedo Provider Portal form, and providers are also able to attach clinical information as well.

Q.89 Do we need to submit a therapist referral form with the diagnosis?

A.89 A referral form is still needed for initial requests, to include the therapist's signature, credentials, and date from within the last 6 months.

Q.90 Do we attach treatment plans?

A.90 Yes, through the attach feature in Incedo Provider Portal.

Q.91 Can you verify that uninsured individuals are eligible for PRP?

A.91 Uninsured individuals must meet additional criteria for initial PRP requests. They must meet 1 of the following 4 criteria, in addition to meeting medical necessity criteria:

1. *Stepdown from a State Hospital and are on conditional release,*
2. *Discharge from an acute psychiatric hospitalization within the last 6 months,*
3. *Release from jail within the last 6 months,*
4. *Discharge from a residential rehab within the last 6 months.*

Q.92 Are IRPs stills required?

A.92 The process has not changed; the IRPs can be attached.

Q.93 Will DLAs be required for pediatric PRP patients?

A.93 No.

Q.94 We are a PRP agency with no in-house therapists. All therapists are external.

A.94 All initial PRP requests require a referral from the treating behavioral health therapist, which includes the therapist's signature, credentials, and date, from within the last 6 months. The diagnosis is not a required element on the referral form.

Q.95 Is backdating allowed?

A.95 Initial authorizations will be completed for date of submission only.

Q.96 If a client is only seeing a therapist and no psychiatrist and was referred to is that acceptable?

A.96 Yes, participants need to be receiving outpatient treatment, not necessarily from a psychiatrist. A referral from a therapist is perfectly acceptable.

Mobile Treatment

Q.97 Will concurrent reviews have end dates at the end of the month or dependent on when they are entered?

A.97 Initial and concurrent authorizations will have end dates as the last day of the month.

Q.98 Is clinical information justifying the need for services, added via attached documentation?

A.98 Optum will require a form to be completed that will have a section for clinical information; however, providers are always welcome to submit clinical information via attachment as well.

Q.99 Will all patients require an initial review, the first time we seek authorization through Optum?

A.99 No, the system is configured so that you will be able to select “concurrent” review for your first entry into the system.

Q.100 Does the DLA 20 need to be done each time?

A.100 The DLA-20 is required for all consumers age 18 and over for all concurrent reviews.

Q.101 What is the procedure for participants who do not have a SSN/no insurance?

A.101 The uninsured workflow should be used to request an authorization for someone who does not have a SSN or insurance.

Q.102 What are we to enter as an address for homeless clients?

A.102 In Incedo, when entering an authorization for a homeless client, the user would select from a drop down box the address type "homeless". Selecting this address type will eliminate the address requirement.

Q.103 Can we back date or pre-enter the Effective Date?

A.103 Authorizations can be entered in advance of treatment, backdating is not permitted.

Q.104 Are initial authorization requests receiving only 1 month (as opposed to 6 months as we have in the past)? If this is the case, for patients who have already been in Mobile Treatment (and are actually in need of a review and not initial), is there a way to obtain the 6 months, or will a concurrent review still have to be completed in 1 month?

A.104 A true initial request for an adult will be authorized for 2 units/2 months, and a concurrent review for an adult will be authorized for 6 units/6 months. All child mobile treatment requests would be approved for 6 units/6 months.

Residential Crisis

Q.105 Will the CSAs still be approving concurrent residential crisis requests?

A.105 Yes.

Q.106 What is the grace period to submit residential crisis authorization?

A.106 48 hours for initial. None for Concurrent.

Q.107 Does the form allow you to skip fields such as patient phone number if that patient is homeless and has no phone? What if the discharge date is unknown at the time of admission? Can you leave sections blank and update later?

A.107 Yes, there is an address type for homeless and it allows you to bypass the rest of the address fields.

Q.108 Will there be a 24/7 phone line for emergency rooms to get urgent authorizations to facilitate transfer of Medicaid members to Hospitals with psych units?

*A.108 Yes. Facilities should call **1-800-888-1965**.*

Q.109 Where there is a summary of the submitted authorizations, will all requests be available to review? For example, I am a program manager and would like to see my staff's authorization requests, not only mine.

A.109 The role you are assigned during registration determines the authorization data you can see. If you are assigned the Clinical Role, you will be able to see all authorizations.

Q.110 Would the billing department be able to see the authorization I requested for claims issue?

A.110 Yes, the organization's administrator sets up user roles. An individual can be assigned the IPC Clinical role to view authorizations, IPC Claims role to view claims, or IPC Both roles. IPC Both allows a user to view both claims and authorizations.