



Updated: Monday, Dec 23, 2019

ASO Transition FAQs for Providers

Effective January 1, 2020, Optum Maryland will replace Beacon as the Administrative Service Organization (ASO) for Maryland's Public Behavioral Health System.

Find the latest information on the **MDH homepage** (last item under "Quick Links") or health.maryland.gov/mdh-aso-transition. Email transition-related questions to mdh.bhasotransition@maryland.gov for inclusion in the running FAQ document. MDH consolidates similar questions and posts the responses in this FAQ document which is updated weekly, or more frequently, as needed. **New FAQs added since the last version are highlighted in yellow in this document.**

PROVIDER MANAGEMENT FAQs

1. What do I have to do?

All providers (individual, group, programs, and institutions) **MUST log into the Optum Maryland Portal and register** in order to request authorizations, file claims, and receive payments.

The registration process (not to be confused with the Medicaid enrollment process) will make you "known" to the Optum system as an active provider. This is also your opportunity to make sure that your primary contact email for your program or office, your enrollment, group affiliation, as well as your billing address are up to date.

Failure to register in the Optum system will result in a provider not receiving payment. The registration process will be launched in the coming weeks. Providers will receive an alert when this function is available.

We encourage all providers to attend a live via webinar provider training with Optum. Both MDH and Optum, however, will post recordings of trainings on their websites as soon as they are available.

Training will show you how to navigate the Optum portal where you will manage your profile. Staff members who submit authorizations and claims should participate in these trainings. Trainings are specific to provider type.

See the training schedule and sign up for a session now on the ASO Transition website: health.maryland.gov/mdh-aso-transition

2. Which staff members should take the training offered by Optum?

Staff members who submit authorizations and claims should participate in the upcoming trainings. Optum will offer additional trainings for new providers as needed after the transition.

3. Is my computer compatible with Optum's online training/What do I do if I'm having trouble accessing Optum's online training?

Here are a few steps to take before you try to access the training or if you're having issues:

1. Before participating in a training session...
 - a. Some organization's IT security protocols constrain the use of web-based applications like WebEx. You should consult your organization's network administrator or IT Help Desk to determine if there are any restrictions when accessing WebEx.
Make sure your computer's operating system and browser version are compatible with WebEx (e.g., Internet Explorer, Chrome, or Firefox). This may require you to install plug-ins necessary to access and use WebEx. After installing an app or plug-in, you should restart your computer. Consult your organization's network administrator or IT Help Desk for assistance.
2. After following Step 1, if you experience issues accessing your scheduled training:
 - a. Try restarting the session.
 - b. Try restarting your computer.
 - c. Contact your organization's network administrator or IT Help Desk for assistance.
3. If Steps 1 & 2 do not work, please contact Kim Dietsch at Optum for training-related questions or issues (Kimberly.Dietsch@Optum.com, 443-896-0499).

4. Do providers need to take any steps regarding their claims information if it is up to date in Beacon's and Optum's systems?

Providers should ensure that the information in their Provider File is up to date in Medicaid's system through the ePREP portal. Providers must make sure their "Pay To" or "Remit to" address in Medicaid's system is accurate. The information in Optum's portal is based solely on the Medicaid provider file.

What is staying the same in the Optum system?

1. Will the overall structure of Optum's system, including the provider portal, be similar to Beacon's?

Yes. Regulations, most 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.

2. If a provider is registered for United Healthcare's commercial insurance portal, will they need to register separately with Optum?

Optum and United Healthcare are separate entities. As such, providers registered with United Healthcare will need to register separately with Optum, Maryland, the Department's ASO. The registration process will make you "known" to the Optum system as an active provider. Failure to register in the Optum system will result in a provider not receiving payment.

3. The current claims filing limit for Beacon Health Options is 365 days. Will the claims filing limit stay the same for Optum Maryland?

Yes, per Medicaid regulations, [COMAR 10.09.36.06](#) providers have 12 months from the date of service to file Medicaid claims.

4. What phone number can providers use to call Optum Maryland?

MDH owns the phone number (1-800-888-1965) and Optum will take over the management of this phone number beginning January 1, 2020. There will be a new voice menu and options which will be available on the Optum webpage (live Jan. 1, 2020) and voice directions will be updated as of Jan. 1, 2020.

Is registering with Optum the same as enrolling as a Maryland Medicaid provider?

No. The provider credentialing and enrollment process will remain the same. In Maryland, behavioral Health is reimbursed under fee for service. This means that participating providers are those that are licensed, certified and qualified to enroll with Medicaid. The enrollment process requires that providers attest to complying with all Medicaid regulations by signing the provider agreement.

How will the ASO transition affect Substance Use Disorder (SUD) programs?

As with all providers billing the public behavioral health system, if you submit for authorizations and claims payment through Beacon today, you will need to register with Optum to submit for authorizations and claims beginning January 1, 2020.

Will the email distribution list for Provider Alerts be transferred to Optum?

Yes. The existing provider alert system will continue through Beacon until Dec. 31, 2019. As of Jan. 1, 2020, Optum will begin its own system of provider alerts.

Due to providers' specific email system rule, alerts from Optum may be rejected or labeled spam or junk mail. Optum will perform a test of their system before January 1 and send a companion alert through the current Beacon alert system. Providers should contact their system administrators or sign-up directly for Optum's alerts if they do not receive the test message or any Optum alerts **after** January 1, 2020.

Providers not currently on Beacon's Provider Alert email distribution list, may sign up here: http://maryland.beaconhealthoptions.com/provider/prv_alerts.html

Within the new Optum portal, there will be a new message alert system that will allow Optum to target messages to specific provider types. We are excited to use this system to reduce the frequency of messages sent out to all providers through the alert system.

OPTUM REGISTRATION FAQs

How will providers register with Optum Maryland?

Providers must obtain Incedo log-in credentials in order to register in the Provider Connect system. Providers must complete the **required [Optum Maryland Provider Survey](#)** to receive Incedo log-in credentials.

How many Provider Surveys should providers fill out if they have multiple provider types and multiple locations?

Providers must complete an individual survey for each unique combination of Tax Identification Number (TIN) and provider type. For example, if you are a large organization with three TINs and four service types are rendered under each of the three TIN, you will need to fill out 12 surveys. Provider locations are not a consideration for filling out surveys.

Each survey response will yield exactly one token and one unique Incedo ID.

How will providers receive their tokens and Incedo IDs?

Providers will receive two emails. The first email will contain instructions on how to access the second secure email and proceed with registration. **Read the instructions carefully.** The second secure email will have **both the Incedo ID and a token**. The unique Incedo ID and token will allow providers to create their log-in credentials for registration.

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

Providers who have received their unique Incedo ID and token can now log-on to Provider Connect. The Incedo Provider Connect system is designed to work with the Google Chrome browser.

How should providers with off-site facilities, such as hospitals, receive a token to register with Optum Maryland?

If all off-site locations are billing under the same TIN, the administrator who receives the token and unique Incedo ID can assign new administrators to each off-site facility. The new administrators can assign staff accordingly.

How would an organization find out which individual within the organization is receiving the survey and the token?

Providers can email marylandproviderrelations@optum.com to obtain this information.

Who should providers contact if they have questions about registration with Optum Maryland?

For questions about tokens or registering on the Provider Connect system, contact Optum at marylandproviderrelations@optum.com or at 1-866-336-9370 (until 12/31/2019) / 1-800-888-1965 (beginning 1/1/2020).

BILLING FAQs

How will billing procedures be affected?

All claims that are currently billed through Beacon Health Options must be billed through Optum starting December 30, 2019.

Will the transition cause delays in claims processing and payment, particularly those billed through a clearinghouse?

No. Optum will be launching their provider portal which will include options for clearinghouse, batch files, and direct claims submission. Once Optum completes overall system testing, providers will be able to test their clearinghouse and claims submission.

Beacon will process check runs for claims submitted through December 29, 2019. Beacon's last check run will be on January 2, 2020. Optum's first check run will be the week of January 6, 2020. Claims submitted to Beacon on or before December 29th that did not meet "clean claim" requirements and are not included in the Beacon check run, will be transferred to Optum. Once the claims are successfully adjudicated, Optum will process the payment on the next check run.

AT THIS TIME, we still anticipate that there will be 3-6 weeks of paper checks sent to all providers while Optum collects Electronic Fund Transfer information required by current banking law.

It is absolutely essential for all providers to update their ePREP profile with the accurate "pay to" address so that providers receive their checks in a timely manner.

How will providers receive paper checks from Optum during this time?

Paper checks are a temporary solution until Electronic Fund Transfer is set up for all providers. Optum will send paper checks to providers through first class mail.

Which clearinghouses will Optum Maryland work with and has Optum Maryland reachout out to them regarding this transition?

The Optum360 clearinghouse sent an industry-wide notice to clearinghouses nationwide on 12/3/2019 informing them they are the sole submitter for Optum Maryland Behavioral Health. For questions on Optum360 or clearinghouse set-up please contact Optum360 service/support at 877-309-4256.

What address should providers mail completed claims forms for Optum Maryland?

Claims should be mailed to the following address:

Optum Maryland
P.O. Box 30531
Salt Lake City, UT 84130

When should I start to send my paper claims to Optum?

Providers should begin mailing paper claims and any other written correspondence to Optum around 12/20/19 to avoid holiday mail delays. Paper claims and all other mail will be processed by Optum after 1/1/20. Paper claims and correspondence mailed to Beacon and received after 12/31/19 will be returned automatically by the US Postal Service to the Provider. Providers can also submit a claim to Beacon through 12/29/19 on their direct claim submission portal. The portal link is: <https://providerconnect.beaconhealthoptions.com/pc/eProvider/providerLogin.do>.

Are providers able to attach ITPs and verification of diagnoses with authorization requests to Optum Maryland?

Optum's ProviderConnect has the ability to attach/upload documents in the Member Summary screen.

What is the Payer ID for Optum?

The Optum Payer ID will be: OMDBH. Providers should work with their practice management systems and clearinghouses to ensure they setup this new Payer ID. **[**NOTE: Your clearing house will need to send your transactions through Optum360 as they are the sole submitter for OMDBH. Optum will issue a provider alert when the process to use the Payer ID is implemented.**

How and when will claims and authorizations be transferred to the new ASO?

The transfer of current authorizations and claims files has already begun. MDH is coordinating the transfer between the vendors for both history and open/active through the end of the current contract period.

These files will continue to be transferred in updated increments to ensure all open authorizations and open claims are captured prior to go-live.

Will open authorizations be transferred to Optum or will providers need to obtain additional authorizations from Optum?

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.

New and concurrent requests will be submitted into Optum's portal as of January 1, 2020.

How will uninsured spans be affected by the transition?

Optum has already received and will continue to receive the open authorization file which includes uninsured spans.

Will all claims submitted to Beacon be forwarded to Optum directly?

At the point of the transition, a claims file of all submitted, but non-adjudicated claims from Calendar Year 2019 will be forwarded to Optum. MDH is working with both vendors to ensure a final reconciliation of these claims file post transfer.

Will Optum require that providers include both an Optum Member ID and Medicaid ID for each patient on submitted claims? How will Optum assign Member IDs?

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 once that is assigned to the member when they are added in the iPC Provider Portal.

What is happening with regards to Releases of Information (ROIs)?

1. Should providers collect Release of Information (ROI) for mental health patients as well as SUD service recipients?

All SUD providers or providers treating individuals with a primary diagnosis of SUD **MUST OBTAIN AN UPDATED ROI IMMEDIATELY**, before the new ASO contract begins on January 1, 2020. Data sharing improves clinical decision-making and leads to better outcomes, but 42 CFR, Part 2 requires this level of informed consent so that care coordination can continue on behalf of your patients between the ASO and their Managed Care Organizations. **Even if you have a current ROI on file, a new release will be required before the launch of the new contract.**

2. How should ROI forms be distributed to participants?

Providers are strongly encouraged to obtain ROIs when they see their patients. Participants in the PBHS need to be fully informed by their trusted provider about what they are signing.

There is a rumor that Optum will be mailing ROIs to participants to fill out. This is incorrect. It would be unethical to mail ROI forms directly to participants in the PBHS and is out of compliance with the requirements related to obtaining an informed consent release of information. **ROI forms must be obtained by providers. They will not be mailed to participants in the PBHS.**

3. Does the ROI form submitted to Optum Maryland have to be in the exact formatting provided in the Beacon Health Options Provider Alert sent out on November 7, 2019?

Yes, providers must submit a completed [ROI form](#) in its original format. ROI forms **must be faxed** to Optum at (855)293-5407. Should you have any questions related to the ROI, please contact Karl Steinkraus at Optum Maryland at karl.steinkraus@optum.com. Optum will continue to develop an automated system to replace the fax system after the launch, but you must use the fax number for now.

QUESTIONS FROM OPTUM TRAINING SESSIONS

Appeals and Overpayments:

What will happen to appeals that have not been resolved Beacon before the transition?

Beacon intends to resolve all appeals and complaints prior to December 31, 2019. If Beacon is unable to resolve an appeal before the transition, the unresolved appeals will either be forwarded directly to Optum or a notification letter will be sent to the provider directing them to submit the appeal to Optum.

How should providers handle overpayments that were due to Beacon after January 1, 2020?

Providers should send checks related to overpayments from Beacon to:

Optum Maryland
P.O. Box 30531
Salt Lake City, UT 84130

Will an assigned provider representative from Optum provide communication and assignments prior to January 1, 2020?

Provider communications will be sent from the Optum Provider Alert System. Optum will not have assigned representatives by provider.

Will providers be able to access a full list of providers that are contracted with Optum?

Providers enrolled as Maryland Medicaid providers in the Public Behavioral Health System must also be registered with Optum Maryland. Information on enrolled providers can be accessed using the Optum provider search located on the Optum Maryland website: maryland.optum.com.

