Alaska Behavioral Health Administrative Services Organization - Claims Problem Resolution

Agenda

- Q&A from prior TA calls
- Modifier Sequence for 1115 Waiver SUD Services
- Modifier Examples Do’s and Don’ts
- How to Adjust, Correct, and Void Claims
- Q& A
- Contact the Provider Relations Team

Q & A from prior TA calls

Q) If I already have an Optum ID, do I need a new one?

A) No, you can use the same ID for Optum Alaska Medicaid.

Q) Does AKAIMS connect to Optum for claims submission?

A) Optum and DBH are working on solutions before go-live for a method to allow providers to submit claims to Optum without having to manually enter claims into Provider Express.

There are additional electronic claim submission options:

EDI Support: **1-800-210-8315** or email **ac_edi_ops@uhc.com**

Secure File Transfer Protocol (SFTP) using Optum Intelligent EDI (iEDI): **1-866-367-9778, option 3**

Q & A from prior TA

Q) What are the payment cycles?

A) Electronic Fund Transfers (EDI/835) – Runs on Tuesdays and Saturdays – Claims need to be in “01” status by 8:00 p.m. AKST on Monday and Friday. Payments settle in the providers account on the following Friday (for Tuesdays payments) and Thursday (for Saturdays payments). Status “01” means the claim is ready to be picked up for the next available check run.

Only Paper checks – Runs Tuesday through Saturday. Claims need to be in “01” status by 8:00 p.m. AKST Monday through Friday.

Time for submission – Claims can be submitted 24/7, Optum intakes electronic claims nightly (Mon-Sat @ 9:15 p.m. AKST).

Claims are available in Provider Express. Provider Express does a real-time look-up in Optum’s claim system when a provider searches for a claim. As long as the claim is in the source claim system, it will show on Provider Express. There are 3 statuses displayed: Pending/In Process, Finalized, and Finalized Adjusted.

Q & A from prior TA calls

Q) Where do I send claim attachments?

A) Provider Express Claim Entry and the standard 837P transaction are designed to allow for secondary claim billing. See below for how to submit an Explanation of Benefits (EOB) with a claim to Optum.

Find the Claim ID in Provider Express (this is the Claim ID that Optum assigned) and include the following information on an attachment:

1) Member name, 2) Member date of birth, 3) Member ID, 4) Date of Service, and 5) Claim ID

To submit a claim attachment, send a copy of the claim with the attachment. The mailing address for claims with attachments is:

Optum Alaska
PO Box 30760
Salt Lake City, UT 84130-0760

Modifier Sequence for 1115 Waiver SUD Services

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Provider Billing Notice

In order to ensure correct and timely payment of services, Providers billing the Optum ASO are advised to bill their services using the necessary placement of procedure code modifiers as indicated in this presentation

Purpose of this Information

- This presentation demonstrates the importance of entering the exact sequence of procedure code modifiers when billing 1115 Waiver SUD services to Optum for dates of service on and after 2/1/2020

- Entering procedure code modifiers in the correct sequence is necessary for accurate claim payment amounts by Optum

- Entering procedure code modifiers in any other order may result in claim denials, underpayments and/or overpayments that must be refunded

Modifier Sequence for 1115 Waiver SUD Services

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Monitored Intensive Inpatient Services 3.7	H0009	TF - Intermediate	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Services 4.0	H0009	TG - High Level	V1 - Demonstration			$1,500.00	Daily
Clinically Managed Residential Withdrawal Management	H0010	V1 - Demonstration				$302.25	Daily
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	TG - High Level	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	H0011	V1 - Demonstration				$1,500.00	Daily
Ambulatory Withdrawal Management	H0014	V1 - Demonstration				$30.00	15 Minutes
Intensive Outpatient ASAM 2.1 - Group	H0015	HQ - Group	V1 - Demonstration			$7.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015	HQ - Group	V1 - Demonstration	GT - Telehealth		$7.77	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual	H0015	V1 - Demonstration				$29.61	15 Minutes
Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015	V1 - Demonstration	GT - Telehealth			$29.61	15 Minutes
Intensive Case Management	H0023	V1 - Demonstration				$28.07	15 Minutes
Partial Hospitalization	H0035	V1 - Demonstration				$500.00	Daily
SUD Care Coordination	H0047	V1 - Demonstration				$300.00	Monthly
SUD Care Coordination (Telehealth)	H0047	V1 - Demonstration	GT - Telehealth			$300.00	Monthly
SUD Residential 3.3	Code Pending					$615.94	Daily
SUD Residential 3.5 (Adult)	H0047	TG - High Level	V1 - Demonstration			$455.29	Daily
SUD Residential 3.5 (Adolescent)	H0047	HA - Adolescent	V1 - Demonstration	TF - Intermediate		$498.62	Daily
Community & Recovery Support Services - Group	H2021	HQ - Group	V1 - Demonstration			$5.63	15 Minutes
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V1 - Demonstration	GT - Telehealth		$5.63	15 Minutes
Community & Recovery Support Services - Individual	H2021	V1 - Demonstration				$21.46	15 Minutes
Community & Recovery Support Services - Individual (Telehealth)	H2021	V1 - Demonstration	GT - Telehealth			$21.46	15 Minutes
SUD Residential 3.1 (Adolescent)	H2036	HA - Adolescent	V1 - Demonstration			$348.39	Daily
SUD Residential 3.1 (Adult)	H2036	HF - Substance Abuse	V1 - Demonstration			$400.83	Daily
Treatment Plan Development/Review	T1007	V1 - Demonstration				$135.43	Per Assessment
Treatment Plan Development/Review (Telehealth)	T1007	V1 - Demonstration	GT - Telehealth			$135.43	Per Assessment

Modifier Example #1 for H0009

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Monitored Intensive Inpatient Services 3.7	H0009	TF - Intermediate	V1 - Demonstration			$900.00	Daily
Medically Managed Intensive Inpatient Services 4.0	H0009	TG - High Level	V1 - Demonstration			$1,500.00	Daily

Code H0009 - Optum has the primary modifier listed as TF with $900.00 rate and TG with a $1500.00 rate

- If a Provider sends a claim to Optum with **TG and V1** Modifiers in this order:
  Claim will pay at the $1500.00 rate.

- If a Provider sends a claim to Optum with **TF and V1** Modifiers in this order:
  Claim will pay at the $900.00 rate.

- If a Provider sends claim to Optum with V1 as the primary modifier:
  Claim will deny because V1 is not Optum's primary modifier.

Modifier Example #2 for H0010

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Clinically Managed Residential Withdrawal Management	H0010	V1 - Demonstration				$302.25	Daily
Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010	TG - High Level	V1 - Demonstration			$900.00	Daily

Code H0010 - Optum has the primary modifier listed as V1 with a $302.25 rate and TG with a $900.00 rate

- If a Provider sends a claim to Optum with V1:
  Claim will pay at the $302.25 rate.
- If a Provider sends a claim to Optum with TG and V1:
  Claim will pay at the $900.00 rate.
- If a Provider sends a claim to Optum with V1 and TG:
  Claim will pay at the $302.25 rate. This would be an underpayment for Medically Monitored Inpatient Withdrawal Management.

Modifier Example #3 for H0011

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	**H0011**	V1 - Demonstration				$1,500.00	Daily

Code H0011- Optum has primary modifier listed as V1 (that is also the only modifier expected by the state)

- If a Provider sends a claim to Optum with a V1 Modifier:
  Claim will pay at the $1500.00 rate.

- If a Provider sends claim to Optum with TG and V1 Modifiers:
  Claim will deny because TG is not Optum's primary modifier.

Modifier Example #4 for H0021

Service Title/Description	Service Code	Primary Billed Modifier	Modifier #2	Modifier #3	Modifier #4	Fee	Unit of Measure
Community & Recovery Support Services - Group	H2021	HQ - Group	V1 - Demonstration			$5.63	15 Minutes
Community & Recovery Support Services - Group (Telehealth)	H2021	HQ - Group	V1 - Demonstration	GT - Telehealth		$5.63	15 Minutes
Community & Recovery Support Services - Individual	H2021	V1 - Demonstration				$21.46	15 Minutes
Community & Recovery Support Services - Individual (Telehealth)	H2021	V1 - Demonstration	GT - Telehealth			$21.46	15 Minutes

Code H2021 - Optum has the primary modifier listed as V1 with a $21.46 rate and HQ with a $5.63 rate

- If a Provider sends a claim to Optum with V1:
  Claim will pay at the $21.46 rate.
- If a Provider sends a claim to Optum with HQ and V1:
  Claim will pay at the $5.63 rate.
- If a Provider sends a claim to Optum with V1 and HQ:
  Claim will pay at the $21.46 rate. This would be an over- payment for Community and Recovery Support Services-Group.

Submitting Claim Adjustments and Corrected (or Void) Claims

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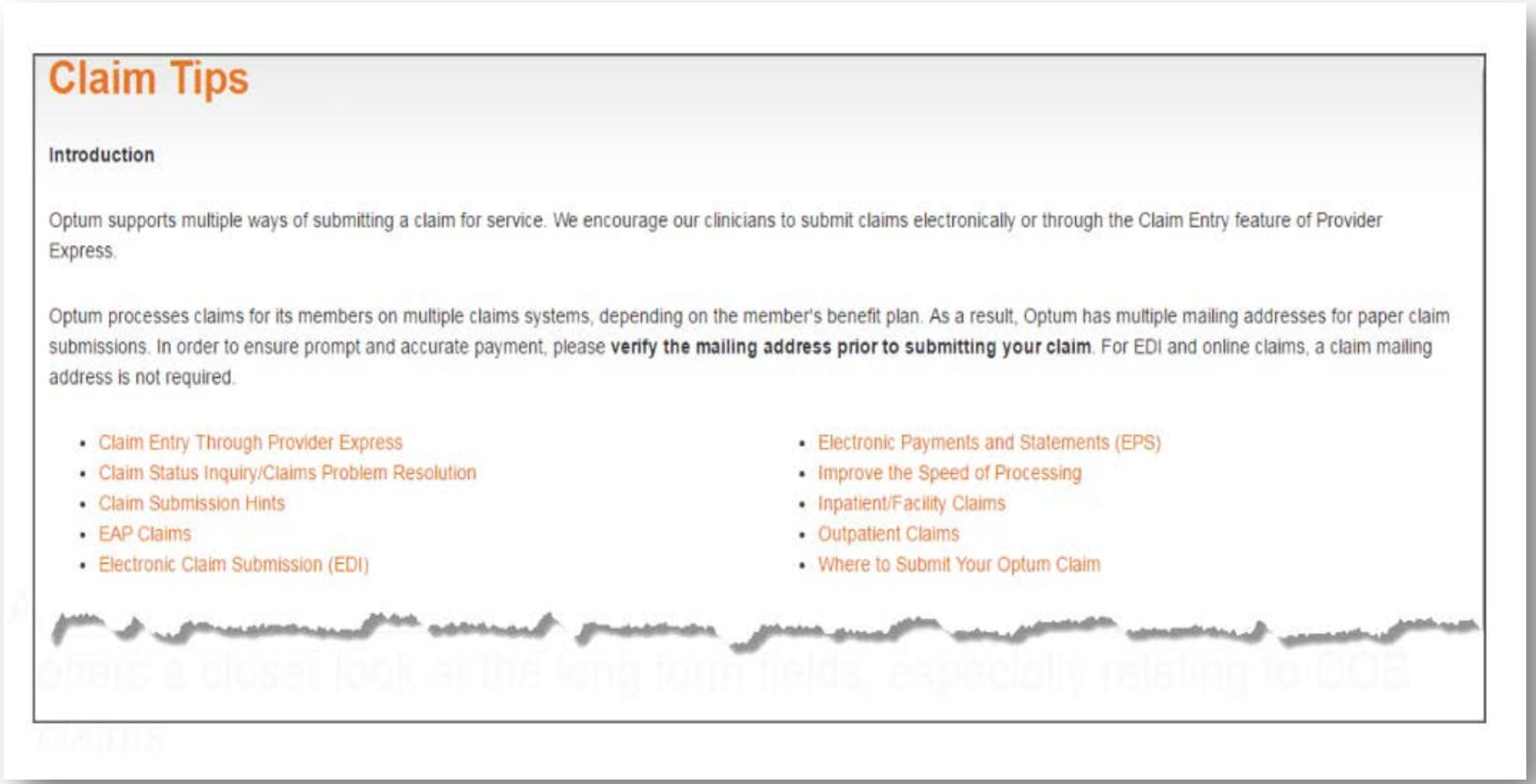
General Claim Assistance



Claim Tips

Introduction

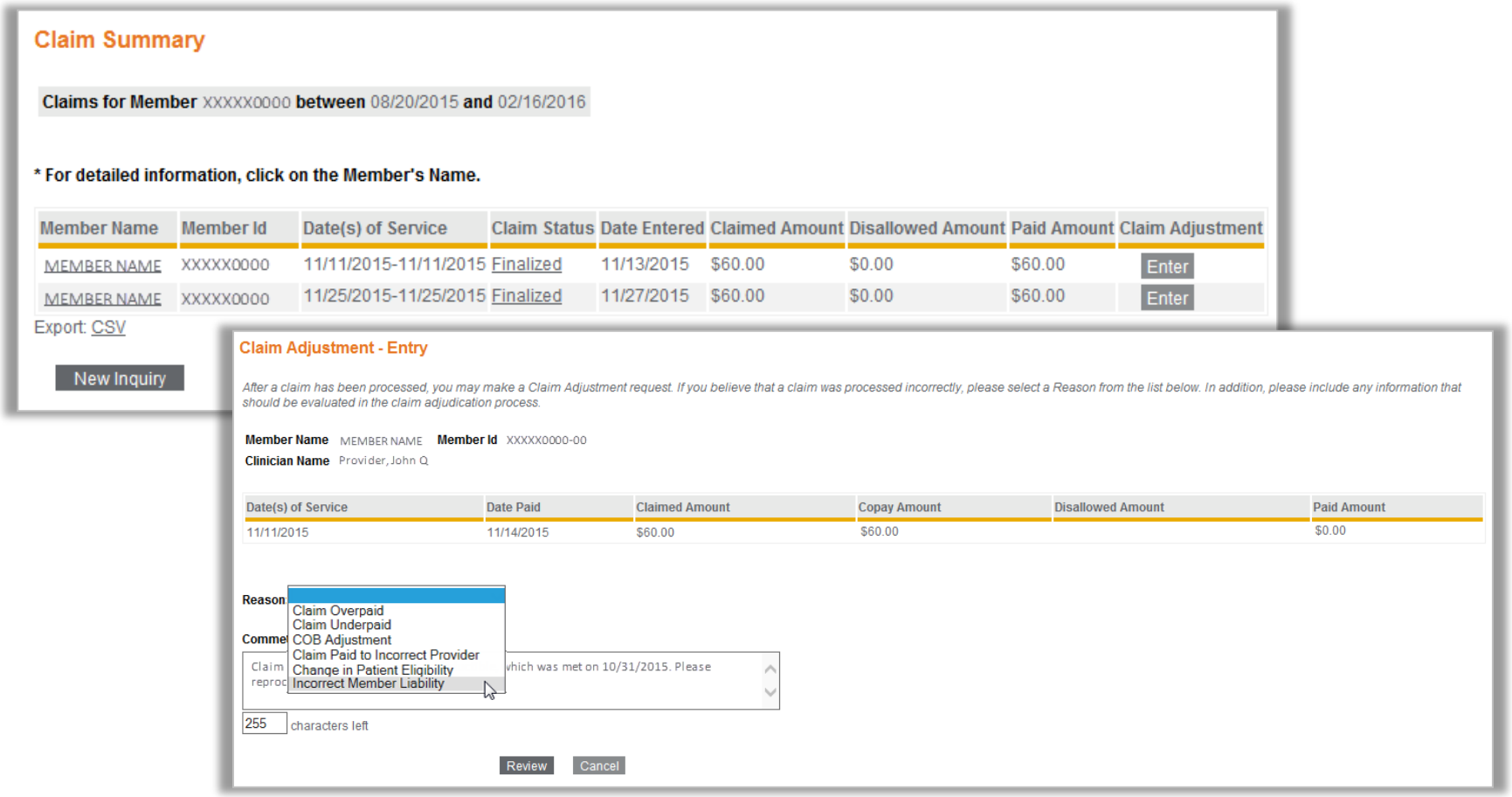
Optum supports multiple ways of submitting a claim for service. We encourage our clinicians to submit claims electronically or through the Claim Entry feature of Provider Express.

Optum processes claims for its members on multiple claims systems, depending on the member's benefit plan. As a result, Optum has multiple mailing addresses for paper claim submissions. In order to ensure prompt and accurate payment, please **verify the mailing address prior to submitting your claim**. For EDI and online claims, a claim mailing address is not required.

- Claim Entry Through Provider Express
- Claim Status Inquiry/Claims Problem Resolution
- Claim Submission Hints
- EAP Claims
- Electronic Claim Submission (EDI)
- Electronic Payments and Statements (EPS)
- Improve the Speed of Processing
- Inpatient/Facility Claims
- Outpatient Claims
- Where to Submit Your Optum Claim

Quickly verify claim status or make adjustments

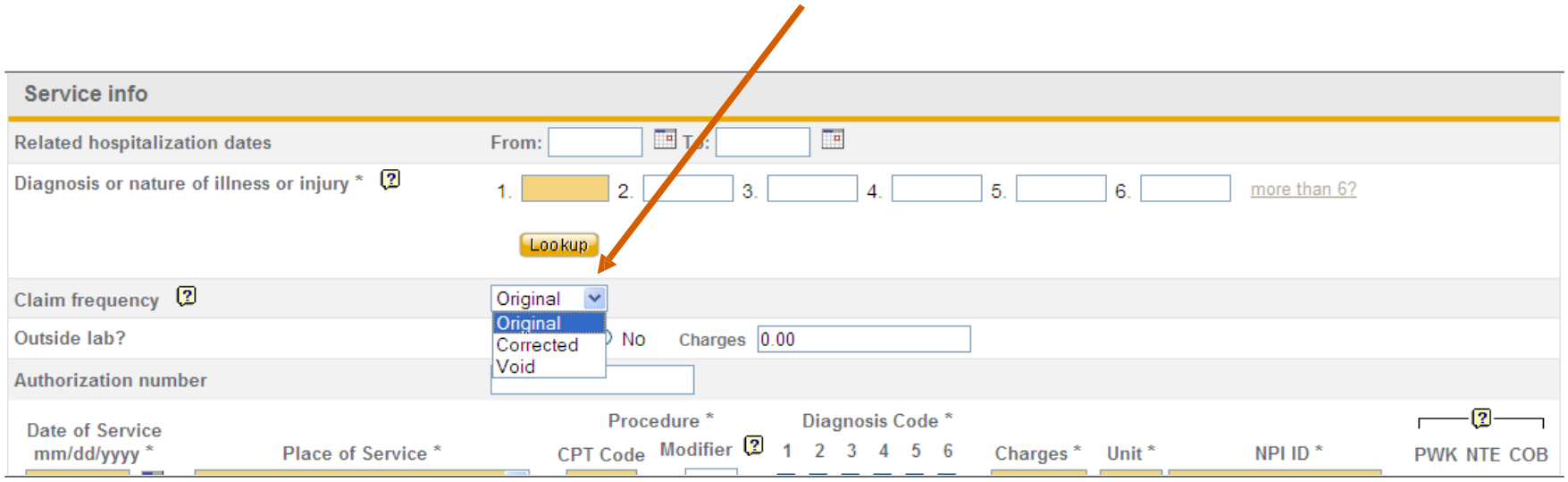
Check the status of your claim on *Provider Express* where you can also submit Claim Adjustment Requests online



Submitting Corrected (or Void) Claims

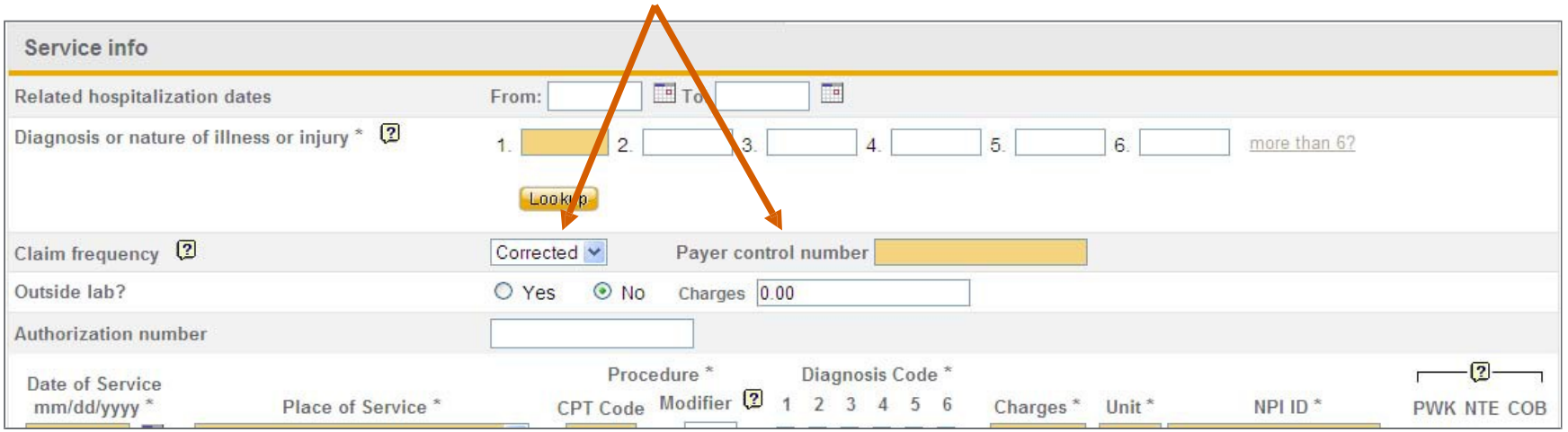
- Regardless of the claim form (short or long), you do have the ability to submit a Corrected or Void claim request as well, when a previously submitted claim had incorrect information on it.

- In the Service info section, the “Claim frequency” code is what is used to determine the type of claim you are filing. Provider Express defaults to "Original" but you can change it to "Corrected" or "Void".



Submitting Corrected (or Void) Claims (cont.)

- As the help icon next to this section indicates:
  - **Claim frequency -** To submit a Corrected or Void claim, you will need to enter the Claim Number found on the claim record in Claim Inquiry. The claim number will also be reported on the paper remittance advice or electronic 835 file. You cannot submit a Corrected or Void claim until a claim number has been assigned.



"Payer control number" = Claim number

When to use the Corrected Claim Option via Claim Entry vs. The Claim Adjustment Request Feature via Claim Inquiry

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Submitting Corrected Claim vs Claim Adjustment

Q: When should I submit a corrected claim via Claim Entry vs an adjustment via Claim Inquiry?

A: Use the following guidelines to help in your decision:

- If the issue with the claim was because of a problem in how it was originally filed by the provider/group that now needs to be corrected, submit a corrected claim via Claim Entry

  e.g., filing an incorrect procedure code; forgetting a modifier

- If the issue with the claim was because of an alleged problem in how Optum processed it, submit an adjustment request via Claim Inquiry

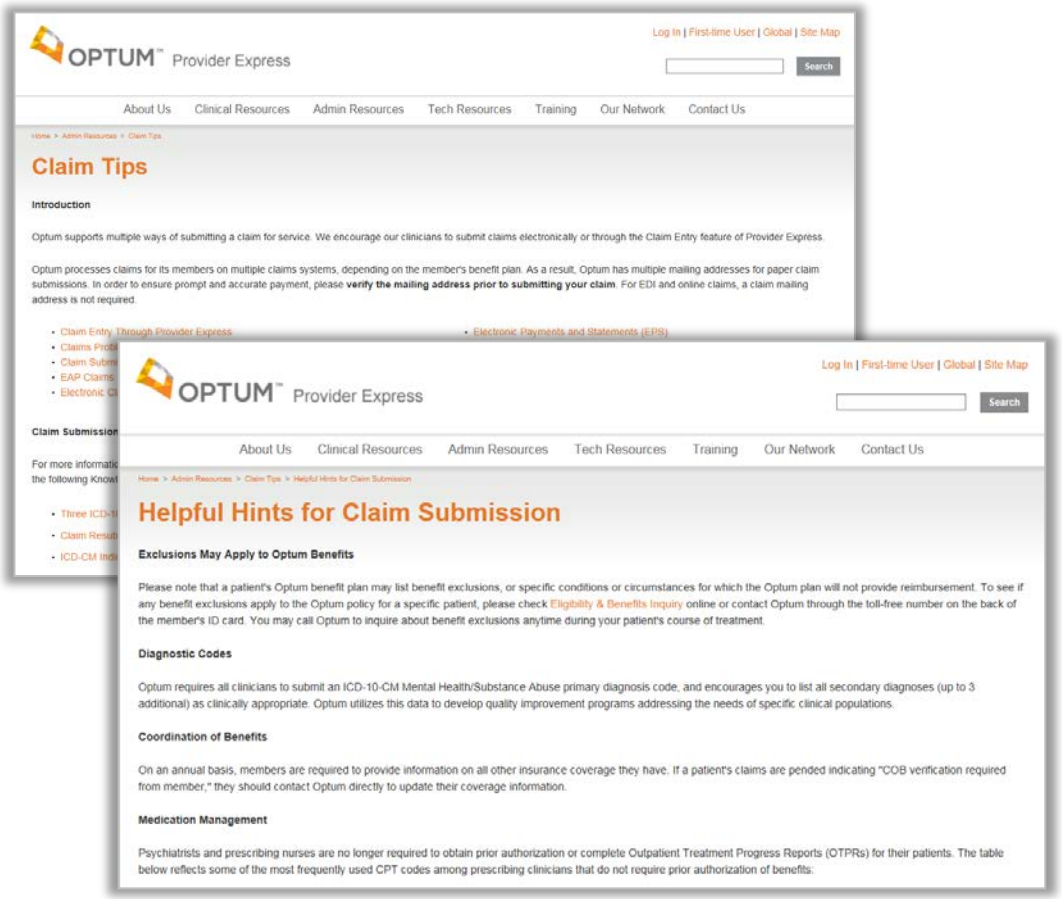
  e.g., processing against member's deductible when it was already met; noting an auth was required when there is an auth on file

(Please reference the **Guided Tour** video titled:
"**Claim Inquiry and Claim Adjustment Request**" for additional information)

Additional handy claim tips

Visit *Provider Express* for additional information on preventing common claim errors.

Claim Tips Link

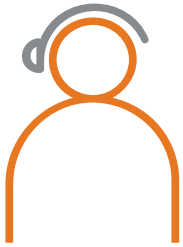


Let’s Talk

The Provider Relations Team is here to help

As a new Provider to Optum, the Alaska Provider Relations Team is your local guide to Navigating Optum.

The AK Provider Relations Team can:	The Optum AK Provider Relations Team:
• Act as your Optum liaison • Answer important questions • Facilitate ongoing process improvements • Keep you abreast of changes that impact your practice • Provider useful tools and resources	Lisa Brown: **1-763-797-2092** Lorraine Afe Vaoita Puletapuai Email: **akmedicaid@optum.com** Fax: **1-844-881-0959**



Thank you

Optum Behavioral Health Team

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