



AAHAM Meeting

Office of Medicaid Provider Services &
Office of Long Term Services & Supports

March 25, 2022



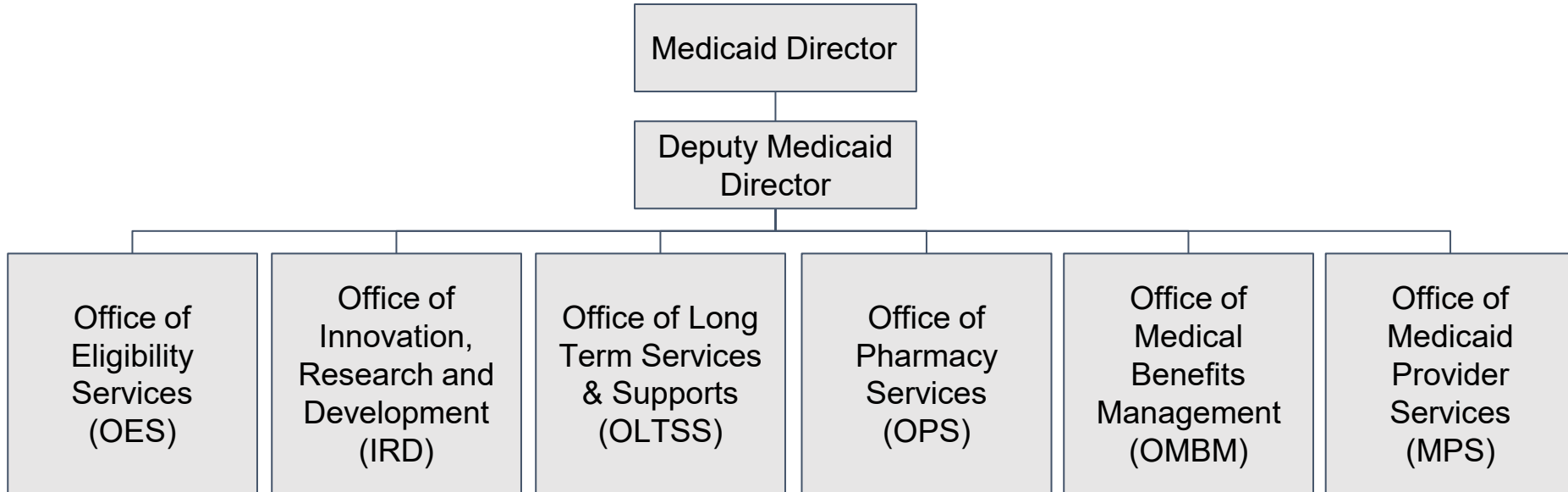
Agenda

1. Introductions
2. Medicaid Organization/Responsibilities
3. MDH security incident impact on operations
4. Utilization Control Agent
5. Institutional Provider Relations
6. Other items and questions
 - Federal PERM Audit - Medical Record Requests

Introductions

- **Jason Higgins**, Utilization Control Manager - Office of Long Term Services and Supports
 - Contract Monitor for Telligen, inc.
 - Medical Necessity, Eligibility, & Emergent Services Determinations
- **Molly Marra**, Director - Office of Medicaid Provider Services
 - Oversee four major teams within Medicaid:
 - Provider Enrollment
 - Provider Relations
 - Provider Policy & Compliance
 - LTSS*Maryland* Program Office

Medicaid Organization



MDH Security Incident

- The Maryland Department of Health (MDH) experienced a service disruption on December 4th as a result of a network security incident.
- While the incident did not impact many of the core eligibility and payment systems, such as the Maryland Health Connection (MHC), Eligibility & Enrollment (E&E) or MMIS, or vendor systems (Telligen, ePREP, LTSSMaryland, etc.), it did impact Medicaid staff's ability to access many of those systems.
- Overall, claims payment generally NOT impacted by security incident.
 - However, X02/X03 eligibility and payment processing was impacted.

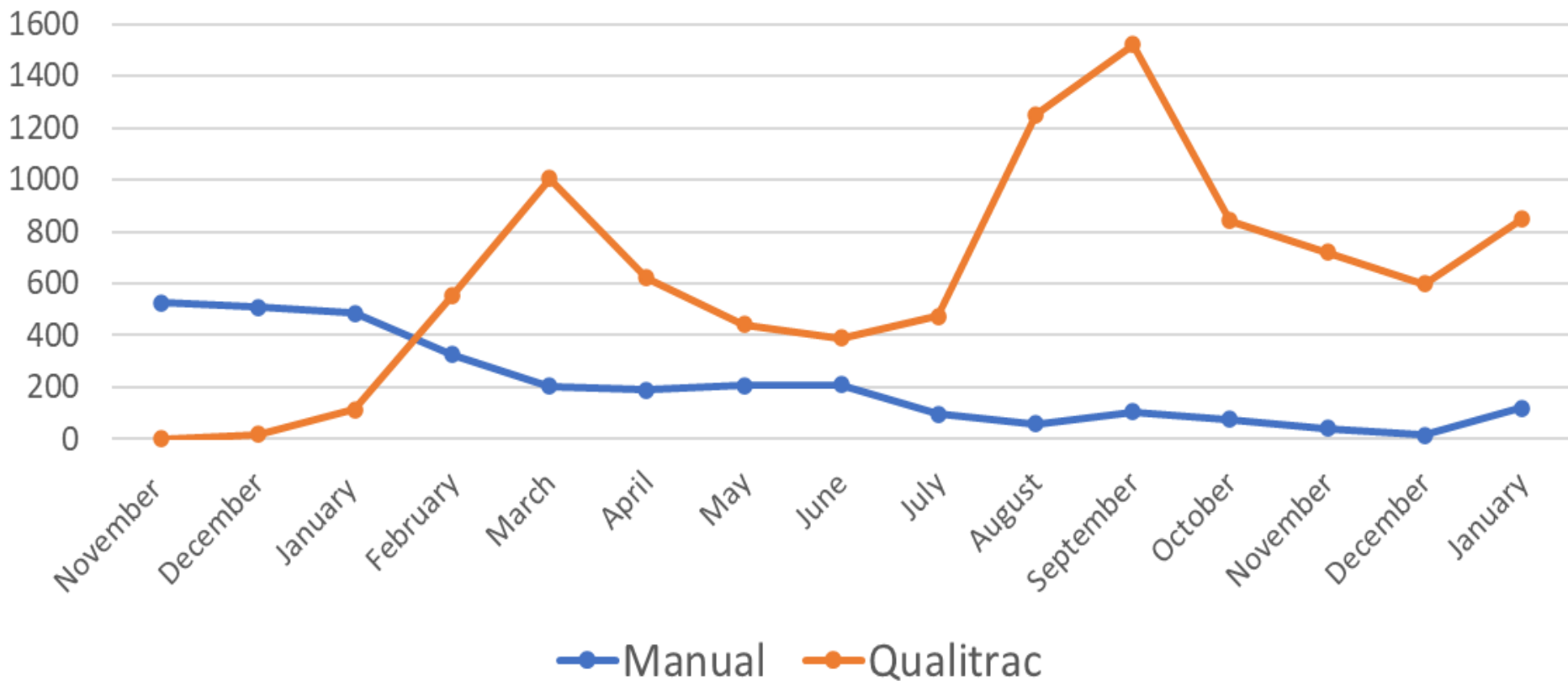
UCA - Background (X02)

- Before November, 2020 completed “offline” (fax, mail, and email)
 - The LDSS or LHD sent a package of to Telligen for review.
 - DES 401 form + medical documents
 - Telligen would review and return a medical review outcomes report to MDH to finalize MA coverage determination.
 - Coverage group X02 only

UCA - Process Change (X02/X03)

- After November 2020, two changes took place:
 1. The X02/X03 Application Process Changed
 - a. “X02” - Shift from CARES to Eligibility & Enrollment (E&E) for 65+ years old
 - b. “X03” - Maryland Health Connection (MHC) for under 65 years old
 - c. Local office no longer retaining medical documents
 2. Requests for Medical Reviews Entered in Qualitrac
 - a. Electronic provider portal
 - b. Retains medical documents

X02/X03 Reviews by Submission Source (November 2020 to January 2022)



UCA - Efficiency and Qualitrac Access

- Qualitrac is a provider-based web portal.
 - Providers create profiles for their companies so their staff can submit utilization review requests directly to Telligen.
 - Each request gets an ID and the submission process is standardized where both parties receive notifications of progress or any needs.
 - The requests can be looked up and viewed at any time there for status.
- Qualitrac Registration: <https://telligenmd.qualitrac.com/>
- Qualitrac Training Materials: <https://telligenmd.qualitrac.com/education-training/>

Institutional Provider Relations

- Front-end customer service/liaison services between the Maryland Department of Health (MDH) and the participating providers, institutions/facilities, stakeholders and internal MDH administrations.
- Staff work with stakeholders to assist with investigation, resolution and response regarding payment related issues as a result of eligibility (recipient/provider) and billing errors:
 - Status of submitted claims
 - Assistance with resolution of problem claims
 - Education on billing procedures
 - Recipient eligibility (limited)
 - Coding (limited)
 - Problem claims review for consideration of payment

Institutional Provider Relations

- This team within the Office of Medicaid Provider Services manages the following tasks:
 - Call Center - Receive and return calls ~3.5 days/week
 - Review and process claims beyond statute (>365 days) - “problem claims”*
 - Hospital claims, including X02/X03 claims
 - Long term care
 - Dialysis
 - Hospice
 - Home Health, and other institutional providers

* We are not the Claims Processing Unit for Medicaid - that is a sister unit outside of Medicaid Provider Services.

Institutional Provider Relations

- How to reach us?
 - Leave a message for a call back that day or following business day at: 410-767-5503 option 3 or 410-767-5457
 - Normal business hours:
 - Monday 8:30 AM - 12 PM
 - Tuesday, Wednesday, and Friday 8:30 AM - 4 PM
- Where to send claims for Institutional Provider Relations?
 - Institutional - Provider Relations (UB04)
PO Box 22751
Baltimore, MD 21203

Other items - Federal PERM Audit

- The Federal Payment Error Rate Measurement (PERM) Audit is now underway in Maryland - managed by the Centers for Medicare & Medicaid Services (CMS).
- Any providers paid between 7/1/21-6/31/22 are subject to be part of the Medical Record Review (MRR) sample.
- You may receive a PERM Medical Record Request (MRR) letter asking for documentation of services furnished to Medicaid participants.
- Please direct questions about the PERM MRR letters to the PERM Review Contractor (on letter). The letters will also contain contact information for Maryland's PERM representative who is on my Office of Medicaid Provider Services team.

Questions?

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Molly Marra

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