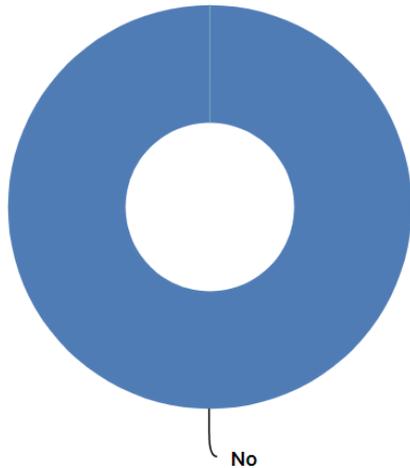


ASO Performance Survey

Feedback from CBH Members | July 13, 2020



Between July 9 and 10, 2020, CBH surveyed its members for feedback on ASO performance. Responses were received from 49 of our 60 members operating in the public behavioral health system, a response rate of 82%. The 49 respondents collectively hold 176 licenses to deliver services across 20 different provider types in the public behavioral health system.



100% believe Optum's current performance will damage their ability to function.

Q: Based on my experience with Optum's provider relations and Incedo performance, I believe Optum can successfully function without damaging my organization's clinical and financial performance.

Covered Services

Survey respondents reported their experiences on the following range of PBHS services that they offer:

1. Outpatient mental health clinics and group practices;
2. Outpatient substance-related services including: DUI education programs, Level 0.5 early intervention programs; Level 1 outpatient treatment programs, Level 2.1 intensive outpatient treatment programs, Level 2.5 partial hospitalization programs; opioid treatment services; and withdrawal management services;
3. Specialty mental health services: psychiatric rehabilitation programs (PRP), psychiatric day treatment programs, supported employment programs, mobile treatment or Assertive Community Treatment (ACT), capitation program, therapeutic behavior services (TBS), targeted case management (TCM), and 1915(i);
4. Residential mental health services, including residential treatment centers (RTCs), respite, residential crisis services, and residential rehabilitation programs.

Average Respondent Profile

The average respondent to CBH's ASO survey:

- Has been in operation for 47 years.
- Receives \$9.8 million annually in revenue from the public behavioral health system.
- Operates in three counties.
- Holds licenses for 3+ provider types, although 28% hold licenses for 5 or more provider types.

CBH members are the backbones of their communities, where they have existed for years serving Maryland's most vulnerable residents. Respondents include:

- Community affiliates for hospital systems including University of Maryland and Sheppard Pratt.
- Local health departments like Wicomico County.
- Known anchors of their communities like Catholic Charities, Cornerstone Montgomery, Lower Shore Clinic, Upper Bay Counseling & Support Services, Arundel Lodge and over 40 others.

Clarity of Standards & Response

ASO Performance Survey | July 13, 2020



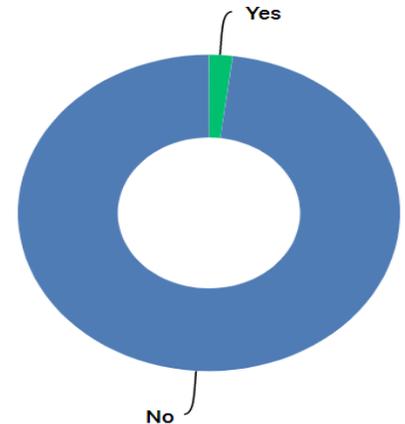
98% report trainings leave providers without clear guidance or answers

Q: Training offered by Optum offers clear, consistent guidance and answers my questions.

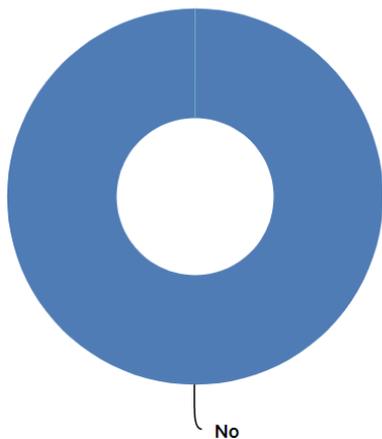
What Providers Are Saying, July 8, 2020:

“I have attached the new discharge instructions that came out late today. Ironically, **Optum changed the process just after hosting a training for over 100 providers earlier today on the old process.**”

Dr. Larry Epp, Sheppard Pratt



100% report call center responses are not correct



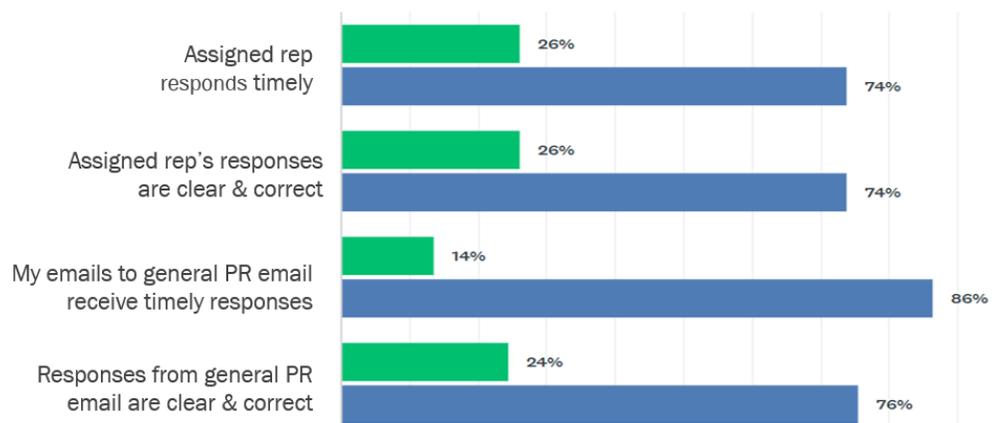
Q: Call center response is clear and correct.

What Providers Are Saying, July 9, 2020:

“This evening we received a voicemail [from Optum]. ... it said she was calling regarding a claim denial and for us to call back. I have no reference number, no identifying info and I am very certain when I call back tomorrow nobody will know why I am calling. **It seems that they are calling to just be able to log in their system that they have reached out to us.** Earlier this week I was refused a reference number when I asked for one.”

Grace Sprankle, Mental Health Center of Western Maryland

Super-majorities are not getting timely or correct response from any provider contacts



Barriers by Provider Type

ASO Performance Survey | July 13, 2020



Residential and crisis mental health services

What Providers Are Saying, July 11, 2020:

“Requests for crisis authorizations can be approved the next day or as long as two weeks. **Am I supposed to wait two weeks before delivering a crisis service?**”

Elizabeth Hymel, Thrive Behavioral Health

A majority of residential and crisis providers across every provider type has no confidence in their ability to get paid.

Residential Mental Health	Set-up barrier to submitting auths & claims	Auth workflow is NOT functional at level needed to support my operations	Claims workflow is NOT functional at level needed to support my operations	I do not have confidence in Incedo's ability to process claims
Respite care **	25%	50%	50%	75%
Residential crisis service **	17%	67%	50%	83%
Residential rehabilitation program	0%	41%	50%	59%
Residential treatment center	0%	0%	100%	100%

** Provider type to be reconfigured by Optum per email of July 8. No info on timing and payment impact shared with providers.

What Providers Are Saying, July 11, 2020:

“We are seeing slow claims processing and peculiar denials across all service types. We cannot get 835s, so **we cannot verify that this absolutely essential part of the claims system is working.** Plus, provider relations have been unresponsive to questions about claims issues. There isn't enough time between July 1 and the cessation of estimated payments on July 16 to know if that part of Optum's system is working for post-July 1 claims. ”

Susan Wilkhoff, Cornerstone Montgomery

What Providers Are Saying, July 11, 2020:

“Optum has indicated that providers must have each service location in Incedo, and the location used on the authorization and claim must match where the client received services. **After months of effort to comply and get our sites to their system, we were suddenly told on June 26 that we no longer need to have our sites in their system** and can submit all auths and claims for Maryland services using our DC address. Yet their guidance to providers continues to state that auth requests and claims need to map to the service site. Why impose such complex rules on providers if they don't need to be followed?”

Joanie Clement, La Clinica del Pueblo

Barriers by Provider Type

ASO Performance Survey | July 13, 2020



Outpatient mental health and substance use-related services

What Providers Are Saying, July 10, 2020:

“I don't know if we are set up for gambling. When I called Provider Relations, **they didn't have a clue about the gambling program and kept telling me that there was no such program.** I have sent three emails to my provider rep, and she **has not returned any of my emails** or called me.

Theresa Wright, Upper Bay Counseling & Support Services

Simpler billing rules and provider types means that outpatient SUD treatment is, in general, functioning better than MH types.

Outpatient Behavioral Health Treatment	Set-up barrier to submitting auths & claims	Auth workflow is NOT functional at level needed to support my operations	Claims workflow is NOT functional at level needed to support my operations	I do not have confidence in Optum's ability to process claims
Mental health licensed programs				
Outpatient mental health clinic	12%	59%	62%	59%
Group practice	0%	0%	33%	67%
Federally qualified health center	0%	0%	100%	100%
SUD licensed programs				
Level 1 outpatient treatment	0%	10%	30%	30%
Level 2.1 intensive outpatient treatment	14%	14%	29%	43%
Level 2.5 partial hospitalization program	0%	0%	100%	100%
Opioid treatment service	0%	0%	0%	0%
Withdrawal management service	0%	100%	100%	100%
Gambling program **	100%	100%	100%	100%

** Provider type remains to be configured by Optum. No info on timing and payment impact shared with providers.

What Providers Are Saying, July 10, 2020:

“Authorizations now take 60 minutes to complete due to the additional information required. ... When the 800 number is called, they tell us, ‘Oh that is a good question, please send it to Provider Relations.’ This is not helpful and not good customer service. **We expect better after six months of this contract being in place.**”

Maxine Klane, University of Maryland

What Providers Are Saying, July 10, 2020:

“Optum just denied our claims, saying that we are not allowed to bill for medication management and therapy on the same day, but that is not what the combination-of-service rules say. **After multiple phone calls, Optum agreed to reprocess the claims in accordance with their current policy.**”

Charmaine Nalty, Therapeutic Living for Families

Barriers by Provider Type

ASO Performance Survey | July 13, 2020



Specialty mental health services

What Providers Are Saying, July 9, 2020:

“We bill \$400,000 every week. On July 6, \$113,000 of our claims were rejected in error by Optum. **No provider can stay in business with 28% of their claims denied.**”

Elizabeth Hymel, Thrive Behavioral Health

Half to two-thirds of specialty mental health provider types have no confidence in their ability to get paid.

Specialty Mental Health	Set-up barrier to submitting auths & claims	Auth workflow is NOT functional at level needed to support my operations	Claims workflow is NOT functional at level needed to support my operations	I do not have confidence in Incedo's ability to process claims
Psychiatric rehabilitation program	3%	41%	59%	65%
Supported employment program	0%	67%	47%	67%
Mobile treatment service or ACT	0%	46%	62%	62%
1915(i) program for at-risk children	25%	25%	25%	50%
Therapeutic behavior service **	0%	50%	50%	50%
Targeted case management	8%	58%	67%	67%
Capitation program **	0%	100%	100%	100%

** Provider type remains to be configured by Optum. No info on timing and payment impact shared with providers.

What Providers Are Saying, July 10, 2020:

“My login doesn’t work and **I haven’t been able to get any help from them** (someone did call me but hasn’t responded to the available times I left when I called back). My login used to work fine. It’s not a password problem — it says my login is not valid.”

Gabrielle Patton, Family Service Foundation

What Providers Are Saying, July 11, 2020:

“The absence of claims acknowledgement created multiple batches of claims falling into a black hole, and the inability to match the 999 files with the 837 files makes volume based service types impossible to manage without functioning 835 files. The inability to manage PRP/RRP encounter data with monthly Case Rates has caused all submissions to be placed in a pended status which would delay processing and payments of our second largest product type. **Lower volume services could minimally manage with current system limitations, but our two high volume provider types (PR & MT) are impossible to manage as of today.**”

Kevin Greoski, People Encouraging People

Barriers by Provider Type

ASO Performance Survey | July 13, 2020



What Providers Are Saying, July 10, 2020:

“Optum was not at all responsive when we were trying to get accommodations for our deaf staff to do their live trainings. **No response to Rox’s multiple emails asking if they could provide closed captioning or give us direction on how to include our own interpreters.**” *Gabrielle Patton, Family Service Foundation*

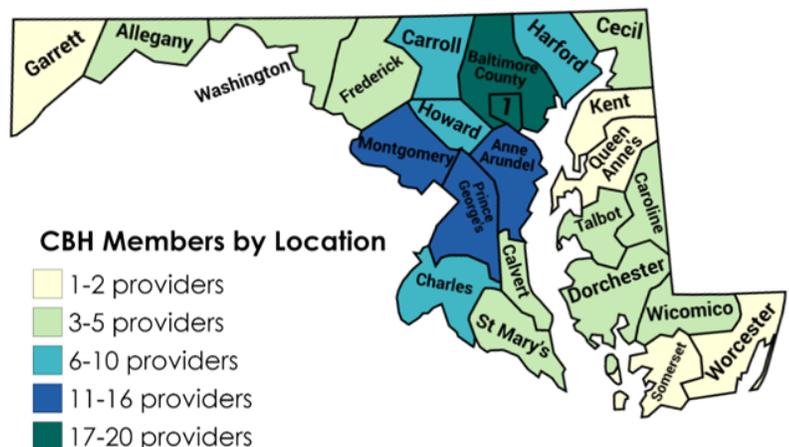
What Providers Are Saying, July 10, 2020:

“The Incedo Portal is overly complex and the recent flurry of changes to policy have been confusing to staff and supervisors. ... The Incedo System urgently needs to be simplified. It has evolved into a burden on providers instead of an efficient and thoughtful system to approve services, understand utilization, and report on outcomes. **The tragic aspect of this system is that if an effective and well designed system were selected, this could have improved the system of care for clients.** The state should have sought an outcome informed system with sophisticated data analytics that could have provided guidance to providers and policy makers on who in our system is not faring well and whose costs need to be better managed to conserve resources. We instead chose a **system that is sapping energy that could have gone into the treatment of our clients.**”

About Us

The Community Behavioral Health Association of Maryland (CBH) seeks to improve the quality of behavioral health care and access to treatment.

We represent 60 organizations working the public behavioral health system. They encompass over 750 service sites, 180,000 individuals served and 13,000 employees.



Join Us



Our peer-to-peer learning communities tackle measurement-based care, opening Maryland’s commercial market to behavioral health providers, HR in a COVID world, and providers’ needs in the face of a difficult ASO transition. Be part of the solution: <http://mdcbh.org/join>

Advocate ● Educate ● Affiliate