Optum | United Healthcare Community Plan

Provider Notification

Reminder – Traditional Medicare Should be Billed for Certain Services Provided by MFTs, MHCs and IOPs

Claims submitted to Medicaid plans for dually eligible beneficiaries will be denied beginning May 1, 2024

Effective **Jan. 1, 2024**, Traditional Medicare should be billed as the primary (first) payer for certain behavioral health services, as outlined in the Dec. 14, 2023 informational bulletin issued by The Centers for Medicare and Medicaid Services (CMS). This applies to claims that meet the following criteria:

- For beneficiaries enrolled in both Medicare and Medicaid/UnitedHealthcare Community Plan of Virginia health plans (dually eligible beneficiaries)
- Rendered by Marriage & Family Therapists (MFTs), Mental Health Counselors (MHCs) or Intensive Outpatient Programs (IOPs)
  - IOP services may be furnished by hospital outpatient departments, community mental health centers (CMHC), rural health clinics (RHC), federally qualified health centers (FQHC), or opioid treatment programs (OTP)

The Centers for Medicare and Medicaid Services (CMS) announced this change last December as part of its 2024 Medicare Advantage Final Rule. The Final Rule increases oversight of Medicare Advantage plans and seeks to better align Medicare Advantage coverage with Traditional Medicare.

Action Needed – Transition period for claim submissions ends April 30

To ensure you are paid for services rendered to dually eligible beneficiaries, please adjust your billing processes to ensure claims for **dates of service on or after May 1, 2024 are submitted to Traditional Medicare** as the primary payer.

- **Note:** You must be enrolled in Traditional Medicare and have a Medicare Identification Number in order to be reimbursed. If you haven't done so already, please complete your enrollment now.

What happens if claims are incorrectly submitted?
The Virginia Department of Medical Assistance Services (DMAS) has outlined how claims and reimbursement will be handled beginning in May:

- **If claims are sent to UnitedHealthcare as primary payer**
  UnitedHealthcare Community Plan of Virginia must deny claims and direct providers to seek reimbursement from Traditional Medicare.

- **If the provider wants the claim considered for secondary benefits**
  Once Traditional Medicare has processed the initial claim, providers may submit a claim to UnitedHealthcare Community Plan of Virginia. The submission should include a copy of the Explanation of Benefits that shows the reimbursement details. UnitedHealthcare will then review the claim and determine if it is eligible for secondary benefits.

- **If a provider has received payment from UnitedHealthcare instead of Traditional Medicare**
  UnitedHealthcare Community Plan of Virginia is required to recover any payment made for claims that should have been reimbursed by Traditional Medicare.
  - Payments will be reviewed for date(s) of service from Jan. 1, 2024 through April 30, 2024
  - This payment review and recovery will occur from May 1, 2024 through June 30, 2024

Note: Claims for services provided to Medicare Advantage members who are not dually eligible are not impacted by these changes. These changes only affect providers who are billing Traditional Medicare for claims that meet the criteria noted above.

Questions?
CMS has released Frequently Asked Questions that provide additional information about these changes. You may also contact the Optum Provider Services line at 877-614-0484.