



**BHA/MA/Beacon Health Options, Inc.
Provider Quality Committee Agenda**

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, July 8, 2016
10:00 am to 11:30 am**

In attendance:

Telephonically:

| Topics & Discussion | Follow-Up Actions |
|---|--------------------------|
| <p>Minutes – Review for Approval</p> <p>BHA Update</p> <p>CCBHC Update:</p> <p>Medicaid Update</p> <p>Beacon Health Options Update</p> | |

Questions

Provider Questions:

- 1. It has been discussed that diagnosis code R69 would be added to the Beacon Health Options system in order to request authorizations and submit claims. It has also been discussed that the Beacon Health Options system was being corrected and Beacon Health Options would be paying claims that had been previously submitted (and denied) by providers without any intervention from the providers. As of our latest check from Beacon Health Options dated 6/28/16, all claims with diagnosis code R69 were reprocessed but were DENIED due to "no authorization on file". Of course, there is not an authorization on file, because we were unable to obtain authorizations for R69 diagnosis code. Have these claims been re-processed correctly? Will we be able to request authorizations for diagnosis code R69?**
- 2. In May, Beacon indicated that it would be scheduling additional DLA-20 trainings. Are new dates available? If not, when do you anticipate that new training dates will be available?**
- 3. What services are required to use the DLA-20? When will it be required? Are these requirements and timeframes spelled out in a provider alert or other policy communication?**
- 4. Some providers have been told that the 20 scores from the DLA-20 results have to be entered on every auth, even though the test is only administered every 6 months. As the automated process for the DLA-20 is designed, it would be helpful to limit reporting of the scores to only the times that a new assessment is conducted. Can you clarify the requirements and process around entry of this data?**
- 5. COMAR 10.21.29.05 A(1)(a)(i) required that a licensed mental health professional sign PRP referrals for children. In addition, [MHA policy](#) (June 10, 2008 provider letter) required such referrals for adults and for continued stay in PRP. This provision is no longer included in the new regulations. Are referrals signed by licensed mental health professionals no longer required for admission to PRP?**