

Date Addressed	Describe Issue	Responsible Party	Owner	Projected Resolution Date	Status	Issue Notes	Open Item to be Resolved
9/9/2016	R-69 Code Modifications Update. At the July 8th Provider Council, you agreed to further explore options for modifying the use of R-69 code in order to prevent conflicting diagnostic coding. Can you provide an update on policy and operational changes evaluated and your timeline for resolving the issue?	Beacon	Karl Steinkraus	11/1/2016	Open	R69 is an ICD10 code for billing and clarified that in Beacon's ProviderConnect system, we use DSM5 for the diagnosis. Beacon will be reviewing the DSM-V equivalent of the ICD-10 code, R69. We will review this internally and get back to the provider community with a solution.	
9/9/2016	DSM/ICD-10 Alignment. According to the American Psychiatric Association, on October 1, 2016, the ICD-10 will be updated. The new version adopts the terminology and diagnostic codes of the DSM-5. How and when will this update be implemented in Maryland?	Beacon	Karl Steinkraus		Open	Beacon had a meeting with Medicaid yesterday and an update will be coming out soon.	
10/14/2016	In this week's information about Re-Bundling, only Community based programs were discussed. I did not see any language that confirms that, after March 2017, Hospital based Methadone Maintenance Programs will also bill Individual charge and group charge separately from the weekly meth maintenance charge. Please comment.				Open		
10/14/2016	Our hospital has 3 treatment facilities. 2 Prov Type 32's, and 1 Prov Type 50. The Prov 32's offer Methadone, The Prov 50 Does IOP and OP services. How will Re-bundling affect us?				Open		

10/14/2016	Supported employment is a problem because when you go to enter an Auth that builds on a previous Auth, example, - client was Auth for pre-placement in 2015 before we had to have a separate NPI number the Auth for placement and extended services defaults and we can't change NPI choice. What do we do (Steve? & Beacon?)				Open		
10/14/2016	Is there a data reporting source, such as Intelligence Connect, that would allow an LAA to obtain CURRENT statistics for their jurisdiction such as # of consumers in their jurisdiction enrolled in Methadone treatment, etc.?				Open		
10/14/2016	When can we expect to see a Provider Alert with details regarding authorizations under re-bundled world? Will one authorization cover all counseling services over 26 weeks?				Open		

10/14/2016	Please give the email for the Mismatch NPI issues.				Open		
10/14/2016	<p>Our location has the correct NPI, however during the Concurrent Authorization request the agreement page has an incorrect address, the Vendor address page where we select our address is correct. The page that we select our NPI from the drop down, that NPI does not auto pop in the Vendor NPI field during the authorization process. I have to save the Concurrent as a draft, then go back into the Concurrent request, select the NPI from the dropdown again then the correct NPI shows in the NPI field. Once the Auth is approved the incorrect address is on the approval. The address is different the physical address of the facility. The address that shows is the one that appeared on the agreement</p>				Open		

10/14/2016	As a private practitioner I give injections of Vivitrol and long-acting antipsychotic medications. Both treatments are well-established, efficacious, and evidence-based. You reimburse OPMHC's for this service (96372) but not office-based physicians. This seems quite counter-intuitive as you want to maximize interventions that delay recurrence of illness. The issue could be simply fixed by including 96372 in the physician fee schedule. I would appreciate your addressing this at the next Provider Council Meeting, which I am unfortunately unable to attend.				Open		
10/14/2016	If an organization is already CARF accredited and has Deem Status, they must submit a new application for licensure under the new regulations correct?				Open		
10/14/2016	Once a program is licensed under the new regulations, none of the COMAR 10.21 regulations are applicable to them, correct?				Open		
10/14/2016	Can we get an update on the DLA-20 process?				Open		

10/14/2016	<p>Unfortunately I will not be able to participate in this phone call. I have a questions regarding the provider alert that was sent out last week regarding accreditation-based license. Below is the text of the email that I sent to BHA Regulations in italics. They have not responded. "We just received the provider alert. We are accredited. The provider alert states "For updates on this transition, including the application process steps for an accreditation-based license and timeline of effective dates, please visit the Behavioral Health Administration's Accreditation website, http://bha.dhmm.maryland.gov/Pages/Accreditation-Information.aspx. The BHA site has a post with the message for those organizations that are accredited: "Step 2: Apply for licensure through OHCQ (based on type of accreditation), using the approved application and submitting all required information – it is anticipated this step may take up to 3 months." Upon visiting the OHCQ site there are no forms for Outpatient Behavioral Health. There is one for Ambulatory care but there is not a behavioral health category. Please advise.</p>				Open		
10/14/2016	<p>At last month's meeting, several providers reported that the July 1, 2016, multiple CBH members are reported that rate increases did not consistently occur for employment, crisis, ACT and child respite services. Can you provide any updates on ensuring that the FY17 rates are loaded and processing correctly?</p>				Open		
10/14/2016	<p>. In an alert dated September 29, Beacon outlined the timeline for obtaining licensure under the new regulations. It is not clear what needs to be done for an agency that is already accredited. For a provider whose programs are already accredited, verified and checked by both OHCQ and Medicaid, is the Provider Alert saying that these providers will have to reapply again through OHCQ and Medicaid Enrollment? If so, could there be a separate process for registering (not applying) as an already accredited program so that we can use our current NPI numbers, OHCQ registration numbers, MA provider numbers. It seems extremely burdensome and resource-draining for both the State and for large agencies with multiple sites to have to reapply for all programs all over again.</p>				Open		

10/14/2016	A Provider Alert dated October 7 indicates that supported employment providers must have an approval certificate from OHCQ for each site, as well as a Medicaid application specific to the SE program. Until recent conversations and this clarifying alert, this has never previously been expected for SE programs, and few providers are in compliance. Multiple members report that it can take two months or more to complete this process. Can BHA/DHMH request an expedited process for providers already providing this service or suggest an interim process to avoid disruptions in service and claims denials?				Open		
9/9/2016	Report Back on Question Resolution. Earlier this year, the Provider Council stopped circulating the question resolution spreadsheet. Multiple members have raised concerns that questions may not be fully resolved in one month, and aren't carried over for further follow up. Could better processes be put in place to ensure providers' questions are fully resolved?	Beacon	Stephanie Clark	10/14/2016	Closed	Beacon would be happy to go back to the previous process for the question resolution starting next month within the minutes.	
9/9/2016	Mid-Span Release of Information. At the July 8th Provider Council, you agreed to explore modifications that would also allow providers to indicate that a consumer signed a Release of Information in the midst of an authorization span. Can you provide an update and timeline for making this change?	Beacon	Stephanie Clark	9/9/2016	Closed	Providers are able to indicate that a consumer has an ROI in the middle of an authorization span. Providers should go into the system as if they are going to enter a concurrent authorization for a consumer, indicate in the popup box that they obtained an ROI for that consumer, and then hit the next button. Once the provider has hit next, they may then exit out of the authorization and the Beacon system will register that you received an ROI for that consumer.	

9/9/2016	DLA-20 Training Update. At the July 8th Provider Council, you indicated that additional info about DLA-20 trainings would be available in August. Do you have any updates on scheduling further provider trainings?	BHA	Steve Reeder	9/9/2016	Closed	The DLA-20 training process has been approved this week. There are 14 approved trainers, with 2 of those trainers dedicated to the DLA-20 only and the others will be able to assist as needed. Now that the trainers have been selected and approved, BHA is working with University of Maryland's Evidence Based Practice Center to coordinate venues for these trainings. Once finalized, Beacon will issue provider alerts with dates and times of those trainings. If you have at least 20 individuals at your agency or want to partner with another provider and want to host a training at a specific site contact Steve directly steven.reeder@maryland.gov to discuss arrangements.	
9/9/2016	Referral Standards under Accreditation. At the July 8th Provider Council, you indicated that you would	BHA	Daryl Plevy	9/9/2016	Closed	There are two parts to accreditation for Child PRP. The first part is all providers	
9/9/2016	July 1, 2016 Rates. When can agencies expect to have the FY17 rate increases fully loaded in Beacon's system? Multiple CBH members are variously reporting that rate increases have not consistently occurred for employment, crisis, ACT and child respite services.	Beacon	Karl Steinkraus	9/9/2016	Closed	Beacon has reviewed this with Network Operations and advised that everything has been updated as of July 1. If problems persist, contact Donna Shipp at donna.shipp@beaconhealthoptions.com . Providers should also be aware that there is a rate increase for E/M codes going into effect on October 1 and Beacon is in the process of updating those rates. A provider alert will be sent out shortly.	

9/9/2016	<p>Hold Harmless for NPIs Requested. In a provider alert dated August 1, 2016, Beacon indicates that a provider's failure to use correct NPIs "will result in a DENIAL of service authorization AND/OR a denial of payment for services rendered." Our members report that it can take many months to obtain an NPI; and It can take many additional months to make sure that all Maryland agencies have correctly aligned sites to numbers; and given these circumstances, we request that, if the provider has evidence that the NPI was submitted, no denials of authorization or payment occur and the provider is held harmless.</p>	Medicaid	Rebecca Frechard	9/9/2016	Closed	<p>Medicaid has held providers harmless for the last two years and will no longer continue to do so. Providers are reminded that any corrections or updates to their accounts need to be made with Medicaid first and then with Beacon. Updates can be requested to Medicaid via email at dhmf.bhenrollment@maryland.gov. If a provider is making a correction in the Beacon system and not in the Medicaid system, claims will continue to deny. If, after working with Medicaid, you have made updates to your account, you may then contact a member of the Provider Relations team:</p> <p>Sharon Jones: Sharon.Jones@beaconhealthoptions.com</p> <p>Sueqethea Jones: Sueqethea.Jones@beaconhealthoptions.com</p> <p>Patricia Langston: Patricia.Langston@beaconhealthoptions.com</p> <p>Who will complete the update of your provider file in the Beacon system.</p>	
9/9/2016	<p>Unifying EOBs. EOBs are split between insured and uninsured. As a result of Beacon's retractions and realignments for uninsured spans, providers are left with negative EOBs for the uninsured which have to be manually reconciled with the insured EOBs. It would improve provider accounting functions if the insured and uninsured EOBs could be blended. Blending EOBs by consolidating NPIs under the provider number would be even more beneficial. Is this possible?</p>	BHA	Daryl Plevy	9/9/2016	Closed	<p>No, two separate bank accounts are required.</p>	

