



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, September 9, 2016
10:00 am to 11:30 am**

In attendance: Daryl Plevy, Karl Steinkraus, Stephanie Clark, Helen Lann, Kayla Moulden, Patricia Langston, Sueqethea Jones, Annie Coble, Lisa Kugler, Donna Shipp, Jarrell Pipkin, Shannon Hall, Jenny Howes, Rebecca Frechard, Barbara Trovinger, Oleg Tarkovsky, Mike Drummond, Steve Reeder, James Jones, Vernessa Scurry, Ben Ijomah, Carae Shieling

Telephonically: Abby Appelbaum, Howard Ashkin, Robert Bartlett, Imelda Berry-Candelario, Kimberly Bittinger, Sherry Brehm, Greg Burkhardt, Paris Crosby, Kim Erskine, Michael Finegan, Mindy Fleetwood, Cheryl Forster, Valerie Gaspari, Heather Gerard, Jesse Guercio, Sharon Jones, Gabby Knighton, Gertha Lewis, Vanessa Lyle, Lorraine Mcdaniels, Carrie Medlin, Barry Page, Agnes Parks, Cynthia Pixton, Tina Raynor, Tiffany Rich, Teresa Russell, Tim Santoni, Lindsey Smith, Fran Stouffer, Lavina Thompson Bowling, Gretchen Tome, Kevin Watkins, Tina Von Gunten

Minutes – Review for Approval

- For individuals that have any suggestions or edits for the minutes, you can send all questions or concerns to MarylandProviderRelations@beaconhealthoptions.com

BHA Update

- Daryl Plevy stated that on October 1, 2016, BHA is moving Methadone Maintenance and Buprenorphine providers to using the OMS system. There are significant benefits to providers for completing the questionnaire. Having the OMS data will allow providers to compare themselves to statewide averages and it will allow the state to be able to identify providers that have successful models, as well as identify targeted training needed. Once providers have entered sufficient data, the OMS system will be able to look at change over time. Beacon will be offering a series of trainings for providers on how to complete the OMS

questionnaires via Provider Alert. Please look for this alert and register for one of these trainings.

- Providers have expressed concern over the increase in the price of naloxone. Price hikes have affected implementation and expansion of the Overdose Response Program as well as individuals trying to independently access naloxone at pharmacies. Funding provided by DHMH cannot purchase as many doses as before for free distribution to the public through the Overdose Response Program. DHMH had to make significant cuts to staffing, promotional materials, and other kit costs to maximize expenditures on naloxone. People who have to pay out of pocket at a pharmacy are often unable to afford naloxone; in addition, the state hears complaints about insurance companies that implement high co-pays or require prior authorization for more expensive naloxone.
- From a public health perspective the cost is a significant barrier to achieving saturation of a community, which will reduce overdose deaths.
- **CCBHC Update:** There are no new updates at this time.

Medicaid Update

- Rebecca Frechard stated that Medicaid has put forth their final proposal for re-bundling opioid maintenance therapy in Maryland with the intent to better align payment structure for services offered in OTP's with the primary goal of improving patient care. Medicaid is working on the state plan amendment and draft regulations, which will bring an additional comment period. Medicaid is working collaboratively with Beacon on a strategy for authorizations to ensure efficiency of entering authorizations and limit administrative burden.
- Providers may be experiencing claims issues related to using the incorrect MA/NPI number. Medicaid reminds providers that ensuring you have the appropriate MA/NPI combination for the location of your service has been a regulation in effect for the last two years. Though not strictly enforced previously, it is imperative that providers have separate Medicaid/NPI numbers at each location for each line of service. When providers do not submit authorizations and claims appropriately, this has both a fiscal and data impact. Individual letters have been sent to providers to inform them that they are having an issue that needs to be resolved. If you have questions about your denials or the letter you received you should contact the Provider Relations team at Beacon Health Options at marylandproviderrelations@beaconhealthoptions.com
 - During discussions, providers expressed concerns over the delay in being able to obtain their MA/NPI numbers in a timely fashion due to site visits. They also expressed concern about not being able to be fully operational with staffing at the time of the visits. Medicaid reminded providers that the Medicaid site visit occurs only after the provider has completed the OHCC process and that it is to assure that the provider is actually located at that site and to validate the data that has been submitted.
 - Supported Employment providers have expressed concern over the MA/NPI billing edit, as many of these providers do not have their own MA/NPI combination. Beacon, Medicaid and BHA met internally to problem solve how to enroll these providers and ensure they obtain

appropriate authorization and claims payment. A provider alert will be coming out in the next few weeks with direction to Supported Employment providers.

- According to the NPPES website, to retire/deactivate a NPI provider would need to submit the attached application. Additionally, providers must notify the NPPES of the address change within 30 days of the effective date of the change. Providers should also email BH Enrollment with the termination date and NPI. Please note that providers should not retire the NPI until all claims have been processed.

Beacon Health Options Update

- Karl Steinkraus announced that Dr. Lisa Kugler has officially started as Beacon's new CEO of Beacon Health Options Maryland Engagement Center.
- Beacon would like to call providers' attention to a very serious update that is needed. In order to ensure that Provider Alerts are going out to all appropriate parties, Beacon has asked providers to log into their ProviderConnect account and ensure that there is a contact email address in the demographic section of the ProviderConnect website. To update, visit <http://maryland.beaconhealthoptions.com/> > Behavior Health Providers > Log In > Update Demographic Information > Under Provider Demographics, edit Correspondence Email.
- Beacon, along with BHA and Medicaid, will be doing an annual review of Medical Necessity Criteria for mental health. Beacon would like feedback over the next couple of months from providers and we encourage individuals to review the provider section of the Beacon website <http://maryland.beaconhealthoptions.com/> and send any feedback to MarylandProviderRelations@beaconhealthoptions.com.

Provider Questions:

1. 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?

Stephanie Clark stated that Beacon would be happy to go back to the previous process for the question resolution starting next month within the minutes.

2. 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?

Karl Steinkraus stated that 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.

3. 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?

Stephanie Clark stated that 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.

4. 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?

Steve Reeder stated that 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.

5. Referral Standards under Accreditation. At the July 8th Provider Council, you indicated that you would check whether referrals from mental health clinicians to PRP programs are required under accreditation standards. Can you provide an update?

Daryl Plevy stated that there are two parts to accreditation for Child PRP.

- The first part is all providers regardless of participation in the public health system must be accredited in addition to the providers in the public system. For accreditation standards, BHA has done an analysis and looked at what is required clinically to provide quality services.
- The second part is determining what Medicaid will pay for, which is still under review. This is an important standard, as there was a large growth in the number of PRPs for child services that were billing for inappropriate services and caused major budget issues. This provision is to ensure there is a clinical reason for the service and a licensed clinician has determined these services are needed.

- This referral requirement for billing the public system will most likely also apply to adult PRP.

6. 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.

Karl Steinkraus stated that 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.

7. 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?

Karl Steinkraus stated that Beacon had a meeting with Medicaid yesterday and an update will be coming out soon.

8. 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.

Rebecca Frechard stated that 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 dhmh.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:

- Sharon Jones: Sharon.Jones@beaconhealthoptions.com
- Suegethea Jones: Suegethea.Jones@beaconhealthoptions.com
- Patricia Langston: Patricia.Langston@beaconhealthoptions.com

Who will complete the update of your provider file in the Beacon system.

9. 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?

Daryl Plevy stated that no, two separate bank accounts are required.

10. Transferring Auth for New NPIs. When ACT was broken out of rehab, VO transferred the current Auth so providers didn't have to create new Auth. Can that process -- transfer of open Auth -- be used today when existing services are transferred to a new NPI? The current process requires providers to close an Auth in the middle of service and open a new Auth under the new NPI. The current process introduces multiple layers of additional burdens and billing problems. Multiple providers with different billing systems report that their systems are set up to bill by having NPIs linked to program and authorization. Each claim under a new NPI has to be manually pulled from the queue and altered.

Donna Shipp stated that no, Beacon cannot systemically transfer authorizations to the correct NPI files. If the provider is interested in correcting the authorization they must discharge the authorization and re-enter the case under the correct file. If the provider is interested in getting the authorizations correctly aligned you can complete this process when the next review is due. This is not a necessary process associated with the NPI project. We are currently applying the edit on the claims side, not the authorization portion. Please make sure that claims are submitted with the correct information. If they are, the claim will resolve.