



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, June 09, 2017
10:00 am to 11:30 am**

In attendance: Karl Steinkraus, Patricia Langston, Jarrell Pipkin, Emily Suminski, Rebecca Frechard, Steve Reeder, Shannon Hall, Jody Grodnitzky, Bryce Hudak, Mike Drummond, Todd Pearman, Jessica Allen, Dr. Helen Lann, Barbara Trovingar, Oleg Tarkovsky, Jenny Howes, Debbie Smith, Steve Johnson, Tyrone Fleming, Joanne Silverstein, Jody VanOrder, Kim Erskine, Jay Yoe, Cindy Brink, Joi Dyson, Greg Leroux, Jeffrey Lee, Donna Shipp, Ingrid Olson

Telephonically: Anne Schooley, Cathy Baker, Carrie Medlin, Geoffrey Ott, Cathy Howard, Belinda Strayhorn, Lindsey Smith, Mary Winebrenner, Gayle Parkerm James Jones, Christina Trenton, Ayanna Morris, Nicol Lyon, Sue Kessler, Kevin Watkins, Vaile Leonard, Mariana Izraelson, Tim Santoni, Amy Rottier, Imelda Berry-Candelario, Maria Macchio, Fran Stouffer, Howard Ashkin, Sonja Moore, Kristi Cuthbertson, Steven Sahn, Allison Brady, Carol Sanders, Regina Morales, Joan Sperlein, Jessi Costley, Sara Haina, Tracy Bushee, Rose Clark, Paula Catlett, Lillie Hinkelman, Tonya Pleasant, Mindy Fleetwood, Dawn Hurley, Kara Pokras, Shannon Evans, Teresa Purnell, Jennifer Galloway, Jarold Hendrick, Sylvia DeLong, Rebecca Maloney, Thomas Hardnett, Cam Chung, Ellen Weber, Michael Brooks, Vanessa Lyle, Mayra Diaz, Michael Ostrowski, Christine Branch, Anna McGee, Nakia Curtis, Shanzet Jones, Kennedy Hinman, Kristen Carrasco, Suzanne Linkroum, Amanda Moran, Denisha Pendleton, Yvette Jefferson, Kim Lednum, Efi Inyang, Sharon Gudger, J.R Hughes, Tammy Fox, Leslie Woolford, Deana Krizan, Shereen Cabrera-Bentley, Carol Porto, Abby Applebaum, Russell Berger, Mandy Trivits, Kathleen Orner, Oluwarotimi ikusika, Pamela Dukes, Craig Lippens, Mary Viggiani, Regina Anyetigbo, Stacy Gillen, Regina Stanley, Veronica Craig, Theresa Harawa, Sheba Jeyachandran, Wendy Kanely, Maritrese Nash, Keshav Panda, Jennifer Jenkins, Lashondia Griffin, Marcella Green, Tina Moore, Christopher Henry, Ruth Hoppes, Mona Figueroa, Michelle McCool, Amy Park, Doris McDonald, Vircha DeHoney, Katrina Drew, Jarrell McRae, Kathy Kisela, Bonnie Bryant, William Rufenacht, Mary Rimi, Robert Frasier, Sherry Brehm, Megan Pinder, Mary Brassard, Alisha Womack, Andre Pelegriani, Eulanda Shaw, Teri Cardwell, Michelle Grigsby, Jeffrey Brentley, Angela Ferro

Topics & Discussion

Minutes

- Beacon's email address for Provider relations is: MarylandProviderRelations@beaconhealthoptions.com and may be used by providers to submit suggestions or edits for the minutes as well as questions for the next Provider Council. To have your questions considered, please



submit no later than the Wednesday prior to the council meeting, to allow time for research and response.

BHA Update

- A Provider Alert was issued on 06/02 in regards to the one time only accreditation assistance. BHA is accepting applications for “one time only funding” for assistance with costs associated with the accreditation process. Requests must be submitted through the local entities (Local Addiction Authority, Core Service Agency or Local Behavioral Health Authority). BHA will pay for application fees, manuals/workbooks and fees associated with site visits or surveys by the accrediting organization. To apply for reimbursements, you must have a current certification to provide services in Maryland, be Medicaid eligible and either providing services to Medicaid eligible recipients/uninsured consumers or planning to provide these services. BHA will evaluate applications based on written explanation as to reason for financial hardship and need for assistance to accreditation, a program’s plan to become accredited, a deadline and detailed budget. Any further questions email BHA at bha.regulations@maryland.gov.
- HB.14.11 required the Department to establish a designated certification process for recovery residences. BHA is in the process of pursuing emergency regulations to implement this process as soon as possible. BHA is currently accepting applications from current Maryland State Association of Recovery Residences (MSARR) that are already approved through MSARR and intend to be grandfathered in. The BHA website has the application as well as the application process outlined with instructions. All applications will be due 07/01/17 and Certification has to be completed for all providers intending to become certified recovery residences by 10/01/17. The statute requires BHA to then publish the list of credentialed recovery residences on the BHA website by 11/01/17.
- BHA gave an update on the Cures Grant also known as the Maryland Opioid Rapid Response (MORR). This is a \$10 million dollar grant for 1 year from 05/01/17 to 04/30/18. BHA is in the process of finalizing the REOI (Request for Expression of Interest). We will be soliciting applications from local jurisdictions who will then work with providers in their community to submit a unified application to the REOI.

Medicaid Update

- The Adult Residential SUD Rollout will be 07/01/17. FAQ’s will be going out every Friday to answer any questions. A PowerPoint presentation concerning residential services will go out in a provider alert today 06/09/17 with FAQ #3. Regulations are due to post on 06/23/17. There is a 30 day comment period and Medicaid is currently accepting comments.
- **OTP Providers:** Medicaid requires providers to show evidence that you have a contract with a lab. Contracts are due by 06/24/17. Rebecca Frechard suggests



that you do a self-audit to ensure that you are in compliance. Send contracts to mdh.mabehavioralhealth@maryland.gov

- DHMH name has been changed to MDH (Maryland Department of Health) as of July 1, 2017.
- Reminder: providers are not allowed to balance bill Medicaid or State Funded patients.

Beacon Health Options Update

- Beacon is reviewing the new OTP Rebundling initiative to make sure things are going smoothly. JOT (Joint Operations Team) calls are continuing between the Department and MATOD.
- Beacon is preparing for the Residential rollout on 07/01/17 which will include a plan for programs to participate in JOT calls to monitor and respond to implementation concerns.

Provider Questions

1. When counselors perform an OMS interview, how are we supposed to document and bill such interview?

There is no code for performing an OMS interview the fee is embedded in the service.

2. Please explain why you do not reimburse individual office-based providers for injections of Vivitrol or long acting antipsychotics.

The injection code was always an approved code and available to OMHC's. The code for Vivitrol in office is J2315 and must be billed on a separate day than an E&M visit. Any injection of long acting, medication if given by the prescriber on the date of E&M service, is part of that E&M service and should be coded accordingly. A long acting injection can be billed for if performed by supporting staff (usually a nurse) on a different date of service than an E&M service.

3. Can an individual who is receiving Medical Day services from a different provider than their PRP Day Program receive onsite PRP services?

No. A Psychiatric Rehabilitation (PRP) provider may not bill a PRP service on the same day as a MA-covered Medical Day Care service.

4. Can an individual have an onsite service at a PRP Day Program, then leave the facility and have an offsite PRP service from the same provider, then return to the Day Program and have both the onsite and offsite visit count as two separate encounters in the same day? (The offsite service would not be provided by the PRP Day Program staff.)



No. Any Psychiatric Rehabilitation Program (PRP) service that starts and ends at the PRP facility is considered part of the program day and is therefore not separately reimbursable from the on-site PRP service encounter. An individual may however receive both an on-site and off-site PRP service in the same day, provided that the off-site PRP service does not occur within the program day and begins and ends at an off-site location.

The following questions are individual provider concerns received from CBH. Beacon is working closely with the department as well as CBH to resolve.

5. School-Based Services Identifier Edit Problems.

6. Supported Employment Modifier.

Telehealth/RCS Modifier. Provider has submitted claims with both the -GT modifier for telehealth AND the -HE modifier for RCS professional services. The -HE modifiers were removed by Beacon's system during claims processing. Some of the claims were paid and one was denied for no authorization.

7. Residential Crisis Services (RCS) Professional Services.

8. Z03.89 Code for No Diagnosis.

This code has been added to both the authorization and claims systems at Beacon. This issue has been resolved.

9. Fee Schedule Errors.

10. NPI Issue Westminster Location.

11. Retractions More Than Six Months Old.

12. Work plan and Reducing Disruptions. Providers are concerned with growing difficulties in claims processing with Beacon, with new technology changes implemented before pending issues have been fully resolved. Several issues raised today have been pending for six months or more, and CBH members collectively have nearly a million outstanding in claims due to the various problems identified above. Can Beacon, BHA and DHMH provide a work plan at monthly meetings that summarizes the status and pending work log for changes so that providers understand the status, workload and progress toward resolution for the many outstanding corrections that need to take place



As discussed in this month's meeting, a schedule will be undertaken with CBH and CBH providers to address provider specific concerns. Beacon will be scheduling a meeting with CBH to discuss these issues within the next 30 days.

13.DLA-20: Case Rates in New Authorization Structure. Case rates are designed to be one unit per month. The new authorization structure for the DLA-20 deviates from this, and it is resulting in billing denials in the consumer's second month of service. In addition, Beacon is now authorizing 7 units and 7 months, instead of the six-month authorization period. If Beacon allowed overlapping authorizations, or if it would overwrite the authorization, these problems could be solved. Please indicate what solutions have been identified to correct these problems and an anticipated timeline to correct them.

- Example: client starts today, 5/16.
 - Authorization given is 5/16 – 6/14 for 1 unit
 - Encounters are not supposed to split months (i.e. – you can't have May and June encounters grouped together in one case rate)
 - Provider bills May encounters toward this first authorization
 - Provider submits DLA before 6/14
 - June encounters between June 1 and June 14 do not count toward June case rate
 - A simple solution to this would be for Beacon to overlap the second authorization with the first authorization
 - DLA submitted on or before 6/14
 - Beacon writes second authorization as 6/1 – 10/31, which allows us to include the encounters that occurred in the beginning of the month.
 - Beacon is not currently doing this and the result is a billing denial
- BHA is aware it is not congruent and they are working with Beacon and Medicaid.

The following questions were raised at Provider Council, but will be separately addressed in the Adult Residential SUD benefit implementation FAQs. (Link to the FAQ addressing these issues)

1. What are the minimum duties of the physician/CRNP? Of the psychiatrist or CRNP psych? Of the recovery coach? What are the minimum hour requirements per week for the recovery coach?
2. Originally we heard authorizations would take 14 days to get for new clients, now we are hearing 3 days. Which is accurate?



- 3. ASAM level III.5 is a more intensive level of care than III.3, yet the staffing requirements are less. Why is this?**

Additional Questions

- 1. Can we get some direction on billing for uninsured clients regarding medication assisted treatment? Since May 15th this is no longer a service that can be reimbursed?**

Individuals who meet medical necessity criteria continue to be eligible for Medication Assisted Treatment. There has not been a change to the uninsured eligibility criteria.

Webinar Questions

- 1. Are we able to order an UA for other substances than the client's primary substance if there is suspicion?**

Yes.

- 2. What do you mean by there is a separate code to discharge the OMS? Can you please clarify how to document the OMS interview?**

You must put the discharge in when the person leaves your service. The code to submit is 90889.

- 3. In reference to the most recent minutes question number 4 can this apply to an adult PRP, would any nurse qualify and would a Physician Assistant qualify as a healing arts professional?**

A Psychiatric Nurse Practitioner with a PMH would qualify, a Physician Assistant or RN would not.

- 4. If a person is in an OTP and receiving services in a residential setting 3.7 WM, is the provider type 54 able to send out urine screens for confirmation or is the expectation that the OTP would do the screen? I assume that the provider type 54 would not be able to bill for the screen.**

Neither provider type can separately bill for the screen. The providers should share the client's results with each other. If the client is in residential treatment they would be conducting the urine testing and that would be all inclusive in their rate.

- 5. Is there a specific number of visits a consumer needs to attend with the referring clinician to maintain PRP services?**

The number of visits would be based on what is clinically appropriate.