



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, October 13, 2017
10:00 am to 11:30 am**

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

Provider Questions

1. We are running into a new issue with the initial DLA-20 and wonder if other providers are as well. Since we have an extended initial authorization, it lends itself to the DLA being done too early for the next auth. So I think the question is should it be done in the first 30 days of them starting? Or just within 30 days of their next authorization?
2. Permissions allowing CPT billing of discharge services for SUD Provider Type 50 & 32. Why is this provider type excluded from reimbursement of discharge services based on SUD designation? January 2015 implementation mandated SRD services to submit up to 5 separate OMS questionnaires depending on the level of care in conjunction with OMHC's, FQHC's & OTP programs. Some SRD providers have the staffing (COMAR 10.21.20.10), title association of 'Facility' with Beacon and provide the same MH services as justified by new regulations on COMAR 10.63.03.03. The current SUD Matrix omits reimbursement to these provider types, yet the recent 2/9/17 service grid indicates both MH and SUD provider's permission to bill.



3. Permissions allowing SRD programs/facilities CPT billing of MH codes for outpatient services as listed on the current PBHS Fee Schedule. Will the new implementation of COMAR 10.63 allow SRD providers to bill both MH and SUD CPT codes within the EDI Provider Connect system? The present service matrix, revised as of 2/9/17, illustrates the 'Coverable DX Category' displaying integrated billing to include both classes of behavioral healthcare.
4. In early September, Catholic Charities reported that the NPI for its Anne Arundel program disappeared. The problem has not yet been fixed, despite being reported to Beacon. Can you provide an update on correcting Catholic Charities' missing NPI? Because providers are concerned that disappearing authorizations are a recurring problem, can you report on the root cause to disappearing NPI in this case and what, if any, steps need to be taken by the respective parties to prevent NPIs from disappearing?
5. Beacon had indicated that new staff would be trained and deployed by the end of September to manage authorizations and reduce the turnaround time. Can you provide data on how long it's currently taking to process PRP authorizations, and any additional updates on Beacon's staffing/training?
6. Would you please clarify whether a clinician who possesses a graduate level license (e.g. LGADC, LGCP, LGSW) and who is being supervised by an individual who possesses the appropriate credentials (e.g. LCADC, LCPC, LCSW-C) is eligible to review and approve Treatment Plans and Assessments?
7. FAQ #9 states therapeutic group activities for adult residential SUD consist of no more than 12-14 individuals with one staff member. Does this include psycho-educational groups, group counseling and other therapeutic activity? Can we have more than certified/licensed staff facilitating groups, as long as it is within their expertise?
8. The 24-hour timeframe given for SUD providers to request authorization for treatment has been problematic. We are losing a day of funding here and there. Can the 24-hour timeframe please be increased to 48-hours?
9. Since we are now required to bill using the rendering provider's NPI # on the claim, how can LGSW and CSC providers be reimbursed by Beacon since they are unable to be credentialed by Maryland Medicaid? Even though I have been told that billing with the rendering provider's supervisor on the claim is incorrect, can I bill Beacon using the LGSW or CSC's supervisor? Is there a DHMH letter/provider alert/Beacon handbook that states this is permissible?