



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, September 13, 2019
10:00 am to 11:30 am**

In attendance:

Telephonically:

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

Provider Questions

ePrep Pending Applications.

1. Many members report ePrep applications pending for months. An application can't be updated while it's pending, meaning that license renewals or DEA prescribing licenses can't be updated if they expire during the period that an application is pending. As a result, the application will be denied whenever ePrep reviews it, sending the provider back to begin the process anew. If/when ePrep is live, these delays may disrupt a provider's ability to be paid. A more efficient workflow is needed, either by allowing updates to pending applications or eliminating the long delays at ePrep's end. What is the process for addressing operational improvements with ePrep?



Uninsured Span Changes

2. In July, a change to funding streams disrupted the existing process for uninsured auth spans.
Beacon indicated that its process only added a 30-day uninsured span for consumers whose Medicaid benefits terminated retrospectively. Multiple providers report that Beacon's process was to provide a 30-day uninsured span for consumers whose Medicaid benefits lapsed. We would ask that Beacon restore this process in the course of correcting the funding steam problem. Without restoring the previous process, providers must redesign their workflows significantly; for example, one provider reports that 90% of its consumers were terminated without the grace period, disrupting providers' ability to assist consumers in re-applying for Medicaid benefits and maintaining continuity of treatment.
3. While most providers report that Beacon's work-around for uninsured span was working, one provider indicated that Beacon's provider relations department had put a hold but didn't restore the uninsured span, preventing the provider from billing for the service. Are there specific Provider Relations staff to whom providers should direct their requests to ensure a consistent response?

ASO transition.

4. The transition to a new ASO vendor will require significant work for providers. In order to adequately prepare technology and staff, providers need to begin to implement transition plans in October, but have not received sufficient information yet to do so.
5. Will providers to submit claims directly via Beacon's website be able to do so with the new vendor, or will they need to contract with a claims clearinghouse? If the latter, the process to select and implement a new vendor could take several months.
6. Will providers have to assign departmental or individual licenses to access the new vendor's authorization system? Providers need to schedule and train the appropriate number of staff, a process that could take weeks and should take place before Thanksgiving to avoid staff vacations associated with the holidays.
7. What will the new vendor's billing system require? EHR configuration changes can take several weeks to complete, and should ideally be complete by late October in order to be complete in time to allow sufficient staff training before



Thanksgiving, meaning that the EHR modifications should begin by early October.