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

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

In attendance: Susan Steinberg, Spencer Gear, Shannon Hall, Cynthia Petion, Enrique Olivares, James Yoe, Steve Reeder, Anne Armstrong, Rebecca Frechard, Roxanne Kennedy, Shawn Spurlock, Bilal Ali, Ambrosia Watts, Mike Drummond, Barbara Trovinger, Scott Gloefler, Kim Erskins, Craig Clippers, Crystal Doyle, Stacey Diehl, Marian Bland, Jenny Howes, Ann Ciekot, Howard Ashkin, Frank Dyson, Rachel Wilson, Andre Pelegrini, Kelly Kalatucka, Arlene Hackbarth, Kristen Rose, Daniela Relf, Denise Eangleheart, Cynthia Roberson, Sharon A. Jones

Telephonically:

Donna Shipp, Abiba Wynn, Cheryle Mines, Barry Parker, Grace Sweeney, Anne Schooley, Kathy Kisela, Tim Santoni, Joe Rogers, Kristine Garlitz, Jessica Chausky, Millie Richmond, Jessie Costley, Kristen Carrasco, Mary Blackwell, Annie Coble, Kwante Carter, Barrington Page, Sarah Quinn, Gayle Parker, Catherine Hughes, Rhonda Moreland, Steven Sahm, Mark McSally, DeAnna Thornburg, Lauren Krach, Deborah Rienhimer, Nicholas Shearin, Jennifer Petrik, Lindsey Weekley, Monica Kirkpatrick, Diana Long, Sarah Petr, Judith Tucker, Joan Sperlein, Carol Graham, Alisha Womack, Chenaya Neale, Michael Ostrowski, Debbie Galloway, Guy Reese, Carmen Castang, Marte Birnbaum, Kimberly Lednum, Abby Appelbaum, Shelly Williams, Jarold Hendrick, Rebeca Gonzalez, Kimberly Chase, Carol Blazer, Abigail Baines, Melissa Sinclair, Paula Bollinger, Nadirah Smith, Fran Stouffer, Doris Eckard, Mariel Connell, Dan Nieberding, Sydney Baskins, Nicole Cooper, Lavina Thompson Bowling, Mary Rimi, Shaanadane Lue, Paris Crosby, Mary Viggiani, Rolanda Jones Shereen Cabrera Bentley, Gail Paulson, Sheryl Neverson, Ken Thakkar, Susan Wilkoff Imelda Berry Candelario, Jennifer Cooper, Mona Figueroa, Tracey Drummond, Amy Park, Sheryl Neverson, Michelle Grigsby, Chandra McNeil-Johnson, Shanzet Jones, Deborah Rienhimer, Anna McGee, Stephanie Rodriguez, Jude Oigbokie, Rashida Winslow, Catherine Meyers, William Brooks, Amanda Cook, Sheryl Trask, Carmen Hutton, Michelle

Dickens, Carrie Medlin, Paula Nash, Jerica Washington, Jeriesha Hodge, Magalie Brewer, Regina Stanley, Cathy Jones, Patricia Stabile, Charles Jay, Lorraine McDaniels, Emmanuel Owooje

Area of Focus: Consumer Perception of Care Survey Results 2018

James Yoe from BHA presented and interpreted data sheet.

Topics & Discussion

BHA Update

- Dr. Barbara J. Bazron, Ph.D. has resigned her position at BHA and has accepted a position as the Director of Behavioral Health Services in Washington, D.C. Lisa A. Burgess, M.D., has been appointed as acting Deputy Secretary. Dr. Burgess also serves as the chief medical officer for Medicaid. BHA's new acting Chief of Staff is Corey Carpenter.
- BHA's Office of Planning has implemented regional planning sessions throughout the State. These sessions will inform the BHA's Behavioral Health Plan and Block Grant applications that are due to SAMSHA in September. It will also help with efforts around community bond applications related to housing initiatives. The next meeting will be on May 19 at BHA HQ's, Dix Building, Spring Grove Hospital Center, and Catonsville MD 21228. The last meeting will be on the Eastern Shore on May 29 at Department of Human Services, Easton MD.
- The Drug Enforcement Administration (DEA) Substance Abuse Provider Training took place on May 9, 2019 in collaboration with BHA, the Office of Provider Engagement & CDS Regulation (Formerly OCSA), and the DEA. The training had a great turn out. There will be follow-up activities from this conference.
- Update to supervision discussion from April's Provider Council meeting: If you are an LMSW you have to be supervised by an LCSW-C per Board of Social Work regulations, even if working as a Rehabilitation Specialist in a PRP. For billing purposes, a LMSW can be supervised by any licensed clinical professional (LCSW-C, LCPC, etc.) This clinical supervisor is the rendering provider that goes on the claim for service.
- BHA held the second residential ASAM 3.1 Quality in Care Workgroup in April with lots of good discussions about the 3.1 certification process. The next meeting is scheduled on May 24th at 9 AM at the BHA Dix Building, Spring Grove Hospital Center, and Catonsville MD 21228.
- BHA was approved for an additional $17 million dollars in State Opioid Response (SOR) funding which will be used to:
  - o Expand access to medication assisted treatment (MAT) in the criminal justice system;

o Continue to provide funding to the local health departments;
o Provide grants to the local jurisdictions for care coordination;
o Continue to expand crisis services that were rolled out in our first opioid response grant (State Targeted Response – STR).
o Provide some additional funding for recovery housing expansion.
o Provide funds to the Department of Labor, Licensing and Regulations to provide grants to individuals to obtain career counseling, job counseling, vocational training, etc.
o Provide grants to individuals with opiate abuse disorder to develop vocational skills;
o Provide grants to Minority Outreach Technical Assistance Teams as well as faith based organizations to do outreach and public education on substance abuse and opiate use disorders; and
o Continue to provide funding to increase our public awareness efforts.

Medicaid Update
● Medicaid received questions about the transmittal that was sent out on April 22, 2019 regarding reimbursement for drug testing in IOP and PHP programs. Medicaid is preparing written responses to questions and comments that were received including ones from the Maryland General Assembly Delegates. The written responses are under review and all submitted questions and comments will receive a response. Medicaid will also compile an FAQ document developed based on questions receive that will be posted via Provider Alert.

Beacon Health Options Update
● Beacon Health Options is still working on opioid initiatives in-house in an effort to address this issue.
  o Dr. Enrique Olivares attended the BHA conference and shared with the Provider Council statistics related to SUD services in Maryland as shared from the University of Maryland's Systems Evaluation Center in a presentation from Tim Santoni.
    ▪ From 2015 to 2018, the number of people who received SUD services in the public healthcare system expanded from 56,000 to 114,000 individuals receiving care: 103% increase.
    ▪ The number of individuals in MAT grew from 23,000 to 33,000.
    ▪ The number of opioid prescriptions went down from 1.1 million to 778,000.
    ▪ The number of MAT Buprenorphine prescriptions increased 52.7 % over the last four years.
    ▪ The number of opioid deaths has decreased from 12% to 9%.
  o Beacon is evaluating prescription patterns for patients through the use of an opioid calculator which will help to determine the single number for those who are prescribed opioids and their risk for overdose.

o Beacon is also evaluating how poisoning codes are used when overdoses are reported in the emergency department whether there is a correlation with other determinants that would allow information about risk of overdose to be gathered.

● Beacon posted a provider alert on May 9th with an updated PBHS fee schedule for providers. This clarified the sub-categories for some of the ancillary type of practitioners that the fee schedules were not paying correctly for some services. The updates are highlighted in yellow. This schedule does NOT incorporate the upcoming increase that will be implemented on July 1, 2019.

Provider Questions

1. **For consumers in our TAY (Transitional Aged Youth) program over the age of 18; when requesting a PR2 authorization, our authorization is approved for a PR1 instead. A representative at Beacon Health Options informed one of our staff members that they can only get a PR1. Is this correct?**

   ● If a member is receiving Psychiatric Rehabilitation Program (PRP) services from a BHA designated Transition-Age Youth (TAY) program site, then that PRP authorization will fall under the TAY exception PRP authorization protocol. This protocol permits a child who is authorized to receive PRP services (with a coding designation of PR/U2) from a BHA-designated TAY program site to continue receive to PRP services (with a coding designation of PR/U2) as long as the adult continues to meet the Child and Adolescent Medical Necessity Criteria (MNC) and remains of TAY age. If a member is of TAY age and receiving PRP services from a non BHA designated TAY program site, then the member will be required to meet the adult PRP MNC to include possession of a priority population diagnosis. If MNC is met, the adult will be authorized for PRP services (with a coding designation of PR/U3).

2. **How/Why/When will Health Homes providers be able to submit batch claims submissions either through eMedicaid or a clearinghouse vendor?**

   Health Homes is a program under Medicaid which uses the eMedicaid portal for data and claims submissions. Homes questions should be addressed to the Health Homes email account: mdh.healthhomes@maryland.gov. No enhancements will be made to this process since it is of limited duration. As programs are aware, MDH built management of the health homes into the next ASO contract. Until then, the Department is actively working to address current issues with eMedicaid and may be close to a solution. We thank providers for this patience.

a. **Why is this capability not currently in place?**

See above.

b. **Why doesn't Beacon Health Options recognize and accept/pay for this behavioral health service procedure codes?**

Beacon does not manage the Health Home program.

3. **Will the Public Mental Health System and Substance Use Disorder Billing Rates be increased effective July 1, 2019?**

Yes, in accordance with the Governor's FY2020 budget and the HOPE Act (2017), Community Based Behavioral Health provider's reimbursement rates will be receiving a 3.5% increase. The updated fee schedules will be posted on Beacon's website by July 1, 2019.

4. **Is Beacon Health Options considering opening up OMHC initial authorizations to allow for more than 2 units of service?**

No adjustment is planned at this time. If a provider requires more than 2 units for the initial authorization, then they may contact the clinical department at Beacon Health Options. Based on medical necessity they can be granted additional units for the initial OMHC authorization.

5. **Do all Partial Hospitalization and Psychiatric Day Treatment authorizations/claims go through Beacon Health Options?**

Yes.

6. **Is Beacon Health Options or Medicaid in the process of scheduling unannounced audits? If so, what updated audit tool will they be utilizing so providers can prepare?**

Beacon Health Options, BHA, and Medicaid all have the authority to conduct unannounced audits but for the most part they are scheduled in advance with the provider. Beacon Health Options audit tools are posted to the website maryland.beaconhealthoptions.com. For newly launched programs, audit tools may not have been implemented yet. Once audit tools have been developed they will be posted.

7. **We are now able to bill for SUD IOP discharges. When will PRP providers be able to bill for discharges also?**

   Only OMS program have access to the discharge billing code and is tied to the completion of the required OMS forms. PRP providers are not OMS providers.

8. **After a consumer discharge has happened, how do we apply for the portion of the month during which the client was still enrolled with us?**

   For PRP, if a member with a current authorization for PRP services is discharged from the program mid-month, the PRP submits a claim based on the number of encounters submitted to Beacon. In this case, the provider may cascade down to meet lower minimum service requirements.

9. **Is it true that PRP services are no longer covered under grey zone coverage for the uninsured? Where can we find this in writing?**

   Members in PRP who are uninsured can receive PRP services if 1 of the 4 forced admission criteria is met or if a member was already in care under FDUL or FMCD but lost said funding. More info on this is available in the PRP Chapter (6.12) of the Beacon Health Options Provider Manual .

10. **If a client is authorized by Beacon Health Options but they lose their citizenship or Medical Assistance coverage in the middle of the month, how do we secure payment for the services provided before we were notified that the client is no longer authorized and the claims are being denied?**

    It is the responsibility of the provider to carefully monitor their consumer's eligibility so that they can apply for an uninsured span if appropriate.

11. **When Medical Assistance is reinstated after a lapse and it is backdated, how do we request payment for the claim that was previously denied?**

    If an authorization is in place, providers should resubmit their claims. If there is no authorization, then the provider will need to submit for retrospective review through the Beacon Health Options Quality Assurance Department.

12. **Cornerstone Montgomery had an e-Prep application for a physician returned with the note that physicians enrolling as a rendering provider must complete**

an additional addendum. The addendum link on the returned application notice is to the general Maryland Medicaid web page (i.e. not even to the e-Prep or enrollment page).

A google search for "Maryland e-Prep addendum PT20" gets a promising hit but the link is dead. The provider's outreach to multiple contacts at e-Prep's customer service have not been returned for a week. Please identify which addendum is required and how providers can obtain it.

The addendum has been removed as it has created unanticipated challenges. Medicaid will discuss the value of the addendum in upcoming meetings. At this time, the addendum is not required and providers should resubmit PT 20 applications that have been returned for this reason.

13. **Under Medicare's "incident to" billing rules, the doctor onsite must be listed on Medicare claims as a rendering provider. For clients dually insured by Medicare and Medicaid, provider billing rules will list the rendering provider as the doctor onsite, not the clinical supervisor, rather than switch the rendering provider based on the payer. Is this acceptable?**

    Medicaid thanks Mike Drummond from Arundel Lodge for bringing this issue to our attention. As a result of this and a subsequent conversation, MDH is pursuing additional guidance from CMS so that our final implementation of the rendering requirement does not unintentionally create a conflict with Medicare claims.

    The implementation of the rendering requirement is temporarily on hold HOWEVER programs *must continue to submit their rendering provider applications* so that they are ready when we move forward with this CMS provider enrollment requirement.

14. **When billing a telehealth facility fee, which NPI is used as the rendering provider: the agency's NPI or the doctor providing the service?**

*As of 5/24/2019, the rendering requirement is temporarily on hold. However, providers should note that any facility or group that is providing telehealth services must be approved as an originating and/or distant site by MDH. The originating provider site should bill the Q code is billed, and utilize their facility NPI. The distant site should use their NPI as the billing and the rendering provider on the claim would be the licensed clinical individual responsible for the care of the patient at the facility where the patient is receiving the telehealth service.

15. **Some providers rely on Beacon Health Options Direct Claim Entry Portal on Provider Connect as their primary method of billing. Switching to batched claim submissions would require substantially more staffing hours to implement, paper claims would result in longer time to payment and clearinghouses incur additional fees. It seems unfair to penalize these providers if Beacon Health Options Direct Claim portal doesn't accept rendering providers on June 1. Will the Direct Claim portal accept rendering providers by June 1? If not, what arrangements can be made to hold providers harmless until Beacon Health Options system is modified?**

*The rendering provider requirement is temporarily on hold.

Response to question: The Beacon Health Options Direct Claim Entry Portal will not be available as of June 1, but there is a planned update to modify the portal to allow for rendering providers. While this modification is being implemented providers can use paper, the batch system or a clearinghouse for an electronic 837. Paper claims process very timely in the Beacon system. The mailing address for paper claims is: Beacon Health Options, P.O. Box 1850, Hicksville NY 11802.

16. **Several providers report that all of their applications have been submitted but that they have been waiting weeks (Upper Bay, Center for Children, Life Renewal Services, Board of Child Care, Hope Health), or up to a month (Cornerstone Montgomery) for an initial enrollment application for a new rendering provider or an affiliation agreement to be approved or returned with more required edits.**

   a. **If only a portion of an organization's enrollment applications for rendering providers or affiliation agreements have been approved by June 1, can it use any approved rendering provider on all of its claims?**

      *Update: The rendering provider requirement is temporarily on hold.

      Response to question: Yes, as discussed during the meeting, programs that have some of their rendering providers enrolled should proceed to use those NPIs as rendering but be prepared to explain if audited as to which licensed practitioner is the actual clinician responsible for the patient's services (if rendered by another clinician or by a non-licensed practitioner). ePrep is inundated with applications regarding the rendering requirement. The Department appreciates your patience as they work through the volume of changes that have occurred related to enrollment requirements from CMS.

b. **If a provider has submitted all required applications and affiliation agreements in advance but has not received timely rejections or approvals from e-Prep by June 1, the provider should not be penalized for the e-Prep vendor's lack of timely response. What arrangements can be made to hold such providers harmless until e-Prep approves all timely-submitted applications?**

*Update: The rendering provider requirement is temporarily on hold.

Response from meeting: This issue only applies to OMHCs. Medicaid announced the implementation of this change well over a year ago and this is a potential finding if we do not implement this rendering provider requirement now. Authorizations are not impacted. Providers need to hold claims if their rendering providers are not ready by the time the Department implements this change. The consequence is that CMS retracts payments.

Additional Provider Questions

For questions submitted via the Chat box, due to time constraints these will be addressed at a later time. The best way to obtain a response is to send them in advance of the provider council meeting per the provider alert reminder.