



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, July 12, 2019
10:00 am to 11:30 am**

In attendance: Jenny Howes, Marian Bland, Mike Drummond, Susan Steinberg, Cynthia Roberson, Joana Joasil, Stephanie Clark, Nicholas Shearin, Abigail Baines, Sueqethea Jones, Helene Diol, Scott Gloefler, Barbara Trovinger, Shanzet Jones, Andre Pelegriani, Shannon Hall, Regina Stanly, Deborah Carpenter, Sharon Jones, Denise Eangleheart, Anne Armstrong, Donna Shipp, Roxanne Kennedy, Jarrell Pipkin

Telephonically: Gayle Parker, Chandra Humphries, Kwante Carter, Eulanda Shaw, Jessie Costley, Tammy Fox, Kristine Garlitz, Howard Ashkin, Barrington Page, Maritrese Nash, Christina Kirby, Melissa Sinclair, Ayanna Brown, Rachel Wilson, Jim Freeman, Rebecca Maloney, Carol Hartwill, Vanessa Hawkins, Kristen Carrasco, Sarah Petr, Cathy Murray, Kimberly Lednum, Jen Cole, Paris Crosby, Shelly Williams, Diana Long, Lynette Lewis, Appy Appelbaum, Lori Peterson, Nicol Lyon, Cathy Baker, Davy Truong, Greg Burkhardt, Linda McIntyre, Jarold Hendrick, Rhonda Moreland, Steven Sahm, Amanda Settle, Pamela Harvey, Michael Ostrowski, Mariel Connell, Anne Schooley, Fan Stouffer, Vickie Walters, Melissa Baer-Stover, Imelda Berry-Candelario, Charles Jay, Sheryl Neverson, Guy Reese, Greg Warren, Brigitte Kealy, Shereen Cabrera Bentley, Ashley Archie, Jennifer Cooper, Sonja Moore, Jonathan Lacewell, Derrick Kane, Amanda Mullins, Michelle Rivera, Patricia Ahmed, Deana Cook, Cynthia Hurd, Danica Thornton, Jennifer Petrik, Mary Viggiani, Rasheda McGuire, Angela Ferro, Dr. Lynn Duffy, Jennifer Omoijuanfo, Rashida Winslow, Darlene Dockins, Lauren Krach, Kathleen Curry, Mary Blackwell, Kevin Watkins, Dominick Lesperance, Amy Park, Leona Bloomfield

Topics & Discussion

BHA Update

- There have been several organizational changes within BHA. BHA's has hired a new Deputy Secretary of Operations, Greg Todd. Under Deputy Secretary Todd



the department will now have Behavioral Health Facilities, the Office of Court Order Evaluations and Placements, the Office of Procurement and Support Services, Office of Preparedness and Response, the Chief of Police, Central Services as well as our Regional Institutes for Child and Adolescence, and the RICA centers in Baltimore and Rockville. His office will also have supervision over Deer's Head facilities, Western Maryland and the Office of Capitol Planning, Budget and Engineer. The facilities are still under the leadership of John Robertson; whose new title is Office of Hospital Administration under the new Deputy Secretary.

- The next residential 3.1 Quality of Care Technical Assistance Workgroup is scheduled for July 26, 2019 from 9:00 am to 11:00 am and will take place in the BHA HQ's, Dix Building, Lower Level Conference Room, Spring Grove Hospital Center, Catonsville MD 21228.
- During the last meeting it was discussed that BHA will be issuing grants for faith based organizations and minority outreach technical assistance teams. BHA is still working on the RFP for these particular grants that are funded through the SOAR and will be combining these two efforts into one solicitation which includes request for proposals for each.

Medicaid Update

No updates

Beacon Health Options Update

- Dr. Lynn Taylor, who was Beacon's Associate Medical Director, has resigned her employment with Beacon Health Options effective on June 27, 2019. Dr. Olivares has stepped in to cover her position.
- ASAM level 4.0 care for detox went live on July 1, 2019. This includes the ability to cover for individuals who would be ASAM Level 4.0 care for detox with Medicaid funds for the state IMD's. The waiver now covers up to 15 days per month of Medicaid coverage for the IMD's, but providers should note that the authorized level of stay depends on medical necessity.

Provider Questions

1. **For rendering providers for LMSWs, can the rendering provider be an in-office LC supervisor, an LCSW-C or L-CPC, or must they bill under the director LC?**



The rendering provider requirement for OMHC's is currently on hold. However, once launched, it should be the licensed practitioner who is responsible for the patient's care that is receiving services from the graduate licensed level professional. For some clinics this may be a licensed clinical supervisor, for others it may be the clinical director. When MDH is ready to launch the rendering provider requirement for OMHCs, this topic will be again addressed.

2. Whose NPI number do we use to bill for medication services?

Assuming this inquiry is regarding an OMHC, medication services should be the OMHC medical director or medical professional licensed to order and administer medications. This can be a nurse practitioner or a physician.

3. Can we use the NPI number for billing if the rendering provider's Medicaid application is submitted and waiting for approval?

No, the delay in implementation should have given more than enough time for OMHCs to get all their rendering providers enrolled. Programs must continue to work towards getting their rendering providers enrolled, as the Department anticipates implementation in the Fall 2019.

4. Since the new bill was passed regarding Psychiatric nurse practitioners being medical directors, would they be medical directors in an OMHC and if so when would that start?

Medicaid regulations are being promulgated and once finalized, the change for reimbursement under Medicaid can begin. BHA will confirm when this change will be required for the BHA license. The bill goes in effect October 1. Before October 1 you have to ask BHA for a variance for the nurse practitioner to act as the medical director.

5. Will Medicaid pay claims denied by Medicare because services were rendered by LG licensure?

OMHC's are supposed to bill Medicare as primary for dual eligible and services should be rendered by an approved Medicare provider type. If this is specifically in reference to the rendering provider requirement, the Department is reviewing how the dual eligible population with regard to the rendering provider requirements. Medicaid does not become the default payer when an OMHC uses a non-Medicare approved provider type.



- 6. I have a comment about entering a supervisor for non-fully licensed staff. It will be a big burden to look at insurances for each client, every service. I think we need an "if, then" rule to really make it work or we may have an issue with Medicare claims. If the system could be "if a prescriber is on site enter that person", which is needed for Medicare, and if not "then enter your supervisor". That way staff don't have to look at insurances and we won't mistakenly enter a prescriber and bill Medicare in error.**

Medicaid appreciates the comment and will take it under consideration. We also appreciate the work by the providers to ensure to share their concerns. It is the Department's goal to make sure that implementation of this policy works as intended.

- 7. The updated provider alert rate sheet that was sent out today doesn't seem to reflect the 3.5 % increase for RRP/PRP services. The sheet seems to indicate that the rates begin in July 2018.**

Please be aware that the updated provider rates, which include the 3.5% increase, have been sent out and posted to the Beacon website at Maryland.beaconhealthoptions.com.

- 8. Were the April minutes sent out?**

Yes, they were sent out via email and they should also be posted on the Maryland Beacon web site at Maryland.beaconhealthoptions.com.

- 9. What is the source of Dr. Olivares data? Is it something we can see?**

This data questioned was presented during the Data Informed Decision Making presentation at the BHA conference on May 1, 2019. The workshop highlighted SUD services and using data to inform behavioral health quality, program and planning and quality improvement. Timothy Santoni (tsantoni@comcast.net) is with the Data Management and Analysis Systems Evaluations Center at the University of Maryland and Dr. James Yoe (James.Yoe@maryland.gov) is the Director of Applied Research and Evolution at BHA, and the researchers can be contacted directly by anyone who is interested in the data.

- 10. A data short was sent out this past week, it includes SUD data - can we know what level of care was included in this data?**



The Consumer Perception of Care (CPOC) Survey includes a random sample of adults and child/youth recipients of PBHS outpatient services (both Mental Health and SUD). The survey is inclusive of adult (16 years and older) SUD service recipients who received ASAM Levels 1.0, 2.1 and 2.5 as well as MAT services.

- 11. On 3.1 FAQ 1 and on this call, it is stated that level 1 SUD counseling is available for 3.1 Medicaid patients. However, COMAR 10.09.06.07 states that in a residential SUD treatment facility for adults, the program does not cover ASAM Level 1 or 2 services by any provider.**

Medicaid thanks the reader for catching this oversight and MDH is promulgating regulations to correct it. 3.1 Programs and Level 1 outpatient services can co-exist when the patient meets MNC for both levels of care. The Beacon system is set up to allow for both and the regulations will be updated as soon as possible.

- 12. Under COMAR, Aftercare services are to be coordinated through Peer support or a licensed provider. Peers are certified by a voluntary board not a state board — will peers be Medicaid reimbursable?**

Peers are not currently reimbursable from Maryland Medicaid. Changes to incorporate peers as a provider type require a state plan amendment, CMS approval, and Medicaid system changes. This service is under review per the recent legislative session.

- 13. Our members were following two different processes for incorporating the LG's and OMHC's in the ePrep process. How should providers enroll these staff. Also, it would be helpful to understand, for people who have been using the student healthcare NPI, why you want them to go the one way and not another.**

The requirement to enroll rendering providers is currently on hold. But when it is resumed, additional guidance will be issued. However, LG / LMs cannot ever enroll in Medicaid. The issue that will be reviewed is which licensed provider the graduate licensees would be billed under and NOT whether or not graduates can enroll. Medicaid does not recognize, under the BH system, student healthcare NPIs.

- 14. Recently the product manufacturer for suboxone paid \$1.4 billion in the largest opioid settlement in US history on Thursday because of abusing the marketing and prescribing. This begs the question: Why is the generic option for buprenorphine/naloxone film not an option versus suboxone? When will the generic NDC's be approved or are they even being considered?**



This question will be sent to the Pharmacy Division under Medicaid for review.

15. There are a lot of things that were in the old regulations that we rely on as rules but that don't exist anywhere because of accreditation standards; or other creditors don't know all the things we worked out in our regulations. For example: based on old regulations, OMHC's can provide off-site services but SUD's cannot. Are we supposed to function the same way we have been functioning all along until we hear something else?

There will be a revision of 10.63 to address some of the concerns when we went to minimal regulations that inadvertently got eliminated – Regulation changes can take time so BHA recommends that providers act as if the rules that were promulgated under the old rules still apply.

Additional questions can be emailed to the marylandproviderrelations@beaconhealthoptions.com email box. This email is monitored and checked daily by Beacon's Provider Relations Department who will be able to get answers to your questions.