



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

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

**In attendance:** Marian Bland, Gelisa Christian, Barbara Trovinger, Cynthia Petion, Shannon Hall, Enrique Olivares, Susan Steinberg, Mary Viggiani, Joana Joasil, Roxanne Kennedy, Scott Gloefler, Evette Griffin, Rebecca Frechard, Abigail Baines, Daniela Relf, Shavandriah Godet, Sharon A. Jones, Suequethea Jones, Dierre Dikaha, Cynthia Roberson, Stephanie Clark, Donna Shipp, David Engwahl, Robin Tolder M.D., Regina Stanley, Deborah Carpenter, Kristen Rose, Heather Schultheis, Chirs McCabe, Sarah Mendelson, Dan Reck, Relix Dawson, Frank Dyson, Spencer Gear, Mike Drummond, Tammy Fox, Cynthia Garmore, Mark Greenberg, Tasha Pope, Laverne Johnson, Jeffrey Lee

**Telephonically:** Porshia Everett, Shannon Gillespie, Judy Tucker, Shebe Jeyachandran, Brooke Johns, Davy Truong, Shamonique Driskell, Mille Morgan, Zandra Redd, Sharon Crabbs, Jamie Cole, LaShondia Griffin, Tasha Gijon, Linda Garrington, Angie Kentaken, Sandy Umbel, Michael Ostrowski, Michael Campbell, Abby Appelbaum, Julia Myers, Tomeka Magagula, Regina Miente, Aisha Harris, Jessie Costley, Linda Kuiper, Lesvia Velasquez, Dan Niederding, Charles Jay, Robin Sparer, Jewel Young, Anna McGee, Samantha Sailsman, Daniel Watkins, Zhu Shuzhu, Debra Fidek, Jessica Chausky, Latia Branch, Anne Scholey, Paris Crosby, Andrea McDonald-Fingland, Greg Warren, Catina Perkins, Eulanda Shaw, Robin Bolden, Danica Thornton, Russel Berger, Maria Martinez, Jill Brown, Jessica Taylor, Crystal Trice, Sylvia DeLong, Cathy Jones, Kim Moore, Yuliya Rusabrova, Brittnei Howell, Elizabeth Wolkowicz, Lorraine McDaniels, Kimberly Lednum, Gayle Parker, Jonathan Lacewell, Anne Armstrong, Laura Dillman, Tai Haystai, Heidi Kendall, Grace Sprankle, Christine Williams, Elizabeth Hymel, Fentress Green, Joyce May, Craig Lippens, Donna Boatman, Cathy Baker, Imelda Berry-Candelario, Jen Graham, Tuesday Trott, Rhonda Moreland, Mona Figueroa, Carol Blazer, Beth Waddell, Ayanna Brown, Uzoamaka Osuagwu, Marcia Williamson, David Alexander, Gerrica Germany, Carmen Castang, Shanzet Jones, Sonja Ronsome, Johanna Norris, Debra Adams, Brandy Wink, Jennifer Petrik, Elexus Snow, Barrington Page, Kristen Carrasco, Ruth Hoppes, Teresa Fernandez, Jennifer Summers, Shannon Morgan, Cynthia Hurd, Lizabeth Lenhart-



Cooksey, Tracee Gardner, Nicola Davis, Sue Kessler, Bill Brooks, Karen Edmunds, Kathleen Curry, Joanna Weidner, Cindy Pixton, Debbie Gallloway, James Turner, Shawn Spurlock, Kathleen Bowen, Sarah Bruneau, Lauren Krach, Teresa Prior, Ezra Fromowitz, Kathy Kiselak, Candice Gardini, Keith Arunan, Darlene Dockins, Steven Sahm, Wayne Millette, Christina Peterson, Sheryl Neverson, Martin Slutsky, Aryn Faile, Peter Simmons, Rasheda McGuire, Vickie Leach, Melissa Barber, Jeff Krach, Sonja Moore, Jennifer Omoijuanfo, Tanea Manning, Abiba Wynn, Janet Jones, Sheridan Ham, Kimerbly Courrau, Jarold Hendrick, Sandra Curtis, Gloria Reeves, Tammy Loewe, Susan Gilmore, Cathy Murray, Catherine Briggs, Shelly Williams, Kwante Carter, Amanda Allison, Sueqethea Jones, Michelle River, Crystal Slagle

## **Topics & Discussion**

### **BHA Update**

- Maria Rodowski-Stanco, M.D., is the new Child, Adolescence, and Young Adult Services Division Director as of September 2019.
- BHA received approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) for \$33,169,407.00 in Year 2 of State Opioid Response (SOR) grant funding to continue activities that were started in Year 1.
- In addition, SAMHSA awarded BHA level funding in the amount of \$1,200,000.00 for continuation of the Project for Assistance and Transition for Homelessness (PATH) program. PATH providers will be notified by BHA.
- BHA is working with ASAM to provide regional ASAM trainings to review ASAM placement criteria as well as to discuss changes to the use and implementation of ASAM criteria. Providers do not need permission to implement the ASAM criteria in their internal operations or to comply with BHA or Medicaid regulations. However, providers will be required to have permission agreements with ASAM in order to advertise or market their use of the ASAM criteria publicly. If providers offer training on ASAM criteria, the training must be approved by ASAM and a permission agreement may be required by them.
- The survey on Workforce Retention and Recruitment was disseminated through University of Maryland, Baltimore (UMB) on behalf of BHA on September 6, 2019. UMB helped create the survey and will analyzing the results. As of now 151 responses have been received. If you would like to participate in this survey or receive more information, please contact [UMB](#) at 2019.workforce.survey@gmail.com.



- BHA's compliance unit is hosting its 2<sup>nd</sup> Annual Clinical Intervention of Treatment Strategies Coordinated Care Group for individuals accessing OTP and residential services. This event will take place on October 17, 2019 at Temple Oheb Shalom, 7310 Park Heights Avenue, Baltimore, MD 21208. Please contact [Deirdre.Davis@maryland.gov](mailto:Deirdre.Davis@maryland.gov) for more information and registration or [Vera.Cotter@som.umaryland.edu](mailto:Vera.Cotter@som.umaryland.edu)

## Medicaid Update

We want to assure providers and stakeholders that although it is now September, MDH has been working behind the scenes since June 2019. The Optum system is being built and while it will be different from Beacon's system, the overall structure will be similar – for example there will be a provider portal, authorization will be the same process in general, medical necessity criteria (set by the Department) is the same, claims processing rules, combination of services and other Medicaid requirements remain the same. The ASO is the Department's designee to administer services, but it is the Department that sets the rules and regulations.

Provider Enrollment does **not** change with the change of the ASO. In order to bill Medicaid for services, providers must follow the rules and regulations that currently exist for enrollment and enroll via ePrep. MA/NPI numbers do not change, nor does enrollment status. Provider files are downloaded from MDH Medicaid information system so it's important to make sure your enrollment, group affiliation etc are up to date.

Providers must register with the new vendor prior to (and after) January 1, 2020 in order to obtain authorizations and payment, just as you needed to do for the previous transitions. Optum will be releasing dates for trainings on their provider portal as soon as it's available.

Additional information will be forthcoming through provider alerts and MDH communications, but here are a few additional points:

- Open authorizations will be transferred prior to January 1, 2020.
- In reference to a question regarding submission of claims, direct claim submission will still be available in the next contract, so clearing house is an option/
- Optum's offices will be located in Columbia and the intent, as of now, is to continue Provider Council at the same frequency going forward.



- Karl Steinkraus, former Director of Provider Relations at Beacon, is now employed by Optum. He has been a key source of information for planning in previous transitions and he is Optum's first employee in Maryland.
- Additional key positions are being hired, three of which will all be in place by October 1, 2019. Once the positions are staffed, those people will come to meetings and start conversations as well as outreach and meeting people.
- Please continue to send questions regarding the transition and MDH will track & respond in a formal "FAQ" document by the end of October.

### **Beacon Health Options Update**

- Beacon is working very closely with Medicaid and Optum on transition planning. Beacon's goal is to ensure the same level of service until December 31, 2019. Beacon is working very closely with the HR department of Optum to make sure that current Beacon staff are able to have an opportunity to transition to Optum.

### **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 pended applications or eliminating the long delays at ePrep's end. What is the process for addressing operational improvements with ePrep?**

The provider enrollment issues are a different department and functionality at Medicaid, so if you keep submitting your concerns they will be forwarded to that department and will be looked into. If you have a specific problem with your enrollment and it's been delayed for 30 days, please contact Medicaid directly at [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov).

#### **Uninsured Span Changes**



- 2. In July, a change to funding streams disrupted the existing process for uninsured authorization 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 stream 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.**

This issue was created with the institution of the funding stream for the SUD IMD project. We know why this happens and have addressed it internally. Effective September 11, 2019, the automatic assignment of the FMCS has stopped. The clean-up of consumers that have this on their files is also being addressed. If provider encounter this issue, they can contact Provider Relations for assistance with manually closing the incorrect span so that an uninsured span can be requested. Remember, the automatic assignment of the 30-day span of uninsured coverage only applies to consumers where Medicaid was retrospectively terminated. Please contact [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) if you have any questions or issues about this.

- 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?**

We need to know a bit more about this provider's particular issue in order to correct the issue, but regarding the process, please contact [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) that way anyone from the provider relations team can address the issue. Also, provider relations will retrain staff member so that we are being consistent.

#### **ASO transition.**

Questions about the transition will be added to the FAQ and Optum will also be able to answer questions in the future.



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.**

### **Additional Questions**

8. **Will the proprietary OMS information transfer from Beacon to Optum?**

While there will be a data capture system in the Optum contract, it will not look the same as it does today. The Department made the decision not to change things in the current system pending the outcome of the next contract. So regardless of the ASO vendor, there will be a change of how OMS functions today. The history of the data will transfer over to the next ASO, but from January 1, 2020 forward, the data capture keys will look different. There will be provider training on the portal interface by the new vendor on their system.

9. **Will the same audit tools be used by Optum? Will providers be penalized if they had an audit in September and the audit tools have changed in January? Will authorizations be rolled over; will concurrent or new authorizations be approved when entered? Will pay cycles stay the same?**

This question will be added to the list of FAQ questions.



**10. Other than the payer information within the claim file do we know if the claim format will be changing any with Optum? Will there be a different process when submitting an authorization, including having the option to attach a file such as clinical referrals or ITPs?**

This question will be added to the list of FAQ questions.

**11. There were recently Medicare retractions back to December of 2018, is there any way that we can still receive payment? EDS is now updated and so is Beacon, but it was not at the time the services were rendered.**

Please email [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov) directly.

**12. Why are current authorization requests taking so long to approve?**

Unfortunately, Beacon has been experiencing significant delays due to staff attrition and we appreciate your patience as we try to resolve this situation. The Psychiatric Rehabilitation Program (PRP) service is a high volume service, and therefore is most impacted by delays. Delays may also be experienced for mobile treatment, Residential Rehabilitation Programs (RRPs), and Targeted Case Management (TCM) services. We are working our best to address the backlog. Beacon will continue to prioritize initial requests but if there are cases that need to be escalated, please bring those to the attention of Joana Joasil, Clinical Director and her team will address them within 24 hours of receipt of notification. To escalate cases, please contact Joana Joasil at [Joana.Joasil@beaconhealthoptions.com](mailto:Joana.Joasil@beaconhealthoptions.com) or call directly at (410)691-4030.

**13. Is it true that as of October 2019 Psych NP's will be able to be medical directors of OMHC programs.**

Yes, that occurred in legislation and goes into effect 10/1/2019.

**14. Can we please receive minutes from previous Provider Council meetings?**

The minutes are posted on the Beacon Health Options [website](#). Minutes from the previous month are always available during Provider Council meetings.

**15. Where can I send questions regarding denied applications?**

Please contact [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov)

**16. Our members have said over past transitions that general funded services are the ones that have faced particular disruptions as we move from one ASO to another. So I would offer those members to sit down with you and Optum to kind of flag what the issues have been in the past and offer subject matter expertise as you are working on designing the new system. I**



**would specifically ask that those services, residential crisis that you do dedicated testing on those before we build that.**

Part of the process is taking place now with Optum as we are building test scenarios that include how this should look and how claims are expected to behave. We have UAT testing specific for each service level and in particular ensuring that braided funding is occurring. The benefit of the ASO contract is that it pays both Medicaid and non-Medicaid funded services. Individual providers will be selected to help with that process.

- 17. As part of that billing process inevitably there is buckets of retroactive claims and constant reworking of claims so we've got three providers with outstanding buckets of claims that need to be reworked by Beacon. What is the process for prioritizing these and making sure that these get resolved before the final handoff from one vendor to the other?**

Beacon is working on a process to clean up claims as much as possible before the end of the year. Lots of things that are in existence today will transition over to Optum. Medicaid would like to emphasize that providers also have to be very attentive in this process. There will be more guidance coming out around that in terms of how some providers are being paid today. Some of the reconciliation issues need to be cleaned up before January 1, 2020 because we do not want this to carry over to the new ASO. But knowing there will be some amount that will still be in play so the responsibility of both ASOs is to manage to make sure that those things are addressed. We will have more guidance as we move forward. As far as authorizations go, there will not be a change in how things will be authorized today.