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

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

In attendance: Karl Steinkraus, Stephanie Clark, Sueqethea Jones, Sharon Jones, Patricia Langston, Jarrell Pipkin, Annie Coble, Rebecca Frechard, Steve Reeder, Kathleen Rebbert-Franklin, Shannon Hall, Jody Grodnitcky, Bryce Hudak, Crystal Slagle, Catrina Scott, Kim Erskine, Barbara Trovinger, Lindsey Smith, Andre Pelegrini, Delverene Mills, Joi Dyson, Amy Park, Mike Drummond, Joanne Silverstein, Chandra McNeil-Johnson, Steve Johnson, Todd Pearman, Vernessa Scurry, Tyrone Fleming, Carol Jones, Ben Ijomah, Lisa Kugler

Telephonically: Carrie Medlin, Tamisha Smith, Anne Schooley, Robert Canosa, Rebeca Gonzalez, Mindy Fleetwood, Paula Catlett, Greg Burkhardt, Kayla Moulden, Colette Beell, Sean McDonald, Kara Lankford, Tim Santoni, Amanda Taylor, Jessie Costley, Lisa Pearsoll, Mary Stokes, Barbara Knight, Alisha Womack, Mona Figueroa, Najla Wortham, Mary Brassard, Cynthia Hurd, Paris Crosby, Patricia Langston, Patricia Langston, Patricia Langston, Teresa Purnell, Jennifer Howes, Cathy Howard, La Tonya Jackson, La Tonya Jackson, Kathleen Orner, Joan Sperlein, Kyle Easton, Cathy Lawrence, Lorraine McDaniels, Robin Elchin, Yasmeen Mabry, Anna McGee, Rebecca Maloney, Russell Berger, Kim Lednum, Kristen Rose, Abby Appelbaum, Shanntel Gladney, Marshall Rock, Vanessa Lyle, Geoffrey Ott, Marian Bland, Rhonda Moreland, Ayanna Morris, Mariana Izraelson, Lisa Mankin, Sheba Jeyachandran, Joana Joasil, Linda McIntyre, Kristine Goolsby, Carroll Canipe, Robert Canosa, Jesse Guercio, Emily Suminski, Carmen Castang, Jennifer Howes, Rebecca Maloney, Howard Ashkin

Topics & Discussion

Minutes

- For individuals that have any suggestions or edits for the minutes, you can send all questions or concerns to MarylandProviderRelations@beaconhealthoptions.com.

BHA Update

- BHA is conducting a survey for SUD treatment providers to understand the need and capacity within the community. It is critical that providers participate in order for BHA to obtain accurate information to help the state and jurisdictions plan for services that are needed in the community. A Provider Alert went out on January 17, 2017 identifying the way to complete the survey through Survey Monkey, which takes about 5 minutes per location to complete.

Medicaid Update

- **Re-bundling:** The go-live date is set for May 15, 2017. Medicaid is working towards finalizing the programing within Beacon's system. Beacon will be providing trainings starting in April. OTPs that will be impacted should email MATOD; HAshkin@MedMark.com (Howard Ashkin, Secretary), vwalters@ibrinc.org (Vickie Walters, Treasurer), mcurrens@camtreatment.com (Marian Currens, President) with questions specifically around re-bundling. MATOD leadership is working closely with Medicaid so that the volume of questions can be managed. Right now, Medicaid is only clarifying and helping with the rollout. All of the decision points have been made and are being programmed.
- **IMD:** The Department has been meeting regularly with Beacon regarding IMD (for SUD residential services) to resolve questions. Medicaid is not announcing any additional changes right now. The rollout is scheduled for July 1, 2017.
- **Provider Enrollment:** Medicaid has procured a vendor to manage and streamline the provider enrollment process. The vendor is Automated Health Systems. Medicaid will still be completing site visits for enrollment and revalidation.

Beacon Health Options Update

- Beacon is working very closely with the Department on the residential SUD services and re-bundling.
- The ABA services are continuing to rollout relatively smoothly. There have been some trainings done with the CSAs and LAAs at this point and we will be having providers on board as well.

Provider Questions

1. **In the February provider meeting, it was mentioned that providers could bill for another MH evaluation if needed (should not be regular practice). This could be a third evaluation if there was already a psychiatric evaluation by a MD and an evaluation by a LCPC or LCSW-C. We have had claims denied for a second/third MH assessment within a 6-month period. Can you provide clarity on this and will claims be paid that were previously denied?**

There is a difference in the question for second/third. For second, there should not be any denials because you get authorization for 2 diagnostic evaluations in order to do this. This is only for MH, not SUD. 90791 is without medication, so a social worker may do a diagnostic evaluation and then the doctor can independently do another full diagnostic evaluation which can be billed for 90792 with medical services. A third diagnosis cannot be billed within that same 6-month period. This should only be done when someone is starting treatment, not every 6 months.

2. **When patients step down or up within different levels of care for substance abuse treatment, can another SUD evaluation be completed and billed to collect new information from the patient?**

If you are in the same provider's office, the expectation is that you share clinical information,

so you will not have to do a new assessment. If the consumer goes to a new provider, they may feel that a new assessment is needed. In this situation, the new provider may do another assessment. When making a referral, you should share the assessment with the new provider.

3. **I have 3 items that I would like added to the Provider Council Meeting Agenda. These issues are specific to our programs; however, I would like to know if other programs are having the same problems and also how can we get them resolved? When I attempt to escalate problems that occur with claims, the supervisors are limited in their knowledge and then, there seems to be no one at a higher level above who can assist. The problems we're experiencing are impacting much needed revenue for our programs.**
    - **When we call Beacon claims department, we are only allowed to discuss 3 claims for one specific patient at a time. We then have to hang up and call back. Why is this? If there is a problem that is impacting a lot of patients' claims and the problem cannot get resolved on Provider Connect, what are we supposed to do to get the problems fixed?**
    - **Payment for claims are being incorrectly attributed to "prepaid" status. This is occurring for a program that only receives grant money on a fee for service basis. I have contacted Beacon claims department and a couple people in Provider Relations. However, either my emails and calls are not returned OR I am told that this isn't a problem that they can help with. Who should I contact? Also, is this happening with other programs?**
    - **The service class description for authorizations obtained by our addictions outpatient program are being changed in Provider Connect from "substance use disorder services" to "outpatient therapy services". This is causing a great deal of claims to be incorrectly denied. Again, I have contacted several sources, but no one can assist. What is causing this problem? How do we get this corrected and the claims paid? Are other programs having this problem? This isn't the first time this problem has happened and when it does, it impacts a number of claims.**

When calling Beacon's claims customer service, the staff is to look at around 2-4 claims issues. For more than that, the claims need to be reviewed by a claims analyst. The frontline staff should be referring providers to MarylandProviderRelations@beaconhealthoptions.com with examples including contact information to assign to a claims analyst that has much more knowledge and ability to investigate those claims. Beacon wants to insure that the right person is working on the claims issue. There was a claims meeting this week, to make sure that they are emphasizing those trainings. As a reminder, calls are being addressed based on urgency and complexity. If you are emailing the Provider Relations mailbox and are not receiving a response, add Karl Steinkraus, Director of Provider Relations to the email as well Karl.Steinkraus@beaconhealthoptions.com, which will alert him that you have not received a response to your email. Start with claims, if they cannot help, they should be referring you to Provider Relations. Provider Relations may not be able to answer your questions, but they can connect you with an analyst. We can also set up weekly or monthly calls with providers to assist on the claims issues as well.

4. **Are the regulations for 10.63 now active for agencies who are already accredited? Should we begin/continue to follow those regulations?**

COMAR 10.63 has been active since October 1, 2016. Just because a provider is accredited, does not mean that they fall under 10.63. You must submit an application to OHCQ and they will then send you a license that will identify your service levels and that you are fully licensed under 10.63. Currently, you have a certificate under 10.47 or an approval under 10.21. You would comply with 10.63 when you have the license from OHCQ. The final deadline is December 31, 2017 at midnight for everyone to apply for 10.63, in order to process the license and get it to you prior to April 1, 2018.

5. **Can you provide an update on the process for applying for a new service line under 10.63 if an agency is already accredited?**

This assumes that you are already under 10.63, already accredited, and looking to apply for a new service. You have to notify OHCQ and you will have an application process. This process is different than the original, but just as you do now, if you want to add a new business line, you must get a certification that reflects the new business line. Your license has to actively reflect the service provided.

6. **At the February Provider Council, you indicated that Beacon is adding Z03.89 for "no diagnosis" on assessments, would be available in two weeks. Can providers now use this code?**

As of today, Beacon is half way to the completion point of adding Z03.89. It has been uploaded into the ProviderConnect system as a diagnosis code, but it is not paying on the claims end yet because it failed testing. It is going to require changes to our service class grid because this Z code is currently being use for our TBS services. Some programing needs to be changed and you will notice that a provider alert has not gone out yet announcing it. As a reminder, R69 works on both the ProviderConnect side and claims side. We apologize for the delay; it will take at least another 15-30 days for reprogramming, once completed, a provider alert will be sent out.

WebEx Questions

1. **Since the rollout in being able to bill for urine drug screens under provider type 50 and provider type 20 all claims have denied. I was advised that your system was corrected in February yet even the claims submitted via ProviderConnect. The claims are still denying. Any update? Will the system be resolved and claims be repaid?**

CMS keeps changing the codes on this, every year we have had a different code change. We received notification in late December and then it needed to be implemented in Beacon's

system. If you bill the 80305, 80306 or 80307, we are going to be reprocessing those claims, but if you bill the G0477, after January 1, 2017, you must rebill the claims using 80305.

2. **Who do we find out the following from:**
    - **The timeline for a reconsideration after a claim has been denied? What is the address and fax number for reconsideration? Is there a formal form? What is timeline for formal appeals? What is the address and fax number for appeals for this process?**

A provider alert will be going out with all of this information from the Quality Department at Beacon.

3. **Comment from BHA: Please let providers know that BHA has posted FAQ for 10.63 on our website under accreditation. Any questions regarding accreditation or regulations should be sent to BHA.regulations@maryland.gov.**

4. **What is the combination code rule for the 8000 series lab services?**

Please send an email to MarylandProviderRelations@beaconhealthoptions.com with your question and note if you are a MH or SUD provider.