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

Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, July 14, 2017
10:00 am to 11:30 am

In attendance: Rebecca Frechard, Patricia Langston, Steve Reeder, Jody Grodnitzky, Bryce Hudak, Mike Drummond, Todd Pearman, Dr. Helen Lann, Jenny Howes, Jody VanOrder, Donna Shipp, Diana Long, John Friedel, Arlene Barth, Marian Blend, Cynthia Petion, Joana Joasil, Annie Coble, Daniel Jarvis, Chris McCabe, Sueqethea Jones, Sharon Jones, Deidre Davis, Barry Waters, Andre Pelegrini, Chris Kolko, Joan Tarasench, Chandra Johnson, Michael McCoy, Barry Waters, Deirdre Davis, Barbara Trovinger, Andre Peligrini, Jarrell Pipkin

Telephonically: Howard Ashkin, Courtney Barno, Kimberly Bittinger, Shanna Bittner-Borell, Marian Bland, Abigail Brooks, Kim Erskine, Cheryl Forster, Michelle Grigsby, Jesse Guercio, Lillie Hinkelman, Cynthia Hurd, Connie Hutson, Mariana Israelson, Anna Jung, Ruth Kershner, Emily Laun, Thomas McCarty, Anna Mcgee, Carrie Medlin, Barry Page, Tina Raynor, Susan Richardson, Shannon Sipes, Mark Slater, Christie Sterling, Mary Viggiani, Kevin Watkins, Ellen Weber, Leslie Woolford, Susan Wilkoff

Topics & Discussion

Minutes

- Beacon's email address for Provider Relations is: MarylandProviderRelations@beaconhealthoptions.com and may be used by providers to submit suggestions or edits for the minutes as well as questions for the next Provider Council. To have your questions considered, please submit no later than the Wednesday prior to the council meeting, to allow time for research and response.

BHA Update

- BHA is responding to legislative language that requires them to do a study/ report on the feasibility of merging the Core Service Agencies (CSAs) and the Local Addictions Authorities (LAAs) to become the Local Behavioral Health Authorities (LBHAs) and systems managers at the local level. The Department

will be securing services from a nationally known consultant to look at defining integration, principles for integration, and identifying an integrated process for systems management. The report must also include financial analysis and an assessment of differences in experience in integrated verses separate agencies. There will be three set phases which include stakeholder input, and implementation plan. Reporting of this process is due to the legislature November 1, 2017.

- There is one-time only assistance with accreditation fees available for providers. They can access funds through the Core Service Agencies, Local Addiction Authority or Local Behavioral Health Authority. The application guidelines are posted on BHA's website which was sent out through a Provider Alert about a month ago. If you have any questions or concerns, you should contact your local CSA/LAA or LHBA. Next steps in this process will include a series of provider input meetings across the state to address the impact accreditation-based licensure is having on the provider community, as well as to gain insight on any obstacles, efforts for quality improvement and technical assistance. These meetings are scheduled for the end of July and 1st week in August.
- BHA is waiting for approval from the OIG on the emergency regulations for recovery residents that was drafted. There were a few trainings in June for the 19th and 20th on the National Lines for Recovery Residence Standard. BHA will still provide training, while waiting for an approval from the OIG to move forward with their Recovery Residence Standard.
- Office of Health Care Quality's Behavioral Health Unit will be managed under BHA's Office of Compliance effective July 1, 2017. Stacey Diehl and unit staff offices will remain in the OHCQ building.
- The Governor did a press release on $10 million that was designated to the Opioid Operation Command Center and the Cures Grant. The Office of Procurement has been working with Local Addiction Authorities, Local Behavioral Health Authorities and BHA to process grant requests for funding. Upon review, award letters for the Cures Grant funding will be processed and disseminated to local jurisdictions.
- The REOI is scheduled to appear for Expansion Level 3.1 and Crisis Services 3.7 on the residential band. $22 million in single cap will be awarded to the local jurisdiction to address the opioid crisis. The funding for the Cures Grant will be 20% for prevention and 80% for treatment services.

Medicaid Update

- The Adult Residential SUD benefit went live on July 1, 2017. Rebecca stated that there will be continued technical systems calls with the Adult Residential Providers; in conjunction with BHA and Beacon. The calls will be conducted every Friday at 1:00 P.M. if you would like to be added to these calls please email MarylandProviderRelations@beaconhealthoptions.com. These calls will continue until people feel comfortable with the change and requirements.

- Medicaid has a new provider enrollment vendor, Automated Health Systems. This change will affect all of the Behavioral Health Providers over time. Automated Health Systems will take over the provider enrollment functions, specifically trouble shooting and call centers. Information regarding the implementation plan will be arriving soon from August through October and should come into play by Spring 2018.

Beacon Health Options Update

- At this point Beacon has not received many concerns regarding the residential program that went live on July 1, 2017.
- Beacon will work with Medicaid and BHA on a resolution for the uninsured process.

Provider Questions

1. Regarding the March provider alert where the approval time frame increased to up to 14 days before an initial or concurrent PRP authorization is approved by a Beacon clinical care manager. The concern is that waiting to start providing services until Beacon officially approves a client is a long lapse in time. There is a conflict because we either wait to start services up to 14+ days later which poses a huge concern for our clients who are coming from the hospital or are in crisis and are in need of services sooner rather than later…or…we start services prior to official approval yet run the risk of the authorization being denied, then must make referrals and transition the client which is good clinical practice…yet we will not be reimbursed for services already provided. How is it good clinical practice to provisionally provide services without knowing if the authorization will be approved/denied? If the 30-day authorization remains in pending status for up to 14 days (half of the time of the entire authorization span), how can we be expected to confidently complete our documentation/orientation with the client, that includes the face to face assessment and IRP? Beacon isn't truly allowing for 30 days to complete these services as the COMAR regulations state we are allowed to have. Related to #2 above, the authorization date approval for the 30 day authorizations are not certain dates (such as the concurrent authorizations), some care managers are approving with less than a 30-day span and because the date range is adjusted, we cannot be sure what the span will be…which again related to our documentation requirements?

   Authorizations for PRP will be adjusted to reflect a two-unit authorization. The two units, regardless of the start date of the authorization requests, will go from the submission date to the last day of

the second month. These two units will allow the provider sufficient time to complete all requirements including the DLA-20 assessment tool and the required individual rehabilitation plan and bill for the appropriate number of encounters. It also allows synching of the review with the 30-day calendar logic for any ongoing review. Any continuing review after the initial request will follow the 6 unit/6 month process. Once approved, the process will be applied prospectively. Reviews will not be corrected retrospectively.

There will be two separate properties depending on the provider that is approved currently on 10.21 or approved under 10.63. If a provider is approved under 10.63, or subject to an accredited association, nobody will be liable for the 30-day. There will be no penalties for the authorizations that take extended amount of time to complete the following standards of the accrediting body.

As a reminder, Beacon has not changed any of the internal authorization work flows. The Provider Alert that came out in March reflected the internal reporting time of adopting the NCQA what is needed for the accreditation and national standard.

2. Will Beacon Health Options pay for Recovery Coaches that screen patients for substance abuse disorder when in the Hospital Emergency Room (rate regulated space)?

   No. This is not a Medicaid approved service and Beacon cannot pay for services that are not approved by the Department. The MCO's are responsible for reimbursement of SBIRT services screening, brief intervention and referral treatments. This service is not designed as a specialty behavioral health service, but as a primary care service. The motivation is to get primary care doctors to do these screenings in their offices.

3. **Provider Communications.** It took Beacon several days to communicate with providers about EDI system errors that occurred on June 28 and 29, with providers not getting responses to their inquiries until up to 10 days later. As a result of this lack of communication, multiple providers left voicemail messages or emails with Beacon that went unreturned, often while providers are experimenting with test files to see if it's a problem on their end that needs to be corrected. Prompt communications with providers about system issues can spare both Beacon and providers a great deal of wasted time and resources. What steps can be taken to ensure that Beacon meets its contractual obligation to

"have sufficient provider relations staff to respond to provider inquiries within one business day"?

There are multiple issues that can surface at the same time, Beacon is mandated to respond within a 24-hour time period. When Provider Relations answers a request it may take longer than 24 hours to get it resolved. When requests come directly to the Maryland Provider Relations mailbox, the issue is reviewed within 24 hours. If you are finding that you are not getting the resolution that's required, please take in to consideration the entry point for the question that gets routed to Provider Relations. Inquiries that come through Customer Service may take longer.

4. **Correcting Errors in the Beacon/State's NPI Technology and Workflow.** Providers continue to experience problems with random dropping of NPI numbers. In some cases, it appears that the Medicaid file has overwritten Beacon's file. At other times, the Medicaid file is correct yet Beacon's system retains the outdated address. When NPIs are erroneously overwritten, multiple providers reported that it takes four months to get it corrected. Providers are not confident that the technology and human workflow for the assignment of NPIs is working correctly between Medicaid and Beacon. What efforts have been taken at a systemic level by Beacon/Medicaid to examine the NPI issue and determine whether any technology or workflow corrections are needed?

   In October 2016, Beacon implemented the requirement for all services at all locations to utilize their unique MA/NPI combination assigned. There is a weekly upload of provider file information from the Medicaid MMIS system into the Beacon files. Providers should note that there can be a lag time between Medicaid and Beacon of approximately 7 days, depending on when a provider updated their Maryland Medicaid file. Beacon is able to manually make adjustments and providers should call Beacon if they find that they need an update more immediately or do not see their update reflected in the Beacon information. Please note that the Maryland Medicaid file is the system of record and changes to the Beacon files will only occur once the information is confirmed with Maryland Medicaid. The Beacon Provider Relations department is also available to review any file that a provider feels may have been updated incorrectly or may not reflect their current MA/NPI combinations. Providers should send detailed examples of their claims or authorization issues to the marylandproviderrelations@beaconhealthoptions.com mailbox and someone will reach out to assist you in resolution.

5. **Clarifying School-Based Policy and Aligning Codes.** In October, a change to the Provider Manual indicated that school-based services were limited to

assessment and individual & group therapy. BHA and Beacon subsequently clarified that all CPT codes paid in OMHC office settings were supposed to be paid in school settings. However, this correction has not been fully enacted: The provider manual section for school-based services has not been corrected, and it still states erroneously that school-based services are only assessment and individual & group therapy. When will this be corrected to reflect the stated BHA/Beacon policy of covering all OMHC services? The school-based 03-modifier does not work for treatment plans. When will this be corrected? The school-based 03-modifier does not work for crisis services (90839 and 90840). When will this be corrected? The school-based 03-modifier does not work for the discharge OMS code (90889). When will this be corrected?

> Medicaid stated that this is something that they do not recall agreeing to and there could be some misunderstanding associated with certain codes. The Provider Manual will be updated to reflect the codes that were initially reviewed. However, the Department is considering adding additional codes. If this is determined, then we will update the manual and coding accordingly. OMHC's can deliver services off site and could bill for services regardless of the POS specifically indicated. If you have further questions specific to this issue, because it is a Department's determination, you may send an email to: MDH.MABehavioralHealth@Maryland.gov

6. **Sporadic Stripping of Supported Employment Modifier.** This issue is sporadic; sometimes H2026-21 and S9445-52 have the modifiers stripped. There is never a remark code indicating it has been stripped, the modifier just disappears. In the case of H2026-21 the services are paid at the lower H2026 rate. For S9445-52 the service gets denied without the modifier since we are not authorized for S9445. Providers are usually able to reprocess claims in ProviderConnect, but a technology fix is needed. What steps has Beacon taken to work with providers to identify this problem? When will it be fixed?

   > To Beacon's knowledge this issue was addressed. If there is a recurrence of this issue, please send examples to Beacon directly.

7. **Telehealth/RCS Modifier**. Provider has submitted claims with both the -GT modifier for telehealth AND the -HE modifier for RCS professional services. The -HE modifiers were removed by Beacon's system during claims processing. Some of the claims were paid and one was denied for no authorization. What steps has Beacon taken to work with providers to identify this problem? When will it be fixed?

The system does not recognize 2 modifiers. This request was for tele-health and residential crisis with codes for both being submitted. Beacon and the Department are working on determining a fix to the problems that surfaced.

8. **-HE and -22 Modifiers and Fee Schedule Problems.** A provider reports fee schedule problems with RCS professional services. Any clinic procedure code with the -HE and the -22 modifiers should pay at the same rate as the non-HE version, but the provider reports that their services are paid at the 2013 rate. Can you clarify what the correct fee for these codes should be?

   Please send a specific claims example to Beacon in order to have this reviewed and addressed. Beacon is not aware of fees out of date.

9. **Case Rates in New Authorization Structure.** Case rates are designed to be one unit per month. The new authorization structure for the DLA-20 deviates from this, and it is resulting in billing denials in the consumer's second month of service. We understand that BHA is considering an initial authorization for 2 months or the remainder of the current month plus the entire next month in order to line up with the case rate structure. Can you confirm this and describe the proposed modification? Can you make the change retroactive?

   Changes cannot be made retrospectively related to the DLA-20. There will be a time frame for the start date on this action. This information will be in a future provider alert.

10. **Telehealth/Prescriber Evaluation.** The GT modifier is not loaded on the code 90792 (prescriber evaluation). Can you clarify if the GT-modifier will be included for prescriber evaluations? If so, by what date?

    The GT-modifier is loaded to the code 90792, if there is any trouble with the reimbursement please check your registration for the modifier by the Telehealth team. Please email MDH.telemedicineinfo@maryland.gov and they will confirm any registrations.

11. **PRP Authorizations**. In the last month, a provider who has a valid authorization for PRP services has had denial because there was no authorization for onsite services. Has there been a policy change in the authorization process for PRP services?

    To Beacon's knowledge, the claim referenced here was resolved. If there are additional or new issues, they need to be submitted directly to Beacon for review.

12. **DLA-20 Tab Problems**. A provider reports that the DLA-20 tab doesn't show up in for a U2 authorization request. Is this an oversight? A hospital-based PRP program reports that about 15 individuals (not youths or former youth) do not have DLA-20 tabs. Services are voided for lack of DLA-20. How can this be corrected and what work-around can be found until a technology correction is in place?

    To Beacon's knowledge, this issue is currently in the process of being resolved. If there are additional or new issues, they need to be submitted directly to Beacon for review.

13. **Guest Dosing.** In mid-May, Beacon implemented a transient guest dosing code (W9520). Our only member using this code reports that all claims have denied, with unclear error messages. Has Beacon paid any transient guest dosing codes since implementation? With whom should the provider speak for help in identifying and resolving the issue?

    Beacon has already paid most of the claims that have been submitted for guest dosing. This issue largely affected a single provider and is subsequently being addressed. If other providers have questions about claims for guest dosing, please contact the Claims Department. Providers can contact Provider Relations if their concerns persist.

14. **Modifiers for SUD 99211-99215.** A Type 50 SUD provider is trying to provide MAT services by employing a Data Waiver 2000 certified doctor. The provider alert containing the updated fee schedule has HG modifiers required to bill for ongoing services but there are no modifiers for induction (initial intake). How can we see and bill for new clients?

    New patient E&M codes (99201-99205) are not included on the fee schedule for Provider Type 50s (PT 50). PT 50s that are licensed to provide ambulatory detox services may use the ambulatory detox code (H0014) in addition to the assessment code (H0001) for initial intake of new MAT consumers. For existing consumers, PT 50s may use the established patient E&M codes (99211-99215) for MAT medication management.