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

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

In attendance:

Telephonically:

Area of Focus: Consumer Perception of Care Survey Results 2018

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

Provider Questions

1. **For consumers in our TAY 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 member that they can only get a PR1. Is this correct?**

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

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

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

3. **Will the PMHS Billing Rates be increased effective July 1, 2019?**

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

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

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?**

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

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?**

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?**

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?**

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?**

12. **Cornerstone Montgomery had an ePrep 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 ePrep or enrollment page).

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

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?**

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?**

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?**

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?**

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