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

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

In attendance: Karl Steinkraus, Stephanie Clark, Daryl Plevy, Annie Coble, Rebecca Frechard, Steve Reeder, Kathleen Rebbert-Franklin, Shannon Hall, Jody Grodnitcky, Catrina Scott, Barbara Groves, Carol Shilling, Todd Pearman, Jenny Howes, Rebekha Rogers, Christina Peterson, Steve Johnson, Robert Canosa, Tyrone Fleming, James Johnson, Mike Drummond, Jarrell Pipkin, Sharon Jones, Sueqethea Jones, Laura Hernandez, Barbara Trovinger, Shanzet Jones, Teresa Fernandez, TJ Hall Ayres, Sara Burden, Chris Pedersen, Helen Lann, Kim Bright, Sue Kessler, Kristine Goolsberg, Vernessa Scurry, Gordon Rothrock, Robin Elchin, Bryce Hudak

Telephonically: Sean McDonald, Lavina Thompson, Heather Walter, Rick Rock, Sharon Gudger, Kathy Stevens, Stacy Gillen, Kathryn Dilley, Lorraine McDaniels, Vickie Walters, Abby Appelbaum, Christine Branch, Lisa Pearsoll, Vanessa Lyle, Ebony Jones, Jessie Costley, Mary Winebrenner, Johanna Norris, Connie Pippin, Chris Parks, Verdell Staten-Heath, Michael Brooks, Karen Arvin, Geoffrey Ott, Cathy Howard, Jennifer Cooper, Jermaine Wyatt, Jeff Krach, Karen Arvin, Anna McGee, Tabetha Berg, Mona Figueroa, Delverene Mills, Mary Winebrenner, Laura Higgins, Cheryl Forster, Chandra McNeil-Johnson, Daniel Higgins, Susan Bradley, Michael Ostrowski, Tina Raynor, Elaine Hall, Ashley Collins, Mindy Fleetwood, Connie Dausch, Kayla Moulden, Carroll Canipe, James Omotosho, Amanda Taylor, Samantha DiBastiani, Greg Burkhardt, Jermaine Wyatt, Doris McDonald, Tammy Fox, Shereen Cabrera Bentley, Mary Stokes, Mary Rimi, Tina von Gunten, Cynthia Hurd, Amanda Moran, Marshall Rock, Jessica Chausky, Eulanda Shaw, Barrington Page, Jim Jones, Heather Dewey, Sheba Jeyachandran, Greg Warren, Christina Trenton, Mary Brassard, Tracy Bushee, Chris Parks, Victoria Sterling, Denisha Pendleton, Rose Hayes, Tasha Jones, Mariana Izraelson, Kathy Stevens, Joana Joasil, Tamisha Smith, Lisa Pearsoll, Jessie Costley, Robert Bartlett, Rhonda Moreland, Anita Baxter, Frances Cason, Gretchen Tome, Carol Binta Nadeem, Catherine Meyers, Mariana Izraelson, J.R. Hughes, Paula Catlett, Karen Garner, Lillie Hinkelman, Teresa Beath, Vircha DeHoney

Topics & Discussion

Minute

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

BHA Update

- **SUD ambulatory services moving to fee-for-service.** As of January 1, 2017, the remainder of SUD ambulatory services has transferred to Beacon from the local jurisdictions. The transition has been smooth with only a few issues surrounding getting approval for exceptions to the uninsured workflow. If providers do not meet the automatic authorization, then the request goes to the local jurisdiction for exception. Reasons for the exceptions must be documented and thoroughly reviewed. The state is monitoring these exceptions closely and there have been lower than expected numbers of exceptions needed.
- **Residential services moving to fee-for-service**. Last month, the State obtained approval from CMS for its SUD residential waiver. Medicaid coverage will be available for 2 episodes per year, for up to 30 days per episode. The Department is in the process of developing the work flow to support this program which has two primary components:
    - The first is Medicaid coverage for the residential SUD services at the ASAM 3.7D, 3.7, 3.5 and 3.3 levels of care. The second component is the payment of the room and board that the State of Maryland will incur**.** The goal is for there to be a seamless transition from the Medicaid funded portion to the State funded portion.
    - BHA is reviewing the capacity and readiness of current residential providers as well as coming up with a process for approving any new providers that wish to be enrolled. Initially, the focus will be on working with existing providers. The next phase will be to work with those that wish to begin providing services and/or expanding services. BHA is also reviewing questions and processes that can be put into place for providers that are in need of transition funds or technical assistance. BHA is also working towards putting together a FAQ, and encourages providers to send questions to Provider Council so that we can ensure that we are addressing all concerns.

Medicaid Update

- The comment period for the 10.09.80 (OTP re-bundling) closed in January. Medicaid has completed the responses which are under final review. The state will be posting the comments and responses to the integration website http://dhmh.maryland.gov/bhd/Pages/Integration-Efforts.aspx. The implementation date is May 15, 2017. The state is meeting with stakeholders and MATOD leadership to assist with the roll-out. Providers should expect education and assistance coming in April 2017 through MATOD, provider alerts, and direct training and education provided by Beacon

Beacon Health Options Update

- A Provider Alert will be sent out today announcing that the Beacon system has updated the lab codes and POS 03.
- Donna Shipp is on vacation starting today for the next couple of weeks. During this time, if anyone is seeking help, contact

MarylandProviderRelations@beaconhealthoptions.com and one of the other Provider Relations team members will assist you.

- If anyone has lost their power cord to their laptop during the January Provider Council meeting, please contact MarylandProviderRelations@beaconhealthoptions.com.
- For anyone that is on the Webinar today, please email your name and contact information to MarylandProviderRelations@beaconhealthoptions.com.

Provider Questions

1. **Medicaid Revalidations. Providers have received validation letters for some, but not all, MA numbers. One provider was told to complete the revalidation process only for the MA numbers requested. Can you confirm that this is correct?**

Yes, providers need to revalidate the MA numbers specifically requested in the letter received.

2. **Medicaid Revalidations. Some revalidation letters sent to providers do not contain the MA number. What should a provider do under those circumstances?**

This issue should not be happening. For the providers that are facing this issue, please email DHMH.BHEnrollment@maryland.gov and the Behavioral Health Unit will research this issue.

3. **Request for Clarification About Change in Authorization Period. No Provider Alerts were issued, but we understand that a change to the initial auth period was covered in the DLA-20 trainings. Auths for new clients will be 30 days to allow providers time to administer the DLA- 20, which is now a requirement with every auth request except the initial. The next auth will be for 5 months, and all subsequent auths will be the usual six months, including grey zone auths. Is this correct?**

Providers were notified within the attached Provider Alert, *Balancing Incentive Program Required DLA-20 Training,* dated September 22, 2016 of the pending changes in the authorization parameters for the service types affected by the DLA-20. Coincident with the implementation of the DLA-20 workflow, the first authorization request for services to begin on or after February 1, 2017 will be reviewed for medical necessity and, if met, granted a 30-day authorization span. Any subsequent continuing service request for authorization that meets established medical necessity criteria will be granted a six (6) month authorization span. These authorization parameters apply to both Medicaid beneficiaries and to those with an active uninsured eligibility span. DLA-20 data are required to be entered at the 30-day concurrent review, at every six-month concurrent review thereafter, and at discharge from the service. http://maryland.beaconhealthoptions.com/provider/alerts/2016/Balancing-Incentive-Prgm-DLA-20-Training-9-22-2016.pdf

- **Does the 1-month auth period operate like the 2 initial auths in the OMHC world?**

No. The initial authorization request is reviewed for medical necessity and any services performed during this authorization span are treated as managed visits.

- **Does an approved diagnosis still need to be completed with all of the other referral and required questions to get the initial auth?**

Yes, there are no changes to the authorization submission requirements other than to incorporate the DLA-20 and supplemental questions into the service authorization workflow.

- **What will be required to be entered into Beacon to obtain the 5-month auth? Will the entire DLA-20 be required? Can it be uploaded as a document?**

As stated above, the duration of the continuing service authorization span is for six (6) months. DLA-20 data for each of the items and for the supplemental questions must be entered directly into Provider Connect, as the raw data is needed in a format conducive to data manipulation, analysis, and transmission.

4. **Request for Policy & Operations Change. When submitting a PRP authorization request, providers must submit the name of the DLA-trainer and training date. Duplicated over tens of thousands of claims, this requires substantial more administrative time to complete the authorization process. Other methods – such as attestation and auditing – can achieve the same policy goals more efficiently, with less outlay of administrative staff time on providers' part. Have you explored these options as an alternative? If so, why were more efficient reporting options rejected?**

Yes, that is correct. The Department has a fiduciary responsibility to protect the intellectual property rights of the developer and purveyor of the DLA-20, which is a proprietary instrument. The Department is continuing to evaluate mechanisms to streamline this process, while at the same time ensuring that sufficient information is captured to permit a systematic analysis of potential rating variances across multiple raters, trainers, and agencies as a means to more effectively target limited training resources and interventions to areas of identified need. The Department has a vested interest in ensuring the integrity of the DLA-20 data reported so that they may be relied on for individual and system-level planning and evaluation.

5. **Status of Operational Update. At the January Provider Council, you indicated that Beacon is adding Z03.89 for "no diagnosis" on assessments, slated for the end of January. What is the current anticipated go-live date for this change?**

Beacon is still in the process of adding Z03.89 and anticipates this to take place within the next 15 days. Beacon was focused on completing the POS 03 and the Lab codes update and will be sending out a Provider Alert with the Z code. As of today, R69 has been updated in the Beacon system.

6. **Request for Clarification. Could we get guidelines about when a psychiatric re-assessment can occur and be paid. Is this something that can happen once per year? Once per auth period? When a client is not in treatment for an extended period? (how long-90 days?) Coming from another provider-so new admission *but* had been in active treatment?**

The bundle includes the psychiatric evaluation every 6 months; however, providers should bill this only when it is medically necessary.

7. **When will BHO Maryland start having the same COB information as EVS? This has been an issue in getting claims paid even after the consumer and the provider office call EVS to give the termed date of a consumer primary insurance. Now we are being told the consumer also has to call BHO Maryland to have information updated also after EVS updated their information 48 hours after getting the information. Is this correct?**

EVS is the eligibility vendor to Medicaid, not Beacon. EVS refreshes nightly and has had a 24-hour lag for this update. MMIS processes the updated file and this is sent to EVS as well as Beacon nightly. If providers follow the uninsured workflow, they will have a seamless transition to Medicaid, when updated in the Beacon system. If there are further questions, please contact DHMH.BHEnrollment@maryland.gov and Medicaid can address these questions with the eligibility team. For questions about the uninsured workflow, please review the provider alerts located at http://maryland.beaconhealthoptions.com/provider/prv_alerts.html.

8. **Here is a question I have for the Provider Council meeting on 2/10/16: We are a small PRP and we are looking to expand. We would like to hire contractors as mental health therapists to see our clients and to participate in a collaborative treatment team meeting to achieve continuity of care. Is this allowed? If not, what would we need to do to make this possible? Also, I would be interested in learning more details about the PRP best practices subcommittee. Please let me know if any additional information is needed.**

PRP providers can team up with anyone they want, but they cannot bill for therapy or individual medication management through the PRP. The subcommittee reviewing best practices has met once, but due to competing state priorities, they have not yet reconvened. More information will come as this progresses.

9. **What is the reimbursement duration for uninsured individuals? Is it 60 or 90 days? Does this start on uninsured eligibility span date or on the start date of the authorization?**

- http://maryland.beaconhealthoptions.com/provider/alerts/2016/COB-Jurisdictions-Moving-Uninsured-Pymts-to-BHO-06-03-16.pdf
- http://maryland.beaconhealthoptions.com/provider/alerts/2016/SUD-Uninsured-Grant-Funded-In-Revised-06-03-16.pdf
- http://maryland.beaconhealthoptions.com/provider/alerts/2016/Transition-to-FFS-Revised-06-03-16.pdf

10. **One of the speakers on the Beacon OMS Interview webinar last 1/24 stated that the providers' OMS data report have already been posted in Provider Connect. The OMS Data report for our facility is not yet available. Who can we contact to obtain our facility's OMS Data report?**

Contact Beacon at: marylandproviderrelations@beaconhealthoptions.com.

11. **Medicare / Medicaid related questions:**
    - **Please explain the current practice for billing Medicare. In the past, if an individual is being seen for IOP services or has alcohol abuse diagnosis (ICD- 10 F10.10) has primary Medicare and secondary Beacon/MA, as long as the MA coverage is full (not SLMB or QMB), provider can bill Beacon directly. Is this still the current practice or can we now bill Beacon even if Beacon coverage is only partial (QMB or SLMB)?**
    - **If an individual has primary Medicare and secondary full Medicaid/Beacon, was seen by a Medicare approved provider for an SUD assessment and was diagnosed with F14.21 (cocaine dependence), are we to bill Medicare or Beacon? We initially billed Medicare and payment was denied due to Medicare not reimbursing for F14.21 diagnoses. Since Medicare rejected the claim, can we bill Beacon since we obtained timely and accurate authorization?**
    - **An individual has straight Medicare coverage; no secondary. We scheduled the individual's SUD assessment with a Medicare approved provider. Provider recommended no treatment and therefore patient had an R69 diagnosis. Payment was denied since Medicare does not pay for an R69 diagnosis? Is there a way around this situation?**

Please refer to the January minutes for the detailed answers to these questions.

12. **Beacon offered different webinar schedule on providers transitioning to fee for service. Couple of our staff heard in one of the webinars that stated individuals with private insurance who have high deductible can qualify for uninsured? This information did not come up in the webinar I attended. Is this accurate? If yes, can you define or provide a range of what you consider as high deductible and describe the process of how this individual will then qualify as uninsured to receive SUD services?**

Contact your local Health Department and/or Local Addictions Authority. They are responsible for using their judgment in making uninsured exceptions on a case-by-case basis.

Webinar Questions

1. **Can private providers request authorization for uninsured patients? or this is only approving for local jurisdictions?**

For ambulatory services, if you are registered in the Beacon system, you can request authorization for uninsured patients using the uninsured workflow.

2. **Could you please advise with Beacon Health Grid_ Payer Matrix will be updated? Last update was 12/2014. My practice has several claims that have denied based on the GRID, i.e. not valid CPT with diagnosis in place of service. Upon submitting to MCO/MA they state it is covered through Beacon. The updated Grid would help tremendously.**

The grid payer matrix will be updated within the next few weeks.

3. **Are residential providers to assume that prior to the end of the 30 days we will have to get a concurrent authorization for continued care for levels 3.5 and 3.3?**

For levels 3.3 and 3.5, all authorizations must be submitted as appropriate, but there are ongoing discussions for how these will work with the residential services once moved to fee-for-service. More information will be forthcoming.

4. **What is a DLA 20?**

Daily Living Activities-20 (DLA-20) is a 20-question proprietary functional assessment that has been recommended by the behavioral health provider community to fulfill the requirements of the Centers for Medicare and Medicaid Services (CMS) for Balancing Incentive Program (BIP).

5. **We bill for emergency room services with the place of service 23 and our claims are not being paid. Can you please advise what we need to do to get these claims paid? Do you consider ER services as outpatient or inpatient? The representatives are telling us to change the place of service.**

Please send claims examples to the marylandproviderrelations@beaconhealthoptions.com

6. **IOP SUD services in regulated space are being denied for more than 4 days in a week; this should apply to unregulated only, right? from Bayview CAP Program**

Beacon is currently in the process if fixing this issue.