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

Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, April 12, 2019
10:00 am to 11:30 am

In attendance: Shannon Hall, Rebecca Frechard, Anne Armstrong, Karl Steinkraus, Jessica Allen, Enrique Olivares, Cynthia Petion, Oleg Tarkovsky, Kristen Rose, Denise Eangleheart, Suequethea Jones, Susan Steinberg, Jenny Howes, Spencer Gear, Robert Canosa, Shanzet Jones, Tasha Pope, Evette Griffin, Joy Tontoh, Steve Reeder, Kim Erslane, Fred Rossmark, Abigail Baines, Cynthia Roberson, Arthor Flax, Joana Joasil, Daniela Relf, Sharon Jones, Marquis Wilson

Telephonically: Dan Nieberding, Sarah Petr, Mary Viggiani, Dr. Lynn Duffy, Jessie Costley, Regina Shuck, Tim Santoni, Abiba Wynn, Crysal Slagle, Donna Ship, Kristen Carrasco, Mary Beth DeMartino, Cathy Baker, Rhonda Moreland, Jennifer Alldredge, Gayle Parker, Beth Waddell, Tammy Fox, Beth Kosak, Michele Pusey, Jessica Chausky, Jarrell Pipkin, Kwante Carter, Mona Figueroa, Anne Schooley, Dana Tilson, Anana Albritton, Andrene' Jackson, Mercy Johnson, Imelda Berry-Candelario, Robyn Bright, Nicholas Shearin, Rebeca Gonzalez, Tim Santoni, Marte Birnbaum, Lauren Krach, Sharon Crabbs, Kim Lednum, Tracee Burroughs-Gardner, Seante Jones, Michael Ostrowski, Guy Reese, Lynne Nielsen, Jennifer Omoijuanfo, Kristi Plummer, Mariel Connell, Abby Appelbaum, Chandra McNeil-Johnson, Nicol Lyon, Sheryl Stephens Trask, Sylvia DeLong, Shelly Krenzer, Jarold Hendrick, Nadia Surin, Shereen Cabrera Bentley, Sheryl Neverson, Yasmeen Mabry, Viviana Azar, Deborah Sauers, Mercy Johnson, MD Department Health, Christina Trenton, Kathy Kisela, Tracy Bushee, Carmen Castang, Veronica Brown, Regina Miante, Aubrey Townsend, Donna Boatman, Lavina Thompson Bowling, Vickie Leach, Turner Rascoe, Crysal Slagle, Cynthia Hurd, Paula Catlett, Gail Paulson, Dr. Frank Chika, Carol Blazer, Tekeytha Fullwood, Diana Long, Paula Bollinger, Joyce May, Paris Crosby, Kim Morrill, Greg Burkhardt, Cathy Murray, William Brooks, Roxanne Hughes-Wheatland, Mary Blackwell, Sue Kessler, Benjamin Toney, Deana Cook, Lavina Thompson Bowling

Topics & Discussion

BHA Update

- The 2019 legislative session concluded on April 8. BHA has been closely following bills with significance to behavioral health. Some bills that passed support efforts to increase school-based behavioral health supports; promote MAT in correctional facilities; divert individuals with behavioral health disorders from emergency departments/expand outpatient civil commitment pilot; and increase access to care. BHA will be responding to reports and activities relating to implementation of such bills.

- A provider alert will be issued in response to concerns regarding licensed providers not following the proper process for change of site addresses, expansion of programs, or staffing requirements. Key concepts are:

    - Providers cannot operate a site unless that specific site is licensed for the programs operating there. Providers must first obtain a license for any new site before beginning operations at the site. To achieve this, providers with accreditation-based licenses will first need to obtain accreditation for the new site. All providers will then need a revised signed Agreement to Cooperate with the relevant local designated authority (CSA, LAA or LBHA) covering the new service/site. All providers should then submit a COMAR 10.63 license application for the program/s moving to the new site.
    - A number of agencies have moved sites without telling BHA, which results in denial of their Medicaid claims. Anytime a provider moves a site they must follow the procedure outlined in the previous paragraph.
    - What do I do if my landlord throws me out without notice? In that case, contact BHA licensing as fast as possible and they will work with you to make a plan. Providers will be held liable otherwise. You can contact BHA licensing at: bha.regulations@maryland.gov. BHA will make sure that it goes to Stacey Diehl, her phone number is (410) 402-8289. This applies to licensed programs and any program under COMAR 10.63. Any questions about COMAR 10.63 can be sent to bha.regulations@maryland.gov.
    - Mobile treatment programs operate from a base. If the base changes BHA still needs to be contacted. Licenses are not transferable either to different sites or to different programs. Once the license has been obtained, Medicaid has to be contacted as they will have to terminate the old number and give you a new number after they have conducted a site visit.
    - CMS requires that Medicaid validates that providers are performing services at the location where they are listed under MMIS in Medicaid.

Providers cannot operate until they have passed the site visit. Some providers don't pass the site visit the first time. Some of the key reasons providers don't pass are that people don't give the relevant boards their information, which is a requirement. If the site is expanding, BHA needs to know as well as the accrediting organization.

- Reminder that there is additional funding for certified recovery housing development through the MDH Community Bond program. That application is due on May 8. The application can be found on the following website: https://health.maryland.gov/ocpbes/Pages/HOME.aspx

- Dr. Barbara J. Bazron, Ph.D., will be leaving her position as Deputy Secretary of Behavioral Health Services as of April 18, 2019. She will begin a new position in DC Department of Behavioral Health. Information will be forthcoming from the MDH on who will be acting/interim leadership for this position. BHA will provide that update at the next meeting.

- Licensure and supervision clarification:
    - There was extensive discussion regarding LMSW and supervision requirements. BHA is seeking further clarification from the Board of Social Work Examiners and will update at the next meeting.
    - If you are a rehabilitation specialist qualified by virtue of your licensure under the Health Occupations Act, you are in a clinical position and you are expected to be supervised, as required by your Board.
    - With regard to Medicaid, you can only practice as an LG or LM and bill Medicaid under an OMHC or program. Individual and Group practices may not bill Medicaid for any services rendered by a graduate level (LMSW, LGPC, etc.) practitioner.

- BHA's annual conference is on May 1, 2019 at Martin's West.

- Service Access and Practice Innovation Division of BHA is working on a statewide survey looking at recruitment and retention issues in the behavioral health workforce. Key informant interviews are taking place now and a survey will be distributed to the field in the upcoming months. BHA will continue to update everyone in future meetings.

- BHA submitted its supplemental application for year one for the Maryland State Opiate Response grant. Maryland was awarded an additional $17,314,430.00 which will be adding to the initial year one application for a total of over $50 million dollars in funding to address the opioid crisis.

- The 7th annual MD Conference on problem gambling is on Friday, June 14, 2019. Registration is now open.

Medicaid Update

- Rebecca Frechard introduced her new Health Policy Analyst Abigail Baines.

- Please remember the requirement for OMHC's to add rendering providers does begin on May 1, 2019. Medicaid is working on compiling a list of OMHC's that have no rendering providers associated to them. Between Beacon and Medicaid there will be outreach to those providers. Claims will start denying as of May 1st. Claims will be denied until the rendering provider has been enrolled and then the claim would need to be resubmitted for payment.

Beacon Health Options Update

- Registration for the Trauma Informed Care Regional Forum is still open. The conference will take place at the end of April 2019. Seats are still available at the following locations: Frederick Community College, College of Southern Maryland and at Howard Community College. The Salisbury location is full. CEU's are being offered to participants that require them. You can register via the following link: http://maryland.beaconhealthoptions.com/2019/Provider-Alert-03-21-19-2019-Regional-Forum-Informed-Trauma-Care.pdf

Provider Questions

1. **For a PT 32 can group counseling be facilitated by a doctor or nurse or does it need to be from a certified clinician?**

   Counseling has to be provided by a counselor, unless the doctor is a psychiatrist and the nurse is either a psychiatric nurse practitioner.

2. **Regarding the Provider Alert "Revisions to Audit Tools" that was sent on March 28, 2019, do transition plans need to be completed only for SUCCESSFUL discharges or ALL discharges? Many times, individuals simply stop coming to treatment and we are unable to reach them despite multiple attempts. If transition plans have to be done on all discharges, how are we to do a transition plan when we don't know where the individual is or their current circumstances?**

Transition plans are required for all planned discharges. A brief summary of the circumstances surrounding an unplanned discharge must be documented in an individual progress note or elsewhere in the medical record. Programs that are subject to an accreditation-based licensure from BHA are required to adhere to the applicable accreditation standards corresponding to their program type. Providers are advised to consult the accreditation manual of the accreditation organization under which standard the program is accredited and to seek further clarification as needed for their accreditation organization representative. We recommend that programs maintain readily available information on their website or in resource handouts to inform individuals on the process for resuming behavioral health treatment or ancillary services following an unplanned discharge.

3. **I attended the 3.1 workshop meeting on March 22, 2019 at BHA and I need clarity on a statement that was given at the meeting. I was informed that if you have a self - help meeting (NA-AA) at your facility and if the consumer attended, that one hour could be applied towards their required weekly hours. If that statement is true does that apply to the 3.3 level of care also?**

   12 Step and NA/AA meetings do not count towards the 5 hours of therapeutic services required weekly. Programs that facilitate relapse prevention type of groups that are customized and personalized to treatment goals of their particular clients are considered appropriate services under the minimum five hours of services per week**.**

4. **When moving to a different address, is a new NPI required for the new location for SEP, PRP, and OMHC? Or do we only update the address for the NPI that is already in ePrep?**

   For Medicaid enrollment, as long as your program is just moving locations, you have to submit a new enrollment application that requires a site visit (OMHC/PRP) and obtain a new MA number, but retain the same NPI number. This can be done via ePrep. If you are adding a new location or service, then you would need a new NPI/MA number. For questions please contact: mdh.bhenrollment@maryland.gov

   For PT 54, submit a supplemental application with an updated copy of your BHA license or letter of approval and select new specialty for that level of service and it will be added to the same PT 54 MA/NPI number provider file.

   If moving from Suite A to Suite B or within the same office complex where a site visit has already occurred, a supplemental application can be submitted to update the practice address.

For specific questions in regards to when to obtain a new/different MA/NPI number or if responses for ePrep are not consistent, please email mdh.providerenrollment@maryland.gov to reach the unit that oversees the enrollment vendor contract.

Providers are also reminded that licenses for any service are limited to the site and the program licensed. This means that, if a provider intends to move to a new location, the provider must first obtain accreditation, a new agreement to cooperate and a new license BEFORE starting operations at the new site. Failure to do so could result in retraction of any revenue generated from claims submitted for dates before a license was obtained for the new site. In the event of an emergency move, contact BHA licensing at bha.regulations@maryland.gov for guidance. It is illegal to operate a site without a license.

5. **Question from a 2.1 SUD provider - How many urinalyses are required of IOP patients per week? Is there a written regulation where the providers can reference this requirement?**

   The principles of urine drug testing and ASAM SMART testing were outlined in two Beacon Provider Alerts dated August 23, 2017 and January 16, 2018. The principles of SMART testing refer to the need to provide random urine testing, be aware of the prevalent drugs used in the community and the need to test for what is medically necessary, according to an individualized treatment plan. Providers are also encouraged to integrate CLIA-waived test into treatment decisions, and just test patients according to medical necessity criteria. There is no specific number of tests indicated while patients are in SUD IOP, but Beacon will examine cases of testing beyond medical necessity and continuity standards.

6. **Is there a Beacon audit tool for SUD residential programs for levels of care 3.5 for adolescents, 3.3 for adults and 3.1 for adults?**

   These tools are under development. Beacon is anticipating completion towards the end of the year to start audits for SUD residential programs. The tools will be posted prior to Beacon performing these audits.

7. **On March 21, Beacon announced a delay in state-funded payments for the week of March 19 due to an unforeseen issue. On March 27, Beacon announced a delay in state-funded payments for the week of March 25 due to an unforeseen issue, with payments posting on April 3. Providers are**

reporting further payment delays for the week of April 1, although Beacon has not yet reported a delay.

a. **Has the cause of the payment delays been identified?**
   Unfortunately, there have been two situations two weeks in a row where there were funding issues with the State of Maryland account. The ASO monitors the Medicaid and State bank accounts but there was an excess in claims payments that was over the amount of funding that was available**.**
b. **What has been done to prevent a recurrence?**
   Beacon is working with BHA on a solution**.**
c. **What steps can be taken to improve timely communication of delays to providers?**
   Once this gets finalized it is not anticipated that this will be a further issue.

One provider (Center for Children) was instructed by Beacon to exclude "bill to" addresses and move service addresses in the "bill to" field on its claims. Is this policy limited to case management claims, or does it apply to PRP and therapy claims as well?

This situation was unique with this provider. It had to do with Beacon's EDI team and how it was submitted electronically through their clearinghouse.

8. **A Provider Alert from March 2017 indicates that Beacon has up to 14 days to process non-urgent authorizations, but that "nearly all authorizations will continue to be entered within 2 business days." Authorization delays were discussed at December's Provider Council. CBH members (Catholic Charities, Center for Children, Channel Marker, Cornerstone Montgomery, Mosaic, Lower Shore Clinic, Upper Bay) report that PRP authorizations continue to consistently take 14 days, and delays with Mobile Treatment authorizations are occurring as well.**

   a. **In December, Beacon indicated that the authorization delays are the result of a backlog. When is the backlog projected to be resolved?**
   b. **At December's Provider Council, Beacon indicated that initial authorizations would be prioritized in order to facilitate entry into care. Our members are reporting that initial and concurrent authorizations are both taking 14 days. Can you identify steps that can be taken to prioritize initial authorizations and prevent delays in accessing treatment?**

Beacon typically processes these reviews within three to five days when fully staffed. As shared in previous provider council meetings, Beacon is diligently working to get back to normal operations. Until then, Beacon has

implemented several workarounds to address the backlog. One of these workarounds was to prioritize initial requests. The plan is to continue to prioritize initials until that backlog is fully addressed. If you have initial authorizations that are not being prioritized or addressed, please contact the Clinical Director Joana Joasil either via email at joana.joasil@beaconhealthoptions.com or telephonically at (410) 691-4030.

9. **An alert from November 2018 indicated that "under an OMHC, services rendered by an LG or LM must be billed under their OMHC clinical supervisor's NPI number." CBH members employ LMSWs and, due to workforce shortages, contract with outside LCSW-C social workers, contracted by the LMSW, to provide clinical supervision, while an LCPC provides on-site supervision of the LGSW. (LCPCs can clinically supervise an LMSW but those hours will not count towards the LCSW-C licensure.) In these cases, the billing systems are set up so that the LCPC's NPI will appear on the claim as the site supervisor, while the contracted LCSW-C provides the clinical supervision. Is this arrangement acceptable for meeting the requirements of the Provider Alert?**

   Yes. Additionally, it is important that if an outside LCSW-C is contracted, they must be properly covered by a business agreement between the OMHC and the contracted supervisor which allows for exchange of confidential information, and documentation must be available to auditors on request providing confirmation that the LMSW/LGPC is properly supervised in compliance with regulations.

10. **At the March Provider Council Meeting, BHA indicated it would consider and report back on a request to clarify when providers can bill therapy and RCS, and whether a separate OMHC authorization is needed. Has a decision been reached?**

    This question has been answered in the March Provider Council meeting as follows: A separate authorization is required. The RCS and OMHC staff need to collaborate. RCS is an intensive and short term service. Most RCS have a consulting psychiatric doctor or a clinician on staff that can provide therapeutic services.

11. **Please add Provider Council minutes from August to December 2018 to the Beacon website (http://maryland.beaconhealthoptions.com/provider/prv-council.html) so providers may access them for reference.**

Beacon is in the process of updating this information on the website.

12. **Does the medical director for type 50 facilities need to register with Medicaid for the facility to conduct/submit urine samples for toxicology testing?**

No. You need to obtain a DEA permit if you intend to collect urine samples at your site. You can access the application at the DEA website. After submitting your application with the required fee it takes about two weeks to get it back. Then you need to contact Medicaid to update your file.

Additional Provider Questions

1. **We have several providers who have submitted affiliation applications on ePrep portal and are pending approval. If approval is not granted by May 1, 2019, will Beacon still accept and pay for services rendered by these providers on behalf of the agency?**

   If they are not a rendering provider as a provider type 40 in the MMIS System, Beacon will be denying those claims. This applies only to OMHCs at this time. This applies to dates of service on or after May 1, 2019.

2. **Can OMHC bill for services delivered by a graduate level licensee (LMSW/LGPC, etc.) under the supervisor?**

   Yes, as long as the supervisor is an approved supervisor under the relevant Board. When the OMHC is reimbursed for the services rendered by an LG or graduate level student, the services rendered by the LG belong to the OMHC facility. LG/LM staff cannot enroll in Medicaid, so to meet the requirement that rendering providers have to be enrolled, their OMHC services will be rendered under the license of their supervisor, regardless of whether LCPC or LCSW-C. The attribution of the payment of the service is the OMHCs. Separately, if an LG/LM is getting supervision because of their board requirement for supervised practice that is outside of Medicaid. One can only bill Medicaid for services rendered by a graduate under a program model and not under individual or group practices.

3. **For LMSW billing: Does a supervisor need to be in session? Does supervisor need to sign every note? When does it take effect?**

No. The boards are able to provide answers to these questions. The rendering provider requirement takes effect under OMHC's by May 1, 2019. Any OMHC that does not have a licensed rendering provider associated to them right now needs to get them enrolled as quickly as possible.

4. **If a sub-licensed social worker is functioning solely as a rehab specialist and receives supervision from an LCPC, is that acceptable? The social worker's hours worked in the position would not be submitted to the social work board as a means to obtain full licensure.**

   This question is being researched further with the relevant Boards.

5. **What is the name of the person replacing Emily at ePrep?**

   ePrep is its own vendor. Medicaid's behavioral health unit has somebody who assists providers with enrollment. Providers who need help with ePrep can email mdh.providerenrollment@maryland.gov to receive assistance.

6. **Question from an OMHC – My rendering provider is a MD. Per the May 1st deadline, do I need to add my LCSW a rendering provider?**

   All your rendering providers under OMHC's need to be registered and enrolled, so if you are billing for services provided by your LCSW-C they need to be specifically enrolled, otherwise all of your services are attributed to the MD which is not something that we should be on a claims file.

7. **I am interested in becoming a PHP provider for Medicaid. I understand how to become a provider and all of the requirements. I have a question about restrictions, limitations and/or combination of services. For example, can a patient be enrolled in PHP and obtain outside services for MH, MAT, OTP? Where can I find this information?**

   If you will send your name and phone number to Marylandproviderrelations@beaconhealthoptions.com we will gladly give you a call and show you where all of this information is located.

8. **Can you address the upcoming rate increase? Will it go into effect on July 1, 2019?**

   Per the Hope Act requirements, the rate increase was already billed legislatively. There were no changes in the budget. It is 3.5 % and it will go into effect on July 1, 2019 assuming there are no other budget limitations.

9. **Can you share the date and address of the next 3.1 workgroup?**

   Friday, April 26, 2019 at 9 AM in the DIX Building at Spring Grove Hospital. Please register with Lesley Wolford at Lesley.Wolford@maryland.gov.

10. **Please clarify duties of the Peer Recovery Specialist. Can they deliver services such as group, IOP etc.?**

    Medicaid does not have a peer recovery specialist as a billable provider under the SUD model. They are not independently billable under Medicaid.

11. **No LCPC cannot "clinically" supervise an LSMW, nor could they previously supervise clinically an LGSW. However, an LCSW-C can clinically supervise an LPC for up to half their total supervision**

    Please verify with your boards.

12. **Peer Recovery Specialist follow up: There seems to be information out there that the Peer Recovery Specialist can deliver services if a licensed individual is present.**

    These services are not reimbursable unless they are supporting a licensed professional in a group setting.

13. **What is the turnaround time for an application via ePrep?**

    It depends but generally applications can take 4-6 weeks to process in Medicaid's system.