



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, August 10, 2018  
10:00 am to 11:30 am**

**In attendance:** Cynthia Petion, Annie Coble, Karl Steinkraus, Drew Pate, Shannon Hall, Oleg Tarkovsky, Steve Reeder, Jenny Howes, Jody Grodnitzky, Tyrone Fleming, Tasha Pope, Kristen Rose, Celeste Boykins, Shanzet Jones, Kesha Windsor Watkins, Frank Dyson, Barry Waters, Josh Carlson, Spencer Gear, Dominick Lesperance, Iyabo Akinnoye, Cynthia Roberson, Carmen Hutton, Vernessa Scurry, Jennifer O'Connell, Sharon Jones, Jessica Allen, Yoka Browning, Joana Joasil, Stephanie Clark

**Telephonically:** Donna Shipp, Regina Miente, Geoffrey Ott, Eulanda Shaw, Howard Ashkin, Corey Pisula, Sarah Quinn, Leona Bloomfield, Rebecca Maloney, Octavius Williams, Jessica Brightwell, Michele Pusey, Robyn Bright, Tim Santoni, Mona Figueroa, Kristen Carrasco, Della Roderick, Danica Thornton, Arthur Ginsberg, Anana Albritton, Mary Viggiani, Lauren Krach, Judy Tucker, Barrington Page, Christine Branch, Karen Reese, Anna McGee, Nicol Lyon, Guy Reese, Carmen Castang, Nicholas Shearin, Lisa Pearsoll, Tammy Fox, Sue Kessler, Joan Sperlein, Shereen Cabrera Bentley, Davy Truong, Imelda Berry-Candelario, Dr. Frank Chika, Sheba Jeyachandran, Michael Oliver, Rasheda McGuire, Darleen Grupp, Jeriesha Hodge, Celeste Turner, Mandy Trivits, Rebecca Frechard, David Thompson, Shawanda Edgar, Shanika Bradford, Paris Crosby, Sheryl Neverson, Yasmeen Mabry, Amy Park, Rasheda McGuire, Fran Stouffer, Tobi Dickstein, Lavina Thompson Bowling, Denisha Pendleton, Mary Brassard, Carol Blazer, Shu Zhu, Seante Hunt, Tracie Flint, Lorraine McDaniels, Andrea Fenwick, Lauren Dixon, Syranda Jones, Jennifer Watson, Carmen Hutton, Gayle Parker, Scotteana Jones, Kelly Kalatucka, Chandra McNeil-Johnson, Cynthia Roberson, Jarold Hendrick, Cathy Baker, Amanda Moran, Teresa Purnell, Najla Wortham, Thomas Henderson, Kristen Rose, Kevin Watkins, Sherry Brehm, Thomas Valayathil, Lisa Pollard, Jodi Kulak, Samar Khleif, Shirlene Littlejohn, Mindy Fleetwood, Agnes Parks, Christina Trenton, Tamala Regan, Becki Clark, Kerry Lowry, Jonathan Lacewell, Jessica Chausky, Cam Chung, Jennifer Cooper, Samuel Babosa, Connie Pippin, Nkem Egudia, Russell Berger, Sonja Moore, Mariel Connell, Derek Owens, Amanda Livesay, Kathryn Dilley, Letisha Demory, Tobi Dickstein, Michael Ostrowski, Abiba Wynn, Naomi Weller, Kristi Plummer, Rose Hayes, Teena Robertson, Rebecca



Fulp, Josh Goldstein, Jennifer Redding, Celeste Boykins, Dan Reck, Vanessa Lyle, Mickely Carneiro, Tracee Burroughs, Millie Richmond, Jarrell Pipkin, Diana Singh, Nicole Ryan, Diana Long, Steven Sahm, Jessie Costley, Michael Zhe, Stephanie Everhard, Nicole Kelly, Robert Dinkins, John Nwokoroku, Shanntel Gladney, Samuel Babosa, Arteara Watkins, Charles Jay, Letitia Brown, Tiffany Rich, Mickely Carneiro, Abby Appelbaum, Tasha Gijon, Kathleen Orner, Risa Davis, Quasha Hawkins, Kay Atoloye, Jennifer Aguglia, Beth Waddell

## **Topics & Discussion**

### **Minutes**

Minutes were reviewed and approved by onsite attendees. Providers that attended via WebEx may submit any edits to: [MarylandProviderRelations@BeaconHealthOptions.Com](mailto:MarylandProviderRelations@BeaconHealthOptions.Com). Providers may also use this mailbox to submit questions for Provider Council. To have your questions considered, please submit them no later than the Tuesday prior to the Council meeting to allow time for research and response.

### **BHA Update**

- BHA thanks ASAM level 3.1 providers for participating in the stakeholders meeting held by BHA and Medicaid on July 20, 2018. As a follow-up to the meeting BHA has made the determination that the PWC specialty rate for this level of service will be \$70.72. This rate is inclusive of room and board, ambulatory services, recreational services and transportation. The clinical rate will remain at \$85.00 daily, which is the same as the other 3.1 programs.
- BHA has submitted several applications for grant funding and is finalizing the application for the State Opioid Response (SOR) grant. The deadline for the application approval is August 13, 2018. The grant amount of \$32,874,550 of annual funding over the next two years. Funds will support prevention, treatment, along with recovery efforts. The SOR grant is a continuation from the Maryland Opioid Rapid Response (MORR) grant. The MORR grant funds were used to increase access to services for individuals with an Opioid Use Disorder (OUD) through reducing unmet treatment need and enhancing prevention efforts.
- BHA will resubmit an application to HRSA for \$650,000 to fund and develop a Behavioral Health Integration for the Pediatric Primary Care (BHIPPC) program. If funded the grant will allow for behavioral health consultation for Primary Care and Mental Health providers. This grant will assist in screening, detection and access to care for mental health and substance use needs of pregnant post-partum women, with a particular focus on post-partum women who suffer from depression.

The Maryland Behavioral Health Administration (BHA) has been moving toward strategic



integration of behavioral health, including state administrative functions, funding streams, and local systems management. BHA is currently working with all 24 jurisdictions to implement the Local Systems Management Integration Plan. The Local Systems Management Integration Plan was developed to provide clarity, support, and a consistent framework to guide progress toward integrated systems management, while affirming the importance of local control and flexibility in design. The first phase will include a learning community which will give the local authorities an opportunity to do peer-to-peer activities and to assess where they are in the integration process. As the plan continues to further develop, BHA will restart the advisory council to work with stakeholders.

- BHA would like to stress the importance of Provider Alerts. Please make sure you are reviewing the Provider Alerts and if you have any questions you should submit them to [MarylandProviderRelations@BeaconHealthOptions.Com](mailto:MarylandProviderRelations@BeaconHealthOptions.Com). An alert went out recently was a notice from the Board of Professional Counselors and Therapists, which states anyone who supervises licensed graduate addiction counselors has to have a supervisory credential from the board of professional counselors and therapists. This includes LCSW-C, LCPC, and advanced private nurses who may be supervising a CSCA-D. Please submit all required documentation to the Board of Professional Counselors and Therapists. Beginning October 1, 2018 the Board will no longer issue certificates for prior approved supervisors. However, the board will continue to distribute the letters to supervise. If you have any questions, please contact the Board of Professional Counselors at [410-764-4732](tel:410-764-4732).
- BHA is working on completing the licensure of those agencies that are waiting to get licensed and variances, for providers who were delayed in licensure. It is extremely important that providers submit their paperwork to BHA. All providers are required to re-apply at least sixty days before their license expires. Medicaid payments will be suspended to agencies that are not operating with a license, license extension or variance as of September 2018.

### **Medicaid Update**

- Medicaid has partnered with Myers and Stauffer to perform a rate analysis that the 2018 legislative session required regarding Behavioral Health Services. Medicaid will start with the OMHC rates to be sure that the cost report captures what is needed in order for the rate study to be effective. If you are an OMHC and have received a letter from Myers & Stauffer, please make it a priority to attend the session time offered and be sure to share with your CFO. Once the OMHC cost report is sent to all the OMHCs, M&S will begin working with the Department on the SUD cost report. Medicaid will give a status update to the legislature at the end of the year. CBH has volunteered to assist with coordinating efforts. Please forward questions regarding this process to [MDH.MAbehaviorhealth@maryland.gov](mailto:MDH.MAbehaviorhealth@maryland.gov).



- Post meeting update: Myers and Stauffer estimated the survey could take between 24 and 40 hours to complete, depending on the sophistication of the provider's accounts and billing records.

### **Beacon Health Options Update**

- There no updates at this time.

### **Provider Questions**

1. My facility offers three levels of care. I send two claims per day the consumer is in our program. The authorizations AFWC receives for treatment have overlapping days between levels of care. The last day of the previous level of care is used for the first day of the next level of care on an authorization. This is causing a problem with CPT code RESRB. Even though my claims are sent with an authorization number matching a date with an authorization number, Beacon is still applying the wrong authorization with an overlapping DOS. I all too often get a denial using code NAF. I then must send an inquiry to have the DOS connected with the correct corresponding authorization number. The inquiries are also taking more than 5 days for a response. The response time has been consistently taking from 15-17 days. Once the claims are corrected, I get an EOB retracting then paying the claims correctly. Is Beacon working on correcting the problem with overlapping days and properly applying DOS with the correct authorization number?

Yes. Beacon is reviewing the way authorizations are billed to assure that the claims are paid correctly. Part of that solution would include a change in the way authorization parameters are processed. For residential providers, date of discharge is a non-billable day. If the consumer is stepping down or is receiving a concurrent authorization, the start of the new authorization is the last day of service. Beacon is reviewing the process to rectify claims adjudication issues. Beacon will offer trainings on the authorization process when changes have been made and will notify providers via provider alert.

2. If a client is receiving services from Provider A and has an open OMS with them. They then get referred to Provider B for intensive OMHC IOP services 3 days a week and Provider B obtains their MH IOP auth. Can the client be seen by Provider A on the 2 days they are not in Provider B's MH IOP or is Provider A not allowed to bill any OMHC codes for the duration of their MH IOP services until discharged back to Provider A's care?

If Provider B provides IOP services the client would be able to return to Provider A once the IOP services have been completed.



3. With the addition of SUD Providers now being able to bill for the OMS Discharge (90899/HG) like Mental Health providers have been doing, we are wondering if consideration has been given to add the H0032-Interdisciplinary Treatment Team Planning Service. Like Mental Health Providers, SUD Providers also complete individualized treatment plans with the patient in a face-to-face planning meeting. Additionally, there is collaboration with any family members that the patient indicates they want involved in their treatment as well as other community agencies that the patient may indicate they want involved. If the addition of this code is not currently, under consideration for SUD Providers, we would like to ask BHA to consider it in the future.

BHA will not be considering the request at this time as the services are not equivalent. The rate structures are designed differently. OMHC's have different requirements under 10.63.

4. Could you provide some clarity on the Provider Billing Notice that was sent out in a Provider Alert on July 25, 2018 and how it applies to physician and mental health groups. For example, if a nurse practitioner sees a patient and performs a psychiatric evaluation and also an injection are these services billed under two separate NPIs?

The nurse practitioner (NP) has to have the PMH accreditation certificate and have this noted on their Medicaid enrollment file in order to bill for a psychiatric evaluation. The injection must be for a behavioral health service. Non-Behavioral Health injections must be billed to the MCO. If this service is performed by the appropriately qualified provider then submit the appropriate service code as well as injection code, 96372, on one complete claim along with the NP's rendering NPI number.

5. On July 30, Beacon issued a provider alert with an update PMHS Fee Schedule. The revised schedule made corrections to the E&M Codes for the fee schedule released on July 1. Will Beacon automatically reprocess E&M claims from July 1 to July 30 to pay at the new rates, or do providers need to resubmit impacted claims?

There were two separate corrections made to the fee schedule in July 2018. One correction was for the E&M codes, if the provider billed less than what the new fee schedule allows, they would need to submit a corrected claim. If the provider billed more than what is allowed in the new fee schedule, Beacon will automatically adjust the claims through the claims system to match the



fee schedule. The second fee schedule adjustment was for SUD lab services, there was an incorrect increase for SUD lab services. Beacon will be adjusting claims

### **Additional Questions**

1. My understanding is that anyone with Medicare and SLMB and/or QMB is eligible for SUD (OMT) services without requesting an uninsured span but we have had some trouble with claims, can you clarify?

The Consumer should meet the uninsured eligibility criteria. The authorization and uninsured span must be obtained prior to treatment to receive reimbursement for services rendered. If the consumer shows as not being eligible for the uninsured span, the provider would need to go through the proper local authority to get an exception to treat the patient under the uninsured span.

2. There is a rumor going around that OMHC's will no longer be able to bill Medicaid for services provided by graduate level clinicians. Is this true and if so when will this take effect?

No, this is not true. Under an OMHC, services delivered by LGPC and LGSW are billable under the OMHC's provider number. Since LGs cannot independently enroll with Medicaid their work is billed under the provider number of the licensed supervisor. Beginning in January 2019 when rendering provider number is required on claims, then the rendering provider would be the LCSW-C or LCPC that is providing the supervision of the LG counselor.