



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

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

In attendance:

Telephonically:

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

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?
2. Regarding the Provider Alert "Revisions to Audit Tools" that was sent on 3/28/19, 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?
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?

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?
5. Question from a 2.1 SUD provider - How many urinalysis is required of IOP patients per week? Is there a written regulation where the providers can reference this requirement?
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?
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?
 - b. What has been done to prevent a recurrence?
 - c. What steps can be taken to improve timely communication of delays to providers?

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?

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?
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?
10. At the March Provider Council, 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?
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.
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?