



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, April 14, 2017  
10:00 am to 11:30 am**

**In attendance:** Karl Steinkraus, Patricia Langston, Jarrell Pipkin, Annie Coble, Rebecca Frechard, Steve Reeder, Kathleen Rebbert-Franklin, Shannon Hall, Jody Grodnitzky, Bryce Hudak, Catrina Scott, Lindsey Smith, Amy Park, Mike Drummond, Chandra McNeil-Johnson, Todd Pearman, Carol Jones, Lisa Kugler, Jessica Allen, Dr. Helen Lann, TJ Hall Ayres, Mary Viggiani, Greg Warren, Russell Berger, Barbara Troringo, Oleg Tarkovsky, Patrice Robertson, Lori Bradford, Lori Peterson, Jan Caughlan, Shanzet Jones, Kay Atoloye, Maria Evora, Chandra Mcneil-Johnson, Cynthia Petion, Barbara Groves, Teresa Fernandez

**Telephonically:** Nicole Lyon, Lisa Morrel, Joana Joasil, Vircha Dehoney, Aneita Williams, Anna McGee, Anne Olson, Anne Schooley, Arthur Griffin, Ashley Collins, Ayanna Morris, Beth Waddell, Candice Dolly, Carmen Castang, Carrie Medlin, Cathy Howard, Cathy Stranda, Chandra McNeil-Johnson, Christina Trenton, Christine Branch, Christopher Henry, Cynthia Hurd, Dana Thompson, Danica Thornton, Dawn Beckett, Diana Lynn, Elaine Hall, Ellen Weber, Emily Luan, Emily Suminski, Eulanda Shaw, Fran Stouffer, Frances Cason, Gayle Parker, Geoff Ott, Greg Burkhardt, Guy Reese, Helen Reines, J.R. Hughes, Jan Ferdous, Jerica Washington, Jessica Chausky, Jim Jones, Joan Sperlein, Joyce Garner, Kathryn Dilley, Kim Erskine, Kim Lednum, Kirsty B'Smith, Latesha Sewell, Lavina Thompson Bowling, Leslie Woolford, Lillian Donnard, Mariana Izraelson, Melissa X, Michael Ostrowski, Michelle Grigsby, Michelle McCool, Mindy Fleetwood, Mona Figueroa, Paris Crosby, Petranda Simmons, Rebeca Gonzalez, Rebecca Parra Morales, Rebecca Meyers, Renee Stokes, Robert Bartlett, Sarah Cloxton, Sheba Jeyachandran, Sonja Moore, Stephanie Clark, Susan Kessler, Sylvia DeLong, Tim Santoni, Timothy Ibutu, Tonya Pleasant, Tracy Bushee, Vanessa Lyle, Ceronica Craig, Wilma Smith- Waugh, Carol Porto, Debbie Vias, Mary Brassard, Sharon Jones, Steven Sahn, Sueqethea Jones



## **Topics & Discussion**

### **Minutes**

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

### **BHA Update**

- Daryl Plevy officially retired on 03/31/2017. Cynthia Petion will be filling in for Daryl and attending all of the meetings until further notice.
- There has been a change in reimbursement by the State for gambling services. For SUD programs (Medicaid provider types 50 and 32), you may now be reimbursed through state only funds accessed under BHSB. A provider alert will be sent out with further information.

### **Medicaid Update**

- **FQHC:** As of 05/01/17 rendering providers are required to be on claims. Each FQHC is responsible for obtaining appropriate enrollment for all rendering providers. Claims will start denying for dates of service 05/01/17 if the rendering provider's NPI is not included on claims.
- **Re-bundling:** Will go live on 05/15/17. Beacon provided an excellent training on 04/12/17 to MATOD members and will be sharing the slide show on the website for review. Re-bundling impacts OTPs on how they are reimbursed for services.
- **IMD:** Will go live 07/01/17. Medicaid is in the process of adding Provider Type 54 which will be designated for the adult IMD providers. Providers must first obtain their appropriate certification through OHCQ (3.7D, 3.7, 3.5 and 3.3) in order to qualify to enroll with Medicaid. A provider delivering multiple levels of care would enroll as a single PT 54. You need a separate MA/NPI number for each location that this service is delivered, but not for each level of care. If you are a Provider type 55, you do not need to change unless you want to treat specifically adults. More information will be forthcoming. An FAQ is in development and close to final. The FAQ includes information on rates.
- Reminder that Medicaid has contracted with a new vendor for provider enrollment. Automated Health Systems is the new vendor, and will be going live in the coming months. Medicaid is continuing to make enhancements and improvements to the provider enrollment process.

### **Beacon Health Options Update**

- Beacon has been working closely with BHA and Medicaid on the IMD and Re-bundling roll outs.
- The training schedule is published for Re-bundling. There will be 2 trainings a week for the next 3 weeks in the early and later part of the morning. To register for trainings



<http://maryland.beaconhealthoptions.com/provider/alerts/2017/040617-Methadone-Re-Bundling-Training-Spring-2017.pdf> . IMD trainings will be scheduled for June as we are closer to finalizing the systems.

- Looking for a provider directory or resource? ReferralConnect is up and running. This system will help you find providers accepting new patients, those speaking specific languages, provider location etc. You can update some of the information for your own practice by updating your demographic information on ProviderConnect.

### **Provider Questions**

- 1. How is Beacon defining “urgent levels of care” in the transmittal sent out on 3/20/17 referencing extended authorization time frames? Also, what levels of care are subject to medical necessity review?**

Urgent levels of care would be inpatient care, ER, and crisis residential. All treatment services need to meet medical necessity criteria. Higher levels of care require prior authorization. All treatment requires authorization with the exception of PRP, case management and SUD Assessments, J Codes, and Injection Codes. Generally, over 94% of cases are reviewed same day and 99 % of more complex cases are reviewed by day 3. Emergency Room Higher levels of care are authorized immediately.

- 2. Not really a question, but I was wondering if the provider alert for DHMH Memo- Combination of Services Limitations; Level 1, Level 2.1, Level 2.5 that went out last week could be discussed at the meeting.**

When a patient is authorized and getting services for Level 1 care, Level 2 means they need a higher level of intensity of services. A patient cannot be in both levels of care at the same time and all are based on ASAM criteria. Level 1 services is for patients who need less than 9 hours of group or individual counseling within a week (and usually use far less). Level 2 services include Intensive outpatient treatment or partial hospitalization treatment which are associated to number of hours of services (higher intensity) needed throughout a week. OTP services were always to include level 1 outpatient counseling services up to an including Level 2, intensive outpatient services (IOP). When an individual is in an OTP, a different provider cannot bill for IOP services as this would be duplicative. Under re-bundling however, OTPs no longer are can deliver IOP services. If a patient they are seeing requires the higher intensity treatment, the OTP may continue to provide the medication assistance, but the counseling would be managed by the IOP until such time as the individual is able to return to Level 1 care.



- 3. We, ATS at Bayview, want to be sure that this will not affect our billing. We are regulated space and don't want our claims to be denied or get caught up due to this community based change. I would like to be able to discuss this at Friday's (4/14) Provider Counsel Meeting.**

Re-bundling will only be impacting the community based programs.

### **WebEx Questions**

- 1. On the service grid effective 05/15 it was listed that provider types 50 and 32 can bill E&M codes. Earlier the Facilitator stated only provider type 50 can bill or prescribe Buprenorphine, yet on the grid as it's listed this can be billed under provider type 50 and 32, please confirm.**

Provider types 50 and 32 will have access to bill these services as of 05/15/17.

- 2. As of May 15<sup>th</sup> am I correct that methadone maintenance H0020 and E&M codes under provider type 50 and 32 must be billed with the HG modifier?**

Yes, this information will be coming out in a provider alert. As of 05/15/17, HG modifiers should be added to H0020 and 99211-99215 series. To clarify, Provider type 50 cannot bill for H0020 which is methadone maintenance. Only OTPs (Provider Type 32) can bill for methadone maintenance.

- 3. With the recent change to the DLA-20 we have some confusion as to the appropriate process for adults. In the provider training given by Beacon about how the DLA-20 would be integrated into the ProviderConnect system and how that would impact our plan of work we were told that we would get an initial 1 unit upon request for authorization that would last for one month. During that month we were to complete the assessment, the initial IRP, the DLA-20 and hold the appropriate number of sessions (meaning 6). While going through the process our billing person has informed us that the initial 1 unit will only cover the rehabilitation assessment and does not cover the monthly sessions. We understand that after the initial 30-day authorization we have to input another authorization request with the appropriate documentation to receive the 6 units which we have historically been provided. We have been able to complete that step successfully. The question is/was the information presented correct?**



The information is correct. You can still bill for your encounters but you may not be able to get 6 encounters in that 30-day period. The assessment is auto authorized. The first authorization for 30 days is for full services. If you provide the full 6 units then you can bill the full U3 level, if you do not you have to bill U2.

**4. If a Nurse Practitioner has a DEA waiver can a Nurse Practitioner bill under provider type 20?**

A nurse practitioner that has a Data 2000 waiver to deliver buprenorphine services would bill under their own a Provider Type 23, Nurse Practitioner. This is also the case for Physician Assistants (PT 80). Submit your Data 2000 waiver provider license (has an X on it) to verify you are an approved Data 2000 waived provider with your Medicaid application. If you are already enrolled, you may submit your license to [DHMH.BHENROLLMENT@Maryland.gov](mailto:DHMH.BHENROLLMENT@Maryland.gov) to have that category of service added to your provider file.

**5. As a provider type 50 do we need authorization for E&M codes?**

As of 05/15/17, it will be part of the bundle and does not require a separate authorization as long as the use of E&M codes follows appropriate MNC and limitations specifically for medication management services related to medication assisted treatment

**6. Confirming that all MAT related office visits 99211-99215 beginning 05/15 can be billed under provider type 50 and no longer under provider type 35**

Yes, that is correct for 99211-99215 with the HG modifier, not 99201--99205.

**7. If the MAT office visits can now be billed under the provider type 50 should we contact Beacon to inactivate our provider type 35 account in the ProviderConnect system?**

Yes. You are not required to deactivate your provider type 35, however if you would like to deactivate it, you can.

**8. Recently an alert was sent out stating that we are unable to bill for both an individual and a group in the same week, can you explain this decision? Also can you provide clarity regarding the 14-day turn around for authorization?**



Some providers cannot bill for IOP in the beginning of the week and then outpatient services at the end of the week. If you are in level 2 services, you are receiving group and individual counseling at a higher intensity. Services delivered at Level 1 would be duplicative.

The turnaround times were discussed earlier. Please see the above answer number 1 in Provider Questions section.

**9. Can a provider type 50 and a provider type 32 have open OMS authorizations at the same time?**

Both workflows currently follow OMS logic and the system will allow you to have open authorizations if the consumer is actually in those different levels of care. The consumer **can't** be in an OMS provider type 32 on methadone maintenance setting and receiving Level 1 services from a provider type 50 at the same time.

**10. If we have current authorizations under a provider type 20 that will extend past the May 15<sup>th</sup> date will we have to submit new authorizations under provider type 50 or 32 for Medication Assisted Treatment or continue to use the provider 20 authorization until the concurrent is needed.**

If you are going to move it under your provider type 50, then yes, you will need a new authorization, if you are going to continue using the provider type 20 then no new authorization is needed.

**11. If the IOP episode is closed and the authorization ends and the patient steps down that week to outpatient can the program bill both?**

No, it is recommended that you finish out your treatment of care that week and then start outpatient services the following week.

**12. When billing E&M codes are we to now use the facilities NPI number and no longer use the providers NPI number?**

Effective May 15<sup>th</sup> Provider Type 50s may choose to bill for medication assisted treatment related E&M codes either under their programs MA/NPI, OR the provider Type 20 (or 35) may continue to bill separately – but you cannot bill same patient for both.



**13. We are a local health department if we cannot bill 99201-99205 the new patient codes under the type 50 than we will definitely have to use our type 35 however, our office visits for buprenorphine maintenance after 05/15 should we bill under type 50 or type 35 since we have to keep the 35 anyway for new patients?**

Provider Type 50 has use of the ambulatory detox code (H0014) which is the code used for new patient medication assisted treatment. The H0014 would be used in place of the new patient E&M codes. 99211---99215 are specifically used for medication assisted treatment and would be used for patients receiving subsequent medication management visits.

**14. Provider alerts mentioned counseling services will be bundled into the methadone maintenance authorization, will we need to acquire a brand new authorization for every patient on May 15<sup>th</sup> or will that change be applied to our open authorizations?**

No, anyone who has a current authorization for methadone, Beacon is going to be adding units to your authorization based on when that authorization is supposed to expire. Beacon and Medicaid have worked a formula out to develop the unit count.

**15. In Beacon Health Options the DLA-20 will not populate for individuals between the age of 18 -20. In order for the agency to reauthorize these clients we have had to discharge them and re-enter the authorization. When will this issue be addressed? Are others having this experience? Is there something that agencies should do?**

Yes, the system is based on the age of the consumer at the time the PRP services started. If the consumer was an adolescent at the start of treatment than you will need to discharge the patient and start a new authorization.

**16. We are having difficulties on current restrictions on entering concurrent authorization request with OMS data. Is there any plan to change restrictions that do not allow for entering current authorization requests earlier than the requested start date for coverage? If coverage requested begins on Saturday, we are unable to enter data on Friday also cannot enter an OMS interview date that is earlier than the requested start date. Is there any chance this will be a change to a more user friendly and more in line with the actual workflow progress within an agency?**





You can't conduct an interview in the future, the OMS interview date is what drives this project. There is also a 100-day window on the opposite side of the authorization, it is part of the OMS workflow. If you can't get the authorization request in on Friday, you can get the authorization request in on Monday without risk of penalty to the provider.

**17. We are a behavioral health group in Maryland that provides outpatient mental health services to patients in skilled nursing facilities under place of service 32, should we be billing Beacon Health Options? If so would we be covered?**

Only psychiatric services may be reimbursed under the public behavioral health system for the services you reference. There are specific rules around nursing facilities that exclude various services.