



**BHA/MA/Beacon Health Options, Inc.
Provider Quality Committee Meeting Minutes
Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, October 13, 2017
10:00 am to 11:30 am**

In attendance: Patricia Langston, Karl Steinkraus, Marian Bland, Steve Reeder, Jody Grodnitzky, Shannon Hall, Ann Walsh, Cynthia Petion, Dr. Kimberly Cuthrell, Stacey Diehl, Mark Greenburg, Lynn Taylor, Joana Joasil, Elaine Hall, Stephanie Clark, Donna Shipp, Michael McCoy, Jessica Allen, Lisa Kugler, Sueqethea Jones, Robert Cardosa, Steven Johnson, Mark Laster, Jenny Howes, Shaun Kistler, Arish Narayen, Kim Erskine, Chandra Mcneil-Johnson.

Telephonically: Tim Santoni, Jarrell Pipkin, Rebecca Frechard, Jeffrey Krach, Susan Kessler, Rebecca Gonzalez, Mary Stokes, Howard Ashkin, April Oliver, JR Hughes, Mona Figueroa, Shanzet Jones, James Jones, Sheba Jeyachandran, Heather D Moore, Sharon Sorrell, Sharon Gudger, Jeffrey Brentley, Frances Cason, Emily Suminski, Vickie Walters, Angelique Brathwaite, Tammy Fox, Kristi Plummer, Veronica Craig, Kelli Gregory, Sheryl Trask, Patricia Langston, Sara HainaKristen Carrasco, Anna McGee, Tracy Bushee, Amy United States, Eulanda Shaw, Belinda Strayhorn, Gregory Burkhardt, Cam Chung, Johanna Norris, Jason Phelan, Cathy Baker, Barrington Page, Jennifer Watson, Gayle Parker, Amanda Livesay, Joy Reckley-Murphy, Russell Berger, Rasheda McGuire, Mindy Fleetwood, Sonja Moore, Chandra McNeil-Johnson, Anne Schooley, Bond Andrews, Dr. Anita Baxter, Steven Sahm, Nicol Lyon, Maritrese Nash, Sylvia DeLong, Amanda Moran, Becki Clark, Stephanie Stockman, Mariana Izraelson, Tekora Nichols, Jennifer Aguglia, Leslie Woolford, Beth Waddell, Denisha Pendleton, Rose Frazier, Martha Molua, Ayo Pearson, Michael Oliver, George Plesniak, Lisa Fassett, Rebecca Meyers, Jennifer Cooper Christina Trenton, Yvonne Harris, Craig Lippens, Diana Lynn, Wendy Kanely, Jarold Hendrick, Michelle Grigsby, Paula Catlett, Vanessa Lyle, Jessica Chausky, Monica Kirkpatrick, Guy Reese, Rebeca Gonzalez, Jim Jones, Melissa Halterman, Kara Pokras, Shanntel Gladney, Heather Dewey, Melissa Maitre, Lavina Thompson Bowling, Rhonda Moreland, Chanell Gaines, Rose Clark, Tina Link, Charlene Knight, Jen Cole, Kathleen Rebbert-Franklin, Rachel Baker, Michelle McCool, Lisa Pollard, Diana Long Joan Sperlein, Nicole Johnson, Amy Park, Danica Thornton, Paris Crosby, Pippa McCullough, Geoff Ott, Donna Shipp



Topics & Discussion

Minutes

Minutes were reviewed and approved by onsite attendees. Providers that attended via WebEx may submit any edits to MarylandProviderRelations@beaconhealthoptions.com. Providers may also use this mailbox to submit questions for Provider Council. To have your questions considered, please submit no later than the Wednesday prior to the council meeting to allow time for research and response.

BHA Update

- BHA introduced Kimberly Cuthrell J.D, Ph. D. as the new Director of Systems Management.
- BHA reminds providers of the upcoming accreditation deadlines. All programs that are in the process to be certified under COMAR 10.47 or approved under 10.21 must have their application for a license under 10.63 submitted to BHA's Licensing Unit by December 31, 2017. To avoid delays in application processing, providers should ensure their applications are complete prior to submission and that they contain all required documentation. Please forward any questions or concerns to BHA.regulations@maryland.gov or contact Doris Williams at 410-402-8198. For key accreditation dates and deadlines, please visit BHA's website at <https://bha.health.maryland.gov/> and click on link for Accreditation. More information concerning accreditation and licensing will be disseminated in future Provider Alerts. Additionally, requests for financial assistance to obtain accreditation must be submitted through your local LAA, LBHA, or CSA by October 31, 2017.
- A Provider Alert will be forthcoming regarding the requirements applicable to behavioral health programs or health professionals under House Bill 069, the Recovery Rights Protection Act which took effect October 1, 2017. This Bill requires the Department to publish on its website <https://bha.health.maryland.gov/> a list of recovery residences operating in each jurisdiction in Maryland and to designate the specific recovery residences that are certified facilities. Effective November 1, 2017, all behavioral health programs or health professionals must provide a list of certified recovery residences to any individual whom they refer for these services.
- Specialty Residential Services will be transferring to the fee for service reimbursement model on January 1, 2018. BHA will conduct a Provider Interest Meeting on November 6, 2017 from 10:00 AM to 12:00 PM at BHA in the Dix building. A Provider Alert will be issued announcing this meeting for providers of the following specialty population services: 8-507, Pregnant Women with Children (PWC), and two special legislative initiatives for mothers who have drug exposed newborns and children involved in the child welfare system.
- BHA is excited to announce that CURES grant funding has been awarded to the following jurisdictions; for SUD Crisis Services: Anne Arundel County, Allegany



County, Baltimore City, and Mid Shore Region; and for the expansion of ASAM 3.1 Residential SUD treatment: Allegany County, Anne Arundel County, Calvert County, Frederick County, Lower Shore Region, and Washington County.

Medicaid Update

- In consideration of feedback from providers and concerns about the time frame to implement staffing requirements for 3.3 residential SUD services, the Department is announcing that the grace period for medical services in the 3.3 level of care is extended until 1/1/2018. This change will coincide with the transfer of PWC populations to the Fee for Service model. PWC is the highest utilizer for this level of care. The Department encourages programs to use this time to review and modify their staffing structure to ensure that your program meets the required ASAM level of care.

Beacon Health Options Update

- Beacon introduced the new Associate Medical Director of Child and Adolescent Services, Dr. Lynn Taylor, who was the former Medical Director of Child Services at Johns Hopkins.
- Beacon, Medicaid, and BHA started working with the provider community and local jurisdictions to form a committee to look at systematic issues impacting providers. Collectively, we are working on completing the charter for this De-Bugging Committee that will define the mission and goals to help improve work flows. Once this is completed, the committee will be reaching out to identify those interested in participating.
- November provider council will be canceled due to holiday. Our next meeting will be December 8, 2017.

Provider Questions

1. **DLA-20.** We are running into a new issue with the initial DLA-20 and wonder if other providers are as well. Since we have an extended initial authorization, it lends itself to the DLA being done too early for the next authorization. So I think the question is should it be done in the first 30 days of them starting? Or just within 30 days of their next authorization?

Providers have been given an authorization span that will cover two units from the date of the initial request through the end of the following month. This change allows the provider sufficient time to complete the DLA-20 assessment within the initial authorization span while, at the same time, ensuring that all encounters completed within the authorized month of service accrue to the service month for which the claim for reimbursement is being submitted. The authorization span



has been extended in this case to the end of the second month in order to allow additional time for the DLA-20 completion for those individuals that enter service later in the month. For example, if an individual started August 1, 2017, their initial authorization span will be from August 1st through September 30th. The DLA-20 must be completed no earlier than 30 days prior to the start date of the concurrent review. In the example indicated above, the DLA-20 may be completed between September 1st and September 30th for a continuing service authorization span to begin October 1st. This affords the provider 30 days of observation on which to base the DLA-20 assessment and up to 30 days in which to complete and submit the DLA-20 assessment and plan coincident with the concurrent authorization request. We understand that this practice may complicate adherence to the time frames established in COMAR 10.21.21 for Psychiatric Rehabilitation Programs (PRP) to complete the assessment. These time frames are not present in COMAR 10.63 for programs with an accreditation-based licensure for PRP. In light of this, we will be issuing a Provider Alert to address this issue. If providers are experiencing any difficulty or billing issues associated with the DLA 20 authorization, please send your examples to the marylandproviderrelations@beaconhealthoptions.com for review.

2. Permissions allowing CPT billing of discharge services for SUD Provider Type 50 & 32. Why are these provider types excluded from reimbursement of discharge services based on SUD designation? January 2015 implementation mandated SUD services to submit up to 5 separate OMS questionnaires depending on the level of care in conjunction with OMHC's, FQHC's & OTP programs. Some SUD providers have the staffing (COMAR 10.21.20.10), title association of 'Facility' with Beacon and provide the same MH services as justified by new regulations on COMAR 10.63.03.03. The current SUD Matrix omits reimbursement to these provider types, yet the recent 2/9/17 service grid indicates both MH and SUD provider's permission to bill.

The Service Class grid is a document used by the Beacon system for programming codes, and is also shared with providers. The grid will be updated so that there is less confusion around specific codes. In reference to the first question, it was an oversight that the discharge code was not included for SUD providers. There had been a grace period to include the PT 32 into the OMS system at the end of which, the discharge code would be open to this provider type. BHA is reviewing the code for this service, 90889, and a Provider Alert will be issued once the review is complete.



3. Permissions allowing SRD programs/facilities CPT billing of MH codes for outpatient services as listed on the current PBHS Fee Schedule. Will the new implementation of COMAR 10.63 allow SUD providers to bill both MH and SUD CPT Codes within the EDI Provider Connect system? The present service matrix, revised as of 2/9/17, illustrates the 'Coverable DX Category' displaying integrated billing to include both classes of behavioral healthcare.

Although 10.63 regulations have a certification for an integrated license, Medicaid has not implemented an integrated reimbursement model. Programs are enrolled based on specific provider types and reimbursement remains tied to those types. Mental Health reimbursement is based on CPT codes (primarily) and SUD programs are reimbursed based on HCPC codes. The published fee schedules and combination of service rules apply.

4. **Disappearing NPIs.** In early September, Catholic Charities reported that the NPI for its Anne Arundel program disappeared. The problem has not yet been fixed, despite being reported to Beacon. Can you provide an update on correcting Catholic Charities' missing NPI? Because providers are concerned that disappearing authorizations are a recurring problem, can you report on the root cause to disappearing NPI in this case and what, if any, steps need to be taken by the respective parties to prevent NPIs from disappearing?

Beacon has not received sufficient feedback from providers to indicate that this is a problem either with Catholic Charities specifically or more broadly. Beacon will set up an individual meeting with Catholic Charities to review their concerns.

5. **Authorizations.** Beacon had indicated that new staff would be trained and deployed by the end of September to manage authorizations and reduce the turnaround time. Can you provide data on how long it's currently taking to process PRP authorizations, and any additional updates on Beacon's staffing/training?

Beacon has hired additional care managers and they are going through training at this time. There are no PRP authorizations that fall out of the 0-3 day window to report. Beacon continues to work through the authorizations and hopes to decrease this window back to the normal processing time by next month.

6. Would you please clarify whether a clinician who possesses a graduate level license (e.g. LGADC, LGCP, LGSW) and who is being supervised by an individual who possesses the appropriate credentials (e.g. LCADC, LCPC, LCSW-C) is eligible to review and approve Treatment Plans and Assessments?



No, graduate level licensed individuals are not eligible to review and approve Treatment Plans and Assessments. However, questions regarding the ability of specific licensures should be directed to the appropriate board. There are nuances to services, licensures and supervision requirements that would need to be addressed by the board.

7. FAQ #9 states therapeutic group activities for adult residential SUD consist of no more than 12-14 individuals with one staff member. Does this include psycho-educational groups, group counseling and other therapeutic activity? Can we have more than one certified/licensed staff facilitating groups, as long as it is within their expertise?

Psychoeducation groups are didactic educational groups with focused topics and could grow larger than therapeutic groups. Group counseling and therapeutic groups are smaller groups with no more than 10 individuals attending. A licensed staff member must be facilitating the therapeutic or clinical groups. Non-licensed staff are able to conduct and assist with psychoeducation.

8. The 24-hour timeframe given for SUD providers to request authorization for treatment has been problematic. We are losing a day of funding here and there. Can the 24-hour timeframe please be increased to 48-hours?

The 24-hour time frame is for urgent levels of care only and is consistent for both MH and SUD providers. This courtesy allows the provider to begin immediate treatment without having to worry about entering the authorization immediately. There will be no adjustment to this time frame to make sure that authorizations can get entered at a timely fashion. Non-urgent levels of care need a pre-authorization.

9. As an FQHC, we are now required to bill using the rendering provider's NPI # on the claim, how can LGSW and CSC providers be reimbursed by Beacon since they are unable to be credentialed by Maryland Medicaid? Even though I have been told that billing with the rendering provider's supervisor on the claim is incorrect, can I bill Beacon using the LGSW or CSC's supervisor? Is there a DHMH letter/provider alert/Beacon handbook that states this is permissible?

Only for FQHCs, an eligible rendering provider number must be included on the claims submission. For providers that are not eligible for a Maryland Medicaid number, the FQHC should use the provider's direct supervisor's rendering provider NPI number. If you have record of being told that you may not use the supervisor's rendering number, please give that information to Beacon's provider relations team. Please see the September Provider Council meeting minutes for written confirmation of this answer.



Please note that this only applies to FQHCs at this time. It is never permissible for an LG to render services under a (PT 27) mental health Group Therapy practice nor an individual practice, under a supervisor's Medicaid ID.

Additional Questions

1. Can a CSC with an AD with approval from the BOPC review and approve Treatment Plans and Assessment?

See the answer in Question 6 above.

2. I'm new to PRP, can someone share with me where to find the timeline for authorizations?

Please email the Maryland provider relations mailbox so that you have all PRP rules and regulations. There are specific rules that govern this program and Beacon will work with you to help you be successful.

Marylandproviderrelations@beaconhealthoptions.com

3. Will the minutes be shared via provider alert?

Yes, the minutes are sent out to all providers that have signed up to receive them and are posted to the Beacon Website at

http://maryland.beaconhealthoptions.com/provider/prv_alerts.html

4. Can an individual in process of being licensed through endorsement from another state board of social work bill Medicaid for services if they are practicing in an OMHC under 6 months' supervision or is the considered the same as an LG?

Providers will need to contact the Board of Social Work to get the appropriate answer to this question.

5. Is the turnaround time for PRP 0-3 days or 6 days, both were stated?

Typically Beacon attempts to stay within the 0-3 days but we are currently averaging 5-6 days. If you are having any issues, please contact Beacon at 410-691-4030 or MarylandClinicalDept@beaconhealthoptions.com for further information.

6. Is a LG licensure sufficient for a PRP Rehabilitation Specialist?



Yes, the LG licensure is sufficient for a PRP Rehabilitation Specialist.

7. Is the Release of Information annual?

Yes. There is a termination date set annually in the Provider Connect Systems. After it has expired, providers will be prompted to complete a new ROI in the system.

8. Has a provider alert gone out for the PT 50's to be able to bill for the new patient codes?

When Beacon issued the latest edition of the Fee Schedule for PT 50s, the new patient codes were included. There was no separate alert, however the codes are now available 10-1-17.

9. Regarding the May 3rd information for PT 50 providers to be able to employ a Data Waiver physician, are there trainings for providers or help troubleshooting if they encounter billing issues via provider connect?

Beacon does a quarterly claims training that is on the training calendar and can be found on the Beacon website at: http://maryland.beaconhealthoptions.com/provider/prv_trn.html If there is a more urgent need, please contact marylandproviderrelations@beaconhealthoptions.com for issue specific training.

10. Can a nurse or physician see a client and if they determine the client needs a prescription and the physician wants to write a script, who pays for the prescription since that provider is not part of the MCO's. Same question for psychiatrists that may prescribe?

Only healthcare practitioners with prescriptive authority in the state of Maryland can write prescriptions. Nurses in Maryland do not have prescriptive authority unless they are licensed nurse practitioners or certified nurse midwives. If a healthcare practitioner with prescriptive authority sees a patient in a specialty behavioral health setting for a primary diagnosis of a mental health (MH) or substance use disorder (SUD), the billable service must be related to MH or SUD with the appropriate primary ICD-10 diagnostic codes.

However, healthcare practitioners with prescriptive authority in Maryland may prescribe medications that are within their scope of practice, including non-MH/SUD medications. These would be covered at the pharmacy for the consumer and in accordance with applicable preferred drug lists (PDLs). We remind providers that they should obtain a release of information from their



patients and be sure to notify the primary care or other relevant providers of any and all prescriptions given to a shared patient.