



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, April 13, 2018  
10:00 am to 11:30 am**

**In attendance:** Rebecca Frechard, Annie Coble, Cynthia Petion, Mary Viggiani, Steve Reeder, Stephanie Clark, Lisa Kugler, Joana Joasil, Jessica Allen, Karl Steinkraus, Shannon Hall, Sara Daugherty, Josh Carlson, Jim Jones, Bryce Hudak, Jenny Howes, Chandra McNeil-Johnson, Sharon Jones, Patricia Langston, Venus Ricks, Langel Johnson, Catrina Scott, Jody Grodnitzky, Tyrone Fleming, Oleg Tarnovry, Vernessa Sarry, Jennifer O'Connell, Frank Chika, Darlene Dockins, Andre Pelegrini, Mike Drummond, Jim Jones, Barb Waters

**Telephonically:** Luanda Johnson, Mary Brassard, Steven Sahm, Donna Shipp, Regina Plater, Cynthia Hurd, Maritrese Nash, Gregory Burkhardt, Babajide Saba, Geoffrey Ott, Donna Boatman, Candice Dolly, Sueqethea Jones, Beth Waddell, Barrington Page, Judy Tucker, Kristen Galante, Nicol Lyon, Elaine Hall, Sharon Ohlhaber, Oluwarotimi Ikusika, Tim Santoni, Kathy Kisela, Teresa Clark, Anana Albritton, Lavina Thompson Bowling, Kristine Garlitz, Vicki Pennington, Howard Ashkin, Mary Blackwell, Anne Schooley, Carrie Medlin, Shereen Cabrera Bentley, Jeffrey Krach, Tammy Fox, Connie Dausch, Darleen Grupp, Sheba Jeyachandran, Diana Long, Russell Berger, Michael Ostrowski, Scotteana Jones, Guy Reese, Shanzet Jones, Carol Blazer, Tyra Lorenzo, Steph Rodriguez, Sonia Nieves, Abby Appelbaum, Jarold Hendrick, Najla Wortham, Mindy Fleetwood, Kristen Carrasco, Sue Kessler, Lisa Pearsoll, Paris Crosby, Cathy Baker, Sheryl Neverson, Danica Thornton, Joan Sperlein, Jennifer Cooper, Monica Kirkpatrick, Nicholas Shearin, Kim Lednum, Cam Chung, Yasmeen Mabry, DR. Kimberly Cuthrell, Lori Peterson, Charles Jay, Vicki Nicotra, Carol Blazer, Jennifer Watson, Amy Park, Joyce Brooks, Rhonda Moreland, Deborah Carpenter, Sonja Moore, Yolanda Coleman, Mariana Izraelson, Joy Reckley-Murphy, Fatima Cochran, Renee Stokes, Cathy Jones, Vanessa Lyle, Imelda Berry Candelario, Jerica Washington, Robert Dinkins, Dr Brewer, Steph Rodriguez, Catherine Meyers, Fran Stouffer, Lori Peterson, Joy Reckley-Murphy, Denisha Pendleton, Catherine Meyers, Jennifer Aguglia, Nishan Gugsu, Vircha DeHoney, Joanna Alabi-oni, Mindy Fleetwood, Kim Erskine, Sherry Brehm, Anna McGee, Mariel Connell, Sheryl Trask, Thomas Valayathil, Angela Osorio, Shawn Howell, Becki Clark, Jennifer Pope, Mindy Fleetwood, Petrand



Simmons, Sharon Sorrell, Gail Paulson, Esther Reid, Latesha Poole, Emily Suminski, Susan Steinberg, Johanna Norris, Eulanda Shaw, Kristi Plummer, Claudia Roman-Stolte, Matthew Gibson, Emiosho Okojie, James Omotosho, Gina Moon, Jarrell Pipkin, Glenda Gurnsey, Katie Allston, LaKetia Peoples, Heather Dewey, Linda McIntyre, Natasha Lewis, Wendy Phillips, Michael Zhe, Belinda Strayhorn, Kathy Stevens, James Jones, Kevin Clauss, Jameelah Johnson, Shirlene Anita Littlejohn, Carol Porto, Sylvia DeLong, Vonda Kendle, Jonquil Ishway, Lorraine McDaniels, Jonathan Lacewell

## **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 no later than the Wednesday prior to the council meeting to allow time for research and response.

### **BHA Update**

- BHA is continuing to review and process the COMAR 10.63 licensing and accreditation applications that have been submitted. Providers will be notified of the variance status for any licensures that are still being processed. For any questions or concerns regarding variance please contact Lisa Fassett at [lisa.fassett1@maryland.gov](mailto:lisa.fassett1@maryland.gov) . If providers would like to know the status of their application, please contact Stacey Diehl at [stacey.diehl@maryland.gov](mailto:stacey.diehl@maryland.gov) For matters related to Accreditation, please contact Spencer Gear at [spencer.gear@maryland.gov](mailto:spencer.gear@maryland.gov) . You may continue to email any questions or comments related to regulations at [bha.regulations@maryland.gov](mailto:bha.regulations@maryland.gov)
- On June 15, 2018, there will be a free conference on problem gambling held at the BWI Airport Marriott Hotel. Space is limited, register quickly! Information for this conference will be posted on the Maryland Problem Gambling Helpline Website at: <http://www.mdproblemgambling.com/helpline/>
- Registration is now open for the 2018 BHA annual conference, to be held at Martin's West on Wednesday, May 2, 2018 from 8:00 AM to 4:00 PM.

### **Medicaid Update**

- Medicaid is currently working on implementing the different projects that resulted from the budget session that closed last week. Medicaid will bring updates on these implementations to a future Provider Council meeting.



- Providers who plan to obtain their license under 10.63 must be in the process of obtaining license or variance from BHA. Beginning June 1, 2018, Medicaid will review the list of providers who have not indicated interest in becoming licensed under 10.63 and work with them to update their enrollment status to either a Provider Type 27 (Mental Health Group Practice), or individual provider type for which they qualify. Any provider not licensed under 10.63 (or with variance/extension letter in hand from BHA) will have their status suspended or terminated in Medicaid's system as of 7/1/2018. For any questions or concerns regarding extension letters please contact Stacey Diehl at [stacey.diehl@maryland.gov](mailto:stacey.diehl@maryland.gov)
- E-Prep is currently up and running for individuals, group practices and 1915i providers. Phase two will begin in the next six months for OMHC's and SUD programs. If you receive letters requesting information from E-Prep, please send in all of the required documents.
  - UPDATE: Current projected go-live date for Phase 2 is mid-May. Please keep an eye out for any notification from AHS. Please note this applies to new providers, those in the re-validation process and providers requiring information update (i.e. Address, license, etc.) to their existing accounts. It does NOT mean all providers must re-enroll.

### **Beacon Health Options Update**

- Beacon, Medicaid and BHA are working together to encourage provider expansion in the area of TBS (Therapeutic Behavioral services). A survey will be sent to the local jurisdictions, as well as providers, to gauge interest in providers learning more about the current access to TBS services and potential expansion of these services around the State. Results will be shared with the State to better gauge provider interest and expanding access to these services.
- Drug Screening Laboratory Management project: Outlier reports have been developed to detect excessive ordering or use of drug screens performed by laboratories. Beacon will reach out to providers regarding high levels of drug testing to discuss the findings, SMART testing and ASAM guidelines.
  - Update from Medicaid: Providers are reminded that all tests and services must be medically necessary and be used to inform, change, or address a treatment focus. Drug tests are possibly being ordered excessively in the PBHS and we rely on providers to use these tests when medically necessary and not just as point of information. Federal regulations require that Medicaid only reimburse for goods, services and tests that are medically necessary. Your diligence in ensuring only medically necessary tests are ordered and performed for your patients is essential in ensuring public funds are used wisely and efficiently across the system of care. When reviewing test results, please confirm that the frequency and type of test and the panel of tests performed matches what was ordered.



- Beacon would like to thank the more than 300 providers that have attended the recent trainings on motivational interviewing.

### **Provider Questions**

1. There is some concern with Methadone programs who do not offer an IOP program and are telling patients they cannot participate in an IOP service at another facility or that they can participate in a few groups that are not an IOP level of care. Some of the patients will then discontinue IOP level of care. This seems to be an issue since the re-bundling rate was decided last year. Is there anything that can be done to stop this from happening?

All treatment must be patient centered and tailored to the individual patient's needs. The Department receives complaints both ways - that IOPs are stating some OTPs are requiring counseling in their OTP in order to receive their MAT (Medication Assisted treatment) and OTPs are stating that there are provider type 50s who require IOP or OP counseling for individuals in order to obtain residential placement, which prevents the OTP from receiving payment for level 1 services. This is an ongoing problem for the State with regard to developing policy that addresses the needs of patients while combatting non-patient centered requirements. We remind providers that all services must meet medical and clinical necessity and providers must adhere to their professional and ethical standards in the care and treatment of patients. A provider cannot force any recipient to participate in any service in order to obtain another service. If you have reason to believe that a provider is rendering services under Medicaid in a fraudulent or wasteful manner, please contact the MDH Office of the Inspector General at 1-866-770-7175 or email [DHMH.OIG@maryland.gov](mailto:DHMH.OIG@maryland.gov), or the Medicaid Fraud Control Unit: 1-888-743-0023, email: [medicaidfraud@oag.state.md.us](mailto:medicaidfraud@oag.state.md.us).

2. We provide Telehealth services for Tricare consumers who have Medicaid as a secondary insurance but Beacon does not accept POS 02 for telehealth services. When will beacon health start accepting the new Place of service code set 02? All telehealth services for Tricare must be billed with POS 02 and with no modifier GT modifier.

Providers should always comply with the primary insurance requirements. The claims filed with Beacon after being sent to Tricare need to be submitted as paper claims and not electronic. Providers may send in the denied EOB as well as the



paper claim containing the GT modifier since the 02 modifier is not a billable code with Medicaid. Please submit claims to:

Beacon Health Options Maryland  
P.O. Box 1850  
Hicksville, NY 11802-1850

3. Beacon's national office indicates that a [Claims Process Improvement program](#) began in 2017, including planned changes to [the EDI/Data Exchange](#), which is to be accompanied with a new 837 guide. Several CBH members reported receiving calls from Beacon's national office several months ago about a new 837 guide, but never ultimately received one. Can the new 837 Guide be distributed to providers through a Provider Alert?

Yes. The 837 EDI data exchange guide will be sent out as a provider alert as well as being posted on Beacon's website.

4. Providers have not received clear guidance from Beacon on how long they should expect the validation process to take. Could Beacon share an estimated validation timeframe that providers can rely on through a Provider Alert, so that providers may design their workflows accordingly?

Yes any time there is a system wide EDI issue Beacon will send out a ProviderAlert. Once a month Beacon does system wide updates on the weekend which can cause some additional slowness to the system. Beacon would like to remind providers to read the Provider Alerts as they are received as the alerts often have important information in regards to system updates. Beacon will set up a meeting with CBH and other providers on this matter.

5. Based on recent communications from CBH members, it would be very helpful if Provider Alerts were distributed when there are system-wide EDI issues or validation delays, so our providers can modify their workflows accordingly.

Please see the answer to provider question number 4.

6. What is the reasoning behind inpatient detox for opiates and NTP with a special rate not being covered services? Why are programs graded on their services (availability, accessibility, affordability)?

This inquiry requires more information, please contact Beacon again to clarify the question.



7. How often can PRP concurrent reassessments be conducted and billed for per client?

A psychiatric rehabilitation assessment is ongoing and should be updated as new information emerges and individual circumstances change. Interested providers are instructed to consult the accreditation standards of the accreditation organization under which they have been accredited for guidance as to the nature and frequency of a psychiatric rehabilitation assessment. It is recommended that an assessment be completed at a minimum frequency of every six months to inform the development of the Individual Rehabilitation Plan. For the purpose of reimbursement, a comprehensive assessment (H0002) can be billed as a separate reimbursable service once per year; an authorization is not required to bill for this assessment. Any other assessment conducted more frequently with the individual may be included as part of an encounter submitted to meet the requirements for reimbursement at the monthly case rate.

8. COMAR regulations 10.01.18 is requiring providers of all covered programs to provide comprehensive training to staff members and individuals receiving services on sexual abuse prevention and reporting. Are there any programs/trainings which have been developed and approved for providing this training to PRP clients in a way which is appropriate for the clients and meets the regulation requirements?

Comprehensive training that meets the requirements of COMAR 10.01.18 has been developed for staff members of covered programs by the University of Maryland School of Medicine Behavioral Health Systems Improvement Collaborative. This is a free web-based training that, upon successful completion, allows the participant to print a certificate of completion. The website to locate the training is <http://mdbehavioralhealth.com>. Providers are not required to use this program for their training; however, any alternative training curricula must be pre-approved by BHA. For approval, training curricula should be submitted to [steven.reeder@maryland.gov](mailto:steven.reeder@maryland.gov). BHA is looking into developing a similar training for clients. . BHA will continue to work with providers to ensure the trainings are trauma informed and age appropriate.

9. We provide Telehealth services for Tricare consumers who have Medicaid as a secondary insurance but Beacon health Options does not accept POS 02 for telehealth services. All telehealth services for Tricare must be billed with POS 02 and with no modifier GT modifier. When will beacon health start accepting the new Place of service code set 02?





Please refer to the answer for Provider Questions number 2.

10. Beacon has been paying for individual services (H0004) that were submitted for clients that are enrolled in IOP instead of denying them. This has resulted in an overpayment recovery. We believed that these claims needed to be submitted for reporting purposes to show that the patient was receiving the proper care per treatment plans. Do these claims need to be submitted? If so, can they be submitted with a zero dollar charge amount so that they are not paid in error? Would we also bill level 1 treatment for methadone in the same manner?

Medicaid has confirmed with the unit for Local Health Departments that it would not be necessary to include an H0004 on the same claim as an H0015, even for reporting or encounter purposes. Level 1 and IOP in the same week is a combination of service restriction. Regardless of whether it was paid, it must be recovered. Providers are encouraged to perform self-audits. Separately, the Department and Beacon will establish more timely reviews to avoid large retraction situations Beacon's current system setup will not allow for an H0004 and H0015 within the same week. As such, the Local Health Department should only submit their H0015 while the consumer is receiving IOP services, and they should have no denial issues that require recoupment of the H0004 in order to reimburse for the H0015. .

### **Additional Questions**

1. Why does Beacon's system pay claims for outpatient services when the patient has an authorization for IOP? The system should deny the outpatient claims.

Beacon's systems will ensure that two claims for a patient will not be paid on the same date of service. Beacon developed a report online that providers can view to see if the consumer has another open authorization that would prevent their claims from paying. We highly recommend that providers obtain an ROI (Release of Information) from the consumer so that you can speak to Beacon and get more information about the open authorizations and collaborate on their care. If you need more information on effective ways to obtain an ROI please contact [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com)

2. Please confirm that we can bill for an individualized rehabilitation plan.



No, providers may **not** bill for an individualized rehabilitation plan as this is not a separately billable service.

3. There is an indication that the report doesn't work (substance use coordination of care report)

For providers having difficulty viewing the reports please contact Beacon's Provider Relations team directly to report the issue so that it can be resolved. You can contact the provider Relations team at [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com)

4. Under PBHS Mental Health Reimbursement schedule the 90853 can be billed by a LCSW, RN OR LCPC is this the same for SUD services? Can an RN bill for H0005?

No, the SUD providers bill the H codes and the mental health providers bill the CPT codes. If you are in a SUD program you cannot separately bill for a service provided by a mental health provider. Separately, an RN can never bill for services under an SUD program. These codes are reimbursable to Licensed Mental Health providers, including Psychiatric Nurse Practitioners, but not Registered Nurses.

5. What services or documentation is needed in order to bill the discharge code?

The only discharge code is for providers who are required to use the Outcome Measurement System (OMS). A discharge OMS summary is required to be done with the patient within 30 days of the last visit. Some issues that were raised by providers in terms of the timing of billing for this service were identified in the meeting, but at this time, we have no resolution to those problems. BHA heard the concerns and will look into

6. We had a few claims denied Urine Drug Screen confirmation that were referred by a sober living home with a valid NPI? Can sober living homes not refer for Urine Drug Screen testing?

Please send claim denial to [marylandproviderrelations@beaconhealthoptions.com](mailto:marylandproviderrelations@beaconhealthoptions.com) for review.

7. We have classes offered to patients that a counselor cannot provide it must be facilitated by a nurse. We would like to offer these group health/training classes to our clients administered by an RN. The H0005 or the 90853

RN's cannot provide counseling services, refer to question #4 above.





8. If an IOP program is giving out denials for H0004 claims, how would we be able to submit the claim for payment or to note that the client came in to the practice for that service?

You should document the service provided in the patient's individual client record. All IOP services should include an array of patient centered individual and group counseling in a manner that best serves the patient's clinical needs. If this is a Local Health Department, since 2015, the Department required LHDs to enroll as either a PT 32 or PT 50 (or PT MC) in accordance with the services delivered. There are no additional or separate requirements needed by Locals for billing for behavioral health services. Any requirements that exist for other Medicaid covered services remain in effect.

9. Are mass payment retractions for not enough encounters received for the case rate claims still being done without an outreach to the provider first so we can rebill before the payments are actually retracted? This used to happen in the past.

Beacon is evaluating efforts to ensure providers are given notification when large retractions are identified. . At this time retraction for claims in an amount greater than \$10,000 will receive outreach from Beacon prior to retractions being implemented. Previously the threshold was \$ 20,000 but in consultation with the Department this has been revised.