



**BHA/ValueOptions® Maryland
Provider Quality Committee Meeting Minutes**

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, November 13, 2015
10:00 am to 11:30 am**

Telephone Call in Requirements

While participants are welcome to join this meeting in person at Beacon Health Options space may be limited. For those calling in by phone, you MUST ensure you mute your phone line by pressing *6 during the call.

Please note that it is discourteous to your fellow participants to leave your phone line open and have talking, background noise or other interruptions when they are trying to listen and ask questions.

Participants should NEVER place the call on hold, as your hold music will overpower the call and we have to disconnect the call. Thank you for your adherence to these rules and your participation in making this a productive and informative committee meeting.

In attendance: Stephanie Clark, Karl Steinkraus, Zereana Jess-Huff, Rebecca Frechard, Dr. Helen Lann, Oleg Tarkovski, Donna Shipp, Page Morris, Kathy Rebbert-Franklin, Arnissa Snead, Greg Burkhardt, Jenny Howes, Danna Jackson, Ty Queen, Shauna Donalve, Rick Reed, Lauren Herron, Brendan Welsh, Christina Trenton, Mercy Jackson, Donna Layman, Denise Christopher, James Jones

Telephonically: Lavina Thompson-Bowling, Chalarra Sessoms, Vanessa Lyle, Kristi Cuthbertson, Rashida Winslow, Andrene Jackson, Dawn Beckett, Towanda Grant-Cunningham, Kimberly Bittinger, Beverly Hughes, Tyeisha Bright-Jones, Karen Jordan, Sara Haina, Raschid Smith, Anne Schooley, Kamilah Way, Cynthia Way, Linda McIntyre, Sheba Jeyachandran, Danita Abrams, Sarah Dey, Susan Bradley, Karen Murphy, Abby Appelbaum, Andre Pelegrini, Loren Sallah, Aggie Parks, Doris McDonald, Jarrell Pipkin, Sharon Jones, Patricia Langston, Sueqethea Jones, Joana Joasil



Topics & Discussion	Follow-Up Actions
<p>Introductions - All telephonic participants were instructed to send an email confirming attendance to marylandproviderrelations@valueoptions.com</p> <ul style="list-style-type: none"> • Please email any amendments, or concerns regarding the previous month's minutes, to Karl Steinkraus at karl.steinkraus@valueoptions.com. <p>BHA Update – Kathy Rebbert-Franklin</p> <ul style="list-style-type: none"> • Deputy Secretary for Behavioral Health Dr. Gayle Jordan-Randolph recently sent out a memo to the LAA's, CSA's, and Health Officers advising that the Grant funded Ambulatory SUD Services will be moving from management under the local jurisdictions to be managed by Beacon starting July 1, 2016. • There is no current change to the Grant Funded / Uninsured Residential Services for SUD though it is anticipated that these may be moved to be managed under the ASO in FY 18. • The movement of these services to Beacon Health Options, will allow all funding to be together and prevent churn issues. <p>Medicaid Update – Rebecca Frechard</p> <ul style="list-style-type: none"> • No updates to provide <p>Beacon Health Options Update – Zereana Jess-Huff</p> <ul style="list-style-type: none"> • Logo and Communication Changes – reminder to providers that they will be seeing the new Beacon Health Options logos, email blocks, messages, greetings and communications rolling out over the next few months. 	



- Holiday Check-runs – there will be no interruption to check runs for the end of this year. For the Christmas holiday week, the check-run will fall on Monday, December 28th.

Questions

1. Update on restoration of sites and corrective actions for any impacted authorizations as of last week, some members still reporting issues. Are all sites restored? Is the process for requesting retroactive authorization clear?
 - Medicaid is not aware of any reports from providers about this issue. All the SUD providers have had ample notice of the requirements of when the lifted authorization period closed. Any remaining providers will have to be thoroughly reviewed on a case by case basis as to the reason why those providers did not follow the procedure.
2. Updates on adjustments for crossover claims, January – October, which was reported to be underway at last month's meeting.
 - The fix for the cross over issue went into production last Monday so no new issues should be occurring. The Medicaid Behavioral Health Unit (BHU) received the list of providers impacted since 1/1/2015 forward and are reviewing the list now. No claims re-submissions will be needed. Adjustment checks will be sent to impacted providers once we have vetted the lists. At this time we do not know the date when the payments will be issued but we are actively working on it.
3. Are providers able to get reimbursed for a mental health diagnosis of pathological gambling?
 - If you are a mental health provider and are using an approved code on the mental health ICD 10 codes, Beacon will pay with the appropriate authorization on file.
4. What should a provider do that is having difficulty billing the H0001 more than once during a 90 day period?
 - For individual claims or provider issues, please contact Karl Steinkraus at karl.steinkraus@valueoptions.com
5. Can a provider bill for both a family counseling session and an individual counseling session if they are an outpatient mental health OMHC?
 - Yes. If a provider would like further information on this topic or topics similar to this one, it is recommended that they visit the website at <http://maryland.valueoptions.com/> and review the combination of services rules.



6. Regarding the BHA update on ambulatory services going to Beacon Health Options, will there be a role for the LAA's to play in approval or authorization of services?
 - DHMH will work with Beacon to describe in more detail how this process will work. In the uninsured workflow, locals approve exceptions for individuals who do not meet the uninsured workflow. There may be several different ways in which the LAA's that are providers versus the LAA's that are not providers may be incorporated. Also, Beacon Health often collaborates with the CSA's on specific situations and would look to enhance any collaborative efforts with the LAA's that the department deems appropriate. Beacon will also announce trainings regarding any new processes close to the July 1, 2016 launch date.
7. If a provider believes they are using an approved ICD 10 diagnosis but are still unable to obtain a concurrent authorization, what steps should they take?
 - There is a full list of all accepted ICD 10 codes on the <http://maryland.valueoptions.com/> website. If a provider believes they are using the correct code and are still unable to obtain authorization, they should contact Page Morris at page.morris@valueoptions.com.
8. If a consumer refuses to pay for Medicare Part B premiums, can Medicaid act as the primary insurance?
 - No. Non-payment of a premium is not a reason that Medicaid would cover services as the primary insurance.
9. Can an OMT refer out for counseling services?
 - Counseling is included in the bundled rate unless the program determines the level of medical necessity requires IOP or a higher level of care that the OTP is not qualified to provide. During the time the individual is being seen by a different provider, however, the OTP should not also bill for services since counseling is included in the rate for the higher level of care. Medication should continue to be provided by the OTP since it is presumed the individual will return to the OTP for continued care once the need for intensive counseling has ended. The Department is continuing to examine this policy regarding the bundled services.