



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, April 8, 2016
10:00 am to 11:30 am**

In attendance: Daryl Plevy, Karl Steinkraus, Helen Lann, Jarrell Pipkin, Guy Reese, Stephanie Clark, Annie Coble, Kayla Moulden, Kenny Hinmon, Jocelyn Bratton- Payne, Oleg Tarkovsky, Shannon Hall, Brendon Welsh, Sharon Jones, Lorraine McDaniels, Sueqethea Jones, Patricia Langston, Kathleen Rebbert-Franklin, Greg Burkhardt, Joana Joasil, Robert Canosa, Paris Crosby, Christina Trenton

Telephonically: Due to webinar/technical difficulties, we were unable to take attendance of those dialing into the meeting.

Topics & Discussion

Minutes – Review for Approval

- For the individuals that have any suggestions or edit for the minutes, you can send all questions or concerns to MarylandProviderRelations@beaconhealthoptions.com

BHA Update

CCBHC Update:

- Daryl Plevy stated that BHA has a planning grant from SAMSHA/CMS to develop a comprehensive clinic services model. The CCBHC has to directly deliver six out of nine required services. BHA is having serious technical difficulties meeting the requirements of the grant. BHA is learning information really late. It is difficult to implement the grant requirements in a fee-for service environment, because they will require changes to MMIS, the Beacon system and also system changes for the providers.

- Eight jurisdictions will be moving from grant funding to fee-for service for the uninsured population as of July 1, 2016, the jurisdictions are as followed; Allegany, Baltimore City, Carroll, Frederick, Queen Anne's, Somerset, Wicomico, and Worcester. All other jurisdictions will be will starting January 1, 2017.
- Kathleen Rebbert-Franklin stated that BHA is finalizing the Accreditation regulations. Once approved, they will be published. BHA is hoping to have these published within the next few months.

Medicaid Update:

- Annie Coble stated that there are no Medicaid updates at this time.

Beacon Health Options Update:

- Karl Steinkraus (Beacon, Provider Relations Director) stated that Beacon apologizes for not having the Webinar available today; we are facing a few technical difficulties right now. Remember that if providers have a specific claim or billing issue, please send it to Beacon Health Options via the customer service unit or to the provider service unit. Because the issue may be provider specific, you should direct your inquiry to Beacon and not wait for provider council meetings.
- Dr. Helen Lann (Beacon, Medical Director) stated that Beacon will develop and provide a series of Interactive Webinars focused on various topics of interest to providers. We are excited to be able to offer some trainings from experienced providers in addition to Beacon. Contact Karl Steinkraus Karl.Steinkraus@beaconhealthoptions.com, to give input and feedback on topic suggestions.
- A Provider Alert was recently sent out reminding providers that Medicaid and uninsured services require prior authorization. This is posted on the Provider Information Page at <https://mmcp.dhmh.maryland.gov/Pages/Provider-Information.aspx>. As the Department's ASO, Beacon applies the rules set by DHMH and cannot back date the start date for service requests. Maryland has two programs for Mental Health services under a capitation arrangement and Beacon has been having issues with Substance Abuse providers' ability to obtain authorizations. The system has now been fixed and providers should make sure to obtain authorization. A provider alert will be sent out soon on this issue.

Questions

Questions:

- 1. Karl Steinkraus has stated that we are to use the R69 code to bill when we screen someone and they do not meet criteria to be admitted to SUD services. However, this code is not listed in the Provider Manual, Provider Alerts, and Service Matrix for SUD and general provider information. What are the criteria to bill for this code and what does the code pay?**

Karl Steinkraus stated that there were some technical difficulties when billing the R69 codes, some providers were receiving payment and others were not. This particular issue will soon be fixed and Beacon will automatically reprocess the claims internally and providers will not have to resubmit claims. This code is not intended to be an ongoing diagnosis, and should not be used more than 2 sessions without a BH diagnosis or referral to a non BH service if indicated.

2. When utilizing the 90846 for SUD services, are there the same restrictions as for Mental Health (only allowed to use this code 2 times per authorization period unless the provider calls and requests additional auths for that code).

Dr. Helen Lann stated that yes, the restrictions are the same when utilizing the 90846 for SUD services, as for Mental Health. Providers are only allowed to use this code two times per authorization period. Should there be more than two family therapy sessions without the patient present, the provider then should call a Clinical Care Manager and request additional authorizations for that code.

3. With going to fee for service, when are the rates going to be increased so there is parity between the MH and SUD rates?

Daryl Plevy stated that with going to fee-for service for uninsured / non-Medicaid services, the MH and SUD uninsured rate and the Medicaid rate will be the same. There was a 2% rate increase added for providers during the legislative session.

4. Retractions. A number of providers have experienced retractions as Beacon corrects the source used to pay some claims. It's my understanding that Beacon anticipates restoring funds at a future date. Because cash flow is already tight due to the ICD-10 issues, the timing of these retractions is concerning. It's also raising challenges for providers' financial reporting. Can you please share a timeframe for when the funds will be restored? It would be helpful to know if alternative ways of correcting the fund source are possible, which cause less burden and reporting problems for providers.

Karl Steinkraus stated that Beacon has some providers with eligibility retraction issues. The Beacon Finance Department is looking into those issues. If a provider has a specific concern, they can contact Karl Steinkraus Karl.Steinkraus@beaconhealthoptions.com and/or MarylandProviderRelations@beaconhealthoptions.com and the concern will be forwarded to the Finance Department for review and resolution.

5. ICD-10. Novitas Solutions has agreed to cover behavioral health diagnoses with unspecified codes, beginning in late April or May. Thus, our pending request to waive the priority population rule can be narrowed to only affected claims from January until the promised changes are implemented. Will the priority population rule be waived for affected claims during that time period?

Karl Steinkraus stated that yes the priority population rule will be waived for affected claims during that time period. If the provider is having problem entering authorizations or getting claims paid, please email specific examples to Karl Steinkraus at:

Karl.Steinkraus@beaconhealthoptions.com.

6. Salary Surveys. Does Beacon plan to administer the annual salary survey this year? If so, when will it be initiated?

Daryl Plevy stated that Beacon has never administered the annual salary survey. The Mental Hygiene Administration administered a salary survey for MH in the past to determine what the generic rate increase would be. Moving forward, Medicaid will determine how they set rates, it will not be BHA or Beacon. The planning department under Medicaid is responsible for these rate setting questions that impact Medicaid reimbursement.

Additional Questions:

Eligibility Report: What is the timeframe for the consumers listed in the report? Can specific dates be listed? By Vendor?

- Beacon receives the redetermination file from Medicaid. We have worked in partnership with MA and have identified that the redetermination timeframe is up to 75 days out, though it is generally between 60 – 75 days from the redetermination date. Redeterminations are fluid in Medicaid so the exact date, at this time, is not available. We continue to review this important provider feedback and always strive to improve reports. There is nothing new that will be added to this report at this time.

Can Medicare patients receive SUD services?

- Medicare does not cover community based SUD services. This is a Medicare rule which is not under control of Medicaid or the State. If an individual has only Medicare (and not a full Medicaid) then they fall under the uninsured population and are subject to the same rules for uninsured.

Webinar Questions:

Due to the technical difficulties today, there are no webinar questions at this time. For anyone with questions, feel free to email

MarylandProviderRelations@beaconhealthoptions.com.