



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

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

**In attendance:** Donna Layman, Wanda Semies, Carol Leeson, Craig Lippens, Bryce Hudak, Dee Loftis, Lorraine McDaniels, Shannon Hall, James Jones, Laura Herron, Christina Trenton, Jenny Howes, Karl Steinkraus, Stephanie Clark, Page Morris, Donna Shipp, Greg Burkhardt, Dr. Helen Lann, Dr. Enrique Olivares, Dr. Maria Rodowski-Stanco, Daryl Plevy, Annie Coble, Kathy Rebbert-Franklin

**Telephonically:** Appelbaum, Abby; Ashkin, Howard; Baker, Cathy; Bartlett, Robert; Beckett, Dawn; Bittinger, Kimberly; Black, Karyn; Bridgers, James; Campbell, Susan; Carloni, Karen; Cason, Frances; Collins, Heather; Cooper, Nicole; Craig, Veronica; Cronan, Elaina; Doetzer, Geraldine; Drennan, Sarah; Erskine, Kim; Forster, Cheryl; Gonzalez, Rebeca; Grayson, Hollie; Grigsby-Hackett, Michelle; Grodnitzky, Jody; Haina, Sara; Hall, Elaine; Hunt, Seante; Hymel, Elizabeth; Jackson, Kirsten; Jeyachandran, Sheba; Jones, Sueqethea; Jung, Anna; Kanely, Wendy; Karakcheyeva, Victoria; Langston, Patricia; Laun, Emily; Lemmerman, Penny; Levison-Johnson, Jody; Macchio, Maria; McDonald, Doris; McDonald, Sean; McIntyre, Linda; Moultrie, Tracey; Pipkin, Jarrell; Raynor, Tina; Rock, Frank; Santoni, Tim; Schooley, Anne; Seville, Dorothy; Smith, Lindsey; Smith, Donna; Sterling, Christie; Stouffer, Fran; Thompson Bowling, Lavina; Viggiani, Mary; Watkins, Kevin; Williams, Keshia; Winslow, Rashida; Wynn, Abiba; Jones, Sharon; Milton, Tesha; Nicotra, Vicki; Shirk, Wendy; Tarkovsky, Oleg; Von Gunten, Tina; Wilkoff, Susan; Arnold, Terry; Baker, Sherry; Barker, Matey; Cardim, Rita; Carter, Jr., Robert; Duhaney, Carol; Hacker, Donna; Hughes, J.R.; Hurd, Cynthia; Ott, Geoffrey; Porto, Carol; Reines, Helen; Smith, Raschid

Topics & Discussion	Follow-Up Actions
<p><b>Minutes – Review for Approval</b></p> <p><b>BHA Update – Daryl Plevy</b></p> <ul style="list-style-type: none"> <li>• There will be a new format to the meeting minutes. Providers should expect to see open items, as well as resolved issues on the next set of minutes. The minutes, as well as relevant IT and departmental updates will also be posted to the Beacon website.</li> <li>• Grant funded for uninsured for services that are MA reimbursable will be moving under Beacon. BHA is seeking input from providers to identify if they have excess capacity or desire to expand their capacity at the same site or a new site or sites. Providers should look for a survey to come out in a Beacon provider alert regarding this topic and all are encouraged to participate.</li> </ul> <p><b>Medicaid Update – Annie Coble</b></p> <ul style="list-style-type: none"> <li>• MA will be accepting comments regarding the re-bundling proposal until January 29<sup>th</sup> and also working on a clarification document on the comments received to date.</li> </ul> <p><b>Beacon Health Options Update – Karl Steinkraus</b></p> <ul style="list-style-type: none"> <li>• ValueOptions, Inc. has officially converted over to the Beacon Health Options name. Providers will notice the name change in phone messages, emails, etc. Emails to the @valueoptions.com domain will continue to work as the company continues to migrate to new systems.</li> <li>• A new/corrected training schedule was distributed and is attached in the invite for provider council. This schedule will also be posted to the Beacon website for review of upcoming trainings.</li> <li>• Providers are encouraged to provide any feedback they may have on the Medical Necessity Criteria (MNC). Providers can find the MNC at this link: <a href="http://maryland.valueoptions.com/provider/handbook/MD-PBHS-Provider-Manual.pdf">http://maryland.valueoptions.com/provider/handbook/MD-PBHS-Provider-Manual.pdf</a> and should send all feedback to <a href="mailto:Marylandproviderrelations@valueoptions.com">Marylandproviderrelations@valueoptions.com</a>. Note that the MNC is for mental health criteria only. The state</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes approved with the correction of “refuses to pay” amended to “cannot afford to pay.” No other changes needed.</li> </ul>

of Maryland and Beacon Health Options utilize the ASAM criteria for all SUD services.

- MDRN accumulators were not working appropriately. Beacon has made the necessary IT corrections for this issue and we have reprocessed all claims at this time. Beacon will continue to meet monthly with the Regional Area Coordinators (RAC's) to address new issues as they come up.
- Beacon has been working closely with the 8-507 Forensic program and the PWC grant program to ensure that all issues surrounding entering authorizations and administration of those programs have been resolved. At this time, most of the issues have been resolved and Beacon will continue to be a resource for those grants.
- Reminder to providers to send all questions in advance of the meeting. Beacon will send out provider alerts that remind providers of the date and time of the meeting. Submitting questions in advance will allow for review and complete answers by the meeting. Questions submitted after the deadline may not get addressed until the following months' provider council.
- ASAM I training was completed this past fall. Beacon is looking to repeat this training and is developing an ASAM II training. These training dates will go out in a provider alert and will be incorporated into the annual regional forums.
- If there are any questions regarding substance use treatment or services, Dr. Enrique Olivares, Director of Addictions with Beacon Health Options, would like to extend his contact information. He can be reached at [Enrique.olivares@valueoptions.com](mailto:Enrique.olivares@valueoptions.com).

## Questions

Questions:

- **Multiple Site Ids. In December, Provider Connect was updated to location-specific identifications. For clients being seen at two different locations, this would require two sets of active authorizations, which is not technically possible in Provider Connect. Please clarify the workflow and authorization process for clients seen at two locations.**

Donna Shipp, Provider Relations manager, stated that the Beacon Health Options system allows a provider to enter an authorization for OMS review, non-OMS, and med management without any intervention from a live person. If you are rendering services for a consumer primarily in one location, but the member has to go to a secondary location (i.e. for med management), you will enter your authorization in accordance to where the consumer is primarily receiving care. You do not need to put in a second authorization for that secondary location. You must bill according to the authorization. You must document in your medical record the need to have the consumer seen at that secondary location. Beacon will review at the documentation level for why the service was not rendered at the primary location.

**Provider follow-up question: Consumers that are on OMT but need stabilization are being turned away because the provider is unable to get coverage at two locations. Methadone is being billed through Medical Assistance and the second provider is taking the consumer into their residential stabilization program. What should be done in this situation?**

Ms. Shipp clarifies that this is not an issue associated with the location of the service, and is, instead, an issue to do with the benefit structure. According to Maryland Medicaid, if a consumer is being seen for methadone maintenance there are restrictions on the other codes that can be billed for that consumer. Medicaid is currently reviewing this item and the types of services available.

**Provider follow-up question: When the term “Site ID” is used, is Beacon referring to choosing the appropriate NPI?**

Now providers must choose a service location and the appropriate Maryland Medicaid NPI number combination for the level of service that you are providing for that consumer. When you log in, you get to a page in the system where there is a hyperlink that becomes activated and you have to choose the service the consumer is receiving.

Prior to clicking on this you must choose the vendor or service location where the consumer is receiving care, and then when you get to the next page, the MA and NPI numbers that are loaded are specific for that location.

If you are choosing the wrong vendor, when you get to the next screen, you will not see the appropriate NPI.

If you are choosing the correct location, please contact Beacon Provider Relations so that they may review your provider file. Provider Relations can be reached at [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com). It would also be

beneficial for providers to attend the provider connect training to review how to navigate through the connect system and to attend one of the NPI webinars.

- **Retroactive Payment for Medicare Crossover Claims. At the October provider council, DHMH indicated that providers would be retroactively reimbursed for Medicare crossover claims from January 1 to October 1, 2015, once a reimbursement process was established. Please indicate when and how reimbursement will take place.**

Annie Coble, with Maryland Medicaid, stated that payments are being processed this month and that providers will be paid in one lump sum. While there is no set date for that payment, these claims have been sent to be paid.

- **Internet Browser Type. One provider's staff was told by Beacon Options tech support to use Chrome instead of Explorer. When he did, all of the provider's problems with reports cleared up. Most providers use Explorer instead of Chrome, and some providers' EMRs are set to import code from Explorer and don't support Chrome. For these reasons, we'd like to see Provider Connect be fully operational with Explorer. Can you provide more details on the impact of browser type and efforts to ensure that Explorer is fully operational?**

Greg Burkhardt, IT Director with Beacon Health Options, stated that Internet Explorer 11 is the official browser for the connect platform. It has been brought to our attention that there is a compatibility issue with something called "edge mode." Please look for a provider alert about this concern.

- **Expanding Approved Diagnoses for Adult PRP. The approved diagnoses for adult PRP are predominantly based on chronic adult conditions. Is there flexibility to add more diagnoses so that Transition Age Youth can benefit from PRP services and Health Homes?**

Dr. Rodowski-Stanco, Assistant Medical Director with Beacon Health Options, stated that Beacon Health Options would be meeting with the department and with CBH to begin having discussions around setting up requests to look at child level services. This group would welcome provider input and should contact Dr. Rodowski-Stanco at [Maria.Rodowski-Stanco@beaconhealthoptions.com](mailto:Maria.Rodowski-Stanco@beaconhealthoptions.com) for more information and additional questions.

### **Additional Questions/Comments:**

- **Could someone review the status and expectations for entering discharge data into the Beacon Health Options system for the jail-based services?**

At this time, Beacon is aware that the discharge criteria for grant based services is not working. There is a bug-fix for this issue that is going to be released in March 2016. Providers should expect to see a provider alert go out letting them know that the fix was successful.

- **Could someone please provide more operational specifics around the shift of grant funds to Beacon, especially the limit of 90 days of coverage?**

The 90 day coverage is part of the uninsured workflow. This is partly an audit issue. Legislative auditors on the uninsured workflow felt that it was important that those paid as uninsured with state only funds move to another fund as quickly as possible. The system was built so that you get two automatic authorizations if you don't meet the basic requirements for serving someone uninsured (ex: having a SS card, applying for MA) and at the third month, it denies and goes to the local jurisdictions who can then grant an exception. The basic thinking is that, with rare exception, someone should be on another funding source (MA or eligible for the exchange). There is an override authority and the jurisdictions can make an exception if there is a good reason for not meeting the requirements.

- **How long will MC only (including QMB and SLMB) be eligible for coverage for OTP service under Beacon.**

Please be aware that, at this time, any consumer with SDUL eligibility, which includes QMB and SLMB consumers, is not eligible for substance use coverage through Beacon Health Options. These are primary Medicare consumers and Medicare does not reimburse for that diagnostic category. A consumer with QMB and/or SLMB that shows up in our system with SDUL eligibility will not receive reimbursement for that level of service through Beacon Health Options. If you have a consumer that is SDUL eligible, you need to reach out to your local health department who will assess that consumer to see what services are appropriate and refer them to a grant-based provider to receive care.

- **When OMHCs bill with a substance abuse primary dx do they bill using the h codes that are used on the substance use side?**

OMHCs can bill primary substance use diagnoses as long as there is a secondary mental health diagnosis and they would use CPT codes, they would **not** bill H codes. H codes are only available to substance use disorder programs. Ensure you pick the

appropriate authorization parameter in ProviderConnect. If your authorization does not match what you have billed, your claim will be denied. Beacon also recommends for providers to attend ProviderConnect trainings.

- **Are there any updates on the accreditation due dates or are we still on the same timeframe?**

The dates that are published in the proposed regulations are not what BHA will be using. There are a lot of formal comments that BHA is responding to, so there has been a delay. Once those are finished and regulations move through the internal DHMH process, the dates will be amended. There will be 18 months from the time of the approved regulations until the time accreditation will be required. **Is there an update on the issue with billing two intakes within a year after more than 30 days passed? I understand we are supposed be able to do that but they are still getting denied. Has anything been done to make sure the staff processing the claims is properly trained?**

The authorization parameters for that level of service have been updated to reflect one unit in a year's timeframe; if however, you need to render an additional service for a consumer and more than 30 days has passed, you will need to submit another authorization request. You must have an authorization on file for the service, so if a consumer presents and more than 30 days passed, you will need to create a new authorization request in order to get the assessment processed and paid. If you are finding this to be an issue please send us specific information to review and make necessary adjustments. Please send your examples for research to the provider relations team at [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com). Beacon is actively reviewing past claims issues and reprocessing.

- **When a client is on a grant and claims are submitted while the consumer is on the grant and then the client becomes active with MA retroactively we are reprocessing the claims but they are getting denied as duplicates. Has this issue been addressed?**

Beacon will need specific examples in order to better assist with this issue. Please send your examples for research to the provider relations team at [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com).

- **In regards to making an initial authorization request for PRP services for adults and children, it seems to be quite subjective for approval according to which care manager reviews the request. Some care managers require more than the clinical summary that is on the referral page and/or state that there needs to be more evidence of current needs before approving. Can Beacon provider further insight into this issue?**

Beacon ensures that that the MNC is interpreted and applied consistently for all cases. Please contact Page Morris, Clinical Director with Beacon Health Options, to review specific examples if providers are finding that these criteria are being applied inconsistently. Page can be reached at [Page.morris@beaconhealthoptions.com](mailto:Page.morris@beaconhealthoptions.com).

- **Our software bills and divides by location and billing occurs accordingly. We cannot bill from the primary location if the client is receiving care and treatment within the data base at the secondary location. Is there an answer for this scenario?**

The provider that has submitted this question has left the meeting. Provider relations will follow up directly with the provider to further discuss.

- **We still do not have all of our new MA numbers and there seems to be confusion on the part of Medicaid re: why we need them for all of our sites.**

It is the understanding of Beacon Health Options, by Maryland Medicaid, that every location is required to have its own unique NPI/MA number for every service at every location. If you are having difficulty with this item and have a specific example, you can reach out to the provider relations team at [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com).

- **Do we get a 24 hour grace period to enter outpatient detox requests into PC, we always were able to take patients even with the UR department gone for the day and they could enter it in the morning but I've just recently heard that I cannot be authorized from the initial visit? This problem seems to only have occurred in the last week.**

The Department and Beacon are reviewing this item and will provide further guidance. If providers have specific examples, please send them to Page Morris at [page.morris@beaconhealthoptions.com](mailto:page.morris@beaconhealthoptions.com).



- **When will the PRP diagnosis and service review meeting, discussed earlier in this meeting, be held?**

There has been no specific date set at this time. Beacon Health Options is working in collaboration with BHA and is projecting late January/early February for this meeting. More information will be provided as it is available.

- **QMB are grant covered what happens after 7/1?**

If they meet the eligibility criteria they will be grant based until 7/1/16. Starting July 1<sup>st</sup>, claims will be paid by Beacon Health Options, using the uninsured work flow so long as they meet uninsured criteria. (Note: subsequent to this Provider Council meeting, a change was made in this area. Local Health Departments will have the option to delay the transfer of uninsured billing through Beacon for an additional 6 months).

- **Can we bill for 90791 non-medical with a 99213 follow up by a physician; two different providers on the same day?**

Please send your specific example for review to the provider relations team at [marylandproviderrelations@valueoptions.com](mailto:marylandproviderrelations@valueoptions.com).

- **Can local health departments start accessing provider type 35 accounts for E/M services in provider connect or is it still in the set up process?**

The provider type 35 has been set up for local health departments to render buprenorphine services only.

- **It was stated that a client who has dual eligibility is to go to their local health department, what if the local health department will not be contracted with a facility?**

The health department has contracts with a variety of providers. The LAA's role is to assist the consumer with finding appropriate services.