



BHA/MA/Beacon Health Options, Inc. Provider Quality Committee Agenda

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

In attendance: Stephanie Clark, Karl Steinkraus, Page Morris, Helen Lann, Guy Reese, Kayla Moulden, Sueqethea Jones, Patricia Langston, Ty Queen, Craig Lippens, Andre Pelegrini, Jenny Howes, Annie Coble, Shanzet Jones, Christina Trenton, Rebecca Frechard, Barbara Trovinger, Greg Burkhardt, Allison Crotty, Lorraine McDaniels, Tesha Milton, Mercy Johnson

Telephonically: Danita Abrams, Howard Ashkin, Robert Bartlett, Imelda Berry-Candelario, Paris Crosby, Carroll Canipe, Heather Collins, Kim Erskine, Melisa George, Jody Grodnitzky, Anna Jung, Sean McDonald, Anna McGee, Carrie Medlin, Eugene Morris, Kathleen Orner, Agnes Parks, Shaney Pendleton, Lisa Pollard, Tina Raynor, Helen Reines, Lindsey Smith, Christie Sterling, Brenda Thomas, Mindy Fleetwood, Tonya Pleasant

Topics & Discussion

Minutes – Review for Approval

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

BHA Update

- Karl Steinkraus (Beacon Health Options) stated that BHA is working with methadone maintenance providers and having discussions about the outcomes measurement system (OMS). This launch will not be happening on July 1, and the Department and Beacon will be working on that for a future date. Details to follow.

CCBHC Update

- There are no updates at this time.

Medicaid Update

- Rebecca Frechard (Medicaid) stated that Medicaid has developed an FAQ about the Suboxone Film and Zubsolv transition. The Department has allowed for a three month

transition (ending 9/30/2016) for providers to transition their patients from Suboxone Film to Zubsolv after July 1st. The Department is working with Beacon to develop an exception process for patients for whom Zubsolv is contraindicated. As of July 1, 2016, providers who determine that Buprenorphine/Naloxone treatment is appropriate for their patients should start them on Zubsolv. The exception process is only for consumers that are already on Suboxone prior to July 1st or for whom Zubsolv is contraindicated. Providers will receive additional communication around this topic.

- Medicaid is receiving reports from consumers stating that they need to show their red and white Medicaid card, and that some providers are not accepting the Health Choice card which contains their MCO and Medicaid ID. Providers should note that the red and white cards are not issued on a regular basis and that the blue and white Health Choice cards contain the information necessary to EVS their patients for eligibility determination.

Beacon Health Options Update

- There are no updates at this time.

Provider Questions

- 1. The recently approved regulations for adult PRP services state that the program be under the direction of a Rehabilitation Specialist who is 1) A licensed mental health professional 2) Certified by the Commission on Rehabilitation Counselor Certification or 3) Certified by the Psychiatric Rehabilitation Association... So is it correct that the Rehabilitation Specialist for Adult PRP has to be clinically licensed AND certified by one of those two bodies but for PRP for children the Rehabilitation Specialist can be clinically licensed OR certified?**

Guy Reese (Program Integrity Manager) stated that a Rehabilitation Specialist can be either licensed or certified for both adult and minor PRP. The specialist does not have to be both licensed and certified.

- 2. Have rates for Methadone maintenance changed from \$80 per week? If so, to how much per week and when are the new rates effective? Is the rate for the Methadone Assessment still \$142, or has this changed as well? If so, to how much and again when will the new amount be effective? Is there a new Rate Chart for Substance Use Disorder Services? If so, where can it be found? My treatment facility is located in Baltimore City and we currently provide services to UNINSURED GRANT clients. As of now, these clients get registered for the M# (if needed) and the Courtesy Review is processed for Data Collection with 1 unit provided. Please clarify if the process as of July 1 will be: Any new UNINSURED client that comes into the facility will then still need to be registered for the M#, (if they don't have one) and the Courtesy Review that is processed for them at that time for Methadone Maintenance should have 26 units. If any of these clients gain insurance during the Courtesy Review Span, we can bill for them and will be**

reimbursed? **Will we need to create a new authorization request for the client or can we use the existing Courtesy Review Authorization?*

Karl Steinkraus stated that the rates are being increased by 2%. The new rate schedule will be published next week and will be sent out as a Provider Alert or notification that the new fee schedule is on Beacon's website <http://maryland.beaconhealthoptions.com/>.

In concerns to the process of uninsured to grant based, there is a Provider Alert going out this evening that will list the trainings that are scheduled for the week of June 20th. There are five different sessions throughout the day on how this process will work. For uninsured, there is criteria that providers need to collect in order to set up an uninsured span. For individuals that do not meet the uninsured criteria, you must get an exception through the local addiction authorities. For questions, please see the most recent Provider Alert.

- 3. Uninsured Eligibility Documentation: Is there a form being created to use for the consumer to sign as a "no income statement"? If not, please advise exactly what needs to be in that statement so that it is uniform across all the jurisdictions?**

Karl Steinkraus stated that there is no form being created to use for the consumer to sign as a "no income statement", but this is a reasonable suggestion and Beacon will be working with the Department to review this idea.

- 4. Will BHO be offering the CARF workshops in July as previously planned this past winter?**

Karl Steinkraus stated that Beacon Health Options does not offer the CARF workshops. BHA will be offering the workshops in August. There has been a Provider Alert sent out, which states that providers should sign up by June 17th.

- 5. We are a LHD that is transitioning from grant funds to fee-for-service July 1st. Recently, BHA requested a list of community providers who will be providing SUD services in our jurisdiction, which was completed and returned. We later realized we did not include our agency on the list but we do plan to continue providing some SUD services. Will this negatively impact our ability to obtain authorizations, uninsured eligibility spans, and reimbursements?**

Karl Steinkraus stated that a list of all SUD providers had been sent to the Local Addiction Authorities. We have asked that they review the list for accuracy. If you have not put your own agency or providers are missing or should not be on the list, send an email to Karl.Steinkraus@beaconhealthoptions.com.

- 6. If a jurisdiction that transitions to fee-for-service on July 1 provides SUD services to individuals who reside in a jurisdiction that is not transitioning on July 1, are those individuals still eligible to obtain uninsured eligibility spans (if they meet criteria)?**

Karl Steinkraus stated that the transition for Grant Based Services to Fee for Service is based on where the provider is located, not where the consumer is located. If a provider is in Baltimore City (an early adopter) and they see a consumer from Howard County, the provider can set up an uninsured span if the consumer requires it.

- 7. An individual is seen by an SUD provider (in a fee-for-service jurisdiction) for an initial visit. The individual meets criteria and the provider obtains an uninsured eligibility span. Upon completion of the initial service, the individual is referred to another provider for continued treatment. Does the uninsured span follow the individual or must the new provider obtain another span?**

Karl Steinkraus stated that the new provider must obtain another span. Spans do not follow the consumer, they are set up for the provider. For example, if a consumer is living in Howard County and goes to Baltimore City, Baltimore City would set up an uninsured span assuming the consumer meets the appropriate criteria. If the city refers the consumer back to Howard County, they would have to refer the consumer to a provider that is grant funded because Howard County is not one of the initial July 1 jurisdictions.

- 8. I am already registered for the training on the 3rd concerning the DLA 20. I am also familiar with and have a copy of the COMAR 10.21.21 regulations for PRP. In those regulations it clearly stated that the Rehabilitation Specialist can be either a licensed professional or certified by those two bodies. However in the new regulations, COMAR 10.63 which will be replacing 10.21 the wording is different and does not explicitly state that the Rehabilitation Specialist can be either or. The way it is worded it implies that the Rehabilitation has to be 1) licensed and then 2) certified by one or the other. We want to ensure that we are following the new regulations appropriately and/or giving ourselves enough time to come into compliance with the new regulations before the deadline.**

Please see question 1 for full answer.

- 9. The recent crosswalk grid posted via Beacon indicated that agencies pursuing CARF accreditation for Mobile Treatment should conform to the CARF Assertive Community Treatment Standards (ACT). Is this for both ACT programs and non-ACT Mobile Treatment Programs? Not all Mobile Treatment programs in the State currently follow ACT- Evidence Based Practice standards.**

Christina Trenton (BHA) stated that if you are a Mobile Treatment or an ACT team seeking accreditation with CARF, you will need to be accredited under the ACT program standards. The ACT program standards for CARF is not the same as the ACT evidence based practice standards, it is simply the title of their standards in CARF.

- 10. Authorizing for services when 1 provider has multiple sites. This question has come up before but Karl answered it. The concern is for when a patient receives different services from different branches of the same organization and the provider has to close out one authorization to open another. Karl noted that, even**

though this is burdensome, it is a requirement as the different sites have different MA numbers. For level 1, the auth does not need to be closed, but it does for BUP and IOP.

Karl Steinkraus stated that if a consumer is seeing a provider that has multiple service locations, the authorization has to be at the location and for the service for which that consumer is being seen. SUD Programs may have multiple locations for their services, but they are required to enroll in Medicaid under separate and distinct MA/NPI numbers. Even if it is the same business owner, the authorization and payment is tied by the consumer to the service received and NOT related to the business owner being the same.

Webinar Questions

11. In the terms of Zubsolv, how will Medicaid handle Subutex needed by pregnant patients? Will authorizations be required? Will Medicaid reimburse Subutex at existing rates?

Medicaid will be adding a J Code for Subutex. The change requires a system and protocol that is not yet developed. The code will be J0571. The Department is working with Beacon to develop an exception process to authorize use of Subutex for pregnant women and for those who are unable to tolerate the combination Buprenorphine/Naloxone for medication assisted treatment.

12. What about undocumented clients (people with no Social Security Number)? Would we be entering auths for those?

If the consumer does not have citizenship, then the provider would need to follow the exception process with the local jurisdiction if it is clinically indicated.

13. Does the category of FPO (Family Planning Only) fall under same as QMB and SLMB - are these patients seen as "uninsured" for SUD services?

The category of FPO would fall under the uninsured if the consumer meets the criteria. Family planning is a limited FFS benefit. We enroll women losing postpartum pregnancy coverage under 200% FPL, or people can apply. Info on our website: <https://mmcp.dhmdh.maryland.gov/familyplanning/pages/Home.aspx>

14. What is the status of the R69 reimbursement issue? We still have outstanding claims that have been initially denied.

R69 has been fixed in the Beacon system and a report is in the process of being run for Beacon to pay the claims. We anticipate claims to be paid in the next two weeks.

15. I want to clarify the question related to backdated authorization. Can you please clarify the 29 day window for OMS?

To clarify, the 29 day window is not backdating. It is a designated timeframe to enter in data elements for OMS. The 29 day window gives the provider an opportunity to collect OMS data appropriately and enter it into the Beacon system.

16. As for the Medicare Advantage Addendum that was sent out, does a provider have to accept this to addendum to be able to submit and/or bill as an uninsured patient that has QMB or SLMB?

Beacon does not administer the Medicare Advantage Addendum.

17. Will the system allow the auth to start up to 29 days prior to the date the auth request including OMS data is entered?

Yes, this is only for OMS.

18. Claims have been paid by Medicaid and then retracted due to other insurance. Who do we call to gather more information?

If the Medicaid website shows commercial insurance coverage for a client, call to verify at Maryland's Insurance Recovery office at 410-767-1773 and they can give you more information about what the "other insurance" is.