



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

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

**In attendance:** Karl Steinkraus, Donna Shipp, Jarrell Pipkin, Stephanie Clark, Page Morris, Kayla Moulden, Patricia Langston, Sueqethea Jones, Greg Burkhardt, Dr. Maria Rodowski- Stanco, Joana Joasil, Guy Reese, Annie Coble, Daryl Plevy, Oleg Tarkovsky, Mike Drummond, Shannon Hall, Jenny Howes, Mary Viggiani, Sharzet Jones, Marilyn Benoit, Lorraine McDaniels, Steve Johnson, Carol Leeson, Sharan Lindsay, Rebecca Frechard

**Telephonically:** Kathleen rebbert-franklin, Carmen Castang, Chalarra Sessoms, Camille Williams, Anne Schooley, Carroll Canipe, Elliott Driscoll, Sharon Ohlhaver, Barry Page, Sandra Kemp, Imelda Berry-Candelario, Mary Sue McCarthy, Lauren Herron, Edward Williams, Susan Klein, Kathryn Dilley, Wendy Kanely, Tim Santoni, Brenda Kathurima, Geraldine Doetzer, Cathy Howard, Sheba Jeyachandran, Randall Butler, Lindsey Smith, Loren Sallah, Debra Deweese, Howard Ashkin, Sharon Green-Briscoe, Eugene Morris, Mary Winebrenner, Rickey Pauley, Barbara Wahl, Jennifer Smith, Cindy Shaw-Wilson, Karen Murphy, Vanessa Lyle, Cassandra Adeshina, Kevin Watkins, J.R. Hughes, carol porto, Rebecca Maloney, Tina Raynor, Connie Hutson, wendy shirk, susan wilkoff, Michelle Gielner, Dawn Beckett, Anna Jung, Geoff Ott, Kimberly Bittinger, Sara Haina, Lavina Thompson Bowling, Eluzabeth Hymel, Gertha Lewis, Cathy Baker, Robert Bartlett, Lisa Pollard, Sherita Hawkes, Donna Layman, Abigail Brooks, Celeste Boykins, Christie Sterling, Kim Erskine

**Topics & Discussion**

**Minutes – Reviewed and approved.**

## **BHA Update**

- **CCBHC Update:** Daryl Plevy stated that the RFA should be coming out shortly and providers should be on the lookout for that item soon.
- The transfer of grant funds for ambulatory services from local jurisdictions to Beacon Health Options are on target for Jan. 1, 2017 for full state-wide implementation. Many jurisdictions have decided to launch earlier and will go live on July 1, 2016. This change allows any provider in those jurisdictions to have a smooth and seamless transition when their consumers lose Medicaid eligibility. However, providers should still make sure that consumers apply/reapply for Medical Assistance to ensure we are not using state funds for consumers that are Medicaid eligible. Providers can expect trainings and provider alerts around these changes closer to the implementation dates.
- There will be approximately seven jurisdictions moving from grant funding to fee-for service for the uninsured population as of July 1, 2016. An official list can be published once all the grant funding administrative processing has been completed. BHA anticipates this to be done towards the end of March.
- Daryl Plevy stated that there have been questions about long term individuals who are uninsured and above the income level for Medicaid. In general, the expectation would be for the individual in treatment to access any available insurance, such as the exchange. State funds are not intended to replace private insurance options. BHA has learned that people on Medicare cannot get Substance Abuse treatment in any way for any income level beyond what is provided in the Medicare benefit. The Department is looking into this issue. BHA will be surveying the jurisdictions to see the number of consumers that are on Medicare and accessing grant funded services.

## **Medicaid Update**

- Rebecca informed providers that a second rebundling proposal will be coming out towards the end of March. After the next posting, there will be another 21 day comment period. Please note that this is not the regulatory process, this is still the pre-process, and will still face more comments down the line. The Department will then be redrafting the regulations and submitting for state plan approval.
- Rebecca reminded providers that those who have gone through their initial validation process will be coming up on their revalidation. Part of the process is an unannounced site visit and suspension for payment will be given if the unannounced visit is missed. A provider alert will be sent out about what is required for this audit shortly.
- Medicaid encourages the providers to use the redetermination report. Providers should not check for consumer coverage the day before receiving service, instead the provider should checking for coverage the day of service. Medicaid is

working on updating the report, and hopefully providers will see improvement over time, so as of now, providers have to check for one consumer at a time.

### **Beacon Health Options Update**

- Karl Steinkraus apologized that the meeting minutes and agendas did not go out due to glitches with email transitions. Emails were sent out but all bounced back as undelivered. We did not receive any questions in advance. There is a provider that recommended new codes and those are currently under review by the Medical Director and as soon as we get those recommendations, Karl will forward to Medicaid.
- Dr. Zereana Jess-Huff has tendered her resignation as the Beacon Health Options CEO of the Maryland Engagement Center. She will be leaving March 25, 2016. Dr. Helen Lann and Maggie Tapp ([Senior Vice President, National Client Partnerships- Mid Atlantic Region](#)) will be working with Zereana as this transition happens.
- Jarrell Pipkin reported on the survey Beacon and BHA sent out about expanding services in each of the jurisdictions. The information has been sent over to BHA for review and will be analyzed and distributed to each jurisdiction. Jarrell gave a brief overview of data and shared interesting comment that at least one provider in every jurisdiction responded as being interested in expanding.

### **Questions**

#### **Questions:**

**No Provider Questions received.**

**Please remember to submit questions in advance in order for Beacon Health Options/BHA/Medicaid to properly prepare the response.**

#### **Webinar Questions:**

**If a consumer is receiving outpatient mental health services and had Medicaid but during treatment they received Medicare, can we continue to provide services if Medicare is now the primary insurance and Medicaid will not pay?**

If a consumer gets Medicare while in treatment it becomes the primary insurance and the ability to continue with reimbursement depends on the level of service. If the level of service is one that is covered by Medicare and the provider is a Medicare provider

then they will continue to be eligible for reimbursement. If the level of service is one that is covered by Medicare and the provider is not a Medicare provider, Medicaid does not automatically become the primary payer. If the level of service is not one that is covered by Medicare such as a psychiatric rehabilitation, Medicaid may continue to reimburse for the service. The language associated with coordination of benefits can be found in the Provider Manual. The attached link will take you to the associated chapter with specifics on this question.

[http://maryland.valueoptions.com/provider/manual/CH17\\_Maryland\\_Provider\\_Billing\\_Manual.pdf](http://maryland.valueoptions.com/provider/manual/CH17_Maryland_Provider_Billing_Manual.pdf).

**Is there a formal process in place to request review of an existing CPT code for use that is not currently reimbursable in Maryland? Would like to use a CPT code as part of an IRB approved research project that focuses on an evidenced based treatment with parents.**

Traditionally requests for additional CPT codes are the same for the ICD 10 codes. You may send proposals to Karl Steinkraus [Karl.Steinkraus@beaconhealthoptions.com](mailto:Karl.Steinkraus@beaconhealthoptions.com) in Provider Relations and it will be reviewed by the Beacon Health Options Medical Directors and will be sent on for review to the department if appropriate for PBHS.

**How is the redetermination list accessed on the website? Where is it located?**

The redetermination list is located on IntelligenceConnect on the reporting platform in the consumer folder. You may contact Donna Shipp at [Donna.Shipp@beaconhealthoptions.com](mailto:Donna.Shipp@beaconhealthoptions.com) if you have questions on accessing reports.

**What are you guys doing about the mass overpayments this week to providers?**

Elizabeth Hymel and any other provider that is having overpayment issues, please send your concern to Karl Steinkraus [Karl.Steinkraus@beaconhealthoptions.com](mailto:Karl.Steinkraus@beaconhealthoptions.com) and he will look at it and respond.