



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, December 14, 2018
10:00 am to 11:30 am**

In attendance: Steven Reeder, Emily Suminski, Sueqethea Jones, Bryce Hudak, Jude Oiybokie, Vanessa Scurry, Jennifer O'Connell, Mike Drummond, Kathy Judd, Oleg Tarkovsky, Susan Steinberg, Cynthia Petion, Shannon Hall, Ted Grodnitsky, Frank Dyson, Tyrone Fleming, Jenny Howes, Spencer Gear, Tasha Pope, Kristen Rose, Joana Joasil, Jessica Allen, Barbara Tromgle, Craig Lippens, Sybrina Whitsell, Morgan Travers

Telephonically: Donna Shipp, Geoff Ott, Shaunel Young, Chandra McNeil-Johnson, Abby Appelbaum, Mona Figueroa, Chris Luecking, Sheryl Trask, Jessica Chausky, Kathleen Orner, Andrea Carroll, Kwante Carter, Jennifer Alldredge, Howard Ashkin, Jameelah Johnson, Mark McSally, Shanzet Jones, Anne Schooley, Brittany Mears, Joanna Weidner, Sonja Moore, Nicol Lyon, Deborah Sauers, Kristine Garlitz, Darleen Grupp, Kimberly Lednum, Shereen Cabrera, Linda McIntyre, Sheba Jeyachandran, Jarold Hendrick, Shu Zhu, Cam Chung, Nicholas Shearin, Carrie Medlin, Diana Long, Michael Ostrowski, Mary Viggiani, Sylvia DeLong, Sommer Barnes, Steven Sahn

Topics & Discussion

Minutes

BHA Update

- Coverage under Medicaid for ASAM level 3.1 will begin effective January 1, 2019. BHA is thankful for the partnerships with providers, local behavioral health authorities, Beacon Health Options and Medicaid. Level 3.1 Authorizations can be entered starting December 17, 2018. If you are entering authorizations on or after December 17, 2018 please be sure that the effective date is January 1, 2019. The system will default to the date the authorization is being entered so please make sure the start date is January 1, 2019.
- BHA in collaboration with Medicaid and Beacon Health Options will offer a Residential Joint Operating Team (RJOT) call with 3.1 residential providers. The



weekly call will allow the opportunity to discuss concerns and questions about transitioning ASAM Level 3.1 services from grants to fee for service. The first call will begin on January 10, 2019. If you would like to be involved in these calls, receive notifications, or have any questions, please send an email to: marylandproviderrelations@beaconhealthoptions.com

- There have been a lot of complaints in regards to residential treatment facilities discriminating against people on Medication Assisted Treatment. As a reminder federal non-discrimination laws prohibit discrimination against individuals in MAT. Additionally, COMAR 10.63.05F states the following: "**Opioid Treatment Services- Non Discrimination. A program may not exclude or discriminate against an individual on the basis of the individual receiving opioid treatment services. This applies to any licensed community-based behavioral health program.**" BHA will be visiting providers in the future based on the complaints of discrimination that have been received.
- If providers are changing sites or opening a new location, you must get accreditation before you start operating at the new location. If this is not done, it will cause problems with authorization and reimbursement.

Medicaid Update

- The Request for Proposal was posted on November 29, 2018, but due to a potential bidder in the room, Medicaid is unable to discuss anything about that process at this time.
- A provider alert was sent out on November 26, 2018 <http://maryland.beaconhealthoptions.com/provider/alerts/2018/OMHC-Rendering-Provider-Requirement.pdf> about the requirement for rendering providers on OMHC's. These providers will need their own Medicaid numbers as of May 1, 2019.
- For providers that have received a request for cost reports for the rate setting analysis, Medicaid is reviewing provider feedback at this time. Despite some receiving a letter regarding being late on the cost reports, there will not be any penalties for not having submitted your response. Medicaid will follow up with impacted providers soon.

Beacon Health Options Update

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Provider Questions

1. There are still issues with the J Code billing and retroactivity.



Due to a rate change issue in the MMIS system, Beacon had to reprocess a number of “J code” claims. Some changes may still be occurring as the research continues. If you have claims that have been retracted and not repaid, feel free to check the billed rate on your claim and resubmit. Beacon hopes to have this issue resolved within the next month. In the future when there are changes to rates for the J codes, they will be actively going forward and no longer retro-active. Medicaid will be evaluating rates quarterly for significant rate changes. It is helpful if providers who are impacted by the costs associated with pre-purchasing buprenorphine also notify: mdh.mabehavioralhealth@maryland.gov when you have noted a significant change in costs (increase and decrease).

2. We have been providing PRP services since October 2015 and making referrals via our Diagnostic Assessment Clinician (DAC). Recently, we began receiving denials from Beacon Health Care Managers, stating that referrals to the PRP program cannot be made by the DAC and must come from the treating licensed mental health professional.

PRP services provide rehabilitation and support for participants to develop and enhance their community and independent living skills. It is an adjunct service to traditional outpatient treatment. **All adult and child/adolescent PRP services must be referred by the licensed mental health provider who is treating the participant. It is the treating clinician’s responsibility to assess the need for PRP and subsequently refer participant to PRP as part of the treatment approach plan.** This information is outlined in the PRP chapter of the Provider Manual found on the Beacon website:

http://maryland.beaconhealthoptions.com/provider/manual/CH06_12-MH-PRP.pdf , as well as a transmittal issued by MDH on 4/25/2012 which can be found here:

http://maryland.beaconhealthoptions.com/provider/alerts/2012/042512-PRP_Care_Coordination.pdf . All initial PRP requests submitted to Beacon for authorization must have a signed & dated referral from the licensed clinician currently treating the member. Initial requests for PRP services that do not include this document may be administratively denied for not meeting this requirement. PRP has historically been a high volume service. Typically, cases are processed within 1 week from date of receipt. However, for the past month, we have been averaging 2 weeks. Beacon is diligently working to address backlogged cases as quickly as possible. If there are providers who have unique circumstances and wish to discuss the matter further, they are welcome to contact Beacon’s Clinical Director at 410-691-4030 or via email Joana.Joasil@beaconhealthoptions.com.



3. Will residential treatment still receive authorizations for consumers that want to stay on a maintenance dosages of drugs such as Subutex or Sublocade? Will it matter if the maintenance dosage is started while in residential treatment or just before residential treatment begins?

If a consumer is in residential treatment they can still receive MAT services from an MAT provider and the MAT provider would bill for their weekly maintenance/medication services regardless of whichever medication service the individual requires.

4. The ASO RFP moves health home billing from eMedicaid to the ASO, a welcome development but one which will require reconfiguring provider billing systems. We'd like more detail on the anticipated timeframe for this transition – is it tied to the anticipated start date for the new RFP or a later date? How will information about the timeline be communicated to providers in advance?

This question was unable to be answered due to a potential bidder in attendance at the meeting.

5. A [Provider Alert from March 2017](#) indicates that Beacon has up to 14 days to process non-urgent authorizations, but that most would be processed within two days. Several members have reported PRP and RRP authorizations taking 10-14 days to process since mid-November. Is the longer authorization period expected to continue, or does Beacon anticipate that it will return to normal and, if so, what is the expected date?

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6. ePrep Clarifications
 - a. ePrep deadlines. Can you review any ePrep deadlines that providers are required to meet before May 1? A [Provider Alert from September](#) indicated that behavioral health providers should begin using ePrep for enrollment, validation and address changes, and another dated Nov 26, 2018, indicated that OMHC must have ordering & rendering



provider NPIs on all claims on May 1, 2019. Are there any other intermediary deadlines for providers before May 1?

There are no additional deadlines aside from the May 1, 2019 deadline requiring ordering and rendering provider NPIs on all claims. The only additional deadlines would be specific to certain providers, such as if they received a revalidation notification they should complete that by the date that is listed on the notification. If you are an individual provider and your license is expiring in the Medicaid system you will want to submit a supplemental application to update the system with the new license.

- b. Can you clarify any expectations about ordering & rendering providers on PRP claims?

Medicaid currently has no plans to make any changes to PRP claims for rendering providers or referring providers. If any changes are made, a provider alert will be sent out several months in advance to notify providers.

- c. Glitch Letters. Two providers indicated that they've received letters from ePrep erroneously indicating that they need to re-validate; ePrep has indicated that this is a glitch, but providers continue receiving letters.

Medicaid believes this issue to be resolved but if providers are still receiving revalidation requests in error, please send an example of this erroneous request to mdproviderrelations@automated-health.com and please CC Benjamin Wolff at Benjamin.wolff@maryland.gov.

Additional Provider Questions

1. Please give an update on SOR Grant Funding.



BHA is unable to post funds at this time as they are awaiting approval from the Governor's office.

2. Do both the program and the supervising LC need MA Numbers per level of care?

The OMHC would be enrolled with an NPI and MA number, the supervising LC would need to become independently enrolled and they would obtain their own MA number, and that MA number is associated with the LC as an individual. LG's cannot enroll individually in Medicaid so they would need to list the rendering providers NPI.

3. What is the cost analysis for?

The cost analysis is required by the recent legislative session in Senate Bill 967 under the HOPE act. Medicaid worked with Myers and Stauffer to obtain program cost reports in an effort to perform at baseline analysis of the rates. Due to complications regarding the process, we are putting this on hold while the Department re-tools the process.