



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, January 13, 2017  
10:00 am to 11:30 am**

**In attendance:**

**Telephonically:**

**Topics & Discussion**

**Minutes**

**BHA Update**

**Medicaid Update**

**Beacon Health Options Update**

**Provider Questions**

1. Payment of FY2017 Rates. Beacon has not yet reprocessed providers' impacted claims. When does it anticipate doing so?
2. NPI Misalignment. As previously reported, providers continue to report submitting claims with correct NPI, and having claim denied with incorrect NPI appearing. Until Beacon can ensure that its claims processing system is working correctly, can NPI edit be turned off? If not, please outline steps being taken to identify and resolve the problem, and identify and reprocess impacted claims?
3. Reprocessing Claims Impacted by 03-Identifier Edit. Claims erroneously denied as a result of the 03-identifier error for school-based services have not all been reprocessed. What is process for identifying claims and reprocessing them? When will it be done?



4. School-Based Provider Alert & Manual Update. BHA and Beacon promised to clarify a significant policy change announced in a provider alert and manual update that were issued at the end of October. No clarifications have been issued to date. When will they?
5. R-69 Alert. A policy change allowing providers to use R-69 was shared at the November provider council, but no alert has been issued to date. When will it be?
6. Provider Relations Timeliness. Since July, providers have faced multiple technology problems in Beacon's claiming system, including problems updating the fee schedule, implementing new claims identifiers, and implementing NPI assignment. Claims have not been reprocessed in a timely fashion, and communications and policy clarifications have not always occurred timely. What steps are being taken to either (a) reduce Beacon's workload to one that its existing staff has capacity to handle; or (b) expand Beacon's staff capacity to handle the expanded workload? The status quo unfairly transfers the cost of inadequate capacity to the community provider system, and the status quo must be changed.
7. Medicare-Primary patients, do you use the uninsured workflow to obtain authorization and submit claims?
8. Dual Eligible-Medicare and Medicaid eligible-which work flow is to be used, insured or uninsured?
9. I want to ask how can changes get made to a procedure code place of service without notification to agencies? This is Donna Shipp's response to about 300 claim denials for place of service.

Good afternoon Sherry. There have been additional updates associated with the way services are processed through the Beacon system. Information we have received from Medicaid is that the POS 11 is no longer an acceptable code for billing the S9445. These services should be billed with either the 15 for offsite or 52 for on-site services. If you adjust the POS code to one of these two options, these claims should process through. Please submit a small test batch of claims for this code to assure that they will process through to completion. Once that is done you may submit any other outstanding claims using the same logic.

10. I have not heard from Karl on the requested spreadsheet I e-mailed him during the last provider council meeting. We were paid the wrong rate for services in



July and August 2016 and have not been paid correctly yet. Our outstanding revenue is around \$50,000.00.

11. Our Supported Employment program in Washington County can't request an authorization within the Beacon Health system, as our Vendor Id / NPI number has been deleted from their system and Donna can't get it restored.

12. Our Frederick County Supported Employment program can request an authorization within Beacon's system, but it's returned with an error message of:

"WARNING: Provider(#) / Vendor(#) combination does not have an active network file for 'SUPPORTED EMPLOYMENT' authorization #. Please confirm any new authorization has a valid provider/vendor combination."

Steve Reeder spoke of these warnings at a recent meeting. He said that the provider also gets these warnings. Do you? These warnings will soon disappear and the request will not be authed nor payable, so it's in your best interest to fix it asap. Each provider has to have a separate SE site-based NPI/Medicaid number combination to be able to request and bill properly in the near future. Some providers are submitting requests under their PRP #. Perhaps that's what you are doing? You need a Medicaid number for PRP and another Medicaid number for SE. It's processed by service and by site. Or, I'm just guessing, do you have the proper numbers and not changing them when submitting concurrent requests? And Joyce Ann can't guarantee that the authorization won't be voided or deleted.