



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

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

**In attendance:** Daryl Plevy, Lisa Kugler, Karl Steinkraus, Donna Shipp, Rebecca Frechard, Jarrell Pipkin, Guy Reese, Stephanie Clark, Annie Coble, Kayla Moulden, Shannon Hall, Sharon Jones, Sueqethea Jones, Patricia Langston, Joana Joasil, Oleg Tarkovsky, Andre Pelegrini, Steve Reeder, Sara Daugherty, Jody Grodnitzky, Amy Park, Lindsey Smith, Vivian Molina, Emily Suminski, Beth Jones, Steve Johnson, Tyrone Fleming, Roy Jordan

**Telephonically:** Due to webinar/technical difficulties, we were unable to take attendance of those dialing into the meeting.

**Topics & Discussion**

**Minutes**

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

**BHA Update**

- The movement of ambulatory services to fee-for-service has taken place as of January 1, 2017. Thus far BHA has heard no great concern and would appreciate if there are any known issues to contact Beacon or BHA with that information [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com).
- There are only a few days left to sign up for the Healthcare Exchange. Those that are eligible for the exchange should sign up as soon as possible.

**Medicaid Update**

- Comment period for 10.09.80, which includes re-bundling, has closed. Medicaid received a number of comments, and plans to have responses to comments in the next few weeks. The Department will be working with Beacon to develop webinars that will begin discussing this process of re-bundling. As a reminder, if you are not signed up and reading provider alerts you need to do this. To sign up, email [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com).



## Beacon Health Options Update

- The expansion benefits of ABA services have successfully started as of January 1, 2017. Sara Daugherty is the new team lead for Beacon. The ABA program is in the beginning stage and will develop more as the time comes.
- There has been a recent influx of calls and requests from the provider community. We encourage providers to seek the answers from the Provider Manual and the Provider Alerts where many of these answers are located. The high volume of questions that may be found within these published documents are hindering the speed of Beacon's ability to respond to all questions promptly.
  - The Manual is posted on the Beacon Health Options website. <http://maryland.beaconhealthoptions.com/> > Behavioral Health Providers > Mental Health Provider or Substance Use Program > Behavioral Health Providers Menu > Provider Manual.
  - The Provider Alerts are also posted on the Beacon Health Options website. <http://maryland.beaconhealthoptions.com/> > Behavioral Health Providers > Mental Health Provider or Substance Use Program > Behavioral Health Providers Menu > Provider Alerts
  - Community Behavioral Health Association of Maryland would like providers to know that they can seek resources on their website <http://www.mdcbh.org/>.

## Provider Questions

### **1. Payment of FY2017 Rates. Beacon has not yet reprocessed providers' impacted claims. When does it anticipate doing so?**

In order to expedite your answer, Provider Relations requires specific examples from the providers that are being impacted by this issue in order to further assist. Providers may contact [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com) rather than directly to Karl or Donna. There are 3 individuals that are on the Provider Relations team with Beacon who review this mailbox, so feel free to reach out to any of them to help. If you go directly to Donna Shipp or Karl Steinkraus, it may take longer since they are receiving an overwhelming amount of emails and calls daily.

### **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?**

Right now, there are two system NPI issues. The first issue is providers that use an atypical NPI, Beacon's system is not recognizing that as an NPI. As of now, only eight providers are having these issues, of those eight, six of them have been resolved and are receiving payment, and the other two are working with Beacon. The atypical NPI issue should be fixed with



Beacon's March 2017 release. Between now and March, any provider that is not receiving payment, Beacon has created a work around in the interim period. This will insure that these providers are being paid in the next few months. If you continue to have problems with the atypical NPI being submitted for direct claims payment through the Beacon system, email [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com). An atypical NPI is the providers' Medicaid number with a 5 in front of it.

The second issue began prior to the NPI edits going on, Beacon's old claims system would help the provider identify the correct NPI. That function was supposed to be turned off and discontinued for use as providers are supposed to submit their appropriate NPI associated with the location and service delivered. However, Beacon found that for some providers even if they submit the correct NPI the system adjusts the NPI back to the history of the previously used NPI. The IT department is examining the issue. If you believe you are one of these impacted providers, please notify Beacon because we are developing a work around until we can fix the problem. Once we have more information on this NPI problem we will develop the timeline for the correction. A Provider Alert will be issued to let everyone know it is coming.

**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?**

POS 03 will be completed by the end of January 2017, and then Beacon will reprocess the claims. Until then, please continue to use POS 11 to obtain payment. A Provider Alert will be sent out regarding the change that will take place. Medicaid asks that everyone continues to review the Provider Manual.

**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?**

Medicaid had not intended to change services delivered in the school setting to be different from what was allowed by provider scope of practice. The update was adjusted in the provider manual to correct the error. In trying to avoid provider alert fatigue, we did not issue a new alert, but please see the manual for the updated language.

**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?**

As of today, a provider can access the Beacon system to obtain an authorization for R-69 as well as bill for R-69. Beacon has setup the R-69 code to pay for assessments. Also, Beacon has added the code Z03.89 to the authorization and is working towards adding the billing by the end of January 2017. This code is used when there is no diagnosis for behavioral health for assessments only. Beacon has noticed that providers have been billing the Z03.89/R69 code for a variety of codes (i.e. individual, group therapies). Beacon is now doing a deeper analysis to



pull some of the larger claims denials on the R-69 code and see if there are any services that need to be added to this code.

- 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.**

Medicaid and BHA have been receiving responses and have identified that all parties are getting overwhelmed with inquires. We ask that everyone read the Provider Alerts, the Provider Council meeting minutes, take the webinars on the Beacon website [www.Maryland.BeaconHealthOptions.com](http://www.Maryland.BeaconHealthOptions.com), call the Beacon customer service line 1(800)888-1965, as well as utilizing the appropriate resources that are available to review these items. Beacon has been meeting with the BHA about other avenues that may deflect these routine questions such as how to become a new provider or welcome letter to assist new providers. Please be aware that due to contractual limitations, it is difficult to add resources to the Beacon contract. Beacon and BHA are open to suggestions and input from the provider community as we continue to find improvement in our processes.

For questions concerning provider enrollment with Maryland Medicaid, the email address is: [DHMH.BHEnrollment@maryland.gov](mailto:DHMH.BHEnrollment@maryland.gov). For thoughts/comments/suggestions on policy, the Maryland Medicaid email address is: [dhmh.mabehavioralhealth@maryland.gov](mailto:dhmh.mabehavioralhealth@maryland.gov).

Please ensure that you are seeking guidance from your peers and local jurisdiction as resources.

- 7. Medicare-Primary patients, do you use the uninsured workflow to obtain authorization and submit claims?**

Medicare primary claims for mental health services are automatically sent from Medicare to Medicaid and the Department pays any balance.

Providers billing for SUD services, the process differs. Medicare, for the most part does not cover SUD services, so providers bill directly to Beacon. If the consumer has dual eligibility for Medicare and full Medicaid, Beacon would pay the claims. If the consumer does not have full Medicaid (QMB, SLMB), then the provider must use the uninsured work flow. Once the questions are completed, and the consumer meets criteria, Beacon would pay the claim (see Provider Alerts on how this process works and how exceptions are handled).

Remember—all services, whether mental health or SUD, require authorization from Beacon for payment to be made.



**8. Dual Eligible-Medicare and Medicaid eligible-which work flow is to be used, insured or uninsured?**

See answer above

**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.”**

Beacon is continuing to review the “Place of Service” field within the Beacon system developing clinically appropriate recommendations that Medicaid will need to review and approve. The Beacon system and MMIS need to match on POS and Beacon has recently had to adjust some of the POSs to be “in-sync” with MMIS. Beacon is making every attempt to acknowledge to providers when these changes occur and will increase efforts to communicate these changes.

**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.**

Karl is currently working on this issue, when completed, he will reach out to this provider.

**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.**

This was due to a provider file import error. Donna has worked with the provider and all vendors have now been restored. When providers find that their files have been suppressed Beacon needs to know very specific information so that we can identify what may be making this happen. Please, if you encounter this concern, we need your provider number, the address that is suppressed, what service you are trying to enter the authorization for and your contact information. Screen shots are also very helpful toward resolution.



**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.**

The addition of the SEP NPI provider number is new for a number of providers. As a result of this addition, new vendor numbers may have been created. If a new vendor number was created, then the system is giving you the message because the initial authorization and your current authorization are pointing to two different files. This does not mean that the authorization will “disappear” or “close.” The message is a valid message however; the CSA can continue to process the request through to completion.

### **Webinar Questions**

Due to the technical difficulties today, there are no webinar questions at this time. For anyone with questions, feel free to email [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com).