



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

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

In attendance:

Telephonically:

Topics & Discussion

Minute

•

BHA Update

•

Medicaid Update

•

Beacon Health Options Update

Provider Questions

1. In the February provider meeting, it was mentioned that providers could bill for another MH evaluation if needed (should not be regular practice). This could be a third evaluation if there was already a psychiatric evaluation by a MD and an evaluation by a LCPC or LCSW-C. We have had claims denied for a second/third MH assessment within a 6-month period. Can you provide clarity on this and will claims be paid that were previously denied?
2. When patients step down or up within different levels of care for substance abuse treatment, can another SUD evaluation be completed and billed to collect new information from the patient?



3. I have 3 items that I would like added to the Provider Council Meeting Agenda. These issues are specific to our programs; however, I would like to know if other programs are having the same problems and also how can we get them resolved? When I attempt to escalate problems that occur with claims, the supervisors are limited in their knowledge and then, there seems to be no one at a higher level above who can assist. The problems we're experiencing are impacting much needed revenue for our programs.
 - When we call Beacon claims department, we are only allowed to discuss 3 claims for one specific patient at a time. We then have to hang up and call back. Why is this? If there is a problem that is impacting a lot of patients' claims and the problem cannot get resolved on Provider Connect, what are we supposed to do to get the problems fixed?
 - Payment for claims are being incorrectly attributed to "prepaid" status. This is occurring for a program that only receives grant money on a fee for service basis. I have contacted Beacon claims department and a couple people in Provider Relations. However, either my emails and calls are not returned OR I am told that this isn't a problem that they can help with. Who should I contact? Also, is this happening with other programs?
 - The service class description for authorizations obtained by our addictions outpatient program are being changed in Provider Connect from "substance use disorder services" to "outpatient therapy services". This is causing a great deal of claims to be incorrectly denied. Again, I have contacted several sources, but no one can assist. What is causing this problem? How do we get this corrected and the claims paid? Are other programs having this problem? This isn't the first time this problem has happened and when it does, it impacts a number of claims.
4. Are the regulations for 10.63 now active for agencies who are already accredited? Should we begin/continue to follow those regulations?
5. Can you provide an update on the process for applying for a new service line under 10.63 if an agency is already accredited?
6. At the February Provider Council, you indicated that Beacon is adding Z03.89 for "no diagnosis" on assessments, would be available in two weeks. Can providers now use this code?