



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, May 12, 2017
10:00 am to 11:30 am**

In attendance: Karl Steinkraus, Stephanie Clark, Donna Shipp, Lisa Kugler, Patricia Langston, Sharon Jones, Kayla Moulden, Joana Joasil, Jarrell Pipkin, Mark Slater, Cynthia Petion, Rebecca Frechard, Annie Coble, Marian Bland, Kathleen Rebbert-Franklin, Steve Reeder, Mike Drummond, Jenny Howes, Catrina Scott, Jody Grodnitzky, Amy Park, Jay Yoe, Oleg Tarkovsky, Shanntel Gladney, Christine Branch, Brandy Inches, Teresa Ferandez, Kim Erskine, Jody VanOrder, Renee Stokes, Rose Frazier, Mary Viggiani, Barbara Trovinger, Todd Pearman

Telephonically: Arthur Griffin, Tim Santoni, Fran Stouffer, Emily Suminski, Rose Clark Christina Trenton, Rhonda Moreland, Leslie Woolford, Cathy Howard, J.R. Hughes, Paula Catlett, Linda McIntyre, Anna McGee, Nicol Lyon, Elizabeth Lee, Sonja Moore, Agnes Parks, Rebecca Maloney, Paris Crosby, Cathy Baker, Geoff Ott, Thomas Henderson, Heather Carmine, Shanita Marshall, Joan Sperlein, Carrie Medlin, Heather Dewey, Sylvia DeLong, Najla Wortham, Mariana Izraelson, Tina Moore, Lindsey Smith, Rachel Wilson, Lorraine McDaniels, Ellen Weber, Tyrone Roper, Sharon Sorrell, Lavina Thompson Bowling, Latesha Sewell, Jessica Chausky, Tina Raynor, Kristen Carrasco, Jermaine Wyatt, Carol Sanders, Erin Tack, Colette Beell, Howard Ashkin, Maritrese Nash, Vanessa Lyle, Michael Ostrowski, Jarold Hendrick, Supranee Eng, Robin Elchin, Kathleen Curry, Mindy Fleetwood, Sarah Drennan, Rob Carter Jr., Sharon Gudger, Kim Lednum, Beth Crawford, Michael Oliver, Christi Vaccaro, Sherry Brehm, Jennifer Galloway, Anita Baxter, Kathryn Dilley, Janice Reuling, Rota Knott, Shanna Bittner-Borell, Kathy Kisela, Vircha DeHoney, Tamara Hampton, Lillie Hinkelman, Lisa Pearsoll, Sonya O'shea, Ayanna Morris, Doris McDonald, Cassandra Fleming, Vanessa Hawkins, Cynthia Hurd, Beth Waddell, Kirsty B'Smith, Carol Porto, Kirsty B'Smith, Shannon Hall, Shereen Cabrera Bentley, Tamisha Smith, Mona Figueroa, Chandra McNeil-Johnson, Sue Kessler, Andre Pelegrini, Katie Orner, Susan Wilkoff, Tasha Williams, Nadia Surin, Mandy Trivits, Sheba Jeyachandran, William Rufenacht, Anne Schooley, Laura Higgins, Kennedy Hinman, Belinda Strayhorn, Kyle Easton, Denisha Pendleton, Wilma Smith-Waugh, Guy Reese, Teri Cardwell, Kim Smith, Michelle Grigsby, Lori Peterson, Mary Brassard, Kevin Watkins, Gregory Burkhardt, Kristi burns, Mary Blackwell, Christopher Henry, Wendy Kanely



Minutes

- Beacon's email address for Provider relations is: MarylandProviderRelations@beaconhealthoptions.com and may be used by providers to submit suggestions or edits for the minutes as well as questions for the next Provider Council. To have your questions considered, please submit no later than the Wednesday prior to the council meeting,
- to allow time for research and response.

BHA Update

- Gambling Services are now a reimbursable service through the Behavioral Health Systems - Baltimore for SUD providers. Medicaid reimburses for MH providers for Gambling Services but now reimbursement will also be available to SUD programs through State funds as shared in the provider alert: <http://maryland.beaconhealthoptions.com/provider/alerts/2017/041817-Gambling-and-Substance-Use-Disorder-Programs.pdf>. For any provider delivering gambling services (SUD programs or MH) please note that there are no income or insurance restrictions to be reimbursed under State only funding.
- BHA has posted the application for certification for Recovery Residence on BHA's website. <http://bha.health.maryland.gov/Documents/MCORR%20Application.pdf>. A grandfathering process is in effect which goes through June 15, 2017. This is for providers that meet the following: currently under the Maryland State Association under Recovery Residence, have a certificate of compliance through the Association and is in good standing.
- Steve Reeder has been promoted to Assistant Director of Clinical Services.
- As a continuing reminder to providers, we are asking everyone to read the Provider Alerts being sent out. Some of the questions that are being asked can be answered in the Provider Alerts. http://maryland.beaconhealthoptions.com/provider/prv_alerts.html.

Medicaid Update

- Re-bundling go-live on Monday, May 15, 2017.
- IMD: Adult Residential Substance Use Treatment. Medicaid's regulations are very close to completion. The initial draft is in review. The proposed regulations will be posted in the Maryland Register on June 23, 2017 which will initiate a 30-day public comment period. However, the Department is already taking informal comments. Medicaid has already started getting applications in for this service and will be expediting the process to ensure that providers who submit applications on or before June 26 are activated and able to obtain authorization for services on July 1, 2017.



Beacon Health Options Update

- A Provider Alert went out on May 5, 2017 announcing the upcoming dates for the Regional Provider Forums in June 2017. <http://maryland.beaconhealthoptions.com/provider/alerts/2017/050217-SAVE-THE-DATE-Beacon-JUNE-2017-Regional-Forums.pdf> A Provider Alert with registration information will be going out later today. The forum will be primarily focused on ASAM criteria; our quality department will be speaking on some of their initiatives and program integrity will also be presenting.
- Beacon announced that Joana Joasil has accepted the position as our new Clinical Director. Joana has been on the Beacon team for 5 1/2 years.
- For those of you that have been experiencing system issues with Beacon's claim submission process this past weekend, Beacon has resolved the system slowness and those claims are being reprocessed. For specific concerns or issues please reach out to us MarylandProviderRelations@beaconhealthoptions.com.

Provider Questions

1. **Residential Fee for Service:** When do we get authorization for treatment at assessment or at admission? If we get authorization at assessment how long from the completion of the assessment to admission, do we have to get them in treatment? Can we assess, get auth and admit on the same day? How will the care coordinators know when a client from their jurisdiction is admitted to a residential program? What is the role of care coordination in the process? What is the role of the LAA in the process?

We are not at a point that we can answer all these questions specific to the authorization process. The Department is taking questions and will develop responses and publish them through a new FAQ to be disseminated through provider alerts and interested stakeholder groups. Please continue to send questions either to: MarylandProviderRelations@beaconhealthoptions.com or dhmh.mabehavioralhealth@maryland.gov.

2. **Residential Fee for Service:** Some providers are assuming a 28-day program can be billed under PT 50 or 32 is this correct, please advise.



No, providers have to be a PT 54 if they want to deliver Adult Residential Treatment services. All residential providers are required to have a separate OHCQ license at the ASAM level that they want to deliver services (3.3, 3.5, 3.7 or 3.7WM) to be eligible to enroll with Medicaid as an Adult Residential Substance Use Provider. To clarify, this is not a 28-day program; it is based on medical necessity of the consumer at those various levels. To enroll as a PT 54, providers need a SEPARATE and unique NPI number for their application to obtain a new/separate MA number that will be specific to this service and for each location where the service will be delivered.

- 3. Re-bundling Payment Methodology for OTPs:** Please clarify if a provider will be reimbursed when a patient requires detox from a substance other than opioids when they are receiving treatment from an OTP and then seek withdrawal from a different substance such as Benzos or Alcohol from a different provider. For example, if the individual is attending PHP coupled with Ambulatory Detoxification – the alert states that the H0014 code cannot be billed with H0020 (methadone maintenance), H0047 (ongoing bupe monitoring), or MAT ongoing medication management. Does this combination only apply to the OTP, or does it also apply to the receiving providers who offer residential /ambulatory detoxification services? **Example #1** Patient referred to PT 50, PHP with Ambulatory detoxification for alcohol. Will Ambulatory Detox be reimbursed? **Example #2** Patient referred to Adult Residential SUD (PT 54), level 3.7WM for alcohol and benzo detoxification. When these inpatient/residential levels are reimbursable for the adult population on July 1st, will they be authorized for patients in ongoing MAT?

Needs continued review by BHA

- 4. Re-bundling: Billing codes:** Effective 5/15/17, PT 32 and 50 providers will be able to bill for E&M codes for medication management visits in conjunction with medication assisted treatment. For these E&M codes, we must include an HG modifier.
- However, on the Re-bundling Initiative it notes these codes can only be billed 5 visits per year.
 - Our Type 50 facility also bills for services rendered by a provider Type 20, for medication management services. Under the new changes, we can bill as a Type 50, but it seems that the rules for the Type 20 allow for 12 visits per year but the Type 50 only allows for 5.



- To understand this correctly, allowing provider to bill using E&M codes under PT 50 or 32 is not a replacement for our annual visits/once per month Medication Assistance Program; am I correct?

Effective 5/15/2017 PT 50 can be reimbursed for E&M codes (99211/HG—99215/HG). The key difference is in the authorization period. The type 20 description is based on the authorization period of 12 per year, but the type 50 is based on the authorization period which is a 6-month span with allowance for once/month doctor visit if indicated. A key difference is that the initial workup, when performed by the Type 50 is billed to the Ambulatory Detox code (H0014) and an additional E&M code is not allowed during that week. So, the first week doctor visit is billed as part of the Ambulatory Detox and then the next 5 units are generally at once/month. All E&M visits must meet medical necessity as clinically indicated.

Additional Questions

1. We are a Provider Type 50 who is licensed to provide Level 2.1 IOP treatment. Can we bill for IOP H0015 and Ongoing Bupe Services H0047 in the same week? The Memo from DHMH Dated March 28, 2017 indicates that you cannot bill for Level 2.1 IOP and Level 1 Outpatient in the same week. Does this mean we cannot bill for Bupe services if we are billing for IOP?

A Provider can bill the weekly Bupe maintenance (H0047) while a person is in IOP (H0015) if the provider has appropriately licensed staff to deliver that service. The memo you refer to explained that a provider cannot be reimbursed for both Level 1 and Level 2 treatment in the same week (or during the same Level 2 authorization period).

2. If we are billing for Level 2.1 IOP and the patient sees our doctor for 99213HG, can we bill for both in the same week? The combination of services rules does not list that you can't bill for these, but our concern is the Memo from March 28, 2017.

A PT 50 is eligible to be reimbursed for E&M codes when delivered by appropriately licensed staff for the purpose of a medication management. This service may be delivered whether the patient is in Level 1 or Level 2 – but may only be used for individuals receiving medication assisted treatment who require medication management and meet the medical necessity criteria for this type of service.



3. If a patient is receiving Level 1 Outpatient Services, can we bill for a H0004, and a 99213HG on the same day as well as bill for the H0047 in that week?

Since this provider is asking from a PT 50 standpoint, this provider would not be billing a H0047. Only an OTP (PT 32) would be billing for H0047. Providers are reminded to be certain of your provider type before attempting to bill for a particular service. Service rules are designated by provider type. OTPs are PT 32. Non-methadone Addiction programs are PT 50.

4. In the Beacon PRP Manual it states minors can be referred for PRP services" by a licensed professional of the healing arts". Can you identify what license/degree are considered a licensed professional of the healing arts?

According to the practice board, it is anyone who is a licensed mental health professional; nurse, physician, LCSW, LCPC, or therapist.

5. **School-Based Services Identifier Edit Problems.** The 03-modifier for school-based claims was resulting in denials on assessments. Can you provide an update on changes to ensure that assessment in school-based settings can be reimbursed?

It is in the final stages of processing at Beacon. As soon as it has been updated, we will reprocess the claims that are being affected by that code update.

6. **Z03.89 Code for No Diagnosis.** In January, Beacon implemented R-69 for diagnosis deferred and indicated that it had added 203.89 (no diagnosis to auth side) and was adding it to the billing side. Has this been implemented, and can providers use the 203.89 code?

It was implemented this week, testing will be performed today to make sure that claims process correctly and then a provider alert will be sent out next week. The Department finalized the decision to add the R69 code and the Z code to the T1015 code for FQHCs which will be implemented soon. For all other provider types a Provider Alert will be issued stating that this code is accessible. We remind providers that this code may NOT be used for SBIRT nor may it be used more than twice.

7. **Claims Validation.** Normally, when providers submit a claim file, Beacon does a first edit and validates the claim file. Until recently, this process usually took from 5 minutes to up to an hour. Last week, this process took



almost 24 hours, and multiple providers report that claims submitted on or after May 2nd have not validated yet -- up to six days later.

- a. If the batches haven't been validated, it seems unlikely that these claims will be paid this week. This presents a cash flow problem for multiple providers, and may disrupt payroll for at least one provider this week. If not promptly and fully resolved, this slowdown will quickly cause significant cash flow problems.
- b. Is there a way to expedite payments to providers this week?
- c. What is causing the slowdown, when will it be fixed, and what steps can be taken to reduce cash flow problems for providers?
- d. A provider received an email saying that one of its validation files had failed. The reason indicated that the provider's number of claims and dollar amounts were not correct. When the provider submitted the claim file, it doubled the numbers of claims and dollar amounts. The provider called the EDI helpdesk and was told to resubmit these claim files. Have you seen reliability problems elsewhere in the validation process, on top of the overall slowdown?

This topic was previously discussed by Dr. Kugler – as cited above? What does this mean? Please point to where this information was handled. Brief summary should go here.

Webinar Questions

1. Are OMT's able to bill for an individual session if they conduct the session in a patient's home or in the hospital? No, OMT service requires office as the place of service. The exception is when delivering medication assisted treatment to a nursing facility, then the bundled rate could be reimbursed. If a counseling sessions occurs at this time, then H0004 could be reimbursed as long as it meets associated requirements (documentation of service etc.)
2. On the grid provided at MATOD training (community based SUD fee schedule) it lists service limits for Group Outpatient Therapy as one group per day - but I have also heard that we can bill for what is clinically indicated - which is accurate?

1.2—One group per day



3. I am already a type 55. Will I be using the same NPI for a type 54?

No, you will need a separate MA number and NPI for your PT 54. If you have multiple locations for your PT 54, a separate MA/NPI# is required for each location. You DO NOT need a separate MA/NPI# for each level of care within your PT 54 but this is an entirely new service and all providers to deliver Adult residential SUD treatment must apply to become a provider type 54 with a unique NPI.

4. Entering auths, uninsured spans and DLA20 information is very slow and sometimes kicks us out. Has that been addressed and fixed? That part of the system is very slow.

Beacon is on notice and are taking corrective action.

5. Will authorizations for type 54 services be completed online or by phone call? And as long as the patient meets the ASAM criteria, how many days at a time can we expect for 3.5, 3.7WM, and 3.7?

Residential questions have been forwarded to Medicaid

6. Will we be able to receive authorization for patients without insurance as long as we help them apply for and are qualified for Medical Assistance?

Residential questions have been forwarded to Medicaid

7. If a patient has both Medicare and Medicaid, will Medicaid be the primary payer for a type 54 provider? residential facility

Dual Services are excluded from Medicaid services through IMD: however, if the consumer meets MNC, the State funds will cover the service

8. I don't have my level 3.5 license as of yet. Shall I still apply for type 54 for my current levels of care 3.7wm & 3.7? residential

Yes, you can always add different licensures over time as long as you do it in the same service location.



9. Can Provider type 50 use the diagnosis for assessment only?

If a provider is not certain of the primary diagnosis at the point of the first visit, you may use R69/Z03.89 for that session to indicate diagnosis deferred while you complete your evaluation. This code may not be used for any patient more than 2 times. Typically, it is only used to determine whether the issue is somatic or behavioral health in nature to determine the appropriate resource.

10. It was mentioned that referrals for PRP minors can be received from those licensed in the healing profession. Does this also apply to the adult population?

Yes.

11. When will place of service 11 become effective for billing code S9445-52?

This is currently in process.