



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, September 8, 2017  
10:00 am to 11:30 am**

**In attendance:** Jody Grodnitzky, Mike Drummond, Jenny Howes, Marian Bland, Cynthia Petion, Joana Joasil, Annie Coble, Sueqethea Jones, Michael McCoy, Karl Steinkraus, Jessica Allen, Lisa Kugler, Shannon Hall, Kathleen Franklin, Mark Greenberg, Tyra Lorezo, Catrina Scott, Rebecca Frechard, Stephanie Clark

**Telephonically:** Jarrell Pipkin, Howard Ashkin, Bond Andrews, Abby Applebaum, Anna McGee, Christina Trenton, Paris Crosby, Becki Clark, Denisha Pendleton, Danica Thornton, Fran Stouffer, Mary Jo Cannon, Monica Kirkpatrick, Joy Reckley-Murphy, Kara Pokras, Carrie Medlin, Suk Ching Au Yeung, Wendy Shirk, Sylvia Delong, Robert Galaher, Nicole Lyon, Vanessa Lyle, Rhonda Moreland, Mary Beth DeMartino, Amanda Livesay, Joanna Weidner, Lisa Caldwell, Aggie Parks, Tammy Fox, Lavina Thompson Bowling, Valerie Lowe, Arianna Day, Sonja Moore, Rose Clark, Rob Carter Jr, Tina Link, Ahmein Watson, Rebeca Gonzalez, Cathy Baker, Lorraine McDaniels, Connie Dausch, Kathleen Orner, Robin Elchin, Lora Kost, Gayle Parker, Chandra Mcneil-Johnson, Maritrese Nash, Abiodun Onabiyi, Deondra Smith, Jennifer Aguglia, Brandy Inches, Teresa Fernandez, Deborah Smullen, Natalie Johnson, Michael Otrowski, Kristen Carrasco, Tim Santoni, Barrington Page, Sueqethea Jones, Emily Suminski, Sharon Gudger, Belinda Strayhorn, Jarold Hendrick, Jameelah Johnson, Shanzet Jones, Ayanna Hopkins, Thomas Henderson, Sheba Jeyachandran, Kelly Hickey, Tammy Griffin, Laura Higgins, Coley Bennett, Tina Moore, Shelly Krenzer, Steven Tillman, Beth Crawford, Chanell Gaines, Janice Stevenson, Paula Catlett, Sharon Ohlhaber, Shereen Cabrera Bentley, Leslie Woolfrod, Dr. Lynn Duffy, Angelique Brathwaite, Patrisse Robertson, Guy Reese, Mona Figueroa, Lindsey Smith, Kristen Rose, Anne Schooley, Kim Lednum, Steve Johnson, Wendy Merrick, Tracy Bushee, Adina Lerner, Greg Warren, Tashia Randall, Sharon Jones, Andre Pelegrini, Amy Park, Dr. Iris Jackson, Megan Pinder, Kathleen Curry, Sharon Sorrell, Lori Peterson, Jeffrey Brentley, Sue Tangires, Mary Blackwell



## **Topics & Discussion**

### **Minutes**

Suggestions to the minutes and question for next provider council may be submitted to Beacon via email ([MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com)). To have your questions considered, please submit no later than the Wednesday prior to the council meeting for inclusion on the questions to be presented at the Council meeting.

### **BHA Update**

- Maryland Department of Health (MDH) and BHA are in the process of developing a system to track capacity and available beds for SUD treatment that will include 8-507 court order. Under this planned process, treatment providers will access a web-based application to update, on a daily basis, the number of beds available in their facility and the expected number of discharges that would be upcoming. This information will be stored and used for planning new placements. Funding under the State Targeted Response grant, through the 21<sup>st</sup> Century CURES Act will also support the development of a tracking system for crisis beds. BHA will release more information as it becomes available.
- Maryland's Mental Health Block Grant will face a significant reduction to its FY 2018 allotment. The MHBG currently supports crisis response systems, early intervention, EBPs and other recovery support services. At this time, the methodology of how the reductions will occur and its impact is under review. BHA will continue to work with the local behavioral health authorities (CSAs/LBHAs) on these reductions.
- BHA's application for Projects for Assistance in Transition from Homelessness (PATH) application was approved by SAMHSA. This grant was funded for \$1.2 million to provide outreach, case management, housing assistance, and other supports for individuals with serious mental illness.
- BHA is recruiting for the Director of the Office of Evidence-based Practices, Housing and Recovery Supports.
- BHA has partnered with Behavioral Health System Baltimore (BHSB) to reimburse providers for assessment and counseling services to those individuals with a diagnosis of a gambling disorder. Reimbursement for gambling treatment services is only available when the service provided is not already covered by Medicaid. Providers must be registered with BHSB to be reimbursed for these services. A Provider Alert will be sent out with more information regarding the coverage of residential services at the 3.3 and 3.5 levels for gambling disorder.



- BHA is participating in activities for National Overdose Prevention and a #beforeitstoolate twitter storm will be held on Tuesday, September 12, 2017 from 1 – 3 pm.

### **Medicaid Update**

- Medicaid continues to address the overutilization of high end laboratory services. Nationally states are being affected by the use of non-medically necessary, –testing by behavioral health providers. The Department recognizes that labs are an integral part of treatment for addiction, but require that programs educate themselves on effective and appropriate levels of testing. Beacon issued guidelines on appropriate use of laboratories (add link). More information will be forthcoming from the Department to work with providers to ensure that all lab orders are based on medical necessity and practical use of the information. As a reminder, OTPs are responsible for their own laboratory testing through program contracts that are held with laboratories. OTPs nor Laboratories cannot bill the Department OTP required levels of testing.
- A Provider Alert was issued September 7, 2017 announcing enhancements to Medicaid’s provider enrollment system. The enhancements include a user friendly portal, where providers can self-enroll and enter their own provider file updates. For phase one of our transition to the new vendor which impacts only individual and group (PT 27) providers, Medicaid has instituted a cutoff date for new applications and updates as of September 13<sup>th</sup>, 2017. Once the new vendor has accepted and incorporated the Medicaid files, then providers will be able to update their files directly through the new provider enrollment portal. This change does NOT impact programs, clinics and facilities. Those provider types will be phased in in at a later date.
- A Provider Alert on September 6, 2017 announced webinars on “Using Outcomes Measuring System (OMS) Data”. These webinars will be held on October 11<sup>th</sup> and 16<sup>th</sup>.
- For Buprenorphine prescribing, we remind providers that as of July 1, 2017 there is open access to all types of Buprenorphine drugs. More details may be found in Provider Alert from August 31, 2017, “Buprenorphine Dispensing Fee Schedule”. J-codes may not be used for prescribing buprenorphine. Providers should only bill the J-codes for if they have obtained a drug and paid for buprenorphine through contract.

### **Beacon Health Options Update**

- The new Associate Medical Director of Child Adolescent Psychiatry for Beacon is Dr. Juanita Lynn Taylor. Dr. Taylor is a former Child and Adolescent Psychiatrist from Johns Hopkins.
- Beacon will continue to work on their follow up after hospitalization. If any providers would like to be involved or have individuals you would like Beacon



to assist with, please contact the clinical department at:

[MarylandClinicalDept@beaconhealthoptions.com](mailto:MarylandClinicalDept@beaconhealthoptions.com)

- Beacon would like to thank everyone who has participated in the residential JOT calls. If you have further questions, you may send your questions to: [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com)

### **Provider Questions**

1. It was mentioned that Provider Type 50's could not bill for Induction for MAT. What I am trying to understand is if there are specific codes we are not allowed to bill for or if we are not allowed to do the inductions at all. We were under the impression that we could bill the codes series 99211-99215 and have been using 99215 to bill for the first evaluation with our doctor. It seemed an appropriate code as it was not a new patient appointment as the clients would have already been seen for an OP psychosocial assessment (H0001). I just want to make sure this is an appropriate was to bill.

This question is similar to question number 4, the answer will be the same for both questions. After additional clinical input, new patient E&M codes (99201-99205) will be added to the PT50 fee-schedule to allow for reimbursement for induction services, effective October 1, 2017.

2. **Aligning Fee Schedule with CPT Codes.** Last month, Beacon agreed to review a coding update to align the fee schedule with CPT codes changes made in January. Those changes modified time components for Codes 90846 and 90847 (Family Therapy with and without client), instituting mid-point timeframes for billing. The minimum time for 90846 and 90847 is 26 minutes (in other words, the mid-point threshold is passed). Per the new Beacon rate sheet, 90847-52 modifier shows an "abbreviated" session for a C&A client, 90847 is listed for 45-60 minutes (adult and C&A). Will Beacon align its fee schedule with the CPT revisions? If so, when?

Decisions for changes to billing codes and covered services are only initiated or determined by the Department, generally with consultation from our clinical partners. Beacon does not independently determine coverage in Maryland. Medicaid is aware of this concern and will research the issue further. If it is determined that a change needs to be made to our coverage codes, then Medicaid will update systems and release a provider alert accordingly. At this time there are no changes and providers need to comport with the existing guidance and regulations under Medicaid.



- 3. Clarifying Provider Alert: Drug Auth.** Last month, we submitted a question about a recent provider alert which indicated that all pre-authorizations are approved for physician's services for 90 days, rather 60 days. Does this include the physician anti-psychotic drug pre-authorization requirement for all youth under 18?

Medicaid answered this question in last month's Provider Council Meeting. The answer is in the meeting minutes for August 2017. The alert transmittal does not include the antipsychotic drug preauthorization requirement for children under the age of 18. This only applies to prior authorizations that are done through medical claims.

- 4. Modifiers for SUD 99211-99215.** A [Provider Alert issued on May 3](#) indicated that Provider Type 50s who employ a Data 2000 Waiver Provider may be reimbursed for medication assisted treatment (MAT) services through their Provider Type 50 program Medicaid provider number. [The SUD fee schedule released on the same date](#) has no code that allows Provider Type 50 to do an MAT intake (99201-99205) or MAT induction (H0016) outside of the PHP or detox settings. We have members with clinics and IOPs who are licensed as Provider Type 50s, and who are interested in expanding MAT capacity. In August, BHA agreed to review the coding and provide a response -- is there an update?

Question 4 has been answered, see question one.

- 5. 270/271 Eligibility Verification File Exchange Capacity.** Several CBH members have the capacity to do 270/271 file exchange, which allows for eligibility verification for multiple consumers. In August's Provider Council, staff indicated that regulations require providers to check EVS, the system of record. We have been unable to identify any regulatory requirements for an EVS check, simply sub regulatory guidance that could be updated. Could a Provider Alert be issued to update this requirement, allowing providers to redirect manpower toward direct care?

COMAR 10.09.36.03A(11) is the current guideline that requires verifying eligibility through EVS. Providers with their systems coded to authenticate and make X12/EDI web service calls may email [mdh.ediops@maryland.gov](mailto:mdh.ediops@maryland.gov) to get the 270/271 file exchange process set up. This is a complicated process and requires providers to have the capability of automated communications.



- 6. Authorization Delays.** In March 2017, Beacon issued a Provider Alert indicating that the deadline for responding to non-urgent authorization requests would be expanded to 15 days. At the time, Beacon indicated that it didn't intend to take longer to process routine authorization requests. With 10 members reporting authorization problems, our members report that their average PRP authorization is taking 8-12 days to process, with a significant number of outliers taking 13-15 days to process. The variability in the authorization response time is disruptive to workflow, and the delayed response is detrimental to engaging consumers in treatment. Multiple providers report that, after waiting two weeks for an authorization decision, some consumers can no longer be engaged in ongoing treatment. Can you provide updated report on the number of PRP authorizations processed in 3, 5, 10, and 15 days? What is the expectation for how long a routine PRP authorization request will take?

Beacon acknowledges that there have been delays in the authorization for PRP services, as mentioned last month. Beacon has hired 4 additional clinical staff with the plan to add 4 more staff. Beacon is looking to have the new staff up and fully operational by October. Beacon's current staff has been working nights and weekends to address the backlog and we apologize for any burden or inconvenience. If you have any initial authorization requests or authorizations that you need Beacon to review please contact the clinical team at [MarylandClinicalDept@beaconhealthoptions.com](mailto:MarylandClinicalDept@beaconhealthoptions.com)

### **Additional Questions**

- 1. Is there any further detail surrounding the SUD residential staffing requirement?**

Medicaid, through Beacon, will be releasing a Provider Alert in early October to address this concern and provide further detail.

- 2. Authorizations obtained for 3.3 and 3.5 are being authorized for 30 days and then additional 30 days and then they are being denied. What is the process?**

All authorizations for levels 3.3 and 3.5 need to meet ASAM criteria. Initial authorizations are for 30 days; after which, providers will request a concurrent authorization. If the consumer meets ASAM criteria an additional 30-day span will be authorized. As long as the consumer continues to meet ASAM criteria, Beacon will continue to authorize 30-day concurrent authorizations.



**3. What programs are Licensed Graduate Students able to deliver services?**

OMHCs, SUD Programs, and facilities (including Adult Residential). When delivering services under an FQHC, which requires an eligible rendering provider to be submitted on the claim, the FQHC utilize their direct supervisor's individual rendering provider number for billing purposes. The FQHC bills using the T code, including the CPT or HCPCs code delivered. LGs may deliver services as appropriate to their scope of practice. LGs are NOT eligible to enroll or deliver services as an individual or Mental Health Therapy Group Provider.

**4. We have a level 3.3 that is being funded under the uninsured exception. He needs suboxone but is unable to pay for this. Can we be reimbursed for the J code?**

Buprenorphine coverage for the uninsured is available through the local health departments.

**5. How do we bill for lab tests? We have several clients who do drug test regularly and I understand that we must have a contract with a lab?**

If you are an OTP provider, you must be contracted with and bill the lab for lab services. The Department reinforced this requirement as of 5/14/2017 and OTPs must have submitted verification that they hold these types of contracts with a laboratory company. No claims can be submitted to Beacon for OTP patients for lab services delivered by the OTP. Programs who may have inadvertently submitted for reimbursement need to perform a self-audit and return any paid claims for their patients receiving labs under the OTP.

**6. When will the providers receive the RJOT call minutes?**

The minutes for the Residential JOT call were sent out the same morning as provider council.

**7. Regulations allow for LGSWs to bill for substance abuse services. How are they able to bill if they cannot receive Medicaid numbers?**

LG's cannot bill on their own, however, if you are part of a program, the program can bill for services rendered. The program would bill on behalf of the LG that delivered the services. The LG cannot obtain an individual Medicaid number, and is only able to deliver these services as part of the SUD program (or OMHC) program.