



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, August 10, 2018
10:00 am to 11:30 am**

In attendance:

Telephonically:

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

Provider Questions

1. My facility offers three levels of care. I send two claims per day the consumer is in our program. The authorizations AFWC receives for treatment have overlapping days between levels of care. The last day of the previous level of care is used for the first day of the next level of care on an authorization. This is causing a problem with CPT code RESRB. Even though my claims are sent with an authorization number matching a date with an authorization number, Beacon is still applying the wrong authorization with an overlapping DOS. I all too often get a denial using code NAF. I then must send an inquiry to have the DOS connected with the correct corresponding authorization number. The inquiries are also taking more than 5 days for a response. The response time has been consistently taking from 15-17 days. Once the claims are corrected, I get an EOB retracting then paying the claims correctly.



Is Beacon working on correcting the problem with overlapping days and properly applying DOS with the correct authorization number?

2. If a client is receiving services from Provider A and has an open OMS with them. They then get referred to Provider B for intensive OMHC IOP services 3 days a week and Provider B obtains their MH IOP auth. Can the client be seen by Provider A on the 2 days they are not in Provider B's MH IOP or is Provider A not allowed to bill any OMHC codes for the duration of their MH IOP services until discharged back to Provider A's care?
3. With the addition of SUD Providers now being able to bill for the OMS Discharge (90899/HG) like Mental Health providers have been doing, we are wondering if consideration has been given to add the H0032-Interdisciplinary Treatment Team Planning Service. Like Mental Health Providers, SUD Providers also complete individualized treatment plans with the patient in a face-to-face planning meeting. Additionally, there is collaboration with any family members that the patient indicates they want involved in their treatment as well as other community agencies that the patient may indicate they want involved. If the addition of this code is not currently, under consideration for SUD Providers, we would like to ask BHA to consider it in the future.
4. Could you provide some clarity on the Provider Billing Notice that was sent out in a Provider Alert on July 25, 2018 and how it applies to physician and mental health groups. For example, if a nurse practitioner sees a patient and performs a psychiatric evaluation and also an injection are these services billed under two separate NPIs?
5. On July 30, Beacon issued a provider alert with an update PMHS Fee Schedule. The revised schedule made corrections to the E&M Codes for the fee schedule released on July 1. Will Beacon automatically reprocess E&M claims from July 1 to July 30 to pay at the new rates, or do providers need to resubmit impacted claims?