

Medicaid Behavioral Health

Calendar Year 2016 In Review

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Provider Enrollment, Reenrollment, and Revalidation

Medicaid

New Provider Applications

Medicaid redesigned the Medical Assistance Program Application for all providers. These new provider type specific applications became available on November 16, 2015. As of June 6, 2016, Medicaid began only accepting the new version of the applications, available here:

<https://mmcp.dhmf.maryland.gov/pages/Provider-Enrollment.aspx>

Note: Click the “X” under the Individual, Group, or Facility to download and complete the appropriate application.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

Unique MA/ NPI Number Combinations

Providers who operate in a group practice type or fall under the OHCQ licensed or certified program requirements in Maryland are required to have separate MA/NPI numbers per site per service type. Individual providers who render services for a program must have their own MA and NPI number active as a rendering provider. However, individual practitioners should only have one MA and NPI number, regardless of how many locations at which they practice.

Effective September 6, 2016, Beacon Health Options updated its claims adjudication process to restrict providers using the authorization and claims process from using incorrect MA/NPIs that may result in denial of service authorization and/or a denial of payment for services rendered.

For additional information, contact dhmf.bhenrollment@maryland.gov.

September 2, 2016 Final Billing Notice:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Final-Billing-Notice-09-02-16.pdf>

September 2, 2016 NPI/ Medicaid Number Provider Claims Training:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/NPI-Medicaid-Number-Provider-Claims-Training-09-02-16.pdf>

August 1, 2016 Provider Billing Notice- Reminder:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Provider-Billing-Notice-Reminder-08-01-16.pdf>

Post Enrollment Site Visit Letter

The Centers for Medicare and Medicaid Services (CMS) released information in early 2016 for the State Medicaid agency requiring post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program. The post-enrollment site visit will be similar to the initial enrollment or re-validation visit previously conducted by our surveyors.

March 11, 2016 Provider Alert: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/Site-Visit-Letter-03-11-16.pdf>

Physician Revalidation

Under the ACA, Maryland is required to revalidate Medicaid providers at least every five years. Medicaid contacted physicians regarding revalidation of information in Medicaid provider files in Summer 2016. Any provider who received a green letter from Medicaid should submit an application for revalidation to the address indicated in the letter to ensure there is no interruption in enrollment status with the Program.

To obtain an application, visit: <https://mmcp.dhmf.maryland.gov/pages/Provider-Enrollment.aspx>. Submit questions to dhmf.providerenrollment@maryland.gov.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

Ordering, Referring and Prescribing Provider Enrollment

The Affordable Care Act (ACA) requires State Medicaid agencies to enroll all ordering, referring and prescribing professionals who provide services or medications to Medicaid participants. Medicaid contacted un-enrolled prescribers to request their enrollment. This mailing included un-enrolled MCO network providers who write scripts for mental health, substance use, and HIV drugs, who are prescribing to Medicaid participants.

In June 2016, the Department announced that prescriptions written by un-enrolled prescribers to Medicaid beneficiaries will begin to deny at the pharmacy shortly. To ensure claims payments, prescribers not enrolled with Maryland Medicaid, need to enroll as soon as possible using the eMedicaid portal for new enrollment: <https://encrypt.emdhealthchoice.org/emedicaid/>. Hit “go!” next to Step 1.

For questions, please email dhmf.rxenroll@maryland.gov.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

Non-Medicaid/ Uninsured

New Regulations on Licensure for all Moderate Risk Providers (Accreditation)

The Behavioral Health Administration updated regulations, COMAR 10.63.01 through 10.63.06, for licensure and application processes. These changes require that the majority of community based behavioral health treatment providers are accredited as a prerequisite for licensure by OHCQ.

Providers will still be required to apply for a license through OHCQ, but the license will be based on their type of accreditation. They will also still need to apply for an NPI number, receive an unannounced site visit from Medicaid, obtain an MA number, and register with Beacon Health Options.

Updated Regulations: COMAR 10.63

http://www.dsd.state.md.us/COMAR/subtitle_chapters/10_Chapters.aspx#Subtitle63

Additional Information from the Behavioral Health Administration:

<http://bha.dhmf.maryland.gov/Pages/Accreditation-Information.aspx>

Supported Employment Enrollment

To correctly enroll with the Supported Employment program, mental health providers with both a supported employment and PRP approval need a unique MA/ NPI number combination for each approved supported employment site which is separate from their NPI/MA combination for their approved PRP site. Supported employment programs should indicate they are Supported Employment Programs in the organization name by adding “- SE”.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Supported-Employment-NPI-MA-10-07-2016.pdf>

Beacon Health Options, Authorizations, Audits

ROI Form as Part of Initial Authorization

On March 28, 2015 Beacon Health Options updated the initial authorization screens within the ProviderConnect system. Providers needed to complete a short “popup” check box option at the beginning of the authorization process and have a Release of Information (ROI) form signed by the consumer for substance use disorder (SUD) services. All Maryland Medicaid SUD programs/providers and mental health providers providing substance use treatment to a consumer should request an ROI prior to the provision of SUD services. The ROI form will allow Beacon Health Options to release authorizations and claims data to the participant’s MCO and coordinate the participant’s care with any provider, primary care or otherwise, as registered on the form.

March 4, 2016 Release of Information Form:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/ROI-Update-03-04-16.pdf>

July 7, 2016 Release of Information Form Review During Audit:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Release-of-Information-Form-for-Audit-07-07-16.pdf>

Including SUD providers in audits (2016)

In the Spring of 2016, Beacon Health Options began auditing Level 1 SUD providers. Information and resources about Beacon audits can be found on Beacon’s website:

http://maryland.beaconhealthoptions.com/provider/prv_info.html

Outcomes Measurement System (OMS) for OMT Providers

On October 1st, 2016 Beacon Health Options implemented customized workflows to capture OMS Interview data for individuals receiving OMT services from OMT (Provider Type 32) providers. Providers receive a brief initial authorization to allow them to administer the OMS questionnaire. The completed OMS questionnaire will be entered with the first concurrent authorization and again each six (6) months thereafter. OMS data had been collected for Mental Health Outpatient Services since 2006. The population receiving the OMS questionnaire was expanded yet again with the inclusion Substance Use Outpatient Services (Provider Type 50) as of January 2015. Data collected is aggregated on a quarterly basis and presented in the OMS Datamart

(http://maryland.beaconhealthoptions.com/services/OMS_Welcome.html). The data is also used in the compilation of Data Shorts published periodically by the Behavioral Health Administration.

Beacon Health Options' Provider Relations Team works in conjunction with the Behavioral Health Administration to provide periodic training on the administration of the OMS questionnaire.

February 9, 2016 OMS Datamart Update:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OMS-Datamart-Update-02-19-16.pdf>

September 9, 2016 OMS for OTPs:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OMS-for-OTPs-09-09-16.pdf>

September 9, 2016 OMS for OTPs Training Calendar:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OMS-for-OTPs-Calendar-09-09-16.pdf>

September 30, 2016 OTPs Using OMS:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OTPs-Using-OMS-09-30-2016.pdf>

October 19, 2016 OMS for OMT:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OMS-for-OMT-10-19-2016.pdf>

September 2016, Data Short Volume 5, Issue 8:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Data-Shorts-Volume5-Issue8.pdf>

Billing Instructions and Reimbursement

Medicaid

Clarification on Billing for Nurse Practitioners

Mental health counseling codes may only be billed by Nurse Practitioners with PMH certification and nurse psychotherapists. Nurse practitioners without the certification may bill evaluation and management codes.

Clarification on Billing for Graduate Level Practitioners

Non-independently licensed practitioners cannot bill Medicaid for services delivered independently or as part of a group. They must render services in a facility (i.e. PT 50) with the appropriate supervision. Additionally, supervisors cannot bill for services delivered by non-independently licensed practitioners.

Clarification on Billing in Schools

In October 2016 the Beacon Health Options provider manual was updated to offer provider guidance on how to document when delivering services in the school setting (mental health and substance use disorder treatment). As long as providers are delivering services within their scope of practice and license, behavioral health providers may have arrangements with schools in which they deliver their services. When they do, the place of service code must reflect "03" as an identifier that the services occurred within the school.

Provider alert: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/School-Services-10-25-2016.pdf>

Beacon Health Options Provider Manual:

http://maryland.beaconhealthoptions.com/provider/prv_man.html

Community-based Medical Laboratory Billing for Substance Use Disorder Screening/ Testing for Calendar Year 2017

The Center for Medicare and Medicaid Services (CMS) changed the covered presumptive drug testing codes from G0477, G0487, and G0479 to 80305, 80306, and 80307 beginning January 1, 2017. This transmittal also served to reiterate important policy around reimbursement for drug testing.

For additional information see the Maryland Medical Assistance Program Transmittal Dated December 20, 2016 here: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-17-17.pdf>

As a reminder, any provider rendering Lab Services must submit a CLIA & LAB Permit or Letter of exception to Maryland Medicaid Provider Enrollment at the address below.

The Department of Health and Mental Hygiene
Office of Systems and Operations Administration
Provider Enrollment
P.O. Box 17030
Baltimore, MD 21203

Residential Provider Types, Billing Instructions

Residential care facilities including Residential Treatment Centers (RTC, PT 88), Special Chronic Hospitals (PT 07), and Intermediate Care Facilities- Addiction (ICF-A, PT 55), should only submit claims that do not extend beyond one calendar month. For example, if an individual is in the facility from May 15, 2016 to June 15, 2016, the provider should submit two claims: one for May 15 through May 31, 2016 and one for June 1 through June 15, 2016.

Non-Medicaid/ Uninsured

Transfer of Grants Funds to the ASO

The State of Maryland's Behavioral Health Administration (BHA) began its plan to move all ambulatory grant funded services for the treatment of SUDs to a fee-for-service structure, managed by the State's Administrative Services Organization (ASO), Beacon Health Options by January 1, 2017. Eight jurisdictions chose to implement moving grant funds effective July 1, 2016 (Allegany, Baltimore city, Carroll, Frederick, Queen Anne's, Somerset, Wicomico, and Worcester).

April 28, 2016 Announcement of Transition to Fee-for-Service:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Transition-to-Fee-for-Service-04-28-16.pdf>

June 03, 2016 SUD Uninsured/ Grant Funded Individuals- Revised:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/SUD-Uninsured-Grant-Funded-In-Revised-06-03-16.pdf>

June 29, 2016 Exception Requests for Uninsured:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/0629116-Exception-Requests-for-Uninsured.pdf>

June 29, 2016 Uninsured Registration Form:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/062916-Uninsured-Registration-Form.pdf>

June 29, 2016 Copy of FPL with 138% for 2016:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/0629116-Copy-of-FPL-with-138Percent-2016.pdf>

June 29, 2016 Copy of LAA Listing for 7-1-16 Grant Change:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/062916-Copy-LAA-Listing-for-7-1-16-Grant-Change.pdf>

November 28, 2016 Transition From Grants to Fee-For-Service January 1, 2017:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/SUD-Programs-Grant-FFS-11-28-16.pdf>

Substance Use Disorder Treatment

Prescription Opioid Misuse and Overdose Epidemic

The Center for Disease Control (CDC) issued new recommendations for prescribing opioid medications for chronic pain, excluding cancer, palliative, and end-of-life care in March 2016. The CDC Guideline for Prescribing Opioid for Chronic Pain will help primary care providers ensure the safest and most effective treatment for their patients.

CDC developed user-friendly materials to assist providers with implementing the recommendations, including a decision checklist. These materials, as well as information for patients, are available at <http://www.cdc.gov/drugoverdose/prescribing/resources.html>.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

Notice of Proposed Action- Certified or Licensed Substance Use Disorder Programs (PT 50) and Medication Assisted Treatment Services

A notice of proposed action posted in the Maryland Register on December 9, 2016. The purpose of this action is to update regulations to allow certified or licensed addictions programs (provider type 50s) who employ a DATA 2000 waiver physician to be reimbursed for periodic medication management visits and the cost of buprenorphine itself through their certified addictions program.

The proposed action can be found in the December 9, 2016 Maryland Register here:

http://www.dsd.state.md.us/MDR/4325/Assembled.htm#_Toc468369850

Comments may be sent to dhmh.mabehavioralhealth@maryland.gov and will be accepted through January 9, 2016.

Rebundling Initiative

A notice of proposed action posted in the Maryland Register on December 9, 2016. The purpose of this action is to change methadone reimbursement to better align service delivery with payment. The proposed action includes a new bundled rate specifically for medication assisted treatment services and a separate reimbursement for Level 1 counseling services when delivered by appropriately licensed professionals. This proposal adds the ability for opioid treatment programs to be reimbursed separately for services, including an induction service of the selected medication (methadone or buprenorphine), periodic medication management visits, and guest dosing services.

For more information please see the documents posted on the Behavioral Health Integration webpage: <http://dhmh.maryland.gov/bhd/Pages/Integration-Efforts.aspx>.

January 15, 2016: Provider alert:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Final-Rebundling-Clarification-Memo-01-15-16.pdf>

February 19, 2016:

Provider alert: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/Methadone-Rebundling-02-19-16.pdf>

April 22, 2016: Proposal: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/Methadone-Rebundling-Proposal-04-22-16.pdf>

Letter: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/Methadone-Rebundling-Letter-04-22-16.pdf>

September 8, 2016:

September 8, 2016 Announcement:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OTP-Reimbursement-Re-bundling-Initiative-09-08-16.pdf>

September 8, 2016 One Page Overview:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/OTP-Re-bundling-One-Page-09-08-16.pdf>

December 9, 2016:

Notice of proposed action: http://www.dsd.state.md.us/MDR/4325/Assembled.htm#_Toc468369850

Health Homes

Health Home Quarterly Report Q1-Q10

In early November the Department released the most recent Health Home Quarterly Report from Hilltop. The purpose of this report is to provide a description of Medicaid enrollees' current

participation in Maryland’s Health Home program and their interactions with the health care system during the first ten quarters of program implementation.

Health Home Quarterly Reports: <https://mmcp.dhmfh.maryland.gov/Pages/Health-Home-Program-Evolution-and-Outcomes.aspx>

Health Home Claims Review

In April 2016, the Department completed an extensive review of all claims with a date of service from January to October 2015 to identify trends and ensure providers fully understand and adhere to billing requirements. Providers were very responsive to working with the Department in correcting identified issues and educating billing staff to avoid errors. Claims reviews of all enrolled Health Home providers are completed every six months. The next review will take place in early 2017 and will include claims from November 2015 to June 2016.

Health Home Compliance and Technical Assistance Site Visits

The Department began compliance and technical assistance site visits to Health Home providers in April 2016 and has continued these visits bi-monthly thus far through 2016. During site visits, providers are reviewed for adherence to State regulations. Providers also have an opportunity to receive feedback from the State Health Home program staff and experienced Health Home technical advisor in order to strengthen the program. Health Home providers can expect these visits to continue during 2017.

Policy Changes in Rates and Coverage

Rate Increase for Community-Based Behavioral Health Providers

The fiscal 2017 State budget, approved under Senate Bill 190 and assigned Chapter 143 in the 2016 Laws of Maryland Volume V, included a two percent rate increase for community behavioral health providers, in accordance with Article III, §52(6) of the Maryland Constitution, April 12, 2016. Effective July 1, 2016, the Department increased rates for:

- Services listed on the public mental health fee schedule (with the exception of Evaluation and Management Codes);
- H codes listed on the public substance use disorder fee schedule;
- Brain Injury Waiver services;
- 1915(i) services—Intensive behavioral services for children, youths, and their families; and
- Maryland Chronic Health Homes.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

SBIRT

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, universal public health approach that integrates behavioral health into the primary care setting. The SBIRT model provides universal screening, prevention and early intervention for substance use across a full continuum. Certified health care professionals use screening tools to briefly engage patients on substance use. Based on the screening assessment, the provider administers a brief intervention and

makes a referral for treatment when indicated. The Department will not cover SBIRT services performed by behavioral health providers outside of primary care setting.

The Department will reimburse providers for SBIRT services when provided by, or under the supervision of, physicians, nurse anesthetists, nurse midwives, nurse practitioners, federally qualified health centers (FQHC), physician assistants, and behavioral health providers in a primary care setting.

Procedure codes 99408 and 99409 are no longer payable by Maryland Medicaid effective June 30, 2016. Maryland Medical Assistance created 5 local procedure codes to grant providers greater flexibility when billing SBIRT services (W7000, W7010, W7020, W7021, W7022). These codes are not eligible for reimbursement through Beacon Health Options.

Effective July 1, 2016, the Department will pay a billing provider for a maximum of one screening and four interventions annually per participant ages 12 and up.

For more details on SBIRT providers and billing please see the June 8, 2016 transmittal here: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-44-16.pdf>

Zubsolv® Sublingual Tablet Transition

Starting July 1, 2016, Maryland Medicaid made Zubsolv® sublingual tablets preferred on the Preferred Drug List (PDL), whereas the Suboxone® Film became non-preferred. Under this change, prescriptions for Suboxone® Film are denied unless there is a prior authorization.

May 25, 2016 Announcement/ Letter to prescribers:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Letter-to-Prescribers-Re-Status-of-Zubsolv-on-PDL-05-25-16.pdf>

June 10, 2016 FAQ: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/Zubsolv-Transition-FAQ-Final.pdf>

June 10, 2016 Pharmacy Program Advisory:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Advisory-165-Zubsolv-Preferred-06-01-16.pdf>

June 22, 2016 Zubsolv Change Over Information:

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Zubsolv-Change-Over-Information-06-22-16.pdf>

Addition of Suicidal and Homicidal Ideation to the Behavioral Health Carve Out

On August 29, 2016, the Department added suicidal ideation (R45851) and homicidal ideation (R45850) to the list of mental health diagnoses that MCOs are not responsible for (COMAR 10.09.70.02.K.2).

Additionally, the Department added encounters for general psychiatric examination requested by the authority (Z046) to the list of codes carved out from the MCOs (COMAR 10.09.70.02.K.2).

<http://www.dsd.state.md.us/comar/comarhtml/10/10.09.70.02.htm>

Addition of Poisoning Codes (intentional) to the Behavioral Health Carve Out

A notice of proposed action posted in the Maryland Register on December 9, 2016. One of the purposes of this action is to add intentional poisoning diagnosis codes to the list of diagnoses the MCOs are not responsible for listed in COMAR 10.09.70.02, effective July 1, 2016.

The Administrative Service Organization, currently Beacon Health Options, is only responsible when the services billed with those diagnoses are in the emergency room. Otherwise the MCOs are responsible for the physical treatment of the poisoning in an inpatient setting. Beacon would be responsible if the follow-up care were psychiatric.

A notice of proposed action was posted in the December 9, 2016 Maryland Register here:

http://www.dsd.state.md.us/MDR/4325/Assembled.htm#_Toc468369849

Updating ICD10 Codes in 10.09.70

Effective October 1, 2016, four existing codes became no longer valid and 12 codes were added in their place.

The notice of proposed action to update these codes in COMAR 10.09.70.02 can be found in the December 9, 2016 Maryland Register here:

http://www.dsd.state.md.us/MDR/4325/Assembled.htm#_Toc468369849

October 26, 2016 Provider alert: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/ICD-10-Changes-for-10-1-16-10-26-16.pdf>

Notice of Proposed Action- Creating Separate Regulations Chapter for Special Psychiatric Hospitals

A notice of proposed action posted in the Maryland Register on December 23, 2016. The purpose of this action is to replace in its entirety the Hospital Services chapter and create separate chapters for Acute, Chronic, Special Pediatric and Special Psychiatric Hospitals, respectively.

The proposed action can be found in the December 23, 2016 Maryland Register here:

http://www.dsd.state.md.us/MDR/4326/Assembled.htm#_Toc470075145

Comments may be sent to dhmf.mabehavioralhealth@maryland.gov and will be accepted through January 23, 2016.

Telehealth

Changes to Telehealth in 2016 included: adding SUD providers as permitted originating sites; allowing a provider fluent in American Sign Language (ASL) to register and bill as a permitted distant site provider when rendering services to a deaf/hard of hearing participant; allowing a deaf or hard of hearing participant's home or any other secure location as approved by the participant and provider as a permitted originating site; and clarifying that appropriately licensed physicians may provide buprenorphine induction via telehealth. Please review [COMAR 10.09.49 Telehealth Services](#) to ensure compliance with the Maryland Medicaid Telehealth Program. For more information about the Telehealth program, please visit the Telehealth website: <https://mmcp.dhmf.maryland.gov/Pages/telehealth.aspx>

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Telehealth-06-10-16.pdf>

2017 Preview:

Federal Government Signs off on Maryland Medicaid's Waiver Renewal

It was announced on December 27, 2016 that the Centers for Medicare and Medicaid Services (CMS) has approved the state's Medicaid Waiver renewal for its HealthChoice program.

The waiver takes effect January 1, 2017, and includes several innovative initiatives that will allow Medicaid to pay for substance use services, and will allow local jurisdictions to address the social determinants of health for their most vulnerable individuals through locally managed programs. Key components of this agreement include:

- **Residential treatment for substance use disorders** – The waiver will allow Maryland Medicaid to expand reimbursement for residential substance use treatment services delivered to individuals age 22-64 in large facilities, known as Institutes for Mental Diseases.
- **Expanded dental care coverage for former foster care youths** – The waiver also enables the state to extend its dental care coverage under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for former foster care youths from up to age 21 to up to age 26.
- **Community health pilot program** – This local initiative will blend federal Medicaid dollars with support from local jurisdictions to provide a set of limited home and community based services for individuals at imminent risk of institutional placement. This pilot will serve for 300 individuals.
- **Evidence-based home visiting for children and pregnant women** – This second local initiative will enable Maryland Medicaid to work with local government entities to deliver at least one of two evidence-based models of home care for children and pregnant women. These programs focus on the health of first-time mothers, mothers with high-risk pregnancies and their children.
- **Increased community services program** – Maryland is raising the community services program's cap on participants from 30 to 100 people. The program assists very-low-income people who live in nursing home facilities to move into their communities and to retain a part of their income.
- **Presumptive eligibility for individuals leaving jail or prison** – Through its waiver negotiation, the federal government has authorized Maryland to pursue presumptive eligibility for individuals leaving jail or prison through its Medicaid State Plan. In coming weeks, Maryland will amend its Medicaid State Plan to create this eligibility option, which will supplement Maryland Medicaid's current jail enrollment and care coordination strategy.

Documenting Behavioral Health Services Billed in Federally Qualified Health Centers (FQHC)

Once implemented, claims will reject if services rendered are not indicated on the FQHC claims submitted. When billing Beacon Health Options for behavioral health services using the T1015 code there must also be a corresponding CPT code for mental health services or H-code for substance use

services to indicate the service rendered. Each service rendered should be listed with a \$0.00 amount on the claim.

Practitioners rendering services under Federally Qualified Health Centers must enroll independently with Maryland Medicaid. Claims must indicate rendering providers.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-10-17-Documenting-Behavioral-Health-Services-Billed-FQHC-Settings.pdf>

Additional guidance will be issued in 2017.

Guidance on Appropriate Use of Drug Screens

In early 2017 the Department, in collaboration with Beacon Health Options will release guidelines for the appropriate use of drug screens.

Applied Behavioral Analysis

Beacon Health Options is incorporating ABA into their current workflow. ABA goes live January 1, 2017.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Introduction-to-ABA-Services-Survey-11-07-16.pdf>

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Autism-Registration-Form-11-21-16.pdf>

Balancing Incentive Program and DLA-20

Beacon Health Options will be incorporating BIP/DLA-20 into their current workflow. BIP/DLA-20 will go live February 1, 2017.

<http://maryland.beaconhealthoptions.com/provider/alerts/2016/Balancing-Incentive-Program-05-16-16.pdf>