



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

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, December 9, 2016  
10:00 am to 11:30 am**

**In attendance:** Stephanie Clark, Karl Steinkraus, Helen Lann, Donna Shipp, Kayla Moulden, Annie Coble, Jenny Howes, Daryl Plevy, Barbara Trovinger, Oleg Tarkovsky, Mike Drummond, Jarrell Pipkin, Shannon Hall, Amy Park, Mary Viggiani, Carol Jones, Sue Tangires, Joana Joasil, Tyrone Fleming, Carol Shilling, Andre Pelegrini, Heather Dewey, Steve Johnson, Kathleen Rebbert-Franklin, Jarold Hendrick, Cindy Brink, Jody Grodnitcky, Vivian Molina, Akinjide Adewoye, Joi Dyson, Irena Pawley

**Telephonically:** Danita Abrams, Howard Ashkin, Cathy Baker, Colette Beell, Paris Crosby, Sarah Cloxton, Kyle Easton, Robin Elchin, Kim Erskine, Andrea Fenwick, Mindy Fleetwood, Cheryl Forster, Stacy Gillen, Rebeca Gonzalez, Marcia Hancock, Mariana Izraelson, Barbara Knight, Emily Laun, Vanessa Lyle, Lorraine McDaniels, Anna McGee, Carrie Medlin, Sonja Moore, Rhonda Moreland, Eugene Morris, Geoff Ott, Janice Reuling, Lisa Roth, Tim Santoni, Debbi Sauers, Fran Stouffer, Lavina Thompson Bowling, Jermaine Wyatt, Regina Ayetigbo, Sharon Jones, Sueqethea Jones, Patricia Langston, Greg Burkhardt

**Topics & Discussion**

**Minutes – Still Under Review**

**BHA Update**

- Starting January 1, 2017, the movement of ambulatory services to fee-for-service arrangement for uninsured individuals as a payment through the Beacon system for the remaining counties that did not launch on July 1, 2016, will launch
  - All counties are working on a plan to coordinate on how to manage the uninsured exceptions. A Provider Alert will be constructed and sent out stating who to contact in each county regarding exceptions to the uninsured workflow.
  - The early adopter counties have reported that everything is going well and the budget looks very promising for the workflow that has been designed.



- Donna Shipp will be doing a series of webinars on the grants to fee-for-service county specific starting December 12, 2016. To register for the webinar, go to <https://attendee.gotowebinar.com/rt/7130463026103571202>

### **Medicaid Update**

- The 10.09.80 regulations have posted today for public comment. This regulation includes changes to the PT 50; allowing providers to bill the E&M codes for medication assisted treatment if there is a Data 2000 Waiver provider on staff and re-bundling.

### **Beacon Health Options Update**

No update at this time.

### **Provider Questions**

1. **Payment of FY2017 Rates.** At September and October Provider Council meetings, CBH reported that multiple members indicated that they continued to be paid at the lower, pre-July 2017 rates. It continues to be a problem today. Paying claims at the correct rate is one of the core function of an ASO, and we don't understand why this continues to be a problem today, nearly six months after the higher rates went into effect. Moreover, a provider was advised by Beacon rep that the provider needed to call DHMH and have them resend the letter to Beacon that would give them permission to update the rates.

These problems are not limited to a single provider; however, to aid in the correct diagnosis of the problem, we offer the following specific examples:

- **Example: RRP.** Daily bed charges were being paid correctly for a Catonsville RRP location through 10.22.16. After that time, payments have been at the pre-July rate of 12.84.
- **Example: Vocational Rehab.** A provider sent Donna and Karl a list of vocational service claims that had been paid at the pre-July rate. None of these have been reprocessed correctly. Although providers were advised that the fee schedule has been updated, as of 11/22, they are still being paid at the pre-July rate.

**Questions for Beacon.** Please advise what actions have been taken to identify the problem, what corrective actions have been taken, what steps Beacon's management is taking to ensure correct implementation of the corrective actions. In addition, what steps can you take to identify and reprocess affected claims?



**Questions for BHA. What oversight are you exercising to ensure that Beacon is ensuring that providers are paid at the correct rate?**

Beacon apologizes for the confusion that this may have caused and the problem is currently being looked into by the network operations team. If providers are having an issue with being paid the correct rates, please contact Karl Steinkraus by email and copy Donna Shipp and Stephanie Clark [Karl.Steinkraus@beaconhealthoptions.com](mailto:Karl.Steinkraus@beaconhealthoptions.com), [Donna.Shipp@beaconhealthoptions.com](mailto:Donna.Shipp@beaconhealthoptions.com) [Stephanie.Clark@beaconhealthoptions.com](mailto:Stephanie.Clark@beaconhealthoptions.com). When the rates are fixed, Beacon will reprocess the claims so that providers will not have to resubmit.

**2. School-Based Services. On October 25, Beacon issued a provider alert on school-based services which has raised two significant issues.**

- **Limitation on Services.** The alert stated, "The provider manual has been updated to offer providers guidance on how to document when delivering services in the school setting." The updated provider manual section limits school-based services to only initial assessments and individual/group therapy. This is a limitation and signification variation from the current model of school-based mental health services, which may include crisis stabilization, family psychoeducation, family therapy, and other services that meet the needs of children and their caregivers.

**Communications with BHA immediately after publication of the alert indicated that there is no change to current policy, and that the provider manual would be corrected. No correction has been issued. Please issue a clarification that, consistent with best practice, allows the continued delivery of school-based services with a full array of the needed services.**

- **Total Denial of Services.** The alert also indicated that "the place of service code must reflect '03' as an identifier that the service occurred within the school." To date, only one school-based provider completed the updates to add an '03' identifier. That provider experienced a denial of all claims with the '03' modifier. Can you provide an update on the status of fixing this identifier? When will the provider's claims be reprocessed? To avoid financial shortfalls and burdens among child-serving agencies, we ask that you do not require use of the '03' identifier until you can verify that the identifier works. We further request that all future changes to identifiers and modifiers be tested and verified to be functional prior to requesting providers to implement them.



Medicaid will review the provider manual concerns internally and will get back to the provider community on any changes.

Beacon's system configuration team is currently working on fixing the system. Once the fix has been completed, Beacon will reprocess all provider claims, providers will not have to resubmit. Providers may continue to use code 11 until Beacon is able to fix this issue.

- 3. R-69. At the October 7 Provider Council, it was announced that an alert would be issued allowing use of R-69 coding for auth and billing purposes. Please provide an update.**

There was a staff turnover and the person that was designated to write the Provider Alert is no longer with Beacon. Since the alert did not get completed, Stephanie Clark will be constructing the alert and sending it out for distribution.

### **Additional Questions**

- 1. When the appropriate documentation is placed in the patient's medical record that the individual satisfies each of the six eligibility criteria in the uninsured workflow, does the supporting documentation require updating and if so, how frequently? Please verify if documents are related to the eligibility criteria diagnosis of their applicable social security number and citizenship requires more than one documentation entry?**

This is a legislative audit issue. These are state funds and are supposed to be funds of last resort. The expectation of the legislative auditors is to move consumers off of state funds and onto insurance with Medicaid or some other funding source. Authorization spans are only 30 days so that the providers are constantly following up with consumers to ensure that documentation is obtained. The workflow is to satisfy the requirement that providers are constantly working towards getting the consumer moved on other insurance, especially Medicaid, since previous audits have found that providers were not keeping this documentation up to date. After the 3 months, it will now move to an exception with the local jurisdiction. Documentation should be kept in the consumer's file as they progress through getting new funding.



- 2. What date in December can OTP's begin to access ProviderConnect and secure registration and authorization for 2017 medication assistant treatment services?**

A system change is schedule to take place on December 19, 2016, after that providers will be able to enter individuals in the provider's care with an effective date for the uninsured payments of January 1, 2017.

### **Webinar Questions**

- 1. Where do you get the manual about school based services? I didn't get the alert.**

The Manual is posted on the Beacon Health Options website:

[http://maryland.beaconhealthoptions.com/provider/prv\\_man.html](http://maryland.beaconhealthoptions.com/provider/prv_man.html). The Provider Alerts are also posted on the Beacon Health Options website:

[http://maryland.beaconhealthoptions.com/provider/prv\\_alerts.html](http://maryland.beaconhealthoptions.com/provider/prv_alerts.html).

The alert about school based services is located on this site and is dated October 25, 2016.

- 2. After we have already placed documents in the record, are you saying that once we have verified a social security once, we don't need to do anything else about that criteria? I will re-send my email to BHA, DHMH and BHO with more specifics. You addressed the lack of documentation, and I asked about how often the presence of documents need to be updated, if at all.**

Once the provider has the consumer's Social Security Number in the file and verified the documentation, it does not have to be verified anymore, but it does need to continue to be kept in the consumer's file. Providers should continue to answer "yes" on the uninsured workflow that they have this document. There will be other documentation requirements, such as other insurance, that would need to be updated regularly. Those documentations need to be verified on a regular basis.

- 3. Good Morning, I work for a PRP and all of my staff have been trained on the DLA-20. How do we obtain an electronic version of the DLA-20?**

An electronic version of the DLA-20 has been built into the Beacon Provider Connect system and is tentatively scheduled to go live on February 1, 2017. Once this document goes live, providers will be able to print it once completed with their authorization.



- 4. Please verify if documents related to the eligibility criteria of income, residence and application for health insurance requires documentation re-entry on more than one occasion.**

Providers have to go through the uninsured workflow every 30 days. The documentation needs to be verified and a copy retained to protect you on an audit.

- 5. Can we find the uninsured workflow on your website?**

There are a series of Provider Alerts on the uninsured workflow posted on the Beacon Health Options website:

[http://maryland.beaconhealthoptions.com/provider/prv\\_alerts.html](http://maryland.beaconhealthoptions.com/provider/prv_alerts.html).

If you are not receiving Provider Alerts, send your email to [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com) and you will be added to the distribution list.

BHA, Medicaid and Beacon would like to remind everyone that it is critical for providers and staff to read the Provider Alerts that are being sent out. Provider Alerts allow you to know about changes in the system, policy changes, deadlines, areas of concern on audit; this is the main way to protect providers in terms of providing information that is needed, but providers must read the alerts.

- 6. Have there been any increases on the income guidelines for MD Medicare/Uninsured, I have heard from several individuals state the income was now up to 52,000, But my form for example and on your website says 1 individual is 16,000.**

The federal poverty guidelines for 2016 are listed in one on the Beacon website. As soon as we receive the 2017 guidelines, we will send a Provider Alert out to all providers.

- 7. Will there be any train the trainers for the DLA-20?**

Not at this time due to the proprietary nature of the DLA-20, but there are multiple trainings being completed with providers. Also, please note that if you have at least 15 staff members that you need trained on this assessment, BHA may be able to come onsite and provide a training for your team. To make this request, please email your information to:

[dla20@psych.umaryland.edu](mailto:dla20@psych.umaryland.edu).



**8. Will the training on the DLA 20 be ongoing so that new staff can be trained as they are on board?**

Yes, Beacon is coordinating with BHA to do DLA-20 training on an on-going basis.

**9. What can be done to get calls returned in a faster timeframe from Beacon?**

Many providers are in the habit of contacting one specific individual within the Provider Relations team. At times due to call volume and vacations, some members of the team may not be available or able to immediately assist. The Provider Relations Department would like to remind providers that the department consists of 5 individuals servicing a very large population of providers and if one representative does not get back to you in a timely manner, please continue to reach out to them or any of the below representatives:

Contact Provider Relations at [MarylandProviderRelations@beaconhealthoptions.com](mailto:MarylandProviderRelations@beaconhealthoptions.com)

Karl Steinkraus [Karl.Steinkraus@beaconhealthoptions.com](mailto:Karl.Steinkraus@beaconhealthoptions.com)

Donna Shipp [Donna.Shipp@beaconhealthoptions.com](mailto:Donna.Shipp@beaconhealthoptions.com)

Patricia Langston [Patricia.Langston@beaconhealthoptions.com](mailto:Patricia.Langston@beaconhealthoptions.com)

Sharon Jones [Sharon.Jones@beaconhealthoptions.com](mailto:Sharon.Jones@beaconhealthoptions.com)

Suegethea Jones [Suegethea.Jones@beaconhealthoptions.com](mailto:Suegethea.Jones@beaconhealthoptions.com)

As always, the Beacon Health Options team strives to have excellent customer service and will get back to you as quickly as possible.

**10. If clients receive a service from the psychiatrist and therapist in a day can they get a service from PRP?**

Clients may receive services on the same day but they cannot be at the same time. Please see the combination of services rules on the Beacon Health Options website if you have any questions about what services are allowed on the same day:

[http://maryland.beaconhealthoptions.com/provider/prv\\_info.html](http://maryland.beaconhealthoptions.com/provider/prv_info.html)