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

Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, March 8, 2019
10:00 am to 11:30 am

In attendance: Karl Steinkraus, Rebecca Frechard, Stephanie Clark, Jessica Allen, Enrique Olivares, Roxanne Kennedy, Lisa Kugler, Joana Joasil, Sharon Jones, Kristen Rose, Marquis Wilson, Susan Steinberg, Steve Reeder, Lynn Taylor, Jarrell Pipkin, Tekeytha Fullwood, Camille Williams, Jody Grodnitsky, Mohammad Ahmad, Shanzet Jones, Jenny Howes, Shannon Hall, Mary Viggiani, Scott Gloefler, Mike Drummond, Chandra McNeil-Johnson, Tyrone Fleming, Evette Griffin, Barbara Trovinger, Andre Pelegrini, Anne Armstrong, Pamela Alston, Barry Waters, Craig Lippens, Roxanne Hughes-Wheatland

Telephonically: Paris Crosby, Ocelia Pearsall, Chaunna Thomas, Katie Mack, Sheba Jeyachandran, Timothy Santoni, Crystal Slagle, Jessica Chausky, Cynthia Hurd-Foley, Nicol Lyon, Mandy Trivits, Donna Shipp , Gail Paulson, Jonathan Lacewell, Marlene Owens, Liz Lopes, Catherine Smithmyer, Mariel Connell, Connie Dausch, Jessie Styles, Kristi Plummer, Judith Tucker, Rhonda Moreland, Regina Miante, Christa Nave, Katie Orner, Jennifer Alldredge, Elizabeth Hymel, Mona Figueroa, Kwante Carter, Jen Hodge, Kristine Garlitz, Mandy Trivits, Imelda Berry-Candelario, Andrea Carroll, Lola Onabiyi, Kimberly Lednum, Robert Canosa, Tammy Fox , Sylvia DeLong, Paula Bollinger, Agnes Parks, Nicholas Shearin, Abigail Baines, Lynn Duffy, Patricia Ahmed, Cindy Pixton, Alan Coker, Eulanda Shaw, Ocelia Pearsall, Emmanuel Owooje, Davy Truong, Abby Appelbaum, Jay Hensley , Shu Zhu, Jarold Hendrick, Gloria Oversmith, Anna McGee, Anne Schooley, Jennifer Cooper, Fran Stouffer, Letisha Demory, Naomi Pinson, Steven Sahm, William Brooks, Shelly Krenzer, Michael Ostrowski, Vickie Leach, Tracee Burroughs, Mindy Yard, Shereen Cabrera Bentley, Gina Moon, Nicol Lyon Cynthia Hurd, Rhonda Moreland, Dan Nieberding, Bonnie Johnson, Joyce Agatone, Karen Byrd, Tasha Cramer, Jen Hodge, Mindy Yard, Becki Clark, Cathy Jones, Katie Mack, Deirdre Davis, Samantha Sailsman, Jennifer Alldredge, Gloria Oversmith Jasmine Jones, Dana Tilson, Christina Trenton, Nkem Egudia, Robert Canosa, Michelle Morgan, Tracee Burroughs, Shawn Spurlock, Michelle Rivera, Rhonda Moreland, Robin Woodell, JoyceAnn Schmid, Kwante Carter, LaQuasha Lyles, Dan Nieberding, Sheryl Stephens Trask, Mindy Fleetwood, Kwante Carter, Dominick Lesperance, Leona Bloomfield, Diana Long, LaQuasha Lyles, Gayle Parker, Donna Boatman, Teresa Koger, Nicole Cooper, Bonnie Johnson, Dana Tilson, Pamela Talabis, Jennifer

Alldredge, Lorraine McDaniels, Jessie Costley, Russell Berger, Beth Waddell, Rebecca Meyers, Amanda Livesay, Kathleen Curry, Paula Nash, Catherine Hughes, Robyn Bright, Dinah Ahovi, Tom Cook, Mark McSally, Paula Catlett, Joyce Brooks, Bob Galaher, Jessica Hektoen, Mary Blackwell, Barrington Page, Vanessa Hawkins, Vicki Nicotra, Charles Jay, Howard Ashkin, Cathy Baker, Carol Blazer, Lavina Thompson Bowling, Rebecca Maloney, Teresa Fernandez, Glenda Gurnsey, Jonquil Ishway, Deana Cook, Cam Chung, Jamie Cole, Christine Branch, Sonja Moore, Maritrese Nash Margie Foster, Deanna Thornburg, Turner Rascoe, Sarah Drennan, Vanessa Lyle, Magalie Brewer, Jocelyn Malone, Teyana Johnson, Marquis Wilson, Joseph Pannozzo, Tiffany Rich, Temple Parker, Torri Mills, Kimberly Qualls, Risa Davis, Amy Park Bryce Thomas Hudak, Nkem Egudia, Mindy Yard, Cynthia Roberson, Kathy Miller, Cynthia Petion, Johanna Norris, Gary Wilkerson

Topics & Discussion

BHA Update

- BHA has undergone some reorganization. As outlined in the attached memo.
- BHA solicited State Opioid Response (SOR) Request for Proposals for Recovery Housing from local behavioral health authorities (LBHA) and local addiction authorities (LAA). Over a million dollars of dedicated funding has been identified to expand housing for young adults (18-25 years of age) with SUD and for adults and older adults (over 26 years of age). Proposals have been reviewed and programs have been selected and approved by the Department. The grant period is September 30, 2018 through September 29, 2020
- BHA will lead a Quality Implementation workgroup for the new ASAM level 3.1 programs. Discussion will include quality of care metrics and goals for the level 3.1 services with the overall goal of better alignment of Adult residential SUD services. BHA requests that no more than one representative from each provider organization attend the workgroup. Providers who are interested in attending the meeting can email Leslie Woolford at leslie.woolford@maryland.gov before the March 15, 2019 so that you may receive the materials in advance of the meeting.
- BHA announced that the Department, in partnership with the Department of Transportation (MDOT), has dedicated funding for the Maryland Brain Injury Trust Fund, which had been established to assist individuals living with brain injury. This fund was created six years ago but didn't have a funding source. Through efforts under this legislative session, a funding source was established through the MVA renewal process. There will now be a check box appearing when you go in to the MVA for license renewals that will ask if you would like to donate $1 to the Maryland Brain Injury Trust Fund. While the state will not know

in advance the amount of money, they are excited to now have a method for collection of funds.

Medicaid Update

- The budget session is underway and keeping MDH very busy.

Beacon Health Options Update

- Dr. Lisa Kugler has accepted a National role within Beacon Health Options. We thank Lisa for all her hard work with Maryland providers and participants of the PBHS and wish her well.
- Beacon welcomes Dr. Roxanne Kennedy who will be taking over as the VP/CEO at the Beacon Maryland Engagement Center. Dr. Kennedy has a background in integrated care models, experience with grant funding, and she worked for New Jersey Medicaid.
- Also we welcome back, Dr. Lynn Taylor who has returned to her previous role as the Associate Medical Director, Child and Adolescent Services.

Provider Questions

1. **If technicians cannot be students or trainees, but are not independently licensed, please define "technician" for the purposes of billing Medicaid for 96138 and 96139. If a Maryland board-registered psychology associate also happens to be a student, may we bill Medicaid for 96138 & 96139 services performed by that psychology associate under supervision?**

   AMA does not specify who can/can't be a technician. Maryland Medicaid does not pay for services represented by CPT codes 96138 and 96139 (psychological test administration and scoring by a technician) when performed by a student or a trainee.

2. **If psychological evaluation services are performed by a psychologist on one day and interactive feedback to the family is provided on a different day, may we continue our past practice of billing Medicaid for the feedback under psychotherapy codes (such as 90834, 90847, 90846)? If not, then don't these new guidelines have the effect of reducing the stated 8-hour testing limit to 7, since ethics demand that a feedback session be offered?**

   Interactive feedback to the patient, family members, or caregivers are billed using 96130 (& add-on code 96131 depending on amount of time spent). Use of other CPT codes such as 90846, 90847, etc. for purpose of providing feedback is not allowable. With the new codes & breakdown of corresponding units, providers

can bill up to 14 units which equates to the 8 hour testing benefit limit, per calendar year.

3. **How many units of 96131 may be billed? Information at the link in your Feb 15th Provider Alert indicates that only one unit may be billed, but we hope that is an error, since we know no psychologist who can even come close to competently evaluating and integrating test results and preparing even a minimally adequate written report of a competently selected test battery for an average testing case in 1-2 hours.**
   Based on the Provider Alert that went out on February 15, 2019 on psychological testing, the code 96130 is for the first hour of testing evaluation and interactive feedback. If you need longer time, you would bill the 96311 code for one additional hour as an add-on code. This Provider Alert is located at http://maryland.beaconhealthoptions.com/provider/alerts/2019/Psychological-Testing-Service-Code-Update-021519.pdf

4. **Are we correct in understanding that with the new codes, their billing guidelines, and their reimbursement rates, overall reimbursement for an 8-hour evaluation by a psychologist has effectively been significantly reduced?**

   Medicaid rates are based off of percent of Medicare rates. When AMA terminated the previous psychological testing codes and launched the new codes, the Department evaluated how these services should be reimbursed. Medicaid is reimbursing up to 100% of the Medicare rate for behavioral health. Medicaid acknowledges that this is different than the previous reimbursement rates.

5. **Is there a limit to the number of times someone transfers to a different OTP program?**

   While there is technically no limit to the amount of times an individual can transfer to another OTP, frequent transferring would be viewed by Beacon's clinical teams closely to identify the reasons for frequent transfers. When individuals transfer to another provider, the provider receiving the individual into care should obtain an ROI from them in order to obtain past records of care. Providers should be asking questions regarding past treatment history and experience during the intake process and specifically address the issues that may be unidentified around an individual's frequent changes in providers/programs.

6. **How many times in a calendar year can someone be admitted into an OTP that will include an admission and an induction billing?**

   Programs may bill for more than 1 induction if there has been a 30 day or greater break in treatment. There is no limit on the number of times someone transfers to a different OTP as it is usually an individual's choice as to where they receive treatment. However, if it is clear, individual is not fully engaged in treatment, either due to concerns individual is "med seeking", poor attendance, or some other reason, it is the clinician's responsibility to meet with the individual & through use of motivational interviewing (MI) & other treatment modalities try to engage the individual & develop client- centered treatment goals. In addition to establishing a good rapport & use of MI, it is important providers obtain an ROI for past & current treatment providers individual is connected to in order to conduct coordination of care, discuss previous stepdown plans & any barriers that may have arose during that individual's time at said program(s). All data in the PBHS is captured under Beacon's system and closely monitored for issues related to incorrect clinical placement and/or provider behavior that does not meet an expected level of intervention. If there is an individual that is frequently transferring programs and receiving induction services, Beacon's Clinical and Audit teams will further investigate to determine challenges the individual is experiencing engaging in treatment, or what incentives may be offered by a program to entice new clients.

7. **Can someone receive more than 1 induction from many different providers during a calendar year?**

   See the answer above on question number 6.

8. **The typical residential crisis client stays at least 24 hours and in that time gets an ITP, a face-to-face evaluation, etc. as required by the regs. However, occasionally a client enters crisis services in the morning or afternoon, but ends up leaving later in the day rather than staying overnight. When is it permitted to bill the day rate for such a client? If the client leaves in the evening it may not be possible to fill the bed same day with another client. Any help you can provide in clarifying the minimum requirements to bill the day rate would be very helpful.**

   Mental Health Residential Crisis services are funded by the state where a full day including an overnight stay needs to occur and these services are not eligible for Medicaid reimbursement. Providers who need an exception can contact Steve Reeder at steven.reeder@maryland.gov.

9. **In January's Provider Council meeting, you indicated that providers could bill the rehab assessment annually. Please provide more guidelines around the state's expectations for what documentation is expected to support conducting a full assessment, as opposed to simply updating the treatment plan. Can providers use the DLA-20 assessment as the annual rehab assessment?**

   The state has an understanding that the DLA 20 can be part of the assessment but cannot be a standalone assessment. The movement to 10.63 removed the regulation requirements and moved to allow the accreditation organization to set these standards. Providers should consult their accreditation organization for an assessment and follow that organization's standards.

10. **Clarifying residential crisis billing in Provider Manual**

    a. **The billing manual indicates that residential crisis is a bundled service and only psychiatrists may be billed separately ("In general, the only mental health professionals who may bill separately are psychiatrists. Services by other professionals are included in the RCS rate and will not be authorized or reimbursed separately"). However, the manual then indicates that a "participant may need additional clinical services…while in RCS. These additional services are authorized separately by Beacon and must meet medical necessity criteria. Enhanced support services are authorized only in rare circumstances when extreme clinical need exists." If a provider admits one of its OMHC clients into its residential crisis program under what circumstances could the provider continue to have the client continue to participate in therapy with his OMHC therapist? Would we need to obtain a separate OMHC Authorization?**

       A separate authorization is required. The RCS and OMHC staff need to collaborate. RCS is an intensive and short term service. Most RCS have a consulting psychiatric doctor or a clinician on staff that can provide therapeutic services.

    b. **Can you clarify the threshold for billing a residential crisis day? If a provider completes an intake but the client leaves before spending the night, can the provider still submit a claim for a residential crisis day?**

       Medicaid will take this question for further review.

c. **"If the participant has insurance other than Medicaid, the provider is expected to bill the primary carrier for RCS and go through all appeals processes with the primary carrier prior to submission to Beacon." If we are able to bill psychiatrist/OMHC services separately, can we bill Medicare for those professional services?**

   Yes, the provider would bill these services to Medicare first if the individual has both Medicare and Medicaid.

11. **Many rehab authorizations are taking two weeks to get approved. This is rarely a problem for recurring authorizations but, for new clients, the authorization delay can delay entry into treatment and have a detrimental impact on client engagement. Is it possible for Beacon to triage authorizations and prioritize initial authorizations in a short timeframe?**

    Yes, if providers have initial authorizations that are not being prioritized or addressed, Beacon Health Options would like for you to send an email to the Clinical Director Joana Joasil at joana.joasil@beaconhealthoptions.com.

12. **With the introduction of medical marijuana I am trying to find research on the interactions between MM and psychiatric medications. Is there any?**

    The Department does not have any comment on this item.

Additional Provider Questions

1. **We are experiencing problems registering all clinicians through ePrep. When contacting technical support no one seems to be able to help.**

   The staff that was handling ePrep concerns at Medicaid will be leaving as of today. Medicaid is working quickly to replace this resource. If you are having problems that the ePrep technical support team are not able to solve you should email mdh.providerenrollment@maryland.gov.

2. **Are OMHC providers able to bill for EMDR services?**

   Yes, the restriction has been removed from the manual.

3. **Can we receive clarification regarding the submission of H0032. The Beacon manual states 2 per calendar year. However, claims are denying if they are in a 12 month period not a calendar year.**

H0032 can be billed 2 times per year. If you are having any issues with billing this code please contact provider relations at marylandproviderrelations@beaconhealthoptions.com.

4. **Can residents in a SUD program also enroll in an IOP program at the same address?**

   No, Residential SUD programs may not coexist with any IOP programs regardless of location.

5. **Can we bill for ASAM Level 3.1 low intensity residential and level 1 traditional Outpatient SUD treatment as per Medicaid guidelines?**

   3.1 residential services is allowed to coexist with level 1 outpatient SUD services. Beacon has contacted its customer service department to make sure it is up to date with that information.