



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

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, July 8, 2016
10:00 am to 11:30 am**

In attendance: Karl Steinkraus, Page Morris, Helen Lann, Kayla Moulden, Andre Pelegrini, Jenny Howes, Annie Coble, Shanzet Jones, Rebecca Frechard, Barbara Trovinger, Tesha Milton, Daryl Plevy, Donna Shipp, Oleg Tarkovsky, Kathleen Rebbert-Franklin, Steve Johnson, Robin Brooks, Christine Branch, Shannon Hall, Jarrell Pipkin, Kay Atoloye, Steve Reeder, Shanntel Gladney, Mike Drummond, Christina Trenton

Telephonically: Howard Ashkin, Courtney Barno, Kimberly Bittinger, Shanna Bittner-Borell, Marian Bland, Abigail Brooks, Greg Burkhardt, Kim Erskine, Cheryl Forster, Michelle Grigsby, Jesse Guercio, Lillie Hinkelman, Cynthia Hurd, Connie Hutson, Mariana Izraelson, Sharon Jones, Sueqethea Jones, Anna Jung, Ruth Kershner, Emily Laun, Patricia Langston, Thomas McCarty, Anna McGee, Carrie Medlin, Barry Page, Tina Raynor, Guy Reese, Susan Richardson, Shannon Sipes, Mark Slater, Christie Sterling, Mary Viggiani, Kevin Watkins, Ellen Weber, Leslie Woolford, Susan Wilkoff

Topics & Discussion

Minutes – Review for Approval

- For individuals that have any suggestions or edits for the minutes, you can send all questions or concerns to MarylandProviderRelations@beaconhealthoptions.com

BHA Update

- **CCBHC Update:** Daryl Plevy (Behavioral Health Administration) stated that BHA is still in a holding pattern on how to implement the project, given the disconnect with BHA's system and some of the requirements of the planning grant. As time moves on, BHA will keep providers informed on any updates.
- As of July 1, 2016, SUD Ambulatory grant funds were moved to fee-for-service for the uninsured for the 8 early adopter counties. Any provider located in those jurisdictions can enter the uninsured workflow and bill for uninsured services at the same rate as Medicaid. If your patient does not meet the requirements, you can go to your local jurisdictions for an exception. A Provider Alert was sent out stating who to contact within each jurisdiction or for Baltimore City, which has a process.

- There were a lot of concerns raised prior to launch, but at yesterday's meeting with the core service agencies and local addiction authorities, the early adopter counties reported that they have not seen any problems associated with the launch.
- For the opioid treatment programs, the limit for uninsured eligibility was raised from 250% of poverty to 500% of poverty for individuals who are on Medicare. This is because individuals on Medicare are not covered for OTP services and they cannot get services through any insurance plans associated with Medicare either.
- Beacon will be doing concurrent authorizations for 8-507 services in the 8-507 workflow. Beacon will be advising BHA on services provided.

Medicaid Update

- Rebecca Frechard (Medicaid) stated that for the Suboxone® to Zubsolv® transition, the Department communicated through the Department's Pharmacy Vendor, Xerox, directly to the pharmacies. Pharmacies were made aware that starting July 1, 2016, Maryland Medicaid has made Zubsolv® sublingual tablets preferred on the Preferred Drug List (PDL), whereas the Suboxone® Film will become non-preferred. This will result in denial of prescriptions for Suboxone® Film and require a prior authorization by the prescriber. During the month of July 2016, if the patient is not successful in contacting the prescriber, they or the pharmacist can call Xerox at [1-800-932-3918](tel:1-800-932-3918) for a prior authorization and they will approve a one (1) time PDL fill of the current prescription. Please note that this will only apply to PDL PAs for Suboxone® Film. An additional note is that Opioid Treatment Programs (OTP) will still have a three month transition period.
- For buprenorphine prescribers, the Department has heard the concerns expressed by providers around the change from the drug Suboxone® film to Zubsolv® tablets. The information below is what has been sent to pharmacies weekly and will go out again this week: Pharmacies will be able to fill a one-time refill of an existing film prescription. The Department recognizes the importance of patient care in the clinical treatment plan of all medications and does not underestimate the importance of the work providers do to stabilize and maintain stabilization in your patients. To assist the Department's efforts in reaching out to pharmacies, we are providing you with the content of the information sent to them. If your patients continue to have difficulties obtaining the correct prescriptions, please contact Xerox on their behalf. Additionally, although the transition to Zubsolv® is final, the Prior Authorization process is in effect for patients for whom Zubsolv® is clinically contra-indicated. Providers should consult their clinical experts to determine the appropriate dosage and treatment plans for their patients.
- Rebecca also shared that the Medicaid Behavioral Health Unit has added a new email address dhmf.mabehavioralhealth@maryland.gov. This email address is for behavioral health policy or program questions. Questions about Medicaid enrollment should still go to dhmf.bhenrollment@maryland.gov. Please note that Medicaid is not the correct resource for questions related to the uninsured population, or accreditation. Those questions should be directed to the Behavioral Health Administration (BHA).

Beacon Health Options Update

- Karl Steinkraus (Beacon Health Options) stated that for the grant funds to fee-for-service transition, Beacon met with the eight early adopter jurisdictions and no issues concerning

billing have been identified at this time. If there are any issues, contact MarylandProviderRelations@beaconhealthoptions.com

- Beacon has hired a new engagement center Vice President, Dr. Lisa Kugler, who will be transitioning in August and her official start date is September 1.

Provider Questions

- 1. It has been discussed that diagnosis code R69 would be added to the Beacon Health Options system in order to request authorizations and submit claims. It has also been discussed that the Beacon Health Options system was being corrected and Beacon Health Options would be paying claims that had been previously submitted (and denied) by providers without any intervention from the providers. As of our latest check from Beacon Health Options dated 6/28/16, all claims with diagnosis code R69 were reprocessed but were DENIED due to "no authorization on file". Of course, there is not an authorization on file, because we were unable to obtain authorizations for R69 diagnosis code. Have these claims been re-processed correctly? Will we be able to request authorizations for diagnosis code R69?**

Page Morris (Beacon Health Options) stated that Beacon has pursued uploading the R69 code into Beacon's system and has determined that a new directive is necessary. At the national level, Beacon made the decision to base authorization codes on the DSM5; however, R69 is an ICD-10 code. Claims are able to pay approved ICD-10 codes, but for authorization purposes, providers will need to use the DSM5 unspecified codes for MH or SUD. For those providers that have their claims denied because there is no auth on file, moving forward you will need to enter those authorizations using one of the DSM5 unspecified codes. For the R69 authorizations that you have already entered and are receiving denials for, Beacon staff will be pulling those claims and moving them into processing. As of 8/15/16 providers must follow the correct process and claims that are denied will be the responsibility of the provider to re-submit correctly after that date.

- 2. In May, Beacon indicated that it would be scheduling additional DLA-20 trainings. Are new dates available? If not, when do you anticipate that new training dates will be available?**

Steve Reeder (Behavioral Health Administration) stated that BHA is working with MTM services, the purveyor of the DLA-20, to credential and privilege the state-level trainers to deliver the DLA-20 training to providers. We expect this process to be completed soon, at which point we will release the new training dates and locations. It is the intent to ensure that sufficient trainings are provided at locations that are convenient and accessible to the affected providers. The trainings will be offered under the auspices of the University of Maryland Evidence-Based Practice Center.

- 3. What services are required to use the DLA-20? When will it be required? Are these requirements and timeframes spelled out in a provider alert or other policy communication?**

Steve Reeder (Behavioral Health Administration) stated: The DLA-20 is required for all Adult Psychiatric Rehabilitation Programs (PRP), to include Residential Rehabilitation Programs (RRP), and Adult Mobile Treatment Service (MTS) providers, to include Assertive Community Treatment (ACT) providers. Notification of this requirement was disseminated by means of a Provider Alert entitled, *Balancing Incentive Program*, dated May 16, 2016. The specific date for full implementation of the DLA-20 has not yet been determined, as the final requirements are still under review by the Department.

- 4. Some providers have been told that the 20 scores from the DLA-20 results have to be entered on every auth, even though the test is only administered every 6 months. As**

the automated process for the DLA-20 is designed, it would be helpful to limit reporting of the scores to only the times that a new assessment is conducted. Can you clarify the requirements and process around entry of this data?

Data will be required to be entered at baseline, every six months thereafter, and at discharge from the service, coincident with the request for authorization of the service.

- 5. COMAR 10.21.29.05 A(1)(a)(i) required that a licensed mental health professional sign PRP referrals for children. In addition, [MHA policy](#) (June 10, 2008 provider letter) required such referrals for adults and for continued stay in PRP. This provision is no longer included in the new regulations. Are referrals signed by licensed mental health professionals no longer required for admission to PRP?**

Daryl Plevy stated that this question needs to be researched more and an answer will be given.

Webinar Questions

- 1. So if an adult is in a PRP and has a secondary substance use disorder, we will need to obtain an ROI in addition to our regular releases? If so, do we still choose the first option in the pop up box?**

If an adult is in a PRP and has a secondary substance use disorder, the provider is to choose options 2-4 in the pop up box because the participant has a dual diagnosis.

- 2. How do we get uninsured auths for patients with QMB/SLMB? I tried to register the patient as uninsured, but it would not let me because she is already in the system.**

If a consumer is already in the system, you do not have to re-register them.

- 3. In the new fee-for-service environment, when a consumer is registered for an uninsured span they do not have a Medicaid #. Therefore, what number do we use to bill Beacon for those services - their Beacon Health M# or social security?**

In the new fee-for-service environment, when a consumer is registered for an uninsured span and they do not have a Medicaid #, you should then use the Beacon Health M#. Beacon does not use the consumer's social security number.

- 4. The new ROI that was sent yesterday, is it to replace the old one or is it in addition?**

The new ROI that was sent out yesterday (July 7, 2016) is to replace the old form. The ROI is designed to be valid for one year. For example, if a form was signed on April 2, 2015, at the next visit on or after April 2, 2016, the pop-up box is presented again. Providers should have the consumer sign a new form <http://maryland.valueoptions.com/provider/forms/admin/Authorization-Disclose-Substance-Use-Treatment-Information-Coordination-Care-Form.pdf>, mark the appropriate box on the pop-up and maintain the new ROI in the consumer's medical record.

5. As an early adopter, for uninsured individuals do we get reimbursed for early intervention (.5) services?

No, you will not get reimbursed for early intervention (.5) services.

6. Do you have the billing codes for telehealth available?

The billing codes for telehealth are exactly the same as the service provided by other means. Providers use a “GT” modifier for services which allows for differentiation of the service.

7. Where can we find the audit document?

Beacon uses Medicaid regulations during audits. All behavioral health providers should review the guidelines online <http://maryland.beaconhealthoptions.com/> > Behavioral Health Providers > Behavioral Health Providers Menu > Provider Information > Compliance > Audit tools. For further information and questions, contact Guy Reese (Program Integrity Manager) Guy.Reese@beaconhealthoptions.com. Medicaid is state-wide and does not approve variances based on location within the State.