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

Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, January 12, 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. The Provider Alert sent out December 20, 2017 for Residential Facilities it was indicated that psycho education groups are to be between 15-25 participants. At the October 16, 2018 provider council meeting it was discussed that smaller groups were for group therapy and larger groups could be conducted for psycho education. Where did the max number of 25 participants for psycho educational groups in residential facilities come from?

2. We have been instructed to use billing code U2 for our adult PRP clients who have a legal guardian. However, the legal guardians in the cases of most of our clients (if not all) is that the guardian is NOT the parent who is living with the client and is responsible for their care. Our guardianship situations are that the guardian is either Department of Social Services or a family member who does NOT live with the

client. The reimbursement rate for PRP at the U2 billing code is much less, almost half the maximum allowable rate. Are there any extenuating circumstances for situations like this where essentially the client who has a guardian lives in a residential setting or in some cases, independently? Would we be able to bill under U3 in those circumstances?

3. An alert sent on December 28 announced that the provider validation and re-enrollment portal was live. Providers are required to register and then are supposed to receive an email to complete the enrollment process. Providers attempting to register did not receive the follow-up email. Who should providers contact to ensure that they are able to register via this portal?

4. When providers send claims files through Provider Connect, they receive an acknowledgement of receipt from Beacon within a couple of hours. Last spring, for a period of several weeks, Beacon's system was taking about a week to validate claims. Providers report seeing an uptick again in the length of time it takes Beacon to validate claims files, with some files now taking more than 24 hours to validate. To avoid cash flow problems, it would be helpful to understand the root cause of validation slowdowns on Beacon's end, including the anticipated duration of any slowdown, so providers can modify their workflow accordingly.

5. In October, a member submitted its first claims since MAT unbundling, and has received payment for only 10% of the claims. Beacon has identified various reasons for the denials (place-of-service, use of HG modifier), but when provider corrects these and resubmits, the claims still deny. In addition, Provider Alerts regarding unbundling of MAT do not clearly state what authorization is need for a Provider Type 50, and a member reports receiving unclear answers on what authorization is needed for Provider Type 50 Medication Management in an IOP. The OPSU authorization covers med management when the patient steps down from an IOP, and it’s not clear whether the methadone authorization also covers suboxone. Can you clarify which authorizations should be used? Can you work to help resolve denials and ensure that claims are paid?