

FAQs from the RSN/RC Webinar

Q. The current MBHP Benefit Services Grid shows Recovery Support Navigator as a daily rate with the H2016 code and not EOB required. Will this be updated to reflect the H2015?

A. The MBHP Benefit Grid will be updated on July 1, 2018 to reflect the new RSN and RC services. The current benefit grid reflects the pilot RSN service that is being replaced.

Q. These services are not currently billable to commercial payers. Why are EOBs required?

A. EOBs are not required and are no longer mentioned in our PowerPoint.

Q. Where can I find copies of all of the materials on this webinar?

A. We are sending out copies and links along with this FAQ.

Q. Can Recovery Coach services be submitted via batch billing?

A. Yes, they can as they are a one-unit per day service.

Q. What are the qualifications that allow a clinician to bill as a Recovery Support Navigator?

A. The performance specifications and medical necessity criteria (MNC) provide information on the necessary qualifications.

Q. What happens when EVS reports that the member is ineligible, but eServices reports he/she is still active (particularly BMC members)?

A. EVS has the most up-to-date eligibility information. This should be used as the “source of truth” if there is a discrepancy.

Q. eServices requires a clinician NPI number to submit claims, but these services are provided by bachelor-level or peer staff who are not able to obtain NPI numbers. How should claims be submitted?

A. Beacon requires a rendering NPI on the claim. Providers should use the supervisor’s NPI if needed. The process is the same as what is currently in place for CSP claims submissions.

Q. What was demonstrated was submission of a claim via the website. Is that mandatory or can a claim with correct formation be submitted through a third-party biller with all other claims?

A. Providers can submit claims using a third-party billing service as well. Submission of claims via eServices is not required. Providers can submit claims via all current processes used for other services.

Q. Is there a reimbursement fee known at this time?

A. The fees for both services were included with the service contract.

Q. Will Beacon, BMC, Fallon, and Beacon Registrations all be done through ProviderConnect?

A. They will not. Please see page 2.

Q. How do Beacon members get registered?

A. Beginning on July 1, 2018, providers can register (submit notification of admission) for members on eServices, Beacon's provider portal. In August, providers will also be able to submit continued stay requests via eServices as well. Stay tuned for provider trainings that will be offered in August on these functions. If continued stay reviews need to be completed before September, please call Beacon and a clinician would be happy to assist you.

Q. Could you clarify where the diagnosis originates from? Recovery Coaches do not diagnose.

A. Per the MNC, a member must have a substance use disorder diagnosis to qualify for this service. The diagnosis that has been given to the member by other treating providers can be used on the claim. This can be obtained by referrals, medical records, or a member's self-report.

Q. If I am already in ProviderConnect, do I need to register?

A. No, you do not need to register if you are already in ProviderConnect.

Q. Is/was there another training that gives an overview of what this is all about?

A. The MNC and performance specifications address the clinical requirements of these services.

Q. What if the member has no phone number?

A. Enter 555 555 5555.

Q. With all of the information required to input into the Beacon/MBHP system, will providers need to continue to complete the numerous ESM forms (Enrollment form, Intake form, Disenrollment form)? Inputting information into both systems is repetitive. If this issue has not been addressed, how can providers have input?

A. Providers should contact their BSAS contract manager to determine if ESM form submission is required.

Q. Is this billing for an individual or an agency?

A. All billing will be done through an organizational entity, and payments will be made to that organization.

Q. For Recovery Coach services, is it your expectation that the billing will be done by calendar month rather than a rolling 30 days? Can we bill a date range with a total number of units, or does each day have to be a separate claim line? If billing is by calendar month, what if the person signed up on the 25th and a wellness plan was completed, but only one of the five connections took place before EOM?

A. Beacon is not dictating the claim submission processes. Organizations can choose the claim submission schedule that works best for them. Date range billing is allowed.

(continued)

Q. The MBHP contract shows Recovery Coach 1 unit = 1 day. The Beacon contract shows 1 unit = 15 minutes. Which is correct?

A. Recovery Coach is 1 unit = 1 day, Recovery Support Navigator is 1 unit = 15 minutes. If the Beacon contract has an error, please don't hesitate to outreach to the Beacon Provider Relations Team at (844) 265-7592 or email provider.relations@beaconhealthoptions.com.

Q. Do we need to show qualifying events on the claims?

A. No.

Q. What happens if the client loses his/her eligibility (no longer MassHealth-eligible/didn't complete his/her renewal forms/changed ACO, or young adult added to parents' commercial plan) in the middle of the calendar month of the 30-day rolling period? This relates to billing the Recovery Coach services where there's the daily billing with requirement to document five contacts in 30 days.

A. The provider should bill for the dates of service when the member was eligible.

Q. For concurrent review, does MBHP want to speak with the Recovery Coach, administrative assistant, clinical supervisor, or any of the above who can answer the questions fully?

A. Ideally we would like to speak to the person working with the member, but understand that this is not always feasible. We can speak to anyone who can fully answer the questions.

Q. The RC or RSN contacts can take place while the member is in a higher level of care such as inpatient psych, Acute Treatment Services (ATS), or Clinical Support Services (CSS)?

A. Yes.

Q. What should be entered in ProviderConnect in the section for taxonomy code?

A. Enter the service modifier (HM or HF), the same as will be entered in the modifier section on the next page.

Q. What date can we begin to enter new registrations/notification of admissions?

A. Once the services go live on July 1, 2018, you can register members on ProviderConnect or eServices.

Q. Who can refer a client for services? Are any licensures required for the referring person? Can an OP clinician refer?

A. There are no referring requirements. The member must meet medical necessity for the service.

Q. Can you confirm that RSNs and RCs are allowed to bill for 180 units/90 days without reauthorization?

A. All original auths are automatically set for 90 days. As the end of the 90-day period approaches, please plan for a concurrent review using the questions listed in the PowerPoints.