

**MHA/ValueOptions® Maryland
Provider Quality Committee Meeting Minutes**

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, April 8, 2011
10:00 am to 11:30 am**

In attendance: Lissa Abrams, Karl Steinkraus, Kaleb Berhe, Donna Shipp, Dr. Helen Lann, Jarrell Pipkin, Greg Burkhardt, Michael Schorr, Elma Alston, Shontae Harrell, Spencer Gear, Jim Chambers, Sharon Ohlhaber, Wesley Fuhrman, Josh Webster, Herb Cromwell, Melissa Schober, and Terry Brown.

Telephonically: Shajuan Forsey, Susan Wilkoff, Mark Trader, Mark Greenberg, JR Hughes, Melissa Schober, Mona Figueroa, Andrene Jackson, Pam Smolden, Irina Beyder, Toni Williams, Mary Brassard, and Darlene When.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none">• March Minutes approved	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE – Lissa Abrams:</p> <ul style="list-style-type: none">• MHA Staff Update: Lissa Abrams announced that this is her last Provider Quality Committee Meeting. Lissa is retiring and DHMH has selected a new Deputy Director, Daryl Plevy, and she will attend the Provider Quality Committee Meetings going forward.• FY 2012 Budget: There will be no budget cuts for FY 2012. There will be no \$3 million Private RTC cut. Instead, MHA must budget the \$3 million for community service alternatives. MHA will provide further clarification as the budget is completely finalized.• Request for Telemedicine: MHA has submitted a request to include telemedicine to CMS. MHA will be implementing this with Psychiatrists only in the designated counties that were identified previously. The information is in the October 2010 Memo posted on ValueOptions’ website. Once approved by CMS the goal is to implement this by July 1, 2011.• Rehab Services Rates Update: MHA is working on changes to the Medicaid State Plan for Rehab Services, and will sending out an initial proposal with the preliminary rates to CMS. MHA has been working with a small group of Providers to submit in an I-Waiver, which includes changes for the Adult PRP rates and Supported Employment Programs	

(SEP). MHA will amend, at a later date, services that include Peer Support and Crisis Services. The rate for Minor PRP will remain where rehab is in the current state plan. The Adult PRP and the Minor PRP rate changes will follow the same formula; however, they will be submitted in different sections. The goal is to keep this cost neutral, and to really address CMS's concerns regarding MHA's monthly case rate. MHA is trying to get Medicaid reimbursement for services currently paid through contract and residential crisis services, so that includes mobile crisis and residential crisis.

- **COB with Medicaid:** There have been ongoing discussions with Medicaid and the Office of the Attorney General for DHMH related to how MHA has been implementing COB. Discussions regarding whether VO is correctly implementing Medicaid as the payer of last resort. At this point, the implementation process currently used appears to be correct, however, there are a few outstanding issues being worked out with Medicaid. Once everything has been clarified and completed MHA will send something out stating the federal guidelines regarding Medicaid as the payer of last resort.

PHP Program Issues: MHA is in the process of reinforcing the minimum time required and clarifying the requirements for partial hospitalization for programs that are hospital based to assure that they are in Compliance with MHA's Medicaid State Plan.

- **COMAR 10.21.25 Proposed Amendment Update:** MHA has changed some of the proposed language to include additional requirements for individual practitioners and claim retractions. The goal is to make the MHA's language and other sections of DHMH consistent. Some of the proposed language will not be published at this time; it will be set aside, so that MHA can publish its rates to clarify PHP, IOP, and the rates for Case Management and Telemedicine.
- **ACA—New Healthcare Reform: CMS regulations** concerning the prevention of fraud and abuse went into effect March 31, 2011. The regulations allow the State to withhold payment(s) pending any credible suspicion of fraud. To all those who sent in comments, MHA will submit a response in writing.
- **PHP Rates Update:** MHA made clarifications to half day rates for PHP. The minimum requirements are four hours for a half day and six and a half hours for a full day. The requirements for operating an outpatient mental health clinic, is a minimum of three hours. The requirements are listed in COMAR 10.21.02.

ValueOptions® Update –Mary Mastrandrea:

- **NO UPDATES WERE GIVEN**

Provider Issues

- **Update on PMHS Payment for Minor w/ Dual Coverage:** Per L. Abrams, MHA can no longer make expectations, so issues related to inadequate panels need to be referred to the Insurance Commissioner. However, MHA will continue to make exceptions only when dual eligibility is discovered retrospectively until further clarifications are made. MHA is still working with Medicaid to clarify these issues.

- **Update on Mobile Treatment and ACT:** Per Lissa Abrams there have been a few internal meeting to discuss this policy. Mobile treatment is expected to be a long term treatment option, however, the expectation that an individual transition to a lower level of care is appropriate. The goal is to promote recovery, and MHA is looking to make some modifications to the Medical Necessity Criteria. The issue with transitioning is in line with promoting recovery, and it does not conflict with fidelity scales. Providers do have to document a need for the service. MHA is working to get some additional training for providers with University of Maryland.

- **QMBs and SLMBs:** At the beginning of the contract there was some confusion between QMBs and SLMBs and what was considered uninsured, but they are uninsured for the purpose of PRP. There are some state funded Medicaid categories, and when someone is in that category they are considered uninsured for PRP. All coverage groups are listed on DHMH website under Medicaid:
http://dhmh.maryland.gov/mma/Eligibility/program_cover.html.

- **Update on MA-MC Crossover Payment Discrepancies:** Per Herb Cromwell, Lissa Abrams arranged a meeting with CBH billers and Medicaid. CBH billers discovered discrepancies with Medicaid/Medicare crossover payments, due to a Medicaid code issue. Medicaid agreed to fix all the 90862s. Per Lissa Abrams: MHA will add this to the Medicaid Agenda list (a log of all outstanding issues with Medicaid).

- **Issues with the Pharmacy Report available through ProviderConnect:** Providers find it difficult to access pharmacy reports. Per Dr. Helen Lann, Donna Shipp, and Michael Schorr : VO will put together a work group that will be asked to review and advise on this issue.

- **OMS Data Mart:** MHA working to complete this process, and plans to have it up and running by the end of the summer.

- **Update on OMS Surveys:** Due to suspicion of fraud as it related to the completion of OMS Surveys, therapists are required to complete OMS surveys with the consumer present. Surveys should not be completed by staff members “defaulting-in” answers.

- **HIPAA 5010:** Per Mike Schorr, some information on HIPAA 5010 was posted to the National ValueOptions website:

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(<http://www.valueoptions.com/>). This information will be posted on the Maryland website: (<http://maryland.valueoptions.com/>) as well.

**The next Provider Committee meeting is scheduled for Friday, May 13, 2011 10 a.m.
ValueOptions® Maryland
1099 Winterson Road
Linthicum, MD 21010**