

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

**ValueOptions® Maryland  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, August 12, 2011  
10:00 am to 11:30 am**

**In attendance:** Mary Mastrandrea, Greg Burkhardt, Mary Whitehouse, Elma Alston, Jim Chambers, Crista Taylor, Jackie Pettis, Mark Greenberg, Chris Cromwell, Daryl Plevy, Karl Steinkraus, Donna Shipp, Dr. Helen Lann, Jarrell Pipkin, Michael Schorr, Colin Rhoades, Shontae Harrell, Jamie Miller, Terry Brown, Maryann Serina, Maryann Ceglar, Catherine Gray, Mike Drummond, and Herb Cromwell. **Telephonically:** Carrie Morgan, Shajuan Forsey, Dawn Beckett, Guy Lason, Susan Wiloff, Jamie Collins, Darlene Wehn, Terry Norez, Melissa Schober, Andrene Jackson, Toni Williams, Toya Jackson, JR Hughes, Sharon Ohlhaber, Edgar Wiggins, Laurie Gilman, Lynn Testa, Kyle Preston, and Mary Brassard.

Topics & Discussion	Follow-Up Actions
<p><b>Review and approval of Draft Minutes</b></p> <ul style="list-style-type: none"> <li>July Minutes approved</li> </ul>	
MHA/ValueOptions® Maryland Announcements	
<p><b>MHA UPDATE–Daryl Plevy:</b></p> <ul style="list-style-type: none"> <li><b>NO UPDATES WERE GIVEN</b></li> </ul> <p><b>ValueOptions® Update—</b></p> <ul style="list-style-type: none"> <li><b>Update on Pharmacy Utilization Report Status:</b> The Pharmacy Utilization Reports were sent out in a Provider Alert, and are available online (<a href="http://maryland.valueoptions.com/provider/alerts/2011/081511-Pharmaceutical%20Utilization%20Report%20Update.pdf">http://maryland.valueoptions.com/provider/alerts/2011/081511-Pharmaceutical Utilization Report Update.pdf</a>). Per Michael Schorr some changes were made, and the report will now includes two new tabs to indicate the prescriber name and the pharmacy. This report is accessible through the “Report” feature in Provider Connect. Please contact the EDI Help Desk at (888) 247-9311 or <a href="mailto:e-support.services@valueoptions.com">e-support.services@valueoptions.com</a> with any issues. If any provider has not been able to access the Pharmacy Reports, please contact Jamie Miller via email <a href="mailto:Jamie.Miller2@valueoptions.com">Jamie.Miller2@valueoptions.com</a> or at (410) 691-4091.</li> <li><b>Status on Exhausted Authorizations:</b> The provider’s issue is the overall status of an authorization being exhausted when units are still available. This then results in unpaid claims, and the provider has to send an inquiry from ProviderConnect to VO and then the status is manually updated to open. VO’s IT Department is aware of the problem and is making progress</li> </ul>	

to find where exactly this issue is occurring. Jamie Miller is working to create a manual workaround until a permanent fix can be implemented.

## Provider Issues

- **Clarification on Audit Coordination Process:** Providers would like further clarification on the audit coordination process between MHA, VO, OHCQ, and the CSAs for community providers. Per Daryl Plevy, there are a lot of different factors happening simultaneously that are resulting in increasing auditing expectations. Due to recent scrutiny and criticism, MHA is diligently working towards improving its auditing process, which may result in providers being audited by more than one organization (MHA, VO, OHCQ, or the CSAs) within a limited time frame. Providers should consider that these new audit changes are results from last year's BBH incident, the Legislative Audit, the Healthcare Reform Policy, and from the recent changes within the Medicaid Fraud Rules and Regulations.

**Issues with ValueOptions' Audit Notifications:** Providers express issues of not receiving upcoming audit notifications. Per Jarrell Pipkin, VO has a standardized auditing process. Providers are given at least 24 hours notice prior to the audit, and the auditors will delay an audit if they have not made contact with the provider prior to the audit. For unannounced audits there will be no notice given. To ensure that all audit notifications are sent to correct contact person, providers may proactively submit their updated information to Karl Steinkraus via email ([karl.steinkraus@valueoptions.com](mailto:karl.steinkraus@valueoptions.com)).

- **Clarification on COMAR 10.21.17.05:** Prohibits against having Board Members who are "compensated for providing goods and services. Per Daryl Plevy, she sent CBH a reasonable interpretation in an email on August 4, 2011. However, it is currently being reviewed by Barbara Frances for approval. Daryl explained that MHA is willing to put her statement in writing, although, she may have to adjust the language, so that it reflects COMAR Regulations.
- **Issues with the GZ PRP Wait List/Courtesy Review:** Could there be an appeal process to request continuation of PRP services for non-MA consumers who get placed on VO's waiting list. Per Jamie Miller, VO does make an exception, from time-to-time, and does allow time-limited authorizations of uninsured individuals for PRP services who would otherwise be placed on the wait list. When the budget allows, and in certain instances (i.e. risk of imminent hospitalization or other higher cost service, risk to life or safety), we are able to make exceptions. When VO does not agree with the provider about the extenuating circumstances or when the budget does not allow VO to grant the exception, there is always the complaint process. A provider can voice a formal complaint to VO which will be discussed with MHA during the next Complaints Committee meeting. This allows MHA to weigh in on the subject, as well. This

complaint process is always available to the provider and can serve as an appeal to any decision VO makes. If the provider group wants a refresher training on the subject of the formal complaints process, please contact me or Jarrell Pipkin.

- **Explanation on the Specific of the GZ Wait List:** Herb Cromwell posed the following questions: How many people are on VO's uninsured PRP waiting list? How much general fund money would it take to serve them (i.e. those who meet criteria) with the same intensity as MA-eligibles? Per Daryl Plevy, she does not have specific answers to these questions at this time, and she needs to consult with Brian Hepburn to further discuss the specifics of this issue.
- **Issues with PRP Referrals:** Per Herb Cromwell, there are cases where it is impossible to obtain a signed referral from a treating clinician despite herculean efforts by the PRP provider. We've discussed in the past that PRPs could document in the record their good faith efforts to obtain the required referral and that would suffice. Per Daryl Plevy, she needs to do a little leg work on this issue, because there have been more concerns about the documentation, what's sufficient for documentation, and how PRPs are managed.
- **Task Force on Regulatory Efficiency:** Per Herb Cromwell, almost all of CBH's submissions, including several on the onerous nature of required PRP referrals, were rejected. How many of them were rejected by MHA vs. ones that MHA was open to but MHA was overruled by another entity such as OHCQ? Per Daryl Plevy, MHA was not overruled, and sided against CBH's recommendations.
- **Status of the PRP Rate Changes:** Per Melissa Schober, the rates have been submitted to CMS and no additional changes have been made.
- **VO Notifying Provider of Auth Span Changes:** At recent CBH meetings providers reported that VO sometimes changes GZ date spans after the original span was established; this can result in denials for no auth. Per Jamie Miller, VO does not have the resources to conduct a system fix at this time. However, he is currently working with VO's customer service department to explore other options of notifying providers of auth span changes, given that it's feasible and doesn't poorly affect the current process.
- **Updates on OMS Reports:** Per Mary Mastrandrea, due to some minor delays, MHA and VO are still diligently working on the OMS Datamart. The public site will go live in two phases in August and September 2011. The site for providers will go live in October.

- **VO Decisions Requiring Appeals vs. Administrative Resolution:** Are medical necessity-related denials dealt with via MD-based review of appeals while claims-related issues go to Latham NY? Per Mary Mastrandrea, the clinical appeals are reviewed by the Medical Director at VO Maryland Service Center, and appeals for claims are sent to Latham, NY.

**The next Provider Committee meeting is scheduled for Friday, September 9, 2011 10 a.m.**  
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