

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

**ValueOptions® Maryland  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, December 9, 2011  
10:00 am to 11:30 am**

**In attendance:** Greg Burkhardt, Donna Shipp, Spencer Gear, Daryl Plevy, Mary Mastrandrea, Karl Steinkraus, Dr. Helen Lann, Jarrell Pipkin, Shontae Harrell, Vanessa Zimmerman, Jamie Miller, Mike Drummond, Jenny Howes, Melissa Schober, Jim Chambers, Charita Bryant, Elma Alston, Mark Greenberg and Herb Cromwell. **Telephonically:** Shajuan Forsey, Ricka Pierce, Susan Wilcoff, Tim Weston, Jason Worby, and Jeffrey Shiminsky.

Topics & Discussion	Follow-Up Actions
<p><b>Review and approval of Draft Minutes</b></p> <ul style="list-style-type: none"> <li>October minutes were approved</li> </ul>	
MHA/ValueOptions® Maryland Announcements	
<p><b>MHA UPDATE–Melissa Schober:</b></p> <ul style="list-style-type: none"> <li><b>IMD Waiver:</b> We are waiting to hear back on our application sometime in mid-December or early January on this. This waiver will allow Medicaid to match for adults who are now excluded under Medicaid exclusionary rule. This will apply to people 21 to 64 and in some cases 22 to 64.</li> </ul> <p><b>ValueOptions® Update—</b></p> <ul style="list-style-type: none"> <li><b>OMHC On-Call and Crisis Services After-Hours – Jarrell Pipkin:</b> In addressing the issue of diversion rates and ensuring consumers have current and accurate after-hours crisis information, the Quality team began making test calls this week after hours to OMHC’s. There were 43 calls made to confirmed clinics after hours. Of those, 39 successfully reached a live person or voicemail. Of those, 29 (74%), stated if the caller was experiencing an emergency to call 911 or go to the ER. And 28 (72%), stated how to contact the clinic’s on-call therapist or talk to someone immediately – so 11 of 28 clinics are not meeting this requirement. Of the 28 calls that gave clinic specific on-call information, 17(59%) gave correct information, so 11 of 28 clinics are not giving correct</li> </ul>	

information (some numbers went to non-MH business or a local residence). Our next steps are to continue calling the rest of the OMHC's during December and give feedback to each OMHC on what was heard on their after hour message so they can update the information if necessary.

- **“Changed End Date” report – Jamie Miller:** This is the change of the end date of an authorization report. We would like this report to be available to providers on IntelligenceConnect and I am in the final stages of this, but would like some volunteers from the providers to look at these and make sure that the report is capturing the kinds of cases the providers want. You can email Jamie Miller if you are interested in volunteering.
- **IT – New Password Requirements – Greg Burkhardt:** With the December release of ProviderConnect there is an enhancement to the password requirement. This will make the password longer and more complex. This is a result of the legislative audit that was done earlier this year. A provider alert was issued explaining the password requirements. You will need to change your password after 90 days.

### Provider Issues

- **ValueOptions update on notifying providers of auth span changes/consumer change of providers:** This was covered in VO Updates and will remain open until testing is done.
- **MHA was floating a trial balloon via the CSA's about shortening auth spans for RRP from 12 to 6 months:** There is a workgroup that is going to meet December 21<sup>st</sup> to discuss the details of this topic. This will remain open till after the workgroup is completed.
- **Mark Mowbray - Something I would like to have discussed: we often have occurrences where clients have Medical Assistance; however, the coordination of benefits section of Provider Connect will show that they have other insurance. Usually, it will be an old insurance that has long been expired; however, provider connect will not have a term date and therefore claims will deny stating that the primary carrier EOB needs to be included. When I address this with the clients, there response is almost always “I haven’t had that insurance for ages.” I guess what I would want to know is what’s the most**

efficient way for this issue to be cleared up. In some cases the client(s) can't even remember what the insurance was; or in other cases the client is a child and the old insurance is from one of the parents who may or may not have custody of the child. Are clients who have this issue to call Value Options, or Maryland Medicaid? Again, what would be the most efficient way for a client to resolve this issue in a timely manner? Any names, phone numbers, etc. would be helpful. When this occurs, this issue seems to take weeks if not months to resolve in which case the client either cannot receive treatment, or we the provider do not get paid: Donna Shipp states that there is a way to solve this. Both the provider and the client together have to call the state at 410-767-1773. They will remove the antiquated insurance information. Then you can call the claims liaison to resolve all claims that have been affected by this. The consumer can also go to DHMH's website at <http://dhmh.maryland.gov/mma/dss/> to make changes.

**Please Note: The next Provider Committee meeting is scheduled for Friday, January 13, 2012 10 a.m.  
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