

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday January 14, 2011
10:00 am to 11:30 am**

In attendance: Darlene Wehn, Sharon Ohlhaber, Terry Brown, Candace King, Kaleb Berhe, Mary Mastrandrea, Ray Coleman, Greg Burkhardt, Michael Schorr, Jamie Miller, Donna Shipp, Kaleb Berhe, Lissa Abrams, Jim Chambers, Christa Taylor, Spencer Gear, Mike Drummond, Elma Alston **Telephonically:** Jarrell Pipkin, Mark Greenberg, Mona Figueroa, Melissa Schober, Sharon Forsey, Irena Bader, Dave Kinbard, Kyle Lather, Christine T., Denise S., Julie Nottingham, JR Hughes, Mary Brassard and Debra Smith

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> • December Minutes approved 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE – Lissa Abrams:</p> <ul style="list-style-type: none"> • MHA Staff Changes: MHA has a new Secretary of Health and Mental Hygiene, Dr. Josh Sharfstein. DHMH has posted the following 3 positions: Deputy Secretary for Operations of Finance, Deputy Secretary for Medicaid and Deputy Director of MHA (Lissa will be retiring in the spring) If anyone is interested in any of the positions, you are encouraged to apply. • FY 2011 Budget: Per L. Abrams more budget cuts are expected, the amount/extent of those cuts are still unknown. The budget becomes public on January 19th. Providers will be updated. • Dual Eligibility: In July, CBH’s lawyer submitted a letter questioning denials of payment on certain dual eligibility coverage. EVS showed a consumer had Medicaid but no info on their commercial vendor, thus resulting in those claims being denied. MHA has reposted the Provider Alert covering the Commercial/Medicaid Coverage process. VO is accepting appeals for denials back to dates of service of 9/1/09. Providers must show due diligence and provide all necessary documentation. This appeal process is an exception NOT the rule, and programs submitting an abnormal amount of appeals will be audited. 	

- **Proposed COMAR Amendments: A Provider Alert will be issued informing Providers of proposed amendments to COMAR 10.21.25.**
The proposed amendments are for (a.) reiterating the documentation requirements for private practitioners in order to submit a claim to PMHS (b.) private practitioners need to follow similar requirements of a PRP or OMHC regarding individual plans, time in/timeout of service (c.) PMHS will only pay for one intensive service per day. If a consumer is getting IOP for mental health, partial hospitalization and another intensive substance abuse service, PMHS will not pay for a Mental Health IOP service rendered that same day. There can be other NON-INTENSIVE mental health services rendered the same day. (this does not affect crisis beds) Update: A Provider Alert was sent out on 1/14/2011 explaining the proposed amendments. The amendments were published in the Maryland Register. Comments may be provided.

ValueOptions® Update – Mary Mastrandrea

- **Staffing Update:** VO has filled the vacant positions previously held by Nancy Calvert and Scotteana Jones.
 - Provider Relations Director – Karl W. Steinkraus starting 1/17/11
 - Provider Relations Representative – Kaleb Berhe started 1/10/11
- **HIPAA Codes Added to Denial Report** –Per M. Mastrandrea the Claims Denial Detail Report (available through Provider Connect) only has the VO denial codes in it. At Spencer Gear’s request the report has been enhanced to include HIPAA denial codes. M. Mastrandrea is working with Spencer Gear and Carol Shilling to verify the changes are what they expected and asked for. VO will post a Provider Alert to notify Providers of the changes to the report as well as give them 60 days notice, to allow for any potential EMR interface issues.

Provider Issues

- **MHA Update on CMS/MHA Discussions of Changing PRP Rates – L. Abrams** explained that a rates revision is being looked into. Not just PRP rates but any rates currently paid through a monthly case rate.
- **FY12 Budget News – Per L. Abrams more budget cuts are expected,** the amount/extent of those cuts are still unknown. Providers will be updated as MHA is updated.
- **Medicare Denials of consumers 65+ – M. Mastrandrea** explained that the VO system is set up automatically to deny consumers 65+ for certain services, since they are eligible for Medicare and Medicaid should always be the payor of last resort. An audit after Providers complained of multiple denials, showed that in most cases the denial was correct. As far as claims that should have been paid that were denied, there is an override process in place on an individual basis with documentation. Providers should be checking with MD Medicaid services verify if member has other coverage/coverage info.
- **Legislative Audit:** Per L. Abrams there is a legislative audit in process; auditors will be requesting random samples. They are looking for documentation to support the uninsured eligibility request.
- **Uninsured PRPs** –The uninsured budget is over by \$1 million dollars. Jamie Miller met with CBH group to get feedback on ways to reduce uninsured PRP by 15%. This information will be sent to MHA.
- **90801/Residential Crisis Services – Per L. Abrams,** only one 90801 will be paid for RCS. This is what MAPS paid for individuals with MC/MA in crisis beds. Several Providers questioned if they can get reimbursed for 90804 and 90806 to extend services. MHA is reviewing; they want to determine if MAPS paid similar claims.
- **Update on Medicaid/Medicare Crossover Issues – MHA has followed up with Medicaid and is trying to determine how this can get corrected.**
- **OMS Downloads** - Per M. Mastrandrea, the OMS information can only be downloaded after each individual request, not as a batch download .
- **Neuro-Psych Testing – A Provider from the Anne Arundel Co. CSA** had issues getting a neuro-psych test approved. M. Mastrandrea and J. Miller explained that VO does not approve neuro-psych testing only psych testing. Neuro-psych testing is reviewed and approved by the MCO. It was also stated that the Provider requesting testing needs to request the auth, not the CSA.

Spencer Gear

The next Provider Committee meeting is scheduled for Friday, February 11, 2011, 10 a.m.
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