

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, June 17, 2011
10:00 am to 11:30 am**

In attendance: Mary Mastrandrea, Daryl Plevy, Karl Steinkraus, Donna Shipp, Dr. Helen Lann, Jarrell Pipkin, Greg Burkhardt, Michael Schorr, Colin Rhoades, Shontae Harrell, Jamie Miller, Jim Chambers, Sharon Ohlhaber, Faythe Moyer, Josh Webster, Keith Richardson, Shannon King, and Herb Cromwell.

Telephonically: Shajuan Forsey, Linda McIntyre, Jamie Collins, Darlene Wehn, Melissa Schober, Andrene Jackson, Toni Williams, Mary Brassard, Ted Boatey, Toya Jackson, Angela Allison, Elle Meek, Julie Richmond, and JR Hughes.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> • May Minutes approved 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE – Daryl Plevy:</p> <ul style="list-style-type: none"> • Transmittal to Providers -Governance and Federal Form 990 Update: Beginning July 2011, MHA will select providers to submit an approval program renewal application. If the renewal document indicates that you operate as a non-profit provider under the Internal Revenue Service Code, you will be required to submit the IRS Form 990 to the Office of Health Care Quality. All new applicants will also be required to submit the IRS Form 990. The Official DHMH memo will be published after the meeting via Provider Alert. • Update on Uninsured Eligibility Memo sent out on 4/18/11: MHA has revised the memo and it was sent out last Friday, June 10, 2011. This memo addresses majority of the issues that were expressed at last month’s meeting, and the only issue this memo did not address was “what to do you do if you provide crisis services or if you are treating a consumer in crisis and they are unable to provide documentation at the time of treatment.” MHA is looking at various options to address the issue. <p>ValueOptions® Update –</p> <ul style="list-style-type: none"> • ValueOptions Maryland Regional Forums: Per Karl Steinkraus, ValueOptions Maryland will host four regional forums throughout the State of Maryland. The sessions will address issues of interest to the stakeholders in the PMHS, including Consumer Access to Care, Recovery and Resiliency Resources, Program Integrity, and Quality Initiatives. 	

Registration is still open for all four locations.

- **Purchase Of Care (POC) Process Change:** Effective July 1, 2011, all POC hospitals will be required to obtain an administrative authorization on behalf of the physician group(s) that will be billing for professional fees associated with any inpatient stay that is categorized as POC (i.e. an uninsured admission accepted from a different hospital's ED). This must be done whether or not the hospital requests a Courtesy Review for the admission. Courtesy Reviews continue to be recommended.
- **Updates on Workflows for requesting authorizations in ProviderConnect for OMS, NON-OMS, and Medication Management:** Per Colin Rhoades in efforts to make ProviderConnect more user friendly for providers, VO is making some changes to OMS, NON-OMS, and Medication Management. This change eliminates a page of entry that the provider does not need to enter in. This change will go into effect July 1, 2011.
- There are two National enhancements to ProviderConnect that are slated for the June Release.—**Greg Burkhardt**
 - The first enhancement is an automatic e-mail reminder that will be sent out to the ProviderConnect user after an authorization has been saved in draft status for 25 days.
 - The second enhancement allows the ProviderConnect user to authorize multiple users (within the same Provider ID) to any type of saved draft.

Provider Issues

- **Issues with how VO communicates authorizations, denials and delays in particular for authorizations for an RTC requests:** Per Jamie Miller, this is a fairly complicated process and in this mix it could take some time to get an actual determine on the request. VO communicates the authorization by filing the auth and having it visible to you in ProviderConnect. VO does not reach out to providers on every authorization, but they will reach out to providers to notify them of all denials and VO is aware of any delays in the process. Send specific cases examples to Jamie Miller.
- **Issues with Attaching a Document to the V/O Treatment Plan:** The attaching of the document to the treatment record is intended for VO's benefit, and the document does not open after you attach it.
- **Status of the PRP Rate Changes:** Per Melissa Schober, it has not been submitted to CMS yet and no, the other changes were not included.
- **Status of Community Service Reimbursement Rates:** There are no changes or updates.

- **Updates on OMS (such as Availability Of Provider-Specific T2 Over T1) Reports:** MHA is working diligently on the OMS Datamart, and expects the public site to go live in August 2011. MHA is also working to launch the Provider CSA Interface shortly after the OMS Datamart goes live.
- **Clarification with Part B Medicare enrollment:** MHA is still the payer of last resort. MHA will consult legal counsel to determine whether it will be the payer of last resort if a person voluntarily refuses coverage.
- **Status/Updates on MHA changing its audit instructions:** No changes have been made.
- **Issues with Online Provider Connect System:** VO does not notify providers when there is another mobile treatment auth in place with another provider when you are requesting another level of care. When entering any type of authorization request, if either (a) a member has no insurance or (b) the member has an open authorization with another provider, the system will *immediately* display a warning message that says something like "Warning - with the current information available to ValueOptions, this authorization cannot be approved as the member (state the appropriate issue)." At that point a provider can cancel the authorization request, or request a Courtesy Review knowing that something needs to get fixed for the auth to be paid. VO will investigate this issue to see if enhancements can be made to flag the dual authorizations.

The next Provider Committee meeting is scheduled for Friday, July 8, 2011 10 a.m.
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Linthicum, MD 21010