

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

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

In attendance: Greg Burkhardt, Donna Shipp, Crista Taylor, Spencer Gear, Chris Cromwell, Daryl Plevy, Karl Steinkraus, Dr. Helen Lann, Jarrell Pipkin, Michael Schorr, Shontae Harrell, Vanessa Zimmerman, Jamie Miller, Terry Brown, Mike Drummond, Jenny Howes and Herb Cromwell. **Telephonically:** Shajuan Forsey, Andrene Jackson, Mark Greenberg, Toya Jackson, Terry Brown, Tessa W., Andrea Zimmer, Charita Bryant, Mary Brassard, Penny Scrivens, and Sharon Olhaver.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> September minutes were approved 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE–Daryl Plevy:</p> <ul style="list-style-type: none"> There is a lot of push from DHMH, Legislature and Governor’s office to operate in a businesslike manner: This is coming from two main things, healthcare reform and the recession/budget. Need to make sure that everyone is in compliance with regulations and audit findings as well as finding fraud, waste and abuse. Make sure there is documentation of everything you do. Make sure you are billing at the appropriate levels. – Daryl Plevy. <p>ValueOptions® Update—</p> <ul style="list-style-type: none"> The November meeting will be held on November 18th instead of the 11th from 10:00am to 11:00am: Will send out a provider alert in the beginning of November. The New Security Sign on for ProviderConnect Application – Greg Burkhardt: This is a change being worked on for the December 9th release. Expect a longer password, more complex passwords and resetting your password every 90 days. 	

<ul style="list-style-type: none"> • The “Licensed Referral for PRP Services” Memo from MHA – Jamie Miller: There was a provider alert that was released to providers that said you have to do the written referral. MHA drafted a memo that you need documentation of the referral. This is a legislative audit issue. MHA is going to rewrite the memo so that certification is ok with any form of documentation including the ITP. They are going to ask the CSA's to push the clinicians to complete the referrals. • The “PRP Place of Service” Provider Alert from ValueOptions – Jamie Miller: There are 3 valid places of service for PRP, 15 (offsite), 52 (onsite) and 49 (a blend of on and offsite). The majority of requests that ValueOptions receives come through with random numbers in places of service that are not valid. The care managers have been “correcting” these. Moving forward after the Provider Alert in October, the care managers will no longer “correct” these. These requests will be sent back to the provider until they have one of the 3 places of services. Donna Shipp is holding both morning and afternoon training to help providers with this issue. 	
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Provider Issues	
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<ul style="list-style-type: none"> • MHA Update on status of PRP rate change submission to CMS: Issues with ValueOptions’ Audit Notifications: As of the last meeting, MHA was responding to one last question from Medicaid. This still has not been submitted but is currently being worked on. MHA was recently asked to look at connecting rates to provider results. • Clarification on COMAR 10.21.17.05 re community provider Board Members: Daryl Plevy is still waiting for a response from Barbara Frances as of October 14, 2011 and is still researching this topic. Daryl Plevy mentioned that if COMAR is not ambiguous, then they may go back and modify COMAR to fit Best Practices. • Issues with PRP Referrals: Covered this topic above under ValueOptions Updates. • ValueOptions update on notifying providers of auth span changes/consumer change of providers: ValueOptions is in the report analysis and design phase for this request. We hope to build an ad hoc report that the providers can access to get to data related to a change in the auth expiration date. Case 	
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examples can be sent to Jamie Miller at his secure email or his fax at 877-502-1044.

- **VO Update on technical issue that Colin and Kim from Channel Marker were working on:** Jamie Miller has worked with reporting and has a workable list on a weekly basis. Customer service team is fixing these before they become a claims problem.
- **MHA was floating a trial balloon via the CSA's about shortening auth spans for RRP from 12 to 6 months:** CBH has expressed major concerns. There have been no alerts or changes as of October 14, 2011. There are however discussions on this topic going on and MHA is moving in that direction. Due to healthcare reform, Daryl Plevy stated that it is going to happen; RRP's are meant to be short-term. Daryl stated there may possibly be a compromise made between doing the auths differently with intensive and general RRP's and only require the 6 month auth for intensive RRP; as this is still in discussion. Herb Cromwell suggested that a work group be set up to look at the issue.
- **Any DHMH response to the 5 requests CBH sent on August 26th to the Task Force on Regulatory Efficiency?:** The first four issues were sent with more information which included: using "critical indicators" as quality instead of line-by-line COMAR review; giving providers more flexibility to determine qualifications for various program directors instead of requiring professional credentials; eliminating or loosening various staffing ratios; and giving OMHC's more flexibility in staffing multiple sites instead of current multi-site staffing requirements. As of today, there hasn't been a response yet. On the 5th request concerning the elimination of the PRP referral, that has been denied.
- **Is VO auditing OMHC outliers? :** CBH requested that MHA/VO send hospitalization rates to each community provider. On getting a report on 30 day recidivism rates by hospital from VO, MHA would have to approve this request.
- **Hospital recidivism and access to an OMHC doc:** Daryl is checking to see if VO can share this report with the community providers for psychiatric admissions only. Looking at discharge in one month that returns to any hospital. Daryl raised the question as to whether there would be a period in which this information was reviewed prior to sharing. Jamie is still working on the report.

- **Documentation of Citizenship:** CBH asked if MHA would allow alternatives to a social security card including current SSI eligibility or prior Medicaid eligibility to prove citizenship. MHA is still looking into this.
- **Mark Greenberg asks about what the VO role will be for supplementing or replacing the DHR Medicaid Waiver Unit?:** MHA/VO were unaware there was an issue and Mark will look into this further with the DHR Medicaid Waiver Unit.
- **Mark Greenberg asked if it was possible to expedite the process of new staff getting a VO user ID and logon:** Greg Burkhardt will check into this with the EDI department since they are the ones who handle these requests.
- **CSA Audit Consistency. Does MHA approve CSA audit tools before they are put to use? Does MHA require that a CSA audit tools and procedures a) reflect COMAR and MHA rules accurately and b) are consistent from jurisdiction to jurisdiction? :** MHA has been talking with the CSA's a lot lately about consistency and will bring these issues up at the next MACSA meeting with the CSA's. Will also look into setting up some small work groups to clarify regulations and look into annual training for audits.
- **Eligibility and payment issues discussed by CBH members and Mary Brassard on Monday:** Donna Shipp fixed the first issue. The last two are being worked on and Daryl said they are paying as much as they possibly can if there is no fault of the provider.

**Please Note: The next Provider Committee meeting is scheduled for Friday, November 18, 2011 10 a.m.
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