

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, December 14, 2012
10:00 am to 11:30 am**

In attendance: Daryl Plevy, Jenny Howes, Tammy Fox, Cindy Pixton, Spencer Gear, Mike Drummond, Jamie Miller, Terry Brown, Herb Cromwell, Greg Burkhardt, Marc Reiner, Guy Reese, Karl Steinkraus, and Vanessa Zimmerman. **Telephonically:** Steve Johnson, Shajuan Forsey, Mark Greenberg, Andrene Jackson, Theresa Wright, Lori Dillman, Jarrell Pipkin, Maggie Carnie, Darlene When, Angie Kent, Tara Russell, Bill Cornell, Dawn Beckett and Mary Brassard.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> November Minutes were approved. 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE-</p> <ul style="list-style-type: none"> None <p>ValueOptions® Update-</p> <ul style="list-style-type: none"> None 	
Provider Issues	
<ul style="list-style-type: none"> ❖ CPT Codes and final rate grid – Herb Cromwell: Marc Reiner stated that there would be a Provider Alert sent out later today with instructions and a summary of the new codes for January 1, 2013 for all services. The rate schedule will be attached. Codes are loaded in VO's system and ready to use. ❖ CBH's understanding has been that transition age youth can receive PMHS services including PRP without meeting target population definition. Several agencies reported that upon continuing authorization for TAY youth, VO is approving PRP but only at the U2 (child) level as opposed to U3 that had been auth'd. Jamie Miller confirmed this and said that VO views this 	

as a child-related service and so instructs care managers. (I believe, and he can correct, that this interpretation applies even for TAY youth over age 18.) Is this MHA's intent? We had thought that MHA wanted TAY youth to have the PRP supports they need, often in concert with SE services aimed at independence. – Herb Cromwell: Jamie reports that any U3 authorizations for TAY services were mistakes. He reports it has been the intent of ValueOptions to authorize U2 services for TAY consumers, all along. Steve is proposing several changes to the TAY process that include authorizing TAY services under the U3 authorization parameters. MHA has a couple concerns about these proposed changes. Daryl, Jamie Miller and Steve Reeder are actively looking at the TAY process from a historical perspective. In the past, reports have shown that Rehab providers have billed the minimum number of services to be paid at the maximum rate. If providers are not billing for all services provided, the rates for these services will continue to be called into question by the State. Broadening the diagnostic criteria, opening TAY services to additional providers, and/or changing the authorization parameters to U3 from U2 would each have a significant impact on the budget. Dr. Hepburn is not yet convinced that expanding these services is the current clinical priority. Jamie will re-pull encounter data for PRP services and will give providers feedback about the billing patterns. MHA will be making a decision on TAY process and authorization parameters as soon as it can.

- ❖ **Continuing PRP for people losing MA and thus PRP supports when they leave RRP and don't have SSI: if you are age 65, you cannot become eligible for EID and thus MA and it is also difficult to spend down for MA because Medicare covers most medical expenses. CBH will be sending MHA case examples and asking about options. – Herb Cromwell:** EID is an option for some. People over 65 are not eligible for EID and there isn't an option for PRP support. Herb will send examples to Daryl.

- ❖ **Was this issue from last time resolved? “On Oct 2 CBH contacted MHA, including Dr. Zachik, about whether providers doing the EBP TF-CBT with kids would have to continue to go through hoops to get more than 2 90846 auths (family psychotherapy without patient present). Rob Canosa had sent a rationale. – Herb Cromwell:** Per the November meeting, VO decided per Jamie Miller that you will need only to place one

call to VO for further auths past the first two.

- ❖ **If the ACT team could bill if we had 2 to 3 visits and attempted to get the 3rd and 4th visits but the client was missing. In the past (as MTX team) as long as the documentation was there this was allowed by these teams. – Dawn Beckett:** Marc Reiner stated that the visit needs to be face-to-face.
- ❖ **If we were able to bill for Medicare A & B clients if they had more than 4 visits and the MD and therapist saw them for visits 5 and 6 if we could bill these visits under Med. Monitoring and therapy rate. We have been told this was possible. – Dawn Beckett:** Medicaid covers the non-physician services. Medicare covers the doctor visits. Marc Reiner will see if there's a VO Nat'l resource that can provide an answer since our program does not manage the Medicare benefit.

**The next Provider Quality Committee Meeting is scheduled for:
Friday, January 11, 2012 10 a.m.
ValueOptions® Maryland
1099 Winterson Road
Linthicum, MD 21010**