

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, January 13, 2012
10:00 am to 11:30 am**

In attendance: Donna Shipp, Spencer Gear, Tim Chambers, Daryl Plevy, Karl Steinkraus, Dr. Helen Lann, Jarrell Pipkin, Vanessa Zimmerman, Jamie Miller, Jenny Howes, Melissa Schober, Jim Chambers, Terry Brown, Michael Schorr, Greg Burkhardt, Mark Greenberg and Herb Cromwell. **Telephonically:** Shajuan Forsey, Andrea Jackson, Christa Taylor, Toni Williams Jessica KREALS, Mary Brassard, JR Hughes, Judy Tucker, Darlene Wehn, and Dawn Beckett.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> December minutes were approved 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE—</p> <ul style="list-style-type: none"> None at this time <p>ValueOptions® Update—</p> <ul style="list-style-type: none"> Updated PharmacyConnect application demonstration: Donna Shipp, ValueOptions' Provider Relations Trainer led demonstration/webinar to show providers how to utilize PharmacyConnect. There will be training on January 18th and 25th and February 15, 2012. To register go to – https://www2.gotomeeting.com/register/851250234. <p>Q & A:</p> <ol style="list-style-type: none"> How is a provider/consumer relationship defined within the pharmacy report? The provider running the report must have a claim or authorization for that consumer in order to yield results. What does the instance count convey? The instance count is the number of times a report is run using the Scheduling action. This method is cumbersome and not recommended as part of the revised workflow, 	

therefore, the instance count should be ignored.

- **Regional Forums:** Karl Steinkraus announced that VO will be holding 4 regional forums on February 8th, 9th, 22nd, and 23rd. The topic will be Mental Health and Substance Abuse within Special Populations.
- **Incentive based new strategy plans for supporting OMHC Providers:** Looking at ways to support providers for outcomes to shift higher levels of care into lower levels of care. We are looking into giving incentives to providers who can achieve this goal. Rates are not set to change for services. The details are still being worked out.

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 21st to discuss the details of this topic. This will remain open until after the workgroup is completed.
- **VO claims denials based on eligibility changes over which a provider has no control – Herb Cromwell:** Update re email exchange before the holidays including this: "(A member) asked whether there's been an update on the CBH requests to be notified when auth dates change. Mary M. said there are two major circumstances here. An auth would change if a consumer changes providers and VO terminates the first provider's auth, but the first provider may not know it. Jamie is working on a report via IntelligenceConnect that is being tested by a handful of providers; a memo will eventually come out on this. Another instance is an uninsured span change based on an eligibility change; e.g. if a consumer loses MA eligibility Sept 30, VO adds a 30-day uninsured span through Oct 30 (auto-generated). MA may then be re-established in the meantime but if the consumer with eligibility codes D02 or D04 doesn't select an MCO, even though there is MA eligibility,

MA cannot actually pay until the date of MCO selection. So, if the consumer has MA reinstated Oct 1 but doesn't select an MCO until Oct 20, the span from Oct 1- Oct 20 isn't payable to the provider because the person is MA eligible but not payable and also not GZ eligible. MHA told VO they can't pay during the period of MA eligibility when the consumer hasn't selected an MCO, e.g. the Oct. 1 – Oct 20 period above. Herb said this is really an advocacy issue CBH will take to MHA. He asked CBH members for estimates of lost payments because of this

circumstance. : The consumer with D2 and D4 does not have eligibility until the consumer pays they pay the co-pay and select an MCO. These are higher income consumers at 200% and above poverty level that would need to pay the co-pays or pay out of pocket. Cannot have any leniency on this. The consumer is responsible for any payments not covered by insurance.

- **MHA Workgroup on PRP auth issues: (6 month RRP spans instead of 12, VO having to have a referral in hand before it auths PRP) and on CSA audit consistency (e.g different RRP site visit practices from CSA to CSA) -- CBH asks that the workgroup meet at least once more. Note at first workgroup meeting, also discussed was treatment, or lack thereof, of reports providers submit to CSAs about RRP movement (different time frames, little seems to be done with these) – Herb Cromwell :** There will be another workgroup scheduled to work on these issues per Daryl Plevy.
- **Question arose in CBH Rehab Com as to whether a consumer's somatic doc can be the referral source for PRP. For C&A PRP COMAR is clear that it's a professional involved in the child's treatment: "(i) Has been referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment center, or outpatient mental health services to the minor". For adults, however, there's no COMAR requirement on this; instead MHA mandated it via the infamous June 2008 memo. – Herb Cromwell :** Daryl said she would look into this but probably not. Incentives in PRP are being considered.

- **Status of OMS reports -- Are provider specific T2 over T1 reports ready yet? – Herb Cromwell:** These went into production in December. Should be ready by the end of January.

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