

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

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

In attendance: Marc Reiner, Daryl Plevy, Karl Steinkraus, Mike Drummond, Jamie Miller, Helen Lann, Herb Cromwell, Mark Greenberg, Jenny Howes, Nichole Saunders, Elma Alston, Brian Johnson, Tammy Fox, Crista Taylor, Shontae Harrell. **Telephonically:** Shajuan Forsey, Andrene Jackson, Dawn Beckett, Mark Greenberg, Darlene Wehn, Aggie Park.

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> July minutes were approved 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE-</p> <ul style="list-style-type: none"> Sanction Posting to the Web – This relates to the Secretary having asked the OHCQ to post providers who have been sanctioned on their website. Bill Durell with OHCQ has the lead in developing a process and protocol for doing that. This is still in process. The OIG’s office - The OIG’s office has gotten 5 new staff members for audits on fraud and abuse. They expect to start with mental health providers and then move into addiction and developmental disability providers. Budget Cuts - There was a cut to the budget in state and federal funds that are supposed to be made up in fraud and abuse. Daryl stated MHA is open to any thoughts or suggestions from providers. <p>ValueOptions® Update-</p> <ul style="list-style-type: none"> ICD-10 changes – Karl stated that these changes are coming soon. They have changed the effective date to October 1, 2014. This is a fairly significant change from the ICD-9. CPT Code changes – There will be some psychiatric codes that will be changing effective January 1, 2013. The APA has recommended a series of code changes but VO doesn’t have them yet. They are supposed to be published by the beginning 	

of October. Karl stated that they will be sending out provider notices when these are available.

- **OMS and QulP update** – So far 6 providers have signed up for their OMS provider log-ins. VO is working closely with Sharon Olhaver and the University of Maryland Systems Evaluation Center. A new provider alert went out yesterday to remind OMHC's that do the OMS process to contact VO to get their log-ins. We also have 6 providers that have signed up for quality improvement plans through the QulP program. VO is going to be doing some outreach to providers towards the end of next week to help them get signed up. Marc stated that signing up for QulP will get you everything all at once, the OMS, training, Daily Inpatient Census, and the Emergency Room Trending Report.

Provider Issues

- ❖ **What is the rationale for the September 11th memo on VO requesting medical records? – Herb Cromwell:** Marc stated the type of requests VO was referring to were compliance related, either related to an audit or an investigation. This was not referring to claim or auth requests.
- ❖ **QulP update including how many OMHCs have enrolled – Herb Cromwell:** This was covered under VO Updates.
- ❖ **OMS reports and future training per Sharon O discussion with CBH Clinical Committee – Herb Cromwell:** Daryl stated that Sharon is working on an OMS webinar to post on the VO website. It will have instructions and scoring documents. There should be a draft of this for the November Committee. The SEC is also working on an ideas/content for webinar training on conducting the OMS interview.
- ❖ **Status of RRP auth change protocols including schedule for providers to submit continuing auths. Also, when, if ever, will VO accept RRP auths directly without the provider going through the CSA? – Herb Cromwell:** Jamie stated that he has completed the schedule and reviewed it with the CSAs. There will be a provider alert today. There will be a start date of

October 1st. VO will work with providers. Jamie stated there isn't a plan for these reviews to be handled entirely by VO. The CSAs are handling the application process. If anyone has any issues with this process they can contact Jamie Miller. Jamie stated he will close the loop on trial RRP visits with MACSA.

- ❖ **Other recent PRP auth issues, e.g. care manager calls to agencies re: electronic signatures (should be allowed), referring clinician being different from clinician on referral order (should be OK), etc. – Herb Cromwell:** Jamie clarified the electronic signatures and stated that VO will accept an electronic referral from a licensed provider. Jamie stated if you get denied delayed or if you have any questions you can contact Jamie Miller or Elma Alston. Jamie has a workflow in progress for the Care Managers.
- ❖ **PRP for Uninsured: VO is denying new PRP auths for all uninsured (GZ) individuals, even those coming out of hospitals and correctional facilities. MHA said this is because of budget cuts even though the Governor's supplemental restored \$1.5 million for GZ PRP, IS this, in fact, MHA's policy? Why wasn't it put in writing in advance and when will it be put in writing? Are there exceptions? Will MHA allow alternative services such as TCM? What's going to happen to uninsured folks currently receiving PRP services? – Herb Cromwell:** Daryl stated there was an uninsured PRP budget cut in the last session. There was also a cut to PRP in HSCRC space (Hopkins Bayview) that was partially restored. The cut to PRP grey zone was taken during the session and not a subsequent policy decision by MHA. Brian Johnson said that Dr. Hepburn stated there was a specific cut to the uninsured PRP, and there wasn't any money set aside for it. People who are currently in PRP can stay there if the MNC is met. Jamie stated that he told the Care Managers that we do look for clinically extenuating circumstances. Daryl is working on a Provider Alert on this.
- ❖ **Related to the PRP for Uninsured bullet, here's one more piece from a member requesting a period of transition authorization for people losing services: "You requested examples of how the current Gray Zone (lack of) policy which does not allow for Transitions from RRP to lesser level of care would be potentially detrimental to individuals served. Maneuvering the community entitlement system(s) of Section 8, DSS , EID and SSA can be confusing and frustrating to our clients even with supports. Lack**

of understanding of necessary deadlines and needed documentation will lead to the loss of these resources and result in a domino effect of loss of services, housing etc. Many times we are talking about individuals who can be very successful in the community and no longer need the services of RRP IF community supports are available. Please remember that these individuals have multiple hospitalization and in some cases have spent a good part of their adult lives either hospitalized or incarcerated directly related to their difficulty managing their illness (es) without the needs based supports. It is so much more efficient to be proactive by providing these supports thus reducing the potential adverse results to the individual than saving pennies and crossing our fingers." – Herb Cromwell: Per Jamie Miller: If a consumer loses their Medicaid coverage, the State of Maryland continues to create an uninsured eligibility span of 30-days for the provider to work with the consumer to secure entitlements. However, an uninsured eligibility status does not assure an RRP, Acute IP, or State Hospital provider of a step down to PMHS funded, community-based PRP services. Requests for new, uninsured admissions to community-based PRP services will be managed by ValueOptions and will only be authorized in rare, clinically extenuating circumstances. Daryl added that housing money may become available to help move consumers from higher levels of care to the community.

- ❖ **A member reported: “We attempted to get an initial auth and sent up the referral that was signed by a mental health professional. We were denied and told to resend once we had the mental health professional’s license number. I was wondering if this is going to become a requirement.” This was news to everyone on CBH’s Rehab Committee. Is this a care manager training issue? – Herb Cromwell:** Jamie stated that it is not a requirement and that if there are problems with something like this then he needs the details of the issue sent to him so that he can speak with the provider and the care manager and correct it.

- ❖ **A CBH Rehab Committee member also reported a problem involving a care manager’s questions about the date of a referral even though the date was prior to the next auth period; we will provide additional details if we get them. – Herb Cromwell:** Herb is still waiting on more information.

❖ I keep hearing from providers that they are unable to load authorizations electronically from VO download because the CSV files coming from VO are not consistent over time, so anything that is set up stops working...Is it possible to get this looked at? It is expensive and inefficient to have to hand enter.

– **Spencer Gear:** Greg Burkhardt stated there is a glitch in the OMS auth process. Donna Shipp, Jamie Miller and Greg are all working on this issue. The cause still hasn't been identified. If this happens please contact Jamie with examples to help pinpoint the problem.

**The next Provider Quality Committee Meeting is scheduled for:
Friday, October 12, 2012 10 a.m.
ValueOptions® Maryland
1099 Winterson Road
Linthicum, MD 21010**