MHA/ValueOptions® Maryland Provider Quality Committee Meeting Minutes

ValueOptions® Maryland 1099 Winterson Road, Suite 200 Linthicum, MD 21090 Friday, August 8, 2014 10:00 am to 11:30 am

In attendance: Daryl Plevy, Jarrell Pipkin, Tammy Fox, Jamie Miller, Donna Shipp, Sharon

Jones, Karl Steinkraus, Mike Drummond, Steve Reeder, Trexavier Gayles

Telephonically: Sharon Ohlhaver, Rebecca Frechard, Linda McIntyre, Zereana Jess-Huff,

Deborah Cunningham, Shauna Regal

Topics & Discussion	Follow-Up Actions
Review and approval of Draft Minutes July minutes were approved.	
MHA/ValueOptions® Maryland Announcements	
MHA UPDATE - ❖ Announcement of ASO Daryl stated that the winner will be announced on the Board of Public Works agenda on its web site. The Board of Public Works will be meeting on September 3 to approve the recommendation.	
ValueOptions® Update-	
September Provider Council There will be no Provider Council meeting in September 2014.	
Provider Issues	

- ❖ BHA updates including (a) any news from Brian Hepburn following his request for ideas on expanding telemental health beyond OMHC's and (b) when March 2014 quarterly data report will be available? A) Daryl stated that there is no update, Herb provided a list to Brian of suggestions for expansion and we need to look at what Medicaid's proposal is so that we can be in line with that. B) Data Reports are done in draft form and Dr. Hepburn needs to look at them one more time so they should be available soon.
- When will ASO selection be announced? Answer provided above under "MHA Updates".
- ❖ VO updates including (a) when alert is coming out regarding DSM-5 and eligibility for SE (supposed to say nothing has changed here) and (b) status of the Regional Forums that are supposed to include CRISP training. There is no crosswalk but in terms of the issues surrounding the Mood Disorder there is no equivalent diagnosis in DSM-5. Jamie stated that a Provider Alert should be released today. B) Karl stated that the Regional Forum topics will include, Jail Data Link, CRISP, TBI and New VO Reports. More information will be available soon.
- Any VO update re the mid July email exchange about apparent tightening of PRP auths? Has anything changed? Jamie stated that two issues were brought to his attention. The first was that we were applying the state's regulations around a documented referral for PRP admissions. Some of the care managers were applying that to state hospital discharges and that was never the intent of MHA so they have been educated and properly trained. Second issue was a perception that we were pushing hard and looking for details regarding the initial referral and the continued stay demonstration of coordination of care. When the care managers are not able to gather all of the information necessary they have three choices; they can authorize

without the necessary medical necessity information (which would not be allowed by MHA), we can deny the authorization and have the provider go through an appeal, or we can void the authorizations. So to avoid a denial and to meet our time frames, we void the authorization, explaining that they can resubmit all of the information as necessary. If it is only the case that they need to submit additional details, such as the name or some sort of evidence of coordination of care, they can provide that to the care manager and the care manager can reopen the authorization without the provider resubmitting all the same clinical information. We are still holding the line on meeting all of the required elements before we can process a request for PRP.

- Any news from BHA and/or Medicaid on the issue of covering provider costs for interpreters in treating/supporting non-English speaking consumers? Recent correspondence was a July 16 email from CBH about a So MD case management case. Note that states can claim FFP by reimbursing for language interpretation. Daryl stated that the answer is "no": because it has to be funded in the budget and it is not. Rebecca elaborated by stating that although the Medicaid match issue has been reviewed a couple of times, it is not that clear cut that it is a matched service. It looks like it might involve some kind of an administrative match, and it's not something that the department is able to take on at this time.
- Any news from BHA and Medicaid on a meeting Steve Reeder was working on to address CBH concerns about a common assessment tool for PRP? Steve Reeder stated that they have been working collaboratively with Medicaid offices of long term care and community support services to address the requirements under the balancing incentive program. One of the requirements is for a common assessment tool to be administered for certain publicly funded services that are Medicaid reimbursable, so CBH has recommended the DOA 20 and there has been a broad consensus at BHA, Medicaid and the Provider Community that if there is to be an assessment, that is the best one to recommend. They have been doing an internal review and

contacting other states who use DOA 20 to find out about their experiences with implementation. They are not at the point now to talk about implementation.

- What was the total community provider E/M code retraction amount? Karl estimated the full retraction amount at \$1.2 million. Facility rate and non-facility rate was about \$600k each.
- Salary Survey Updates? Daryl stated that the salary survey is almost complete. We have 148 complete submissions and 2 incomplete submissions.

QuIP Updates

Jarrell Pipkin said that we did have our meeting, middle of last month, and we discussed different formats and new data points that we can incorporate into the status updates that we send QuIP providers each quarter. We will be adding more data in the next run and the current quarter 3 data is still being analyzed and he is hopeful that within the next two weeks we will have results out to the providers.

Other Issues and Announcements None The next Provider Quality Committee Meeting is scheduled for:
Friday, October 10, 2014 10 a.m.
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