

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, June 13, 2014
10:00 am to 11:30 am**

In attendance: Daryl Plevy, Zereana Jess-Huff, Mike Drummond, Herb Cromwell, Jarrell Pipkin, Guy Reese, Elma Alston, Helen Lann, Tammy Fox, Jenny Howes, Karl Steinkraus,
Telephonically: Sharon Olhaver, Abby Applebom, Jessie Garcia, Linda McIntyre, and Tim Santoni

Topics & Discussion	Follow-Up Actions
<p>Review and approval of Draft Minutes</p> <ul style="list-style-type: none"> April minutes were approved. 	
MHA/ValueOptions® Maryland Announcements	
<p>MHA UPDATE –</p> <ul style="list-style-type: none"> RFP Daryl stated that it is still in process and we will be notified when it is complete by either announcing the selection of someone or notifying us during a meeting. Accreditation/Regs Daryl stated that the first stakeholder meeting is on June 13, 2014 and it permits accreditation which is a requirement for operating a program in the behavioral health system. It requires that we write regulations. <p>ValueOptions® Update- None</p>	
Provider Issues	
<ul style="list-style-type: none"> ❖ Any details on E/M code payments retractions/take-backs such as will the entire repayment amount come out of the July 24th check run for each OMHC? Daryl responded that there are 2 portions of this. The first portion is about 70% of 	

the billing and that is a retraction for the slight rate decrease. The vast majority of providers are looking at under \$1,000.00 over that entire 6 month time frame. There is only one provider who has asked for a payment plan. The second half of the retractions will be for facility-based providers. Their rates will be a bit more decreased and be retro to January 1, 2014. Medicaid rates in general have always paid more for community rates for E/M codes because doctors in the community are not just paying their salary they are paying for their office space as well as the cost associate with running a business. Whereas, facility based providers get their space free at the facility so their costs are lower.

- ❖ **Any news/update re June 28th transition to DSM-5?** Karl responded that ValueOptions is going to go to DSM -5 and our ProviderConnect systems are being adjusted. Provider Alerts have been sent out and we have done one training on this topic that had very strong attendance. We have three more sessions that are scheduled.

- ❖ **Status of receipt of provider cost reports, salary surveys due June 2nd. Who will crunch the numbers? What will BHA do with cost report data? When will reports come out?** Jenny responded that out of 152 providers that were supposed to submit we have 106 that have completely submitted everything and is correct. We have 25 who have submitted partial and 21 who have submitted nothing and we sent out warning letters to those providers. As far as crunching numbers, Dr. Hepburn said that since they haven't replaced the community service system reimbursement rate commission yet that MHA will work internally with the finance office to analyze the information and do the reporting. BHA will use the cost report data to look at the relative financial condition of the providers and look at how to allocate expenditures and revenues to identify if and when providers in a given category deviate from the norm. The report will be issued by the end of calendar year 2014.

- ❖ **Our providers still see the need for some patients to be allowed combined PRP or other services combined with MTS treatment. The few patients who need this more than the 4-7**

or 8 visits per months that we are able to provide through MTS. (MTS requires four visit per month, and we do try to help, but cannot meet daily or 3 x weekly need for these few people). We have at times been able to request and be granted permission for these few individuals when this occurs, to have MTS and PRP authorized concurrently. Can we still do this? Dr. Helen Lann said yes you can still do this if a clinical need is documented.

- ❖ **VO RRP auth processing time – We discussed this in April. VO is flooded with requests at the end of the month so auth time is longer than 48 hours. Providers were asked to stagger requests during the month. In return providers asked that VO keep the 48 hour time for initial (not concurrent) requests. Is this happening? Nothing has come out from VO since then.** Elma Alston responded yes, this is being handled by Clinical Care Manager, Kris Kujawa.

- ❖ **Updates – Herb Cromwell:**

- ❖ **QulP Updates**

Jarrell Pipkin said that we have released the Year 2 Quarter 2 results to providers and are welcoming feedback and/or questions about the program. We are still seeing strong quality indicators on the engagement rate which is an indication of consumers staying with providers. Almost all of the QulP providers are in Tier 1 for that, which is the 90%-100% range. The average completion rate has more variability to it. As far as the financials, the comparison of the projected cost versus the paid claims was pretty close to 50%, halfway through the year we are right at 54% projected cost.

- ❖ **Update on CRISP training.**

This will be covered at the Regional Forum.

- ❖ **Other Issues and Announcements**

**The next Provider Quality Committee Meeting is scheduled for:
Friday, June 11, 2014 10 a.m.
ValueOptions® Maryland
1099 Winterson Road
Linthicum, MD 21010**