

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, August 14, 2015
10:00 am to 11:30 am**

In attendance: Stephanie Clark, Herb Cromwell, Mike Drummond, Maria Rodowski- Stanco, Karl Steinkraus, Ron Naraiu, Donna Jackson, Oleg Taruousug, Jenny Howe, Patricia Langston, Jarrell Pipkin, Patricia Langston, Guy Resse, Suegethea Jones, Larry Wilson, Rebecca Frechard, Kathleen Rebbert – Franklin, Sue Jenkins, Brendan Welsh, Andre Pelegirini, Wei Wu, Zhe Du, Tanya Ogbeide, Eva DeV Vaughn, Carlos Hardy, Joana Joasil, Jennifer Tuerke and Nicole Thompson

Telephonically: Daryl Plevy, Helen Lann, Mike Schorr, Vickie Isedore, Letisha Demory, Barry Page, Mary Rimi, Charles Poggioli, Julia Myers, Tim Santoni, Anna McGee, Hollie Grayson, Anne Schooley, Pam Hansel, Sharon Ohlhaber, Susan Wilkoff, Lisa Pollard, LaKisha Giles, Sheba Jeyachandran, Chris Kujawa, Marian Bland, Renita Franklin-Thrower Carrie Frost, Mary Brassard, Mary Reeny, Berry Candelario, Carol Crawford, Melanie Eggleston, Heidi Kendall, Keirstyn LaRue, Scott Alpert, Eugene Morris, Sarah Drennan, Jocelyn Tillman, Susan Kessler, Hollie Grayson, Keri Plasse, Thomas McCarty, Vicki Nicotra, and Carol Jones

Topics & Discussion	Follow-Up Actions
<p>Minutes from July were reviewed and accepted.</p> <p>BHA Update – Daryl Plevy</p> <ul style="list-style-type: none"> BHA applied for the Excellence in Mental Health Act creating criteria for a “Certified Community Behavioral Health Clinic.” If selected, Maryland would be one of up to 25 states participating in a one year planning grant which could lead to selection of several providers to participate in the demonstration in the following year. BHA anticipates being notified by October 2015 regarding selection for this opportunity. 	

Medicaid Update – Rebecca Frechard

- Rebecca reviewed the purpose of the new combined MH and SUD provider counsel. She stated that meetings will consist of open items submitted for discussion and that while the entire matrix of questions will not be reviewed in this first meeting, it will be included in the minutes from each meeting.
- Medicaid is currently accepting resumes for open positions. The department is specifically looking for individuals with policy writing experience. If anyone is interested, please apply. (note this recruitment closed 8/17)

ValueOptions® Update – Zereana Jess-Huff

- Karl completed introductions, announced the dates, times and purpose of the provider council meetings. He reminded all participants that these meetings will focus on provider topics and that, specific individual questions regarding claims issues, etc. should be sent directly to VO through customer service or the provider relations team.

Questions

Additional Questions:

Currently SUD providers are unable to provide off-site services in the community, is this being examined?

- This is a new issue for DHMH and is currently being reviewed. Historically, this was not in the SUD services array. Rebecca clarified that OMHC's are required to have physician oversight. This added oversight and monitoring is one of the primary reasons they are allowed to provide off-site services in the community. At this time, this is not a requirement for Type 50 providers in regulations. The current policy is that SUD providers are not able to bill Medicaid to provide this

type of service. The Department will continue to review this issue and will provide updates as appropriate.

- Rebecca made note that even if the federal government makes a change to a rule, that the state has to do a state plan amendment. This is not an instant turnaround, and every change made must be fully evaluated.
- It was clarified that MA does not reimburse for services rendered in a correctional facility.
- MA and BHA stated that there are grant funds that are available for providers to do outreach and that these funds can be accessed through the individual jurisdictions.

If a provider has consumers that have both MA and Medicare, but they are only billing under Medicare, do they need to enter an authorization into the VO system?

- If a provider is only billing Medicare, they do not need to enter an authorization into the VO system.

For co-occurring consumers, are both the MH and SUD diagnosis required on the OMHC claim?

- OMHCs are required to have both MH and SUD diagnosis. Both have to exist for OMHCs to treat.

Is it accurate that COMAR regulations only allow for a treatment plan to be billed every 6 months? Due to timing issues, there are times when providers may need to do a third treatment plan within a 365 day calendar year. Would the Department allow 3 treatment plans be paid per year and monitor to ensure that it is not abused?

- Rebecca advised the provider to write up their concerns to MA and they will review the process.

In a few instances when the initial and concurrent reviews are entered in the middle of the week, the claim for the concurrent gets denied. Is there a way to prevent this?

- Pat Langston, from VO Provider Relations, asked that the provider send examples for review by emailing her directly at patricia.langston@valueoptions.com. Once reviewed, VO will work directly with the provider on correcting any claims issues.

ICD 10 testing was completed with MA but how should providers coordinate testing with VO?

- Karl advised providers that all ICD-10 testing should be coordinated with Casey Spencer in the VO EDI Department. Casey can be reached by emailing Casey.Spencer@valueoptions.com.

If a consumer has dual enrollment and they come in for SUD treatment, who should providers bill first?

- Karl clarified by stating that for consumers dually enrolled in Medicare and Medicaid, Medicare does not cover that service and providers should bill VO. However, he further clarified that the participants must have full MA, not partial MA to be covered by MA in this circumstance. In ProviderConnect, providers are able to look at a consumer's funding sources. If a consumer is SDUL, that consumer is **not** fully covered by Maryland MA. If they have FDUL, then they **are** fully covered. A provider alert will be sent out shortly to clarify the process. (Alert was sent on 8/21/2015)