

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

**ValueOptions® Maryland
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, February 13, 2015
10:00 am to 11:30 am**

In attendance: Daryl Plevy, Rebecca Frechard, Herb Cromwell, Jamie Miller, Jarrell Pipkin, Gregory Burkhardt, Karl Steinkraus, Jenny Howes, Tom Merrick, Chris Kujawa, Sueqethea Jones, Sharon Jones, Patricia Langston and Destiny Lancaster

Telephonically: Tammy Fox, Guy Reese, Susan Bradley, Sharon Jones , Kathy Rebbert-Franklin, Howard Ashkin, Andriana Jackson, Roe Rodgers, Carol, Mary Baltimore County Health Department, Tim Santoni

Topics & Discussion	Follow-Up Actions
<p>BHA UPDATE – Daryl stated that BHA is still working through some of the go-live issues. BHA has received really good communications when there is a problem and they are working as fast as possible to resolve any issues. BHA really appreciates providers' patience and also their willingness to reach out to ValueOptions with their concerns right away. Last night the Mental Health Association had their legislative reception in Annapolis and Doris Kearns Goodwin was the speaker. Dr. Brian Hepburn and Dr. Al Zachik were awarded outstanding service awards.</p> <p>Medicaid- Rebecca Frechard Rebecca Frechard states that Medicaid understands the challenges associated with any transition process. Medicaid's goal is to balance the needs of providers along with what Medicaid can cover and also to ensure a seamless process.</p> <p>ValueOptions® Update- Karl Steinkraus Karl Steinkraus advised that ValueOptions staff are addressing concerns as quickly as possible. Karl</p>	

requests that providers keep sending any issues they have to provider relations and VO will make sure to coordinate with BHA and Medicaid.

Provider Issues

- ❖ **Regs: Are the revised BHA regs, 10.21.11, still on track for July 1 implementation? Any word on the status of the 10.01.08 regs on Sexual Abuse Awareness and Prevention Training?** Daryl confirmed that the regs are still on track for July's implementation. There is no update on the status of the 10.01.08.
- ❖ **When will providers know what the E/M code rates will be as of April 1 to reflect the BPW cut of all E/M code rates from 100% to 87% of Medicare equivalence?** Rebecca states that Mid-March is the time frame for when providers will know the E/M code rates. What will be expected is about a 12 to 14% decrease from the 2014 Medicare rates.
- ❖ **Medicare rates are usually adjusted in January. Does Medicaid and/or VO and/or BHA know what this means for the mental health E/M codes?** Same as last response.

Have issues related to child targeted case management payment been resolved? One issue has to do with an authorization now being required for an assessment. Tom Merrick was organizing a meeting. Tom Merrick noted there are currently child TCM programs in all but three jurisdictions: Montgomery, Allegany and Wicomico Counties. He noted that issues related to TCM have improved but not all have been resolved. Child TCM is a new program that has experienced its own transition within the larger transition of substance use services. The mix of outstanding issues is both operational and policy related. Jamie Miller stated that all of the authorizations that were in place prior to the transition have been updated. These were identified by report. Providers work very closely with Tammy Rolle who is the point person for case management services. Jamie stated that he believes that all of those authorization errors have been corrected, however if you have a situation which has not been

corrected, providers need to notify VO. Tammy Rolle contact information:
Tammy.Rolle@Valueoptions.com Phone: (410)-691-4087

- ❖ **CBH wants to again raise the issue of voided auths. PRP providers say a void does, in fact, require resubmitting all auth info, i.e. it is time-consuming. The care manager usually does give a heads-up call requesting more info but often gives only hours for the provider to get back. Can VO give the provider at least one full business day to respond to the pre-void call?** Jamie Miller stated that the difficulty is that half the PRP requests come in one week out of the month. During this one week, VO has hundreds of open PRP reviews that everyone on his team manages which may result in some inconsistencies in how they're managed. The care managers are frequently getting reviews that do not have required documents such as the initial referral or the coordination of care document which adds to the difficulty. The care managers have to void these reviews and for the voids to stay open VO needs to receive the missing pieces of information and then identify which case it belongs to. After identifying the correct case the care managers have to then open the voided request and reprocess that request. This is a problem the providers can help resolve by sending in the required information the first time.
- ❖ **A few PRPs report that in recent weeks VO has lost auth requests, i.e. says it didn't receive auths that the PRP says it clearly submitted. Slower auth times (5-6 days instead of the usual 1-2 days) are also reported. Are these temporary anomalies caused by the new workload?** Yes, the process is still the same. If you need more timely feedback about the authorization status please contact Jamie Miller directly: Jamie.Miller2@Valueoptions.com
- ❖ **Some RRP are saying that the new RRP application process is causing more legwork for the agency. In one case the local CSAs are sending the application without evidence that the referral was made by a licensed mh professional, so the RRP has to go track that down. The source of this problem may be the wording on the application: "It is recommended that the mental health professional and/or mental health provider who works most closely with the applicant complete the application." Since this isn't a mandate, apparently some applications are done by paraprofessionals without clear mh professional referral info. Other RRP report incomplete referral info from the CSAs requiring agency legwork (don't have more specifics).** BHA stated that their expectation with incomplete referrals would be that provider's only get complete referrals. The CSA would address these issues in terms of the completeness of the application. In terms of the mental health professional and the language around that. BHA (Steve and Russ) would really like some

feedback because BHA wants to make a careful decision on the wording on the application so it doesn't have unintended consequences.

- ❖ **When a provider wants to learn quickly about consumer eligibility status changes, is accessing an IntelligenceConnect report still the only way to do it?**

Yes, that is still the case.

- ❖ **QIP Updates –No Update**
- ❖ **Quality & Compliance Updates –No Update**
- ❖ **Other Issues and Announcements:**