

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

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

In attendance: Stephanie Clark, Herb Cromwell, Mike Drummond, Rebecca Frechard, Jenny Howes, Sequethea Jones, Sharon Jones, Patricia Langston, Helen Lann, Jamie Miller, Enrique Olivares, Daryl Plevy, Steven Reeder, Guy Reese, Donna Shipp, Anrissa Snead, Karl Steinkraus

Telephonically: Mary Brassard, Susan Bradley, Kathy Rebbert-Franklin, Zereana Jess-Huff, Susan Wilcox, Carol Jones, Mia Thompson, BHS Baltimore Representative (name inaudible), Chase Brexton Representative (name inaudible), Linda McIntyre, Daryl Haber, Sarah Hughes, Renee Jackson, 3 parties announced their presence but were inaudible.

Topics & Discussion	Follow-Up Actions
<p>BHA Update – Daryl Plevy</p> <ul style="list-style-type: none"> BHA continues to work through concerns related to the launch. They have found most concerns are related to the SUD workflow and they will continue to address these items. Uninsured workflow – the decision was made to leave grant-funded services at the local level at this point. BHA is aware that there is confusion around this issue, due to providers wanting to register a patient for data collection purposes and being prompted to complete a series of questions that would qualify the patient for fee-for-service payments, when this is irrelevant. A Provider Alert will be drafted to explain this situation. 	<p>A Provider Alert will be sent out to clarify the uninsured workflow issue.</p>

- Data Sharing – There has been an agreed upon plan to seek consent at a consumer level to share with the MCOs and any other provider the individual would like to share their information with. There is an approved consent form and the collection of consents start at the end of March/early April. A Provider Alert will be going out to explain this process. There will be training and assistance to the SUD providers to encourage everyone to sign the consent.

Medicaid Update – Rebecca Frechard

- MA continues to work through the issues related to billing for SUD labs and Buprenorphine service issues.
- MA is continuing to work through issues related to the ICF/IMD facilities (provider type 55). MA reiterated that the Department is constrained by Federal rules requiring specific areas of compliance with regard to this service type. We are working on developing guidance to help providers comply with Federal rules around these services. .
- Partial Hospitalization – a Provider Alert was released this week that effective 03/07/2015, providers can bill a full day PHP rate if they provide 6+ hours of PHP. This will provide more flexibility for this service. Providers are encouraged to contact VO if they have additional questions on how to implement this rate.

ValueOptions® Update – Karl Steinkraus

- VO continues to work through open issues as quickly and efficiently as possible.
- Bank Account – VO is on track for the new bank account going live on 04/07/2015. VO advised that Bank of America may have different policies regarding funds being dispersed and encouraged providers to

A Provider Alert will be sent out to explain the process for obtaining consent and trainings will be scheduled.

keep this in mind when the new account goes live.

- Check-run – VO announced that it will not be moving the check-run to Wednesdays and will maintain the Tuesday run, per providers' request.
- Clinical reported that providers may notice that they are speaking with different Care Managers (CM) than they are used to interacting with. VO is currently working on establishing geo-units so that CM's are able to become regional experts and better service the providers in their areas. VO will attempt to place CM's in areas where they are most familiar with the providers and services.

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?**
 - Regulations – Daryl reported that the new regs may not be on track for the July 1 release, as this has become a more complicated situation than originally thought. BHA is having to reconcile those regs with MA to ensure appropriate billing. The level of specificity is being worked through on an item-by-item basis and BHA will keep providers posted on this development.
 - Sexual Abuse Training – comments have been received and they are currently being reviewed.
 - Mandated Accreditation – the Department is working diligently to meet the target of October 2016 but recognizes that there may need to be flexibility with this timeframe.
- ❖ **Rebecca says the revised (lowered) E/M code rates will be available on or about March 23. Will that give VO enough time to load and pay as of April 1?**
 - The effective date of the new rates is April 1. Current public notice of the rates is set to be available on or about 3/23/2015. VO will be provided the rates that were set by the Board of Public Works. Although rates may change again based on the current legislative

session, the Department needs to move forward under the current guidelines and public notice.

- ❖ **Any word on Medicare rates that are usually adjusted every January? Does Medicaid and/or VO and/or BHA know what this means for the mental health E/M codes?**
 - Rebecca stated that the rates that will be posted on or around 3/23 reflect all adjustments that have been made.

- ❖ **Any follow up on the targeted case management issue from last time, including the unresolved issues of payment for assessment (i.e., if providers didn't know an auth was needed)?**
 - Jamie stated that providers need to ask for an assessment separate from the targeted case management. He further stated that if providers have been getting denials or are having issues, that they should contact him directly. Services must be preauthorized. VO believed this to be a unique problem for one provider, but if others are having issues or believe that they need exceptions, they should contact Jamie with details.

- ❖ **What are the plans, if any, for helping providers get ready for ICD-10 coming October 1?**
 - Karl stated that VO is planning on completing regional forums this summer and they will focus on the ICD-10 issue.

- ❖ **In early January, Medicaid agreed to a 60-day delay in the one-day change (one-day later) in the payment schedule to give providers time to adjust. VO was going to issue a memo before the change was to go into effect. Haven't seen any memo. When it does go into effect, will the system adjust for holidays (which have caused delays) so money transfers aren't delayed until a Monday?**
 - See VO Updates – Check-run

- ❖ **What is ValueOptions® policy on obtaining retro-authorizations for services that have denied as non-covered, max services met, policy terminated? At one time a copy of the primary EOB would be sufficient proof of primary denial and retro authorization would be approved.**
 - VO will have to take this item into consideration and will need to discuss offline with the Department.

- ❖ **What tool is available to determine if a beneficiary qualifies as uninsured coverage? We verify eligibility on date of service using 270/271 transactions.**

I understand 270/271 transactions are not available with ValueOptions at this time.

- VO does not do electronic verification with the 270/271. Providers can check eligibility through ProviderConnect. Consumers can lose coverage retroactively and VO would retract those claims if the consumer was not eligible. VO encourages providers to ensure that the consumer is in good standing with Medicaid. If the consumer loses Medicaid then the consumer can reapply.
 - This item was expanded upon by a telephonic provider, with specific reference to redeterminations. It was discussed that there was a situation where the redeterminations were behind. Once they caught up, consumers were found to no longer be eligible and the provider could not get compensated. MA discussed that the MCO's do perform outreach to their consumers to ensure that they are completing their redeterminations. MA will continue to review this issue.

❖ **QIIP Updates – No Update**

❖ **Quality & Compliance Updates – No Update**

❖ **Other Issues and Announcements:**

Dr. Enrique Olivares, VO's new addictions psychiatrist, was introduced to the group. He reviewed his extensive history in the mental health system and gave a quick background on his work history with substance use treatment in the state of Maryland.