

**ValueOptions Clinical Meeting  
Performance Improvement Committee (PIC Meeting)**

<b>DATE AND TIME OF MEETING:</b> Date: 01/12/09 Time: 1300-1400		<b>LOCATION OF MEETING: ValueOptions</b>  Room location: Conference Room
<b>Facilitator:</b> Brian Baker		
<b>Type of Meeting:</b> Quarterly		
<b>Welcome</b>	Technical difficulties prevented the meeting from initiating on time at the published number. Another number was emailed out to all providers and the meeting commenced at approximately 1310.	
<b>KHS</b>	Brian Baker introduced Carol Neeley (Clinical Director of Kansas Health Solutions (KHS)) who discussed the difficult scenarios with which providers deal when treating members that many times have both substance abuse and mental health concerns. Ms. Neeley discussed different times when it is appropriate to refer a case for emergency screening versus referring to a KHS provider for a psychiatric evaluation. She then discussed when to bill KHS versus when to bill VO for the services you are providing. Once VO has approval to do so, we will send Ms. Neeley's talking points out to all providers.	
<b>Coordination of Care</b>	The providers were updated on the Coordination of Care Committee that has been formed by VO, SRS, KHPA, Cenpatico, UniCare and Children's Mercy Family Health Partners. The committee is working on breaking down barriers for all clients but specifically for those that are pregnant substance abusers that may have a co-occurring mental health or physical health issue. A multi-party Release of Information should shortly be available to aid in coordination of care activities.	
<b>Documentation</b>	Please note that when mentioning psychiatric and/or substance abuse related medications in a CSR, please include the name, dosage, indication, and compliance as well. These are questions which our Medical Director will ask when reviewing the case for medical necessity. Having this information readily available will reduce the number of callbacks and delays in approving your requests.  Please note that the information presented to VO through the KCPC system must	

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	<p>match the information found in the client's chart at the provider's location.</p> <p>Please attempt to make the clinical information presented in a CSR time relevant to the period for which you are currently requesting authorization. VO has access to all of the information you have previously submitted. There is no need to re-send all of that information. Copying and pasting the same note into multiple CSRs is not acceptable.</p>	
<b>Timeliness of Requests/Administrative Denials</b>	<p>Beginning 01/15/09 VO will begin more aggressively enforcing the current timeframes for submission of requests for service. Discussion ensued regarding the fact that some delays in submission are beyond the control of the providers. VO will continue to make special allowances for some situations. The timeframes will not be as aggressively enforced when the delay is caused by a KCPC-related I.T. issue, so long as the provider documents this I.T. issue on the Call Log with the PERT Team. We also request that the provider communicate with VO about these delays. The other exception will be for instances where a previous provider is not being, or is not able to be cooperative in transferring a file. VO recognizes that these instances are beyond the control of the requesting provider and subject to special consideration.</p> <p>Another concern was raised related to the providers' inability to request services in the future. A work around was discussed that every provider has the ability to change the start date of the new CSR to the current date, and load the number of services provided into the previous CSR. This will automatically end the previous CSR effective the day before this action is taken, and start the new CSR as of the date of this action. It is essentially shortening the previous CSR; but allows you to do the new CSR when it is convenient for you.</p> <p>It was also explained to the providers that this action is not designed to catch every provider that is a few minutes late in entering a CSR. It is simply an attempt to enforce time standards for providers that are egregiously outside the appropriate timeframes.</p>	
<b>Other /Next Meeting Dates</b>	<p>The providers were asked for dates that would/would not work for the three remaining quarterly meetings in April, July, and October of 2009. The only response was that Fridays were not good. Brian will discuss with SRS staff and determine the dates to be distributed to the group.</p>	<p>Brian Baker is to provide meeting attendees with minutes, dates of remaining 2009 meetings, and Ms. Neeley's presentation as soon as</p>

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	Minutes were also requested to be sent out to the group as well as a list of the ideas presented by Ms. Neeley.	possible.
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