

MQIT Meeting Minutes

-Meeting Chair: Sheri Dawson **Attendees:** Sheri Dawson, Dan Powers, Rachel West, Bob Bussard, Abigail Anderson, Sue Mimick, Don Reding, Lisa Christensen, Sharon Wohlers-R1, Kathy Seacrest-R2, Theresa Ward-R2, Melinda Farritor-R3, Ann Tvrdik-R3, Ginger Marr-R4, Melinda Crippen-R4, Linda Wittmuss-R5, Dean Settle-R5, Sharon Rathbun – R6, John Murphy – R6

Meeting Date: April 1, 2010

Meeting Location: Magellan Health Services **Attachments:** MQIT Minutes 2-4-10, Magellan Health Services NBHS Clinical Review Activity February 2010 and March 2010 (2 handouts), Magellan MQIT Request Resolution Log

Meeting: MQIT

<i>Topic/Issue</i>	<i>Discussion</i>	<i>Recommendations/ Action</i>	<i>Resp. party</i>	<i>Due Date</i>	<i>Status</i>
<u>Welcome and Start Up</u>	Review of minutes.	Minutes approved			Complete
<u>Follow Up and Status Reports</u>	<i>Magellan Health Services NBHS Clinical Review Activity</i> February and March 2010 reports were presented by Lisa Christensen of Magellan. See attached.	Lisa Christensen will update the March <i>Magellan Health Services NBHS Clinical Review Activity</i> and DBH will send with the minutes.	Lisa will send and Sheri will email the updated March report with the April minutes	By next MQIT mtg	Minutes and report sent May 3, 2010.
<i>Appeals Report</i>	Providers are encouraged to pursue all levels of appeal – these are opportunities for second and third opinions. Providers are told the reason for a denial and should focus their appeal on providing specific information that addresses the reason.	Training on the appeals process is planned May 7, 2010. Magellan will send training notice. See attached.	Lisa and Don	By next MQIT mtg	Complete.
	The reports indicate a low percentage of providers utilizing all of the appeals process.	Lisa Christensen will work with Magellan staff on the report.	Lisa		

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	<p>There was a request to have information reported with total number and percent of requests for authorization that were authorized on the first time.</p> <p>Region 1 has a Halfway House appeal listed but that is not a service provided. Region 6 hospital authorization seemed high to the representative.</p>	<p>Lisa and Don will review the issues</p>	<p>Lisa/Don</p>	<p>Report back at next MQIT mtg.</p>	<p>Complete.</p>
<p>Discussion of New or Unresolved Issues:</p>	<p>Region 2 asked about the Nebraska Residency question on authorizations. This seemed to be a new question that was implemented without notice.</p> <p>Sheri explained Magellan was provided instructions on a particular provider and a particular service as it pertained to Residency.</p> <p>If a consumer is only switching providers and not level of care the consumer and have an open authorization – they must still be discharged from the original provider and re-authorized with the new provider through Magellan in order to account for the length of stay for specific providers and identify service dates and changes within the data set for reporting purposes.</p> <p>Region 6 stated that they had a problem reaching their Magellan Care Manager to discuss authorizations because the Care Manager was on vacation.</p>	<p>There are no additional care manager questions or data entry fields. No further action is required.</p> <p>Region 2 asked that further discussion take place at SOT.</p> <p>There is always another Magellan Care Manager that can discuss authorizations with providers if the one assigned is out of the office. Region 6 will relay the message to staff and providers that they need to either listen to the phone message of the Magellan Care Manager for an alternate name and phone number of a Care Manager who is covering calls or call the main Magellan phone number and ask for a care manager. Magellan will also relay the message to the Magellan Care</p>	<p>_____</p> <p>Sheri</p> <p>Region 6 will share with providers</p> <p>Magellan will remind care manager regarding out of office</p>	<p>_____</p> <p>Next SOT meeting</p> <p>By Next MQIT meeting.</p>	<p>_____</p>

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		Managers that it is their responsibility to ensure that information concerning their backup while they are out of the office is given on their phone answering machine for providers.	phone messages for providers.		
	<p>Region 5 Systems asked why one authorization took eighteen minutes but another one took forty-five minutes over the phone. Both calls concerned Community Support authorizations, but one took twice as long.</p> <p>Don explained that each case can be very different, and so the specific case numbers should be given to Magellan to investigate why one call took longer than the other. The case could have been more complicated, or the Case Manager could have had to ask more questions of the provider to get the answers needed. Magellan is working on training the Care Managers on types and numbers of questions needed currently for authorizations, but also providers need to be able to convey the information needed in a timely manner.</p>	<p>Dean Settle will email the specific cases to Don.</p> <p>Magellan will develop a report showing phone authorization time/stats.</p>	<p>Dean/Don</p> <p>Don</p>	<p>By next meeting</p> <p>Report status at next MQIT meeting.</p>	

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<i>Magellan Review of MQIT Issues/Log Report</i>	<p>Don reviewed the MQIT Issue/Resolution Log. He reviewed the following most common reasons for utilization of the authorization modification request log over the last 2 months (there were 169 reports):</p> <ul style="list-style-type: none"> • Wrong service location • Auth number not generated • Wrong ss# entered • Consumer appears on MRO yes/no incorrectly according to provider • Duplicate entry 	<p>Don will begin trending the authorization modification requests and report percentages of each in the next Magellan newsletter and MQIT. The newsletter will also include TIPS to address the most frequent issues.</p>	Don	Report status at next meeting	
<i>Service Reports by Provider location</i>	<p>There are 2-3 large agencies that have satellite offices. The multiple offices of each agency do not have unique location identifier numbers. Therefore service reporting to the location is not possible. The group discussed how to get a report with utilization of services by satellite office.</p>	<p>Region 3 and 5 should report preference for a quarterly or annual report of the information to Sheri Dawson.</p> <p>Magellan will then explore development of a report at the decided frequency.</p>	<p>Ann, Linda, Sheri</p> <p>Don</p>	<p>Provide update at next meeting.</p>	Completed.
<i>Authorization Modification Request Form</i>	<p>There were no questions.</p>	<p>No action needed</p>			
<i>Discharge Compliance Report (Clean up of data system) and Administrative Discharge Discussion</i>	<p>There will be three phases in the Administrative Discharge.</p> <p>Phase 1: Lapsed authorizations and registrations target completion April-July 2010.</p> <p>Phase 2: Incomplete Authorizations/Pre-Auths</p> <p>Phase 3: Duplicate Registrations (most</p>	<p>Magellan will implement a pilot/test with selected providers.</p> <ol style="list-style-type: none"> 1. Obtain volunteers for pilot and contact information. 2. The Bridge and the Crisis Center are the providers identified for the pilot. 3. Magellan will test discharge at the 	Don	Report status at next meeting.	

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	<p>complicated phase)</p> <p>DBH has asked that all providers have a current process for discharging consumers so that these do not build up again as they did in the past.</p> <p>Discharged consumers are still showing up on the Houses of Hope TADS.</p> <p>When a provider discharges a consumer it will not automatically show up if a report is run directly afterward. They are static reports and are only updated once a month, so it depends on when the consumer is discharged as to when the change will show up on the report.</p> <p>Also, if a consumer has used multiple services at multiple levels of care, the consumer could still show up if that individual was not discharged from the other services also.</p>	<p>pilot sites.</p> <ol style="list-style-type: none"> 4. Magellan will produce a report stating which consumers would be discharged for the administrative discharge. 5. The Bridge and the Crisis Center will be given a certain amount of time to review the report and ensure the list is correct. The consumers will then be discharged with the consent of the providers. <p>No further action required at this time.</p>			
<p><u>Follow-up and Status update from February Minutes:</u></p> <p>Living Situation and Social Support Question</p>	<p>Living Situation Follow up: Bob and Sheri led the discussion which included reviewing the three handouts that were emailed to MQIT. It was pointed out that there should be a slash (/) between the two words 'homeless' and 'shelter' because not all people who are homeless stay in shelters.</p> <p>If a consumer lives in Assisted Living arrangement the provider should choose 'Other/24 hr. res. Care'</p>	<p>Magellan will be asked to place a slash (/) between the words 'homeless' and 'shelter' on the drop-down list. Written communication on this clarification will be sent to providers.</p>	<p>Bob and Sheri</p>		<p>Email sent on living situation update to the List Serve on 3/9/10. Status: Complete.</p>

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	<p>on the drop-down list.</p> <p>Social Support question that is on the data system is changing from a yes/no answer to a dropdown list of frequency. This is because the Federal reporting requirements have changed for that question.</p>	<p>An email will be sent to the Big List about the Social Support question that is on the data system. It will change from a yes/no answer to a dropdown list of frequency.</p>	Bob		<p>Email sent to the List Serve on 2/23/10. Status: Complete.</p>
<p>Misc Items Training Reminder</p>	<p>Trainings: May 7th - Webinar on the Appeal Process and Peer Review with Lisa Christensen from Magellan. There are two sessions: 1-2:30pm and 3-4:30pm.</p> <p>April 13, 14, 15 – Training on Adult ASA and MRO Claims Payment Process by Don with Magellan and Medicaid, DHHS.</p>	<p>This is a training for clinicians, and all people requesting authorizations from Magellan. It will not include any billing discussion.</p> <p>This is a training for clinicians and also for anyone that deals with billing. Billing issues will be addressed.</p>	Bob		<p>Reminder Sent on the List Serve on 3/24/10.</p> <p>Reminder Sent on the List Serve on 3/29/10.</p>
<p>Commitment and date information for Commitment Report</p>	<p>Youth were being included in the EPC reports in Region 3. Sheri clarified that in Region 3 if a provider enters a youth in the data system as "EPC" and not "Crisis Inpatient, Youth" then they will show up in the EPC reports. Providers need to ensure proper registration service is selected.</p>	<p>Region 3 will remind their providers that they should enter youth who are seen as "Crisis Inpatient Youth" and not as "EPC."</p>	Ann Tvrdik	Ann will remind Providers by next meeting	
<p>EPC and IPPC discharges</p>	<p>Region 5 Crisis Center - EPC and IPPC discharges are a problem. Currently a provider must perform a discharge from each service. The Crisis Center serves individuals who are EPC and after commitment are considered IPPC.</p> <p>Unfortunately, just as in the hospitals, there is no linkage from service to service so providers must enter a discharge for each one. The administrative discharge will not address this problem.</p>	<p>Sheri will work with Don and Linda regarding the Crisis Center discharges for IPPC.</p> <p>Magellan will be asked to review options for discharges for short term services that change such as the Crisis Center, inpatient, assessments, etc.</p>	Sheri, Linda, Don	Report next meeting on status	

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Next Meeting	May 6, 2010, from 2:00-3:30pm.				

Respectfully submitted,

Abigail B Anderson
 (Name of minute's taker)

3/7/10
 (Date)

Sheri Dawson
 (Name of Chair)

3/7/10
 (Date)