

MQIT MEETING MINUTES

Meeting Chair: Sheri Dawson
Meeting Date: September 16, 2010
Meeting: MQIT
Minutes Submitted by: Eva Abbey

Attendees: Magellan: Sue Mimick, Don Reding, Lisa Christensen; Region 5: Linda Witmus, Dean Settle; Behavioral Health: Sheri Dawson
Attendees by Phone: Region 1: Sharon Wohlers; Region 2: Kathy Seacrest, Angie Smith; Region 3: Ann Tvrdik; Region 4: Melinda Crippen
Attachments: None

Topic/Issue	Discussion	Recommendations/ Action	Resp. party	Due Date	Status
Welcome and Start Up	Approval of Minutes The minutes of the previous meeting were unanimously approved as distributed.	_____			
Follow-Up and Status Reports	<p>Follow up NBHS 206 regulations & NBHS/Medicaid adult service definitions hearing held 8/19/10.</p> <p>DHHS internal regulations review nearly completed with recommendations being forwarded to Director Adams for approval. Meeting to be set with Medicaid and Magellan to review feedback on service definitions.</p> <p>Youth service definition work is ongoing.</p> <p>Status Report Issue Resolution Matrix reviewed (additional categories reflected in July & August 2010).</p> <ul style="list-style-type: none"> • July_92 requests for change with 36% related to “no ASA/MRO authorization number” issue. • August_88 requests for change with only 17% related to “no ASA/MRO authorization number” but an increase from 7.61% to 21.59% in “Authorization Not on Auth Report”. This was generally due to incorrect SSN or correcting a CPT. • “No Change” category indicates Magellan did not need to do a change. • Reminder: From “edit registration”, providers can correct a name. 	_____			_____

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	<ul style="list-style-type: none"> For clients who become Medicaid eligible, the provider must contact Magellan to retrigger the authorization to generate the Medicaid authorization. Failure to do so will result in claims denial by Medicaid. Magellan cannot correct anything with respect to claims being denied by Medicaid due to "spend down". 	Retro Authorization issues to be addressed by DHHS including Don and Sheri constructing guideline for providers with respect to retriggering the correct authorization.	Don and Sheri	Dec. 2010	
Appeals and Call Center Reports	<p>Appeals Reports</p> <ul style="list-style-type: none"> The number of requests for reconsideration remains low. Don is to determine for Region V who the "acute authorizations" were for in August 2010. Region 3 reports that providers do not think this report accurately reflects authorization denials (i.e., those denied by the Care Manager. Magellan requested name of client and Care Managers in order to follow up.) 2409 authorization for July-August 2010. <p>Call Center Reports Magellan Call Center goals and thresholds for both Customer Service Associates and Care Managers were met in July and August.</p> <ul style="list-style-type: none"> Magellan to clarify "Average Talk Time:" and "Handle Time" calculations and identify which time is actually provided on the report. Question on coverage if "assigned" agency Care Manager is out of the office Magellan would assign a backup. <ol style="list-style-type: none"> Assigned Care Manager notifies agency they will be out of the office and whom to call. Call into Magellan Queue and get the next available Care Manager. Customer Service Associate should know the backup plan/staff. If provider gets a busy signal, leave a voicemail or ask for Carl Chrisman or Tamara Gavin. 	<p>Don check on acute authorizations for Region 5</p> <p>Magellan clarify phone calculations</p> <p>Magellan (Lisa and Carl) will check if there is a zero out option and if so, where does the call go. Could the call zero out to the queue?</p>	<p>Don</p> <p>Lisa and Don</p> <p>Lisa and Carl</p>		

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Misc	<p><u>New Business and Agenda for Next Meeting</u></p> <p>Training Needs In addition to those identified in last month's meeting, requests were for treatment planning, PTA/Assessments/and addendums, access to & sharing of information, PTA information, and printing TADS.</p> <ul style="list-style-type: none"> • DHHS internal discussion on implementing changes to Community Support MH and SA authorizing and rate changes to occur in October, changes will be in effect 11/1/10. • NBHS will retain the monthly case rate for community support which will be different than Medicaid and LTC. <p>Sharing of Data and File Exchange Pilot File layout near completion with testing anticipated within 2 months. This should not affect Regions II interface with Magellan.</p> <p>Discharge Linkage Magellan has explored options and there is no way to do a single discharge for several service types. Each service type has its own start/end dates.</p> <p>Continuing authorization for service when a client changes location or provider Currently, the existing authorization must be closed-discharged.</p> <p>Administrative Discharge Magellan indicates they believe they could discharge by service type "across the board" or by provider by service type; and are leaning towards the latter.</p> <ul style="list-style-type: none"> • Phase I- Administrative D/C of those with end date prior to 7/08: Will be doing more global testing before making a major change. 	<p style="text-align: center;">_____</p> <p>Magellan (Don) is considering if there are additional pre-population of discharge fields that could occur.</p> <p>Carl will explore potential modifications to the authorization process whereby the remaining authorization period, if any, is transferred to a new provider without another clinical review.</p>	<p style="text-align: center;">_____</p> <p>Don</p> <p>Carl</p>		

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	<ul style="list-style-type: none"> Phase II- Duplicate pre-authorizations: Is in testing and still anticipated to occur 2-3 weeks following Phase I. This piece is less complicated as it involves only a single pre-auth code. Phase III- Duplicate registrations are under development. <p>Injectable Medication Internal meeting held between the Division, Medicaid, Magellan, and RC staff. Summary: Injectable medications are an alternative to oral medication, will be authorized with clinical rationale, and documented clinical history. This history, once given, is retained within the system and subsequent authorizations should be easier as a result.</p> <p>Tad Change Requests (Page number, printing, etc.)</p> <ul style="list-style-type: none"> E Solutions is working on the page number issue. Printing is a training subject. <p>Days Waiting for Treatment Clarification for Registration Information</p> <ul style="list-style-type: none"> Definition: Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical services was provided. Excluded are time delays resulting from client failure to comply with administrative procedures or failure to meet other obligations. Days waiting would be like the number of days that is put on the capacity waiting list. If the consumer waited 10 days for admission and was offered admission then decided to they did not want to come in for 5 more days, the days waiting would be 10. 	<p>Sheri will clarify with DBH Administrator regarding LRC getting authorizations prior to discharge from the LRC and will follow up with MQIT at the next meeting.</p> <p>Don follow up on page numbering</p>	Sheri		

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	Adjournment Meeting was adjourned. The next general meeting will be 1:00 p.m. on October 21, 2010 in Magellan Conference Room, or by Conference Calling at 1-866-292-9469 2665A#				

Respectfully submitted,

(Name of minute's taker)

(Date)

(Name of Chair)

(Date)