

MQIT MEETING MINUTES

Meeting Chair: Sheri Dawson

Attendees: Sheri Dawson; Region 2: Kathy Seacrest and Angie Smith; Region 3: Melinda Farritor and Ann Tvrdik; Region 4: Amy Stachura and Ginger Marr; Region 5: Linda Wittmuss; Region 6: John Murphy; GAP: Wanda Swanson; Magellan: Carl Chrisman, Lisa Christensen, and Don Reding

Meeting Date: November 18, 2010

Attachments: Appeals report and Call Stats, County of Residence Handout, Discharge Status Handout, Change in Eligibility and Care Manager Coverage Handout

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Topic/Issue	Discussion	Recommendations/ Action	Resp. party	Due Date	Status
Welcome and Start Up	Approval of Minutes	None			Complete
Follow-Up and Status Reports	<p>Minutes</p> <ul style="list-style-type: none"> Discharge linkages, county of residence and discharge status for drop downs and use of "transfer" will be carried over to the next meeting <p>Change in Eligibility</p> <ul style="list-style-type: none"> A note was sent to the list serve instructing providers on how to re-trigger an authorization for an individual who has a change in eligibility for Medicaid/DBH. <p>Care Manager Coverage</p> <ul style="list-style-type: none"> A note was sent to the list serve instructing providers regarding care manger vacation coverage. <p>Issue Resolution Matrix Reviewed</p> <ul style="list-style-type: none"> Last month there were 101 items requested for resolution The rate of request for auth numbers remained the same 9 of 20 requests for authorization numbers were found to be in error as there was already an auth # in the system There was an increase in the number of requests to fix a SS# which was entered incorrectly by the provider There were a number of requests for change in service locations 	REMINDER: Providers are reminded to double check the SS# entry before saving the registration.			Complete

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Appeals and Call Center Reports	<p>Lisa reviewed the appeals and call center reports.</p> <ul style="list-style-type: none"> • Appeals/Clinical Review Activity numbers are in line with other months. There continues to be a low number of cases that go to the reconsideration stage of the appeal process • Call Center Statistics – There has been a focus for the care managers to work efficiently. For the second month in a row, there is a decrease in average handle time. 	Providers are reminded to utilize ALL stages of the appeal process on behalf of the consumer.			Complete
Misc	<p>Change in Location/Provider for Authorizations</p> <ul style="list-style-type: none"> • Magellan has not had an opportunity to finalize any decision with Medicaid and DBH <p>File Exchange Pilot – Don continues to work with the providers on the pilot. There should be a test in December 2010.</p> <p>Discharge Information and Linkage – There are limited options as many of the fields are pre-populated already. Final decision to come but not many options.</p> <p>Discharge Compliance Project – Providers are to pass along names of individuals who they have tried but are unable to discharge from their discharge compliance report. The regions will provide the aggregated list from the providers to Bob Bussard. The providers should focus on the AUTH END DATE on the report and address those prior to July 1, 2008.</p> <p>The administrative discharge is being tested by Magellan and Phase I and II should be complete when testing is accomplished.</p>	<p>Magellan to obtain final decision from Medicaid and DBH at the contract meeting on Monday.</p> <p>Continue to pilot</p> <p>Regions are to provide a list of names to Bob Bussard by the end of December 2010. Magellan will facilitate a conference call by Regions with providers to facilitate discharge of individuals on the discharge compliance report. The call will assist Magellan with any system issues and provide TA to the providers regarding discharge processes.</p>	Don	Jan Meeting	

