

Nebraska Division of Behavioral Health
MQIT
 September 24, 2013 / 9:00-10:00 a.m. Central Time
 DBH/Live Meeting & Conference Call

Meeting Notes

I. Attendance

Heather Wood

Region I – Barb Vogel, Cara Didier, Lisa Simmons, Phil Darley, Rose Schnell
 Region II –
 Region III - Ann Tvrdik, Melinda Farritor,
 Region IV –Melinda Crippen, Tana Godel, Amy Stachura
 Region V – Linda Wittmuss
 Region VI –Joel Case, John Murphy
 Magellan – Lisa Christensen, Patti Ryan, Tamara Gavin, Lori Hack, Linda Dubbs
 DBH –Cody R Meyer, Bob Bussard, Heather Wood, Ying Wang, Teresa LaFon

II. Welcome

Heather Wood

- Heather welcomed attendees to the meeting. Attendance was taken.
- Overview of agenda. No additions were requested.
- The August Draft minutes were approved. No additions or questions were noted.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send approved minutes to group via email and post on web site: http://dhhs.ne.gov/behavioral_health/Pages/beh_mqit.aspx	Robert Bussard	Complete

III. Regional Questions/Discussion

Lisa Christensen

- ***Regions that have questions for Magellan should have these to Bob Bussard by the end of day Thursday, prior to the next scheduled MQIT meeting (Robert.bussard@nebraska.gov).***
- Answers will be better addressed if Regions are able to submit their questions with examples or other details rather than generic questions.

- Update on Implementation of Medicaid At Risk Managed Behavioral Health Care:
 Tamara Gavin addressed the group and provided a power point presentation on the differences in admission and discharge of Medicaid Managed Care and Medicaid Fee For Service eligible members as opposed to NBHS eligible members. ONLY NBHS eligible members are registered/authorized as before. Procedural changes have been implemented by Magellan on behalf of Medicaid requiring agencies to call Magellan Care Management to authorize MRO and ASA services for Medicaid Managed Care eligible members. When participants were asked about confusion on the part of the agencies, Region 1 and 5 indicated they felt the process was going smoothly, albeit Region 5 did say that they were aware of denials that might be brought to fair hearing.
- Changes in TADS: With the implementation of the managed care contract, TADS will no longer display MRO Yes and No information. A discussion on possible alternatives for audit purposes by call participants ensued with Magellan and NBHS indicating they are exploring alternative ways of retrieving information for regions on cross eligibility of members to both systems. Agencies are encouraged to go to the Medicaid eligibility resources supplied on line http://dhhs.ne.gov/medicaid/Pages/med_eligibility.aspx or over the phone to determine eligibility status of members. For MRO/ASA services, Medicaid eligibility is to be determined as NBHS will not reimburse for persons found Medicaid eligible at authorization or at audit.
- Code Changes: All coding for Medicaid Managed Care members is conducted by Magellan care

management staff on review during telephone conversation. Magellan generates an authorization and authorization letter for agencies for reimbursement purposes. New authorizations and payment processes are outlined in the Magellan training and are available on the <http://magellanoftnebraska.com/> web site in the Medicaid Members Welcome box provider training link.

- Magellan did mention code changes are proposed for children services and that the public hearing has been held. Updated regulations are at the Attorney General’s office for review and Magellan will notify when approved. Magellan website has a summary of codes.
- Discharge Compliance Report: Magellan has rerun the Discharge Compliance Report for September as a programming error was found. Regions received revised reports the afternoon of the meeting, with web reports available Thursday 9-26-13.
- Annual Reports – Linda Wittmuss asked when annual reports would be available. Patti Ryan indicated the reports are being run and should be available within the week.

IV. Magellan Updates

Heather, Bob Bussard, Magellan

A. Report Discussion

The Average Handle Time Report and the Appeals Report will be available each month as handouts via Live Meeting. Discussion will be limited to one report each month, unless a specific request is made to discuss another report.

Reports Discussion:

- Lisa Christensen discussed the Appeals Report for August. She indicated that this report did not include any activities of the at risk managed care contract. Dr. Christensen did indicate a review of September activity to date found no uptick in trends appeals. September’s report will be available to the group at the October meeting.
- Dr. Christensen did direct the group to the revised wording of the appeals process. There continues to be three levels of appeal as in the previous system; Peer review, Appeal and State Fair Hearing. (Appeal used to be called re-consideration).
- Just a quick note that MRO and ASA services clinical eligibility does require medical necessity for authorization see <http://dhhs.ne.gov/medicaid/Pages/Nebraska-Medicaid-Medical-Necessity.aspx>

B. Reporting Updates

Patti Ryan, Bob Bussard

Tamara Gavin and Lori Hack indicated Magellan corporate offices were reviewing DSM 5. Some providers are reporting DSM 5 usage. NBHS is not using DSM 5 at this time.

CPT Code Follow Up

Heather Wood

- Magellan Corporate has a work group to discuss DSM 5 implementation. Meetings have begun. More information will be provided as it becomes available.
- ICD 10 is effective on Oct 1, 2014. All agencies will need to be ready by then.
- Region 1 asked about changes to youth and adult bio-psyosocial assessments and pre-treatment assessments regulations. Magellan staff indicated that Chapter 32 sections 1 and 2 public hearing have been conducted eliminating these as reimbursable services and Magellan is waiting further action before notifying agencies. Similar actions are anticipated for the Adult services under Chapter 20 and 35 in coming months.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Update Discharge Compliance Reports to regions	State	Sent 9-25-13 PM
Update Discharge Compliance Reports on Web	Magellan	Done 9-26-13

Annual reports to regions	Magellan/State	October 3, 2013
Discussion on TADS reports	State, Magellan Regions	Ongoing
NBHS-Medicaid Joint Service Definitions http://dhhs.ne.gov/behavioral_health/Documents/BH-Medicaid-Svc-Def-2006.pdf	Bob to find	On Web – link here

Provider Manual Feedback

Please continue to provide feedback as it is received. The provider manual is on the web.

V. Meeting Close

Heather, Bob, Group

Call for October 2013 MQIT Agenda Items was made.

- Please forward items to Bob Bussard or Heather Wood by Thursday, October 17, 2013. Please note that there has been a change in the length of this MQIT meeting due to NMT.

- Next meeting: October 22, 2013, 9:00 – 9:30 a.m. Central Time
- Adjourned at 10:00 a.m.

Notes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Notes are intended to provide only a general summary of the proceedings

Attachments:

- *PDF slides for differences in protocol for NBHS and Medicaid Admissions and discharges under at risk managed care*
- *Appeals report for August 2013 – statewide numbers.*

Update on Authorization Process



- MRO/ASA Service providers:
 - For providers of Medicaid Rehab Option (Community Support, Day Rehab, Psych Res Rehab, etc) and Adult Substance Use Disorder Services (Community Support, Intensive Outpatient, Short Term Residential, etc), you will no longer register Medicaid Managed Care members through the Magellan Website—you simply call to request the service via telephonic clinical review with a Magellan Care Manager
 - Members funded for services through the Division of Behavioral Health will continue to follow the existing process and pre-auth the service on the web and then call Magellan for the clinical review if the requested service requires an authorization.

Discharge Process for MRO/ASA Service



- Magellan authorizations for Medicaid Managed Care members must be discharged by calling the Magellan Care Management Center at 800-424-0333 and speaking with a Customer Service Associate. The provider OR the member/guardian can discharge MRO/ASA authorizations. Should a member or guardian discharge the authorization, a discharge notification letter is sent to the provider to inform them of the discharge.
- Authorizations/Registrations for services funded through the Division of Behavioral Health continue to be discharged by the provider through the provider website.

**Magellan Health Services
NBHS Clinical Review Activity
August 2013**

ALL REGIONS																			
All Reviews				Not Medicaid Eligible								Medicaid Eligible							
Total Req	Total Auths	Req Denial Rate	Rvw Denial Rate	Level of Care	Rvw	Rvw Auth	Rvw Deny	Recon	Recon Auth	Recon Deny	Rvw Denial Rate	Level of Care	Rvw	Rvw Auth	Rvw Deny	Recon	Recon Auth	Recon Deny	Rvw Denial Rate
						Authorize	Denied		Authorize	Denied				Authorize	Denied		Authorize	Denied	
11	11	0.0%	0.0%	ACT								ACT - MRO	1	1					0.0%
6	6	0.0%		ACT-Alternative								ACT-Alternative - MRO							
300	286	4.7%	48.3%	Acute Inpatient	29	15	14				48.3%								
401	388	3.2%	85.0%	Community Support - MH	17	8	11				64.7%	Community Support - MRO	3	1	2				86.7%
80	80	0.0%		Community Support - SA								Community Support - ASA							
75	72	4.0%	60.0%	Day Rehabilitation	4	2	2				50.0%	Day Rehabilitation - MRO	1		1				100.0%
12	12	0.0%		Day Treatment - MH															
28	25	3.8%	50.0%	Dual Disorder Residential	1	1					0.0%	Dual Disorder Residential - ASA	1		1				100.0%
42	42	0.0%	0.0%	Halfway House - SA	3	3					0.0%	Halfway House - ASA							
				Intensive Outpatient - MH															
82	88	4.3%	66.7%	Intensive Outpatient - SA	5	1	4				80.0%	Intensive Outpatient - ASA	1	1					0.0%
17	17	0.0%		Intermediate Residential - SA								Intermediate Residential - ASA							
78	78	0.0%		Outpatient - SA								Outpatient - ASA							
25	25	0.0%		Psychiatric Residential Rehab								Psychiatric Residential Rehab - MRO							
11	11	0.0%		Secure Residential								Secure Residential - MRO							
128	127	0.8%	100.0%	Short Term Residential Tx - SA	1		1				100.0%	Short Term Residential Tx - ASA							
37	35	5.4%	80.0%	Sub-Acute Inpatient	4	2	2				50.0%								
16	16	0.0%		Therapeutic Community - SA								Therapeutic Community - ASA							
39	39	0.0%		Other LOC								Other LOC							
1306	1358	2.7%	53.5%	Totals ▶	64	30	34				53.1%	Totals ▶	7	3	4				57.1%

Definitions:

Total Req - The total number of times the service was requested during the reporting period, whether or not it went to clinical review.

Total Auths - The total number of times the requested service was authorized, whether or not it went to clinical review.

Req Denial Rate - Of the requests that went to clinical review, the number of times the requested service was denied divided by the Total Req.

Rvw Denial Rate - Of the requests that went to clinical review, the number of times the requested service was denied divided by the number of reviews for that service.