

Nebraska Division of Behavioral Health

MQIT

February 18, 2014 / 9:00-10:00 a.m. Central Time
DBH/Live Meeting & Conference Call

Meeting Notes

I. Attendance

Heather Wood

<p>Region I – Barb Vogel and Jolene Fales Region II – Angie Smith, Kathy Seacrest, and Mary Wagner Region III - Ann Tvrdik and Melinda Farritor Region IV –Melinda Crippen, Tana Godel, and Ingrid Gansebom Region V – Linda Wittmuss Region VI –Joel Case, John Murphy, and Stacey Brewer Magellan – Lisa Christensen, Patti Ryan, and Lori Hack DBH –Heather Wood, Sue Adams, Bob Bussard, Cody Meyer, Kunal Dash, and Teresa LaFon</p>
--

II. Welcome

Heather Wood

<p>A. Heather welcomed attendees to the meeting. Attendance was taken. B. Overview of agenda. No additions were requested. C. The October 22, 2013 Draft Meeting Notes were approved.</p>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send approved October 22, 2013 Meeting Notes to group via email and post on web site: http://dhhs.ne.gov/behavioral_health/Pages/beh_mqit.aspx	Robert Bussard	Complete

III. Magellan Updates

Bob Bussard, Lisa Christensen, Patti Ryan

1. Report Updates

Patti Ryan

<p>A. NOMS (National Outcome Measures System) – These reports are reliant upon having good data in the system. Information on Admission and Discharge is key and important to have the data reliable. All the NOMS reports are covered in the provider detail reports. Statewide by services type NOMS include education and employment, crime and criminal justice, stability of housing, reduced morbidity, access capacity, and retention (meaning average length of stay). For all of the reports except for the Access Capacity and the Retention report, services discharged or re-registered during the report period are the reports pulled and put on there. We only include services where values at Admission and values at Discharge, or Re-registration are available. If one of those two components is missing the data they are not included in the reports.</p> <p>Access Capacity and Retention Reports – These reports are built based on services that are utilized during the report period. It is very important that the data is correct in these reports. There are some exclusions as noted on the reports including: any record with discharge of Death or Incarceration, where the service type can't be identified and grouped into the right category, and on the Access Capacity Report records where there is no gender code listed are excluded. Detox is only included in the Access Capacity Report.</p> <p>Improvements are calculated by the number of records showing improvement plus the number of</p>

records that are the positive same and divide that by the total number of discharges and re-registrations and multiply by one hundred.

Average Length of Retention for the NOMS report – The start date is the authorized service date if it is populated; if the authorized date is not populated, the admission date is used. If neither of those are populated the record is not included. The end date is the discharge date if it is populated within the reporting period, if that is not available, the latest authorized service end date is used if populated. If those are not available Magellan takes the report period end date.

- B. **The Average Handle Time Report and the Appeals Report** – These reports 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. The National Average Handle Time was between 17 and 19 minutes for all CMS Medicaid Contracts. Magellan averages were on the lower end of those figures. This report is Handout #4.
- C. **DSM V Report** - Patti noted that because Magellan updated the system to handle the DSM V on the Medicaid side, they had also updated the DBH side. Because of the Block Grant reporting requirements the DBH side is again collecting DSM IV Axis 3, 4, and 5 information. Magellan is going back and collecting this data and may be requesting Axis 3, 4, and 5 information until more updated instructions are provided from federal sources on determining SPMI and SED using DSM 5.

2. Regional Questions/Answers

Heather Wood, Bob Bussard, Patti Ryan, and 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.

Patti Ryan addressed several question that were sent into Magellan:

- A. *It appears that the percent positive same on the graph is not the same when comparing to the provider detail report numbers.* This observation is correct as they are not the same calculations, they are two different metrics. Magellan had changed the calculation on the graph report but had not done so to the detail report. The calculation on the provider detail report is the percent improved or same and the calculation on the graph is percent improved or positive same. There is a difference between same and positive same. Same encompasses both negative and positive same. Therefore the data on the detail report show much higher percentages because it includes both the positive and negative same. The percentage on the graph is quite a bit lower. The graph is actually the truer reflection of what we are seeking to understand.
On the provider detail side is there the ability to manipulate the data to change that to where it would reflect the percent positive change only? Magellan can do that.
- B. *Why are there two categories for Community Support (COMM SUPP and Community Support) MH-SA on the provider detail report?* That happened in July 2012 as a result of Medicaid’s CPT code change and reimbursement schedule. The Comm Supp is the older code and remaining authorizations under Comm Supp should be cleared out and converted to Community Support.
- C. *On the reduced morbidity on the NOMS report CH-PPP please clarify valid pair at admission and discharge.* Valid pairs mean that for each encounter the frequency of alcohol must be compared at admissions and discharge or re-registration. Also the frequency of the same drug must be compared at admissions and discharge or re-registration. If none of those are present the record is not included because it is not a valid pair. If there are a lot of discrepancies Magellan will get the logic on the two pairs.
- D. *Is Children’s wrap inclusive of all tracks in tradition, prevention, and transition aid?* Children’s Professional Partners pool and Children’s Professional Partners. When regions register those they can’t register for the different types? This is correct because there were a limited number of options and it was decided it is important to separate out the shorter term because including that would impact our length of service. School and traditional should be relatively the same. There is not a break out for transitional but people are registering them as traditional.

- E. *What constitutes improvement on the drop down menus for living situation?* Improved is anything other than homeless at discharge because it represents a positive change from homeless at admission.
- F. *Interpret or define the percentile on retention data.* Retention is the average length of stay. There is not a good or bad in this case. Magellan orders the records by length of stay and count the number of records to get a percentile. There is a 25 and a 75 percentile metric. This is more of a distribution question to see where the average length of stay for each encounter falls percentage wise.
- G. *Episode of Care-Average Length of Stay is the measure of days.* The calculation is the end date minus the start date for each encounter.
- H. *Region 2 had pulled the Admission Summary for the first six months the EPC shows zero but we get a Tad for them so she doesn't understand why they wouldn't show up on the Admission Summary report?* Magellan will look into that and get back to the regions in regards to this question.
- I. *Are numbers or percents rising on the Discharge Compliance Reports due to hanging authorizations with a split now between the Medicaid yes or no? Has there been any more conversation on how to address that?* DBH and Magellan are still talking internally to weigh out the pros and cons and when they reach a determination the Regions will be notified.
- J. *Please clarify exactly what quarters are we talking about for our reports? Are they calculated from the Calendar year or the Fiscal year?* Reports are run by the Fiscal year which runs from July 1-June 30. The quarters than are: 1st QT-is from July-September, 2nd QT- is from October-December, 3rd QT- is from January-March, and 4th QT- is from April-June.

IV. Provider Manual Feedback

Bob Bussard

We continue to update the Manual as there are questions or need for further clarifications. Please continue to provide feedback. The provider manual is on the web.

V. Meeting Close

Heather Wood

- A. *March Agenda Items:* As we are approaching October, we are nearing the transition between the ICD 9 to the ICD 10. We have been talking about it for a while but now we need to be engaging in more focused and specific conversations related to fix transition. We need to help prepare providers to what that means to them. The roll out for this is in October so March MQIT meeting will be focused on this.
- B. *A request for future MQIT Agenda items was made.* Please forward any agenda items or topic suggestions to Bob Bussard or Heather Wood prior to March 25, 2014. Please note that there has been a change in the length of the meeting to 30 minutes rather than one hour due to an RA meeting.
- C. *Next MQIT is March 25·2014 from 9:00-9:30 a.m. (CDT).*
- D. *Meeting was adjourned at 10:00 a.m. (CST).*

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