Nebraska Division of Behavioral Health

MQIT

April 24, 2012 / 9:00-10:00 a.m. CDT
DBH/Live Meeting

Meeting Minutes

I. Attendance *Heather Wood*

Region I –
Region II – Angie Smith, Kathy Seacrest
Region III – Ann Tvrdik, Jen Puls
Region IV –Amy Stachura
Region V – Linda Wittmuss, Jon Day
Region VI –Stacey Brewer
Magellan – Lisa Christensen, Carl Chrisman, Don Reding
DBH – Robert Bussard, Ying Wang, Meryem Ay, Carol Coussons de Reyes, Cody Meyer, Blaine Shaffer, Kelly Dick
Medicaid & Long Term Care: Lowell Sedlacek, Eric Sergeant

II. Welcome *Heather Wood*

Heather welcomed the in person members and those calling in and introductions were made.	
Overview of agenda. No additions were requested.	Handout 1
March 2012 MQIT minutes were approved. No additions or questions were noted.	Handout 2

III. Question & Answer *Don Reding, Lisa Christensen, Carl Chrisman, Heather Wood, Bob Bussard*

- ***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.

- **Q: Angie (Region 2) – If a service has been re-registered there will be more than one discharge in the system. When discharging, is there a way to clean up all of these discharges at one time?**
  - A: Bob – Please note the re-registration guide in the Magellan Providers' Manual on Pages 83-91. When a consumer is discharged from a registered service that contains multiple re-registrations, discharging the most recent (last) re-registration is designed to discharge previous re-registrations. If previous re-registrations have not been completed correctly, they will show up on the Discharge Compliance Report or the Annual Re-registration Report. Contact Bob Bussard (Robert.Bussard@nebraska.gov or (402) 471-7821) if one or more re-registrations were not completed correctly.
- **Note**: It might appear that the re-registrations are still open and this can cause confusion. Bob suggests that once the last re-registration has been discharged, make a copy of the client-level information (the query page) and include it in the consumer's file as reference. On the Magellan search screen the re-registrations will appear open; however, that is not the definitive determinant of whether a record has been discharged. The record will be correct on the Discharge Compliance Report or Re-registration Report, etc.
- **Q: Linda (Region 5) – One of Region 5's providers completed a discharge but could not see it had been done on the Discharge Summary. But the consumer's name subsequently appeared on the**

Discharge Compliance Report. o A: Don – There might have been issues with the individual re-registrations, but the Discharge Summary page in the Magellan System is also where those will appear as though not discharged as mentioned above. A better way to judge whether the discharges were completed correctly is to see if they are on the Discharge Compliance Report or the Re-registration Report.	
SED-SPMI Report: Heather shared a brief Power Point and discussed the report. • There have been some differing definitions of SPMI across the country. • Within the Magellan system there is a SED-SPMI check box to give providers an option to provide that information. The State of Nebraska definition is given in the Provider Manual Appendix F-2 Page 130. • There is a discrepancy between the results that DBH obtains (applying the different definitions) and what the report is generating based on the check box. • DBH is not going to pursue using the report because of the inaccuracies. Providers' use of the check box varies, and within the Magellan data system we do not collect functional impairment. • Some reasons providers are checking the SED-SPMI box include: o Angie: Checked if client was dual diagnosed (but receiving SA treatment). o Linda: Regardless of service, if the diagnostic category falls into the definition, the SED-SPMI box will be checked. This seems to be an isolated data collection item that was never tied into other services. • Value foreseen from this type of report or gathering this kind of information might include: o Linda: When looking at the data, particularly on the SED part for children or SPMI for dual res or ACT, they appear correct. However, Community Support – MH does not appear correct as SPMI is a requirement for the service. If we are to use the report, there should be more emphasis on correctly completing the field with appropriate information in the provider manual, and cross checked with authorization or something.	Handout 3-4

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Linda will share a specific example of where her question applies with Don.	Linda	TBD

Magellan Updates

IV. Report Discussion *Don Reding, Heather Wood*

The CM Wait Times Report, Average Handle Time Report, Error Report, and the NBHS Clinical Review 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.	Handouts 5-8b

Reports Discussion: **Call Manager Wait Times (Don)** • This is the first of these reports. • Data is limited because Queue System was put in place on April 2. Further out Magellan will be able to make more comparisons. • This report pertains to calls that have entered the Care Manager queue. • ACD gives a picture of what the call volume was during a period of time. • The "Percent Entered in Less than 180 Seconds" shows how many calls were picked up in 0 – 10 seconds, 20 – 30, etc., out to 180 seconds. Then it shows number of	Handout 9

calls that took longer than 180 seconds to be answered. Starting in January, roughly 60% of calls were answered in less than 180 seconds, in February the percentage was 69%, and in April (with the all Queue system in place) the percentage is up to 89%. With two weeks of data to look at, it appears Magellan is answering more calls with lower wait times than the prior months, but additional time is needed for continuing to assess the new system.

- **Q: Linda - How much is the call volume expected to go up now that Case Managers can only take a couple of cases per call?**
  - A: (Don) – More data and time will depict a clearer picture of this. The report will be updated each month for MQIT.

V. Change Status (May Changes) *Don Reding, Heather Wood, Bob Bussard*

Priority 2 changes are currently scheduled to go into effect May 23rd. Training will be scheduled prior to that. Training will include screen shots showing changes. A revised set of questions:

- **Q: Jon Day (Region 5) –Regarding the "assessment of impact of service on school attendance" asked on both the Magellan admission and discharge screens (in the children's section). Would it be possible to not have the question appear on the admission form?**
  - A: Bob – The question does appear on the admission screen where you will mark it "not applicable." It is intended to be a reminder to agencies to collect the information from the time of admission.
- **Q: Jon – Are the gambling-related questions on their own Magellan gambling form?**
  - A: Bob – The gambling questions are only on the gambling part of the web site.
- **Q: Jon – Regarding the question, "consumer involvement voluntary or involuntary/without court involvement": On what is this based?**
  - A: Bob – This is based on CFS. DBH worked with CFS to word the question so the information gathered is according to CFS wants/needs. This section will be addressed in the training materials presented prior to the changes' roll out in mid-May, below is the new wording:
    a. Is consumer a parent of or legal guardian of a youth receiving case management from Children and Family Services or CFS designee (e.g. Nebraska Families Collaborative – NFC)?
    b. Is youth/family involved with the Juvenile Court? (Yes/No bubble)
    c. Is youth/family receiving services voluntarily/without court involvement (Yes/No bubble)
- **Q: Jon – Can May changes be implemented with June changes rather than having two consecutive months of changes?**

  Jon recommended that changes to Magellan be systematic on perhaps a yearly basis rather than having multiple phases of changes multiple times over a few months. His suggestion is that multiple changes over a few months may cause confusion among providers and staff. Some agencies rely on paper versions of the Magellan forms, and multiple changes will require editing these with each change and may again lead to confusion.
  - A: Heather agreed that efficiency of this nature is important, and this is the direction in which DBH and Magellan would like to head. But in order to expedite current needs and changes, and in order to utilize Magellan's resources appropriately, the method of using phases was originally decided on. More discussion on this topic will follow.
  - A: Don – The changes were grouped in part according to programming/coding needs. Theoretically Magellan could apply all the changes at the end of June, but this will have to be discussed with DBH.
- **Q: Jon – Would the "Telehealth" question be better asked in a couple of years when it is more prevalent? Currently Telehealth services are being provided minimally statewide, so the answer will almost exclusively be "no."**

- A: Heather – While there is a low usage right now, an increase was seen and we need to be able to see where those increases might be.
- Jon suggested that when thinking about making changes to the system, we consider what questions may no longer be needed.
- **Note:** The provider manual draft currently in circulation does **not** reflect the projected May changes to the system. These data elements will be incorporated into the updated draft.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Schedule training for Magellan changes	Bob, Don	Complete
Schedule one-on-one with Bob and Jon Day	Bob, Jon	May
Include CFS section in training materials	Bob, Don	May
Discussion regarding timeline for Magellan system changes	DBH Data Team, Magellan	Complete

VI. Report Schedule *Don Reding*

The schedule was reviewed with changes noted; however, it is not yet finalized. • A later run date for reports will allow for them to be more inclusive. This will not affect the availability of the TADs nor the Regions' own reporting schedules.	Handout 9

VII. MRO Yes/No Split Service List *Don Reding*

• The list shows what services currently have an MRO Yes/No split on the TADs (shown in yellow). • Those services shown in green will be part of the implementation solution (added to the services that have an MRO Yes/No split). • Red indicates a service that is currently an anomaly. Magellan is going to structurally make it possible so each of these services can be an MRO Yes/No split; however, the utilization of the services is minimal at this time.	Handout 10

VIII. Two Day Pre-Auth Proposal and Process *Carl Chrisman, Don Reding*

- Don – This change was made to avoid situations where someone discharges from one level of care into another level of care only to find out too late that he or she is ineligible for the new level of care. The idea of the new process is to establish the eligibility for the subsequent level of care so when the consumer arrives he or she is pre-authorized.
- Carl has listened to some recorded calls since this process started, and it seems to be working well. He reminded the group that this process is an option the providers have and is **NOT** a requirement by Magellan. Heather encouraged the group to remind providers that this process is intended to help, but is also not mandatory.
- **Q: Stacey (Region 6) – There is some concern that the process relies too heavily on both providers completing their parts. If this does not happen as it should it will result in a denial for provider 2, impacting the care for the client.**
  - A: Carl – This process gives the providers extra latitude. Provider 1 can send all their information to Provider 2, who can then call 2 days in advance to do the pre-auth and clinical review. Magellan will not issue a denial to provider 2 based on what provider 1 did or did not do. If provider 2 gathers enough information to meet medical necessity for that level of care, Magellan will authorize it.

- It will be important to continue monitoring the process to insure any problems that arise are not a process issue rather than an educational matter.
- **Q: Stacey – When we have providers who have concerns about the process, who should be contacted?**
  - A: Carl may be contacted (CJChrisman@Magellanhealth.com) – 402-437-4218

IX. Other *Bob Bussard, Sheri Dawson, Group*

Magellan Provider Manual Feedback:

- Feedback continues to be received and will be considered for inclusion prior to the next version's release.
- Please continue to share all feedback with Bob (Robert.Bussard@nebraska.gov).

Call for May Agenda Items:

- No additional items were called for.

X. Meeting Close *Bob Bussard*

- Next meeting: May 22, 2012, 9:00 – 10:00 a.m. CDT
- Adjourn

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