

Nebraska Division of Behavioral Health

**MQIT**

July 24, 2012 / 9:00-10:00 a.m. CDT

DBH/Live Meeting

Meeting Minutes

**I. Attendance**

*Heather Wood*

Region I – Katie Rinehart, Laura Richards, Bonnie Lockhart  
Region II – Angie Smith, Kathy Seacrest  
Region III – Ann Tvrdik  
Region IV – Ginger Marr, Amy Stachura  
Region V – Linda Wittmuss  
Region VI – John Murphy, Joel Case, LuAnn Boehm, Micki Noah  
Magellan – Lisa Christensen, Carl Chrisman, Don Reding  
DBH – Heather Wood, Sheri Dawson, Robert Bussard, Ying Wang, Blaine Shaffer, Kelly Dick  
GAP - Wanda Swanson

**II. Welcome**

*Heather Wood*

- Heather welcomed attendees to the meeting; Roll call was taken.
- Overview of agenda. No additions were requested.
- June 2012 MQIT minutes were approved. No additions or questions were noted.

**III. Regional Questions/Discussion** *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](mailto: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.

- **QUESTION-R3:** Regarding the “Farm hotline” vs. “Helpline”: The Farm Helpline had been a specific referral source but was changed last year to “Helpline” to reflect current practices. However, following the updates of July 18, the Farm hotline has reappeared and the Helpline has disappeared.
- **ANSWER:** Don Reding will check with the Web staff to see why this might have happened. He agrees it should be the generic Helpline for everyone.
- **QUESTION-Collaterals and significant others question** has been removed in the NBHS system. It was supposed to be removed for GAP.
- **ANSWER:** Don will check on this. It may be possible that if it needs to be in DBH it has to be in GAP as well due to the interrelationships, (but he will confirm).
- **COMMENTS-Bob:**
  - Having a linear order to the fields of gender and veteran status rather than side-by-side does not seem to be causing any confusion.
  - When possible it would be helpful to have more accurate representations of what changes are expected on the Web Site earlier in order to anticipate and prepare.
- **QUESTION-R5:** Most questions have been regarding clarity for the drop down list for the smoking cessation questions. What should be used when N/A or never is not an option?
- **ANSWER:** In the Manual, currently on pages 26, 27 and 47 it shows that N/A is an option.
- **Comments-Bob:** When height and weight are not known or refused, enter 9 feet 9 inches for height, and 999 pounds for weight. A protocol will be sent to the list serve later this week on all new variables and responses so the information not previously collected that will be reported uniformly.

- **QUESTION-R6:** Questions primarily were related to push-back on the height/weight questions, with providers concerned about the intrusiveness of them.
- **COMMENTS:** As health care reform moves forward wellness including behavioral and physical health will be integrated. The consumer survey and questions about health indicators are working in tandem to encourage integration, referral and disease management for all in the BH system.
- **QUESTION-R6:** If a provider does not have an answer to fill into any of the new fields on a discharge report (due to no contact with the client, etc.), what directions should be given?
- **ANSWER:** Bob will work with Don and Magellan staff to provide guidance to those completing the data instruments and will send protocol out later this week – (NOTE protocol guidelines sent 7/26/2012).

**Heather asked each Region to share the comments/feedback they had received so far regarding the updates to the system:**

- **REGION 1:** No notable feedback to date.
- **REGION 2:** Concern has been expressed about the intrusiveness of the new height and weight questions. Also how do providers answer if they do not have the information (see previous answer on this topic regarding entering 9s).
- **REGION 3:** Concern has also been expressed in Region 3 regarding the intrusiveness of the height/weight questions. Also providers have expressed a desire for greater lead time on protocols when changes are made to the system.
- **REGION 4:** No notable feedback to date.
- **REGION 5:** When a provider is going back to edit a discharge how should questions be answered when he or she doesn't have the information/answer. Concern was expressed over extra work of editing the old registrations. On older cases, what discharge date could be used (when not known) that would have the least impact on the reports (in particular length of stay)? **Bob** - Look at what your actual averages for stay are, and use those. If you discharge before 7/1/2012 a discharge is not included in this year's Length of Stay.
- **REGION 6:** It would have been helpful to have the change roll outs all in one update. **Bob** -There will be no further changes the remainder of this year.
- **GAP:** There seems to be more concern over providing a phone number than height and weight. (Reminder: we don't share phone numbers / share the list).
- Perhaps the intrusiveness of the questions will diminish over time through the process of getting accustomed to them being asked and with integration of physical and mental health.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Height/weight protocol (9 ft. 9 in. and 999 lbs.) sent out to group.	Bob	ASAP – Sent out 7/26/2012
Protocols will be established and sent to Listserv regarding problematic fields.	Bob, Don, Carl	ASAP – Sent out 7/26/2012

**IV. Magellan Updates**

**A. Report Discussion**

*Lisa Christensen*

The Queue System Call Waiting Time Report, Average Handle Time Report, Error 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:

**Appeals Report FY to Date (Lisa Christensen)**

- Lisa shared the report (provided by month and by Region) noting this was for a full year (July 1, 2011 to June 30, 2012).

- For this period Magellan had a total of 22, 404 total authorizations, which includes auths and re-auths, and is a combination of a non-Medicaid and a Medicaid eligible. 99+% of authorization requests are authorized.
  - Of the 22, 404 auths, 391 (.017%) went to Peer Review (which includes two components: the Peer Review and the peer to peer discussion). Of the 391, there were 145 (37%) that were authorized during the Peer Review. It is important to go through the appeal process, advocate for the consumer, providing clinical reasoning for the client's need for the level of care.
  - Of the 391 not originally authorized, 246 were not authorized during the Peer Review, and of those, 18 (.07%) went to Reconsideration. During Reconsideration a different Psychiatrist looks at the case and makes a determination. There is no time investment on the part of the provider for Reconsideration unless they choose to submit additional clinical information to Magellan for consideration. Of the 18 cases that went to Reconsideration, 4 (22%) were authorized.
  - Remember all levels of appeal with Magellan (Peer Review, Reconsideration) must be completed prior to any State Fair Hearing with DBH. As DBH reviews cases through its informal State Fair Hearing process, Dr. Blaine Shaffer has emphasized to the providers that they always provide detailed clinical information to Magellan and do not generalize.
  - It is important to use Magellan's system for Peer Review and Reconsideration.
  - Overall denial rate when looking at Peer Review and Reconsideration is 61.5%.
  - Please take this information back to share with your Providers.
- No additional discussion on other reports.**

**B. Change Status and Training Updates (July Changes)**

*Don Reding, Bob Bussard*

- Bob and Heather thanked Magellan and Regional teams for sharing information.
- Evidence from this information will be taken into account for future iterations.

**V. DBH Provider Manual**

*Heather, Bob, Don*

- No additional comments

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
New protocol pieces w/ page numbers will be added	Bob, Kelly	ASAP – Sent out 7/26/2012 (Manual changes forthcoming)

**VI. Meeting Close**

*Heather, Group*

- Call for August MQIT Agenda Items:
- None requested. We will use a similar agenda to that which was used today.

- Next meeting: August 28, 2012, 9:00 – 10:00 a.m. CDT
- Adjourned at 9:50 a.m.

*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.*