

Nebraska Division of Behavioral Health

MQIT

January 22, 2013 / 9:00-10:00 a.m. Central Time
DBH/Live Meeting & Conference Call

Meeting Notes

I. Attendance

Bob Bussard

Region I – Bonnie Lockhart Region II – Kathy Seacrest Region IV – Ingrid Gansebom, Melinda Crippen, Ginger Marr, Amy Stachura Region V – Linda Wittmuss Region VI – Stacey Brewer, John Murphy, Joel Case Magellan – Lisa Christensen, Carl Chrisman, Patti Ryan Medicaid - Lowell Sedlacek DBH – Heather Wood, Bob Bussard, Cody R Meyer, Ying Wang, Kelly Dick

II. Welcome

Bob Bussard

- Bob welcomed attendees to the meeting. Attendance was taken.
- Overview of agenda. No additions were requested.
- The November 22, 2012 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	Kelly Dick	Complete

III. Regional Questions/Discussion

Bob Bussard, Magellan, Group

- **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 received questions regarding whether authorizations are needed for Magellan for individual sessions. Medicaid authorizations are no longer needed in this situation; however, Magellan will continue to do retrospective reviews.
- Provider registration is still required for NBHS.
- For treatment record reviews for Medicaid the process has not changed (in light of the CPT code changes).
- If you need to get an authorization for a CPT code then you do need to go to the web. If you don't need to get an authorization then you don't need to go to the web.
- **Q:** If I have a provider that does not have to get authorizations for either Medicaid or NBHS, is the provider still registering the person in order to get a Turn Around Document that breaks folks out by their service, by their Medicaid eligibility, or non-Medicaid eligibility?
- **A:** Turn Around Document (TAD) information is gathered from registrations and authorizations. All NBHS clients are required to be either authorized or registered. Certain outpatient services paid for by Medicaid are no longer required to be authorized into Magellan, but will be subject to retrospective reviews. If these Medicaid eligible individuals are not authorized, no information will be available of their participation in the service system, and thus no information to support the MRO Yes identification of the TADs.
- **Q:** For OP services, if pre-authorizations are no longer required, are time-frames interchangeable? Is

it a problem if a client is originally scheduled for a 45 minute session but out of necessity changes it to 30 minute session (code).

- **A:** (Lowell) No, it should not be a problem.

IV. **Magellan Updates**

Bob Bussard, Magellan

A. Report Discussion

The 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: Error Report

Patti Ryan presented the current error report and recommended its discontinuation due to the static nature of the numbers. If there is a deviation or anomaly this will be shared with at an MQIT meeting. The group was polled and there was agreement that the Magellan Error Report could be discontinued.

B. Reporting Updates

NOMs Reporting: Programming is underway by Magellan that will produce a version of the NOMS report in Excel, with services by agency, and including the number ('N') and %. First draft will be sent to Bob in 1-2 weeks and then it will be set up to run every month. Current NOMS report will continue to be produced as well.

EPC & CPC Discharge: Programming and testing are complete. Process was run for two providers as a test and Bob validated the data. Next step is to run it for all providers in read-only mode after which Bob will check once more. Then Magellan will run it for all providers in the update mode. Within a week or two process should be complete.

eBHIN: Bob will meet with Magellan and eBHIN before end of month to work out details of what the needs of eBHIN are and what the capabilities of Magellan are based on the original agreement when eBHIN first started.

C. Behavioral Health Authorization Modification Request Form

- Use this form to request Magellan make a change to Social Security number, date of admission, or to request a discharge be removed from the system.
- The remaining information on the record can be edited by the individual programs.
- The form is available on the Magellan web site and is in the Provider Manual.

CPT Code Update

- <http://www.magellanofnebraska.com/library-training-ne/trainings-events.aspx>
- Changes were in effect as of January 1. There have been several trainings for providers. Training materials are available on the web site shown above.
- Medicaid will distribute/post on the state web site an updated provider bulletin and fee schedule by end of month.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send draft of new Excel NOMS report to Bob for review.	Patti Ryan	Complete
Complete ECP & CPC Discharge.	Magellan	Complete

A.

- **Email Addresses for Magellan Big List:** There are some emails that appear to be wrong or the provider/agency has security in place that prevents emails to be received (including South Sioux City program/Heartland and Lutheran Family Services). **Please remind providers to add @listserv.nebraska.gov to email permissions.**
- **Magellan Contact List:** This list has been updated and will be sent out on the Magellan listserv soon.

B. Discussion: Definitions

Living Situation

- **Homeless/Shelter:** The following definition (in the Provider Manual) will be retained for now; however, it will be looked at with programs to discern whether changes are needed. A consideration for change is to clarify permanency as it pertains to defining homelessness (we don't want to falsely identify someone as homeless if there is some permanency in place, regardless of age category.)
 - A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
 - An institution that provides a temporary residence for individuals intended to be institutionalized, or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

When considering this status keep in mind that the "Independent Living" status refers to living alone or with others without supervision.

- **Supported Housing:** This definition will be looked at to see if adjustments should be made.
 - Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities...

Discharge Status & Destination at Discharge: These have come up for some review. Further discussion may be necessary.

- **Discharge Status - Please Note:**
 - **Administrative DC** - Actions of an agency to discharge a person and having no record of the individual's intent to discharge, or for who contact has been lost. (Example of this type of discharge is the EPC/CPC Discharge discussed at this meeting.)
 - Not to be confused with:
 - **Terminated by Facility** - This differs from an administrative DC in that the program participant violated rules sufficient to jeopardize the safety/recovery of others in the program. (To determine whether this is the appropriate status, consider the questions: Did you know the person was leaving against medical advice & did he/she violate rules? If "yes" then choose "Terminated by Facility.")
 - **Transferred to Another Service** - Within an agency, the person required a different service. (Service is outside of the mental health and substance abuse arena.)
 - **Treatment Completed** - The client and program staff agree that the client has made sufficient recovery such that the client no longer meets the continued stay requirements. (Client has completed the goals/objectives of the current treatment program and is being discharged to another level of care or another program outside the facility.)
- **Destination at Discharge** - There is no option for "home" or an answer that indicates "back to a normal routine." *Please ask providers about the absence of this type of variable.* The variables provided reflect Federal requirements.

Number of Dependents & Income Variable: These definitions will be worded so they are easier to understand and the resulting data accurately represents those being served. Perhaps include screen shots.

C. Provider Manual Feedback

Please continue to provide feedback as it is received.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Please communicate questions regarding any variables/ service definitions to Bob at Robert.Bussard@nebraska.gov.	Regions/Providers	Ongoing
Post updated Magellan Contact List to Magellan Big List	Bob Bussard	Complete

VI. Meeting Close

Heather, Bob, Group

Call for February MQIT Agenda Items:

- Please forward items to Bob Bussard or Heather Wood by Thursday, February 21.

- Next meeting: February 26, 2013, 9:00 – 10:00 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.