



Governance Board Minutes

January 15, 2015

Board Members Present:

- John Wendling, Co-Chair
- Pat Connell, Co-Chair
- Connie Barnes
- Jennifer Genzler
- Shannon Engler
- Alan Green
- Lisa Casullo
- Teresa Danforth
- Andrew Shapiro
- Janine Fromm
- Lisa Christensen
- Ken Timmerman
- Lori Hack

Other Invitees:

- Jamaree Maack

Public Agenda

A. Approval of Minutes:

Pat moved to approve the minutes as written for December, and Shannon seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

- Add notice to the Magellan of Nebraska website of the need for a new Governance Board member.
Compete. Further discussion is detailed below.

- Share the RFI written for Ohio Medicaid expansion. Complete. John informed the board that the document is also being distributed in the legislature and the governor's office.
- Additional changes to the charter. The amended charter was reviewed by the board. Shannon motioned to approve the changes and Pat seconded the motion. The charter was approved unanimously.

ACTION: Lori will forward the charter to Magellan legal for review. Changes will have to be approved before they are adopted.

- Letter to Medicare eligible providers regarding dual eligible members
This letter is in process and not ready for review.

C. Telemedicine:

Pat brought forward the use of telehealth for discussion. The board is in agreement that telemedicine is a key component of health care moving forward. There are distinct barriers preventing widespread use. Those include:

- Insufficient funds to cover the cost for the originating site.
- Insufficient medical support in the originating site to monitor vital signs and other medical information.
- Psychiatry presents additional challenges as doctors do not have the same tests to guide treatment decisions that physical health doctors have.
- Unlike other medical equipment, there is no clear return on investment in the technology.

Connie reported that their organization has a telehealth system for their client to see a psychiatrist. Region IV provides the funding to support one staff member to facilitate the process for their clients. There are some complications, but generally they have seen a positive impact for their clients. Members appreciate the consistency and limited travel expense, and for many members the contact is less intimidating than being in person. Pat agreed that this is especially true for children.

Andrew identified that there is new technology to help address some of the concerns, such as the use of tablets and tools to check vital signs virtually. Efforts will need to be made to understand the technological advancements so that the best possible tools can be used.

Shannon expressed concerns that the Breakthrough system that is used by identified Magellan providers is not a good solution for telehealth. His experience is that it is cumbersome to use, has limited use for minors due to HIPPA regulations, and doesn't provide the information psychiatrist need.

Pat reports changes will also be necessary in the Telehealth regulations, but these discussions are unlike to move forward until a new HHS Director is appointed. John agreed that Magellan would like to establish a strong business model related to telehealth, and that continue discussion is necessary.

D. Quality Performance Report:

Lisa Christensen provided the Quality Performance Report. She directed attention to the addition of Whole Health Rx reporting. Reporting includes the number of in person and phone consultations provided rather than targeted outcome metrics. The program is intended to address outliers and provide information about best practice, but not to directly track a change in prescribing practices. Prescribers may choose not to change treatment following a consultation. As the number of outliers decreases, the algorithms can be changed.

An additional component of the Quality Improvement Committee is the Consumer and Family Led Evaluation teams. The CFLE team with Mental Health Associates is actively preparing to begin the assessment process and has begun to put activities in place. They have developed a survey tool and a timeline for survey activity. They have also established a tentative itinerary for community forums. Under-served populations are being specifically targeted, including members in rural areas, Native Americans, and members over 65 years of age. Lisa Casullo meets with them weekly, and they will report to QIC quarterly. Members of the board provided feedback on the survey tool. Lisa will pass on the information, but did explain that MHA owns the tool and decisions to change it will be theirs.

ACTION: Lisa Casullo will share board feedback related to the survey tool.

E. Provider Satisfaction Survey

Results from the annual provider satisfaction survey have been compiled and Teresa shared a summary of the responses. Initial response rate was very low, and Magellan completed outreach calls in order to increase participation. Overall satisfaction did decrease from 2013, but still met contract expectations. Additionally, some decrease in the score would be expected in the first year of a new at-risk contract. Teresa highlighted areas that scored high, as well as areas that are below targeted scores.

Connie commented on confusion related to the appeal process and the appeal letters. Lisa clarified questions related to process. She also summarized requirements for the letters. The content of the letters is heavily regulated by URAC and contract requirements. The explanation of the reason for denial is required to be at a 6th grade level to accommodate members, so cannot be a detailed clinical explanation that providers may be looking for.

ACTION: Lisa Christensen will review the appeal letters to ensure the process is correctly identified.

Magellan will use the survey results to guide decisions moving forward.

F. Committee Organization chart

Lisa provided the board a new organizational chart for the committee structure. Changes were made based upon the experiences from the first full year of committee involvement. Lisa will present the changes to Medicaid for approval and all committee charters will be updated to reflect the structure changes and new membership.

G. Cultural Competency Plan

Lisa Casullo provided the Cultural Competency Plan for review. The work group established to create the plan will remain in place and will continue to identify and facilitate activities to increase the cultural sensitivity of both Magellan employees and Magellan providers. The plan will be reviewed by the Collaborating for Kids and Advocacy for Adults committees in February.

H. Recruitment of New Member

John received an email from Kathleen Mallet asking to be removed from the communication list. The board accepted the email as her written resignation.

John asked for recommendation for a new board member from the physical health provider community. It was suggested that contact be made with Joan Anderson at the Lancaster County Medical Society and Dale Mahlman at the Nebraska Medical Association.

I. Open Discussion

The board discussed the NCCI change that eliminated individual and family therapy for members on the same day with the same provider. Magellan has reviewed the regulation with Medicaid, and Medicaid is in agreement with Magellan's interpretation of the regulations. There are concerns shared by all board members that this will create significant burdens or a decrease in services for members. Pat reported that there are groups actively working on a national level to advocate for a reversal of this decision.

Pat recommended that in the next meeting the board discuss legislative bills related to behavioral health.

Next Meeting:

February 19, 2015, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____