Governance Board Minutes

March 20, 2014

Members:

Sue Mimick (co-chair), Pat Connell (co-chair), Kathleen Mallatt, Jennifer Genzler, Janine Fromm, Lisa Casullo, Alan Green, Lisa Christensen, Teresa Danforth, Travis Parker, Andrew Shapiro, Shannon Engler, Corey Brockway

Other Attendees:

Lori Hack, Julie Hoeschen

Absent:

Connie Barnes

Public Agenda

A. Approval of Minutes:

Corey moved to approve the minutes from the previous meeting of the Governance Board. Alan seconded the motion. The minutes were approved unanimously (Shannon abstained as he was not in attendance at prior meeting).

B. Follow-up on Recommendations from Prior Meeting

1. Presentation on Coordination of Care for March meeting.
   This item is included on the agenda for this meeting.
2. Alternative Level of Care Report for youth not authorized to PRTF for March meeting.
   This item is included on the agenda for this meeting.
3. Include provider newsletter and/or communications as resource items at each meeting.
   The recent edition of the *Provider Focus* newsletter is included as a resource item with the materials for this meeting.
4. Report geographic information about members not accessing ambulatory follow-up care.
   This item is included on the agenda for this meeting.
5. Add details to QPR to explain how we measure accessibility.
   This item is complete. This information has been added to the Quality Performance Report that will be presented today.

6. Incorporate any revisions to Consumer/Family led Evaluation Team RFP so Board can review/approve at March meeting.
   Magellan has received no requested revisions to the Consumer/Family Led Evaluation Team RFP. Discussion/approval of the RFP is included on the agenda for this meeting.
7. Work with the NABHO System of Care Committee on the 90837 issue.
   This item is in process.
8. Evaluate if there are workforce development issues apparent in the Magellan network to the extent to cause us to re-evaluate the provisional credentialing criteria.
   This item is included on the agenda for this meeting.
9. Plan a provider training on the appeals process.
   This training has been scheduled for April, 25th 2014. A flyer on the training is included as a resource item with the materials for this meeting.
10. Schedule meeting with Norfolk providers who have requested time to discuss denial and provider set-up issues.
    This item is complete.

C. Consumer and Family-Led Evaluation Team RFP:

Alan recused himself due to a potential conflict of interest and left the meeting for the discussion of this item. Magellan's contract with Nebraska Medicaid requires Magellan to develop a consumer and family-led evaluation team component. This draft RFP for consumer and family-led evaluation teams was presented to members of the Governance Board at the February meeting. Magellan has not received any recommendations to revise the RFP. The Board recommended that Magellan verify that Medicaid should still be referred to as MLTC, as some recent initiatives refer to MLTSS. Magellan should also consult with national experts on whether a performance bond should be required as a component of the RFP. After receiving clarification of these two points, Magellan will release the RFP.

D. Coordination of Care Project

Julie Hoeschen, Quality Improvement Outcomes Manager, shared information about Magellan's coordination of care initiatives. One way that Magellan encourages coordination of care is through the treatment record review (TRR) process. Clinical Reviewers audit charts not only for the presence of a signed release to disclose information to a PCP, but for evidence of on-going coordination. If the chart does not reflect coordination of care, reviewers will send letters to the provider with information about the benefits of care coordination for the member. A corrective action plan can be required if there continues to be no evidence of care coordination.

Magellan surveys are another source of information about care coordination. A patient safety activity survey includes questions about coordination of care with PCPs, and the Magellan provider satisfaction survey contains a section on PCP communications. Currently, the CMC is working to engage all staff, providers, and committees in efforts to encourage improved coordination of care. Julie clarified that treatment record reviews look for evidence of attempts at care coordination, although sometimes PCPs are not responsive to these efforts.

The Board requested that copies of the patient safety activity survey, provider satisfaction survey, and the treatment record review tool be provided prior to the next meeting for review. Lori will distribute these materials to members electronically.

Both Sue and Kathy state that there is a coordination of care gap currently. Magellan currently meets with the three physical health MCOs on a regular basis. One question is how to encourage PCPs to respond to contact from behavioral health providers. Magellan requested suggestions on ways to increase care coordination. One barrier is that some members may not have a PCP or may not know who their assigned PCP is. One suggestion is for Magellan to warm transfer calls to the appropriate physical health MCO when a member has a question that should be directed there. Another suggestion is that Magellan conduct a consumer training that includes information on care coordination and the importance of attending appointments and knowing your provider. Magellan will develop a workshop that includes these topics for the "Success, Hopes, and Dreams" behavioral health recovery conference.

E. Quality and Performance Report

Lisa Christensen presented the Quality and Performance Report. At the last meeting of the Governance Board, members requested that information about how Magellan measures the accessibility standards be added to the report. Lisa drew the Board's attention to this information which has been added to the report. Magellan maintains a CMC crisis log which documents calls received by the CMC which require emergent or urgent access to care. Accessibility of routine care is measured by a quarterly provider survey.

One complaint was reported as not resolved within the 14 day Magellan corporate standard. The contract standard is within 90 days. This complaint took longer than 14-days due to the need to use certified mail to reach someone. No trends or concerns were identified as a result of this case.

The February readmission rate was improved over the prior month and is back under the 20% target. However, the ambulatory follow-up rate continues to be lower than the standard.

The Quality Improvement Committee recently discussed the restraint and seclusion section of the report. Suggestions that are being considered include reporting more information, including the number of prone restraints, use of devices, and clothing removal during restraints. One question is if there is a relationship between psychotropic medication use and restraints. It is not known if facilities that do not use many restraints and/or seclusions medicate youth more. Another concern is if aggressive youth will be sent out of state if PRTF providers do not use seclusions and/or restraints. A Board member asked why restraints and seclusions were only reported for PRTFs and not for inpatient facilities. This question will be referred to the QIC for consideration.

F. Geographic Information related to Ambulatory Follow-Up

Travis introduced the ambulatory follow-up topic. At the last Board meeting, members requested more information about any geographic differences in this measure. Travis presented graphs that show ambulatory follow-up by geographic region. Compliance with the 7-day ambulatory follow-up measure requires that Magellan receive a claim for an outpatient appointment. Magellan continues to closely track this measure to identify interventions that will improve the ambulatory follow-up rate. Magellan will prepare a newsletter article to share information with providers about the importance of ambulatory follow-up.

The Board had questions about how Magellan can direct a member needing care to a provider with available appointment times. This would be beneficial for increasing the ambulatory follow-up rate, as hospitals may not know which providers have current availability. This would also be helpful

knowledge for family navigators and other advocates. Magellan will consider ways to gather and share information about appointment availability for various providers.

G. Alternative Levels of Care When Residential Application is Denied

At the last meeting, Board members requested information about alternative care when youth are not authorized to residential levels of care. Travis shared a report from the 4th quarter showing the alternative level of care given by Magellan physician advisors (PAs) and the actual treatment the youth received. Whenever an application is denied by a PA, the physician also recommends an alternative treatment that can be authorized. The PA may recommend more than one treatment, for example both IOP and medication management may be the recommended alternative levels of care (ALOC).

Most youth who are apply for a residential level of care and are not authorized to residential still end up at a residential facility under alternate funding. This occurs in 59% of cases. Most of these youth are actually already at the specific residential facility before Magellan receives an application for that level of care. This results in a mixed population of youth, with some youth placed due to a variety of legal and family circumstances and some who meet medical necessity criteria based on mental health and/or substance use concerns. One Board member asked if the criteria are too strict since 59% of the youth are placed under alternate funding. Magellan follows the PRTF criteria established by the federal regulations. The high rate of placement under alternate funding can also hide a placement issue when youth lack natural family supports or an appropriate foster care situation. Dr. Fromm and Lisa Casullo both pointed out that it is very hard on youth to live in a treatment facility when there is not an appropriate family home available. On the other hand, it is very difficult to find foster homes for youth with mental illness or behavioral challenges. 25% of youth receive the alternate level of care recommended by Magellan.

H. Strategy for 60 minute Outpatient Treatment (90837) - Update

As recommended by the Board at the last meeting, Magellan has been meeting with the NABHO System of Care Committee to address the increase in the use of the code for the longest therapy session. NABHO has recommended that Magellan either adopt a blended rate for the 90837 code or require a prior authorization. Magellan is anticipating that there may be other revisions to the fee schedule for the next fiscal year, and will not be adjusting the fee schedule at this time. As for as immediate steps, Magellan will be sending letters to providers who are the highest utilizers of the 90837 and asking them to conduct a self-audit of their use of that code. These providers will be asked to resubmit corrected claims should they identify use of the 90837 that was not appropriate. Magellan is still considering both a blended rate and a prior authorization requirement going forward.

I. Guidelines for Provisionally Licensed Clinicians/Provider Access

Magellan's current guidelines for provisionally licensed clinicians permit providers to be credentialed only when working outside of Lancaster, Douglas, and Sarpy counties *or* when employed in an accredited organization. There has recently been a request to credential provisionally licensed providers in all geographic areas. Teresa presented a Geo-Access Report showing the percentage of members with access to services in urban, suburban, and rural areas. Outpatient access is 100% in both urban and suburban areas. Access is only an issue in rural areas,

and provisionally licensed clinicians can already be credentialed in these areas. Based on the geo-access data the Board did not recommend changing the guidelines at this time.

A Board member asked if we look at density in our geo-access reporting, i.e. the number of members in the specific area that would be served per provider. At this time we look at access through a quarterly survey and monitor by complaint. The Board recommended that Magellan monitor provider density by looking at the availability of providers per 1,000 population of members in an area.

J. COB Recapture Project

Magellan has learned that it did not receive complete COB information from the state and could not identify members who had Medicare coverage. As Magellan begins to receive this information, claims that Magellan incorrectly paid as the primary payor will be identified. Providers will receive a request to refund overpayments with directions on how to proceed. These providers will need to bill Medicare and submit the EOB information to Magellan.

K. Authorization Letter Suppression

In the future Magellan may not mail out hard copy authorization letters. Magellan does not yet have data on how many Nebraska providers are receiving authorization letters and is not ready to make a decision on this issue. There is a national trend to move away from paper, so Magellan will be looking at Nebraska data and revisiting this issue at a future meeting.

Next Meeting:

The next meeting will be held on April 17th, 2014 at 2:00-4:00 pm.

Recommendations:

1. Consider if a performance bond should be required as part of the Consumer and Family-Led Evaluation Team RFP.
2. Verify that Nebraska Medicaid should still be referred to as MLTC.
3. Issue Consumer and Family-Led Evaluation Team RFP.
4. Provide survey questions and treatment record review tool to Board members.
5. Develop workshop for members on the importance of identifying providers and attending appointments.
6. Develop procedure for Magellan staff to warm transfer members to Physical Health MCO when indicated.
7. Consider monitoring restraint and seclusion rates for inpatient facilities.
8. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members.
9. Consider developing resource that provides appointment availability information for various providers to assist in quickly scheduling follow-up appointments.
10. Share additional information and data related to authorization letter suppression.

Co-Chair Signature_____ **Date**_____

Co-Chair Signature _____**Date**_____