



Governance Board Minutes

March 19, 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:

Connie moved to approve the minutes as written for February, and Alan seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

- New member recruitment

John met with the Nebraska Medical Association and the Nebraska Hospital Association. Additional information is being sent to representatives of those groups and any candidates will be brought before the board.

- Adult members transitioning from Psychiatric Residential Rehab programs

Ken reported no updates on this topic. Magellan has increased activities to support transition from these programs, including lengthening the transition time. Janine asked to be informed if others see trends that lead to poor care.

C. Quality Performance Report:

Lisa Christensen provided the Quality Performance Report. There were no areas of performance concerns and she drew the Board's attention to three items:

- Telehealth participation was added by license type and number of sessions. Also added was participate response to questions including the distance to a provider and overall satisfaction. The average satisfaction rating was 3.2 on a 4 point scale. This data refers only to telehealth through the Breakthrough program and not providers offering telehealth through other methods.
- Claims dispute resolution turn-around time was added to the report. This has consistently been less than 30 days.
- All of the Value Added services that Magellan offers were added to the document for ongoing monitoring of effectiveness and impact to members.

D. Magellan Strategic Plan

John provided and reviewed the over-arching goals and primary objectives of the Magellan Strategic Plan. The plan includes focus on providing quality services for the current contract as well as activities aimed at preparing for an integrated care contract. The plan also covers all departments including Clinical, Quality, Network, and Finance. It is anticipated that the Board will be involving in helping to shape activities toward those goals.

E. Network Capacity Assessment

Magellan is beginning a project to assess the capacity of the current network and determine where there are gaps in access to services to members. Currently PRTF is the only level of care that contracts with Magellan for a specific number of units and at any other level of care Magellan may not know exactly what is available for members. Magellan knows that an IOP program is contracted in a specific area, but does not have any information about how many members it is staffed to serve and therefore doesn't know how much access a member in that geographic area has to IOP.

Teresa prepared a form to be sent to providers asking them to identify the capacity of their program at each site and level of care. The board reviewed the form and made suggestions about other ways to get the needed information, as well recommendations to make the intent more clear. They also clarified circumstances when it would be difficult to specify a set capacity.

Separately, Magellan has recently had providers self-report that they became aware of regulations they do not know about and therefore were not adhering to. Magellan is looking for an opportunity to remind providers that it is their responsibility to be aware of and complying with all regulations. An option discussed was to include an attestation in the assessment document for providers to

confirm they are adhering to relevant regulations. Board members reported that this statement distracted from the intent of the project and made the presentation feel adversarial.

Teresa will take the recommendations of the Board and reevaluate the process and the form.

F. Value-Based Contracting

Nationally, medical care is trending toward value based contracts that pay for services base on quality and outcomes rather than payment per unit of service. Magellan is actively pursuing these types of contracts with multiple facilities. There is a large continuum of strategies for creating value based contracts, from bonuses to full risk arrangements. Each contract is being evaluated individually based on the provider. Over time these contracts are intended to make increased funds available for alternative service.

G. Peer Support

Shannon initiated a discussion of Medicaid funded Peer Support, and Magellan’s position and role in moving this initiative forward. Andrew reported that Magellan has expressed full support of the service. Peer Support has been demonstrated to be an effective service and Magellan has implemented peer support successfully in other states.

Magellan has communicated to Medicaid that they are prepared to take any action that is allowed to move forward with Medicaid funded Peer Support. However, at this time it is up to Medicaid to add Peer Support to the state plan. These conversations will be revisited with new Medicaid administration.

Alan and Ken emphasized the importance of following the Peer Support model as it is designed in order to maintain the effectiveness of the program. They have seen programs reshape the service so that it has a more clinical presentation and as a result it loses its impact as a distinct piece in the system of care. InterNational Association of Peer Supporters (iNAPS) has a national model that Alan would recommend closely evaluating as a foundation in Nebraska. Alan and Ken also agree that the current certification in Nebraska is insufficient and additional attention would need to be given the training and educational requirements for Peer Support Specialist.

H. Open Discussion

- John recently visited Boys Town campus and museum and found the experience to be valuable. Pat offered to host the next Governance Board retreat at their facility, to include lunch with youth in residence. John believes this would a useful experience for the board as a unit and would like to arrange it for May or September, and over time visit additional sites to better understand the scope of resources available in the state. Arrangements will be made and additional information provided at a later date.
- Alan reported that he is frequently hearing from providers that they will not make requests for authorization because they are confident Magellan won’t authorize care. Lisa Christensen confirmed that authorization rates are monitored closely and only a very small percentage of requests are not authorized. Additionally, when request are reviewed through the appeal process a significant percentage of non-authorizations are overturned. Members and providers are encouraged to use the appeal process.

Janine also confirmed that under no circumstance has she been directed to decrease costs by denying care. She did identify that there are times when a SUD authorization is requested and Magellan has additional information about the member that cannot be shared with the requesting provider due to privacy laws. As an example, a provider might call and request a level of care and the history Magellan has shows that they were very recently discharge from the same level of care. Magellan would not be able to inform the provider of this treatment history but it could be a factor in authorization decisions.

- Connie shared concerns related to duplicate recoupment requests received by her agency from Magellan, and acknowledged that she is aware Magellan is actively working to address the issue. Connie’s concerns include an assumption that if her agency is receiving duplicate requests other providers are likely to be receiving them as well. She recommended that a communication be sent to all providers assuring them that the issue is being addressed.

Based on the low number of contacts Magellan has experienced related to this issue the concern appears to be a fairly isolated. However, as the provider network may appreciate the communication, the decision was made to proceed with sending a notification.

ACTION: Teresa will facilitate the drafting and distributing of network-wide communication related to incorrect recoupment letters.

Next Meeting:

April 16, 2015, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____