



Governance Board Minutes

October 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:

- Adam Proctor
- Jamaree Maack

Public Agenda

A. Approval of Minutes:

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

B. Follow-up on recommendations from prior meeting:

Reinvestment Funds, 2013-2014

Magellan submitted a proposal to Medicaid recommending the use of reinvestment funds to purchase MARTTI systems for the FQHC facilities, and provide funds to support initial fees.

Medicaid approved the proposal, and Andrew has contacted the CEO at each location. He asked for a response by Friday, October 30. Currently three facilities have responded saying they would like

to participate in the program. Andrew will contact the facilities that have not responded at the deadline, and hopes to have the project complete by the end of November.

Reinvestment Funds, 2014-2015

Adam provided a revised draft of the application for reinvestment funds that incorporated the recommendations of the board. The form is more extensive, but remains a manageable length for the applicant. The board had no further recommendations for the application form and fully endorsed its use.

The board discussed the application, scoring, and decision making process at length.

An area of significant discussion was if the organizations that board members are affiliated with are eligible to apply for reinvestment funds. Pat and John agreed that under a true governance structure there would be a conflict of interest for any member of the board to apply for the funds. However, up to this point the board has not operated in a capacity that should preclude them from participation. Pat identified that for this reason he would be unlikely to apply for any funding based on the possibility of perceived preferential treatment even if there was none.

John, Andrew, and other Magellan representatives identified that they believed the application process should be open to members of the board. Disallowing the organizations of those individuals to apply would potentially eliminate valuable innovations to services. Additionally, it would likely cause organization to decline participation in the Magellan Governance Board and other committees, making it very difficult for Magellan to gather the comprehensive discussions and recommends provided through the committee structure.

Precedent has been set for organizations represented on the board responding to Magellan requests for services. The Consumer and Family Led Evaluation RFP was responded to by Mental Health Association, and when proposals were review and voted on Alan recused himself and left the meeting.

The board discussed if there had been activity around reinvestment funds that has already put board members at any advantage. Board members did have input into the application form, but did not shape any specific requirements. The primary recommendation for the form was to align more closely with similar applications from other funders. This change would eliminate any advantage, as any provider who has completed community grant applications in the past will benefit from the similarities in the documents. Board members were also involved in identifying the priorities and preferences listed on the application. The board agreed that these leave a wide range of options available for proposals, and are generally accepted as area of needed development in Nebraska. The board agreed that no work had been done that would eliminate any of them from the application processes.

A scoring tool has been created based on the application. This document was not shared during the meeting. Access to the scoring tool would provide an advantage for board members over other applicants. The scoring tool will remain confidential to Magellan.

Magellan does want to protect board members from any suggestion of improper activity, and discussed possibilities for reviewing proposals. Options discussed included:

- Magellan will review and score all proposals and present the top selections to the board. At that time any bidding member of the board would recuse themselves from the review process.
- Magellan will create a new work group to review proposals that includes individuals from other committees.
- Magellan will engage individuals at the corporate level to review proposals. This would allow for a fully blind application process, but the disadvantage would be that they don't have the same understanding of the service gaps in Nebraska.
- Magellan will review and score all proposals and make the determination independently.

Shannon supported Magellan making the decision without review by any external parties. He identified that even when an individual does not have a proposal being reviewed, everyone has projects and area of emphasis that are most important to them. It is very difficult to train any group to put their personal interests aside and objectively review for what proposals are likely to offer the most benefit to members. Additionally, Shannon identified that Magellan is responsible for good stewardship of the money and will be expected to account for how they funds were used. For this reason, he believes Magellan should be able to choose how to distribute the funds.

Additional considerations:

- Reviewing proposals will be a time consuming task, and Magellan does not want to place an excessive burden on the board or any other external entities.
- Every effort will be made to have a blind review process. However it is recognized that in Nebraska even with a blind review process it may be apparent to some which organization submitted applications.
- Alan identified that a conflict of interest form could be included, requiring that applicants disclose any potential conflicts for consideration.

A timeline has not been established, and will be set based on the approval of the application and a process. Andrew reported that Magellan would like to move forward with the release as soon as possible. The notification will be sent by email to providers and other eligible stakeholders, posted to the Magellan website and included in the quarterly newsletter.

ACTION- Magellan will review the identified options and discuss with corporate leadership, and in the next meeting will present the most viable options.

Open board seat

As recommended in the previous meeting, Janine did contact the Nebraska Medical Association seeking a physical health representative for the board. She was not at the meeting so it is not know what response she received.

John has been working with the executive director of the public health departments in Nebraska and asked the board their opinion on her filling that role. She could provide information on public health concerns and initiatives, and the integration of physical and behavioral health.

A concern of the board was that that the original recommendation was for the seat to be filled by a provider rather than an administrator. The difficulty is that all attempts to fill the seat in this way have been ineffective and the seat has remained open. Responses to requests for participation have

included concerns about the time commitment and if participation creates a conflict of interest or an obligation to participate in similar roles with other companies. While the recommendation is the best possible options, it does not appear to be achievable at this time.

Shannon identified that it is very difficult for any person to offer the perspective of a provider and an administrator. Individuals do eventually reach a point that their attention either goes toward providing care or toward systems and policy. An administrator would have system knowledge that could be helpful. Connie reported that at recent town hall meeting conducted by Public Health the highest identified priority in her area was behavioral health, with additional pervasive concern in the rest of the state. With this priority and a focus on prevention, she felt the public health focus could be valuable to the board.

The board offered support for reaching out to this individual and asking if she would be willing to apply. If she does, the full application would be brought before the board for review.

C. Quality Performance Report

Lisa shared the QPR and drew attention to the member and provider satisfaction surveys.

Members surveys are separated by adults and minors, using a mail out/mail back system. The adult satisfaction was 91% and the minor satisfaction was 89%. This is a very slight decrease in overall satisfaction from 2014. Magellan creates a minimum of two initiatives based on the responses on each survey.

Adult

Survey Question: I was encouraged to use consumer-run programs.

Initiatives: Magellan has created a peer support e-guide that will be posted to the Magellan website. The guide is scheduled for review by the member committees in October and will be posted when final and approved by Medicaid.

Survey Question: I was involved in deciding my treatment goals.

Initiatives: Provider trainings are scheduled in November and December. These will focus on patient centered care and treatment planning.

Minor

Survey Questions: My child received support to remain in the community.

I received information to manage by child's illness.

Initiatives: Magellan has developed a Peer and Family Recover e-guide that is posted to the Magellan website. They are also developing an educational video for members about getting assistance that will also be on the website.

Additionally, Magellan has produced a one page member education document on coordination of care. The document is on the website and will be distributed to members of the member committees for distribution to the individuals they serve.

The provider satisfaction survey is separated by practitioners and facilities. The practitioner satisfaction was 91.2% and the facility satisfaction was 85.6%.

Areas of high satisfaction included:

- Publications
- Timeliness of responses
- Availability of Magellan staff
- Satisfaction with calls made to Magellan
- Education on clinical issues

Key Indicators are areas that could impact the overall satisfaction if the scores were improved.

These included:

- Clinical appeals
- Claims appeals
- Consistency of decisions by clinical staff
- Complaint resolution
- Credentialing

These areas are all typically the lower scores received on the survey. The clinical team does monthly activities around consistency of clinical decisions, in which each member of the clinical team reviews the same authorization requests. Any differences in authorization decisions are reviewed and discussed by they team. It was also identified that while 100s of providers respond the question about the complaint processes, there are not nearly that many complaints made in a year. It appears that the question is being answered by individuals who have never engage the complaint process.

D. Value added services

Adam provided a summary of the activities around some of Magellan’s Value Added Services.

Magellan Mobile Connect

Magellan has both qualitative and quantitative data on the benefits of the phones provided to members. There is specific criteria for members to qualify for a phone and this is managed through the RCM program. Magellan has seen a significant decrease in the amount of money spent on inpatient care after providing the phone, and members express dramatic increase in their happiness with their circumstance.

Teleheath

Magellan uses Breakthrough to provide telehealth services members can access from anywhere they can get internet service. The practitioner panel has 40 therapist, 5 psychologist, and 5 APRNs. They are currently working to add additional prescribers. The average travel distances save by member is 72 miles, with the longest travel distance saved being 317. Members who participate are surveyed and reported average satisfaction at 3.5 on a 4 point scale.

PCP assistance line and tool kit

Magellan offers two resources for PCPs, as it is recognized that a large number of psychotropic medications are prescribed by PCPs rather than psychiatrist. The PCP assistance line provides coordination of care and referrals to additional resources, and has served 572 to cases. The tool kit provides links to valuable resources and has seen a 500% increase in utilization since 2014.

MY LIFE

MY LIFE currently has monthly meetings in Kearny, Grand Island, Lincoln, and Omaha. Approximately 66 individuals attend meetings every month. MY LIFE hosted two large events called Slammin’ for MY LIFE with national speaker and slam dunk artist Kenny Dobbs. Over 100 youth attended these events.

Passport to Care

The passport is a small, support guide that members can keep with them to assist with engagement in services. It allows them to track their medication and medical care, maintain their provider contacts, and share important treatment information with their support system. Several thousand passports have been distributed to Magellan members.

Whole Health Rx

Whole Health Rx has reach out to over 350 prescribing providers in one quarter of 2015, providing information and recourses for use in evaluating patient needs and prescribing practices.

E. Open discussion

Connie initiated a discussion of peer support services. An individual expressed concern to her that Medicaid was taking over control of peer support services. The board discussed the current activity around peer support in Nebraska.

There is significant effort in Nebraska to legitimize peer support and have it recognized as a profession. These actions are intended to expand peer support, but also to protect it so that the service remains true to the model that has been demonstrated to be effective. Options are being discussed for credentialing providers through some form of licensing process with requirements for training and lived experience. Those changes may lead to Medicaid paying for peer support, but like many other services, Medicaid will only be one piece of the system. There will continue to be peer support paid by other funding sources.

Magellan has submitted a white paper to Medicaid detailing the role of peer support as a part of multidisciplinary teams and Magellan’s endeavors across the country. BHECN and The Kim Foundation are gathering the expertise of many other organizations and individuals to create an initial draft of a summary document on peer support in Nebraska.

Next Meeting:

November 19, 2015, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____