



Governance Board Minutes

April 21, 2016

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:

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

B. Follow-up on recommendations from prior meeting:

Reinvestment Funds, 2013-2014

Contracts have been signed with all of the participating facilities. MARTTI systems were delivered, along with the designated funds to pay for utilizations. Currently, each provider is working with Language Access Network for training and testing connectivity. Dr. Fromm reported that she has recently seen case notes from other providers that reference seeing a patient via the MARTTI system and it has been impressive to see how individuals are being served using the tool.

Reinvestment Funds, 2014-2015

Magellan received 33 applications for reinvestment funds. Nineteen proposals were from in network providers and the remainder from other stakeholders. There was a wide variety of different types of requests and many were particularly innovative. The majority of the proposals came from Lincoln or Omaha, but there were requests from across the state.

A committee of Magellan staff reviewed and scored all proposals. Currently Medicaid is working to identify the exact dollar amount. Once this is received Magellan is prepared to identify the opportunities that will be funded. A written plan will be submitted to Medicaid for approval as soon as possible after the final amount is available.

C. Quality Performance Report

Lisa Christensen provided the QPR for review. Previously the report was compiled monthly, and all information was delayed to match data that was based on claims. Moving forward, the QIC will only be meeting quarterly and the report will be completed quarterly for those meetings. Additionally, information will be added as it is available rather than waiting to match with data that is on a delay. The report may prove to be more valuable on a quarterly basis, as it will be easier to identify trends and have more in depth discussion.

Lisa noted that encounter data was previously under review, but is now solidly within the performance requirements. Magellan and Medicaid are calculating the data consistently and there are no current concerns.

Magellan will complete the annual IPRO audit on May 23.

The member and provider satisfaction surveys will be launched in late April.

D. Consumer and Family Led Evaluation Team

Lisa Casullo provided an update on the CFLE project. Based on the 2015 survey and recommendations from the consumer advocacy committees, process improvements were made for 2016.

- An introductory letter is being sent to survey recipients prior to the survey. This gives additional information about the role of Magellan and the purpose of the survey.
- The survey tool has more open ended questions and allows more opportunities for comment.
- There are options offered for members to call in to provide their feedback.
- There are many more focus groups being offered. There was specific effort to hold groups in community and cultural centers to draw members who already use those facilities for assistance. Direct contacts have been established at these centers to help facilitate participation.
- More comprehensive data was pulled to get a survey sample group. One area of focus was individual who show gaps in services in the claims system.

One round of focus groups has been completed and the response rate has been high. Participants have been willing to share in focus groups and survey responses are being received. Lisa has also noticed an increase in calls to her, which she believes to be related to the introductory letter that members are receiving. Lisa had a list of the upcoming focus groups for May and June.

Dr. Fromm asked if there are member questions about the change in vendors, and Alan reported that there have been some. It does put MHA in a difficult position of being asked to speak for Magellan and Medicaid, so they are doing their best to answer general questions but remaining focused on their role.

The CFLE final report will be complete in August or September. Medicaid has implementation committees planned and has invited Magellan to participate. The information gained from the CFLE will be communicated to the new MCOs through that process if it is possible.

E. Open discussion

Transitional issues

Magellan and Medicaid meet on a regular basis and discussions about the transition process have begun. Information is being shared with providers at the statewide Town Hall meetings. Providers understandably have had questions about how the system will change for them. Magellan staff are sharing the information that is available, but are encouraging providers to be actively involved in staying informed.

- Staffing: Magellan has begun to see staff leaving for other opportunities. Adjustments are being made as needed and there has not been an impact to services or quality of care to date.
- Claims: Magellan will have to continue to process claims following the end of the contract. However, providers will be encouraged to submit these as soon as possible. Pat identified that many providers are reassured by knowing the staff in the Magellan office. It may be beneficial to remind them that local staff will only be available for a limited time, and if they prefer to work with those people it would be in their best interest to process and submit their claims quickly.
- There will be a communication plan to notify all members and providers. Providers are being encouraged to tighten all of their process in order to be better prepared for the transition.
- Lori reported that a Medicaid provider bulletin with credentialing contacts is in development and is expected in a few weeks.

Regulation changes

Medicaid has expressed their intention to revise Chapters 20 and 32 of the regulations. Historically, changes have been made to these regulations on an as needed basis and this has led to inconsistencies. The intent of Medicaid appears to be a plan to take a larger approach to a complete revision.

Pat opened a discussion related to board member's involvement in that process. Andrew reported that Magellan has offered Lori's time to assist with this process. Medicaid appeared open to involvement and intends to get necessary feedback before regulations go to public hearing. However, implementation of Heritage Health has been the priority ahead of regulation changes.

Pat will contact Medicaid to initiate a discussion about revision of the regulations. The initial goals of the discussion will be to determine Medicaid’s current priorities.

System of Care updates

Pat asked if there were updates to the System of Care initiatives by the state. Andrew reported that he has been involved in meetings, but he does not have any specific updates. There continues to be high levels of interest and long term planning, but no immediate activity. Andrew has offered information about the system of care work that Magellan is doing in Louisiana, and typically MCO have made these programs more effective in states. However, the Nebraska committee currently is not looking at using an MCO.

CMS transition plan

Pat discussed the CMS initiative around discharge planning. Andrew reported that this is likely to be a discussion point in implementation of the new contracts, but probably will not impact Magellan’s current contract.

Outpatient authorization concern

Pat reported hearing concerns related to outpatient authorizations and asked if any changes to process were made. Magellan continues to not authorize outpatient care.

Shannon reported that DBH providers received information about client registration in the new system, and think that may have been the cause of recent concerns. Andrew confirmed that in the new system Magellan will no longer be able to move member authorization between Medicaid and NBHS when they have changes in eligibility, and this is a significant concern for some providers. An FAQ document has previously been sent to providers and it will be again when a final date of Magellan services has been determined.

Next Meeting:

May 19, 2016, 2:00 – 4:00

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____