

Governance Board Minutes

September 19, 2013

Members:

Sue Mimick (co-chair), Shannon Engler, Connie Barnes, Kathleen Mallatt, Corey Brockway, Alan Green, Lisa Christensen, Travis Parker, Andrew Shapiro, Janine Fromm, Lisa Casullo

Other Attendees:

Charlie Curie, Lori Hack

Absent:

Pat Connell (co-chair), Teresa Danforth

Public Agenda

A. Approval of Minutes:

Travis moved to approve the minutes. Alan seconded the motion. Motion passed unanimously.

B. "Go Live" Update:

Andrew provided the Board a status update regarding the new at-risk contract which began on September 1, 2013. Andrew shared that Magellan passed a series of Readiness Reviews presented to the Division of Medicaid and Long-Term Care (MLTC). Magellan was prepared to pay claims on September 1st. One issue has been that the enrollment file received by Magellan was smaller than expected. The number of members reflected in the enrollment file is about 20,000 lower than anticipated based on the data book. As a result, Magellan has placed a temporary hold on new positions and programs until it is determined if there are additional members. Kathy shared that all MCOs are reporting reduced membership. Some of this is due to MLTC conducting clean-up and removing members who should be terminated from the program due to no longer qualifying.

Andrew shared that our call volume has been low. This is due both to being prepared and due to some services no longer requiring prior authorization. Calls to the Claims Department in St. Louis have been high. The Claims Department is adding new staff next week to address this situation.

Most of the Board members reported that they had not heard concerns from providers or other stakeholders. Shannon reported that some providers were concerned about a possible increase in denials. Both providers and Magellan will be tracking denial rates to monitor for any trend. Connie reported some questions about approvals on electronic claims. Additionally, there is some confusion regarding the unit designation when billing for IOP services. Andrew will review this situation and determine next steps.

Lisa Casullo reported that there has been very limited feedback from members. She reported some positive feedback from the peer/consumer community regarding the reduced need for prior authorization of services.

Kathy reported that information about the PCP toolkit had been provided to physical health care providers during recent training events.

C. Liability Insurance Question

Magellan has consulted with legal and risk management departments to determine liability insurance coverage for members of the Governance Board. Magellan anticipates a response will be available at the next Governance Board meeting.

D. Non-Disclosure Agreements

Lori went over changes that have been proposed by members of the Governance Board and accepted by the Magellan Legal Department. There continue to be some concerns from Governance Board members. Shannon had questions about the term "Governance Board" and thought it was misleading. Charlie explained that the Board provides governance as to overall policy and direction but does not assume the fiduciary duties of a Board of Directors.

Kathy made the suggestion that a member of the Arizona Governance Board provide guidance on their experience. Connie asked about the relationship between the Governance Board and the Board of Directors. There is not a separate Nebraska Board of Directors. Magellan Behavioral Health of Nebraska, Inc. is a wholly-owned subsidiary of Magellan Health Services, which has a national Board of Directors. Information about national committees and national benchmarks can be shared with the Board as these are relevant in the future. For example, Lisa Christensen will point out when Magellan of Nebraska is not meeting national benchmarks for a given criteria and what steps have been identified to address the issue.

The Board will revisit the Non-Disclosure Agreements after Pat has an opportunity to review changes and after the question regarding liability insurance is resolved.

E. Open Seat Update

Lori shared that Magellan has received two applications for the family member/guardian of a youth service recipient seat. Lisa Casullo and other peers at Magellan have recently attended some peer conferences/events and there could be some additional applications as a result of these events. Magellan will continue to accept applications until the next meeting of the Governance Board.

F. Adult Stakeholder/Consumer Committee Update

Travis shared that the Systems Transformation Department will be developing an adult consumer committee. There was discussion about having a general consumer/stakeholder committee with separate workgroups for children and adults. Magellan received feedback that two separate committees would be the best approach. Alan supported this approach and thought there would be less confusion with separate committees. An initial draft charter will be developed, followed by efforts to recruit members. Magellan will share this recruitment information with Alan to be included by the Mental Health Association in social media outreach.

G. Telehealth Survey Results

Andrew shared a presentation about Magellan's strategy to support telehealth services. Magellan distributed a survey to providers to evaluate provider interest and ability to provide services via telehealth. At this time, Magellan plans to proceed with a pilot project involving approximately 40 providers. These providers will be provided with access to a secure web portal to use in delivering behavioral health services via telehealth. Magellan has reviewed responses to the survey and selected a list of possible providers based on quality, technological, and geo-access considerations. Once the Governance Board reviews the initial providers, Magellan's telehealth vendor Breakthrough will engage the providers.

Magellan shared a proposed list of providers for the pilot project. All six regions have providers included in the pilot program. Magellan has reserved eight spots and is conducting targeted outreach to psychiatrists. The hope is that both therapy and medication services will be available via telehealth. Kathy asked if there were any providers in the pilot program that provide services to tribal members. Travis will follow-up with the Magellan Tribal Liaison to determine if we need to conduct additional outreach to particular providers. This will be incorporated into scheduled meetings with the tribes in November.

There was a question about how the distribution of providers compares to covered lives in each geographical region. The rural areas are over-represented when considering the population in each area, but this was done to support some providers being physically present in each geographical area. This is important as so that providers are available in all areas when telehealth may not be the preference of the member or may not be clinically appropriate. One recommendation is to look at the service mix available in each region.

H. QIC Membership

Lori presented a brief update on efforts to recruit external members to serve on the Magellan Quality Improvement Committee. Four of the five provider seats are now filled. One of the five consumer/family member seats has been filled. Magellan is continuing to recruit members and review applications for the QIC.

I. QIC Committee Reports

Lisa Christensen presented minutes from the September QIC meeting as well as reporting templates from each subcommittee. Lisa drew Governance Board members' attention to the ambulatory follow-up rate which is currently lower than expectations. This is an area of concern and plans are being developed to increase this rate. Connie asked if there was any regional variation as to where the member was discharging. Travis explained that there are some limitations to the data as they

come from the claims system. For example, if a member discharges to a residential or correctional facility there may not be a claim generated when that member gets follow-up care. There is a 90 day lag to allow claims to come in, so the current ambulatory follow-up rate reflects care under the previous administrative-only services contract. Another suggestion is to evaluate data for seasonal trends.

Governance Board members reviewed the reporting templates and made some suggestions for improvement. One idea was to provide a visual indicator if specific targets are being met or if they are current areas of concern.

J. Provider Dashboards

Lisa Christensen provided a brief overview of provider dashboards that will be available in the future. The dashboards will use claims data not authorization data. It has not yet been determined when members will be able to see provider-specific information.

K. Appropriate Use of Psychotropic Drugs in Children and Adolescents

Dr. Fromm presented the new Magellan white paper on appropriate use of psychotropic medications in children and adolescents. Dr. Fromm will be joined by a new Magellan pharmacist and will be meeting with providers who prescribe medications to discuss the paper. The white paper is public and can be shared. Members were hopeful that primary care physicians would be receptive to these meetings and open to consultation on this issue. The goal is to help them in their practices not tell them how to practice. Dr. Fromm explained that a later step will be to mail letters to providers that have certain concerning prescribing practices. These letters will offer information and additional consultation.

D. Next Meeting:

The next meeting will be held on October 17th, 2013 at 2:00-4:00 pm.

Recommendations/Actions:

- Revise QIC/subcommittee reporting document to better indicate if measure is met/not met.

Follow-up Items:

- Liability Insurance Question
- Non-Disclosure Agreements
- Open Seat