

Governance Board Minutes

November 21, 2013

Members:

Sue Mimick (co-chair), Pat Connell (co-chair), Shannon Engler, Connie Barnes, Kathleen Mallatt, Corey Brockway, Janine Fromm, Lisa Casullo, Alan Green, Lisa Christensen, Teresa Danforth

Other Attendees:

Lori Hack

Absent:

Travis Parker, Andrew Shapiro

Public Agenda

A. Approval of Minutes:

Alan moved to approve the minutes from the previous meeting of the Governance Board. Shannon seconded the motion. The minutes were approved unanimously.

B. Attendance:

The Governance Board Charter states that repeated absences from meetings can be cause to remove a Board member. Sue raised the issue that the Board may choose to adopt a more specific policy regarding attendance at Board meetings. Several members were unable to attend the October meeting of the Governance Board.

Members discussed whether the meetings were held at the most convenient time. The meeting times were scheduled based on dates some Board members are likely to travel to Lincoln. Some members had some conflicting obligations already scheduled prior to the Board meeting times being selected. This is likely to be less of a problem on an on-going basis. The Board made the decision to keep the already scheduled meeting times and monitor the attendance situation. The end date of the current calendar invitation will be extended to hold this spot on Board members' calendars.

C. Liability Insurance Question:

Lori reported the answer from risk management regarding liability insurance coverage for members of the Magellan Governance Board:

“The governance board members would be included as insured persons under Magellan’s D&O liability policy for the activities they perform on behalf of the Board as Board members.”

D. Non-Disclosure Agreements

The Magellan Legal Department has reviewed and accepted the most recent edits suggested by Governance Board members. Alan moved to adopt this version of the Non-Disclosure Agreement. Pat seconded this motion. The Non-Disclosure Agreement was adopted unanimously by the Board. Members can email or fax the signed NDA to Lori.

E. Governance Board Open Seat Update

Magellan has received two applications for the family member/guardian of a youth service recipient seat. Board members reviewed the application materials submitted by each applicant. Alan moved for a vote on the applicants and Kathy seconded the motion. The Board unanimously elected Jen Genzler to fill the vacant seat on the Board.

F. Medical Necessity Criteria

Dr. Fromm introduced a chart summarizing updates to the medical necessity criteria used by Magellan. A few guidelines were not included in the medical necessity document that went into effect in September. These criteria have now been added. There are also edits that largely reflect changes made on a corporate level. The document reviewed by the board was an overview of the changes, but the complete document is available on the Magellan website.

Connie asked a question about the wording “persistent and recurrent disorders” and to which diagnoses this would apply. Dr. Fromm explained that schizophrenia and bipolar disorder meet these criteria but other diagnoses can as well depending on how they are manifested in each individual. This section is not a list of criteria to determine if an individual has an SPMI.

Public comment will be accepted on the draft medical necessity criteria until January 13, 2014. The summary chart of changes can be distributed freely and discussed as Magellan hopes to receive public comment about the proposed changes.

G. Quality and Performance Report

Lisa Christensen presented the Quality and Performance Report. The format was revised based on feedback from the Governance Board. Instead of individual reporting templates from each QIC subcommittee, the key performance measures are compiled in this report. As suggested by the Board, indicator “lights” demonstrate the status of each metric. The Quality and Performance Report has also been shared with Medicaid. Board members had positive feedback about the revised format of the report.

Lisa reviewed the Quality and Performance Report, spending more time on areas of concern. The Board reviewed clinical items that are currently not meeting expectations, including ambulatory follow-up, readmission, and concordance measures. The concordance rate is yellow in the current report, but has since returned to green status. This will continue to be monitored by the Utilization Management Committee. The slightly lower than expected rate may be due to training new Care Managers and Physician Advisors. The Clinical and System Transformation Departments are working with providers on the follow-up and readmission measures. These departments are also examining members in more detail to identify trends.

Shannon suggested that Magellan work with outpatient providers to address the low ambulatory follow-up rates. There is a need for community-based providers to prioritize individuals discharging from the hospital. This is not limited to physician availability. It can be difficult to get a therapy appointment for individuals after they discharge as well. The Board recommends that the Utilization Management Committee work with outpatient providers on this issue.

Pat questioned that the accessibility standard for routine appointments is 14 days while ambulatory follow-up appointments should occur within 7 days. Shannon shared that the 7-day standard is specific to maintaining treatment gains following inpatient discharge. There continues to be concern that 7-days would be a more appropriate threshold for the routine care accessibility standard. Magellan will consider monitoring routine appointment accessibility for both 7 and 14-day standards.

H. Performance Guarantees

A chart showing the contract performance guarantees was shared. Some of the Performance Guarantees are still being negotiated. This will be a public document once it is finalized. Sue clarified that each performance guarantee is evaluated separately. Member satisfaction rates are based on members who return the satisfaction survey. The member satisfaction performance guarantee threshold will not be lowered despite being very high by industry standards. Some members stated that the measures seemed appropriate given current satisfaction rates expected by Medicare for providers.

I. Pre-Treatment Assessments/Initial Diagnostic Interviews

Pat shared some questions and concerns regarding possible changes to the Pre-Treatment Assessment and Initial Diagnostic Interview services. It is expected that Medicaid will remove the bio-psycho-social component from the PTA. This can only occur through changes to Medicaid regulations. Magellan can make this change only after applicable regulations have changed. If a PTA claim has been denied, the provider is encouraged to contact Magellan to determine the reason for the claim denial as this is currently still a service reimbursed by Magellan.

Sue has drafted an email to respond to some of the concerns surrounding the PTA service. This email can be distributed to other providers to answer questions. The Board suggested a newsletter article to clarify these questions as well. Magellan will include this article in an upcoming newsletter.

J. Denial Rates

Sue presented a document showing the authorization and denial rates for services for the 3rd Quarter of 2013. MRO/ASA services are currently included in the category “other services”. These services may be broken out in the future. Magellan is monitoring denial rates closely for any trends and is mandated to report this information. One area of note is that the denial rate for inpatient services for members over age 65 is higher than expected. This is based on a small sample size but is still a possible concern. It is expected that this may be the result of non-behavioral health conditions leading to hospitalization. Older members may also require a longer period of time to stabilize. Dr. Fromm pointed out that the denial rate for dual therapeutic group home is also higher than expected, but many of these youth are authorized to either mental health or substance-use ThGH.

K. Reimbursement for Interpreter Services

Magellan will separately reimburse for interpreter services for outpatient services. In the case of per diem services, additional reimbursement is not available. Magellan will either pay the claim for the interpreter service or will arrange for the interpreter if contacted by the provider. The Board recommended that Magellan include an article on reimbursement for interpreter services in the next newsletter.

L. PRTF/Inpatient Authorization Process

CMS has issued some clarification regarding payment for services outside the PRTF when youth are receiving PRTF services. There is also concern that youth may sometimes be discharged to an inpatient facility rather than returning to the PRTF to complete treatment. To address these issues, Magellan is proposing a new process in which PRTF providers will contact Magellan before transporting a youth to an inpatient facility. This will allow Magellan to get the most current clinical information from the PRTF provider and authorize the inpatient treatment if it is medically necessary. Treatment leave days will only be paid to the PRTF if they follow this process and the youth returns to the PRTF. The goal is to keep the youth at the PRTF unless inpatient treatment is medically necessary.

There was some concern that a prior authorization will be required for psychiatric admissions but not for medical admissions when youth leave a PRTF. Magellan will consult with Medicaid to see if this raises any parity concerns. Another concern was that this issue be addressed directly with the specific PRTFs. Magellan will continue to address on an individual case-by-case basis but believes a more systematic solution is needed. The Board recommended that this new process be placed on the agenda of the next PRTF work group to be discussed further at that time. It was also recommended that Magellan evaluate if additional language is needed to address emergency situations.

M. Committee Roster Updates

Charts showing the membership of each committee were presented. The Provider Advisory Committee will be co-chaired by Mark Stortvedt. Magellan will consider adding a physician with a specialty other than psychiatry to one of the committees.

The provider seats on the Quality Improvement Committee are now filled. Two of the consumer/family member seats have been filled. Magellan is continuing to recruit members and review applications for these seats on the QIC.

N. Town Hall Report

A document showing themes from the recent town hall meetings was shared with the Governance Board. Magellan received a lot of positive feedback during the town hall meetings, particularly regarding prompt claims payment. Magellan continues to work on specific claims issues; some of these involve provider set-up. We are reprocessing claims when provider set-up is resolved. Teresa asked Board members for ideas to increase attendance. The Board suggested that Magellan consider scheduling town halls dates for the next year to allow people to schedule far in advance.

O. Provider Communication Update

An upcoming provider communication was shared with the Board. The publication has not been finalized but distribution is expected in the next week. There is some clarification regarding Medicare crossover claims. Unfortunately, Medicare COB information will not automatically crossover to Magellan. DSM-5 information will be used for clinical authorizations. This is not a coding change as ICD-9 codes are required on claims.

Next Meeting:

The next meeting will be held on January 16th, 2014 at 2:00-4:00 pm.

Recommendations:

- Extend calendar invite to hold Governance Board meeting dates far in advance
- Recommend monitoring access for routine appointment accessibility within both 7 and 14 days
- Recommend that the UM Committee work with outpatient providers to prioritize appointment availability for members discharging from inpatient treatment
- Modify definition of concordance on the Quality Performance Report to specify that this is agreement between the Care Manager and the Magellan Physician Advisor
- Newsletter article to address PTA/IDI questions
- Newsletter article on interpreter services, including different levels of care
- Present new IP/PRTF process to PRTF workgroup
- Consider emergency situation when a PRTF takes youth to ER
- Consider adding a physician to Committee structure
- Schedule all dates for town hall meetings one year in advance
- Send DSM-5 training link to Governance Board members