

Governance Board Minutes

April 17, 2014

Members:

Sue Mimick (co-chair), Pat Connell (co-chair), Connie Barnes, Jennifer Genzler, Shannon Engler, Alan Green, Janine Fromm, Lisa Casullo, Lisa Christensen, Teresa Danforth, Andrew Shapiro

Other Attendees:

Lori Hack

Absent:

Kathleen Mallatt, Corey Brockway, Travis Parker

Public Agenda

A. Approval of Minutes:

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

B. Follow-up on Recommendations from Prior Meeting:

1. Consider if a performance bond should be required as part of the Consumer and Family-Led Evaluation Team RFP.
A performance bond was not required by the contract. Magellan consulted with national experts and was advised not to require a performance bond for an RFP of this size targeting consumer and family participation.
2. Verify that Nebraska Medicaid should still be referred to as MLTC.
This item is complete. MLTC is still accurate for current contracts.
3. Issue Consumer and Family-Led Evaluation Team RFP.
This item is complete. The RFP has been released and information was shared in the Magellan *Nebraska News and Updates* e-newsletter
4. Provide survey questions and treatment record review tool to Board members.
This item is complete.

5. Develop workshop for members on the importance of identifying providers and attending appointments.

This workshop has been accepted by the conference planning committee and will be included at the “Success, Hopes, and Dreams” conference. A member survey on accessing community-based behavioral healthcare will be made available at the conference. The Board suggested that the surveys ask the zip code of the member to assist in identifying geographical trends. An additional suggestion from the Board is a similar survey to explore provider perspectives on barriers related to ambulatory follow-up care. Magellan will consider a survey for providers in the future.

6. Develop procedure for Magellan staff to warm transfer members to Physical Health MCO when indicated.

This item is still on-going.

7. Consider monitoring restraint and seclusion rates for inpatient facilities.

This item was referred to the QIC for consideration and will be discussed below as part of the Quality Performance Report item.

8. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members.

The Network and Reporting Departments are considering next steps on this item.

This will be an on-going item. Magellan will share information that BHECN has compiled regarding geographic access to behavioral health providers.

9. Consider developing resource that provides appointment availability information for various providers to assist in quickly scheduling follow-up appointments.

Magellan provided an update on this topic. An appointment availability resource is still being developed. Currently, Magellan is conducting a survey of outpatient providers in the Lincoln area. This will result in a list of providers who indicate they have prompt appointment availability. This list will then be shared with facilities and others who assist members in scheduling appointments. If this is helpful for the Lincoln area, the project will be expanded. It has not yet been determined how frequently surveys will be conducted. The Board suggested that providers be asked specifically about appointment availability for a new patient with Medicaid coverage, as this seems to be a population for whom it takes longer to get appointments.

10. Share additional information and data related to authorization letter suppression.

Magellan is considering ways to encourage efforts to go paperless. Magellan will share more information on this topic at a future meeting.

C. Quality Performance Report:

Lisa Christensen presented the Quality and Performance Report. At the last meeting of the Governance Board, members requested that Magellan consider monitoring restraint and seclusion practices among inpatient providers. Currently, Magellan only reports on psychiatric residential treatment facilities (PRTF) and therapeutic group home (ThGH) providers. This topic was referred to the QIC for consideration. The inpatient provider representative on the QIC shared that hospital facilities are now reporting restraint and seclusion information to JCAHO quarterly. Since this data is already available, it would not be difficult to also share it with Magellan. On the other hand, it seems duplicative to go through another reporting process. Shannon reported that

restraint/seclusion information would soon be publicly reported metrics by CMS and are closely surveyed as part of CMS compliance with patient rights protections. A suggestion was that inpatient providers be required to notify Magellan if they are placed on a corrective action plan related to restraint/seclusion, but not have to report information that is already being closely monitored by both JCAHO and CMS. CMS also requires specific training for accredited facilities that includes safety around restraint/seclusion. A large part of the training is focused on restraint/seclusion prevention. The Board recommended not requiring regular reporting on restraint/seclusion from inpatient facilities at this time.

Ambulatory follow-up rates continue to be an area of concern. Magellan continues a variety of approaches to improving these rates: bridge appointments, soliciting feedback and suggestions at town hall events and stakeholder committee meetings, and a member survey on this topic at an upcoming conference.

The provider satisfaction survey is currently in the approval process. The member satisfaction survey has been approved. These surveys will be distributed in the fall.

Telephone responsiveness measures continue to exceed established benchmarks. These measures include average speed of answer (ASA), call abandonment rate (CAR), and Telephone Service Level (SVL). The Nebraska Care Management Center began taking claims customer service calls in February and has maintained these call statistics throughout this change.

D. Strategy for 60 Minute Outpatient Treatment (90837)-Update:

Magellan has contacted the top utilizers of the 90837 code. These providers initially received phone calls from the Network Department. Letters asking each identified provider to conduct a self-audit of their claims have now been mailed. This letter was shared with the Board. Magellan will distribute a copy of the Medicaid Provider Bulletin referenced in the letter to Board members.

E. Whole Health Rx:

Dr. Fromm shared a presentation on Whole Health Rx. Goals of the program include identifying prescribing patterns and outliers and sending information to identified prescribers. In many cases, there are good reasons for outliers, but the program offers an opportunity to share information and for prescribers to seek consultation. Currently, there is wide-spread concern regarding possible over-prescribing. This issue is of particular concern among certain populations, such as young children, Medicaid members, and children with child welfare involvement. The long-term effects of many psychotropic medications are unknown and many are used off-label.

The Whole Health Rx program started with algorithms on medication adherence. Providers have been receptive to the information. Magellan peer support staff also reach out directly to members to identify any barriers to medication compliance.

Other algorithm triggers include diagnoses of bipolar disorder with no mood stabilizer medication, more than six different prescription medications for adults, and use of antipsychotics with children outside FDA age and dosage guidelines. Future plans include looking at medication compliance and how it may relate to readmissions.

The Children's Champion Initiative is related to Whole Health Rx and focuses on appropriate use of psychotropic medication among youth. The use of these medications is much higher among children in foster care or with other child welfare involvement. Magellan will be presenting a workshop on "Appropriate Use of Psychotropic Drugs in Children and Adolescents" at the Success, Hopes, and Dreams behavioral health recovery conference. Dr. Fromm is also available to speak to other interested groups.

F. Psychiatric ED Discussion:

Magellan has started to explore options regarding psychiatric care in emergency departments. In some areas, patients are boarded in the ER without active treatment. Magellan is meeting with hospital providers and other interested parties to support treatment in the ER setting. In some cases, telehealth may be utilized within the ED. Training is essential for a psychiatric ED to be effective and inpatient admissions may be reduced. Different models are used in different locations. For example, peers are used in Lincoln along with the clinical staff to help reduce unnecessary hospital admissions, but some other areas have not developed potential inpatient admission alternatives. At this time, discussions are in an early stage but Magellan will provide updates as more information becomes available.

G. Evidence-Based Practice Survey:

The Clinical Advisory Committee (CAC) is recommending a provider self-assessment called the Knowledge of Evidence-Based Services Questionnaire (KEBSQ). The assessment gives feedback to the provider on each item. The assessment was demonstrated for the Board and a link to the tool will be distributed to Board members. The assessment may help Magellan identify areas for which provider training would be most beneficial. One disadvantage is the survey is lengthy, but one can start it and come back to it later.

H. Recruitment of Future Members of Governance Board:

Two seats are scheduled to become vacant in July. One option is to re-appoint members to the seats and another option is to recruit new members. One recommendation is that Magellan share Board applications at the upcoming Success, Hopes, and Dreams conference to recruit potential consumer members. Magellan will bring the Board Charter to the next meeting of the Governance Board for further discussion on this topic.

Next Meeting:

The next meeting will be held on May 15th, 2014 at 2:00-4:00 pm.

Recommendations:

1. Develop procedure for Magellan staff to warm transfer members to Physical Health MCO when indicated. (on-going item)
2. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members. (on-going item)
3. Share additional information and data related to authorization letter suppression. (on-going item)

4. Appointment availability resource-ask specifically about the prompt availability of appointments for new patients with Medicaid coverage.
5. Add zip code information to member survey on access to ambulatory follow-up appointments that will be distributed at the "Success, Hopes, and Dreams" Conference
6. Consider similar survey directed at providers to determine provider perspective on barriers to ambulatory follow-up appointments
7. Distribute link to information on BETA training to Board members
8. Distribute link to information from BHECN on geographic availability of providers
9. Distribute Provider Bulletin referenced in 90837 letter to Board members
10. Distribute link to Knowledge of Evidence Based Services Questionnaire to Board members
11. Follow-up with Pat regarding Children's Champion presentation at Boys Town
12. Share Governance Board and Committee applications at "Success, Hopes and Dreams" Conference

Co-Chair Signature _____ **Date** _____

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