

Governance Board Minutes

May 15, 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, Travis Parker

Other Attendees:

Lori Hack

Absent:

Kathleen Mallatt, Corey Brockway

Public Agenda

A. Approval of Minutes:

Shannon suggested edits to the minutes. Pat moved to approve the minutes with the offered amendments. Alan seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

1. Develop procedure for Magellan staff to warm transfer members to Physical Health MCO when indicated. (on-going item)
Travis shared a procedure developed with United Healthcare that will be used to connect members to the physical health MCO whenever appropriate. This warm transfer will replace giving the member the contact information and requiring them to make another call. Similar procedures will be developed with the other physical health managed care plans.
2. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members. (on-going item)
A report to provide this information is being developed and will be shared with the Board at a future meeting once it is available.
3. Share additional information and data related to authorization letter suppression. (on-going item)
An update on this item will be provided at the next meeting.

4. Appointment availability resource-ask specifically about the prompt availability of appointments for new patients with Medicaid coverage.
Magellan customer service staff have been contacting providers in the Lincoln area to determine specific providers who have appointment availability and can accommodate prompt appointments with members discharging from inpatient care. Magellan will provide a summary report at the next meeting of the Governance Board.
5. Add zip code information to member survey on access to ambulatory follow-up appointments that will be conducted at “Success, Hopes, and Dreams” Conference.
Zip code information has been added to the member survey and it will be distributed at the conference.
6. Consider similar survey directed at providers to determine provider perspective on barriers to ambulatory follow-up appointments.
Some providers will be reached at the conference and Magellan will evaluate the need for another survey once the initial survey data is available.
7. Distribute link to information on BETA training to Board members.
This item is complete.
8. Distribute link to information from BHECN on geographic availability of providers.
This item is complete.
9. Distribute Provider Bulletin referenced in 90837 letters to Board members.
This item is complete.
10. Distribute link to Knowledge of Evidence Based Services Questionnaire to Board members.
This item is complete.
11. Follow-up with Pat regarding Children’s Champion presentation at Boys Town.
This item is complete and a presentation was held.
12. Share Governance Board and Committee applications at “Success, Hopes and Dreams” Conference
Magellan is ready to share applications at the conference.

C. PracticeWise Demonstration:

Teresa demonstrated the PracticeWise resource which provides information about evidence-based practices. Providers can enter demographic information about a client and will gain access to research articles to inform care. Magellan providers can contact customer service to get an access code to use the resource. PracticeWise includes clinical dashboards that can be used to monitor the effectiveness of interventions. The recommendation from the Board is to develop a training or user’s guide to make the tool as easy to use as possible.

D. Quality Performance Report:

Lisa Christensen presented the Quality and Performance Report. Ambulatory follow-up rates continue to be an area of concern. Interventions include soliciting feedback and suggestions at town hall events and stakeholder committee meetings, and through a survey on this topic at an upcoming conference. An article on the importance of ambulatory follow-up was published in the last Magellan newsletter. A possible future intervention would be performance-based contracting. The goal continues to be increasing the ambulatory follow-up rate to improve care outcomes. One suggestion is to consider a premium rate for appointments that occur within 7 days following inpatient discharge. Another idea is to follow-up with members who do not keep their scheduled appointments and try to determine barriers that can be addressed. Medicaid has a new transportation vendor and some members have been reporting positive feedback to Magellan, such

as the ability to request a ride using a mobile phone application. It is too early to tell if this will impact ambulatory follow-up rates.

Lisa drew the Board's attention to the claims metrics which exceed established benchmarks. Claims payment accuracy for March was 99.76% and procedural accuracy was 99.39%. The turn-around time (TAT) is 100% within 45 days. Claims metrics are monitored monthly in the Magellan Members Services Committee. When providers have incorrect billing they are provided education through one-on-one contact and webinars that are held twice per month.

Board members asked for more information about treatment record reviews and what is considered a serious deficiency. Treatment record reviews are scored based on a tool publicly available on Magellan's website. A serious deficiency is considered a score under 69%. Magellan will distribute the website link to Board members as additional tools and samples related to treatment record reviews are available.

E. Electronic Funds Transfer:

Magellan is considering requiring electronic funds transfer (EFT) for payment to providers. The Board agreed that this is not an issue for most providers, but could be for some very small providers. Magellan will do some additional research and may consider an exception process upon provider request. Magellan will provide the Board a plan on this issue at a later meeting.

F. Draft 90837 Medical Necessity Criteria:

Dr. Fromm shared the draft 90837 medical necessity criteria with the Board. A prior authorization based on the criteria would only be required for the 37 providers who have been identified as the top utilizers of the code. Alternatively these providers may accept a rate at the 90834 level. Previously, Magellan has contacted these top utilizers and required each identified provider to conduct a self-audit of their claims. These audits are due tomorrow, but most have been received and very few instances of incorrect coding have been identified and reported.

The Board expressed concern that this change was driven more by cost savings than by quality of care concerns. On the other hand, although providers may have continued their prior practices, changes in the CPT code structure led to large increases in payment. The Board recommended that Magellan continue discussion with the NABHO System of Care Committee on the 90837 issue.

G. Psychiatric Emergency Department Update:

A county government has expressed possible interest in this model and could be involved in developing a psychiatric ED in the future. Discussions are in the very early stages at this point. There is less flexibility if a person is already on the campus of a specific hospital so a county supported triage function could be a good model. In addition to looking at the number of hospital beds, Nebraska may also have unmet needs for other levels of care. Efforts to develop psychiatric ED may have been uncoordinated in the past, but due to fewer available beds the issue should be revisited now.

H. Secure Residential Rehabilitation Update:

This item was continued until the next meeting.

I. Bio-Psychosocial Recoupment Project:

Magellan has identified episodes of treatment that were conducted for which no initial diagnostic interview (IDI) was performed. Magellan will be proceeding with recoupment efforts on these identified claims. The Board supported these efforts as an IDI is required prior to treatment.

J. Recruitment of Future Members of Governance Board:

Shannon moved that Pat Connell be reappointed to the Board to serve a three year term. Andrew seconded the motion. Pat was reappointed for a three year term by unanimous vote.

Next Meeting:

The next meeting will be held on June 19th, 2014 at 2:00-4:00 pm.

Recommendations:

1. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members. (on-going item)
2. Share additional information related to authorization letter suppression. (on-going item)
3. Appointment availability resource-ask specifically about the prompt availability of appointments for new patients with Medicaid coverage. (on-going item)
4. Develop resource guide or training on PracticeWise.
5. Distribute Treatment Record Review Tool and link to Board members
6. Work with the NABHO System of Care Committee on next steps on 90837 issue

Co-Chair Signature _____ **Date** _____

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