



Governance Board Minutes

July 17, 2014

Board Members Present:

- Sue Mimick, Co-Chair
- Pat Connell, Co-Chair
- Connie Barnes
- Jennifer Genzler
- Shannon Engler
- Kathleen Mallatt
- Alan Green
- Lisa Casullo
- Teresa Danforth
- Andrew Shapiro
- Travis Parker
- Janine Fromm
- Lisa Christensen

Other Invitees:

- Lori Hack
- Patricia Ryan

Public Agenda

A. Approval of Minutes:

Connie moved to approve the minutes, and Shannon seconded this motion. Alan abstained due to not being present at the prior meeting. The remaining members approved the minutes unanimously.

B. Follow-up on Recommendations from Prior Meeting:

1. Consider labeling AFU and readmission reports for the month of discharge. Currently these are labeled with a claim lag (i.e., events that occurred in January are reported as April).
Reports have been revised to reflect this change. We will visit this item when reviewing the Quality Performance Report below.
2. Update appointment availability resource and distribute to Governance Board members to pilot.

The resource was updated and distributed to Board members. However, Shannon pointed out some concerns that remain. There are some providers listed that appear to be duplicates and some providers that do not take appointments from the general population. Magellan will review appointment availability resource again for accuracy.

3. Consider generating density reporting based on total population not Magellan membership. Consider best practice recommendations for psychiatrist to population ratio.

Magellan will continue to consider how to make access and density reporting as useful as possible. Magellan continues to accept applications from providers in all areas of the state.

4. Consult with Magellan Complete Care on initial assessment requirements to support an integrated model of care.

This item was continued until a later meeting.

5. Work with physical health MCOs on an integrated care pilot project.

The Magellan Quality Improvement Department and Dr. Fromm are working with Medicaid and the physical health MCOs on an EPSDT screening project. Currently, a depression screening recommendation is being developed and Magellan will participate in educating the physical health plans and providers on this initiative. A future possibility is a substance use screening instrument.

6. Proceed with plans for paper authorization letter suppression but give providers 60 days notice to request an exception from Magellan.

This item is in process. Magellan has received a small number of requests for an exemption.

7. Meet with both groups who submitted CFLET proposals to discuss a split award and develop next steps.

This item is complete. Magellan is expecting revised proposals from each group by July 31st.

C. Dashboard Demonstration:

Lisa Christensen and Patricia Ryan led a demonstration of the provider dashboards. The dashboards are based on Magellan claims data. Metrics provided are average length of stay (ALOS), readmission rates, and ambulatory follow-up (AFU) rates. Drop down menus allow each provider to see data for a selected quarter. The dashboards have been made available to providers of certain residential levels of care. Initial feedback has been very positive. Board members agree that this will be a useful tool. Only the specific facility has access to the dashboard, not the general public. Access to the dashboards was distributed to each facility by email. This email will be resent to the provider members of the Governance Board to make sure they know how to access this information.

Magellan plans to expand the metrics reported on the dashboards in the future and is open to suggestions on useful information to add. The Board suggested that claims data would be a useful addition, such as denial rates for submitted claims and the top denial reasons.

D. Quality Performance Report:

Lisa Christensen presented the Quality Performance Report. As suggested by the Board, the ambulatory follow-up and readmission rates are now labeled with the month that the discharge occurred. To allow time for the claims to come in, the rates for each month will not be available until a few months later. The data has now been shared in this new format with the QIC and members agreed that the information is now easier to understand.

This month there was one telephone responsiveness measure that fell below standard. The Average Speed of Answer (ASA) goal for care managers is less than 90 seconds, and the May rate was 107 seconds. Magellan reported that this was likely due to a temporary staffing issue as a result of one care manager being on military leave and open positions. One position has now been filled. This does not appear to be a trend as June numbers are on target.

The financial payment accuracy rate fell below the 99% standard for the first time and was 97.5% for May. This is believed to be the result of COB errors, and training has been conducted. The rate is again over 99%. The contract goal is actually 98%, but Magellan has exceeded this most months and will continue to strive to do so.

E. Legislative Reports:

Lori shared the legislative reports that Magellan submits in compliance with specific legislative bills. The two reports are very similar and the specific metrics are established by legislation. One report gives request, authorization, and denial rates for youth only. The second report shows the information for all age groups and is then broken out into youth, adult, and older adult groups. Most of the members on the 65+ tab are the dual Medicare/Magellan members; however, the report pulls data by the age only not by Medicare status.

Board members discussed the reports and questioned why the PRTF denial rates are higher than other levels of care. Dr. Fromm explained that Magellan receives many requests for PRTF and Therapeutic group home (ThGH) that are based on placement needs instead of treatment needs. Some youth who are not authorized to a dual ThGH are authorized to a mental health or substance use disorder ThGH. There is a very high reauthorization rate for youth who do meet criteria for these levels of care.

F. Selection of Adult Consumer Member of Governance Board:

This agenda item was deferred until the next meeting. Magellan will continue accepting applications for the open Board member seat. Teresa shared that the Provider Advisory Committee (PAC) is also accepting applications for an open seat due to a recent resignation. Applications for the Governance Board and the PAC are available on the Magellan website.

G. Governance Board Annual Review:

Magellan asked Board members for feedback on things that were working well for the Board and for areas that needed improvement. Identified strengths were the Quality Performance Report and other reports that have been shared. Efforts to produce a list of providers with appointment availability will also be a valuable tool. There was also discussion about areas that could be improved. NABHO anticipated more of a collaborative partnership and still feels that Magellan is driving decisions. Members expressed a desire to move from the requirements of the Magellan contract to ways to improve services and the system of care to help patients get better. A future topic that may benefit from collaborative decision making would be system priorities for different areas of the state. All Board members agreed that we should continue discussion of this item at next month's meeting.

H. Additions to the Agenda:

Board members reported increased difficulty with coordination between divisions of DHHS. It was reported that there is increased wait time for providers to receive their licensure and than a long wait time for providers to be enrolled with Medicaid. Magellan members and other Board members all reported that this concern has been discussed with MLTC. Magellan has developed a concurrent credentialing process while providers are being enrolled with Medicaid, but the enrollment must be final before Magellan credentialing can be completed.

Next Meeting:

The next meeting will be held on August 21st, 2014 at 2:00-4:00 pm.

Recommendations:

1. Revise appointment availability resource: remove duplicates and check that listed providers accept patients from the general (Magellan) population.
2. Distribute Dashboard links to provider members of Governance Board.
3. Consult with Magellan Complete Care on initial assessment requirements to support an integrated model of care.
4. Work with physical health MCOs on an integrated care pilot project.

Co-Chair Signature

_____ **Date** _____

Co-Chair Signature

_____ **Date** _____