



Governance Board Minutes

August 21, 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
- Janine Fromm
- Lisa Christensen

Other Invitees:

- Lori Hack

Public Agenda

A. Approval of Minutes:

Alan moved to approve the minutes as written and Lisa seconded this motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

1. Revise appointment availability resource: remove duplicates and check that listed providers accept patients from the general (Magellan) population.

Andrew shared the updated appointment availability resource with the Board. Some duplicates were removed and others remain due to providers being contracted with Magellan in more than one location. Some providers were deleted who do not see the general population (such as being affiliated with the University only). Magellan welcomes continued feedback as the resource is used so that we can continue to improve and evaluate the usefulness of the tool.

2. Distribute Dashboard links to provider members of Governance Board.
This item is complete.
3. Consult with Magellan Complete Care on initial assessment requirements to support an integrated model of care.
This item is on the agenda below.
4. Work with physical health MCOs on an integrated care pilot project.
Lisa Christensen provided an update on an EPSDT screen project that is being developed in collaboration with the physical health MCOs. A tool will be recommended that PCPs will use to screen for depression. The physical health plans are currently identifying providers for the project. More updates will follow at later meetings as the project is developed.

C. PTA Recoupment Update:

Magellan previously distributed letters recovering payments for substance use disorder assessments that were conducted and not accompanied by initial diagnostic interviews (IDIs). The letters also indicated that subsequent treatment conducted without an IDI would be recovered. Magellan received significant provider feedback in response to the letters indicating that Medicaid's practice was not to require an IDI in these cases. In response to this feedback, Magellan has determined that claims will not be recouped for either the substance use disorder assessment or the subsequent substance use disorder treatment when a substance use disorder assessment was conducted without an IDI.

Shannon asked how this change will be communicated to providers. Magellan is currently drafting a letter that will be mailed to affected providers. Updated recovery letters will then follow. Magellan shared regret about the original recovery letters which caused concern and administrative burden for providers. Magellan will prioritize getting the new communication out to providers as soon as possible. Connie shared that this creates concern as to what unanticipated changes may be coming next. Magellan is committed to learning from this experience moving forward. Magellan did not put an IDI claim edit in place with the understanding that MLTC was in the process of removing bio-psychosocial assessments from regulation. This has not yet been completed. Shannon emphasized the need for Magellan to have these conversations in advance of changes in a collaborative way. Connie agreed and stated the need for Magellan to invest in provider education in advance of any changes.

D. Autism Coverage Update

Nebraska Medicaid has provided Magellan with medical necessity criteria for an applied behavioral analysis benefit for members diagnosed with autism. MLTC is still deciding how to contract for this benefit. MLTC has previously indicated that the benefit would begin on October 1, but there has not been a final announcement.

E. Quality Performance Report:

Lisa Christensen presented the Quality Performance Report. Member satisfaction survey results are being calculated and some results will be available in the next few months. In addition to overall satisfaction, results will be broken out by race and ethnicity to identify

any targeted interventions that are needed. Ambulatory follow-up (AFU) measures continue to fall below identified targets. Magellan continues to aggressively address ambulatory follow-up and continues to seek ideas and feedback regarding additional strategies. There is a positive trend with AFU numbers increasing.

Lisa shared information about an inter-rater reliability training that was recently completed by Magellan clinical staff. This is a national training that is done annually and that involves sample clinical vignettes. They are designed to present more difficult clinical scenarios. Connie asked about the possibility of medical necessity training for providers. Magellan will pursue developing training for providers and will determine to what extent the specific vignettes can be shared.

F. Integrated Practice and Initial Assessments:

Current Nebraska regulations require that an initial diagnostic interview (IDI) be completed by the supervising practitioner for most services. This would involve the member seeing a mental health professional as part of the initial assessment and treatment planning. Shannon shared a different model of integrated practice in which the care goes to the member and all parts of the individual's care are addressed as efficiently as possible. One question is if primary care physicians are comfortable completing an initial treatment plan for a behavioral health condition. Shannon indicated that some PCPs are very comfortable with this and Bryan is exploring a pilot project for an integrated care model of care. Magellan is interested in participating and this can help inform if changes to regulations should be considered in the future.

G. Consumer and Family-Led Evaluation Team:

As discussed at the last meeting, Magellan offered a split award to the two groups who submitted proposals for consumer and family led evaluation teams (CFLET). Magellan met with both groups and invited them to submit revised proposals based on a split award. During this process, one group withdrew from consideration. The remaining group (Mental Health Association) will receive the contract for CFLETs. An annual plan will be developed and shared with the QIC and the Board.

H. Governance Board Open Seat (Service Recipient-Adult Services):

Lori shared applications submitted by two consumers. The Board discussed the two candidates and selected one. Jen shared that this candidate may now have a scheduling conflict that would make him unable to serve on the Board. Andrew made a motion that Magellan reach out to the selected candidate to determine if he is able to accept the Board seat. Shannon seconded the motion which was passed unanimously. If the selected candidate declines the seat then the Board will determine next steps at the September meeting.

I. Whole Health Rx- Update

This topic was continued until the next meeting.

J. Geriatric Program (Magellan GOLD)

Dr. Fromm shared a brief introduction to the Magellan GOLD Geriatric Program. This program will review pharmacy data based on all outpatient prescriptions. The goal is to offer assistance with care coordination for older Magellan members. These members may have more complex medical needs and/or take more medications. Magellan will provide updates on the program as it develops.

K. Governance Board Annual Review

This agenda item will require further discussion. Board members agree that we should spend time as a Board revisiting the purpose of the board and ways to improve it. One idea is to have a Board retreat. Possible barriers are the need to travel, inclement weather, and very full schedules. The retreat could take the place of an already scheduled Board meeting to assist with scheduling. Magellan will begin identifying dates and facilitators for a Board retreat.

Next Meeting:

The next meeting will be held on September 18, 2014 at 2:00-4:00 pm.

Recommendations:

1. Distribute letter to providers on recovery of claims following a substance use disorder assessment
2. Share sample medical necessity inter-rater reliability vignettes with Board members and consider training for providers on medical necessity review process.
3. Discuss collaborating with Bryan on integrated care pilot project.
4. Reach out to selected applicant for open Board seat and confirm if applicant is able to participate.
5. Plan Board retreat for this fall- work with Board members to determine date that works for all members.

Co-Chair Signature

_____ Date _____

Co-Chair Signature

_____ Date _____