



# Governance Board Minutes

## September 18, 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
- Ken Timmerman

### Other Invitees:

- Lori Hack

### Public Agenda

#### A. Approval of Minutes:

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

#### B. Follow-up on Recommendations from Prior Meeting:

1. Distribute letter to providers on recovery of claims following a substance use disorder assessment  
Certain overpayment recovery letters were distributed in error when members had received a substance use disorder assessment prior to substance use treatment services. A letter has been sent to each provider affected by this error. An additional follow-up letter will also be sent to these providers to specify the updated amount of any overpayment recovery that

continues to apply to them. These providers should wait for the updated overpayment recovery letters before taking any action.

2. Share sample medical necessity inter-rater reliability vignettes with Board members and consider training for providers on medical necessity review process.

This item is on the agenda below.

3. Discuss collaborating with Bryan on integrated care pilot project.

Meetings have been scheduled to continue discussion of this topic.

4. Reach out to selected applicant for open Board seat and confirm if applicant is able to participate.

Ken is now present for his first Governance Board meeting. This item is complete.

5. Plan Board retreat for this fall- work with Board members to determine date that works for all members.

The goal of the retreat would be to set aside time to discuss more meaningful involvement and opportunities for input for all Board members. Andrew shared options for possible facilitators to give the retreat maximum impact. One option is to utilize former members of the Maricopa Governance Board to facilitate or for technical expertise. Andrew asked for feedback from other Board members before contacting potential facilitators. Another option would be to use a local person with expertise in strategic planning but not specific experience with a Magellan Governance Board. Dr. Fromm suggested that we should have individuals with technical expertise join if possible and a skilled process facilitator may be an option in the future if needed. The board agreed to reach out to individuals with prior experience with the Maricopa Board to join the retreat. Shannon offered that one goal of the retreat should be to specify what areas Magellan controls, what areas the Board controls, and the areas in which there is room for suggestions. Another goal of the retreat is to lay out the “rules of the game” going forward. Pat suggested that a whole day should be set aside for the retreat. Connie suggested Norfolk as a possible location. The Board agreed that a whole day retreat in Norfolk should be planned.

**Action:** Schedule full-day Board retreat in November in Norfolk. Schedule individuals with technical expertise from the Maricopa Governance Board to join as resources.

### **C. Autism Coverage Update:**

The implementation date for a Medicaid behavioral health benefit for autism services has been pushed back until the beginning of 2015. It is now believed that this benefit will be fee for service. It is not yet known if the benefit will be limited to ABA therapy or to specific types of providers. As Magellan will not be managing the benefit at this time, Magellan will need to refer questions directly to MLTC.

### **D. Medical Necessity Inter-Rater Reliability Vignettes:**

Dr. Fromm shared sample inter-rater reliability (IRR) vignettes that are used in training Magellan clinical staff. Inpatient examples were used as this level of care is similar in all

states. Alan noted that the examples are similar to cases in which his organization receives calls for peer diversion services. In addition to this national training, the Nebraska team does internal monthly training with recent cases. Dr. Fromm asked the Board members if they had any suggestions for future training needs. It was agreed that the members needed time to review the materials and the discussion of this item would be continued until the next meeting.

**Action:** Follow-up with Board for any provider training recommendations on medical necessity process.

#### **E. Quality Performance Report:**

Lisa Christensen presented the Quality Performance Report. Lisa continues to welcome questions or suggestions on the content and format of the report. In the future, the report will be expanded to include a section on Qfiniti, which is a monthly internal auditing process used to monitor calls. Provider satisfaction surveys for both individual and facility providers are in-process. We have received preliminary information on member satisfaction survey results and these results will be shared with the Board at a later meeting. The member minor and adult satisfaction rates will be reviewed in the member services sub-committee. Magellan continues to look for ways to increase ambulatory follow-up (AFU) rates. Dr. Fromm shared that a recent suggestion from the Clinical Advisory Committee was to involve primary care physicians in encouraging follow-up appointments. Shannon suggested that Magellan's goal is significantly higher than industry standards. The Board voted unanimously that Magellan should consider the appropriate threshold for this measure.

Lisa asked for feedback on how data from prior months should be handled as more data is presented over time. Right now the report is manageable, but with additional data points being added each month it will get harder to use and see trends. Pat recommended that data from prior quarters be averaged but that recent data points continue to be listed monthly to help identify trends early. Board members agreed with this suggestion. Connie offered another suggestion to present the data in a more visual layout. This will be considered as a longer-term idea, particularly to see trends from year to year.

**Action:** The QIC and appropriate subcommittees will evaluate ambulatory follow-up thresholds in light of industry standards.

**Action:** Revise Quality Performance Report to show data from prior quarters as a quarterly average. The six most recent months should be reported as distinct data points.

#### **F. Whole Health RX- Update:**

Dr. Fromm shared a presentation on Whole Health Rx. The initial algorithms selected for the program were medication compliance triggers. November and December used only these algorithms. When a member does not regularly get medication refills for three months, their information is pulled into the algorithm and a pharmacist shares this information with their provider. Pat asked why members are not identified by the algorithm sooner. The algorithm currently looks at consistent non-compliance. Pat

suggested that some hospitalizations could be avoided by looking at non-compliance sooner. Dr. Fromm reported that providers have been very receptive to information from the program. A Magellan peer specialist also reaches out directly to identified members to explore their perspective on any barriers. An additional algorithm that has been added to the program is polypharmacy of 4 or more psychotropic medications. Magellan has a full-time pharmacist in Nebraska to meet with providers and share information from the Whole Health Rx program.

**Action:** Evaluate shortening time of medication non-compliance that triggers Whole Health Rx algorithm to more quickly identify members who would benefit from intervention.

#### **G. E&M Coding:**

Dr. Fromm shared a draft letter that was developed following a review of charts based on E&M complexity coding. Some providers had very repetitive notes and did not document any comorbidity in the members. The letter would offer education about these concerns to the physicians whose charts were reviewed. Pat suggested that the letter additionally be distributed to any practice managers. Shannon stated that the E&M coding can also be time-based instead of only complexity-based. The current draft letter states that the complexity criteria have to be satisfied as well. Shannon recommended consulting with coding experts on this issue. Connie noted the respectful tone of the letter and appreciated the Board reviewing before distributing to providers.

**Action:** Incorporate input of Board on E&M coding letter so that letter appropriately discusses time requirements.

#### **H. Treatment Record Reviews:**

Lisa Christensen shared information regarding a concern that has been identified through treatment record reviews. Some cases have been identified in which members with severe intellectual and/developmental disabilities are in long-term mental health therapy. The records do not demonstrate progress in treatment. Pat suggested that Magellan provide education to the specific providers involved, as well as to the entire network of providers when a trend of inappropriate billing is identified. The Board continued to discuss this issue in a confidential session.

#### **I. Consumer and Family-Led Evaluation Brainstorming:**

Lisa requested feedback and ideas on unserved and underserved members that should be included in outreach efforts by the consumer and family-led evaluation teams. One suggestion was to look at possible underutilization by members of different races and/or ethnicities. Another idea was to run a report of members who are not accessing services. There will be practical limitations based on funding and adequate sample size. Other populations suggested included the elderly, rural populations, and youth taking multiple psychotropic medications.

**Action:** Incorporate feedback of Board on underserved and unserved populations in developing consumer and family led evaluation team project.

**J. Recruitment Update**

Magellan is close to identifying a successor who will be the CEO following Sue’s retirement. Magellan is currently in the process of conducting interviews with the final candidates.

**Next Meeting:**

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

**Co-Chair Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Chair Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_