

Governance Board Minutes

January 16, 2014

Members:

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

Other Attendees:

Lori Hack

Absent:

Kathleen Mallatt

Public Agenda

A. Approval of Minutes:

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

B. Follow-up on Recommendations from Prior Meeting

1. Extend calendar invite to hold Governance Board meeting dates far in advance –This item is complete.
2. Recommend monitoring access for routine appointment accessibility within both 7 and 14 days – This is currently being considered for inclusion in upcoming surveys.
3. Recommend that the UM Committee work with outpatient providers to prioritize appointment availability for members discharging from inpatient treatment- This has been added as a standing item in both the Utilization Management Committee and the Provider Advisory Committee.
4. Modify definition of concordance on the Quality Performance Report to specify that this is agreement between the Care Manager and the Magellan Physician Advisor – This item is complete.
5. Newsletter article to address PTA/IDI questions –This article is in review with the Magellan Legal Department and will be included in the February newsletter.

6. Newsletter article on interpreter services, including different levels of care –This article was included in the January newsletter. A copy of this edition of the newsletter was provided to each member of the Governance Board.
7. Present new IP/PRTF process to PRTF workgroup –This proposal has been presented to the workgroup. The process has not yet been finalized. An effective date will be announced.
8. Consider emergency situation when a PRTF takes youth to ER –This has been discussed with the PRTF workgroup.
9. Consider adding a physician to Committee structure – A pediatrician has been added to the Magellan Clinical Advisory Committee.
10. Book all dates for town hall meetings one year in advance- This item is in-process. It is anticipated that dates will be available for the February newsletter.
11. Send DSM-5 training link to Governance Board members –This item is complete.

C. Quality Performance Report:

Lisa Christensen presented the Quality and Performance Report. Lisa drew our attention to the change which more clearly defines the concordance rate. This language was clarified based on feedback from the Governance Board.

Dr. Fromm discussed the ambulatory follow-up rate which is lower than the target. This issue is now being addressed with members of the Provider Advisory Committee. The PAC is examining possible barriers for providers and members. An example was given that when an individual goes to the dentist the next appointment time is confirmed before the individual leaves. When discharging from inpatient the situation is different as the follow-up will be with a different provider. Follow-up will be most successful if the member is involved in scheduling the appointment. Travis pointed out that our ambulatory follow-up rates are likely higher than reflected in the report as some claims have not been received yet. Providers have six months to submit claims. It is believed that even if all claims were captured, that the ambulatory follow-up rate would still fall lower than expectations.

Alan brought up a concern that some members are seen by multiple providers and may have multiple treatment plans. These individuals may be confused as to which plan they should follow. A related concern is lack of coordination between inpatient and outpatient providers. Members should know that their follow-up appointment information is included in their discharge instructions. On the other hand, members may get several pages of discharge instructions and this may be overwhelming.

Board members report that provider availability remains a barrier to getting appointments. Also many outpatient providers want the members or parents to call and schedule the appointment themselves to reduce no-shows. One possible approach is identifying outpatient providers who will hold “open crisis hours”. Members who have recently been discharged could be seen during these hours. Another approach could be expanded use of peer services to encourage and engage members to attend follow-up appointments. Magellan is interested in supporting the expanded use of peers. There are currently significant limitations to paying for peer services as part of the contractual cost of care. This would need to occur using already existing service codes and regulations. One possibility would be using peers to provide an already defined service such as community support. In the future, peer services may be added to the CMS waiver so they can be billed as a distinct service, but this is a long-term solution.

In some cases non-mental health providers may provide follow-up care. Magellan is in the very early stages of a Performance Improvement Project (PIP) on coordination of care. A presentation on this PIP will be included in the March agenda to share this information with the Board.

It was agreed that the issue of ambulatory follow-up would continue to need dialogue and consideration.

D. Authorization Rates

The authorization rate has decreased as Magellan is no longer prior-authorizing most outpatient services. Those thousands of outpatient hours used to count as requested and authorized. There are outpatient authorizations and denials for injectables and some prospective denials based on clinical review of certain selected cases (based on the Outpatient Solutions process). A Board member questioned the relatively high rate of denials for youth residential treatment. Dr. Fromm explained that there are many factors involved in that rate. Residential treatment for a child should be a major decision. Even a service like inpatient may be more desirable because it can be short-term and not as disruptive to the youth. There is scrutiny of these services to ensure that other options are explored whenever appropriate.

Another issue is that some applications for PRTF or ThGH are made based on a court order not the mental health treatment needs of the youth. The court order may be based on other circumstances in the child's life, including the overall family situation, but residential treatment may not be required for clinical reasons. These requests often involve youth that are already being served at a PRTF/ThGH on a court order. There are also denials of dual applications that may be authorized for mental health or substance-use residential treatment, when this would be a better clinical fit.

The Board recommended a follow-up report that shows what alternative treatment may be received by youth who are not authorized to PRTF or ThGH. This follow-up report will be included in the February agenda.

E. Provider Satisfaction Survey

Sue shared a presentation on the Magellan Provider Satisfaction Survey. The Survey is conducted at a corporate level. Board members reported some concern that providers were reluctant to complete the survey as it is not anonymous. The survey this year was mailed in September and October and the response rate was higher than in prior years. One point of interest is that over 50% of providers completing the survey were older than age 50. If this is true of the network as a whole, that could raise workforce issues in the future. A key driver analysis identified many strengths and the following priority improvements: appeal process, consistency of decisions by clinical staff, and how clearly the clinical rationale for a decision was articulated/explained. All statistically significant changes from 2011 to 2013 surveys were improvements. The percentage of providers never using the Magellan website increased from 9% to 19%, which is a concern as this is a key way for providers to get the most up-to-date information.

The survey showed that an increased percentage of providers request that members sign releases to share information with a PCP. At the same time, there was a decrease in the percentage of members giving consent to share this information. This is a concern due to the importance of coordinating care. The survey does not address if the PCP responds to attempts to coordinate care or reasons that a member may decline to give consent. One possibility is that parents may not want

their family physician to know about any mental health concerns. Currently, the Magellan QI Department audits for coordination of care and a release for a PCP when reviewing outpatient treatment records. The Board agreed to return to the topic of coordination of care as a March agenda item.

F. Abilify Maintena

Dr. Fromm introduced the draft medical necessity criteria for Abilify Maintena. This is a newer injectable medication and has been added to the Medicaid formulary. Magellan was required to begin coverage right away but will still accept comments on the draft criteria for 60 days before finalizing. Magellan is aware that some members may receive the medication through samples or another payor, but Magellan has not paid for this medication before. There are some mental health professionals and clinics that provide injectable medications. The medical necessity criteria are available on the Magellan website and focus on reserving this costly medication for those most likely to benefit. The Board recommended that Magellan include an article on the criteria for Abilify Maintena in an upcoming newsletter.

G. Public Hearing Regarding Pre-Treatment Assessments

Pat shared that many providers are opposed to the draft regulations that would eliminate the bio-psycho-social component of the PTA. He expects a concerted effort to oppose this change. Board members shared concern that it is important to have a comprehensive assessment at the beginning of treatment and the PTA will need to be performed anyway due to quality concerns. Sue shared that the PTA is a service unique to Nebraska Medicaid. It is not billed in other states or even in Nebraska except when Medicaid is the payor. The goal is not to reduce payment as other codes will be increased to compensate. Magellan staff shared that PTAs which were received by the PTA repository were generally of very low quality and it was often difficult to get them at all. If the PTA service continues it will be necessary to have much stricter quality controls in place.

H. License Requirements for Day Treatment (Adult)

Lutheran Family Service is planning to take over day treatment services currently offered by the Lancaster County Mental Health Center. Division of Behavioral Health regulations require a license for this service but DBH will waive this requirement. The DHHS Licensure Unit states that no license is required as this is an outpatient service. In the past Magellan has required a license for this program. Magellan requested the opinion of the Board on waiving this requirement. It is not even clear that licensure would issue a license for this level of care. The Board advised Magellan to obtain confirmation from licensure that a license is not required.

Next Meeting:

The next meeting will be held on February 20th, 2014 at 2:00-4:00 pm.

Recommendations:

- Presentation on PIP regarding coordination of care with physical health providers (for March meeting).
- Report alternative treatment for youth who are not authorized to PRTF.
- Article on Abilify Maintena in the February newsletter.
- Obtain documentation from licensure stating that LFS does not require a license to operate an adult day treatment program.

Co-Chair Signature _____ **Date** _____

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