

Governance Board Minutes

February 20, 2014

Members:

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

Other Attendees:

Lori Hack, Scott Donald

Absent:

Shannon Engler, Corey Brockway

Public Agenda

A. Approval of Minutes:

Alan moved to approve the minutes from the previous meeting of the Governance Board with a correction showing the February date for the next meeting. Connie seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting

1. Presentation on PIP regarding coordination of care with physical health providers (for March meeting).
Lisa Christensen confirmed that this will be included in the agenda for the March meeting. Lisa also provided an update that this will now be included as one component of the patient safety PIP.
2. Report alternative treatment for youth who are not authorized to PRTF.
Travis reported that there are some discrepancies in the report on the Alternative Levels of Care. This report will be presented at the March meeting to allow the discrepancies to be investigated and resolved.
3. Article on Abilify Maintena in the February newsletter.
This article was included in *The Provider Focus* distributed via email blast and postcard notification on February 14th.

4. Obtain documentation from licensure stating that LFS does not require a license to operate an adult day treatment program.

Sue provided an update on this issue. LFS will not be operating this program. There is currently not an adult day treatment program in Lincoln. There is a provider that is potentially interested in providing this service in the future. Licensure has provided confirmation that this interested provider would not require a license. There is some concern about adult day treatment being offered without a license, but Magellan also cannot require a license that the state will not issue.

C. Quality Performance Report:

Lisa Christensen presented the Quality and Performance Report. Strengths on the report include telephone and claims measures. An item that continues to be of concern is the ambulatory follow-up rate which is lower than target. This topic has been added to the agendas for both the Provider Advisory Committee and the Utilization Management Committee. Magellan continues to seek feedback from providers and members to inform action items regarding this issue.

Feedback from outpatient providers, including APRNs and therapists, is that they are not hearing from inpatient providers regarding members that cannot access treatment quickly following hospital discharge. These outpatient providers are stating that they do have capacity and can see members after they leave the hospital. In February, Magellan will be holding town hall meetings with providers in each region of the state. Magellan will seek feedback from providers at these events.

There was discussion about which services are captured in the ambulatory follow-up rate. This rate is driven by HEDIS measures so only a follow-up appointment with a clinician is counted. The rate is not broken down between medication providers versus therapists. An appointment with either would count as satisfying the ambulatory follow-up criteria. Magellan of Nebraska is currently reporting a lower ambulatory follow-up rate than some other Magellan sites. Scott shared that nationally there has been success with bridge appointments when an appointment in the community is not available. Some states also count services other than therapy or medication management, such as partial hospitalization and day treatment. There was a question about if there is a geographic discrepancy in access to follow-up. Magellan will investigate this and report at a later meeting. We do see a discrepancy in the ambulatory follow-up rate between different providers, and Magellan meets with hospitals individually to discuss their rate. Some inpatient providers require the patient or family to schedule their follow-up appointment and some do it with or for the patient. Connie reported that her agency prioritizes patients who have recently discharged and is in regular communication with the hospital. Medication management may be harder to schedule quickly than therapy.

The Board discussed the accessibility measures included in the Quality Performance Report. The routine care standard is based on a quarterly provider survey conducted by Magellan. Urgent and emergent care measures would be based on individuals who call into the Magellan CMC. Magellan will add details about the accessibility measures to the report in the future.

The Board discussed the Restraint and Seclusion section of the report. Alan noted that one provider accounts for a large percentage of both seclusions and restraints. Each PRTF has the same seclusion and restraint reporting requirements. In the past, Magellan has hosted national experts to provide technical assistance on this issue. There are facilities in the Magellan network that have

chosen to be restraint and seclusion free, but federal law does allow these interventions when specific guidelines are followed. Reducing the rate requires a cultural shift at each facility and training in de-escalation throughout the course of treatment.

D. Alternative Levels of Care When Residential Application is Denied

This item was moved to the March agenda.

E. Consumer and Family Led Evaluation Team RFP

Lisa Casullo presented a draft Request for Proposals that Magellan plans to issue seeking consumer and family led evaluation teams. The work included in the RFP will cover the whole state and seeks to evaluate members' experiences with Magellan and their behavioral health care. It may be awarded to a single contractor or to multiple contractors. The specific evaluation methods are not specified in the RFP, rather these will be presented in the proposals. The RFP requires written quarterly reports. The consumer/family led teams will report to the Magellan QIC and the Governance Board. The Board agreed to review the draft RFP and provide feedback and vote on approval at the next meeting.

F. Strategy for 60 minute Outpatient Treatment (90837)

Before national changes to the CPT codes, the longer therapy session code was billed for 3% of outpatient sessions. Following the CPT code changes, now 40% of outpatient sessions are billed using this code. MLTC instituted a rate adjustment in September to attempt to address this issue, but the shift in coding continues to have a dramatic effect on the cost of care. Magellan must take steps quickly to address the issue and to keep the current contract viable. Options are to lower the rate for the 90837 code or to require a prior authorization for the service. Board members feel that the provider community will object to either approach. The suggestion was made that Magellan needs to get feedback from a wider audience of providers. The Board recommended that Magellan work with the NABHO System of Care Committee to identify next steps on this issue.

G. Guidelines for Provisionally Licensed Clinicians

Teresa presented background on the Magellan guidelines for provisionally licensed clinicians which have been in place since 2010. The guidelines were developed in collaboration with Nebraska Medicaid, a group of providers, and elected officials. The present guidelines permit provisionally licensed providers to be credentialed only when working outside of Lancaster, Douglas, and Sarpy counties *or* when employed in an accredited organization. A group of providers in the Omaha area has requested that the guidelines be reconsidered so that provisional clinicians can practice in all counties outside an accredited organization. The Board supports the present guidelines as a higher level of supervision is generally available in accredited organizations. Workforce issues in greater Nebraska actually involve workers with Bachelor's degrees and access to physicians. Greater access to provisionally licensed providers is not currently identified as a need. There are job opportunities available, although they may be outside of Omaha. Magellan will present information on access to providers in different geographical areas at the next meeting. Current recommendation is to keep Magellan guidelines for provisionally licensed clinicians without change. A group of providers were invited to address the Board but did not attend the meeting.

H. Additions to the Agenda

Some providers have approached a Board member with questions and concerns about claims and the authorization process. One concern involves unpaid claims to providers of psychiatric residential rehabilitation. Many of the members served in this level of care were fee-for-service before 9/1/2013 and providers may not be familiar with the peer review process. In response to these concerns, Magellan will schedule a meeting with the specific providers. Connie will facilitate scheduling and the group will meet following the town hall meeting. Magellan will also schedule training on the appeal process.

Next Meeting:

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

Recommendations:

- Presentation on Patient Safety PIP for March meeting.
- Alternative Level of Care Report for youth not authorized to PRTF for March meeting.
- Include provider newsletter and/or communications as resource items at each meeting.
- Report geographic information about members not accessing ambulatory follow-up care.
- Add details to QPR to explain how we measure accessibility.
- Incorporate any revisions to Consumer/Family led Evaluation Team RFP so Board can review/approve at March meeting.
- Work with the NABHO System of Care Committee on the 90837 issue.
- Evaluate if there are workforce development issues apparent in the Magellan network to the extent to cause us to re-evaluate the Provisional credentialing criteria.
- Plan a provider training on the Appeals process.
- Schedule meeting with Norfolk providers who have requested time to discuss denial and provider set-up issues.

Co-Chair Signature _____ **Date** _____

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