Governance Board Minutes

June 19, 2014

Members:

Sue Mimick (co-chair), Pat Connell (co-chair), Connie Barnes, Jennifer Genzler, Shannon Engler, Lisa Casullo, Teresa Danforth, Andrew Shapiro, Travis Parker

Other Attendees:

Lori Hack

Absent:

Kathleen Mallatt, Corey Brockway, Alan Green, Janine Fromm, Lisa Christensen

Public Agenda

A. Approval of Minutes:

Pat moved to approve the minutes, and Shannon seconded the motion. The minutes were approved unanimously.

B. Follow-up on Recommendations from Prior Meeting:

1. Add density information to geo-access reporting, such as number of providers in an area per 1,000 members.
   This item is on the agenda below.
2. Share additional information related to authorization letter suppression.
   This item is on the agenda below.
3. Appointment availability resource-ask specifically about the prompt availability of appointments for new patients with Medicaid coverage.
   This item is on the agenda below.
4. Develop resource guide or training on PracticeWise.
   The Magellan Network team is developing a webinar to train providers on the use of PracticeWise. Magellan is working with OMNI Behavioral Health as they are very familiar

with the capabilities of the program. Magellan will share training resources with the Governance Board once they are developed.

5. Distribute Treatment Record Review Tool and link to Board members.
   This item is complete.
6. Work with the NABHO System of Care Committee on next steps on 90837 issue.
   This item is on-going and is discussed in more detail on the agenda below.

C. Quality Performance Report:

Andrew presented the Quality and Performance Report. Ambulatory follow-up rates continue to be an area of concern. Based on feedback from the Governance Board, Magellan has been developing a pilot appointment availability resource that may assist in scheduling ambulatory follow-up appointments for members following hospital discharge. This resource will be discussed in greater depth on the agenda below.

Readmission rates have declined. Magellan will be considering if the appropriate benchmark is being used. HEDIS methodology is now used to calculate the rates, and the benchmark may need to be adjusted given this different methodology. There has been a decrease in inpatient readmissions but it is hard to compare the rates due to new reporting methodology.

The Board questioned the way readmission and ambulatory follow-up rates are labeled to allow for a claim lag. When a discharge occurs in January, the resulting ambulatory follow-up and readmission data are labeled as April rates. It might be less confusing to label the data with the month the discharge occurred, even though it will not be available for a period of time to allow for claims. Magellan will consider relabeling the readmission and ambulatory follow-up data to more clearly indicate when the discharge occurred.

D. Appointment Availability Resource:

Magellan has been developing a pilot appointment availability resource that may assist in scheduling ambulatory follow-up appointments for members following hospital discharge. Magellan contacted outpatient providers in the Lincoln area to develop the resource. It lists providers that indicate priority appointment availability within 7 days following discharge from inpatient care. Magellan would appreciate feedback from providers on if the resource is helpful in scheduling appointments. It is possible that some providers may report availability inaccurately or their availability may change. We will not know how useful the resource is until it is tested by providers. If the Lincoln resource proves helpful, Magellan would then consider next steps including expanding to include other geographical areas. There are a couple items on the resource that need to be confirmed or corrected. A corrected version of the appointment availability resource will be distributed to Board members prior to the next meeting so that providers can begin to use and test the resource.

E. Density Reporting:

Magellan does not have specific density standards as part of the Nebraska contract. Magellan did generate a density report using national corporate criteria. Corporate density criteria include 2 psychologists per 10k membership, 2 psychiatrists per 10k membership, and 6 therapists per 10k membership. To be included in the density report, the provider would have to be credentialed with Magellan. In many cases, Magellan is meeting these density standards. The Board does not feel

these are appropriate density benchmarks. A suggested alternative is to look at total population instead of Magellan membership. Providers serve population outside of Magellan membership, so the total population in an area provides important information. Board members would like to do some research on best practice recommendations for provider to population ratios. Magellan agrees with concerns about access to care in some parts of Nebraska and will continue to recruit providers in more rural areas and expand access through other approaches, such as telehealth. Magellan will consider other ways to report density information in the future.

F. 90837 Medical Necessity Criteria-Update:

A prior authorization requirement based on the criteria is in place for the 37 providers who have been identified as the top utilizers of the code. Alternatively, some of these providers have decided to accept a rate at the 90834 level. The prior authorization requirement is temporary and will be removed once new rates for the 90834 and 90837 codes are put into effect. Magellan is diligently working on a new fee schedule and is committed to adjusting the 90834 and 90837 rates effective August 1, 2014. Magellan anticipates an increase for the 90834 code and a decrease for the current 90837 code; however this code will still pay more than a 90834. Magellan shared proposed rates for the 90834 and 90837 with all Board members and committed to making a broader announcement once rates are finalized. Provider members of the Governance Board expressed concern as agency budgets were developed using the existing fee schedule. The impact on providers will vary based on their reliance on the 90837 code.

G. Integrated Practice and Initial Diagnostic Interviews:

Under an integrated practice model, a patient's first contact would be with a primary care provider (PCP). The PCP would complete an initial assessment and develop a plan of care. It would be most efficient for treatment to proceed based on the completed assessment and plan of care. However, current state regulations require a mental health provider to complete the initial diagnostic interview (IDI) and this is not supportive of an integrated practice model. Additionally, this may feel like "starting over" to the members in need of treatment. Regulatory issues aside, one question is the quality of the assessment and plan of care developed by the PCP. PCPs may vary significantly in their skills regarding diagnosing mental illnesses and developing treatment plans. Magellan has national expertise in integrated care thorough the Magellan Complete Care line of business in Florida. Magellan will consult with Magellan Complete Care to determine how initial assessments are handled in that model. Magellan will also collaborate with the physical health MCOs on a specific integrated practice pilot. Possibilities to be explored include a specific disease-management model or a project on EPSDT screenings as these frequently involve PCPs. This is an area to consider long-term changes, including possibly recommending new regulations.

H. Authorization Letter Suppression and Electronic Fund Transfer Plan:

Teresa shared information about hard copy mailings of authorization letters. For example, in May Magellan mailed almost 2,000 authorization letters to 172 providers. Magellan proposes to move forward with suppressing hard copy authorization letters. Providers would still have electronic access to the letters. Although the Board agrees that this is not an issue for most providers, it could burden small and/or rural providers. Magellan will have an exception process if the provider does not have internet access or if it creates an administrative burden. Exceptions will need to be requested by the provider and approved by Magellan. Written notice of the change will be sent to

all providers. The Board suggested that Magellan provide 60 days notice of the change instead of the typical 45 days notice. Magellan agrees that the additional notice will be given.

Nationally, Magellan will move to electronic fund transfer (EFT) on July 1, 2014. There is an exception process and to date Magellan has received two exception requests. During the statewide town hall meetings, Magellan received a lot of positive feedback on EFT and how quickly claims were paid.

I. Town Hall Update:

Teresa provided a brief update that town halls were held across the state in May and June. Magellan received a lot of positive feedback for prompt claims payment. There were also some questions and concerns about claim issues. Magellan shared information about the provider dispute process and encouraged providers to use this process when they think a claim has been processed incorrectly. Magellan also shared information on new programs including MY LIFE and Magellan Mobile Connect. Magellan will be offering a claims submission overview webinar June 25-27th to assist providers who have questions regarding claims.

J. Selection of Adult Consumer Member of Governance Board:

This item was continued until a future meeting.

K. Confidential Topics:

The Board met in a confidential session.

L. Consumer and Family Led Evaluation Team Recommendation:

Jen Genzler recused herself from this discussion and left the Board meeting. Magellan has received two proposals in response to the CFLET RFP. The proposals received almost identical scores and Magellan recommends splitting the award between the two groups. Magellan would meet with both groups and allow them to modify specific parts of their proposals in light of the split award. Magellan would then present a revised plan to the QIC and the Governance Board. Pat made a motion that Magellan meet with both groups who submitted proposals to discuss a split award and determine next steps. Connie seconded the motion. Shannon abstained from the vote and all others voted for the motion.

Next Meeting:

The next meeting will be held on July 17th, 2014 at 2:00-4:00 pm.

Recommendations:

1. Consider labeling ambulatory follow-up 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).
2. Update appointment availability resource and distribute to Governance Board members to pilot.

3. Consider generating density reporting based on total population not Magellan membership. Consider best practice recommendations for psychiatrist to population ratio.
4. Consult with Magellan Complete Care on initial assessment requirements to support an integrated model of care.
5. Work with physical health MCOs on an integrated care pilot project.
6. Proceed with plans for paper authorization letter suppression but give providers 60 days notice to request an exception from Magellan.
7. Meet with both groups who submitted CFLET proposals to discuss a split award and develop next steps.

Co-Chair Signature_____ Date_____

Co-Chair Signature _____Date_____