Governance Board Minutes

October 16, 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
- ☒ Jamaree Maack

Public Agenda

A. CEO Update

Sue's last day as CEO is October 17, 2014 and John Wendling has been hired as her replacement. John will be in the Nebraska office October 20 – 23, and then will return to begin working full time on November 3. The leadership team was involved in the interview processes for the new CEO and is prepared to move forward in support of John.

B. Approval of Minutes:

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

C. Follow-up on Recommendations from Prior Meeting:

1. Follow-up with Board for any provider training recommendations on medical necessity process.
   This is an item on the agenda below.

2. Schedule full-day Board retreat in November. Schedule individuals with technical expertise from Maricopa County Governance Board to join as resources.
   Maricopa County representatives are not able to travel to Nebraska on November 20, and it is unlikely they will be available prior to the end of the year. The Board decided to continue with the scheduled date. That date will provide the Board with the opportunity to work with John and establish an early partnership. It will also provide the benefit of establishing objectives prior to a new governor and legislature.

   ACTION: Andrew will schedule the November 20 retreat and develop an agenda for the day. Information will be distributed to all Board members as it is available.

3. The Board recommends that the QIC and appropriate subcommittees evaluate ambulatory follow-up thresholds in light of industry standards.
   This is an item on the agenda below.

4. 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.
   This is an item on the agenda below.

5. Evaluate shortening time of medication non-compliance that triggers Whole Health Rx algorithm to more quickly identify members who would benefit from intervention.
   Previously Whole Health Rx would trigger a concern when a medication was not regularly filled for three months. At the request of the Governance Board the algorithm was changed to trigger review after one month. Because the system is based on claims information, all lag time cannot be eliminated.

6. Incorporate input of Board on E&M coding letter so that letter appropriately discusses time requirements.
   There are differing opinions on the use of E&M codes. Shannon reported that in his experience providers rely on the criteria that reports how long sessions take rather than the specifications about complexity. However the CPT code book does not say that the length of the session negates the other criteria, and in other states Magellan has done significant recoupment projects based on the required complexity. This is not being planned for Nebraska at this time, but it does indicate support for the complexity required for claims. Providers would benefit from clarified criteria.

   Dr. Fromm reviewed records of five practitioners that were using the higher complexity codes almost exclusively. She determined that one provider was providing high quality services that did meet the criteria. The progress notes of the other four providers did not meet the complexity level required or the guidelines for the length of the session.

   ACTION: DR. Fromm will contact the Nebraska Medical Society to discuss their interpretation of the E&M codes.

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

Lisa and Alan reported that this is in process.

D. Training Recommendations on Medical Necessity Process:

Magellan is looking at options for offering training that would help providers understand Medical Necessity and the Board agreed that providers would be open to training. Connie recommended that the trainings be offered following Town Hall meetings. The training could not be arranged in time for the fall Town Hall meetings that begin on October 20, but Andrew agreed this could be considered for the spring 2015 meetings. A primary difficulty identified will be arranging times that psychiatrists are available.

E. Quality Performance Report:

Lisa Christensen presented the Quality Performance Report. Account Management was added to the report to track the encounter submission and acceptance rates to the state. The acceptance rate is slightly below target. This is reviewed weekly in an effort to improve this number, but it is primarily related to changes that are required in the state system. The state is fully aware of the concerns.

Lisa drew the board's attention to the telephone responsiveness. The wait time was higher than the CMC goal due to staffing issues, but has since returned to targeted levels.

Lisa and Tamara met with Magellan's national HEDIS expert to review ambulatory follow-up (AFU) and discovered that AFU was not being calculated using the most current methodology. All AFU going back to September 2013 was recalculated and now meets the minimum standard almost every month of the last year.

Lisa drew the Board's attention to places on the report that data from prior quarters is now reported as a quarterly average. This change was based on prior Board feedback.

F. Services to Dual Medicare/Medicaid Members by Non-Medicare Providers:

Historically, Medicaid practice has paid outpatient claims when members with dual eligibility choose to see a Medicaid provider who cannot participate in Medicare in spite of the availability of a Medicare credentialed provider. As the payer of last resort, in all other situations Medicaid would deny a claim if a member chooses to see a provider not approved by their primary insurance coverage.

It has been determined that dual members seeing providers who are not eligible Medicare providers (LMHPs), rather than available Medicare providers, results in significant additional cost to the system. As responsible stewards of Nebraska's Medicaid dollars, Magellan has to evaluate if this cost is necessary based on access issues or if changes to this process should be made.

Board members were asked to begin considering the factors that will need to be evaluated moving forward. Magellan has confirmed that there are not regulatory or contract guidelines that would prevent taking action on this issue.

ACTION: Magellan will begin collecting available data related to areas of the state most impacted by Medicaid paying primary on dual Medicare/Medicaid claims and access to Medicare providers throughout the state.

Next Meeting:

The next meeting will be the all day retreat held on November 20, 2014. Andrew will coordinate the specifics of this meeting.

Co-Chair Signature

_____Date_____

Co-Chair Signature

_____Date_____