

Magellan Behavioral Health of Nebraska, Inc.
Clinical Advisory Committee

January 15, 2015, 12:00 pm – 1:00 pm
Magellan Goldenrod Conference Room

Committee Chair: Janine Fromm
Minutes prepared by: Jamaree Maack

Participants	Capacity/Affiliation
Andrew Shapiro	Chief Operating Officer, Magellan Behavioral Health of Nebraska, Inc.
Janine Fromm, MD	Medical Director, Magellan Behavioral Health of Nebraska, Inc.
Kenneth Zoucha, MD	Community Provider
Lori Wall, PhD	Community Provider
Monica Aurora, MD	Community Provider
Tamara Gavin	Director of Clinical Services, Magellan Behavioral Health of Nebraska, Inc.

Prior Minutes**Tamara Gavin**

Discussion: Minutes for the December 18, 2014 meeting were approved.

Utilization Management Committee**Tamara Gavin**

Discussion: Tamara provided November Utilization Management metrics. All areas met the targets and there was no additional discussion.

Changes to Individual and Family Therapy Billing**Tamara Gavin**

Discussion: As a Medicaid contractor, Magellan is required to adhere to correct coding principles as developed and updated by CMS through the National Correct Coding Initiative. Magellan became aware of an edit that limits reimbursement for reimburse both individual and family therapy sessions for the same member, which are rendered on the same date. The effective date set by NCCI was 10/1/14.

The committee discussed concerns related to the impact of this decision on members. The committee agreed that it is not a clinically sound decision. Having appointments on separate days will present challenges for many members who have difficulty getting to appointments. The result could be that necessary services are not received and could potentially lead to a need for higher levels of care. Nationally Magellan is asking questions about the rationale and gathering information about the hardship to patients. Locally, Magellan has begun to pull data to understand the scope of practice in Nebraska. It has been reported that there are provider groups responding to the change and advocating for a reversal of the decision, but this would not happen quickly.

The committee also discussed concerns related to the impact on providers. Andrew confirmed that Magellan will have to recoup claims paid in violation of the edit beginning 10/1/15. Dr. Wall questioned the delay in communication to providers about the NCCI changes. Historically, she feels Magellan typically partnering more actively with timely communication for clinical and billing issues that affect members, providers, and Magellan. Andrew reported that while Magellan is looking at processes to address the delays, there are two Medicaid Provider Bulletins that say providers are responsible to be aware of NCCI edits and comply with the regulations related to billing. Dr. Reay and Dr. Wall confirmed that it is a provider responsibility.

Magellan is still looking at process and is evaluating how to improve provider communication related to NCCI edits and other billing questions. Dr. Wall agreed to consult with Magellan staff about provider questions and issues that would likely be helpful to address in a Magellan FAQ. Edits that were implemented on 1/1/15 are currently under review.

Supervising Practitioner Involvement for SUD Treatment**Tamara Gavin**

Discussion: Tamara is still looking at data to determine the scope of SUD providers without access to a Supervising Practitioner. At this time these levels of treatment are the only ones acting without an SP, and thus are an exception to standard practice. The question that Tamara is needing to answer is if there is a justification for the exception.

Points of discussion included:

- Is there evidence that having a Supervising Practitioner improves care? Supervision has always been a requirement for other services so it would be difficult to determine how quality would be different without supervision.
- Having supervision in place does not guarantee that the supervision is adding any quality to the service.
- Supervision is intended to provide a level of protection for the member, and this is currently missing. There is no requirement that anyone other than the LADAC sees the member for face-to-face assessment or evaluates and signs off on the treatment plan.
- Would adding a level of supervision increase the burden on providers and lead them to stop providing care, and thus cause an access problem for members?

Dr. Reay recommended looking at models of care that would have more impact on quality outcomes. The committee agreed that it would be good to consider that as a part of the decision. Dr. Fromm identified that impacting medication assisted treatment would be beneficial.

ACTION: Dr. Wall will contact the licensing board that oversees LADACs and ask if there is information available related to complaints or other performance concerns.

Next Meeting		
February 19, 2015	12:00 pm – 1:00 pm	Magellan Goldenrod Room

Respectfully Submitted,	(signature)	(date)
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