Governance Board Meeting Minutes
April 8, 2014
Glen Allen Public Library
10501 Staples Mill Rd.
Glen Allen, Virginia 23060

PRESENT:

Community Members of Governance Board:
David A. Coe – Board Co-Chair, Colonial Behavioral Health/CSB Executive
Joseph Hudson, Adult Service Recipient
Mira Signer, NAMI Virginia/Advocate for Mental Health Services
Marjorie Yates, SAARA of VA/Advocate for Substance Abuse Services
Kimberly White, Creative Family Solutions, Inc./Association Representative
Alternate Member:
Sarah Vanderhoof, Parent of Child/Youth Receiving Services

Magellan Members of Governance Board:
William Phipps, Board Co-Chair, General Manager/Project Director, Magellan of VA
Varun Choudhary MD, Medical Director, Magellan of VA
Jim Forrester EdD, Director System of Care, Magellan of VA
Suzanne Gellner JD, Director QI, Magellan of VA
Robay Stroble-Lucas, Director of Customer Service, Magellan of VA
Ajah Mills, Provider Network Director, Magellan of VA

Staff to Governance Board
Paula Gomolla, Executive Assistant, Magellan of VA

Governance Board Members Present via Conference Phone: None

ABSENT:
Kimberly Imanian, Parent of Child/Youth Receiving Services
Rene Cabral-Daniels, Community Care Network of VA/Community Health Center Representative

Guests:
Sherry Confer, Supervisor, Office of BH, DMAS

IN SESSION:
The meeting was called to order at 10:12 a.m. EDST by David Coe, Co-Chairman.

BOARD WELCOME AND INTRODUCTIONS

The Governance Board members introduced themselves to the community audience.
Bill Phipps summarized the agenda for the day.

BOARD MINUTES

Board minutes for March 11 meeting were submitted for approval. Dr. Varun Choudhary motioned to approve minutes as presented. Robay Stroble-Lucas seconded the motion. All board members unanimously approved minutes as presented. Bill noted the approved March 11 Board Minutes will be posted to the MagellanofVirginia.com Governance Board site for public viewing.
Suzanne Gellner presented a Quality Improvement update that focused on data for Reconsiderations, Grievances, and Quality of Care collected in February 2013, offering increased detail to allow more nuanced insight into contract implementation progress. She also shared a Quality Improvement Department activity summary that covered Quality Outreach, Committee Activity and Incident Reporting. Bill and Suzanne explained lag time in reporting this data and also reviewed the description of Reconsideration and Grievance with the Board.

Ten (10) Reconsiderations were requested in February, for a total of 24 for the year.

There were 9 Grievances in February totaling 11 for the year. Most grievances (67%) were from providers and were about Magellan, other providers, or DMAS. The remaining 33% were from members about providers. There were no grievances from family or members about Magellan.

- 3 Reported by Member against Provider/Facility
- 3 Reported by Provider against Magellan
- 2 Reported by Provider against Other Provider
- 1 Reported by Provider Regarding MHSS Requirements

Mira Signer asked Suzanne what is done with grievances when received. Suzanne reported every grievance is different so the approach varies; quality of care issue could be referred to the RNCC (Regional Network Credentialing Committee - peer review body) led by Dr. Varun Choudhary to review and provide guidance. Recommendations could be putting provider on hold, decredentialing, no issue found or result could be communicated to Licensing or DMAS. Magellan works with the member to help exercise their rights, they work with the facility to request charts to look for such things as abuse and neglect issues, will contact provider but may be limited if the member requests to stay anonymous and may notify human rights to aid member.

There were 10 Quality of Care Concerns for February. As members, providers, and care managers understand the reporting process, an increase in QOCCs may be expected.

- 7 have been resolved (including those determined not to be a QOCC). These cases were resolved by educating providers and facilitating coordination of care:
- 3 QOCCs remain pending (including one referred to the SIU). These cases are in the process of being reviewed.

**QOCC’s Trends for February:**

- 33% (3) of the cases were concerning higher levels of care (LOC)
- 20% (2) of the cases were referred to the Special Investigations Unit (SIU) for Suspected Fraud, Waste or Abuse
- 20% (2) of the cases were a part of the Grievance/Appeals process
- 20% (2) of the cases were for the same Intensive In-Home (IIH) provider

**Quality Outreach**

- Clinical Liaisons completed 17 CSB visits during February.
- Clinical Liaisons maintained frequent contact with CSBs through e-mail and phone:
  - Researched and answered questions posed by CSBs
  - Promoted training webinars and e-mail notifications
  - Educated CSBs about upcoming Treatment Record and Clinical Practice Guideline Reviews to start in April.

Suzanne shared the Committee structure and a summary of the committee’s activity; several committees began meeting in January. These initial meetings included orientation, review of the Quality Program description, and review of the work plan for each committee.

**Virginia Quality Improvement Committee (QIC)**

- Dual reporting to Governance Board and Magellan Corporate Behavioral Health Quality Improvement Committee.
- Reviews and analyzes care and service performance measures and Quality Improvement Activities (QIAs).
- Oversees the other Magellan committees. Began reviewing committee reports in March.

**Utilization Management Committee (UMC)**

- Reviews and evaluates patterns of care and key utilization indicators.
- Develops the UM Program Description and Medical Integration Plan annually.
- Approves and evaluates consistent use of medical necessity criteria (MNC).
- In March, voted to formally accept the MNC delineated in the DMAS manuals, InterQual, and Virginia Codes and
Regulations.
– Discussed planning for QIAs, Treatment Record Reviews (TRR) and Clinical Practice Guideline (CPG) Reviews, and inclusion of stakeholder and member input on committees in March.

• **Compliance Committee – Chaired by Chris Doucette, Compliance Manager**
  – Reviews and customizes policy for Virginia,
  – Monitors compliance with policies
  – Monitors fraud, waste, and abuse.

• **Member Services Committee (MSC)**
  – Reviews and monitors data related to:
    • Call center response times
    • Member Satisfaction
    • Claims Timeliness
    • Reconsiderations
  – Call Center performance measurements reviewed in March exceed established standards.

• **Regional Network and Credentialing Committee (RNCC)**
  – Monitors network composition to ensure adequate representation of qualified providers who have experience with special populations.
  – Oversees de-credentialing and re-credentialing processes.
  – Reviews adverse incidents
  – The Quality Improvement Department will begin collecting the incident reports from Residential Treatment-Level C (RTC) facilities that are reported to DMAS. These incidents will also be forwarded to Magellan’s legal department for review.
  – First meeting scheduled for April 25, 2014.

• **Consumer Family Stakeholder Advisory Group Committee (CFSAGC)**
  – Reviews and comments on several processes including provider accessibility, prevention activities, clinical practice guidelines, and measurements of member satisfaction.
  – First meeting scheduled for March 27, 2014.

Bill reminded the Board that these committees are just now launching, so more robust data and comprehensive reporting will be available to share with the Board in the future.

Suzanne reported that a database to track and identify patterns is being created and asked the Board if there was any data that the Board would like for the CMC to gather or are there any Quality Improvement Projects that the Board would want the CMC (Care Management Center) to undertake.
• Request for analysis comparing reconsideration to match up to authorization service type – Suzanne confirmed that this has been talked about already and plans are underway to do this.
• Request for acronym “cheat sheet”

**PROGRAM CHANGES AND UPDATES**

Bill Phipps covered the current web enhancements noting a list of 15 priority items based on feedback from weekly calls with Providers and Stakeholders on Friday and Wednesday of each week.

• One issue was that Authorization span has been viewable but difficulty seeing discharge information. Now there is a new field to view the discharge date.
• Terminology has changed for the claims cycle to clarify pending vs. paid.
• Web team is working to be able to submit discharge date on-line.
• The forms parity between web forms and printable forms is being addressed with completion planned for end of April.
• Number of service units can now be viewed.
• The ability to save your work when you submit on-line is a HOT development priority at this time.

Bill shared a new addition to the CMC’s team, a dedicated Claims Resolution Specialist to work through claims issues on site; and a new protocol for providers to submit feedback on communications.
Ajah is working on a provider training calendar that currently includes topics on peer support, claims tips, ICD-10,
telepsychiatry (to benefit rural areas). Kimberly W. asked for Ajah to add HIPPA regulation training to address issue of when providers can share medical records with Magellan. Bill shared that a law was passed to delay implementation of ICD-10 for one year. More information is to be released over the next few weeks.

PROVIDER CREDENTIALING PROCESS

Ajah Mills shared an in-depth handout that explained the Magellan credentialing process;

- To be eligible for referrals and reimbursement for covered services rendered to eligible members, each provider must sign a Magellan Provider Participation contract agreeing to comply with Magellan’s policies, procedures and guidelines.
- Provider are contracted as individual practitioners, groups or organizations
  - **Individual Practitioners:** To be a network provider, individual providers must be both **credentialed** and **contracted** by Magellan.
  - **Group Providers:** Magellan **contracts** directly with the group entity. The group must be contracted with Magellan **AND** the practitioners within the group must be individually credentialed by Magellan in order to be referral eligible
- **Organizations:** To be a network provider, organizations must hold an active license through DBHDS or VDH (for hospitals) and be credentialed by Magellan. Organizations also must be enrolled in Medicaid. Practitioners within an organization are **not** individually credentialed-only the organization itself.

- Once the credentialing process is complete, and the contracting documents are received, we will execute all practitioner/organization contracting documents.
- The contract documents include a Magellan Provider Agreement, Medicaid Addendum, and Reimbursement Schedules.
- All contracts will be at 100% of current Medicaid rates for all services.
- We will give each provider two copies of the contract documents for signature; once executed, we will return an original copy to the provider for his or her records.
- Credentialing is the process we use to verify a practitioner’s or organization’s credentials.
- Magellan credentials providers every three years, in accordance with NCQA requirements.
- The credentialing process includes: Primary Source Verification (PSV) and Regional Network Credentialing Committee (RNCC) review.
- Magellan is obligated to process all credentialing applications within 180 days, maximum.
- Re-credentialing is completed every three years. You will be notified when you need to start the process, so please read all correspondence you receive from Magellan.
- After credentials pass PSV, the application is sent to the RNCC, which consists of Magellan clinical staff and professional peers.
- The local RNCC reviews completed credentialing applications and makes the determination for network inclusion
- For Organizations, an Application Supplement must be completed for each service location
- For Organizations, Copies of the following must be included:
  - Applicable state and federal licenses and certificates- including CMS certification if applicable
  - Copies of any accreditations- Joint Commission, CARF, COA, AOA, AAAHC, DNV/NIAHO
  - Copy of most recent state site visit- if not accredited
  - A current (unexpired) copy of your General and Professional Liability Insurance factsheet.
  - A Magellan “Lawsuit Claims Questionnaire” if applicable
  - Staff roster

Ajah shared the Organizational Credentialing Application- Instructions, which requires providing legal name, mailing and billing address, service location, and bed count and after hours care along with QOC questions, Medicare and Medicaid assignments, licensure and accreditation details, as well as completion of insurance, liability and lawsuit claims questionnaires.

Bill reported there is a national initiative to streamline the process due to come by next year.

Ajah shared the contact information for the Virginia Network Team:
VA Network Team Provider Line: 1-800-424-4536
Email Questions: VAProviderQuestions@MagellanHealth.com

VICAP EVALUATION
Jim Forrester presented this topic and explained the VICAP is an independent clinical assessment provided with the belief it will provide a good assessment of the child and allow appropriate service placement. Magellan was set to assess the VICAP and give feedback to DMAS by 7/1/14. It was determined that this was inadequate time to allow for a meaningful review and purposeful assessment. A workgroup is needed with a lot of data and sources to evaluate and make recommendations. Time frame is still short as it affects budgetary process so recommendation should go to DMAS by end of the year, with implementation for 2015. Periodic updates will be provided to the Board prior to presenting to DMAS.

**BOARD CHARTER**

Bill reported the draft Charter is under review by DMAS. He also noted that the Board has the ability to go to closed session if needed on occasion. A draft copy was supplied to the Board to review prior to May’s Board meeting and feedback should be sent directly to Bill Phipps (wphipps@magellanhealth.com). He will share this feedback with both Magellan’s legal department and DMAS. Bill requested for this topic to be moved to the May Board meeting, Varun Choudhary motioned to move the Board Charter discussion to the May agenda and Kimberly White seconded the motion.

**COMMUNITY INPUT**

Bill Phipps opened up the meeting to the community and requested feedback/questions from the audience.

Alethea Lambert from HNNCSB spoke; she was honored to be in attendance and asked for clarification of the difference between incident and adverse incident on the QI report. Suzanne responded that Magellan collects information on all adverse incidents and reports to Legal who reviews and directs Quality on action needed. The term incident is used and pertains to RTC who sign attestations to promise to report all incidents which can be the same as the adverse incidents reported to Legal. Alethea also asked if the three year time limit for provider credentialing applies to peer support services. Ajah responded that all providers have a three year limit and will receive notification in advance to be recredentialed. At this time, Virginia does not cover Peer Support services; the Peer Bridger Pilot should show benefit and expand the possibility.

**NEXT MEETING & FUTURE AGENDA ITEMS**

The next meeting of the Governance Board will be held on Tuesday, May 13, 2014 at the Tuckahoe Public Library, 1901 Starling Drive, Henrico VA 23229. Agenda items carried forward are:

1. Quality Improvement – Suzanne Gellner (standing agenda item)
2. Program Changes & Updates – Bill Phipps (standing agenda item)
3. Pilot Program Updates – Cheryl DeHaven and Jim Forrester.
4. Board Charter
5. Robert’s Rules of Order

**ADJOURN**

Bill discussed limiting the time to present QI to only what is new and how it fits into the context of what has already been presented to allow more time for other topics. Suzanne suggested she could send out information in advance of the meeting for review and then only cover the discussion points.

David Coe noted the MagellanoofVirginia.com Governance Board website is up to date and lists all the Board members. He thanked those involved for maintaining the website.

Dave Coe asked for a motion from the Board to adjourn the meeting. Suzanne Gellner motioned to adjourn. Dr. Varun Choudhary seconded the motion. David Coe adjourned the meeting at 11:48 a.m. EDST.