Magellan Behavioral Health of Virginia

Governance Board Meeting Minutes

May 13, 2014
Tuckahoe Public Library
1901 Starling Drive
Henrico, Virginia 23229

PRESENT:

<table>
<thead>
<tr>
<th>Community Members of Governance Board:</th>
<th>Magellan Members of Governance Board:</th>
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<tbody>
<tr>
<td>David Coe – Board Co-Chair, Colonial Behavioral Health/CSB Executive</td>
<td>William Phipps, Board Co-Chair, General Manager/Project Director, Magellan of VA</td>
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<tr>
<td>Joseph Hudson, Adult Service Recipient</td>
<td>Varun Choudhary MD, Medical Director, Magellan of VA</td>
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<td>Marjorie Yates, SAARA of VA/Advocate for Substance Abuse Services</td>
<td>Jim Forrester EdD, Director System of Care, Magellan of VA</td>
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<td>Kimberly White, Creative Family Solutions, Inc./Association Representative</td>
<td>Suzanne Gellner JD, Director QI, Magellan of VA</td>
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<td>Kimberly Imanian, Parent of Child/Youth Receiving Services</td>
<td>Stacie Fischer RN, MCO Liaison, Magellan of VA</td>
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<td>Alternate Member:</td>
<td>Robay Stroble-Lucas, Director of Customer Service, Magellan of VA</td>
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<td>Stephany Melton Hardison for Mira Signer, NAMI</td>
<td>Ajah Mills, Provider Network Director, Magellan of VA</td>
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<td>Virginia/Advocate for Mental Health Services</td>
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Staff to Governance Board

Paula Gomolla, Executive Assistant, Magellan of VA
Shellie Archer, Public Relations & Communication Manager, Magellan of VA

Governance Board Members Present via Conference Phone: None

ABSENT:

Mira Signer, NAMI Virginia/Advocate for Mental Health Services
Rene Cabral-Daniels, Community Care Network of VA/Community Health Center Representative

Guests:

Sandy Brown, Program Manager, Office of BH, DMAS

IN SESSION:

The meeting was called to order at 10:00a.m. EDST by David Coe, Co-Chairman.

BOARD WELCOME AND INTRODUCTIONS

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

BOARD MINUTES

Board minutes for the April 8 Governance Board meeting were submitted for approval. Ajah Mills motioned to approve minutes as presented. Dr. Varun Choudhary seconded the motion. All board members unanimously approved minutes as presented.
Suzanne and David presented a simplified Robert’s Rules of Order to the Board, with the intent to create basic procedural structure for how the Board can manage its meetings. These rules allow for one discussion at a time with one topic settled before moving to the next to maintain order throughout the Board meeting.

**Purpose of Robert’s Rules**
- Allows fair and full discussion
- All members have equal rights, privileges and obligations
- The goals are fairness and good faith

**Procedural Aspects**
- Quorum must be present for voting on any actions (Quorum is defined in the Charter)
- Begin by calling the meeting to order
- Motion for approval of previous minutes
  - Any additions or changes?
- Proceed by following the agenda
  - Agenda to be distributed 2-3 days prior to governance board meeting for preview

**Consent, Discussion, Action Items** – if the Board moves to more complex issues, this format may be useful:
- Consent Agenda – is for informational items
- Discussion Agenda – is for items requiring feedback
- Action Items – is for items requiring decision

**Making a Motion**
- Main Motion – only one topic at a time
  - Introduces items to the members for consideration
  - Cannot be made when any other motion is on the floor
- Subsidiary Motions (the main ones)
  - Change or affect how a motion is handled and is voted on before a main motion can be voted on
  - Postpone Indefinitely – can be used to kill a motion
  - Amend – motion to change an original motion. An amendment to an amendment is allowed, but no more than that.
  - Refer – To refer a matter to a committee to examine
  - Limit Debate – total time to debate or time for each member
  - Previous Question (Calling the Question) – to close the debate on a question – a vote is required
  - Table – Can be used to kill a motion or to lay it aside until there is a motion to take it up again
- Privileged Motions
  - To bring up urgent matters unrelated to pending business – takes precedence
  - Orders of the Day – used if the order of business is not being followed to get back to main topic
  - Questions of Privilege – to raise an urgent issue – can be used to speak to a matter with or without action needed
  - Recess - for intermission
  - Adjourn – to close the meeting
  - Fix Time To Which To Adjourn – set time limit on meeting
- Incidental Motions
  - Provide a means of questioning procedure concerning other motions and must be considered before the other motion
  - Point of Order – to bring attention to a perceived error in procedure or lack of decorum
  - Objection to Consideration – if a member believes it could be harmful for the GB to discuss a main motion
  - Consideration Seriatim – to consider the motion that has multiple parts, in each part individually
  - Motions Related to Nominations – to specify a nomination method
  - Motions Related to Methods of Voting
Ballot mostly - keeps each vote anonymous
- If not unanimous then dissenting may want to be identified – known as “Polling”

The Procedures of Motions
- Only a voting member may make a motion
- Standing Committee motions do not require a second
- Debate or discussion then begins
- Members should raise their hands to speak
- No one should speak twice until everyone has had the desire to speak once – co-chairs should control this
- The Governance Board can limit two comments per item per member
- After everyone who desires to speak does so, the Chairman calls for a vote
- All motions must be voted on. Majority vote wins

David shared a grid with the Board that provides direction on structuring discussions, interruptions, requests for additional information, motions, decision appeals and voting options to help guide them. Bill requested a motion from the Board to accept these simplified rules of order. Dr. Varun Choudhary motioned to accept. Jim Forrester seconded the motion. Bill requested a vote from the Board. All were in favor to unanimously accept the rules as described.

BOARD CHARTER

The Board reviewed the Charter draft that has previously been approved by both DMAS and Magellan’s Legal Department. Both David Coe and Kimberly White requested additional revisions clarifying Board composition, term limits and rotation; including Articles and Sections to refer to supporting information within the Charter, as well as creating an addendum to the Charter to clearly define the annual Board appointments which could be revised as needed. Bill requested for this topic to be moved to the June Board meeting to allow time for revisions and review. The revised charter will be distributed to the Board for review prior to sending to DMAS and Magellan Legal Department for approval.

QUALITY IMPROVEMENT REPORT

Suzanne Gellner presented the Quality Improvement update that focused on data for Reconsiderations, Grievances, and Quality of Care issues collected from December 2013 through March 2014. She reminded the Board of the one month lag time in providing this data each month. Bill noted that Suzanne should not share any confidential information as this is an open Board meeting. She provided a handout to the Board Members and confirmed she will not share PHI (Protected Health Information) in her monthly updates. Her report included the Committee Reporting Structure, Committee Activity, Incident Reporting and a list of acronyms that was requested by the Board last month.

Committee Structure
- Five subcommittees:
  1. Utilization Management (UMC)
  2. Member Services (MSC)
  3. Compliance and Policy (CPC)
  4. Consumer, Family, & Stakeholder Advisory Group (CFSAG)
  5. Regional Network and Credentialing (RNCC)
- Subcommittees are all interrelated and will need to regularly communicate with one another.
- Subcommittees report to QIC on a monthly basis.
- Goal is to receive a substantive monthly report to demonstrate that the CMC is making a positive impact and identifying opportunities for improvements.

Committee Activities
- Virginia Quality Improvement (QIC) Activities
  - Each subcommittee has been tasked with providing trended data in their monthly reports to the QIC to identify opportunities for improvement and potential enhancements to the CMC’s programs.
  - QIC is currently identifying potential trends for Grievances and Reconsiderations, but still finalizing the use of a database.
QIC has already begun working closely with other departments (Clinical and Compliance) with those identified areas of opportunity.

- QIC has referred several cases to Compliance for suspected fraud, waste, and abuse.
- Subcommittee status was reviewed.

**Utilization Management Committee (UMC) Activities**

- 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 member, family, and provider input on committees in March.
- Reviewed and accepted recommended changes for the Utilization Management Program Description. This is a living document that can change as the business changes.
- In April, began review of key indicators, including Ambulatory Follow-up after Hospitalization and Rates of Readmission after Hospitalization. Key measures tracked - outpatient appointment within 7 days of discharge and readmission within 30 days of discharge. This information can then be compared to others within the industry to measure improvement. Magellan Follow-up Specialists are on-site to manage this process.

- Quality Improvement Activities (QIAs) - is an intervention that is developed to improve care and service delivery. Magellan will use the DMAIC process (Six Sigma) to complete QIAs. The steps include:
  - **Define** the problem: Look at existing data to identify opportunities for improvement.
  - **Measure**: Collect more specific data on the identified improvement area.
  - **Analyze**: Perform Root Cause Analysis to determine why the problem is happening.
  - **Improve**: Identify and implement solutions.
  - **Control**: Make sure solutions are working and that the progress is maintained.
- At this stage in the contract, Magellan is still collecting preliminary data to identify opportunities for improvement. Six months of data is needed to detect trends and ensure process change is solidified.

Suzanne shared several graphs that illustrate readmission rates and 7/30 day follow-up after hospitalization, both trending in the right direction. Bill noted that this is claims-based data and because providers have 365 days to file, does not give a full picture as this impact the results. We will see more actual results as we move forward. Kimberly W. asked if the 7/30 day follow-up after hospitalization report could be broken down by area (rural vs. urban). Suzanne confirmed this can be done by “hospital” and there are already plans to do this so the Clinical Liaisons can work with providers to come up with solutions and care coordination. Looking at this holistically and taking possible medical issues into account when managing the care of members may be reason for decline/trend in right direction.

**Compliance and Policy Committee (CPC)**

- Subcommittee reviewed customized policies related to Virginia business and Corporate. The subcommittee also had discussions surrounding how the Magellan policy review process occurs.
- Initial purpose of Compliance subcommittee is a combination of measures on HIPAA and contract compliance and the secondary function is policy review and approval.
- The Fraud, Waste, and Abuse document was introduced to the subcommittee this quarter and is currently under review by DMAS.
- Subcommittee reviewed HIPAA compliance measures and the Care Management Center (CMC) overall status.
- Subcommittee reviewed status on Fraud, Waste, and Abuse training and provided a CMC staff licensure.

**Member Services Committee (MSC)**

- Call Center has exceeded established standards on performance measures.
- Subcommittee presented data trending on call types to the committee members.
- Claims Customer Service transitioned to the VA CMC as of 4/8/2014. The Claims Resolution Specialist began work at the VA CMC on 3/24/2014, to provide a local in-house expert to help with complex claims issues. The claims team in St. Louis, MO merged with VA CMC to enhance our Provider experience.

**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 currently reported to DMAS. These incidents will be forwarded to Magellan’s Legal department for review.
  - Residential Treatment – Level C (RTC) facilities will be required to submit attestations that they will comply with the incident reporting. The attestations must be submitted by 7/1/2014.
  - Target Date for incident report collection implementation is also 7/1/2014.
- First meeting occurred on April 25, 2014.

Consumer Family Stakeholder Advisory Group (CFSAG) – Jim Forrester explained the goal is to establish peer supports for Members, as in other parts of the country, to reduce re-hospitalization and remain in the community longer.
- The Consumer, Family and Stakeholder Advisory Group Committee (CFSAG) launched in March.
- Reviewed the Committee Charter and Quality Program Description.
- Reviewed the Magellan of Virginia website handout and Member Handbook.
- Updates were provided on the Peer Bridger Demonstration Pilot Project.
  - The Project has selected members for the steering committee.
  - The Project has been conducting an environmental scan to identify areas rich in peer recovery resources to support member linkage.
  - The Project has been analyzing data to identify localities where there is high utilization of hospitalization services and high recidivism rates for hospitalization.
  - DMAS has received documents submitted for approval, and has begun review.
  - The Project will hold a monthly advocacy stakeholder conference call. The information obtained in this call will be provided to the CFSAG subcommittee for review.

Suzanne shared information regarding March Reconsiderations, Grievances and Quality of Care Concerns. Several Board members requested that general information about the issues involved with grievances be shared. Suzanne noted that QI would be able to provide those general issues.

Stephany asked why there are more complaints from Providers rather than Members. Bill responded that due to overall call volume and the nature of the relationship, there is more interface between providers and Magellan. Members typically work directly with Providers although Magellan welcomes interaction with Members. Robay reported that the MSC is working to support our Members with recent discussion about adding a “How to file a Grievance” information guide to the MagellanofVirginia.com website so members will know how to communicate directly with Magellan.

**Treatment Record Review Update**

Suzanne shared this update with the Board. It was noted that some Providers are concerned about what records they would have to provide. Bill clarified that this is not replacing a DMAS audit. Instead, this tool assesses the utilization of best practices. This is a review tool practiced across the country; where findings may show opportunity areas to further educate. He noted there are tools on-line for providers to know exactly what will be requested. David was interested to know if the record review findings were going to be compared to DMAS audit findings to determine how they match up in terms of measurements and how effective the review process is for actual audit readiness. Kimberly W. noted that the evidence-based findings could be a good training opportunity to share with all providers. Bill agreed that there may be a need and that perhaps a webinar could be created and offered to communicate out to the network.

- The first Clinical Practice Guideline (CPG) Review/ Treatment Record Review (TRR) will focus on services provided to members with Major Depressive Disorder.
- Files have been identified to develop the “pool” from which the random sample will be drawn.
- The sampling pool includes files from both private providers and CSBs. All service types are represented in the sample.
- The target date for mailing record request letters is mid-May. Reviews will commence upon receipt of records. Providers will be asked to submit the records within 14 days of receipt of the request letter. The review results may be used to identify potential Quality Improvement Activities (QIAs).

**Clinical Liaison Activities**
- Visits have been completed for all CSBs.
Clinical Liaisons are now attending and participating in the weekly stakeholder calls.

**Acronyms:**
A follow up request for a one page acronym “cheat sheet” was noted and will be provided to the Board at the June meeting.

- **APS**  Adult Protective Services
- **BHA**  Behavioral Health Authority
- **CANS**  The Child and Adolescent Needs and Strengths Assessment
- **CFSAG**  Consumer, Family, and Stakeholder Advisory Group
- **CM**  Care Manager
- **CMC**  Care Management Center
- **CPC**  Compliance and Policy Committee
- **CPG**  Clinical Practice Guidelines
- **CPS**  Child Protective Services
- **CSB**  Community Services Board
- **DBHDS**  Department of Behavioral Health and Developmental Services
- **DMAIC**  Define, Measure, Analyze, Implement, Control
- **DMAS**  Department of Medical Assistance Services (Medicaid)
- **FAPT**  Family Assessment and Planning Team
- **HIPAA**  Health Insurance Portability and Accountability Act
- **IIH**  Intensive In-Home Counseling
- **MHCM**  Mental Health Case Management
- **MHSS**  Mental Health Skill-building Services
- **MIS#**  Management Information System Number
- **MNC**  Medical Necessity Criteria
- **MSC**  Member Services Committee
- **NOS**  Not Otherwise Specified
- **PSR**  Psychosocial Rehabilitation
- **QIA**  Quality Improvement Activity
- **QIC**  Quality Improvement Committee
- **QID**  Quality Improvement Department
- **QOCC**  Quality of Care Concern
- **RNCC**  Regional Network and Credentialing Committee
- **RTC**  Residential Treatment - Level C
- **SIU**  Special Investigations Unit
- **SMI**  Serious Mental Illness or Severe Mental Illness
- **SRA**  Service Request Application
- **TCM**  Targeted Case Management
- **TDT**  Therapeutic Day Treatment
- **TFC-CM**  Therapeutic Foster Care - Case Management
- **TRR**  Treatment Record Review
- **UMC**  Utilization Management Committee
- **VACSB**  Virginia Association of Community Services Boards
- **VICAP**  Virginia Independent Clinical Assessment Program

**PROGRAM CHANGES AND UPDATES**

Bill Phipps introduced Magellan’s new branding including a new logo that will be rolled out in June. The new tag line is **Unique Vision. Better Care.** Magellan Health Services will change to Magellan Healthcare pending corporate Board approval. There will be three separate divisions; Magellan Healthcare, Magellan RX Management (pharmacy) and NIA Magellan (radiology).

Bill shared that claims servicing has migrated to the Virginia CMC and the dedicated Claims Resolution Specialist is now on-site to work through complex claims issues.
Dr. Varun Choudhary is launching an Integrated Health Collaborative and is currently assembling a Steering Committee.

Bill noted that ICD-10 has been delayed for one year based on the Federal law passed recently.

Magellan IT is systemically working through the list of enhancements that have been requested by Providers. A web enhancement where the MIS# is attached to payments reports is complete.

COMMUNITY INPUT

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

Alethea Lambert from HNNCSB asked for a response to several items;
Extending VICAP program to adults - Bill reported there is a process going on now to evaluate VICAP, scheduled to be complete by end of the year.
Provider Medicaid rates being paid – Bill explained that the rates are set by the General Assembly and are 100% of Medicaid rates. Magellan does not have the ability to alter them.
Formulary (allowed medications) and managing those medications – Bill explained that Magellan does not manage the pharmacy benefits for Medicaid members (Managed Care plan is responsible), so cannot control the list of allowed medications and cannot review or authorize medications. Magellan’s role is to coordinate care for members and the 7/30 day follow-up and monitoring with providers by our Follow-up Specialists (which is a new support to Virginia members not offered before), will possibly improve this situation going forward.
Support for Advance Directives: Cheryl DeHaven is representing Magellan in collaboration with UVA on an Advanced Directive initiative. She can answer any questions you might have about this.

NEXT MEETING & FUTURE AGENDA ITEMS

The next meeting of the Governance Board will be held on Tuesday, June 10, 2014 at the Tuckahoe Public Library, 1901 Starling Drive, Henrico VA 23229. Agenda items carried forward are:

1. Board Charter
2. Children’s Collaborative Pilot Program Update – Jim Forrester
3. Provider Training Schedule – Ajah Mills
4. Quality Improvement – Suzanne Gellner (standing agenda item)
5. Program Changes & Updates – Bill Phipps (standing agenda item)

ADJOURN

Dave Coe asked for a motion from the Board to adjourn the meeting. Suzanne Gellner motioned to adjourn. Robay Stroble-Lucas seconded the motion. David Coe adjourned the meeting at 11:59 a.m. EDST.

/psg