Welcome to the Magellan Provider Town Hall

SEPTEMBER 5, 2019

SEPTEMBER 6, 2019

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Welcome and Opening Remarks

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Agenda

Intro and Key Initiatives
Positive Provider Experience
Member Advisory Work Group
Medication Assisted Treatment : Resources and Outcomes
Integrated Care: Social Determinants of Health
Regulation Updates: IBHS and Outpatient MH Changes
Certified Peer Support Changes
Provider Specialty Updates and Attestations

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Survey for Today's Town Hall

Feedback Survey: This survey is to be utilized to provide your feedback on this presentation and also future presentations. Topics for today's Town Hall were based on feedback we received from our previous Town Hall presentations.

2019-20 Priorities and Initiatives

Jim Leonard, LCSW, MBA, Chief Executive Officer
Erin Reilly, LCSW, Chief Operating Officer

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Integrated Models of Care and Whole Person Solutions

PH/BH Coordination

Social Determinants of Health

Value Based Purchasing

System of Care Partnerships

Positive Provider Experience

John Bottger, Appeals and Comments Manager

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Member Complaint Trending

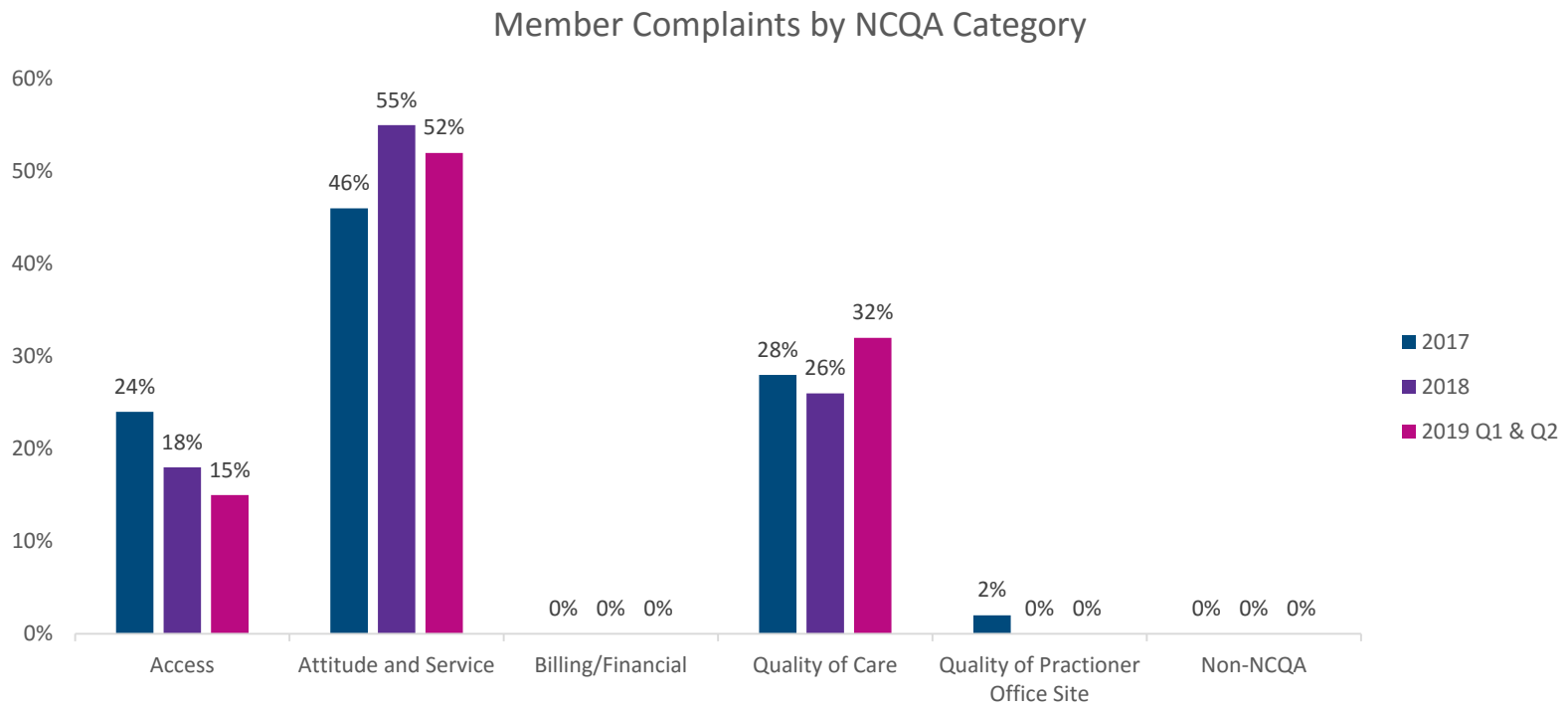
Magellan uses information from member complaints to identify areas where opportunity for improvement may exist. We review complaint data for trends involving individual providers or agencies, as well as trends regarding issues reported in complaints.

Themes of complaints are grouped using the following categories, as defined by NCQA:

- Access (i.e., not receiving approved services or general appointment availability)
- Attitude and Service (i.e., rude or unprofessional interactions, not being seen on time for appointments)
- Billing or Financial Issue (i.e., provider balance billing or co-pay dispute)
- Quality of Care
- Quality of Practitioner Office Site

Member Complaint Trending

Complaints involving Attitude and Service remain the most frequently received:



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Positive Provider Experiences

We recognize how challenging it can be for agency leaders to address concerns involving Attitude and Service. It is hard to imagine a day where everything goes according to plan. Appointments may not start on time while physicians attend to emergencies. Scheduling errors or miscommunication may occur. A patient may not understand a doctor's explanation or basis for suggesting or making a change in a member's medication. How providers and support teams react and communicate in the moment when addressing these situations has great impact on the member experience.

We asked our members to share their positive provider experiences at our 2019 Member Advisory Work Groups as a way to support you in improving the member experience.

Positive Provider Experiences – Outpatient Settings

- Staff were available when I needed help. They returned my calls quickly, even after hours.
- When I called the office and the staff were not the right people to help me, they made sure to connect me with someone who could.
- Front desk staff were very nice when I needed to reschedule an appointment. They understood that “life happens” sometimes.
- The office and waiting area are clean and inviting. This makes me comfortable, and ready to have a good session.

Positive Provider Experiences – Psychiatry Services

- My psychiatrist took the time to help me between appointments when I was stressed. We talked through increasing the medication I just started and he called in a prescription so I would have enough to last until my appointment. When I had my appointment, he remembered everything that was going on so we could talk it through.
- My psychiatrist makes time for me when I call. Always calls me back as soon as possible.
- My psychiatrist compliments me and reassures me.
- My doctor took extra time to explain why my medications were being changed using words I could understand.

Positive Provider Experiences – Inpatient Care

- When I went to a new hospital staff took time to show me around. It made me more comfortable being there so I could worry less about where I was and focus on getting better.
- Staff were “high energy” and motivating when I needed a lift. It gave me confidence I could get better.
- The hospital has a connection with NAMI, and NAMI was able to offer me on-site support and advocacy.
- The nurses were kind and caring. They held my hand when I was scared. I knew I was in a place where I could get better.
- My daughter lives over an hour away from the hospital and was stuck in bad traffic when coming to visit. The hospital allowed her to visit me after hours when I needed support. Rules are important, but they knew how important this visit was for me and my family.

Positive Provider Experiences - Provider Recognition

- I’d like to recognize and thank the following providers for their commitment to excellence in caring and service, as nominated by peers and colleagues:

Member Advisory Work Group

John Bottger, Appeals and Comments Manager

Don Beam, MS, LPC Sr. Manager, Customer Care

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Purpose of the Member Advisory Work Group

- Held Semi-Annual in each of our respective counties.
- Ideally held at a provider site.
- Gives Members (and providers) a chance to interact with us within the community.
- Agenda items for discussion/feedback are identified hot topics/trends within behavioral health, local, state, or national level.
- Taking action (when applicable) based on the feedback we receive.
- Helping to shape the best possible care for our Members.

Member Advisory Work Group Meetings

- Upcoming fall Member Advisory Group (MAWGs):
- Bucks County: 10/25/19, 10a-12p, Aldie Langhorne (2291 Cabot Blvd W, Langhorne, PA 19047)
- Cambria County: 10/29/19, 12p-2p, Peer Empowerment Network (514 Somerset St, Johnstown, PA 15901)
- Delaware County: 11/1/19, 10a-12p, Elwyn Welcome House (7700 West Chester Pike, Upper Darby, PA 19082)
- Montgomery County: 11/8/19, 10a-12p, Central Behavioral Health (1100 Powell St, Norristown, PA 19401)
- Lehigh/Northampton Counties: 11/9/19, 2p-4p, Faith Lutheran Church (2012 Sullivan Trail, Easton, PA 18040)

Would you like to be a host to a future Member Advisory Work Group Meeting?

- We aim to run these groups in the spring/fall – March/April & Oct/Nov
- If you're interested in being a host to a future Member Advisory Work Group, please email Don Beam: Dbeam@Magellanhealth.com
- Thank you and we hope to hear from you!

Medication Assisted Treatment: Resources and outcomes

Anita Kelly, Clinical Contract Advisor MA, CAADC, LPC

Mark Matta, D.O. Medical Director, Cambria County

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Opioid Resources and Support

HTTPS://WWW.MAGELLANOFPA.COM/FOR-MEMBERS/COMMUNITY/OPIOID-RESOURCES-AND-SUPPORT

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Bi-annual County MAT reports

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Background

In 2015, Magellan initiated a Medication Assisted Treatment Initiative. There are two program objectives.

1. Increase the utilization of Medication Assisted Treatment (MAT) for members with substance use disorders.
2. Decrease hospital admissions and readmissions by increasing community tenure through the use of MAT.

MAT Reporting Scope

Presented is summary and detail information for Magellan's Medication Assisted Treatment (MAT) program. The date range for the information presented is January 1, 2018 to December 31, 2018 and is specific to County HealthChoices member cases.

Plan members with an alcohol or opioid diagnosis and an inpatient or residential admission are considered for MAT promotion. Magellan's MAT promotion efforts are presented at a high level. The report also explores:

1) MAT-related admissions with subsequent MAT-related 30 day and 60 day readmissions.

2) Discharged MAT-related admissions with subsequent MAT-related 30 day and 60 day readmissions.

Readmission information is an indicator of overall population health.

Summary

- Readmission data supports the effectiveness of MAT Prescriptions in reducing readmissions from Residential to Residential Levels of Care among MAT-promoted for our HealthChoices members.
- Within 30 days of discharge from Residential Treatment:
  - 15.19% County HealthChoices members with No-MAT Rx readmit
  - 5.3% County HealthChoices members with MAT Rx readmit
- Within 60 days of discharge from Residential Treatment:
  - 22.43% County HealthChoices members with No-MAT Rx readmit from Residential to Residential
  - 10.39% County HealthChoices members with MAT Rx readmit from Residential to Residential

Plan for Promotion of MAT

- Care Managers:
  - Promote MAT prescription during routine reviews
  - Provide information on access to Opioid Centers of Excellence
  - Address complex cases with Magellan's medical director and share recommendations with providers through case reviews and during rounds
  - Actively discuss aftercare with providers to ensure any barriers for the member are addressed prior to discharge
- Active participation and collaboration with County's Drug Court program
- Care Worker follow-up with members discharged on MAT prescription or considered a non-routine discharge from a drug and alcohol facility to ensure connection to services
- Magellan Clinical and Medical staff conduct visits to targeted high-volume, lower prescribing residential treatment providers to discuss barriers to MAT prescriptions
- Provide MAT education program for providers' use with members
- Working with providers to implement Magellan Co-Occurring Disorder (COD) guidelines
- Developing outcomes program to examine impact of CRS involvement with MAT members
- Will examine MAT practices at Opioid Centers of Excellence

American Society of Addiction Medicine (ASAM)

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Modification to Approved Training on ASAM Criteria

Effective January 1, 2020, the Department of Drug and Alcohol Programs will expand its approved curriculum to include online training through The Change Companies' ASAM Criteria 2013 Edition E-learning modules. This newly approved training will be in addition to the already approved two-day in-person training on *The ASAM Criteria, 2013*. At that time, both training options will satisfy DDAP's training requirement.

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Important notes regarding these changes

- Individuals currently registered for a Train for Change two-day *ASAM Criteria, 2013* Skill Building classroom training, must fulfill their commitment to that training. **De-registering from a currently scheduled two-day classroom training to take the online course in 2020 is prohibited. Course certificates for those individuals will not be honored.** Additionally, the training hosts for these scheduled in-person trainings may charge cancellation fees, payable by the agency/individual.
- Due to the ease of access and cost effectiveness of the E-Learning Module subscriptions, it will be the responsibility of the individual and/or their employer to coordinate and absorb associated costs of this training option.

Important notes regarding these changes

- The Change Companies offers two payment modalities.
  - One payment method consists of a $25 per module, per person fee. There are three modules, so the access fee is $75 per individual. The registrant has 15 days from the time of registration to complete all three modules.
  - The second payment method involves a flat yearly fee of $2000. This would allow for 26-50 people to participate in the web based training at their own pace and would expire after one year.
  - Text books may be purchased separately through the Change Companies.
- For either *ASAM Criteria, 2013* training options, Single County Authorities (SCAs) may financially support their area providers with this training expense at their discretion and based upon the availability of funds. SCAs that have questions about the use of DDAP funds for *The ASAM Criteria*, *2013* trainings should contact their program officer in DDAP's County Program Oversight Section.
- Certificates are available for each of *The ASAM Criteria, 2013* training options. It is the responsibility of the individual and/or their employer to maintain those certificates for proof of course completion.
- Certificates for online trainings completed prior to January 1, 2020, will not be recognized as valid for meeting DDAP requirements.

Integrated Care: Social Determinants of Health

Erin Esbensen, MS, LMFT, Care Manager, Children's Intensive Treatment Team

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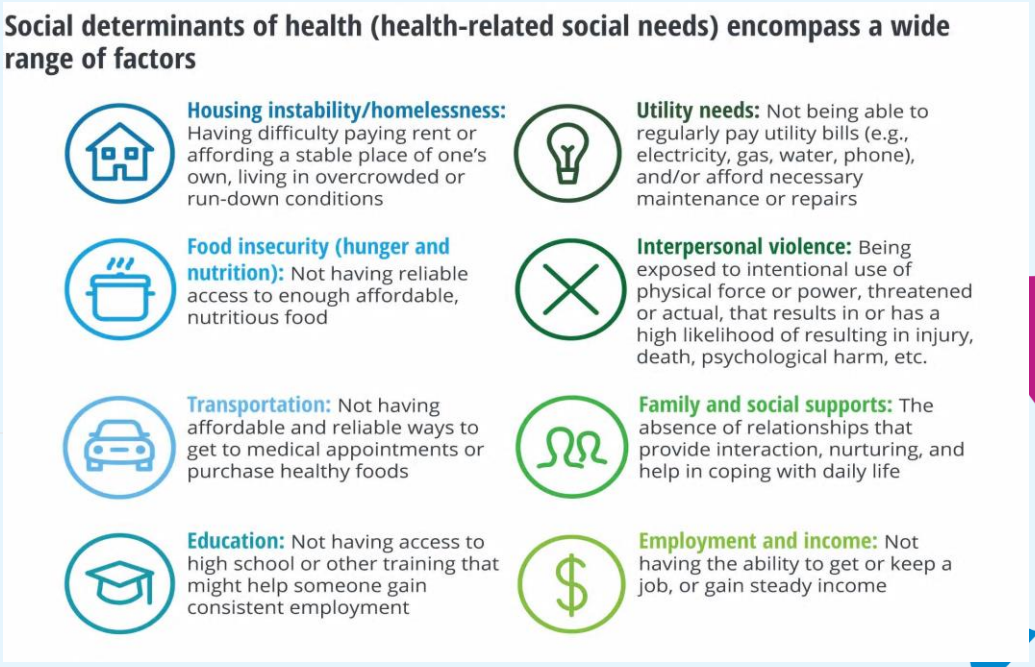
Social Determinants of Health

- Healthy People 2020 defines *social determinants of health* as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." (Healthy People 2020, www.cdc.gov)
- Only 10-20% of health outcomes related to medical care (1)
- Integrated Health Model



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1. Source: Kaiser Family Foundation. https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity
2. *"Social Determinants of Health" presentation by the PA Department of Human Services during the Magellan Health Conference in Lancaster, PA on Sept. 6, 2018.*

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Magellan's Plan To Gather Information On Social Determinants of Health

1 Care Management	Incorporating intentional discussion and documentation of factors impacting our members.
2 Analytics and Reporting	Collecting data on needs throughout treatment and across levels of care.
3 ICD-10 Z-Codes	American Hospital Association Coding Clinic changes to Official Coding Guidelines.

Magellan's Plan To Use Information On Social Determinants of Health

- Collaboration and Support
- Targeted Partnerships and Interventions
- Inform Care Management Practices
- Success Criteria

To find SDOH-related resources and other community resources, go to https://www.magellanofpa.com/for-providers/community/community-online-resources/

Regulation Updates: Intensive Behavioral Health Services (IBHS) and Outpatient Mental Health

Karli Schilling, MA Compliance Manager

Tara Karbiner, Director of Child and Family Resiliency

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Intensive Behavioral Health Services Regulations

- IBHS regulations will replace all current MA Bulletins for BHRS
- Applies to BHRS, ABA, EBP (MST, FFT etc.), CRR Host Home and group activities
- Changes to the evaluation/recommendation process
- ABA available to non-ASD children
- Elimination of the ISPTM requirement
- Enhances minimum staffing requirements
- Imposes new clinical leadership structure
- Enhances supervision requirements for all staff
- Requires annual outcomes reports for all providers
- Addresses restrictive procedures
- Adjusts licensing requirements

IBHS Implementation Timeline

OMHSAS IBHS Statewide Trainings

- OMHSAS is planning several statewide and regional trainings to discuss the forthcoming IBHS regulations. Trainings will include an overview of the regulatory package, instruction on the licensing process, and information sharing regarding timelines and next steps. Anyone interested in, or impacted by, these regulations is welcome to attend.
- OMHSAS will host two statewide webinars specific to the IBHS regulations. Registration information for these webinars will be distributed in the near future. The dates for the webinars are:
  - September 30th & November 20th

OMHSAS IBHS Regional Forums

OMHSAS will host regional forums specific to the IBHS regulations throughout the month of October. Registration and location information will be distributed shortly.

WESTERN REGION

- October 11th

CENTRAL REGION

- October 16th

SOUTHEAST REGION

- October 21st

NORTHEAST REGION

- October 22nd

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Magellan provider and stakeholder workgroups

- 9/17 10:00 AM-12:00 PM – in person options with webex option as well
- 10/17 1:00-3:00 PM webex only
- 11/13 1:00-3:00 PM webex only
- 12/16 10:00 AM-12:00 PM in person options at Mont Co HS and NH County office with webex option as well

Upcoming Changes to Outpatient MH Regulations

- Includes the 55 PA Code Chapter 1153, Outpatient Psychiatric Services and 55 PA Code Chapter 5200, Psychiatric Outpatient Clinics Regulations
- Approved unanimously by Independent Regulatory Review Commission (IRRC) on 7/18/19. Next step is approval by the AG.
- Regulations are the result of a work group that began in late 2013.
- Updates based on requirements from the ACA, MHPAEA, OPOA; as well Mobile Mental Health MA Bulletin 08-06-13. The changes also allow licensed professionals to work within their scope of practice in psychiatric outpatient clinics, reduce the frequency of treatment plan updates for licensed providers, and support the principles of recovery, resiliency and self-determination by updating language to reflect a person-first philosophy.
- Potential release by DHS: January, 2020

Upcoming Changes to Outpatient MH Regulations

Key changes to 1153 include:

- Family Psychotherapy – Removed that sessions must be at least ½ hour in duration. No minimum duration.
- *Group Psychotherapy* – Psychotherapy group size expanded to 12 persons (previously 10 persons although providers could seek a waiver for up to 12- waiver will no longer be required). Also removed minimum session time of at least 1 hour. No minimum duration.
- *Individual Psychotherapy* – Removed that sessions must be at least ½ hour in duration.
- Re-defined *Licensed Practitioner of the Healing Arts (LCSW, LMFT and LPC now included)*
- Re-defined *Mental Health Professional and Mental Health Worker definitions and criteria for eligibility.*
- *Psychiatric clinic clozapine monitoring and evaluation visit and Psychiatric clinic medication visit* – removed that sessions must be a minimum of 15 minutes. Also expanded that services can be provided by psychiatrist, physician, CRNP, registered nurse or PA.
- *Psychiatric Evaluation* – can be face-to-face or Tele-Behavioral Health.
- Tele-Behavioral Health was explicitly defined.

Upcoming Changes to Outpatient MH Regulations

Key changes to 1153 (continued):

- Significant changes were made to Treatment Plan requirements:
  - Treatment Plans must still be reviewed and approved but it's no longer mandated that this approval be by a psychiatrist.
    - ✓ If an individual is receiving therapy and other clinic services, approval can be by a psychiatrist or Advance Practice Professional
    - ✓ If any individual is receiving medication management only, approval must be by the Psychiatrist, CRNP, or PA who is prescribing the medications
  - Timeframe for initiation of a Treatment Plan was extended – 30 days (previously 15 days)
  - Timeframe for updating a Treatment Plan was extended – 180 days (previously 120 days)
  - The treatment plan shall be reviewed on an annual basis by the psychiatrist or advanced practice professional throughout the course of treatment from the psychiatric outpatient clinic and the review documented in the individual record.

Upcoming Changes to Outpatient MH Regulations

Key changes to 5200 include:

- The qualifications and duties of the director/clinical supervisor were updated.
- Staffing patterns must now comply with the Outpatient Oversight Act (HB 478)
  - Regulation amends the requirements for staffing patterns and psychiatric time by allowing 50% of the treatment staff who provide psychotherapy to be mental health professionals and requiring 2 hours of psychiatric time for each FTE mental health professional and mental health worker per week.
  - 50% of the psychiatric time must be provided by the psychiatrist at the psychiatric outpatient clinic, however the other 50% can be provided by an advanced practice professional or by a psychiatrist offsite through the use of tele-behavioral health, or by a combination of advanced practice professionals and tele-behavioral health.
- Changes to Supervision – the supervision of an Outpatient Psychiatric Clinic shall still be by a Psychiatrist, no longer through the review of Treatment Plans, but by:
  - Establishment of appropriate standards for treatment and prescribing practices.
  - Involvement in the quality management process.
  - Participation in clinical staff meetings 2 times per month. the psychiatric outpatient clinic shall maintain written documentation of clinical staff meetings, including attendance.
  - Consultation to all clinical staff.

Upcoming Changes to Outpatient MH Regulations

Key changes to 5200 (continued):

- Language was added regarding clearances in line with the Child Protective Services Law.
- Requirements were added for Quality Assurance Plans.
- Discharge Requirements – a psychiatric outpatient clinic shall complete a discharge summary for each individual at least 45 days before discharge from services that includes the following:
  - Summary of services provided and outcomes
  - Reason for discharge
  - Referral or recommendation for other services if needed

Magellan Department Changes: Recovery and Resiliency

Emily Ferris, CPS, Manager of Recovery and Resiliency

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Recovery & Resiliency Department

- Reorganization of Peer Support Services at Magellan
  - Historically, peer support was housed within the clinical department
  - Development of peer support specific department at Magellan in 2019
- Recovery and Resiliency Manager (Emily Ferris)
  - Implement strategies designed to ensure the provision of effective peer support services through the Magellan network
  - Supervision of Recovery Support Navigation (RSN) Team
- Recovery Support Navigators
  - Direct support to members and resource navigation support
  - County projects and meetings related to peer support services

Specialty Updates and Attestations

Mitch Fash – Network Manager

Mike Ditty – Network Management Specialist

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Provider Specialty Updates & Attestations

HOW TO UPDATE YOUR PRACTICE'S SPECIALTY INFORMATION

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Provider Data Changes in Real Time

- ✓ Make changes to your practice data, such as e-mail address, office locations, telephone numbers, business hours and staff rosters
- ✓ Updating specialties offered within your contracted services
- ✓ Online on our secure and efficient website
- ✓ Immediately upload your practice information to Magellan's systems
- ✓ Ensure that accurate information is loaded in Magellan's systems and available to Magellan members.

- REMINDER: *Current practice data is vital to facilitating effective member referrals, claims processing and correspondence.*

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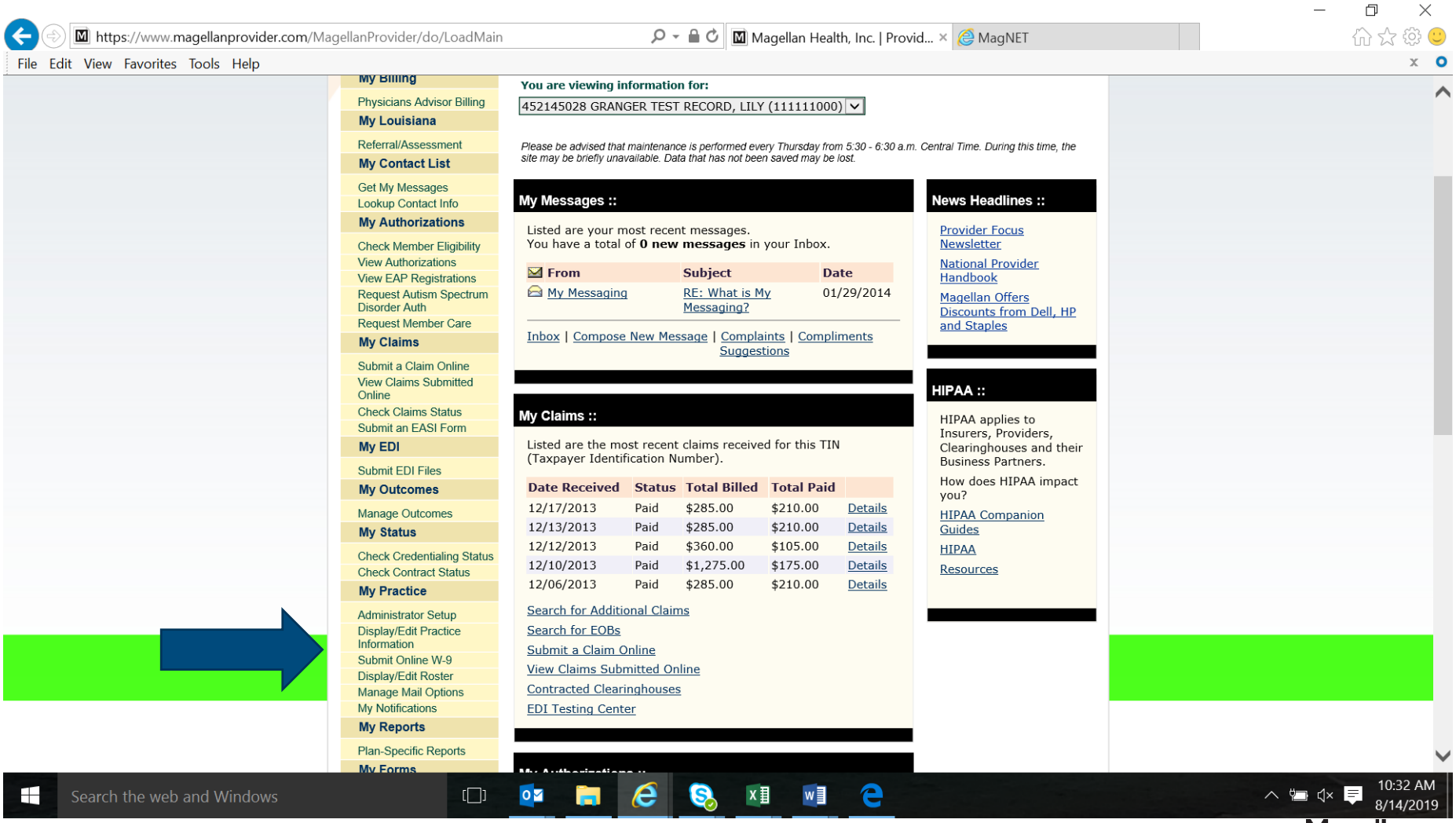
How to Update Your Provider Specialty Information

Go to Magellan's Provider website - https://www.magellanprovider.com

Enter your User name and Password on the right hand side of the screen

Go to My Practice info

The Display Edit Practice Information feature is Magellan's Online Provider Data Change form located on the left side of the page. Select Edit/Change Practice Information.



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Please enter the TIN and MIS combination for your specific locations.

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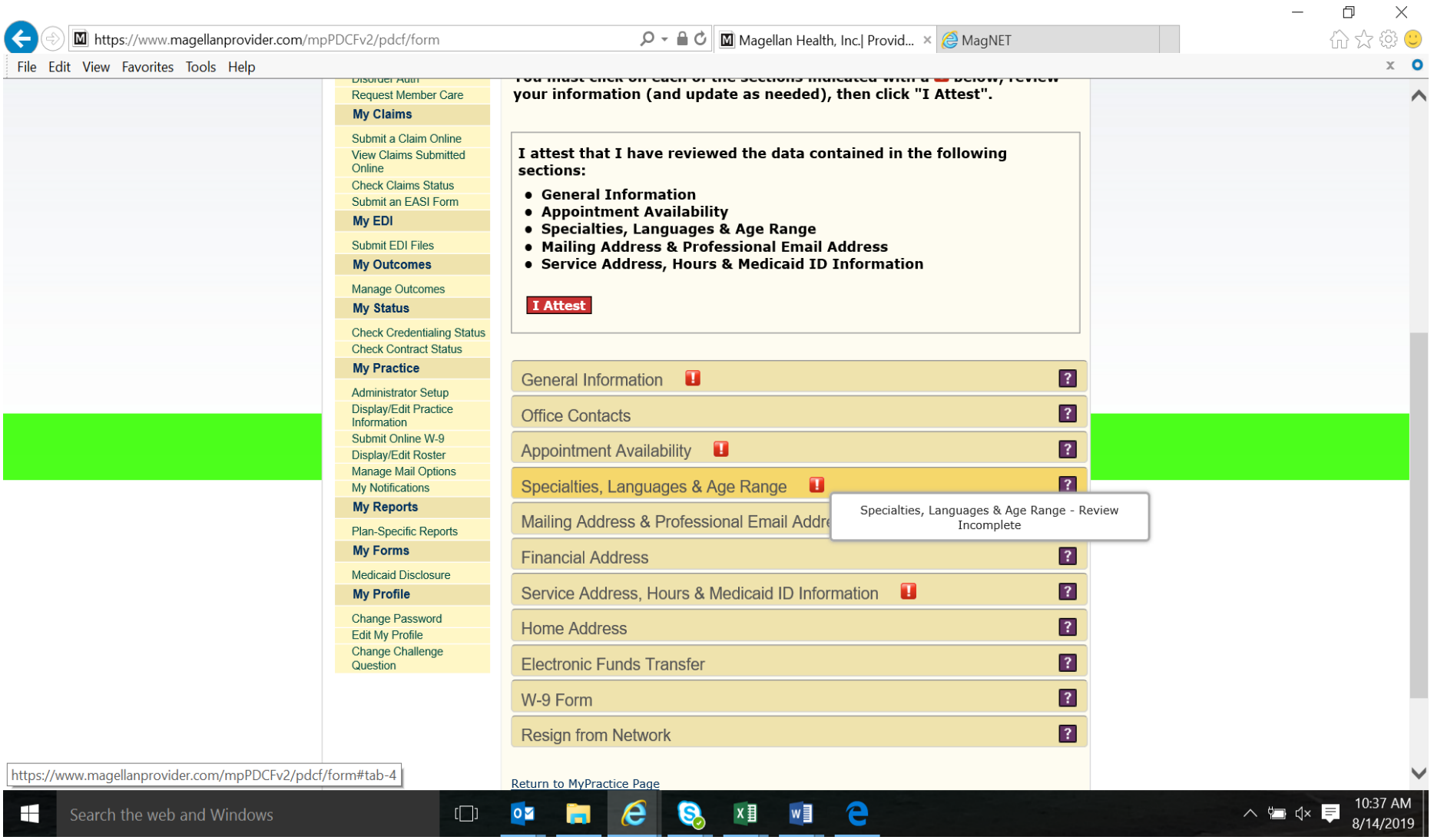
Now select ***Specialties, Languages, and Age Ranges –*** This will allow you to make any changes to your identified specialties as well as add additional ones.



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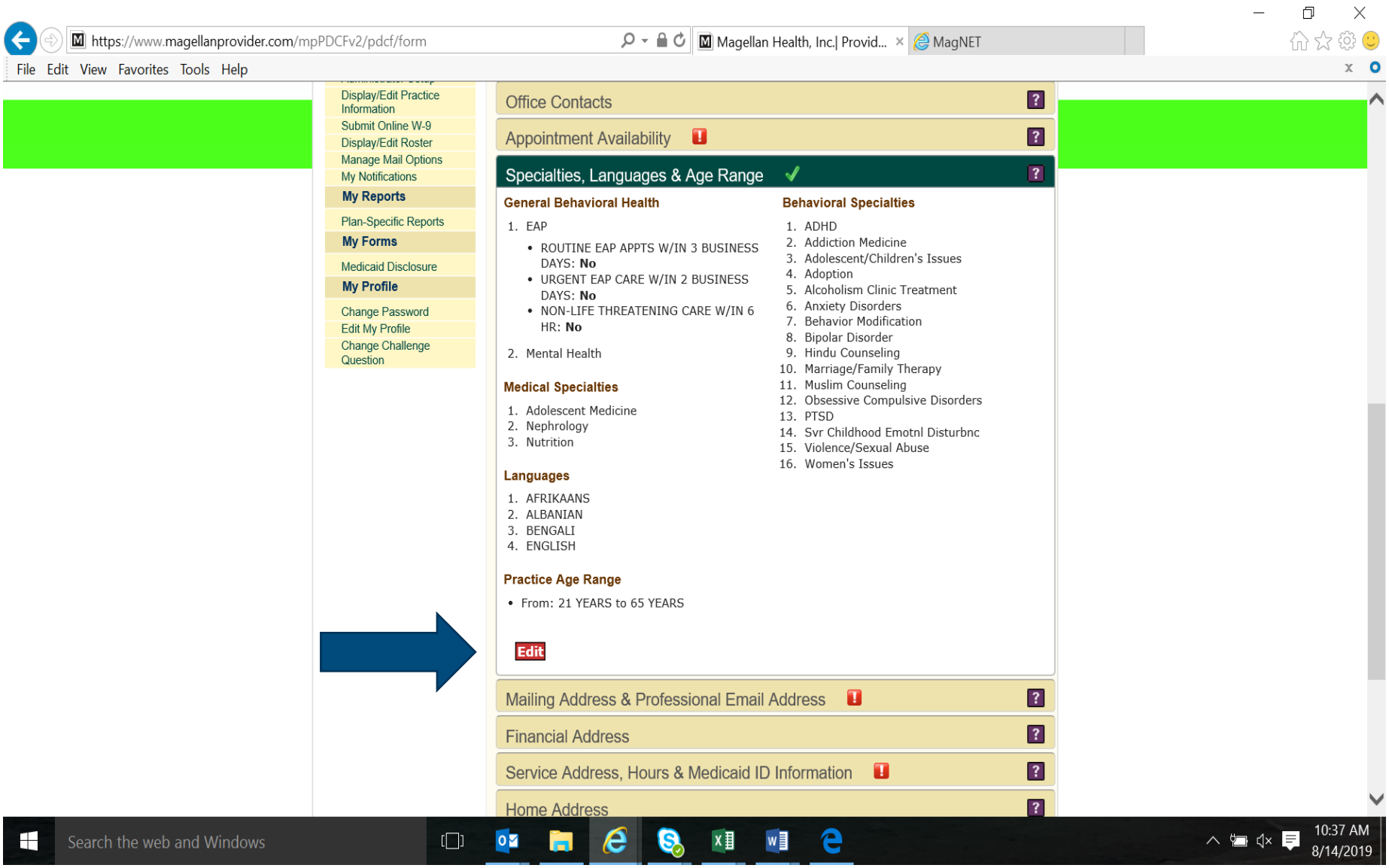
Click the Edit button and make your changes. Be sure to save changes to your Profile.



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Specialty Updates and Attestations – Cont.

- Once a qualifying specialty is selected the following will occur:
  - Email will be sent with attestation link.
  - Provider attests to having the specialty with specific specialty criteria.
  - Provider search will then show the specialty and an asterisk next to the attested specialties.

PROMISe - Medicaid Enrollment

All contracted providers must have current valid Promise enrollments for all active services.

- ✓ Provider should review current contracted services and verify all enrollments are active and current.
- ✓ **Without current MA enrollment, providers are not able to be reimbursed for Medicaid services.**
- ✓ Base application link: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm#.VjjP2U1OUW4
- ✓ Supplemental services must complete application through BH-MCO within the county the services are rendered.
- ✓ All satellite locations much now have an enrollment.
  - ❑ This includes Outpatient School programs

Questions?

Thank you!

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