

**Heritage Health Behavioral Health Integration Advisory Committee  
 Meeting Summary**

<b>Meeting Date / Time</b>	<b>Monday, July 11, 2016; 11:00 am – 12:30 pm</b>
<b>Meeting Location</b>	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room F Lincoln, NE 68509
<b>Conference Line</b>	(888) 820 – 1398 Access Code : 4001876#

**Overview:**

	<b>Facilitator</b>
<p>Welcome and introductions</p> <p>Deputy Director Heather completed the roll call of the quorum representatives:</p> <p>Tom Adams, Executive Director of National Alliance on Mental illness; Beth Baxter, Regional Admin. Behavioral Health Region Three; Carole Boye, President &amp; CEO for Community Alliance; Dan Claussen, Payer Relations Provider for Nebraska Medicine; Pat Connell, Vice President, Behavioral Health, Compliance, &amp; Government with Boys Town; Jon Day, Executive Director of Blue Valley Behavioral Health; Shannon Engler, Director, Counseling &amp; Mental Health Services of Bryan Health; Wayne Fisher, Ph.D., Director, Center for Autism Spectrum Disorders; Ingrid Gansebom, Regional Administrator for Behavioral Health Region Four; Tamra Gavin, Deputy Director, Behavioral Health Services, DHHS, Div. of Behavioral Health; Sherri Haber Administrator, DHHS, Div. of Children &amp; Family Services; Lori Hack, Compliance Officer, Magellan Behavioral Health of Nebraska ; Topher Hansen, NABHO; Cynthia Harris, Deputy Director, Office of Consumer Affairs with DHHS, Div. of Behavioral Health; Jan Henderson, Health Services Business Office Manager, Ponca Tribe of Nebraska; Michael Horn, M.D, UnitedHealthcare Community Health Plan; C.J. Johnson, Regional Admin. Behavioral Health Regional Health Region Five; Christine Johnson, Behavioral Health Support Foundation; Patti Jurjevich, Regional Admin. Behavioral Health Region Six; Lori Lundquist Wall, Ph.D. Nebraska Psychological Association; Julie Rothacker, NTC; Julie Scott, Justice Behavioral Health Specialist, Office of Probation Admin.; Kathy Seacrest, Regional Admin., Behavioral Health Region Two; Tracy Smith, Wellcare; Alecia Stevens, QDDP Coordinator, DHHS, Div. of Developmental Disabilities; Todd Stull, M.D. Chief Clinical Officer, DHHS, Div. of Behavioral Health; Mike Vance, Ph.D. Director, Behavioral Health Services, Children’s Hospital; Barbara Vogel, Acting Regional Admin., Behavioral Health Region One; Mona Zuffante, Tribal Health Director, Winnebago Tribe of Nebraska.</p> <p>There were no objections to the last meeting minutes and the minutes were approved.</p>	Calder Lynch
<p><b>IPRO Introduction:</b> IPRO provided a handout on the roles and responsibilities of IPRO as the external auditors under the EQRO State contract.</p>	John Naujokaitis

John Naujokaitis introduced Jeanne Alicandro, MD MPH to the committee and she presented the roles and responsibilities IPRO has as the external reviewer/auditors under the EQRO State contact.

Jeanne presented on the following:

- Validation of performance improvement projects (PIPs) the Heritage Health MCOs are expected to participate in. Validation of performance measures and EQR compliance reviews of the MCOs.
- Optional activities to include validating encounter data, and validating member and provider surveys. Complete on-site reviews and evaluate the Heritage Health MCOs and provide a technical report indicating where the MCOs have areas for improvement to continue providing quality care for members.
- Ensure the Heritage Health MCOs are compliant with the federal regulations, state regulations, and CMS benchmarks and requirements.

**Discussion:**

**Question:** Are the Heritage Health MCOs going to solicit feedback from customers and consumers such as the members and the providers?

**Answer:** Each Heritage Health MCO is going to have Committees for quality management which will include providers and members. The MCOs all have to send out surveys to all members to solicit feedback on how the Plan is performing. There is also a survey providers are asked to complete as part of State's quality requirements.

**Question:** When a provider notices there is a quality issue with the plan, how would the provider go about reporting the issue?

**Answer:** The Heritage Health MCOs have grievance system that they have to report to the State and providers could also follow-up with the appeal and State Fair Hearing process to ensure the issue is being appropriately handled. The Contract Managers are going to have access to the MCOs systems to do deeper research into an issue. Also if there is an issue with quality issues with the Managed Care Organization then the provider can contact the licensure department to report those issues.

**Heritage Health Enrollment Broker:** AHS provided a handout on member enrollment and the responsibilities of the enrollment broker.

Brady Johnson introduced Linda Becker and she presented on the enrollment broker experience:

- Provide real-time counseling with members and provide unbiased information to the members.
- Provide support to members by answering questions and directing them to available contact information for each of the Heritage Health Plans.
- Sending outreach to members.
- Sent out information to the stakeholders.
- Will be available to do training with providers and organization/facility staff.

**Discussion:**

**Question:** How soon would you be able to see what Heritage Health managed Care Organization the member is enrolled with?

Brady Johnson

<p><b>Answer:</b> The members' enrollment with the Heritage Health Managed Care Organization will be available on 1/1/2017.</p> <p><b>Question:</b> Would there be discussion setup for CFS and Probation since the Enrollment notice maybe going to the assigned worker on file.</p> <p><b>Answer:</b> Time for discussions will be arranged by the project manager in the near future.</p>	
<p><b>Presentation from the Heritage Health Plans:</b> Each Plan provided handouts to the committee member on Eligible members with Severe and Persistent Mental Illness (SPMI).</p> <p>United Community Care Plan (UCCP): Adam Proctor presented on eligible members with Severe and Persistent Mental Illness (SPMI) as it relates to Heritage Health:</p> <ul style="list-style-type: none"> <li>○ All members treatment delivery of care is going to be based on the conditions the member presents at the time they are being seen.</li> <li>○ UCCP is looking at the whole person with an integrated approach and that includes members with (SPMI) and also looking at the members' social barrier to better serve the member.</li> <li>○ UCCP is working as a Liaison to prevent duplication of services and making sure of quality of care.</li> <li>○ UCCP is leveraging resources and links to the right places to get the appropriate care for the members.</li> <li>○ Data management is key and UCCP is using data to improve care.</li> <li>○ Care managers will be the navigators which is going to be a single touch point to the overall care of the whole member for members with (SPMI) with an integrated approach for both adults and children. Peer support is also going to be used as another support system for the members.</li> </ul> <p>WellCare: Carol Made presented on eligible members with Severe and Persistent Mental Illness (SPMI) as it relates to Heritage Health:</p> <ul style="list-style-type: none"> <li>○ WellCare takes a whole person care approach to care.</li> <li>○ Promote wellness with right services and believes that local support is very important.</li> <li>○ Assist the member with social needs and improve quality of life by early intervention.</li> <li>○ SPMI and SPD are targeted with case management and discharge planning to assist with continuity of care.</li> <li>○ Case managers are going to engage member, stakeholders, providers and caregivers in care managing the members medical needs.</li> <li>○ Coordinate with community mental health providers to achieve members' health goals.</li> <li>○ Ensures that members have a voice in their treatment process.</li> </ul>	<p>Plan Representatives</p>

<p>Nebraska Total Care: Julie Rothnecker presented on eligible members with Severe and Persistent Mental Illness (SPMI) as it relates to Heritage Health:</p> <ul style="list-style-type: none"> <li>○ NTC does offer an integrated care management program and focus on the holistic care of the person. Focusing on the medical and behavioral and social determinacies to improve care for the person.</li> <li>○ NTC offers four levels for care management ranging from consultation to chronic care management.</li> <li>○ NTC's disease program targets behavioral health, depression, anxiety, ADHD, and perinatal substance abuse.</li> <li>○ Screening and assessments are used to determine the level of Managed Care the member is going to receive.</li> <li>○ Members with high level needs will receive weekly outreach; members with moderate level needs will be contacted once a month; members with low level needs will receive outreach once per quarter.</li> <li>○ NTC will coordinate with members' providers, stakeholders, and other community resources.</li> <li>○ NTC will be providing training for providers and stakeholders.</li> </ul> <p><b>Discussion:</b></p> <p><b>Question:</b> How are the providers receiving the information regarding credentialing with the new MCOs? <b>Answer:</b> All the packets for credentialing has been sent out by mail from the new MCOs.</p> <p><b>Question:</b> When does credentialing start? <b>Answer:</b> The Heritage Health MCO have been given a provider listing and they have sent out packets and credentialing can start now.</p> <p><b>Question:</b> Has there been efforts to reduce the burden on providers to enroll with three different Heritage Health MCOs and having to do credentialing three times? <b>Answer:</b> MLTC is discussing this with the MCOs and is trying to streamline the process to have some degree of uniformity.</p>	
<p><b>Follow-Up on Survey:</b></p> <p>Courtney Mason reported there was a survey monkey sent out by email to committee members and she has only received 8 responses to the survey monkey. Courtney indicated that the survey monkey email was sent by Carmen Bachle and Courtney is going to have the survey monkey resent to the committee members so they can have an opportunity to respond.</p>	Courtney Mason
<p><b>Public Comment:</b> None</p>	Calder Lynch
<p><b>Action item assignments / Closing remarks:</b></p> <p>Deputy Director Heather Leschinsky indicated that the contact information for each Heritage Health Organization can be located on the Heritage Health page of the DHHS website.</p>	Calder Lynch

<p>Director Calder Lynch indicated there will be updates and additional information on the website on the upcoming webinars.</p> <p>Meeting minutes and Agenda for this meeting and prior meeting that were approved are available on the Heritage Health website. This meeting has been announced on the website where all Committee members and the public has access to this information.</p>	
Adjourn: 3:30 p.m.	Calder Lynch

**Next Meeting**

<b>Meeting Date / Time</b>	<b>Thursday, August 11, 2016; 2:00 pm – 3:30 pm</b>
<b>Meeting Location</b>	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room A Lincoln, NE 68509
<b>Tentative Agenda Topics</b>	TBD