

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

Meeting Date / Time	Thursday, August 11, 2016; 2:00 pm – 3:30 pm
Meeting Location	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room A Lincoln, NE 68509
Conference Line	(888) 820 – 1398 Access Code : 4533256#

Summary:

Topics	Facilitator
<p>Director Calder Lynch welcomed everyone. Deputy Director Heather Leschinsky completed the roll call: Tom Adams, Executive Director of National Alliance on Mental illness; Beth Baxter, Regional Admin. Behavioral Health Region Three; Carole Boye, President & CEO for Community Alliance; Dan Claussen, Payer Relations Provider for Nebraska Medicine; Pat Connell, Vice President, Behavioral Health, Compliance, & Government with Boys Town; Jon Day, Executive Director of Blue Valley Behavioral Health; Shannon Engler, Director, Counseling & 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 & 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 Lundqist 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>	Calder Lynch
<p>Behavioral Health Workgroup Update:</p> <ul style="list-style-type: none"> Kim McClintick gave an overview of the Behavioral Health workgroup and the most recent meeting. The group met four times and the group met four times and is working together with Magellan, Dr. Stull and Tamara Gavin to review the criteria from Department of Behavioral Health (DBH) line book to incorporate the criteria to establish criteria for MLTC. In this process the State is doing an internal review and combining the information from both sources. Kim’s team meets regularly with Dr. 	Kim McClintick

Stull and DBH to complete the review. After the internal review is completed the criteria is then taken to the workgroup and discussed with the Heritage Health Plans. At some point the criteria is going to be shared with the stake holders for feedback/comments. MLTC is in the process of ensuring the criteria is complete and not too restrictive or loose and ensuring that all the Plans are in agreement. Kim would like to acknowledge Angela Parish and Lori Lewis who are working hard to develop the criteria.

- Kim briefly described the subcommittees and stated there were 2 meeting out of the 3 meeting that are scheduled. Kim invited the attendee to attend and if anyone would like to attend to assist in the process to extend the invitation to the Behavioral Health Community.
- Kim stated Dr. Stull and Shelly Nickerson will be discussing injectables/drugs and the pharmacy contractors are going to be in attendance. There will be another work group to discuss the continuity of care with Magellan and the Heritage Health MCOs.

Question: What is the State defining as criteria?

Answer: Service definitions and the different therapies and model of care the State provides and this Behavioral Health work group is primarily focused on behavioral health criteria.

- Deputy Director Heather explained the purpose and scope communicated to MLTC staff and the Heritage Health MCOs is to align with DBH on service definitions and at the next subcommittee meeting the intentions is to present the service definition to the Heritage Health MCOs and other attendees in draft form to solicit feedback/comments before finalization. Once the criteria has been developed and agreed upon, then it will be placed on the MLTC website for public feedback/comments and questions.

Question: Will the State make changes due to the comments and/or feedback?

Answer: Director Lynch responded the feedback is going to be taken into consideration within the scope of the Medicaid program, however not all Medicaid criteria is promulgated as regulations.

- Director Lynch explained the workgroup and subcommittees are to allow as much buy-in as possible between the provider community and the Heritage Health Plan on having as much consistency on how they operationalize the behavioral health services. Not all the information are going to go into regulations and there will be upcoming regulation changes. The State is in the process of the regulation re-alignment and there is a public hearing scheduled for September 12, 2016 for Managed Care regulation chapter 2 rewrite for some of the changes necessary for the authority to implement Heritage Health. This chapter is not getting into service specifics and speaks to what populations are enrolled and the enrollment criteria. The State is in the process of doing a chapter by chapter clean up and there has been several hearings for other chapters such as podiatry services and chiropractic services etc.
- Deputy Director Heather noted the chapter 2 referenced earlier is for the Managed Care regulation 482 and overall MLTC is also revising the 471 regulations: chapter 20 is the chapter for the adult mental health services; chapter 32 is the chapter for the children mental health services and chapter 35 is for the rehabilitation psychiatric services.

<p>Sub-Committees - Three Established:</p> <ul style="list-style-type: none"> ▪ Deputy Director Heather provided a brief introduction on how the subcommittees were established from the results of the survey monkey and many of the committee members voiced a willingness to attend these subcommittees. There were 5 subcommittee at first, however it was decided to start with the 3 that most aligned with Implementation and Heritage Health: <ul style="list-style-type: none"> ○ Service definitions, medical necessity and prior authorization ○ Provider credentialing, provider relations ○ Encounters and claims ▪ These subcommittee are primarily to focus on behavioral health and integration of behavioral health services. If there are questions that does not involve behavioral health that requires and answer, the resources on the DHHS website/Heritage Health web page can be used to get the answers needed. ▪ Deputy Director Heather asked for the committee members to attend even though they may be sending other members in their organization and committee members should let MLTC know who from their organization is going to attend, if they cannot attend. The Heritage Health MCOs are going to responsible for setting up the subcommittee meetings. ▪ Adam Proctor from United Community Care Plan (UCCP) gave an update on the subcommittee he is facilitating, which is the Service definitions, Medical necessity and prior authorizations. Adam stated the first meeting was held on August 11, 2016 and the subcommittee focused on behavioral health objectives and scope of services. Angela provided an overview of where they are with the service definitions and all the Heritage Health MCOs are reviewing the definitions and coming up with questions and comments. In this subcommittee the group is problem solving with all the MCOs and providing the MCOs contact information to the providers if there are additional questions. This group discussed streamlining the request for authorizations and making the medical necessity guidelines publicly. Had conversations on provider materials and education. Some of the MCOs presented other authorization forms used in other States to see if any of the information could be applied and accommodate the needs of Nebraska Medicaid. <p>Question: Magellan is currently doing all the authorizations for behavioral health services, can there be a common authorization form used by all three of the Heritage Health MCOs? How would the new MCOs know what was authorized?</p> <p>Answer: Deputy Director Heather responded that the State is currently looking at different authorization forms from other States and looking at have a common form for all the MCOs to use. Director Lynch added this subject is being examined broadly to ensure all the authorizations with Magellan, fee for service and the current MCOs are going to be submitted to the enrollment broker and then disseminated to the Heritage Health MCOs based on their membership. The Heritage Health MCOs will use the information from the files and there will be a period of time that the prior authorizations will be honored until the authorization dates expire or if the MCOs completes a medical review and determines another level of care or service is need for the member.</p> <ul style="list-style-type: none"> ▪ Director Lynch gave an example of if one month authorization for service was obtained by the provider in Mid-December and in January the renewal for the authorization is due for services the Heritage Health MCOs will review the authorization and determine if the services request will be approved. Director Lynch estimated the continuity of care period will be between 60-90 days for 	<p>A representative from each Health Plan</p>
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authorizations depending on the service. State is working on the technical details on how this is going to be operationalized and that is going to be clarified in the contract as to what the State's expectations are for this process.

- Deputy Director Heather mentioned there is also a workgroup for continuity of care and transition of care. If the member has an active service authorization for services during implementation or even after, the State is working on the process in this workgroup and providers can be assured the continuity of care process will minimize any disruption of services for the members.
- Director Lynch stated the State's expectation is for the current MCOs to continue to authorize services until the end of December and the only difference is the State is going to request that the current MCOs discontinue enrolling the members into Care management sometime in December so the State can have a lock in file on who is in care management to provide to the Heritage Health MCO, so they can continue the care management for the identified members on the file.

Question/comment: Part of the issue with these transitions is that a lot of information comes out and the consumers hear that read that and it causes anxieties and a good communications plan that helps deviate the fears and the use of a multitude of communication avenues and it has to be at the member's level of understanding, it has to be put in plain language so the members are aware of what is going on. That will help elevate the fears/concerns. It can also happen with providers and the consumers are unable to get the information and he does not have a solution, however taking these steps will help lessen the impact.

Answer: The State is working on a communication work track and will be incorporating various different avenues and types of media to reach out to the members in the appropriate level of language to inform members of continuity of care. Multiple media communications are being considered by the State. The State do have a frequently asked questions area located on the DHHS website and a flyer or letter can be created with the same information one for the providers and one for the members.

- Julie Rothacker from Nebraska Total Care (NTC) reported she is facilitating the subcommittee for the encounters and claims submissions. The subcommittee met and reviewed issues with payments and encounters and ways to problems solve. There were discussions on how the process is working today and what can be changed to make improvements. The subcommittee was asked to discuss ways to develop consistency and provide individual attention to providers. All the Heritage Health MCOs are planning to have a process in place to provide assistance to providers when needed. Julie encouraged the committee members to have the people from their organizations attend that actually do the billing and systematic processes. Another meeting is going to be scheduled for the week of August 22 and the topics for discussion are timely filing, clearing houses and multiple billing.
- Carol Matyas from Wellcare reported she is facilitating the subcommittee on Credentialing and Provider relations. Carol stated this subcommittee has not met yet and the meeting is scheduled for Monday, August 15, 2016. The topics that are going to be discussed are credentialing process, par and non-par providers, key contacts with the Heritage Health MCO for credentialing and provider relations. Other topics are provider training and network collaboration with other State entities such as Children and Family Services, Probation, Schools and Juvenile Justice Services.

<p>Sub-Committees – Identified:</p> <ul style="list-style-type: none"> ▪ Lisa Neeman indicated there is going to be separate work tracks for other subcommittees such as: the consumer and family involvement; Implementation and Appeals and grievances. A consideration was to combine the subcommittee Adam is doing with service authorizations but it was decided to have a separate track for this topic. 	<p>Lisa Neeman</p>
<p>Plan Updates – Contract mailing status; Behavioral Health network status; Regional outreach and coordination:</p> <ul style="list-style-type: none"> ▪ Nebraska Total Care: Yvette said a mass mailing with sent out to all the providers and NTC has been calling providers to see if the applications were received. NTC has received calls from providers that did not receive an application packet from the mass mailing and have been sending out the packets immediately upon request. NTC has hired several of the provider representative positions and they have been contacting providers to follow up on the applications for reasons such as if there is missing documents or information. The provider representatives are reaching out to providers to answer basic questions or concerns. NTC does not anticipate any barriers on their network development and continues to schedule meetings with providers. <p>Question: Who would a provider contact to obtain an enrollment packet from NTC? Answer: Providers can contact – Yvette.denton@envolvehealth.com</p> <ul style="list-style-type: none"> ▪ Director Lynch mentioned the contact information for all the Heritage Health MCOs will be sent to all the committee members. ▪ United Community Care Plan: Adam gave an update stating all the enrollment packets were sent out in a mass mailing also and the provider advocates are currently following up with the providers to answer questions or to give feedback on the applications received. UCCP has several provider advocate across the State, one in Lincoln; one in Omaha and one in Grant Nebraska. UCCP is in the process of setting up meeting with all the Regions 1 through 6 offices to discuss behavioral health services. ▪ WellCare: Carol stated the contracts were sent out and WellCare does have outreach workers in the field meeting with providers. WellCare does not anticipate any issues with credentialing and contracting with providers in Nebraska. WellCare is matching all the Medicaid ID for providers with the various locations. ▪ Director Lynch asked if there was any questions or comments from the committee and there was one question. Question: Did the meeting minutes get posted? Answer: Deputy Director Heather stated all meeting minutes are posted on the Heritage Health website. ▪ Courtney Masson demonstrated how to access the Heritage Health page on the DHHS website and where to find all the meetings and meeting minutes. Courtney also showed where to find the questions and answers for the providers and members also. ▪ Director Lynch also pointed out on the Heritage Health web page where to find the webinars and the other resources on this page for the committee members and providers. 	<p>A representative from Each Health Plan</p>

Action item assignments / Closing remarks: Director Lynch stated the calendar will be updated and the workgroups are going to be scheduled and the committee members are going to be notified of the dates.	Calder Lynch
Public Comment Period: Director Lynch opened the meeting for Public comment and Keri Moral commented she works with members that are mentally ill and SPMI individuals and she has observed the decrease in the prior authorization for the behavioral health services. Keri would like to attend these meeting to advocate for the members and assist in problem solving some of the issues she is currently seeing. Keri said the Peer reviews and medical necessity has not been consistent and it causes her to have to first bill to the Managed Care organizations, get a denial then go to the Region and request assistance, which is an administrative burden to several of the providers. Keri requested to be invited to the Simplification meeting. Director Lynch asked Keri to provider her contact information to Courtney Mason and Keri can be added to receive the invitations for those meetings.	Calder Lynch
Adjourn: 3:30 p.m.	Calder Lynch

Next Meeting:

Meeting Date / Time	Tuesday, September 6, 2016; 12:30 pm – 2:00 pm
Meeting Location	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room A Lincoln, NE 68509
Tentative Agenda Topics	TBD