

**Nebraska Quality Improvement Committee**  
**April 13, 2015 1:00 - 2:30 PM**

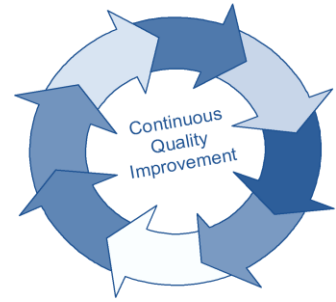
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Reporting month: January and February, 2015

**Members Present:**

**Magellan Behavioral Health of Nebraska**

- Lisa Christensen, Assistant VP of Quality
- Teresa Danforth, Field Network Director
- Lori Hack, Compliance Officer
- Andrew Shapiro, Chief Operation Officer
- Tamara Gavin, Director of Clinical Services
- Dr. Janine Fromm, Medical Director
- Adam Proctor, Systems Transformation Director



**Magellan Subject Matter Experts:**

- Tracy Nelson, Quality Improvement Specialist
- Karlee Hauptman, Quality Improvement Specialist
- Julie Parker, Quality Outcomes Manager
- Lisa Casullo, Director of Consumer Recovery
- Bryon Belding, Field Network Coordinator
- Chris Cole, Provider Relations Liason

**Provider Members:**

- Jodi Henning, Bryan Health
- Jean Hartwell, Catholic Charities
- Christine McCollister, Centerpointe
- Kim Kern, Mary Lanning
- Phil Tegler, Cornhusker Place

**1.0 Old Business**

**1.1 Past Minutes** – Minutes are located at [www.magellanofnebraska.com](http://www.magellanofnebraska.com)

**Monthly:**

- a. **Quality Improvement Committee (QIC)**
- b. **Utilization Management Committee**
- c. **Collaborating for Kids Committee**
- d. **Provider Advisory Committee (PAC)**
- e. **Corporate Compliance Committee**
- f. **Member Services Committee**
- g. **Regional Network Credentialing Committee (RNCC)**

\*Confidential RNCC Minutes are stored electronically in Network Department.

**1.2 Past Action Items**

**a. Action Item completed:**

- 1. Assistant VP of Quality presented the Clinical Review Activity Summary and discussed with QIC Committee members.
- 2. The QIC Committee reviewed the dates that the Clinical Practice Guidelines were reviewed in 2014.

3. A Provider Focus has been developed for the first quarter of 2015 reminding Magellan providers of correct billing procedures. This will be implemented to reduce the number of member complaints involving incorrect billing by providers.

## **2.0 Committee & Work Group Reports**

### **Quality Performance Report**

- a. The Quality Performance Report was reviewed and approved to present to the Governance Board. Whole Health Rx is a new item that has been added to the Quality Performance Report.
- b. The Director of Systems Transformation presented the Nebraska Value Added Services that has been added an appendix to the Quality Performance Report.

## **2.1 Consumer & Family Led Evaluation Team**

### **a. Review RFP**

The Director of Consumer Recovery Services presented an update for the Mental Health Association of Nebraska. The first round of surveys has been delivered in eight different cities. Focus groups began at the end of March 2015 and will continue through June 2015.

### **b. Monitor RFP Implementation**

### **c. Satisfaction Survey Results**

### **d. CFLT Review and Update**

## **2.2 Collaborating for Kids Committee**

### **a. Committee Report**

In January, the committee reviewed member education on Magellan services. Questions about best practices and evidence based practice for youth/families was discussed extensively with commentary about how difficult it is for families and members to know what type of services they should get and from what type of professional. The committee recommended that the Clinical Advisory Committee address this topic for potential solutions.

## **2.3 Advocating for Adults**

### **a. Committee Report**

In January, the committee focused on acquiring information about integrated health from the medical director and discussing how to assist members in advocating for a whole health perspective for their care. The committee also reviewed member satisfaction surveys and the members had no significant concerns about the instrument or process

In February, the committee discussed the Consumer and Family Led Evaluation Teams and the Cultural Competency plan at length. A

significant amount of feedback was given with suggestions for both projects. The feedback will be used to made edits to both projects.

**2.4 Provider Advisory Committee**

**a. Committee Report**

In April, the committee reviewed the results of the 2014 Provider Satisfaction Survey. Feedback was requested from the committee members and discussion centered on consistency of clinical decisions and the explanation of non-auth clinical rationale. Additional training for Care Managers to increase consistency was recommended.

The Director of Systems Transformation presented the “Provider and Stakeholder Feedback Form”. PAC member were encouraged to make other providers in their geographical areas aware of the form and submit feedback to Magellan.

The committee also discussed recent NCCI edits which prevents reimbursement for individual and family sessions for the same member on the same day by the same provider. Per Teresa Danforth, since the changes were dictated by CMS, Magellan is obligated to follow them and Magellan has created a FAQ document to be distributed to providers regarding these changes.

**b. Provider Satisfaction Survey Report (Quarterly)**

**c. Provider Satisfaction Survey Report (Annual)**

**d. Facility Satisfaction Survey Report (Annual)**

**2.5 Regional Network Credentialing Committee**

**a. Committee Report**

The RNCC reports for January 14<sup>th</sup> and 28<sup>th</sup>, February 11<sup>th</sup> and 25<sup>th</sup> were reviewed and discussed with the QIC committee.

**b. Geo Access (Quarterly)**

**c. Corrective Action Plans from RNCC**

**d. Denied & Terminated Providers**

None

**e. Initial Credentialing Denials**

None

**f. New Programs Added to Network**

None

**2.6 Member Services Committee**

**Data Indicator - Telephonic Reporting**

**a. Average Speed of Answer**

The average speed of answer for Customer Service Associates was 14 seconds, and 19 seconds for Care Managers. Results are meeting data indicators.

**b. Abandonment Rate**

The call abandonment rate for Customer Service Associates was 1.9% and .4% for Care Managers. Results are meeting data indicators.

**c. Service Level**

The telephone service level was 98.4% for Customer Service Associates and 94.8% for Care Managers. Results are meeting data indicators.

**d. Qfiniti**

The average Qfiniti score for Customer Service Associates was 98% and 98% for Care Managers. Results are meeting data indicators.

**Data Indicator – Claims Reporting**

**e. Financial Payment Accuracy**

The financial payment accuracy was 99.9%. Results are meeting data indicators.

**f. Procedural Accuracy**

The Procedure Accuracy was 99.84%. Results are meeting data indicators.

**g. Turn Around Time**

The turn around time for 30 days was 99.98%. The turn around time for 45 days was 100%. Results are meeting data indicators.

**2.7 Corporate Compliance Committee**

**a. Committee Report & Disclosure Report**

The Corporate Compliance Committee will have a report for the May 2015 QIC.

**b. Policy Review**

**c. Confidentiality Checks**

**d. Letter/Form Development & Protection**

**2.8 Clinical Advisory Committee**

**a. Committee Report**

The Clinical Advisory Committee January 2015 report was presented. Changes to individual and family therapy billing were discussed. Magellan became aware of an NCCI edit that limits reimbursement for individual and family therapy sessions for the same member, which are rendered on the same date. The committee discussed the impact of this decision on members and providers. Magellan is still looking at the process and

evaluation how to improve provider communication related to NCCI edits and other billing questions.

Supervision for practitioners involved in SUD treatment was also discussed. The committee discussed different points in order to determine if an exception can be made for practitioners who are without access to a supervisor. A committee member will contact the licensing board that oversees LADAC professionals and ask if there is information available related to complaints or other performance concerns.

**b. 30-Day IP Readmission**

The 30-day Readmission Rate for August was 13.50 % and 17.4% for October. Results are meeting targets and no recommendations.

**c. Ambulatory Follow-up**

1. The 7 day ambulatory follow- up for August was 52% and 58.4% for October. Results are meeting targets and no recommendations.

2. The 30 day ambulatory follow-up for August was 77% and 83.8%for October.. Results are meeting targets and no recommendations.

**d. Concordance Report**

The Concordance Rate for December on a first level of appeal was 87.60% and on the last level of appeal was 54.7%. The Concordance Rate for February on a first level of appeal was 78.7% and on the last level of appeal was 52.4%. The concordance rates are consistent with historic rates.

**e. Inter-rater Reliability Audits**

In December, 17 Care Managers reviewed a PRTF-SA application. Eleven Care Managers said they would send the request to peer review, and 6 said that they would authorize the request. The application was sent to Peer Review and the Physician Advisor did not authorize the request with alternative level of care being Intensive Outpatient Therapy Dual. However, the request was then approved in Peer to Peer by a different physician advisor based on additional clinical information. In February, 17 Care Managers reviewed an IP Acute admission application. Fourteen Care Manager's said they would send the application to peer review. Three Care Manager's said they would authorize for one more day to allow for further assessment. Two physicians responded that they would not authorize and needed additional information.

**f. RCM Participation & Acceptance Rate (Quarterly)**

**g. Case Logix**

For January, there were 351 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 55.2% and 44.8% were sent to the Care Managers for review. Of the cases transferred to Care Managers for review, the top reasons were: 1) Based on

research of this member's case there has been another IP Encounter within the last 30 days (42%), 2) No realistic Suicide Plan (17.8%), and 3) Suicide attempt, means not listed (7 %). These results are consistent with historic rates and are of no concern.

For February, there were 361 IP calls processed through the Request Higher Level of Care algorithm. The amount resolved by the Customer Service Associates was 56.5% and 43.5 % were sent to the Care Managers for review. Of the cases transferred to Care Managers for review, the top reasons were: 1) Based on research of this member's case there has been another IP Encounter within the last 30 days (42%), 2) No realistic Suicide Plan (17.8%), and 3) Admit reason other than defined choices (9.3 %). These results are consistent with historic rates and are of no concern.

**h. PA Monitoring (Quarterly)**

**i. UM/RCM Program Description**

**j. Clinical Practice Guideline Review & Approval**

The dates that the Clinical Practice Guidelines were reviewed in 2014 were reviewed and discussed with the committee. The letter written to the Clinical Practice Guideline Committee containing Clinical Advisory Committee suggestions was also displayed to the committee.

**2.9 Performance Reporting**

**a. Clinical Review Activity Report ( Quarterly)**

The Assistant VP of Quality presented the Clinical Review Activity Summary and discussed with QIC Committee members. This report displayed the total number of reviews for the month of March, as well as the total number of reviews for the fiscal year.

**b. Restraint & Seclusion Report (Quarterly)**

**c. Out of State Client Report**

**d. Residential Wait List**

**e. Annual Training Plan & Accomplishments**

**f. Top Dx by Service Category (Quarterly)**

**g. Claims Processing**

**h. Over & Under Utilization of Services (begin Q4 of 2014)**

**i. System Transformation Projects**

The Director of Systems Transformation reviewed and discussed the "Behavioral Health Tools for Primary Care" form that will be made

available for providers. This form provides information on the PCP Assistance Line, PCP Toolkit, and Provider Search options. The Director of Systems Transformation also presented the Nebraska Value Added Services Appendix that will be added to the Quality Performance Report.

### **3.0 Quality Monitoring and Activities**

#### **a. Critical Incidents**

There were 7 critical incidents reported in January and 4 reported in February. The committee reviewed and discussed the incidents with no action taken.

#### **b. Complaints/CART**

Nine complaints were entered into CART for January and 5 in February. All complaints were resolved within established timeframes.

#### **c. Appeals Timelines**

There was one appeal out of URAC Compliance for the month of January and 4 in February. An action plan has been implemented to improve appeals timelines.

#### **d. Performance Improvement Projects (Quarterly)**

The results of the Re-measurement Patient Safety and Reduce Acute Readmission Rates PIP's were presented and reviewed with the committee.

The Improve Screening and Follow Up for the Adolescent Depression PIP was presented and reviewed with the committee.

#### **e. Annual QI Evaluations/Program Description/Work Plan**

#### **f. Treatment Record Reviews (Quarterly)**

#### **g. Outcomes (Quarterly)**

#### **\*Action Items**

1. Magellan internal strategy team will review the provider satisfaction survey results and develop a plan to improve the issues addressed by Quarter 2 of 2015.
2. Consumer and Family Led Evaluation Team will present an update for RFP Implementation for May QIC.
3. Director of Consumer Recovery will increase the documentation of consumer feedback during Advocacy for Adults Committee for presentation to the QIC Committee.
4. The QIC committee will continuously monitor the language and methods used to communicate information to Magellan members and member advocates. The committee will also promote use of the member

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handbook and Magellan website, as well as where to locate information in each source.

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**Lisa Christensen**  
**Quality Improvement Committee Co-Chair**  
**Assistant Vice President of Quality, Magellan**

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**Date**

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**Janine Fromm, M.D.**  
**Quality Improvement Committee Co-Chair**  
**Chief Medical Officer, Magellan**

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**Date**