

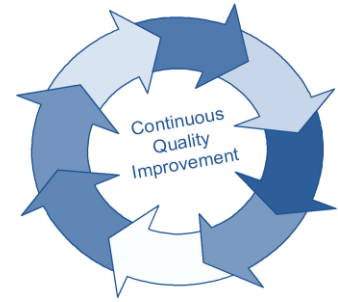
Nebraska Quality Improvement Committee
May 11, 2015 1:00 - 2:30 PM

Reporting month: March, 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

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. The Consumer and Family Led Evaluation Team presented the quarterly update for RFP Implementation. Members of the QIC Committee were able to review and ask questions of the MHA representatives.

2. The Director of Consumer Recovery demonstrated increased feedback from members of the Advocacy for Adults Committee by documentation in the committee report.
3. The Field Network Director discussed an action plan to improve issues identified on the provider satisfaction survey. These items included more training on the appeal process, consistency within care management team, and frequent website maintenance for easier provider access and comprehension.

2.0 Committee & Work Group Reports

Quality Performance Report

- a. The Quality Performance Report was reviewed and approved to present to the Governance Board.

2.1 Consumer & Family Led Evaluation Team

a. Review RFP

The Director of Consumer Recovery Services and representatives of Mental Health Association of Nebraska presented the Quarterly update for RFP implementation. MHA identified issues they have come across, such as a low survey responsive rate and low focus group attendance. The QIC committee reviewed these barriers and discussed alternate means of distributing surveys that would result in a higher response rate.

b. Monitor RFP Implementation

c. Satisfaction Survey Results

d. CFLT Review and Update

2.2 Collaborating for Kids Committee

a. Committee Report

In March, the committee discussed what information is sent to a member when they become a member of Magellan and how education of the member occurs. Members provided feedback which included that the handbook may be intimidating because of the length and reading level. Members also reported that providers are still confused about what services are covered or not and cannot help members understand the process.

2.3 Advocating for Adults

a. Committee Report

The Committee report from February was reviewed as it was revised to include more member feedback. The Consumer and Family Led Evaluation Team and Cultural Competency Plan was discussed at length. Members provide feedback which included suggesting gathering information about sexual status, adding a gender category, and looking at ways to engage GLBTIQ members.

2.4 Provider Advisory Committee

- a. **Committee Report**
- 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 report for March was reviewed and discussed with the QIC committee. An organization and one provider were referred to RNCC due to legal issues and an application for inclusion on the ASA Preferred Provider Panel. The committee voted to approve the organization sites for ongoing network participation, and the provider was approved for participation on the panel.

b. Geo Access (Quarterly)

The Geo Access Report was reviewed and discussed with the QIC committee.

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 Corporate Compliance Committee

a. Committee Report & Disclosure Report

The Corporate Compliance Committee report was presented and reviewed by the QIC committee. There were no unauthorized disclosures of PHI in December, January, or February.

b. Policy Review

The policies reviewed included: edited/customized policies, new/updates policies, policies currently under review, corporate policy notifications, policies with substantive and non-substantive changes, and policies with no changes.

c. Confidentiality Checks

Confidentiality checks continue to be made on a monthly basis.

d. Letter/Form Development & Protection

2.7 Clinical Advisory Committee

a. Committee Report

The committee reviewed the summary of the Magellan Clinical Practice Guidelines. The committee also discussed that the NCCI edit that restricted individual and family therapy on the same day would be reversed on 4/1/2015.

a. 30-Day IP Readmission

The 30-day Readmission Rate for November was 11.7. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up

1. The 7 day ambulatory follow-up for November was 51.9%. Results are meeting targets and no recommendations.

2. The 30 day ambulatory follow-up for November was 73.2%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for March on a first level of appeal was 73.6% and on the last level of appeal was 54.3%. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

A Community Support/Mental Health admission was reviewed by 15 Care Managers. Eleven Care Managers said they would send the request to peer review, and 4 said that they would authorize the request. The request was not authorized in Peer Review with ALOC OP therapy and medication management. The provider did not complete a Peer to Peer discussion or appeal further. Two separate PA's reviewed the request and both did not authorize the request. No recommendations.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

For March, there were 405 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 60.3% and 39.7% 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 (43%), 2) No realistic Suicide Plan (11.7%), and 3) Admit reason other than defined choices (7 %). 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**

2.8 **Performance Reporting**

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

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

The Restraint & Seclusion Report for Quarter 1 of 2015 was presented and discussed with the QIC Committee. A PRTF trending graph was presented displaying the restraints, seclusions, and youth injured from September, 2013 through March, 2015. The graph shows a significant decrease in all three categories. This will continue to be monitored.

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)**

The Magellan Behavior Health of Nebraska, Inc. Service Utilization Report for 2014 was reviewed and discussed by the QIC committee. This report provides a summary of utilization of services, specific to key metrics identified by Magellan of Nebraska's Utilization Management (UM) Committee or as defined by Magellan of Nebraska's contract with the Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care (MLTC).

i. **System Transformation Projects**

The Director of Systems Transformation presented the Secure Residential Rehabilitation RFI. This was reviewed and discussed by the QIC committee. The committee voted and approved the RFI to move forward.

3.0 **Quality Monitoring and Activities**

a. **Critical Incidents**

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

b. **Complaints/CART**

Four complaints were entered into CART for March. All complaints were resolved within established timeframes.

c. Appeals Timelines

There was one appeal out of URAC Compliance for the month of March. An action plan has been implemented to improve appeals timelines.

d. Performance Improvement Projects (Quarterly)

e. Annual QI Evaluations/Program Description/Work Plan

f. Treatment Record Reviews (Quarterly)

g. Outcomes (Quarterly)

***Action Items**

None at this time

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

Date

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

Date