

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

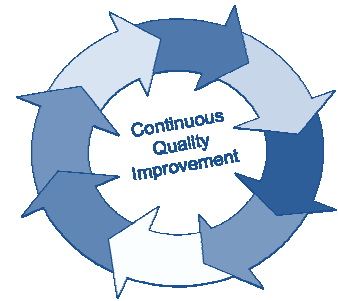
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Reporting month: April & May, 2015

**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. **Regional Network Credentialing Committee (RNCC)**

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

**1.2 Past Action Items**

**a. Action Item completed:**

There were no past action items at this time.

**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 Service presented an update to the QIC Committee. The second round of focus groups has been completed by MHA and the attendance and feedback has increased since the first round. Over 200 people have participated in focus groups and over 350 survey responses have been received. The QIC committee gave feedback to the Director of Consumer Recovery Service to be presented to MHA. The committee requests that increased information is presented regarding the populations being surveyed and participating in the focus groups. MHA will present a quarterly update during the next QIC in August.

**b. Monitor RFP Implementation**

**c. Satisfaction Survey Results**

**d. CFLT Review and Update**

**2.2 Collaborating for Kids Committee**

**a. Committee Report**

The Collaborating for Kids Committee met in April and discussed the challenge of understanding the role of Magellan and the process for determining what types of services are authorized or not. The committee reviewed the current information available to members about Magellan services and processes. Action items included to review what trainings are available through Magellan, review language requirements with communications department, and research the possibility of developing more comprehensive forms for members.

**2.3 Advocating for Adults**

**a. Committee Report**

The Advocating for Adults Committee met in April and also discussed the challenge of understanding the role of Magellan and the process for determining what types of services are authorized or denied. A Magellan clinical supervisor presented on the authorization process and a Magellan appeals coordinator presented the appeals process and importance of appealing decisions. These representatives answered questions and provided handouts to committee members. A committee member also introduced the topic of members leaving correctional settings and struggling to obtain psychiatric care for medication management.

**2.4 Provider Advisory Committee**

**a. Committee Report**

The Provider Advisory Committee met in April and discussed Magellan/Breakthrough telehealth projects and any barriers that members have reported and how to mitigate those barriers. The

committee also discussed the consistency of clinical decision making during the authorization process as it was a significant item on the Provider Satisfaction Survey.

- 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 April and May were reviewed and discussed by the QIC Committee. In May, three providers were terminated from Magellan Network. The first provider was referred due to licensure probation. The committee reviewed legal documentation and current status of licensure. The provider has been placed on probation until 2018. The second provider was referred following an SIU investigation and recovery request. A QI representative presented the audit results showing that the provider failed to maintain clinical records and did not make improvements following the last review. The third provider was referred due to a Petition for Disciplinary Action and an Order for Temporary License Suspension. Based on the license suspension and severity of allegations, the committee voted to terminate.

- b. Geo Access (Quarterly)**
- c. Corrective Action Plans from RNCC**  
None
- 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**

**b. Policy Review**

**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**

**a. 30-Day IP Readmission**

The 30-day Readmission Rate for December was 16.2%. The 30-day Readmission Rate for January 11.6%. Results are meeting targets and no recommendations.

**c. Ambulatory Follow-up**

1. The 7 day ambulatory follow-up for December was 48.4%. The 7 day ambulatory follow-up for January was 52.8%. Results are meeting targets and no recommendations.

2. The 30 day ambulatory follow-up for December was 75.5%. The 30 day ambulatory follow-up for January was 79.0%. Results are meeting targets and no recommendations.

**d. Concordance Report**

The Concordance Rate for April on a first level of appeal was 77.8% and on the last level of appeal was 60.7%. The Concordance Rate for May on a first level of appeal was 75.4% and on the last level of appeal was 60.7%. The concordance rates are consistent with historic rates.

**e. Inter-rater Reliability Audits**

An Inter-rater Reliability Audit was conducted in April. Admission to adolescent PHP was reviewed by 16 Care Managers. Results were reviewed the Care Managers and Physician Advisors. There are no recommendations at this time.

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

**g. Case Logix**

In April, there were 435 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 63% and 37% 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 (40.1%), 2) No realistic Suicide Plan (19.8%), and 3) Admit reason other than defined choices (4.9%). These results are consistent with historic rates and are of no concern.

In May, there were 370 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 60% and 40% 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 (49.5%), 2) No realistic Suicide Plan (10.1%), and

3) Admit prior to previous day (9.5%). These results are consistent with historic rates and are of no concern.

**h. PA Monitoring (Quarterly)**

**i. UM/RCM Program Description**

The 2015 UM and RCM Program Descriptions were presented and reviewed by the QIC Committee. The committee voted to approve these documents.

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

**2.8 Performance Reporting**

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

**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**

**3.0 Quality Monitoring and Activities**

**a. Critical Incidents**

Five critical incidents were reported in April. Two critical incidents were reported in May. The committee reviewed and discussed the incidents with no action taken.

**b. Complaints/CART**

Three complaints were received and resolved in April. Four complaints were received and resolved in May. All complaints were resolved within established timeframes.

**c. Appeals Timelines**

There was one appeal out of URAC Compliance for the month of April and for the month of May. Action plans have 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**

1. MHA and Director of Consumer Recovery Service will provide a Quarterly Update on the RFP during the August QIC.

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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**