

Nebraska Quality Improvement Committee
August 10, 2015 1:00 - 2:30 PM

Reporting month: June 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. **Regional Network Credentialing Committee (RNCC)**

*Confidential RNCC Minutes are stored electronically in Network Department.

1.2 Past Action Items

a. Action Item completed:

MHA and Director of Consumer Recovery presented a draft of the Consumer and Family Led Evaluation. The QIC Committee reviewed and provided feedback to the team. The Consumer and Family Led Evaluation Team will take the feedback provided and develop the final results to be presented at the September QIC.

- 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 Consumer and Family Led Evaluation Team presented a quarterly report and draft report of the RFP results to the QIC Committee. The report summarizes the findings from the survey and the focus groups conducted with Magellan members. There were 358 respondents that completed the survey. There were 24 focus groups held in total in 12 cities in Nebraska.

 - 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 June and reviewed the Consumer and Family Led Evaluation Team process and current results. Questions regarding the process were asked and specific recommendations were made for improvement.

- 2.3 Advocating for Adults**
 - a. **Committee Report**

The Advocating for Adults Committee met in June and reviewed the Consumer and Family Led Evaluation Team process and current results. Recommendations included: decreasing the length of the survey, reducing repetitiveness of questions, increasing focus groups, and decreasing barriers such as lack of internet access.

- 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 reports for June were reviewed. A provider was referred due to a Petition for Disciplinary Action. The committee reviewed the

petition and determined there was no significant change to warrant removing the provider from hold status. A provider was referred due to court results that led to a Censure. The committee voted to let the provider remain in Network as the Censure was not a disciplinary action. Two providers were referred due to requesting to be approved for the ASA Preferred Provider Panel. The committee voted to approve both in participation. A provider was referred due to requesting that a PLMHP/PLADC render services. The committee denied the request as it was determined that the provider had limited experience and there are other providers in the area that could render the service.

b. Geo Access (Quarterly)

c. Corrective Action Plans from RNCC

None

d. Denied & Terminated Providers

A provider was referred to RNCC following a request to allow a provider in Network despite a probationary license. The committee denied the request due to the licensure probation and failure to report.

e. Initial Credentialing Denials

None

f. New Programs Added to Network

None

2.6 Corporate Compliance Committee

a. Committee Report & Disclosure Report

The Nebraska CMC had one unauthorized disclosure in March, none in April, and one in May.

b. Policy Review

The Compliance Committee conducted a review of local/customized and corporate policies adopted this quarter.

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 February was 15.3%. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up

1. The 7 day ambulatory follow-up for February was 58.7%. Results are meeting targets and no recommendations.
2. The 30 day ambulatory follow-up for February was 79.9%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for June on a first level of appeal was 76% and on the last level of appeal was 53.7%. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

An Inter-rater Reliability Audit was conducted in May and June. Admission to PRTF Dual was reviewed by 14 Care Managers, and admission to THGH was reviewed by 13 Care Managers. Results were reviewed the Care Managers and Physician Advisors. Care Manager supervisors will look at trended data over time to examine staff who are outliers compared to the whole team. Specific coaching and training will be provided if necessary.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

In June, there were 300 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 53% and 47% were sent to the Care Managers for review. Of the cases transferred to Care Managers for review, the top reasons were: 1) No realistic Suicide Plan (32%), 2) No realistic Suicide Plan (16.4%), and 3) Admit reason other than defined choices (10.5%). 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 2 of 2015 was reviewed and discussed by the committee. No action taken at this time.

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

Three critical incidents were reported in June. The committee reviewed and discussed the incidents with no action taken.

b. Complaints/CART

One complaint was received and resolved in June. All complaints were resolved within established timeframes.

c. Appeals Timelines

There were no appeals out of URAC Compliance for the month of June. Timeliness will continue to be monitored on a monthly basis.

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 will present the final Consumer and Family Led Evaluation Team report to QIC.

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