

Nebraska Quality Improvement Committee
September 14, 2015 1:00 - 2:30 PM

Reporting month: July 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 presented the Consumer and Family Led Evaluation Final Report. The QIC Committee reviewed and provided feedback to the team. MHA made several recommendations for Magellan to consider based off the results. These questions have been dispersed to the appropriate Magellan departments to develop initiatives to address the recommendations.

- 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 the final report to the QIC Committee. Their presentation provided an overview of their survey and focus group method, results in survey areas, recommendations, and next steps.

 - 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 report for July will be presented during the October QIC meeting.

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

The Advocating for Adults Committee report for July will be presented during the October QIC meeting.

- 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**

 - b. Geo Access (Quarterly)**

 - c. Corrective Action Plans from RNCC**

 - d. Denied & Terminated Providers**
 - e.** The RNCC report for July was reviewed and discussed. A provider was referred to RNCC due to a payment suspension through Medicaid. Magellan Compliance Officer provided information regarding the

provider's fraudulent allegations. The provider is currently unable to see members and the RNCC voted to deny the re-credentialing application. Another provider was referred to RNCC due to SIU concerns. The Magellan Compliance Officer provided information regarding the provider's questionable billing processes, etc. The RNCC voted to terminate the provider with a 45 day member transition period based on the discoveries and prior history.

f. Initial Credentialing Denials

A provider was referred to RNCC due to prior quality concerns. Associate VP of Quality provided RNCC with information regarding the provider's historical complications with overall quality and compliance. The RNCC voted to deny the initial credentialing for Network participation due to these findings.

g. New Programs Added to Network

None

2.6 Corporate Compliance Committee

a. Committee Report & Disclosure Report

b. Policy Review

c. Confidentiality Checks

d. Letter/Form Development & Protection

2.7 Clinical Advisory Committee

a. Committee Report

a. 30-Day IP Readmission

The 30-day Readmission Rate for March was 12.6%. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up

1. The 7 day ambulatory follow-up for March was 62%. Results are meeting targets and no recommendations.

2. The 30 day ambulatory follow-up for March was 81.3%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for July on a first level of appeal was 78.9% and on the last level of appeal was 56%. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

The Corporate BH-IRR rolled out in July 2015 and all clinical staff were to complete by 7/23/15. A retest opportunity was given for those who

did not receive a score of 90% or higher. All clinical staff have successfully completed the IRR, except for one Care Manager who is on leave.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

In July, there were 331 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 61% and 39% were sent to the Care Managers for review. Of the cases transferred to Care Managers for review, the top reasons were: 1) Recent IP Admission (47.3%), 2) No Realistic Suicide Plan (10.1%), and 3) Suicide Attempt, No Medical Attention Required (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)

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

j. Trilogy Documents

The Magellan Quality Outcomes Manager presented the Trilogy Documents to the QIC Committee for discussion and feedback. Internal and External members provided discussion and offered feedback for improvement. The QIC Committee voted to approve the documents and forward them along in the approval process.

3.0 Quality Monitoring and Activities

a. Critical Incidents

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

b. Complaints/CART

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

c. Appeals Timelines

There were no appeals out of URAC Compliance for the month of July. 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. The QIC Committee will provide feedback to MHA for future use of focus groups and survey questions. Magellan department heads will provide feedback regarding their initiatives for addressing the Family Led Evaluation Final Report Recommendations.

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