

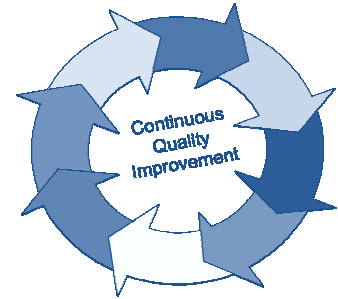
Nebraska Quality Improvement Committee
October 12, 2015 1:00 - 2:30 PM

Reporting month: August 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:**
N/A

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

Magellan Systems Transformation Director presented an update regarding feedback for the recommendations presented to QIC from the CFLET. The main focus was for Recommendation 6, which describes a lack of mental health providers accepting Medicaid in rural and frontier counties. Suggestions for addresses this recommendation were discussed in QIC.

Director of Consumer Recovery shared with QIC that MHA met with the CFLET RFP contractor and discussed how to change the tool for next year.

b. Monitor RFP Implementation

c. Satisfaction Survey Results

d. CFLT Review and Update

2.2 Collaborating for Kids Committee

a. Committee Report

The Director of Consumer Recovery presented the committee reports for July and August. Topics for discussion included Committee Member Orientation and Frequently Asked Questions document for members/new information packet for members.

2.3 Advocating for Adults

a. Committee Report

The Director of Consumer Recovery presented the committee reports for July and August. Topics for discussion were overlapping with Collaborating for Kids Committee to increase knowledge and understanding of the Committee Member Orientation and Frequently Asked Questions for members. The Director of Consumer Recovery introduced to QIC that the Magellan Communications Department is working on information material for members, such as wallet-sized cards with Magellan information on them.

2.4 Provider Advisory Committee

a. Committee Report

The Committee reviewed topics such as (1) the possible integrated physical/behavioral health with the upcoming RFP, (2) Consumer and Family Led Evaluations- high level overview of preliminary results and request for feedback from PAC, (3) Autism spectrum disorders now being covered by Nebraska Medicaid and Magellan, and (4) Discussion of the effectiveness of the PAC Committee and suggestions on how to improve it.

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 reviewed six providers.

(1) A facility was referred due to self disclosure of multiple civil lawsuits and settlements. The majority of the civil cases were not behavioral health related. The Committee voted to approve the facility for re-credentialing.

(2) A provider was referred following the discovery of a Dismissed Amended Petition. The Committee followed the court's ruling and voted to lift the provider's hold status and allow full network participation.

(3) A Provider was referred due to quality concerns following a record review. The Committee reviewed the case with Magellan Medical Director and recommended that the QI Department place the provider on a Corrective Action Plan and report to RNCC if any other discoveries of unprofessional behavior occur.

(4) A Provider was referred following an application for inclusion on the ASA Preferred Provider Panel. A Magellan Clinical Reviewer reported to the Committee that the minimal requirements were met by the provider and the Committee voted to approve participation.

(5) A Provider was referred due to a criminal history that resulted in a probationary license from 2013-2014. The Committee reviewed legal documentation and voted to approve the provider for network inclusion due to no current restrictions.

(6) A Provider was referred following the discovery of a Censure and an Agreed Settlement for allowing and aiding an unlicensed practice. The Committee reviewed the provider's history and found that there are no disciplinary actions on their license. The Committee voted to approve provider for re-credentialing.

b. Geo Access (Quarterly)

c. Corrective Action Plans from RNCC

d. Denied & Terminated Providers

e. Initial Credentialing Denials

f. New Programs Added to Network

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 April was 14.5%. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up

1. The 7 day ambulatory follow-up for April was 55.1%. Results are meeting targets and no recommendations.
2. The 30 day ambulatory follow-up for April was 78.3%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for August on a first level of appeal was 88.9% and on the last level of appeal was 54.7%. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

In August, an application for PRTF-MH was reviewed by all 14 Care Managers. All CM's determined they would go to Peer Review. The application was not approved in Peer to Peer and suggestions for alternate level of care were outpatient therapy, medication management, and Recovery Care Management support.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

In August, there were 339 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 (39.4%), 2) No Realistic Suicide Plan (20.5 %), and 3) Admitted Prior to Previous Day (9.8%). 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**
See description under Consumer and Family Led Evaluation Team.
 - j. Trilogy Documents**
The Magellan Quality Outcomes Manager presented the Trilogy Documents to the September QIC Committee for discussion and feedback. The Trilogy Documents are currently in the internal review process.

- 3.0 Quality Monitoring and Activities**
 - a. Critical Incidents**
No critical incidents were reported in August. No further action taken.
 - b. Complaints/CART**
Four complaints was received and resolved in August. All complaints were resolved within established timeframes.
 - c. Appeals Timelines**
There were three appeals out of URAC Compliance for the month of August. Increased monitoring and communication between departments will be implemented in efforts to decrease the amount of appeals of out URAC compliance.
 - d. Performance Improvement Projects (Quarterly)**
 - e. Annual QI Evaluations/Program Description/Work Plan**
 - f. Treatment Record Reviews (Quarterly)**
 - g. Outcomes (Quarterly)**

***Action Items**

1. Dates for 2016 QIC meetings will be added to the November QIC Agenda.

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