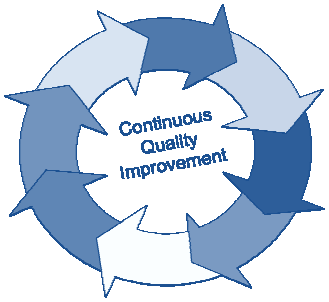
Nebraska Quality Improvement Committee
November 9, 2015 1:00 - 2:30 PM

Reporting month: September 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:
QIC monitored Appeals Timeliness and observed that since the last QIC meeting there has been a decrease in Appeals out of URAC guidelines.

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

b.

c. Monitor RFP Implementation

d. Satisfaction Survey Results

e. CFLT Review and Update

2.2 Collaborating for Kids Committee

a. Committee Report

The Committee discussed the new information packet for members and the satisfaction survey results. Feedback regarding the new information packet included that most liked the shorter format but suggested to add more detail about the Nebraska call center. Feedback regarding the satisfaction survey included increasing education about community resources and community connection.

2.3 Advocating for Adults

a. Committee Report

The Committee discussed the new information packet for members and the satisfaction survey results. Feedback regarding the new information packet included that is provided better clarity about what Magellan does and offered suggestions to increase language. Feedback regarding satisfaction survey results included to add language clearly stating that sharing your opinion will not impact a member's benefits.

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 reviewed two providers.

1. A facility was referred to RNCC due to legal issues related to a pending felony theft charge for one of their employees. RNCC reviewed the provider information and the provider has neither current licensure restrictions nor claims for Magellan Managed Care members.

2. A provider was referred to RNCC following the submission of an Exception Request to become credentialed as a provisionally licensed group member within a County where that is not allowed. RNCC reviewed the Exception letter and voted to approve the request because the provider has specialized education and serves an underserved population.

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
The Nebraska CMC had one unauthorized disclosure in June, none in July, and none in August.

b. Policy Review
An overview of edited/customized, updated, under review, and corporate policies was reviewed by the QIC committee.

c. Confidentiality Checks
Desktop audits are conducted on a monthly basis. A training reminder on desktop audits was shared during an all staff meeting.

d. Letter/Form Development & Protection
The Committee updated the SIU findings letter and CCD overpayment letters.

2.7 Clinical Advisory Committee

a. Committee Report
The Committee discussed the expansion of Autism coverage through Medicaid. Medicaid is exploring options for coverage of children with Autism and other developmental and behavioral diagnoses.
The Clinical Practice Guidelines were reviewed and no new feedback was given or changes made.

a. 30-Day IP Readmission
The 30-day Readmission Rate for May was 14.5%. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up
1. The 7 day ambulatory follow-up for May was 54.2%. Results are meeting targets and no recommendations.
2. The 30 day ambulatory follow-up for May was 80.5%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for September on a first level of appeal was 77.8% and on the last level of appeal was 63.5%. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

In September, an application for PRTF-SUD was reviewed by all 16 Care Managers. Eleven CM's said they would authorize and 5 stated they would go to Peer review. The application was not approved in the Peer Review level but was authorized at the Peer to Peer level.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

In August, there were 376 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 62.5% and 37.5% 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 (32.6%), 2) No Realistic Suicide Plan (17 %), and 3) Suicide Attempt without need for medical intervention (13.5%). 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)

The Clinical Review Activity Report was presented and reviewed by the QIC Committee. There were no areas of concern and no action taken.

b. Restraint & Seclusion Report (Quarterly)

The Restraint and Seclusion Report for Quarter 3 of 2015 was reviewed by the QIC Committee. Observations were made and the Committee will monitor the trends in order to identify problem areas and reach out to providers when needed.

c. Out of State Client Report

The Out of State Client Report was presented and reviewed by the QIC Committee. There is only one member receiving treatment at an out of state facility at this time. There were no areas of concern and no action taken.

d. Residential Wait List

The Residential Wait List was presented and reviewed by the QIC Committee. It was observed that the number of members waiting for placement is very low and meeting expectations. There were no areas of concern and no action taken.

e. **Annual Training Plan & Accomplishments**

f. **Top Dx by Service Category (Quarterly)**
This report was presented and reviewed by the QIC Committee. There were no areas of concern and no action taken.

g. **Claims Processing**
The Claims Processing report was presented and reviewed by the QIC Committee. There were no areas of concern and no action taken.

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 Trilogy Documents are currently in the internal review process.

3.0 Quality Monitoring and Activities

a. **Critical Incidents**
There were 3 critical incidents reported in September. No further action taken.

b. **Complaints/CART**
Two complaints were received and resolved in September. All complaints were resolved within established timeframes.

c. **Appeals Timelines**
There were two appeals out of URAC Compliance for the month of September. This will be continuously monitored by the QIC Committee.

d. **Performance Improvement Projects (Quarterly)**

e. **Annual QI Evaluations/Program Description/Work Plan**

f. **Treatment Record Reviews (Quarterly)**

g. **Outcomes (Quarterly)**

*__Action Items__
N/A

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

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