

Magellan Behavioral Health of Nebraska, Inc.
Compliance Committee Minutes

March 4, 2016, 11:00 am – 12:00 pm (CST)
Magellan Goldenrod Conference Room

Committee Members
<input checked="" type="checkbox"/> Lori Hack, Compliance Officer
<input checked="" type="checkbox"/> Lisa Christensen, Director of Quality Management
<input checked="" type="checkbox"/> Patty Hoofnagle, Senior Director of Investigations
<input type="checkbox"/> John Wendling, Chief Executive Officer
<input type="checkbox"/> Janine Fromm, Medical Director
<input checked="" type="checkbox"/> Andrew Shapiro, Chief Operating Officer
<input checked="" type="checkbox"/> Teresa Danforth, Network Services Director
<input checked="" type="checkbox"/> Chris Rowland, Chief Financial Officer
<input checked="" type="checkbox"/> Jodi Ryba, SIU Analyst
<input checked="" type="checkbox"/> Patti Ryan, Information Technology Director
<input type="checkbox"/> Shameeka Jones, Manager, SIU Investigations
<input checked="" type="checkbox"/> Adam Proctor, Director Clinical Services
<input checked="" type="checkbox"/> Vanessa Emlich, SIU Investigator
<input checked="" type="checkbox"/> Nikki Thomas, Compliance Analyst

Section I. Policy and Procedure Review

A. New and Updated Customized Policies:

Customized Policies adopted since last meeting:

There were no significant changes to any of the adopted policies.

- Medicaid: Verification of Services Provided to Members - 12/22/15
- Medicaid: Action Appeal - 1/6/16
- Medicaid: Service Authorization Determination - 1/6/16
- Medicaid: Advance Directives - 2/12/16
- Transition of Care: Discharge Planning Assistance for Behavioral Health Post Hospitalization Aftercare Services - 1/15/16

This is a title change only to the Follow up After Hospitalization policy.

B. New and Updated Local Policies or Procedures

Local Policies adopted since last meeting:

- Evaluation of Behavioral Healthcare Service Utilization - 1/15/16
The Utilization Committee reviewed the Service Utilization policy and made determinations about areas of focus for review. Details of the activities will continue to be reviewed in the UM committee.

C. Policies Currently Under Review

Lori will review policies with department directors as scheduled. She does not anticipate any difficulties with meeting the schedule requirements for review.

Corporate policy updates this quarter being reviewed to be customized:

- Benefit Certification and Appeal General Guidelines - March
- Termination of Providers from the Network - April
- Medicaid: Compliance Program - May
- Access to a Second Medical Opinion - May
- Local Compliance Committee Description & Organization Chart - May
- Policy Development, Review & Dissemination Procedure - May

Local policy updates being reviewed this quarter:

- Selection and Retention of Providers - March
- Access to a Second Medical Opinion - May
- Local Compliance Committee Description & Organization Chart - May
- Policy Development, Review & Dissemination Procedure - May
- Regulatory Compliance with Contract Requirements - May
- Reporting of Suspected Fraud, Waste, and Abuse - May
- Medicaid: Third Party Liability - June

D. Corporate Policy Notifications:

All policies have been reviewed by Lori and the local subject matter expert.

New:

- Public Sector External Website Content Review and Monitoring Process Policy
This policy continues in to be in development. The workgroup is reviewing a final draft.

- Mobile Communication Devices and Accessories
This policy only applies to corporate owned phones, so is relevant to few individuals in Nebraska.
- Leave of Absence
- Network Provider Data Maintenance and Data Integrity

Substantive Changes:

- Remote Network Access
- Corporate Compliance Committee
The corporate committee is now only required to meet quarterly.
- Credentialing Program Description
The policy added specific medical practitioners that are not included in the Nebraska Medicaid network.
- Network Practitioner Credentialing and Recredentialing
- Vendor Sourcing and Contracting
- Disclosure
The policy is related to stock trading and investor communications.

Non-substantive Changes:

- Treatment Record Reviews
- Process Servers and Debt Collection for Non-Business Purposes
- Workplace Violence and Prevention
- Adverse Incident Reviews
- Review of Emergency Services for Payment

No Changes:

- Credentialing of Magellan Physician Advisors and Peer Clinical Reviewers
- TOC Support for Members When their Practitioner's Network Participation End
- Care Coordination When Member Benefits are Exhausted
- Continuity and Integration of Behavioral Healthcare with General Medical Care
- Preventive Behavioral Healthcare
- Transition of Care Support for Members who are New to Magellan
- Employee Discipline for Compliance Related Matters

Section II. Regulation/Legislative and Training

A. Legislative and Regulatory Updates

The Nebraska Legislative session began January 6, 2016 and concludes April 20, 2016. There is little pending regulation related to Magellan in this session, but Magellan continues to be available for discussion and answer any questions. The LB1011 committee hearing was held on 2/25/16 with no further action since that time. The bill would apply to new contacts and therefore not impact the current contract between Medicaid and Magellan.

B. Compliance-Related Staff Trainings

Department directors are now responsible for monitoring compliance with trainings. All staff completed the FIRE training required by February 12, 2016 and there are currently no pending trainings.

Section III. Compliance Reporting and Communication

A. Fraud, Waste and Abuse (FWA) Identification and Investigation Activities

There are currently 37 open cases/incidents, which is a slight increase from 35 last quarter. There have been 68 closed cases since 9/1/2013. There are 14 cases are in review or on hold with MFCU and one new case has resulted in payment suspension. The process for working collaboratively with MFCU has continued to improve.

B. Provider monitoring and appeals

The Dispute and Appeal Review Committee continues to review provider disputes/appeals on claim denials and overpayment refund requests as needed.

A process has been put in place to track State Fair Hearing holds and subsequent overpayment recoveries. There is not a simple process for following these and Nikki has to manually track them to ensure the resolutions of hearing are being put in place. This is a time intensive process, but has increase consistent and timely follow through. State Fair Hearings continue to be resolved in favor of Magellan.

C. HIPAA & Unauthorized Disclosures

The Nebraska CMC had one unauthorized disclosure in December, one in January, and one in February. There has been a slight increase in disclosures and additional training and/or reminders may be necessary for all staff. Lori will be meeting with RCM to answer new questions they have related to HIPAA requirements. This is not related to a concern, and is a proactive request for additional education by the department. Desktop audits are now conducted on a monthly basis and there were no violations in December, January, or February.

D. Letter/Form Development & Protection

The work group for letter and form development met on 2/19/16 for annual review of the standard letters. Due to changes in process, multiple letters have not been used in some time and have now been retired. Those are:

- Discharge Letter

- PRTF Ambulatory Follow-Up Letter

- Inpatient Ambulatory Follow-Up and Readmission

The program proposal letters (approved and not approved) were determined to be redundant and able to be simplified. Teresa currently is in the process of revising these and will provide Lori with the final drafts. The remaining letters were approved with either very minor edits or without changes.

Section IV. Enforcement of Compliance Standards, Policies and Procedures

A. Identified Areas of Non-Compliance

There are no identified areas of non-compliance.

Section V. Auditing and Monitoring

A. Internal Auditing Activities

The final Eligibility to Capitation Reconciliation report for 2015 was received. There were no discrepancies.

The initial annual website auditing process was completed in 2015. Moving forward there are processes in place to ensure compliance with posting requirements and the upcoming policy.

B. External Auditing Activities

The final compliance review documents were received from both IPRO and Medicaid. Findings of IPRO were that Magellan met or substantially met requirements in all areas. No CAPs or significant issues were identified in either audit.

Section VI. Corrective Action Planning (CAP) and Monitoring

A. Creation of new CAPs

None

B. Monitoring of Approved CAPs

None

Section VII. Annual Review of Compliance and FWA Policies

A. Nebraska Anti-Fraud Policies

- Reporting of Suspected Fraud, Waste, and Abuse Policy last updated 5/22/15.

B. Nebraska Compliance Policies

- Medicaid Compliance Program Policy last updated 5/20/15
- Local Compliance Committee Description & Org Chart last updated 5/20/15

C. Nebraska Annual Fraud & Abuse Compliance Plan

Fraud, waste and abuse compliance policies will be reviewed in May and included in annual Fraud and Abuse Compliance Plan due to MLTC by June 30, 2016. This annual plan will be reviewed during the June Compliance Committee meeting.