



MINUTES

Medical Eligibility Quality Improvement Committee (MEQIC)

225 E 16th Ave – 2nd Fl Conference Room

October 29, 2008

10:00am – 12:00pm

The mission of the Department of Health Care Policy and Financing is to improve access to cost-effective, quality health care services for Coloradans.

Attendees:

Julie Clark, Arapahoe County

Glenn Cooper, Adams County

Carol Lovseth, Denver Health

Jill Matthews, Jefferson School Base

Elaine Osbment, Prowers County (Phone in)

Michelle Santuae, ACS (Phone in)

Debbie Fitzsimons, ACS (Phone in)

Jennifer Zuniga, ACS (Phone in)

Arturo Ortiz, ACS (Phone in)

Sue Williamson, HCPF

Heather Hewitt, HCPF

Donna Kellow, HCPF

Sabrena Plese, HCPF

Lisa Pham, HCPF

Rebecca Schreiber, HCPF

Monica Owens, HCPF

Gayle Fowler, HCPF

Absent:

Paula McKey, Boulder County

Carmen Carillo, Denver County

Allan Gersle, Ouray/San Miguel County

Introductions

Everyone in the room introduced themselves and where they were from. Health Care Policy and Financing (the Department) gave an overview of this committee and its scope and tasks, which included the immediate review of the Medical Eligibility Quality Improvement Plan (MEQIP) and establishing ongoing goals and responsibilities for this committee. This included providing recommendations and proposals of resources needed by eligibility sites.

MEQIC Role, Responsibilities and Timelines

The Department is reorganizing staff, as part of this reorganization there will be a creation of a Quality Improvement (QI) Unit.

QI resources will be available to Eligibility sites on the HCPF website, these resources will be evaluated by the MEQIC and new proposals and recommendations will be submitted by the committee to the Department.

Eligibility Sites will be required to submit quarterly reports of their monthly reviews. There will be a standard established by the committee of what things needed to be apart of the review, there will be a template established that can be utilized by eligibility sites, but will not be required to be used as long as the reviews being performed meets the standards. This information will be provided in the toolkit.

The following items were established as things the MEQIC should continue to discuss and consider through this process; implementation, predictability, and standardizing of the Medical programs processes.

There were three indicated measures for this MEQIP this year; data entry, timely processing, and case documentation. The MEQIC will be responsible to look at the implementation of the MEQIP around these measures and look at adding or amending for the 2010 version of the MEQIP.

It was established that there needs to be a delineation of what expectations there are for eligibility sites.

The timeline was reviewed in Appendix C of the MEQIP and there was a discussion of changing the due dates, it was decided to keep the due dates currently proposed as there was no other way to meet the January 2009 deadline.

Review of Medical Eligibility Quality Improvement Plan (MEQIP)

There is a responsibility by the Department and the eligibility sites to perform quality checks and have quality plans in place for appropriate and timely processing for the use of Federal and general funds. This plan is set to establish some baselines, tools and accountability on all parties.

A question was asked regarding the difference between the Medicaid Eligibility Quality Improvement (MEQC) studies and MEQIP. MEQC performs pilot studies on specific topics and MEQC staff complete the reviews. The MEQIP will establish how eligibility sites should be conducting their own reviews and what minimums are required for the reviews and what should be reported to the Department.

The MEQIC reviewed all sections of the MEQIP and Boulder County's comments that were presented to the Department prior to the meeting. Below are the areas of discussion from the MEQIC concerning the MEQIP. Sections that had no changes and were approved by the MEQIC will not be discussed in these minutes.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify (*insert your contact information*) We do not have a contact name here at least one week prior to a meeting if you need special accommodations in order to participate.

Section: Administration

There was a Discussion on whether there is a difference between the counties processes because the rules are the same for everyone. A question was raised “Would the knowledge gained by the Public Knowledge visits to counties support this statement?”

It was noted that from visits with the counties every county has a different process. Examples of this are: staff organization, Customer Service and how many times a paper is touched. We have seen the business process maps of eligibility sites and they are all different, however the end result should be the same.

Section: County Oversight Liaison

Suggestion for change in the document “may be of concern to either group. Will have an impact on the Department’s mission to improve access to cost-effective, quality health care services for Coloradans.” Change was accepted by the MEQIC.

There was a discussion of HCPF visits to include case reviews, be preventative and proactive to show eligibility sites where they need to improve; upfront.

We will look into this, but Heather Hewitt is the only one at this time that does county visits.

HCPF is looking into getting additional resources to make this a success. This would be a good project for the QI unit.

Section: Audits Section

Explanation of the Payment Error Rate Measurement Project (P.E.R.M): PERM was required as part of the Improper Payments Information Act of 2002 and requires the heads of Federal agencies to annually review programs they oversee that are susceptible to significant erroneous payments, to estimate the amount of improper payments, to report those estimates to the Congress, and to submit a report on actions the agency is taking to reduce erroneous expenditures. Medicaid and the Children’s Basic Health Plan programs have been identified as being at risk for improper payments. The Department hired Maximums Inc. to conduct the eligibility reviews. CMS takes the reported eligibility findings and calculates the error rate.

The PERM report can be found on the HCPF website.

Section: Goals for Eligibility Business Model

The purpose of the MEQIP is to let the eligibility sites know what is expected of them, in correlation to quality improvement and reviews.

There was a discussion on if we should include trainings and the occurrence of trainings. The committee decided we need to do an assessment of what is needed.

The Department explained that: this is a high level document and that the training committee can be invited at a further meeting to advise ****ACTION ITEM****

There was a clarification that “Case documentation” is what is in the case file and not CBMS.

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MEQIC will need to decide if there should be different check list for LTC, AM, CHP+, FM. The Department will provide a draft to be reviewed by the committee. Some additional questions concerning the checklist were:

Will the checklist be comprehensive? What constitutes appropriate verification? Could there be a manual? We will include rules and regulations in place of a manual?

It was defined that the MEQIC would work on these questions in another meeting.

Section: Objectives

Discussion on if there is a procedure for timely processing and if there is someone at the Department that sites can contact to ask these questions.

There should be a Medicaid email address. The Department was going to take this back and check with the Eligibility Section Medicaid.Eligibility@hcpf.state.co.us.

Section: Quality Assurance Methods

There was a concern regarding the time frame for the recent MEQC audit reports. The Department noted that the upcoming MEQC studies utilize current case files.

There was a question if errors should be counted as part of the error rates if it does not affect eligibility?

The group concluded that the MEQIP needs to define error rates differently from MEQC. Bench marks discussed, once we have received data, MEQIC will be able to determine appropriate benchmarks.

MEQIP error rates need to distinguish between typos, essential errors, procedural, and have a clear understanding of CBMS fields. This was put as an action item for the toolkit discussion.

Section: Audit Coordination

There was a question regarding if there are opportunities for improvement at the Department in addition to opportunities at the county level? If so, it might be good to include those, in order to have a “rounder” picture. The State is continuously audited, the MEQIP is to improve eligibility and this is outside of the scope of the MEQIP.

Section: Complaints and Appeals

It was mentioned that tracking the appeals and subsequently sharing the outcomes with counties would be beneficial. Discussed posting appeal decisions on the website, the decisions would need to be in general context to allow HIPPA compliance. This is something that will be brought back to the Department staff for review.

It was suggested that the Department track trends and find out what appeals we continually loose and offer suggestions. It was mentioned that the Department needs to communicate better with the counties.

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Section: Data Entry

Boulder County's comment- *Do you need to include anything about training to help staff know how to enter data accurately? Are there workarounds that could be remedied to reduce opportunities for inaccuracies? Is this a problem of entering data incorrectly merely by mis-typing information or is it a problem due to staff not knowing what the accurate data really is?*

All agreed on Boulder County comments that this was a good point, but should not be included in the MEQIP, but should be an ****ACTION ITEM****

Section: Case File Documentation

MEQIC would like a model file developed for case file documentation. The Department will submit a draft of the required case file documentation for the MEQIC to review.

Section: Monitoring

Written policies and procedures related to the MEQIP are in development. The Department is working on this and will submit it to the MEQIC to review

Section: Training

When changes are made to CBMS, Eligibility sites do not find out in a timely manner, this is problematic. The Department will ask the training committee to advise.

****ACTION ITEM****

Section: Business Process

Regarding Boulder County comments- Counties and Medical Assistance sites would not be able to use the same reports. Committee agreed that MEQIC would create a template, and add a sentence about a template to MEQIP. Should the reports be electronic or hard copies? It was agreed that the MEQIC would discuss this in the future.

Section: Best Practices

This is a local level decision, added to MEQIP "when and where feasible" would dedicate staff. This section will be reviewed by the Department.

Wrap Up

Gayle will create a web page and submit it to the committee for review.

Checklist will be sent out and reviewed electronically.

Eligibility sites will bring Case checking tools to present to the committee.

Glenn Cooper and Carol Lovseth agreed to be the MEQIC co-chairs. The Department will be responsible for meeting logistics and minutes.

Committee members may send different representatives for work groups.

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Next Meeting is scheduled for November 6, 2008 11am – 1pm at:
225 E 16th Ave Denver, Co in the 2nd floor conference room

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