



MINUTES

Medical Quality Improvement Committee (MQuIC)
 1st fl. Conference Rm 225 E. 16th (across the street from 570 Grant St)
 January 10, 2013 1:30 p.m. - 3:30 p.m.

Attendees	Absent/Excused
Allison Kennedy, Denver Health Hospital Authority (by phone)	Annie Lee, Kaiser Permanente
Katie Mortenson, Health Care Policy and Financing	Colleen Moss, Rocky Mountain Health Plans
Camille Harding, Health Care Policy and Financing	Greg Trollan, Health Care Policy and Financing
Katie Brookler, Health Care Policy and Financing	Keechia Merriweather, Kaiser Permanente
April Gonzales, Colorado Choice (by phone)	Tammy Gianfrancisco, Health Services Advisory Group
Diane Somerville, Health Services Advisory Group (by phone)	William Heller, Health Care Policy and Financing
Manuela Heredia, Colorado Choice (by phone)	Kathryn Jantz, Health Care Policy and Financing
Valerie Baker-Easley, Health Care Policy and Financing	Kristy Swanson, Health Services Advisory Group
Carrie Bandell, Colorado Access	Paula Davis, Colorado Community Health Network
Teresa Craig, Health Care Policy and Financing	Gina Robinson, Health Care Policy and Financing
Jackie Hudson, Rocky Mountain Health Plans (by phone)	Christina Melendez, Health Services Advisory Group
Nancy Sonnenfeld, Kaiser Permanente (by phone)	Craig Gurule, Denver Health Hospital Authority
Marilea Rose, Health Services Advisory Group (by phone)	David Klemm, Rocky Mountain Health Plans
David Brody, Denver Health Hospital Authority (by phone)	Russell Kennedy, Health Care Policy and Financing
Kate Bell, Health Services Advisory Group (by phone)	Irene Pomirchy, Colorado Access
David Mabb, Health Services Advisory Group (by phone)	Rachel Henrichs, Health Services Advisory Group (HSAG)
Alana Berrett, Health Services Advisory Group (by phone)	Barbara McConnell, Health Services Advisory Group
Meg Bayerl, Colorado Access (by phone)	Lisa Waugh, Health Care Policy and Financing
Mary-Katherine Barroso, Denver Health Hospital Authority (by phone)	Wendy Talbot, Health Services Advisory Group
Shelly Siedelberg, Denver Health Hospital Authority (by phone)	Polly Wilson, Colorado Access
Joey Gallegos, Health Care Policy and Financing (by phone)	Melisa Kulasekere, Colorado Access
Christine Tagliaferri, Denver Health Hospital Authority (by phone)	Alan Kislowitz, Health Care Policy and Financing
Lynn Nash, Colorado Choice (by phone)	Sara Lomeli, Health Services Advisory Group
Jerry Ware, Health Care Policy and Financing	Judy Zerzan, Health Care Policy and Financing
	Suzan Livengood, Denver Health Hospital Authority
	Amber Saldivar, Health Services Advisory Group
	Jessica Nell, Denver Health Hospital Authority
	Bethany Himes, Colorado Access
	Westley Reed, Denver Health Hospital Authority

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Topic	Discussion	Result
Introductions/Additions to the agenda		
Review November 2012 Minutes	Jerry confirmed Emma Flores and Meredith Warman should be removed from the email list. Minutes were reviewed and approved with minor changes.	To view past minutes and additional information about MQuIC visit www.colorado.gov/hcpf and click on Boards and Committees.
Client appeals improvement process	Joey provided an update on this Department Medicaid fee for service initiative and noted how physical health plans could participate (example, attend meetings and share best practices for addressing member/client appeals).	
2013 Healthcare Effectiveness Data and Information Set (HEDIS) – What if a hybrid rate fails?	Marilea reviewed the issue on this topic and address a number of questions. For example: Carrie asked does the National Committee for Quality Assurance (NCQA) MRRV Letter state plans can decide on the options? Marilea noted that the Department would be involved with the final decision. Jackie asked if Health Services Advisory Group (HSAG) could share the letter with the group? Yes, per Marilea.	Marilea will follow up with Katie Brookler on this topic and send the plans a copy of the letter.
Centers for Medicare and Medicaid Services (CMS) Adult Quality Grant	Camille reviewed the content and purpose for this grant and informed attendees about the next meeting on February 12, 2013 2pm at the Daniel’s Fund office in Denver.	Katie M. will send Jackie a copy of the meeting invite.
Balanced scorecard contract language	Carrie opened discussion on this topic by reviewing deliverables. Teresa then confirmed that the balance scorecard language was removed, but plans can still choose a scorecard measure or performance improvement project (PIP). Carrie asked if a template was available and Teresa said no. Teresa agreed to send out the updated contract language after the meeting so plans can review the content. Dr. Brody noted that one of his plans pediatric providers took on this task (oral intervention) previously and that he could share her contact information so attendees can follow up for advice. Jackie noted that this would be a good idea. Jackie then asked Teresa to confirm what the Department is expecting for the deliverable on April 30 th ? Teresa stated just their thoughts and plans and going forward ensure that input is provided in the annual quality improvement report. Discussion ended with Teresa and Katie B. noting options for plan specific information being shared and Dr. Brody noted that the Department could expect more impact the more plans are able to align efforts.	Dr. Brody will send Jerry contact information for the pediatric provider so he can share with the group.
How do the physical health Managed Care Organizations (MCOs) choose their quality activities?	Camille noted how this type of plan information could help the Department align efforts. Katie B. and the group then discussed the need to engage other payers. <u>Jackie</u> stated her plan looks at a few areas like member feedback on complaints, HEDIS measures & Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys,	

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	<p>that her plan uses a grid that notes federal and state requirements and considers incentive and other measures. Jackie noted that her plan also looks at gaps on measures and available data and gets perspective from other internal departments. Katie B. asked when does this action take place and Jackie said when they get HEDIS results.</p> <p><u>Dr. Brody</u> stated his plans efforts are similar to Rocky Mountain Health Plan (RMHP) and that they consider impact of improving measures and the expenses. Dr. Brody noted they consider what resources are available to affect their measures, that they look at HEDIS and CAHPS, track measures, that quality improvement is a 12 month endeavor and that they attempt to align were they can get the biggest bang.</p> <p><u>Carrie</u> noted that her plan pulls input together from all of their lines of business and uses a work plan developed for each line, that they use an annual process, have internal and external committees, look at HCPF priorities, look at resources available similar to what Denver Health and RMHP have noted.</p> <p><u>April</u> noted that her plan uses external doctors and internal quality improvement groups to identify areas to focus on. April also said her plan notes resources available and use the two groups noted to ensure the plan is reaching goals.</p> <p><u>Nancy</u> noted that her plan looks to a pediatric quality improvement council to define priorities. Katie Brookler then asked the plans for input on the best way to align state efforts? Carrie suggested the Comprehensive Primary Care Initiative effort and Jackie suggested the State’s Exchange and other new concepts.</p>	
Colorado Choice adolescent and teen depression initiative presentation	Lynn Nash previously shared a PowerPoint presentation for this topic and April reviewed the interventions noted on this document. For example, flyers mailed to member’s parents about how to obtain a depression screening, the lower than expected results, and the planned re-measurement scheduled for 6/30/13.	
Plan updates	<p>Carrie noted that her plan is working on scheduled external audits (URAC), working on baby well child checks and continuing work on their Body Mass Index (BMI) PIP.</p> <p>April noted that her plan was preparing for their compliance audit.</p> <p>Jackie noted that her plan is preparing for the annual Medicaid and CHP+ compliance reviews, training staff for HEDIS, preparing for NCQA accreditation scheduled for 3rd quarter this year, continued implementation of a new quality improvement committee structure, and completing the PIP due in February.</p> <p>Dr. Body noted his plan was getting ready for their NCQA accreditation, that their clinics will be staffed with behavioral health staff to assist with higher need clients, and having</p>	

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	<p>health fairs on weekends to do member screenings which are receiving positive responses from members. Denver Health is also continuing work on their second phase Telephonic Depression process that has developed a number of modules.</p> <p>Nancy state her plan had just completed their onsite compliance review, that they are working on health living initiatives, and looking ahead for CAHPS results to address corrective actions.</p>	
Department Updates	No update for the State Innovation Models (SIMs) grant was available. Documents about the Department's Medicaid Expansion was previously shared with the group and can be found online.	
Comments	NA	
Adjourn	Meeting ended early.	

Next meeting is March 7, 2013