MINUTES

Medical Quality Improvement Committee (MQuIC)
4th floor Conference Rm 1570 Grant St
November 7, 2013 1:30 p.m. - 3:30 p.m.

Attendees	Absent/Excused Continued
Katie Mortenson, Health Care Policy and Financing	Annie Lee, Kaiser Permanente
Marilyn Gaipa, Denver Health Hospital Authority	David Brody, Denver Health Hospital Authority
Bethany Himes, Colorado Access (by phone)	Dr. Susan Pharo, Kaiser Permanente
Carrie Bandell, Colorado Access	Keechia Merriweather, Kaiser Permanente
Lynne Nash, Colorado Choice (by phone)	Tammy Gianfrancisco, Health Services Advisory Group
Analicia Baer, Denver Health Hospital Authority (by phone)	William Heller, Health Care Policy and Financing
Rachel Henrichs, Health Services Advisory Group (HSAG) (by phone)	Kathryn Jantz, Health Care Policy and Financing
Jill Bystol, Rocky Mountain Health Plans (by phone)	Judy Yip, Health Services Advisory Group
Teresa Craig, Health Care Policy and Financing	Paula Davis, Colorado Community Health Network
Jackie Hudson, Rocky Mountain Health Plans (by phone)	Kate Bell, Health Services Advisory Group
Russell Kennedy, Health Care Policy and Financing	Jessica Nell, Denver Health Hospital Authority
Barbara McConnell, Health Services Advisory Group	Craig Gurule, Denver Health Hospital Authority
Katie Brookler, Health Care Policy and Financing	David Klemm, Rocky Mountain Health Plans
Christi Melendez, Health Services Advisory Group (by phone)	Heidi Walling, Health Care Policy and Financing
Nancy Sonnenfeld, Kaiser Permanente	Sean-Casey King, Kaiser Permanente
Liana G., Colorado Choice (by phone)	Allison Kennedy, Denver Health Hospital Authority
Julie Bryant, Colorado Choice (by phone)	Marilea Rose, Health Services Advisory Group
Alex Stephens, Health Care Policy and Financing	Gina Robinson, Health Care Policy and Financing
Max Salazar, Health Care Policy and Financing	Meadow Jaime, Colorado Access
Camille Harding, Health Care Policy and Financing	Amber Saldivar, Health Services Advisory Group
Candace Duran, Rocky Mountain Health Plans (by phone)	Polly Wilson, Colorado Access
David Mabb, Health Services Advisory Group (by phone)	Shelly Siedelberg, Denver Health Hospital Authority
Jerry Ware, Health Care Policy and Financing	Suzan Livengood, Denver Health Hospital Authority
	Alan Kislowitz, Health Care Policy and Financing
	Christine Tagliaferri, Denver Health Hospital Authority
	MaryJo Strobel, Kaiser Permanente
	Melissa Kulasekere, Colorado Access
	Jeremy Sax, Health Care Policy and Financing
	Westley Reed, Denver Health Hospital Authority
	Sage Winchester, Avysion Healthcare
	Sara Lomeli, Health Services Advisory Group
	Alana Berrett, Health Services Advisory Group
Absent/Excused	Diane Somerville, Health Services Advisory Group
Carol Reagan, Colorado Access	Manuela Heredia, Colorado Choice
Janet Milliman, Colorado Access	Judy Zerzan, Health Care Policy and Financing

Mission- To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Topic	Discussion	Result
Introductions/additions to the agenda	Barbara and Russell requested to add a compliance topic and Carrie requested to add a depression topic.	
Review minutes from September 2013	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.
Compliance Site Reviews FY 13/14	Barbara asked plans to be prepared to display visual information on a screen/wall about their operation system during this audit and to walk auditors through the content. Marilyn asked if auditors were interested in any specific types of authorizations? Barbara answered no to this question.	
Depression diagnosis reporting	Carrie asked for a status update about this reporting. Jerry said that at this point Colorado Access and Rocky Mountain Health Plans have completed their submission and that he did not expect the Department to continue requesting this data after the current health plan submission is completed.	
Alternative Benefit Plan For Expansion Clients	Max and Alex introduced themselves and Max noted that that Medicaid Expansion is requiring a different benefit package that matches 10 essential benefits identified by the Centers for Medicare and Medicaid Services (CMS). Max said expansion clients will get the same benefits as regular Medicaid clients, but they will also receive preventable services and habilatative services not currently available for regular Medicaid clients (it is expected that regular Medicaid clients will receive prevention benefits starting January 2014). The effective date for these benefits will be January 1, 2014, but the Department is still working with CMS to approve these benefits. Alex followed up and discussed the US Preventive Services Task Force (USPSTF) A& B Recommendation benefits and vaccinations that the Department will also cover (example, depression screening, tobacco cessation, others). Alex stated that the Department is working on codifying these benefits. Carrie asked how managed care plans would be updated about these changes? Alex and Max noted that the Department has been speaking with plan contract managers. Carrie asked if Behavioral Health Organizations (BHOs) will be able to bill the adult depression screening benefit? Alex said no to this question. Marilyn asked for clarification on the lower age range for the depression screening benefit and Alex confirmed the current lower age range is 11 years of age. Nancy asked if habilative services have been defined just not approved? Alex said that was correct. Alex ended the discussion by addressing Marilyn's question that Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be the standard for drug and alcohol screening.	
Consumer Assessment of Healthcare Providers and Systems (CAHPS) requirements for FY 13/14	Russell updated the group that CAHPS for the CHP+ plans will be conducted by HSAG, that the 5.0 survey will be used and that supplemental questions may be added to the survey. Denver Health and Rocky Mountain Health Plans are expected to do their own Medicaid CAHPS surveys and submit as required. Nancy asked if health plans could receive more clarity on the timeline for this project? David and the group discussed the timeline for the survey results which was reported to be tight in regards to responding to	

	corrective actions required by the Department. Nancy then noted that health plans needed specification for how to pull the sample. Rachel then shared input from the CAHPS timeline document that on November 26, 2013 is when the instructions for pulling the sample will be available. Carrie asked Russell if child with chronic conditions was no longer required and Russell said that was correct.	
Combined Transition Performance Improvement Project (PIP)	Katie M. and Camille shared a draft handout about how the structure for this PIP may look. Katie M. also discussed planning for the first joint meeting with all health plans and that the first meeting was February 26, 2014. At this meeting each plan should share ideas for their target population. Each plan would then meet individually with the Department to discuss population targets for their PIP. Nancy asked about the Regional Care Collaborative Organization (RCCO) PIP requirements and Katie M. noted they will be submitting one PIP around transitions. Camille noted that the intent is to get all plans on the same topic and that later on the Department anticipates a conference with the health plans where they will present on their results. The group then discussed concerns with limiting PIP topics and how those limits may effect CHP+ plans. Katie M. and Camille noted that the Department is willing to consider changes to this process to address issues expressed.	**Katie M. will send the draft handout to Jerry so he can send out with the draft minutes.** **Katie M. asked Jerry to add this topic to the next meeting agenda.**
Symposium meeting dates	Katie M. and Jerry discussed plans to schedule this joint meeting that will include BHOs, RCCOs, Managed Care Plans, and HSAG. Katie M. noted that the meeting will be held quarterly and noted that the first meeting date will be February 26, 2014 and that she will be sending out invites for this meeting in the coming weeks.	**Katie M. will send invites for this meeting.**
Medicaid & CHP+ Healthcare Effectiveness Data and information Set (HEDIS) measures for FY 13/14	Katie B. led this discussion concerning the proposed HEDIS measures previously shared in a draft document. Jackie asked for more clarity about how the diabetes and schizophrenia measure would be collected? The group shared input on expectations for gathering data for this measure. Carrie asked Jackie to share input if her plan had noticed if the end was small in their last year's data results, but Jackie noted that her plan has not reviewed that specific issue at this time. David stated he believes the end for this measure would be small. Katie B. also asked health plans a few questions about certain measure criteria (example, 12 months eligibility for the RCCO or the Accountable Care Collaborative Organization (ACC)). The discussion ended with health plans agreeing to send questions/comments about the proposed measures to Katie B. by November 15, 2013. After that point the proposed measures are expected to be finalized.	**It was requested that Jerry send a reminder to health plan contacts on November 14, 2014 reminding them to send Katie B. comments.**
Health Plan Updates	Marilyn noted that her plan was working on an adult access ambulatory care project, doing mailing cards (also evaluating the impact of this activity), completed the last health fair for duals for this year, working on barrier analysis for PCP services, looking at mammogram outreach, and moving forward with a CHP+ dental plan. Carrie noted that her plan is completing a BMI PIP that showed improvement in the electronic health record (EHR), that they are working on outreach, working on a CAHPS corrective action plan and planning to use open ended questions with clients to help understand concerns, and that they are looking at a lot of new data sets to supplement HEDIS input.	**Lynne will send Rachel at HSAG contact information for the new nurse and employee.**

	Jackie note that her plan is doing NCQA accreditation, working on a PIP that is due the first week of December (some improvement seen in EHR) preparing for the annual site compliance audit, and has their member experience advisors looking at CAHPS results. Nancy note that her plan is preparing for the compliance site review audit, preparing for their PIP (asthma) submission (some improvement seen), and working on oral health improvement messaging with parents at well child visits to avoid tooth decay, working on depression submission requirements, and transitioning PCPP client to the ACC. Lynne note that her plan is working on a PIP, transitioning in a new nurse and employee, and working on URAC accreditation.	
Department Updates:	NA	
Other Discussions	Group continued CAHPS timeline discussion with Teresa to assist with completing corrective action plans (CAPs).	
Closing	Meeting ended 10 minutes early.	

Next meeting is January 8, 2014