



Bayou Health Quality Committee

February 22, 2013

Room 118

Meeting Agenda

3:10 pm: Call to Order, Welcome and Introductions (Dr. Gee, Chair; new members of the committee including Health Plan quality directors, medical management) Dr. Gee- vision statement for the committee

3:15-3:45 pm: Introduction of the Adult Medicaid Quality Grant

- Overview of the grant
- Overview of PMs and QIPs proposed
- Discussion of PMs and QIPs-Dr. Gee discussed rationale for selecting Elective Delivery as PIP since there has already been so much work done in the area. The selection of Care Transition also seems logical but may be a difficult area to impact as it would require a hybrid method for data collection. Dr. Gee proposed that Readmission may be a better choice.
- Discussion about creating a common reporting portal or other infrastructure as part of the grant that would add capacity
- Discussion about analytics that would be helpful to health plans and how we might increase capacity.
 - Dr. Vanchiere asked to know the number of Medicaid providers since the implementation of Bayou Health.
 - Dr. Gordon, CHS, would like to see the trend for the Medicaid populations by Health Plans in the 5 years preceding Bayou Health implementation, where they stood on implementation and to also track it over the next 5 years. Mary Johnson added that this had been discussed in a recent reporting meeting and that the Department was working on accomplishing it. She also discussed the performance measures and the upcoming setting of benchmarks for the Plans.
- Feedback from health plans by March 8th on final choices of PMs and QIPs-To be voted on via Survey Monkey.

3:45-4 pm: Discussion of clinical pathway/ Bayou Health action teams (Maternity, Pediatric, Adult, other)

- Goal: to create pathways (agreed upon by all five plans) for providers to follow for common conditions.
- Dr. Vanchiere stated he would like to see a common formulary across all Plans. Dr. Sibley agreed with this strategy. Madeline McAndrew stated that based on the contracts between the Department and the Plans, this was at the discretion of the plans. She also recommended that further discussion relative to this be tabled until a pharmacist has been appointed to the Committee. Dr. Thomas, LHC, supports a pharmacy and therapeutics committee reviewing medications and making recommendations relative to formularies without the periphery of pharmaceutical companies. It was also stated that UHC and CHS (Shared Plans) have the same formulary as Legacy Medicaid. Dr. Spooner, LaCare, stated that the formulary discussion is being held at the Administrative Simplification Committee.
- The Committee will request an update from the Administrative Simplification Committee on the formulary discussion once it takes place.
- Dr. Gee continued the discussion on clinical pathways. Dr. Vanchiere brought up the workgroup that met once by phone to discuss guidelines for IV antibiotics in an outpatient setting. The group is waiting on data from ULM on how common these scenarios are.
- Dr. Gee proposed 3 separate subcommittees (pediatric, adult, and maternity) to work on guidelines.
- Dr. Thomas expressed his support for all Plan medical directors and the pharmacist all are involved in all 3 committees. Dr. Sibley was also in support of this.
- Mary Noel suggested that the clinical pathways the Committee chooses to work on be linked to the PM's chosen for the Adult Quality Measures Grant.
- Dr. Gordon suggested that instead of breaking into three small committees that the entire committee works together on the guidelines.
- Dr. Logarbo stated that the management of sickle cell patients is extremely challenging due to the lack of specialists to follow/manage the population.
- Dr. Vanchiere expressed that due to the decreasing numbers of subspecialists, family practice physicians will need additional training to manage patients with chronic diagnosis on an ongoing basis. Dr. Vanchiere suggested a monthly conference call to move forward with the guideline committee. His preference would be to tackle IV antibiotics in an outpatient setting first followed by a review of Synagis use/guidelines.
- Sandy Blake, ULM, informed the group of a new form for data requests that should be used going forward.

- Dr. Gee suggested that in addition to guidelines on the monthly call that the committee would also discuss one quality measure.

4:00-4:30 pm: Discuss existing Bayou Health PIPs

- Mary Johnson elaborated that CMS requires each plan to do two PIP's per year while participating in managed care. The Adult Quality Measures Grant PIP's do not count toward this requirement. IPRO (current EQRO) is currently working with each Plan on the PIP's required for Bayou Health. It was also explained that IPRO would be assisting with the AQMG PIP's.
- Dr. Gee asked the Plans for feedback on their experience thus far with IPRO. All five Plans had very positive feedback relative to IPRO.
- Each Plan gave an overview of their Bayou Health PIP's. The discussion around the PIP focused on the reduction of ER utilization highlighted the need by the Plans for real time data relative to ER utilization. Each Plan is asking hospitals to supply this data to them. Mary Noel supports a standardized method for hospitals to supply this data to the Plans.
- Both Dr. Sibley and Dr. Vanchiere stated that with the close of Community Care, PCP's were having difficult time getting information about their patients' use of the ER instead of seeing their PCP's.
- Dr. Gee expressed a desire to have IPRO work with the Plans and providers on a collaborative PIP geared toward decreasing ER utilization.
- Paul Salles of LHA expressed that LHA would welcome the opportunity to participate in the above endeavor.

4:30-5:00 pm: Other business

- Recommendation for EPSDT Schedule changes: Dr. Logarbo, UHC, made a recommendation to the Committee and the Department that the recommendations made by all five of the Bayou Health Plans relative to updating the EPSDT be adopted to reflect the AAP guidelines. Madeline McAndrew, Bayou Health Director, stated that the fiscal impact of the proposed recommendations is currently being evaluated but until such time that the analysis of the fiscal impact is completed, the Department could not adopt the changes. All physician committee members vocalized support for the proposed changes and elevating the decision to a priority status. Madeline McAndrew reiterated that in order to be adopted, the fiscal analysis would have to show the changes as budget neutral.
- Authorization/denial process for low level Emergency Department visits: This discussion tied back to the earlier discussion on the lack of information providers

receive about their patients frequenting the ER for non-emergent care since the end of Community Care and the implementation of Bayou Health.

- 2013 NCCI edit affecting billing procedures for immunization administration and well child visits when reported during the same visit: Mary Johnson stated that CMS has given permission to states to not implement these edits. She stated that the Department will not be implementing the edits for Legacy Medicaid therefore billing of the Shared plans will not be affected. The Prepaid plans have been directed that if they enable the edits, they must allow the use of the 25 modifier. When polled by the Department, all three prepaid plans stated they would be implementing the edits and allowing for the 25 modifier to bypass the edits. Maddie McAndrew stated the Department has encouraged the Plans to put this information on their websites and in their provider manuals. Committee members voiced a desire that this should be standardized across the plans. Mary Johnson stated that while the Department would make suggestions to the Plans, it would not dictate to the Plans how they handle this.

5:00 Meeting Adjourned.

