



Medicaid Quality Committee Quarterly Meeting
 August 18, 2017 1:00 PM -3:00 PM
Meeting Minutes

Committee Attendance		
TBD	LDH CMO	TBD
Harold Brandt, MD, FACP	The Baton Rouge Clinic AMC and LDH	In Person
Jeanne Abadie	Advocacy Louisiana	In Person
Robert Barsley, DDS	LSUHSC	In Person
Justin Bennett, NP	Rural Health Nursing	Absent
Gerrelda Davis, MBA	LPCA	Absent
Yvonne Domingue, MS, RN	Department of Children and Family Services	Absent
Michael Giorlando, DDS	MCNA	In Person
Rep. Frank Hoffmann	La House of Representatives	Absent
Larry Humble, PharmD, PhD	University of Louisiana Monroe	In Person
Michelle Hurst, RN	LA Development Disability Council	Absent
James Hussey, MD	LDH-Office of Behavioral Health	In Person
Mark Keiser	Access Health Louisiana	In Person
Lyn Kieltyka, PhD	Office of Public Health/CDC	In Person
Mary Gauthier-Lewis, MD	ULM College of Pharmacy	Absent
TBD	United Healthcare Community Plan	TBD
Senator Fred Mills, Jr.	LA State Senator	Absent
Mary Noel	HCA Louisiana	Absent
Raymond Poliquit, MD	Amerigroup	In Person
Charles Powers, MD	Willis-Knighton Health System, Bossier City	Absent
Madhavi Rajulapalli, MD	Aetna	In Person
Laura Richey, MD, FACEP	LSUHSC - Baton Rouge	In Person
Floyd Roberts, Jr., MD	Louisiana Hospital Association	In Person
Alfred Robichaux III, MD	Ochsner	In Person
Joe Rosier	The Rapides Foundation	Absent
Beth Scalco	LDH- Office of Public Health	Proxy: Dr. Jaberi
Bryan Sibley, MD	Physicians – Lafayette	Absent
Raman Singh, MD	Louisiana Dept. of Corrections	Absent
Steve Spedale, MD, FAAP	Infamedics	In Person
Shelia Sterling, LMSW	Volunteers of America	In Person
John A. Vanchiere, MD	Physicians – Shreveport	In Person
Marcus Wallace, MD, MBA	Louisiana Healthcare Connections (LHC)	In Person
Rodney Wise, MD	AmeriHealth Caritas of Louisiana	In Person

Call to Order

- The Medicaid Quality Committee was called to order at 1:05pm by Jen Steele.

Welcome, Introduction and Roll Call

- Jen Steele announced that Dr. SreyRam Kuy, Chief Medical Officer, has left LDH returning home to Houston to be closer to family. She will also continue her work with the VA hospitals. A Medical Director search is underway.



- The roll call was conducted by Kolynda Parker of Quality Committee members. A quorum was confirmed.

Review and Approval of the Meeting Minutes

- A motion for the minutes to be approved was made by Dr. Keiser and a second was made by Shelia Sterling. No discussion was had. The minutes were approved unanimously as presented.

Medicaid Director's Update-Jen Steele

- Early Wins update:
 - Early Wins data were presented as of August 14, 2017. The data can be found at <http://www.ldh.la.gov/HealthyLaDashboard/>. We are pleased to see the continued growth and particularly the utilization of services. We continue to make efforts towards access to care.
- Introductions:
 - Dr. Pooja Mehta, Director of Maternal and Women's Health with the Consortium for Health Transformation at LSU in New Orleans.
 - Dr. Esteban Gershanik, Advisor to the Medicaid program in regards to the Health Information Technology investments and strategy.
- Announced the Quality Dashboard website: <http://ldh.la.gov/QualityDashboard>.
 - All of the MCO health plan quality scores that have been monitored for the last five years, the 22 HEDIS measures monitored since inception of the program resulted in the development of a public facing website that shows these scores over time. The website displays comparisons of each plan to each other and to themselves.
- Managed Care Contract Extension
 - Currently, the MCO plans a have 3-year contract with two 1-year extension options. The original 3-year contract expires January 2018.
 - Medicaid will make a recommendation to the legislature in October regarding the contract extension ask for a 2-year extension.
 - Jen Steele walked through the proposal to the MCOs
 - Process used to develop the content
 - Starting in the Fall 2016, teams of Business Owners or Subject Matter Experts were identified internally. The teams met at least weekly with hours devoted to going through every line and provision of the contract from Medicaid's perspective relative to our experience with managed care since 2012 and specifically with the terms of the current contract.
 - In addition to meeting internally, meetings were conducted with our sister agencies: OPH, OBH, OCDD, and OAAS to discuss their experiences with the program.
 - Through a national foundation grant, guidance was provided from Bailit Health experts that works with the Robert Wood Johnson Foundation, to help Medicaid understand and put our experiences into national context.
 - We completed 7 regional "town halls" specific to the Quality Strategy.



- Appendix J was updated and captures the performances measures the plans will be held accountable for in the extension.
- In addition to the quality measures process, there were numerous meetings with different stakeholder groups such as the physicians, hospitals, associations, etc. to determine what they want to see different about the program. Medicaid received formal written responses and comments from a number of those through a public facing website where every provision of the contract was made available.
- Accountable Care Organizations
 - LDH participated in Center for Health Care Strategies' (CHCS) Medicaid Accountable Care Organization Learning Collaborative
 - On June 20th there was a half-day onsite meeting with national consultants, CHCS. The discussion of design considerations for a Healthy Louisiana pilot to meet future contract requirements for increasing use of VBP/APM was the main focus.
 - Conclusions formed from the meeting was that people were very interested in what was going on with Medicaid ACOs and the process, but we are not ready at this time. We also had a Request for Information that brought us to the same conclusion.
 - With respect to VBP, the process will be much slower that includes education and mutual engagement. Medicaid will reengage after the MCO contract extension period with a series of webinars, meetings and other opportunities to develop our thinking on VBP together.
 - Trying to achieve advance payment and systems transformation for a healthy Louisiana. Using the Triple Aim we want to improve for both members and providers:
 - Improve Population Health
 - Reduce Per Capita Cost
 - Improve Experience of Care

The most important changes we can make and that will do the most to advance those goals is to:

- Take what exists today in terms of a 2% withhold and capitation payment as an incentive for contract compliance and convert that to an incentive for meeting quality measure targets and advancing value based payment use.
 - The 2% withhold will be divided into two areas:
 - 1% Withhold for Quality and Health Outcome Improvement
 - These incentive measures are outlined in Appendix J and will be distributed electronically.

- 1% Withhold for Increase in Alternative Payment Model Use
 - Provide focus of health plans and providers on shared targets for population health improvement using a limited set of stakeholder-recommended quality measures. Also, align financial incentives for plans and providers.
- Content Highlights
 - LDH Needs Access to MCO data systems (real time); Fraud, Waste and Abuse Recoveries; Hold Harmless Relative to Court Orders; Monetary Penalties; Auto Assignment; Hospital DRG; Definition of Value Added Benefits and Cost effective Alternative Services; Administrative simplification; Service authorization; Claims Reprocessing; Provider Directories; Behavioral health requirements (proactive discharge planning)
- Reviewed the timeline to JLCB
- One of the goals of the contract is encourage greater partnerships between the MCOs and providers
- Desire to see alignment with Administrative Simplification and Quality Committees with regard to the 17 incentivized measures to ask the questions: What are practical barriers to success? Is there something about our covered services policy? Is there something about how we practice the policy? Is there something about how we construct our billing instructions?
 - Choosing Wisely campaign (<http://www.choosingwisely.org/wp-content/uploads/2015/01/Choosing-Wisely-Recommendations.pdf>)
 - Next Steps: recommends each subcommittee review their professional organization's Choosing Wisely recommendations and decide on the top three. This will allow money to be reallocated more effectively.

Presentations of special medical topics of interest or clinical studies/activities that improve quality, or detailed subcommittee reports or findings

- **Results from Statewide Survey of Screening & Prevention Efforts-Karissa Page, MPH (Handout)**
 - Survey was sent to over 1230 recipients/274 participated/11 declined/67% completed the survey/33% partially completed the survey. The survey was open for 2 weeks from 7/21/17-8/4/17
 - The survey focused on demographics, what insurance type (91% provided care to Medicaid patients)/EHR usage information
 - Presented survey results for: Proposed incentivized Measures, Adult monitored Measures, Pediatric Measures and Maternal/OB Measures
 - Future Plans: Further analysis and cataloging of the responses, existing interventions, and programs. Will use the results to supplement the work of the subcommittees.
 - Feedback from Quality Subcommittee:
 - Dr. Spedale suggested opening the survey to a much larger group of physicians to get a truer picture.
 - Dr. Robert Barsley - suggested changing the dental sealant survey question
 - Mark Keiser - noted changing the behavior of the patients will also assist in the process



Subcommittee Reports on Recommended Quality Measures-Dr. Harold Brandt

- **Adult Medicine-Dr. Harold Brandt (Powerpoint slide)**
 - Focus areas:
 - Panel size
 - Quality metrics and reaffirmed them as reported
 - Will use Appendix J to review each of the affirmed metrics in detail and create a template of data that the subcommittee would like to follow through on during the year
- **Pediatrics-Dr. John Vanchiere**
 - Focus areas:
 - Prior Authorizations of sub-specialists –define areas that will make it easier for the MCOs and providers
 - Continuous Glucose Monitoring-not on Medicaid fee schedule but is the becoming the standard of care
 - Define value-added supports for MCOs that will make it better for patients
- **Neonatal-Dr. Steve Spedale**
 - Focus areas:
 - Working on Quality initiatives with VON; analyzing state data from VON
 - Will review Policies
 - Neonatal Transport Teams- Educational Requirements (ex. Transport Team Nurses are now required to have a Bachelors, deadline extended from 2018 to 2020)
- **Fetal Maternal-Dr. Al Robichaux**
 - Focus areas:
 - Upcoming: Level 3 and above NICU/OB must participate in a statewide quality collaborative and database by January 2018
 - Prematurity prevention through the use of 17P, cervical screening, LARCs and post-partum visits
 - STIs-congenital syphilis
 - Maternal mortality
- **Behavioral Health-Candace Grace**
 - Focus areas:
 - Working to increase the use outcome measurement for specialized behavioral health services
 - Working with the plans to identify appropriate assessment tools and metrics to have in place by early next year
 - Reinststitute fidelity monitoring of the Assertive Community treatment programs
 - Will work with the MCOs to identify ways to streamline the fidelity monitoring process
- **Emergency Medicine-Dr. Laura Richey**
 - Focus areas:
 - Committee formed
 - Discussed the incentivized measure that applied to ED (Ambulatory Care –ED visits)-need to increase primary care access points
 - Complex care coordination – care plans for high ED utilizers
- **Long term services and support-Michelle Hurst, proxy Dr. Harold Brandt**
 - Committee formed; no update at this time



- **Dental-Dr. Robert Barsley**
 - Focus areas:
 - Committee formed
 - Gap Analysis
 - Dental quality measures for the dental contract
 - Access of dental care for adults

Jen Steele adjourned the meeting at 2:47pm

Future Medicaid Quality Meetings:

Friday, November 17, 2017

1:00 pm – 3:00 pm

Bienville Building, Room 118

628 N 4th Street, Baton Rouge, LA

2018 Medicaid Quality Committee Meeting Schedule

February 16, 2018

May 18, 2018

August 17, 2018

November 16, 2018