



Medicaid Quality Committee
December 5, 2014 12:30-2:30 PM

Meeting Minutes

Committee Attendance		
Rebekah Gee, M.D., Chair	DHH	In person
Bryan Sibley, M.D., Vice Chair	Physicians – Lafayette	In person
Justin Bennett		In person
Sandra Blake, MBA, PhD	University of Louisiana at Monroe	In person
Harold Brandt, M.D.	The Baton Rouge Clinic, AMC	In person
Richard Dalton, M.D.	Magellan	
Michael Giorlando, D.D.S.	MCNA	In person
Stewart Gordon, M.D.	Community Health Solutions	In person
Yolonda Hill-Spooner, M.D.	Amerihealth Caritas	In person
Rep. Frank Hoffmann	La House of Representatives Dist. 15	On phone
Dr. James Hussey	Louisiana Behavioral Health Partnership	On phone
Mark Keiser	Access Health Louisiana	In person
Lyn Kieltyka, PhD.	CDC	Absent
Myra Kleinpeter, M.D.	Tulane School of Medicine	In person
Ann Kay Logarbo, M.D.	UnitedHealthcare Community Plan	In person
Sonya Nelson	Amerigroup	On phone
Mary Noel	HCA Louisiana	In person
Laura Richey, M.D., FACEP	LSUHSC - Baton Rouge	In person
Ron Ritchey, M.D.	eQHealth Solutions	Absent
Alfred Robichaux III, M.D.	Ochsner	Absent
Joe Rosier	Rapides Foundation - Central Louisiana	In person
Suzy Sonnier	Secretary, Dept. of Children and Family Services	On phone
Steve Spedale, M.D.	Infamedics	In person
David E. Thomas, M.D.	Louisiana Healthcare Connections (LHC)	In person
John A. Vanchiere, M.D.	Physicians – Shreveport	In person
Marcus Wallace, M.D.	Amerigroup	In person

12:30-1:00 Call to Order, Welcome and Introductions, Review of Minutes

Dr. Rebekah Gee, Chair, Bayou Health Quality Committee, Medicaid Medical Director, Louisiana Department of Health and Hospitals (DHH)

Welcome –

The department appreciates the commitment of all members of the quality committee. This work is important. The patient and providers are the final customer here. We need to ensure that care is evidence based and consistent with best practices. We should cover what needs to be covered. We have been working to rewrite the bylaws; we want to get more provider participation.

Introduce New Staff –

- Ekwutosi Okoroh, MD CDC Medicaid Assignee. Dr. Okoroh is the first epidemiologist assigned by the CDC to a state Medicaid agency. She is learning Medicaid claims data and will help evaluate Medicaid projects. She is looking into data to learn more about the care is that's being delivered. Big focus on data, quality, and transparency. She is on the ground full time. This is an exciting and unprecedented opportunity.

Introduce New Committee Members –

- Dr. Robert Barsley, DDS, JD
- Dr. Harold Brandt, MD, FACP
- Dr. Michael Giorlando, DDS MCNA Dental Director
- Dr. Myra Kleinpeter, MD, MPH
- Dr. Alfred Robichaux, MD
- Suzy Sonnier, Secretary, Department of Children and Family Services
- Dr. Steven Spedale, MD FAAP

1:00 – 2:20 Old and New Business

Business of the Committee - Dr. Rebekah Gee

Review of and Vote on Amended By Laws. Significant changes made to the references to the number of members of the committee, elimination of the Administrative Simplification committee as an official subcommittee of the Medicaid Quality Committee, and changes to the voting procedures to bring them in line with state statute.

- Katie Baudouin – removing the references to the number of members will allow for more flexibility in the future. The new voting procedures define a quorum as a simple majority rather than one-third of the membership, which may include members participating by phone. They also require a member to be present at the meeting in person to vote – representatives and members participating by phone will not be allowed to vote.
- Mary Johnson – the Administrative Simplification committee will continue to report out to the Quality Committee but the issues are different – administrative rather than clinical.
- Dr. Vancherie made a motion to approve the changes to the by laws. Justin Bennett seconded the motion. The chair called for a vote. All members present (18) were in favor, no members were opposed.



- Mary Noel brought up the issue of membership on the committee. Mary represents the LHA.
- Dr. Vanchiere made a motion to amend the bylaws to include “Article I, Section 2, 1) I. member representing the acute care hospital.” Dr. Sibley seconded the motion. The chair called for a vote. All members present (18) were in favor, no members were opposed.
- Discussion – will Noel be the representative? Or will another be appointed? The chair decided to have Ms. Noel continue to serve as a member of the committee. Dr. Myra Kleinpeter recommended staff have the rural hospital association recommend someone as a member.
- Action – Staff will send out the current appointees, where they stand, and what the vacancies are. Current members will be asked for recommendations.

Review of Minutes of September 12, 2014 meeting.

- Dr. Brian Sibley made a motion to approve the minutes. The motion was seconded. The chair called for a vote. All members present (18) were in favor, no members were opposed.

Update on Subcommittee Development

The goal of the subcommittees is to focus on clinical issues related to specific groups of members. They should meet regularly, more frequently than the Quality Committee and should bring recommendations to the larger committee. Each committee will have staff support but will be led by the chair. Dr. Gee requested volunteers for the following subcommittees:

- Neonatology – Dr. Steve Spedale volunteered to serve as the chair
 - Dr. Spedale reviewed the work of the NICU Committee which has been working to rewrite the licensing levels for neonatal intensive care units. The end goal was to make recommendations on how to provide the best care across the state.
 - Level I – well baby
 - Level II – babies born at greater than 32 weeks/above 1500 grams
 - Level III – babies born at less than 1500 grams
 - Level IIIS – babies for whom surgical care is required
 - Level IV – all of the above plus babies who require extracorporeal membrane oxygenation (ECMO) and/or cardiovascular care. Two in the state- Children’s Hospital and Ochsner
 - The group’s work was around addressing the specialist access issue in the state. It wanted to support the services that are there. People putting patients before their needs. The group is currently finalizing the level 4 recommendations. Hoping to have level 3 and 4 to do Quality improvement and share data among each other.
 - Dr. Sibley – was this a DHH initiative or Medicaid?
 - Genesis was when department looked at DRGs for NICUs and realized they were not ready, they needed to first get the levels in order.
 - Dr. Sibley – What is the next step?

- They will finalize the recommendations and then go through the rulemaking process, which will allow for public comment.
 - Dr. Ann Kay Logarbo – will any facilities be assigned a different level than their current level?
 - Probably. But it's up to them to decide what their region needs. End result will be good. NICU services are now good. Will get better.
 - Dr. Sibley – should the committee keep this on the agenda for the next meeting?
 - Dr. Gee agreed to put it on the agenda for the next meeting.
 - Dr. Gordon – is there a goal to have the obstetrics go in parallel?
 - Dr. Gee - Waiting to see what ACOG is going to do with regionalization.
 - Ms. Noel – part of the impetus was that the health standards guidelines hadn't been updated. The AAP had recommended changes and this is the mechanism to get state to update the rules.
 - Dr. Gee – want to have this group making recommendations about where DHH needs to update guidelines. They shouldn't be stagnant. The department needs a plan for changes.
 - Ms. Noel – The NICUs have been following the regulations as written. Weren't doing anything incorrect, but not the same as the level of care going forward.
 - Mr. Keiser – does the position of the committee reflect the hospital's position or the position of the individuals on the committee? For example, with respect to a surgeon doing surgery at a Level III, would that happen?
 - Dr. Spedale – 12 members, 4 were neonatologists (2 from hospitals, 2 in private practice), 6 members chosen by LHA, 6 chosen by DHH. Nurses, hospitals, OBs.
 - Members took the approach of what's best for the process. Made decisions that the hospitals may not like. Apolitical; left organizations at the door. The public comment time will be when everyone else can comment – things may change.
 - Dr. Spedale – Second question – doesn't preclude from doing the surgery. Can be reimbursed, just won't be designated at that level. So they know when they are transferring to another place, you know what to expect.
- Obstetrics – Dr. Robichaux will be the chair
 - Plan is to start a perinatal quality collaborative. To create a system where hospitals can input data and can work together on a quality improvement project based on the data. Idea is to share data not for shame but for improvement. Example, progesterone administration. Better coverage will reducing unnecessary cesarean sections.
 - Please send recommendations for obstetricians or other interested to serve on the committee.
- Pediatrics – Dr. Vanchiere volunteered to serve as chair.
 - The Louisiana American Academy of Pediatrics has sent recommendations for members.
 - Please send other recommendations as well.
- Behavioral health – Need to identify the chair.
 - Dr. Hussey and Dr. Gee will talk about agenda items.
- Long Term Supports and Services – Dr. Logarbo volunteered as chair of the committee
 - Possible agenda items include: Pediatric day health care, children with special health care needs, dual eligible, adults and kids with long term care needs.
 - Looking for recommendations for PDHC regulations. Ensuring that every child there needs to be there and it's an appropriate use of services. Need to be consistent in criteria. Need to know what the license requirements are.



- Dr. Vanchiere recommended that Ms. Sonnier serve on the subcommittee.
- Dr. Sibley – currently the regulations are about diagnoses, not indications. Language has to be cleaned up. When it was developed, it was a good idea but need to make sure that the regulations.

Dr. Gee noted that the chairs have some autonomy. They can meet at will but chairs should let staff know. The subcommittees should report to this body and get input from this body. Can reach out to others to build a committee. She suggested that chairs send plans for their committee work. Staff wants to work collaboratively, however, in the subcommittees is where a lot of the work to improve the quality in Medicaid will be done.

- Emergency Medicine – The department already have a group working on ERs. Will want to have that group continue as necessary and report to this body.
 - Dr. Richey – Original subcommittee has morphed into the SR 29 group. Not sure how that group would come back as a subcommittee. Background – in March there was a recommendation to change the rule that if a patient didn't have an emergency issue, the hospital would only be reimbursed a triage fee. In response, the group started working on what to do about why there was high utilization of ERs: Examples: Medicaid recipients don't know their doctors, the ER is more convenient. The group came up with a report recommending increased education for seeking care in appropriate venues and data sharing, identifying frequent utilizers, get them into care management, provide appropriate care in the primary care setting.
 - Question – How does that come back to being a subcommittee?
 - Dr. Sibley – concerned that the PCPs are being graded on ED use of their patients.
 - Dr. Ritchey – Washington State has an initiative that has decreased the # of inappropriate use.
 - Dr. Gee - Looking for a chair. Dr. Ritchey will think about whether she can chair. Need to work to identify how to have a subcommittee without reinventing the wheel.

Dr. Vanchiere – suggested that the chairs of the subcommittees have a monthly call with Dr. Gee so they can identify anything that is cross cutting and to keep the work moving.

Each committee will have staff assigned. We are working on that but don't want to have that slowing movement down.

- Behavioral Health – moving target. Will need to think through how to structure as Magellan phases out and integration comes in.

Other issues

Dr. Gee – we get a lot of questions about genetic testing. Recommendation is to have the pediatric subcommittee take that on.

- Dr. Thomas – We have collected some data and done work already on that. Can bring that to the pediatric group.

- Dr. Vanchiere – the Obstetrics and pediatrics committees can work together on this
- Dr. Thomas – genetic testing providers are well meaning. They suggest to a patient that they can do a molecular test for the diagnosis and then when the test it isn't covered by the plan, it creates ill will.
- Dr. Brandt – there are a lot of tests out there. Companies should give specific care protocols with data and studies. There are valid issues for genetic testing. But not all have clinical relevance or applicable bearing on clinical decision making. For example behavioral health drugs – no proof that the genetic testing has relevance.

Dr. Brant - Hearing a lot about pediatrics, obstetrics, etc. Where is the adult care? With proper access to primary care the ED use will not be as much of a crisis. Haven't heard a lot about that today.

- Dr. Gee. Part of the problem is that we haven't had the representation on the committee to address those issues. Do we want a subcommittee? What should it be called? What would be covered?
- Dr. Kleinpeter – outpatient dialysis rather than an acute admission
 - Who is caring for the patients with the high needs? The subcommittee should include them. Examples: Heart failure, cardiology, diabetes, asthma, cancer (first 5 years, surveillance).
 - Recommendation is to have Brandt and Kleinpeter co-chair the subcommittee and to name it Adult Medicine
 - Dr. Hill-Spooner – should the committee be ad hoc or standing?
 - Dr. Brant made a motion to add Adult Medicine to the list of standing subcommittees. The chair called for a vote. All members present (18) were in favor, no members were opposed.

Administrative Simplification Committee

Mary Johnson – Originally it was a separate committee. They found there are some things in common and tried to integrate. Administrative Simplification is addressing the claims, billing, TPL, etc. Things that get in the way or are extra complicated.

The committee last met in July. A major effort was to address the 39 week initiative. The department announced that as of 9/1/14 the department would no longer pay for elective deliveries. Have since identified that the department had skipped a few steps in provider involvement. The process is currently using the LEERS methodology but the department is monitoring it. Looking at it both on the shared and fee for service side. They have identified some things that need to be adjusted and working on that. The committee has been working to get providers together to meet and make recommendations. The department wants to restrict payments prior to 39 weeks. The process can help with LEERS accuracy, create streamlined billing, and expedite the claims adjudication process. Currently finalizing the policy and provider communications. Because the policies are not finalized, February 1st will be the implementation date for Bayou Health. Will be using the same methodology that BCBS is using. The committee will meet at 3:00 PM. All are welcome to attend.

Other Issues

Dr. Vanchere – what are the MCOs doing about providers with the new contracts?



- United is doing new contracts. Will talk a bit about that in admin simp.

Dr. Vanchiere (Dr. Wallace?) - New CPT codes have come out – chronic care management 99490. Requires that patients have 2 or more illnesses. More than 20 minutes per month. Can be a game changer for behavioral health. Now is the time to look at the new codes. Suggest that we put on the next agenda to discuss the new codes. Before the meeting, staff will send them out to the committee so we can have a meaningful conversation.

Clinical Priorities

Dr. Gee – Progesterone – plans are required to share savings with providers – they can decide how. We have a three year PIP on prematurity. The work will come through this committee. First year is pediatric obesity, we also want the committee involved in that work. Postpartum visit - Part of the problem with measuring whether they are being conducted is bundled billing. The department wants to add payment and look to incentives for the postpartum visit. Will send out to the committee the incentive based measures when they are complete.

Quality Management Updates

Beverly Hardy Decuir – looking to fill a position to coordinate and facilitate the sub committees. Thanks to those that provided input into the quality management strategy. CMS is very pleased with it. It is currently being reviewed by Ruth, then it will be submitted to CMS. Once complete, the quality management strategy will be the blueprint to guide our vision to reality.

The department has finalized the contract with IPRO as the EQRO. They will starting the readiness reviews next month.

Meeting Dates in 2015

Staff is suggesting last Friday of quarter. Dr. Kleinpeter noted that the last Friday of June and December can be tough as it can be the end of the fiscal year. Instead, Dr. Gee asked the committee to check their availability for the second Friday of the last month of the quarter (March 13th, June 12th, September 11th, December 11th)

Other issues

Dr. Spedale - Section 3503 in the most recent notice of intent eliminates the requirement to participate in the administrative simplification committee has been removed. Staff will follow up. The Louisiana State Medical Society has submitted a comment on it.

Next agenda items:

Dr. Gordon – suggested to have Dr. Dalton participate. Use the committee to help the MCOs moving forward with integration of behavioral health. Examples: lessons learned, things to look into. Would like an update on behavioral health transition. Would also be good to have OBH participate.