

Q2 2019

Humana-CareSource Quality Assessment Committee (HCS QAC) MEETING MINUTES
June 3, 2019 (M) 8AM-10AM

Attachment I.C.9-2 Humana-CS QAC Meeting Minutes

HCS QAC Members					
HCS Kentucky Market			CareSource - Enterprise		
Name	Title		Name	Title	
x	Dr. Lisa Galloway	Medical Dir. (Chair)	Dr. Kyle Allen	Medical Dir.	
	Samantha Harrison	Dir., Administration	Dr. Mark Reynold	Medical Dir., Behavioral Health	
	Kristan Mowder	DIR. Care4U	x	Dr. Michael Oberdoerster	Medical Dir., Behavioral Health
	Mary Hieatt	Manager, Care4U	x	Debra, Hagemann	Dir., Utilization Management
	Joseph Vennari	Dir., Pharmacy		Judy Karpinski	Dir., QI
	Kisa Fenn	Dir., Mkt. Operations		Diane Cummings	Manager, QI
	Bryan Kennedy	Manager, Com. Mktg.	x	Lauren Knickle	QI Advisor
	Thomas Brown	Manager, Health Partnerships	x	Melinda Wilson	QI Advisor
x	Zelda Tutt	Manager, UM		Laura Zeller	Manager, QI
x	Debra Dixon	QI Specialist		Lisa Cary	Manager, Customer Advocacy
x	Margaret Zander	QI Specialist	x	Stephanie Beans	Manager, Customer Advocacy
				Jennifer Bogнар	Manager, Consumer Insight
			x	Heather Boyd	Manager, Consumer Insight
			x	Heather Clutter	Manager, Consumer Insight
				Erin Brigham	Pop Health Strategy Lead
				Kelly Kopecky	Dir. Behavioral Health
				Kristen Halsey	Dir. Vendor RM & Oversight
				Becky Swafford	Mgr. Clinical Quality Monitoring,
				Harold Hilty	Manager, Consumer Resolution
Humana Partner			Providers		
Name	Title		Individual Practitioner	Group Practice Name	
x	Cathy Stephens	KY Medicaid Executive Dir.	x	Renita Price, MD	Brownsboro Pediatrics
x	Sue Molnar	KY Medicaid Quality		John Johnstone, MD	Cardiologist, Richmond, KY
x	Audra Summers	KY Quality			
	Paige Greenwell	KY Medicaid Contract Manager			
x	Majid Ghavami	Network Executive, Contracting			
Vendor name	Title				
x	Nicole Allen	Avesis (Report provided prior the meeting)			
	Adrienne Benett	Avesis			
x	Sharon Murphy	Beacon Health Options			
x	Melody Grant	Beacon Health Options			
	Ben Hartzell	Beacon Health Options			
	William Nunley, MD	Medical Director, Beacon			

Meeting Room: CareSource Board Room, 10200 Forest Green Blvd., STE 400 Louisville, KY 40223 -Telephone Access via WebEx

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Item	Presenter	Minutes	Status/ Actions
1. Opening	Dr. Galloway	Dr. Galloway welcomed everyone to Q2 2019 HCS QAC. Attendees not in the Board Room participated via teleconference.	Closed
2. Review and Approval of Minutes	Dr. Galloway	Dr. Galloway asked for a review of 3/04/2018 Q1 meeting minutes. The minutes were reviewed. No corrections or additions made. Motion to approve by Dr. Price and seconded by Audra Summers. Motion passed.	Closed
3. Network gap report, Beacon, Behavior Health Q1	S. Murphy	a) S. Murphy presented the Q1 report on accessibility of the HCS (KY) providers for the members of HCS (KY) Membership numbering 147,538. Murphy noted that all members had access, noting that access is defined as members accessing prescribing nurses and providers within 30 miles. No gaps notes within the network. No questions or comments.	No QAC f/u action needed.
4. KY Work Plan Update Q1	J. Allen	J. Allen summarized the Q1 Work Plan reviewing the activities, goals, objectives and timelines outlined in the Work Plan that are updated quarterly. The Work Plan reviews the ongoing progress of key quality initiatives and goals are set at least annually. Some of the areas covered within the Work Plan are utilization management, member and provider activities, Performance Improvement Projects, Quality Improvement, Outreach and Education, Special Populations, etc. The Work Plan was approved in Q1, as was the QI Program Evaluation. The HEDIS work is ongoing and the HEDIS Audit is still in the process of being posted and the KY Specific Performance measures records are being retrieved and will be concluded at the end of this month. Clinical Practice Guidelines are presented here, and the Care Guidelines are updated and available via our Provider Portal. Our final PIP projects have concluded and the final reports are due to DMS in September. Motion to approve Work Plan by Dr. Price and seconded by Deb Hagemann.	No QAC f/u action needed.
5. 2019 QI Charter and ASCS PIP Update	J. Allen	Allen presented the 2019 Charter Annual Update describing this committee is charged with continually assessing, evaluating, and improving the quality of care and services provided and/or arranged for HCS members. This is accomplished through the development and implementation of programs for targeted populations designed to improve the quality of care and services and ultimately, clinical outcomes. Motion to approve the charter by Dr. Prove and seconded by Cathy Stephens. Allen reported on the ASCS PIP progress around Ambulatory Care Sensitive Conditions stating this is a collaborative project for all state health plans focusing on ER use for members with asthma, diabetes COPD and heart conditions. We have initiated DM activities for diabetes or asthma members triggered from episodic event (including ER visit or IP stay). We are reviewing data for ER visit or IP stay utilization to identify target facilities to partner with for intervention. We also have gap reports that go out to our providers listing members who did not receive recommended care based on HEDIS. Interventions and next steps were reviewed. Audra Summers asked if we know what the national average rates are for this population and Allen stated these are in the Performance Improvement Study Document. Summers stated it would be helpful to have these rates as a comparison to see how close we are to a baseline. No further questions or comments made.	No QAC f/u action needed.
6. Humana CareSource Network Gap Report Q1	M. Ghavami	M. Ghavami states that on the Medical side there are no inadequacies or gaps. No questions asked and no further comments made.	No QAC f/u action needed.
7. Consumer Council/QMAC Q1	Dr. Galloway	Dr. Galloway presents the Q1 QMAC minutes from 2/26/19 in Lexington, KY and discussed issues of cost sharing, My reward Program and Path Requirements. Further information will be available at the next QAC meeting as Brian Kennedy was not present to attend today. No questions or comments.	No QAC f/u action needed.
8. Humana CS UM Update Q1	b) Deb Hagemann	D. Hagemann presents the HCS UM Q1 update noting UM Turnaround time for Prior Authorizations averaged 99.5 for Q1 and Inpatient summaries were reviewed with denial rates increasing slightly for TANF but overall stats and trending remaining mostly steady. Hagemann clarifies the number of Inpatient days for Foster care cover all KY areas and she will get the exact	No QAC f/u action needed.

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		numbers for Medicaid members and report those out at next meeting. Trending and stats are also mainly unchanging for the ABDK and Dual inpatient admissions. Zelda Tutt was introduced as the new UM Manager for KY Medicaid. The UM/CM University of KY weekly Case Collaboration Team began meeting on 5/8/019 to discuss challenges in discharge planning. No questions asked, discussion closed.	
9. Customer Service, Q4	c) Stephanie Beans	Stephanie Beans provided an overview of the Q1 2019 Call Center Statistics Activity noting first quarter results for Member Services met the call center standards of average speed of answer for member and provider of 30 seconds or less and an Abandon Rate of 5% or less in all three months. The Call Center will continue to monitor performance on a daily basis to quickly discover when a metric has deviated from forecast. We also analyze call volume trends down to the call type to pinpoint the source of any unexpected increase in call volume. No questions asked, discussion closed.	No QAC f/u action needed.
10. Clinical Appeals Q1	d) Toni Cowin	No report available today due to Dayton Audit. This will be reported in the Q3 QAC meeting.	To be reported out at Q3 meeting
11. Non-Clinical Grievances Q1	e) Toni Cowin	f) No report available today due to Dayton Audit. This will be reported in the Q3 QAC meeting.	To be reported out at Q3 meeting
12. HCS Pharmacy Update Q1	g) Joe Vennari	John Allen presented in the absence of Joe Vennari stating Buprenorphine/Naloxone were the highest utilized drugs with the top 25 medications driving 49.5% of the cost. Cost per script averaged \$65.41, Up about \$11 over 2018 and the Hep-C costs were decreasing. MTM stats are <ul style="list-style-type: none"> • Members served: 9,171 • MTM claims : 17,625 • 60.52% TIPS • 4.38% RPh initiated Activities • 34.80% CMR's • Current TIP Opportunities: 23,222 Member counts, Utilization, PMPM, GDR and Formulary RX are all slightly increased over 2018. CMR Completion Rates for Q1 2019 were 20%; up over the 2018 Rate of 13%. Education programs were also reviewed with dates to begin in the next quarter. No questions, discussion closed.	No QAC f/u action needed.
13. Disease Management Q1	h) Sue Monnin	i) Susanne Monnin was unable to attend this meeting and J. Allen provided an overview of the Disease Management Program Q1 2019 of newsletters sent out for Asthma and Diabetes. Newsletters are being sent out four times a year instead of the previous two times per year. Hypertension newsletters are also being sent out to members with this trigger. Disease Management high and low risk totals for Q1 2019 has significantly increased over the previous 4 quarters with slight increases for both Asthma and Diabetes. We have identified opt-out issues for DM and will have a provided solution in the new Guiding Care platform. We have educated market leaders on the DM Identification and mailing process and how users can see which members received what materials at what time, and we are reviewing materials from a vendor that may be able to replace our old material and provide electronic information. We are having a difficult time developing a DM strategy that produces outcomes as the DM dashboard or condition-specific reports have not been developed by the IT teams and this matter has been escalated to the QEC. Audra Summers asked if member performance measures will be available on this DM dashboard; like average A1C measures for members before being in the program and how they fared at the end of the program and it was stated that this will be asked of S. Monnin in an email to get the response. No further questions, discussion closed.	No QAC f/u action needed.
14. CM CARE4U and HRA Update Q1	Dr. Galloway	Dr. Galloway presented the CARE4U Update for Q1 stating there is a total of 9 RN'S with 2 devoted to Maternal/Child Health and also the transition queue; 7 social workers, 7 Community Health Workers (CHW) with one RN position open. The Ratio of Care Managers (RN) and Care Coordinators (SW) to care managed members is 1:69. CHWs had only Potentially Medically	No QAC f/u action needed.

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		Frail cases and are thus not included in the final ratio at the end of the quarter as all those cases are now closed. Cathy Stephens asked if the staff focused on Maternal/Child health are coordinators, Dr. Galloway states there is a Maternal Health coordinator that speaks to providers and also case managers that target members in the first trimester to get them engaged in CM as early as possible. Interventions include targeted outreach to members based on high ER utilization and readmissions. We continue staff development with monitoring caseloads and documentation and Continue to work with staff on flexibility of scheduling to encourage alternate contact times for members. No further questions, discussion closed.	
17. Open Discussion	Dr. Galloway	Dr. Galloway asked if anyone had any comments or questions for open discussion Dr. Galloway expressed thanks to everyone for his or her attendance, and the meeting was concluded. Next meeting set for 9/9/2019 (M) 8-10 AM.	No QAC f/u action needed.

Minutes approved: _____
Committee Chair

Date _____

DRAFT