WESTERN HEALTH ADVANTAGE

COMPLEX CASE MANAGEMENT WORK GROUP MEETING
MEETING MINUTES
Nov 19, 2010

ATTENDANCE
Present Absent

NAME / TITLE / DEPARTMENT

Group/Entity Attendees

Present	Absent	Name / Title / Department
X		Nancy Bernard, RN, UM/CM Manager, Woodland Medical Group
X		Melanie Groth, RN, UM/CM Manager, Mercy Medical Group
X		Pepi Lall, RN, CM Manager, Hill Physicians Medical Group
X		Judith Cherrie-Richardson, RN, UM/CM Consultant, Mercy Medical Group
X		Shelley Stelzner, RN, UM Supervisor, NorthBay Medical Group

WHA Attendees

Present	Absent	Name / Title / Department
X		Sandra Lewis, RN, Clinical Resource Manager, WHA
X		Kelly Cieciorka, HSA/MPA, Corporate Quality Leader, WHA
X		Judy Boyer, RN, Clinical Quality Manager, WHA (last half hour)
X		Calie Hatte, RN, QI Coordination, WHA (last half hour)

CCM WORK GROUP - MEETING MINUTES – Nov 19, 2010

TOPIC / DISCUSSION	ACTION/RECOMMENDATIONS	PRESENTER
I. <u>Introductions/Attendance</u> The Complex Case Management (CCM) Work Group meeting convened in WHA's Sacramento Conference Room at approximately 9:10 am. Sandi Lewis welcomed staff from the Plan's delegated Medical Groups/IPAs (Groups) and facilitated introductions of all persons in attendance (see attendance roster for specifics). Most of WHA's delegated entities had at least one representative present, including: • CHW/Mercy Medical Group (UM/CM and QI reps) • Hill Physicians Medical Group (CM reps) • NorthBay Health Care (UM/CM and QI reps) • Woodland Health Care (UM/CM rep)	Sandi to mail packets of information from this meeting to Group managers who missed the meeting to keep them informed (UCD & GSMG).	Sandi Lewis, Clinical Resource Manager (WHA)
II. <u>NCQA Accreditation High Level Overview & Update</u> Kelly and Sandi discussed the new NCQA QI-7 requirement re: Population Based Assessments and gave examples of the types of populations/diagnoses that should be included in the delegated Groups' CCM screening criteria. For example: since UCD is the Level I trauma center for the WHA network, screening criteria to identify potential CCM cases at UCD should definitely include multiple trauma patients. Groups were instructed to evaluate their own unique populations to see if there were indications to revise their own screening criteria based on those findings. Kelly told the Work Group that WHA would also run some data queries in an attempt to identify unique identifiers for the WHA membership as well. Sandi said that WHA's CCM P&P and evaluation of current mandated screening criteria were on today's Work Group agenda to discuss in more detail later on to see if triggers based on diagnoses, etc. were adequately meeting the delegated Groups' unique populations (see Section IV later in these minutes for outcome). Sandi then focused the discussion on CCM Program Satisfaction Surveys, and the need for WHA to conduct them at the Plan level since some Groups were not consistently sending surveys out to their members, nor were return rates satisfactory. In addition, some Group survey results were not WHA-specific since they were anonymous. Because of these	Informational - General discussion of WHA's concerns and explanation of the purpose of this Work Group meeting. Groups must submit to WHA, a list of eligible members who participated in their CCM Program for at least 6 months in 2010, or whose cases were closed during 2010 (for Plan level Satisfaction Survey). Groups may continue to conduct their own internal CCM Program Satisfaction Surveys if desired (optional).	Sandi Lewis, Clinical Resource Manager (WHA) Kelly Cieciorka, MPA/HSA

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difficulties getting adequate information to evaluate member satisfaction with WHA's CCM programs performed by the Groups, Sandi explained that a decision was made by WHA's CMO and QI managers that WHA would have its vendor, *Care Call*, conduct telephonic surveys of eligible CCM Program participants for CY 2010, as it did in 2009, rather than relying on the Groups to perform this function. Sandi reassured Group reps that survey findings would be provided to the Groups after reports were approved by WHA's UM/QI committees so they could use the information to make improvements to their CCM programs if indicated. Groups agreed to provide WHA with lists of CCM Program participants who will qualify for the 2010 telephone satisfaction surveys within a month so the surveys can be completed before the holidays, if possible. Next, the discussion centered on Semi-Annual UM/CM reporting requirements. Sandi reiterated that Groups delegated CM functions need to consistently provide information about ER visits and acute hospital readmissions, especially for members opened to CCM programs, to properly evaluate the CCM Program Effectiveness measures established by this Work Group in 2009. Sandi and Kelly also reminded Group reps of the need for WHA to receive CM/CCM referral and open case data to evaluate ongoing CCM Program activity. Examples of "gold standard" data reporting were provided and discussed to reinforce the level of detail that is expected by the Plan, and to promote consistency in the method of reporting used by all Groups. The WHA-specific CM/CCM reporting template that was distributed to the Groups last year for this purpose was included again in Work Group materials to assist Groups in this effort. Sandi briefly explained that during her annual CCM file audits that she performed in 2010, she noticed that not all Groups printed a copy of the evidence-based criteria the case managers used to develop individual Care Plans. Kelly and Sandi emphasized the importance of not only referring to, but including copies of specific criteria in the hardcopy CCM files to ensure NCQA compliance when the onsite surveyors review their files next year. Sandi suggested that including Milliman general Care Guidelines based on the patient's main diagnosis is useful in developing Care Plans even if the Group cannot afford to purchase separate CM-specific criteria.		

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III. NCQA QI-7 Standards (Complex Case Management) - Handouts Sandi distributed a copy of the most current NCQA QI-7 Standards re: Complex Case Management, along with *2010 FAQs* from the NCQA website and briefly discussed the main changes. Sandi also distributed copies of WHA's current CCM policy and procedure (P&P), and recommended that the Groups use the Plan level P&P to update their own policies to ensure that the latest NCQA standards are included. Sandi also reviewed the rest of the Work Group documents in the meeting packet, which included: • WHA 2009-2010 CCM Program Effectiveness Measures • Sample effectiveness report from the American Medical Association re: CM telephonic interventions for patients with CHF • WHA's CCM Program Member Satisfaction Survey questionnaire • WHA's 2009 CY CCM Program Member Satisfaction Survey results report • WHA's CCM Cases Reporting Log template (eligible Group members for surveys) • Semi-annual WHA-specific CM/CCM report template • ICE Semi-annual UM/CM report template & "gold standard" example (blinded excerpts from Woodland's last semi-annual report) • CCM File Summary Form (sample template by WHA) • Sample CM Referral Scoring template (from NorthBay) • WHA's Spinal Cord Injury and HIV/AIDS Clinical Practice Guidelines • CMSA article re: "Impact of Technology on CM Practices" • CMSA "CM Caseload Concept Paper" (Proceedings of the Caseload Work Group)	Informational - Brief overview by Sandi of meeting handouts.	Sandi Lewis, Clinical Resource Manager (WHA)
IV. CCM Policy & Procedure Revisions/Updates Sandi and Kelly reiterated that although WHA will allow delegated entities to determine their own criteria to identify potential CCM candidates for screening, they will still be required to include a list of referral triggers	Groups to revise their own CCM P&P, to include new QI-7 standards and update WHA	Sandi Lewis, Clinical Resource Manager (WHA)

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mandated by the Plan. She explained that WHA would like their input at this meeting to revise the mandated list so it more appropriate to their populations. The previous triggers for CCM screening included the following: • AIDs • Transplants • Severe burns • Multiple trauma • End stage renal disease • Spinal cord injury • Patients with multiple diagnoses, rare high risk chronic diseases • Patients with developmental disabilities requiring multiple services • Patients requiring experimental or investigational procedures/treatment and clinical trials • Chronic illnesses that result in high utilization • Autism Spectrum Disorders After a lengthy discussion with Work Group reps, mutual agreement was reached to require the following diagnostic CCM screening triggers for all Groups, at a minimum: • Catastrophic • End-stage respiratory failure • Patients with multiple diagnoses, rare high-risk chronic diseases • Patients with developmental disabilities that require multiple services • Chronic illnesses that result in high utilization • Serious Mental Illness (i.e., Autism Spectrum Disorders) WHA and delegated Groups are to revise their CCM P&P according to the new mandated criteria agreed upon above and begin using the new triggers to identify potential candidates for CCM program interventions. They are also to submit their revised P&P to WHA for review and approval by 1st Quarter 2011. Other revisions needed to the CCM policies include, but are not limited to: changes to the caregiver role, replacing short/long term goals to priority goals, & adding speech, hearing, vision assessments.	mandated screening criteria triggers to match those decided upon by this Work Group today. Groups to submit their revised CCM Program policy to WHA by 1st quarter 2011.	Kelly Cieciorka, MPA/HSA

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V. <u>CCM Reporting & Delegation Oversight Requirements - Summary</u> The final discussion about QI-7 implementation was to re-convey the reporting requirements needed by WHA to provide effective oversight of the delegated CCM programs. Specific Group reporting requirements were outlined as follows: <u>Semi-annually</u>: Groups to report: • All CCM cases for WHA Commercial members that were opened and/or closed during the reporting timeframe, no later than 45 days after the quarter ends. *Note*: Groups are to use WHA's *Member Data File* reporting log template. Case data is used for Plan level Member Satisfaction Surveys. • Four (4) required WHA-specific CCM data elements within (or attached to) the existing semi-annual ICE UM Activity report template. The 4 CCM required elements include: 1) Total # of case management referrals rec'd during the reporting timeframe of 6 months; 2) # of referrals that met CCM criteria; 3) # of referrals opened to CCM; and 4) Top 3 CCM diagnoses. • ER visits and acute hospitalization readmission activity, relevant to CCM Program interventions and effectiveness measures. Sandi and Kelly specifically addressed WHA's CCM Program Effectiveness Measures (Goals) with the Work Group, emphasizing the importance of the Groups to routinely evaluate and report information to the Plan on ER visits and acute readmission rates. Group reps were reminded that the purpose of monitoring these encounters was to try to determine if CM interventions taken may have reduced utilization, or if not, could have possibly prevented such encounters depending on the individual patient's situation. All present agreed that the ultimate goal of monitoring these encounters is to hopefully identify areas for improving CM processes if indicated, and/or to reinforce that current CM interventions were successful.	Groups to submit required WHA-specific data/reports to WHA per established schedules. WHA's 2011 *Group Data Submission Schedule* to be posted on WHA Group Medical Admin web pages as a reference.	Sandi Lewis, Clinical Resource Manager (WHA)

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Most Groups are already evaluating ER visits and readmissions for UM purposes, but Sandi and Kelly explained that others are also monitoring these encounters to identify potential members for CM screening if they were not already open to case management.		
VI. Open Forum Questions and Answers were handled throughout the meeting and there were no new concerns voiced at this point in time.	N/A	N/A
VII. Adjournment The meeting was adjourned at approximately 12 pm.	N/A	Sandi Lewis, RN Manager (WHA)

Respectfully Submitted:

__________________________________ 11/19/10

Sandra Lewis, RN, Clinical Resource Manager Date Minutes Posted/Distributed: Jan-Feb 2011