WESTERN HEALTH ADVANTAGE

ANNUAL PLAN-GROUP JOINT UM/QI OPERATIONS
MEETING MINUTES
May 28, 2008

ATTENDANCE

Present	Absent	NAME / TITLE / DEPARTMENT
		Group/Entity Attendees
X		Carol Frost, RN, Quality Manager, Golden State/MBA
X		Janell Kays, Admin Assistant, Golden State/MBA
X		Terry Kelley, RN, CM Manager, Hill Physicians Med Group
X		Patty Landrum, RN, CM Director, Hill Physicians Med Group
X		Judith Cherrie, RN, UM/CM Manager, Mercy Medical Group
X		Janell Ostiguy, RN, Director Quality/Compliance, CHWMF
X		Shelley Stelzner, RN, UM/CM Supervisor, NorthBay
X		Peggy Dorigatti, RN, Case Manager, Sutter/Solano Med Group
X		Stephanie Fullerton, RN, Quality Manager, Sutter/Solano Med Group
X		Joanne DelCastello, RN, Nurse Manager, UC Davis Medical Group
X		Mollie Nelson, RN, Case Manager, UC Davis Medical Group
X		Roberta Peoples, RN, Case Manager, Woodland Health Care
		WHA Attendees
X		Sandra Lewis, RN, Clinical Resource Manager, WHA
X		Kelly Cieciorka, Corporate Quality Leader, WHA
X		Ramona Starr, LVN, Delegation Oversight Specialist, WHA
X		Linda Bynoe, RN, Clinical Resource Nurse, WHA

PLAN-GROUP UM/QI OPERATIONS - MEETING MINUTES – May 28, 2008

TOPIC / DISCUSSION	ACTION/RECOMMENDATIONS	PRESENTER
I. Introductions/Attendance The annual Plan-Group Joint UM/QI Operations (Ops) meeting convened in WHA's Sacramento Conference Room at approximately 9:10 am. Sandi Lewis welcomed staff from all of the Plan's delegated Medical Groups/IPAs (Groups) and facilitated introductions of all persons in attendance (see attendance roster for specifics). All major delegated entities had at least one representative present, including: • CHW/Mercy Medical Group (UM/CM and QI reps) • Golden State/MBA (UM/CM and QI reps) • Hill Physicians Medical Group (CM reps) • NorthBay Health Care (UM/CM and QI reps) • Solano-Sutter Regional IPA (UM/CM rep) • UC Davis Health System (UM/CM reps) • Woodland Health Care (UM/CM rep)	N/A	Sandi Lewis, Clinical Resource Manager (WHA)
II. NCQA Accreditation High Level Overview & Explanation Sandi distributed the agenda for today's Ops meeting and briefly explained the priority areas for discussion. She began by reminding those present that WHA is undergoing its 3-year NCQA re-accreditation renewal this Fall (early Sept 2008). She also explained the need to finalize implementation of new standards as quickly as possible, especially QI-7 standards re: Complex Case Management, which is the main topic of discussion for today's Ops meeting. Sandi also gave a briefing on NCQA Credentialing Standard 6 regarding practice site visits and corrective actions required for certain member complaints/grievances, which she said would be explained in detail in today's afternoon session (see Item VI below). Regarding QI-7 implementation, Sandi provided background information about the initial and subsequent steps that began early last year to evaluate whether or not contracted Groups could be delegated new CCM functions by WHA that would ensure NCQA compliance. To that end, Sandi explained that in Spring 2007, WHA notified contracted Groups of the new QI-7 standards and sent out initial and subsequent questionnaires & surveys to obtain information about current CM processes, staffing and	N/A	Sandi Lewis, Clinical Resource Manager (WHA)

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system capabilities. These were followed by on-site visits and discussions with key management staff as part of WHA's Due Diligence evaluation process to determine feasibility of delegation for the CCM functions. WHA UM/CM and QI managers also wanted to assess willingness by the Groups to accept delegation responsibility for CCM program functions as required by NCQA, which are much more stringent than regulatory requirements for general CM functions. Sandi explained that after the Due Diligence process and baseline evaluations were completed, it was determined that all contracted entities currently delegated by WHA to perform UM/CM functions, were willing and capable of accepting delegation responsibilities for the new CCM program requirements as well. Once this delegation was agreed upon and approved by WHA's appropriate oversight committees, Sandi explained that WHA required all the Groups to create/submit their own CCM policies and procedures, assessment tools, evidence of online case tracking systems as feasible, and other supporting documents to meet QI-7 requirements, which they did. After reviewing all the available CCM related information provided by the Groups, Sandi acknowledged that some Groups may need more time than others to meet all the requirements. However, she also emphasized the importance for all of them to continue making improvements and CCM program enhancements to eventually achieve full compliance in all areas as quickly as possible.		
III. <u>NCQA QI-7 Standards (Complex Case Management) - Specifics</u> Sandi distributed a copy of the NCQA QI-7 Standards re: Complex Case Management to Ops meeting participants during this discussion, along with the *2007 Standards Clarifications and Updates* document. Sandi also distributed copies of WHA's current and separate CCM and Routine CM policies and procedures (P&Ps) for review, and recommended that the Groups use these policies to update their own. Sandi also used a slide presentation to explain the QI-7 standards and discuss requirements in general terms. A more in-depth discussion about requirements was planned for the afternoon session since it was anticipated there would be many questions and clarifications needed once the requirements were outlined in detail.	N/A	Sandi Lewis, Clinical Resource Manager (WHA)

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IV. CCM Handouts: Sample Forms/Letter Templates – In-Depth Discussion Sandi began this discussion with a handout showing the basic differences between Utilization Management (UM) and Case Management (CM) functions. She felt it was important to make this distinction since many of the nurses who perform CM functions at the Group level often perform UM functions as well. Emphasis was also placed on the audience having a clear understanding of the differences between "routine" and "complex" case management, and knowing how to appropriately screen, categorize and follow-up on each type of case. Sandi pointed out that QI-7 standards only pertain to Complex CM processes and it is not applicable to routine CM interventions. Sandi reiterated that although WHA will allow delegated entities to determine their own criteria to identify potential CCM candidates for screening, they will be required to include a list of referral triggers mandated by the Plan. These include 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 During this discussion, Sandi handed out several examples of CM assessment forms, letter templates, satisfaction surveys and other useful tools shared by other Groups or downloaded from the Internet, to assist the Groups with designing their own internal CCM processes, documents and	WHA to create, approve and distribute internally developed evidence based guidelines for mandatory CCM referral triggers. Groups to develop/update necessary CCM program documents, tracking tools, policies, etc.	Sandi Lewis, Clinical Resource Manager (WHA)

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tracking mechanisms for delegation compliance. Several thought-provoking issues were raised and discussed among the meeting participants, along with numerous questions that were addressed re: the specifics of implementing all the required elements. The most prominent concern was around the use of evidence based guidelines, and the Groups' perceived or actual inability or unwillingness to invest resources to purchase or license new software or criteria specific to CCM functions at this time. To that end, Sandi explained that the Plan was willing to collect resources, internally develop some guidelines and share them with the Groups if necessary, at least for the mandatory diagnostic screening criteria (referral triggers) required by the Plan. This idea was enthusiastically endorsed and supported by Group reps, and with that response, Sandi immediately distributed a sample evidence based guideline that was recently developed by WHA and approved by its UM Committee re: Spinal Cord Injuries. Sandi has already shared Group staff contact information with meeting participants and encouraged them to work together and share ideas with each other, acting as a collaborative entity, to accomplish their individual and collective goals of implementing an effective and compliant CCM program within their own organizations. This networking among the Groups was already taking place during the lunch break and during other sidebar discussions that occurred throughout this Ops meeting.		
V. <u>CCM Reporting & Delegation Oversight Requirements</u> The final discussion about QI-7 implementation was to convey the CCM reporting requirements needed by WHA to provide effective oversight of the delegated program, and to make appropriate improvement interventions, when indicated. To that end, Sandi explained the need for the Groups to immediately start reporting certain specific information about CCM activities to the Plan on a regular basis, and she distributed a reporting template to assist them with this request. Additionally, Sandi informed the Ops meeting reps that the reason for submitting certain CCM data to the Plan was to assist our outsourced vendor, *Care Call*, with regularly scheduled Member Satisfaction Surveys. Group CCM activity data is also needed for	WHA to follow-up with delegated Groups to ensure they fully understand their delegation responsibilities for QI-7 implementation. WHA to obtain updated/revised Group level CCM policies, UM Program descriptions, assessment/tracking forms,	Sandi Lewis, Clinical Resource Manager (WHA)

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presentation to WHA's UM/QI Committees on at least a semi-annual basis. A hardcopy of WHA's revised *Group Documentation Submission Schedule* was distributed at this time to show the Groups when the new CCM reporting information would be required by the Plan and to whom it should be sent. A copy of WHA's Plan level Member Satisfaction Survey tool was also handed out for the Groups to review. Specific Group reporting requirements were outlined as follows: <u>Quarterly</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 template. Case data is used for Plan level Member Satisfaction Surveys. <u>Semi-annually</u>: • Groups to report 4 required 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. The next handout Sandi distributed included a copy of WHA's *CM Referral Form,* as a reminder that it is used by the Plan to report potential CM and CCM cases to the members' assigned Medical Group. The final handout for this discussion described WHA's CCM Program Effectiveness Measures (Goals), which are as follows: 1. 100% members meeting CCM referral criteria will have an initial assessment completed that meets NCQA requirements. 2. 100% members receiving CCM services will have a self management care plan completed; plan will include member input and understanding of the plan.	letter templates, etc. relevant to CCM activities. Groups to immediately start submitting required data/reports to WHA per established schedules.	

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3. 100% members in CCM will have a documented schedule for follow-up with the members/caregiver that includes but is not limited to: counseling, referrals to disease management, education and self-management support. 4. 90% or more of the overall responses to the *Complex Case Management Member Satisfaction Survey* will be a 4 or 5 rating. Sandi explained that part of WHA's oversight responsibilities for delegated functions includes ongoing monitoring and analysis of delegated activities, and the need to identify areas for improvement and implementation of effective interventions to achieve desired goals. To meet those requirements, at a minimum, WHA will conduct semi-annual Plan level Member Satisfaction Surveys (even if the Group performs its own surveys; subject to change), and WHA will perform annual CCM Delegation Oversight audits of Groups' CCM program activities and processes, which will include case file reviews.		
VI. <u>Facility Site Audits re: MD Practice Grievances – NCQA Cred-6 Std</u> Sandi introduced WHA's new Corporate Quality Leader, Kelly Cieciorka, to the meeting participants and explained that Kelly would be responsible for ensuring compliance with NCQA Credentialing standards, especially Credentialing Std 6-B re: Practitioner Office Site Quality. Kelly explained how Element B would affect our Groups that are delegated Credentialing activities and how it interfaces with certain Member complaints and grievances. Sandi and Kelly asked the meeting representatives if they thought their Quality/Credentialing management staff would prefer to make the on-site audits themselves and be directly responsible for following up with corrective actions, or if they preferred the Plan to do these interventions to ensure NCQA compliance. It was unanimous that the contracted Groups would like to make the on-site visits themselves and report findings to the Plan, as long as they were provided an appropriate and objective audit tool that would ensure consistency among the delegated entities. Kelly and Sandi agreed that an appropriate audit tool would be provided along with basic instructions.	WHA to develop a process and create/distribute an on-site audit tool and relevant Credentialing P&P for delegated Groups that includes specifics about Cred-6B implementation and delegation responsibilities.	Kelly Cieciorka, Corporate Quality Leader (WHA) Sandi Lewis, Clinical Resource Manager (WHA)

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Sandi and Kelly explained that some details still needed to be worked out at the Plan level to implement CR-6B, such as defining parameters to trigger a practice site visit and creating a new Credentialing P&P to describe the details about the audit and reporting processes. Since CR 6-B information was new to the Groups, there were only a few questions about this new NCQA standard. Sandi explained that she placed this item on the agenda primarily to determine Group preferences about responsibilities before a new process/policy was created at the Plan level.		
VII. <u>Open Forum</u> Questions and Answers were handled throughout the meeting and there were no new concerns voiced at this point in time.	N/A	N/A
VIII. <u>Adjournment</u> The meeting was adjourned at approximately 2 pm.	N/A	Sandi Lewis, RN Manager (WHA)

Respectfully Submitted:

_____ 7/18/08

Sandra Lewis, RN, Clinical Resource Mngr DateMinutes Posted/Distributed