Minutes of the Board of Community Health Care Management Committee Meeting September 12, 2013

The Board of Community Health Care Management Committee met June 14, 2012 at 2 Peachtree Street, Atlanta, Georgia 30303.

Committee member(s) present were Dr. Jack Chapman, Chairman. Department of Community Health (DCH) staff members present were Norm Boyd, Chairman. Dr. Janice Carson, Deputy Director, Performance, Quality and Outcomes Unit, Cheryl Williams, Clinical Director, State Health Benefits Plans.

Chairman, Dr. Jack Chapman called the meeting to order at 9:08 a.m. Chairman, Chapman stated that the minutes of the last meeting held on June 13, 2013 could not be voted on, due to the lack of a quorum.

Cheryl Williams gave an update on questions that were asked in the June 13, 2013 meeting. She stated that the percentage of members that opted out of the wellness plan for 2012-2013 was approximately 14%. This number may not truly represent those who opted out. It may be due to eliminating spouses from their plan or they may not have elected to be involved in the plan at all. In response to state and government entities using utilizing wellness tools, she states that the number of state and government entities that utilize the wellness tools such as biometric screening is approximately 16% which are doing foresight or are mandated to use it. Elective type use contributes to 73%.

Dr. Janice Carson presented an annual Quality Performance update on the Managed Care and Fee-For-Service populations. DCH is required to report these results to CMS. The update was based on the calendar year 2012 data. DCH uses the Bright Futures periodicity schedule as the schedule for children who are eligible for the EPSDT services. The initial set of measures showed how our provider's performances are monitored relative to the schedule's components. Performance measurements are benchmarked against the National Medicaid Managed Care standards that are published by the National Committee for Quality Assurance (NCQA), for the Healthcare Effectiveness Data and Information Set (HEDIS Measures). According to NCQA, there are approximately 169 out of 258 Medicaid managed care plans that report performance measure rates to them and that is how they generate the percentiles.

In summary, Dr. Carson states that two out of three CMO's had well-child visit rates at or above the HEDIS 50th percentile. In order to improve preventive care rates, DCH and the CMO's have been working with DCH's external quality and review organization to implement a new performance improvement project, which is called Bright Futures PIP. This project will begin in January 2014.

Other metrics reported included childhood and adolescent (12 - 21 years of age) immunization rates and adolescent well-care visit rates. The HEDIS 50^{th} percentile for HPV in female adolescents was 18.09%. This measurement is new this year. Dr. Carson presented data on weight assessments or BMI, nutrition counseling and counseling for physical activity for children and adolescents. She communicated data found for appropriate treatment for children with respiratory infections for children and adolescents.

Dr. Carson included statistics for diabetes, cardiovascular conditions, chronic obstructive pulmonary disease, behavioral health and utilization, ambulatory care for emergency room visits, medication management and preventive screenings for adults.

Dr. Carson ended her presentation with Consumer Assessment of Healthcare Providers and Systems (CAHPS) results. This is the first year this survey has been conducted. The PeachCare for Kids population rated all of their healthcare the highest at 88.1% and their personal doctor the highest at 89.6%. The child population, which includes both Medicaid and PeachCare for Kids members, rated their specialist seen the most at 93.5% and the child population also rated the overall rating of the program at 84.9%.

Adjournment:

There being no further business to be brought before the Care Management Committee, the meeting was adjourned.