

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 March 15, 2018

CalViva Health
 7625 North Palm Avenue; Suite #109
 Fresno, CA 93711
 Attachment A

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair	✓	Mary Beth Corrado, Chief Compliance Officer (CCO)
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Melissa Holguin, Medical Management Administrative Coordinator
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Compliance Project Manager
	John Zweifler, MD., At-large Appointee, Kings County		Melissa Mello, Medical Management Specialist
✓	Joel Ramirez, M.D., Camarena Health		
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Aamer Hayat, First Choice Medical Group		

✓= in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D, Chair	The meeting was called to order at 10:47 am.	
#2 Approve Consent Agenda <ul style="list-style-type: none"> - Committee Minutes: February 15, 2018 - QI/UM Committee Charter 2018 - Standing Referrals Report Q4 - Medical Policies Provider Update Q4 - CCS Report - Pharmacy Provider Update Q4 	<p>The February minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Formulary/Recommended Drug List was available for review at the meeting.</p> <p>Motion: Approve Consent Agenda (Verma/Cardona) 4-0-0-3</p>	

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- Pharmacy Formulary List Condensed Version (March) (Attachments A-G) Action Patrick Marabella, M.D Chair		
#3 QI Business Appeals & Grievances: - Dashboard (Attachment H) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the Appeals and Grievances Dashboard through January 2018 <ul style="list-style-type: none"> • The total number of Grievances for January is consistent with the 2017 average and timeliness compliance is at 100%. • Transportation grievances will now be tracked through the Appeals & Grievances processes and reporting. • Exempt Grievances are higher than previous months. This is primarily in the PCP Assignment category related to the EHS transition. • The total number of Appeals received and resolved for January is consistent with previous months and compliance is at 100%. 	Motion: Approve Appeals & Grievances Report – Dashboard (Ramirez/Verma) 4-0-0-3
#3 QI Business MHN Performance Indicator Report Q4 (Attachment I) Action Patrick Marabella, M.D, Chair	The MHN Performance Indicator Report was presented and reviewed. In Q3 2017, all 17 measures met or exceeded their targets. No action at this time.	Motion: Approve MHN Performance Indicator Report (Cardona/Verma) 4-0-0-3
#3 QI Business - PM 160 Report (Attachment J) Action Patrick Marabella, M.D, Chair	This report provides an update on provider compliance with submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventative services for members under the age of 21. <ul style="list-style-type: none"> ➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. There has been variation in provider submission rates due to confusion regarding the state’s plan to ultimately eliminate these forms. This data will be captured through claims and encounters data. The CalViva phase-out plan is as follows: <ul style="list-style-type: none"> • 2018 Paper & Electronic forms accepted • 2019 Electronic forms only • 2020 Forms eliminated 	Motion: Approve PM 160 Report (Ramirez/Verma) 4-0-0-3
#3 QI Business CCC DMHC Expedited	This report was created as part of a Corrective Action Plan (CAP) associated with CalViva’s Appeal & Grievance processes. As part of this CAP, the Customer Contact Center (CCC) staff is required to read a script to notify members	Motion: Approve CCC DMHC Expedited

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Grievance Member Report (Attachment K) Action Patrick Marabella, M.D, Chair	of their rights when filing any type of grievance, to specifically include expedited grievances. Compliance monitoring began in November 2016 and improvement has been noted over time. Staff training, coaching and reminders have been completed. A software change has significantly improved compliance in 2018.	Grievance Member Report (Verma Ramirez) 4-0-0-3
#4 QI/UM Business - 2018 QI Quality Improvement Program Description - 2018 QI Work Plan - 2018 UM/CM Program Description - 2018 UM/CM Work Plan (Attachment L - O) Action Patrick Marabella, M.D, Chair	Dr. Marabella presented the 2018 Quality Improvement Program Description and the 2018 Quality Improvement Work Plan. The Quality Improvement Program Description revisions for 2018 include: <ul style="list-style-type: none"> • The Purposes and Goals were reorganized and updated. • The Pregnancy Matters® program was changed to the Healthy Pregnancy Program. • for MemberConnections is a new education and an outreach program available to support Case Management and a description of this new program has been added. • It is anticipated that Disease Management will be changing to Envolve People Care this calendar year. It will continue to be available to members with asthma, diabetes, and heart failure. • Transition Care Management content was expanded. This program focuses on support during the transition from hospital to home. • Integrated Case Management was reformatted with expanded description of member identification process. • Credentialing has expanded with a description of the quality process. • Continuity & Coordination of Care content now includes behavioral health conditions and other related programs. • Annual QI Work Plan section: replaced the listing of departments that may contribute to the Work Plan to with the elements documented for each initiative. • Additional minor edits/updates were made throughout the document. The Quality Improvement Workplan activities for 2018 focus on: <ul style="list-style-type: none"> • Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Timeliness of Provider Appointment Access and After- Hours Access. ○ A full CAHPS Member Survey was completed in 2016 and will be conducted again this year. Continue with current strategies. • Quality & Safety of Care: <ul style="list-style-type: none"> ○ Appropriate antibiotic prescribing for bronchitis project focused in Madera County. ○ Laboratory monitoring of patients on persistent medications for members with high blood pressure or other conditions. Project focused in Madera County. 	- Motion: Approve 2018 QI Quality Improvement Program Description - 2018 QI Work Plan (Verma Cardona) 4-0-0-3

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	<ul style="list-style-type: none"> ○ Reduction in unnecessary imaging studies for uncomplicated low back pain. This project is also focused in Madera County. • Performance Improvement Projects: <ul style="list-style-type: none"> ○ Two new formal 18-month projects consisting of: <ul style="list-style-type: none"> ▪ Postpartum Disparity Project in Fresno County. ▪ Childhood Immunizations Project in Fresno County. <p>Dr. Marabella presented the 2018 Utilization Management Case Management (UMCM) Program Description and the 2018 UMCM Work Plan.</p> <p>The UMCM Program Description revisions for 2018 include:</p> <ul style="list-style-type: none"> • Transitional Care Management -revised timeframes for follow up calls. • MemberConnections- new section added describing this new education and outreach program. • Be In Charge! Anticipate this will be replaced with Envolve People Care during this calendar year. Continue with programs for asthma, heart failure, and diabetes. • Health Education updated regarding programs, services and materials. • Organization Structure and Resources - updated titles and minor language revisions. • Additional minor edits/updates were made throughout the document. <p>The UMCM Workplan areas of focus for 2018 include:</p> <ul style="list-style-type: none"> • Compliance with Regulatory & Accreditation Requirements including licensure, separation of medical decisions from fiscal and conducting audits. • Monitoring the UM Process including tracking and trending of prior authorizations, inter-rater reliability studies and trending of appeals. • Monitoring Utilization metrics has a new goal has been established in 2018 for the Expansion Population. We will continue to monitor under/over utilization. • Monitoring Coordination with Other Programs and Vendor Oversight includes several areas such as Case Management, the Disease Management Program, physician interactions with pharmacy and coordination of care between medical and behavioral health. • Monitoring Activities for Special Populations covers CCS identification and care for SPDs. 	<p>Motion: Approve:</p> <ul style="list-style-type: none"> - 2018 UM/CM Program Description - 2018 UM/CM Work Plan <p>(Cardona/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Key Indicator Report (Attachment P)</p>	<p>Dr. Marabella presented the Key Indicator report through January 2018.</p> <ul style="list-style-type: none"> • No substantial difference in SPD and Expansion membership is noted. 	<p>Motion: Approve Key Indicator Report (Ramirez/Cardona)</p>

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<p>Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> • The number of Admits has slightly increased from previous months. • ER utilization remained steady. • Bed Days PTMPY and the LOS has increased this month compared to 2017. This trend will be observed for another month. • Overall utilization is expected to improve in 2018. • Turn Around Time (TAT) Compliance is close to or at 100%. • Total Cases Managed under Integrated Case Management continues with positive trend. 	<p>4-0-0-3</p>
<p>#5 UM Business - UM Concurrent Review Report Q3 & Q4 (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>The Quarterly UM Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness review. Data was presented for July to September and October to December 2017. Variation was noted in several metrics however no significant issues were identified. Continue to monitor for trends.</p>	<p>Motion: Approve UM Concurrent Review Q3 & Q4 (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Concurrent Review Inter Rater Reliability (IRR) Q4 (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>Health Net administers the Concurrent Review (CCR) Medical Management function for CalViva Health members. The CCR process includes:</p> <ul style="list-style-type: none"> • Authorization of inpatient admissions • Proactive acute hospital discharge planning • Medical appropriateness review <p>In monitoring the CCR process, findings reveal that threshold target scores of 90% were met in each element. Medical Management has analyzed the results and will continue to monitor processes for improvement opportunities.</p>	<p>Motion: Approve Concurrent Review Inter Rater Reliability (IRR) Q4 (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Specialty Referrals Report HN (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>The Health Net Specialty Referral Report provides a summary of Specialty Referral Services that required prior authorization in the tri-county area in the third quarter of 2017. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored and trended over time.</p>	<p>Motion: Approve Specialty Referrals Report -HN (Ramirez/Cardona) 4-0-0-3</p>
<p>#5 UM Business - Inter Rater Reliability</p>	<p>The Inter-Rater Reliability Report for Physicians and Non-physicians is an annual evaluation of UM physicians and</p>	<p>Motion: Approve Inter Rater Reliability (IRR) for</p>

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(IRR) for Physicians and Non-Physicians Annual Report (Attachment T) Action Patrick Marabella, M.D, Chair	staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based medical policies, clinical support guidelines and technical assessment tools are used consistently during clinical reviews for medical necessity. <ul style="list-style-type: none"> ➤ The passing score is 90% for both physicians and non-physicians. ➤ Individuals who do not pass with a score of 90% or greater are required to participate in a refresher course and are re-tested. 	Physicians and Non-Physicians Annual Report (Ramirez/Cardona) 4-0-0-3
Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results - Top 30 Prior Authorizations - Quality Assurance for Pharmacy - Annual (Attachment U-Y) Action Patrick Marabella, M.D, Chair	Pharmacy reports for quarter 4 2017 include Operation Metrics, Inter-rater Reliability Testing, Top Medication Prior Authorization Requests, Quality Assurance for Pharmacy and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests, compliance around prior authorizations, and consistency of decision making in order to formulate potential process improvements. <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for fourth quarter 2017. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day. ➤ Fourth quarter 2017 top medication PA requests varied minimally from third quarter 2017. ➤ The IRR results for 2017 show that the overall (cumulative) and individual standard was met in all quarters except quarter 3. In quarter 3 the overall standard was met, however an opportunity for improvement was identified for one individual. Appropriate follow up was completed and with retesting in quarter 4 met all standards. 	Motion: Approve Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results - Top 30 Prior Authorizations - Quality Assurance for Pharmacy - Annual (Cardona/Ramirez) 4-0-0-3
#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment Z-AA) Action Patrick Marabella, M.D, Chair	Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities. <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met on February 15th, 2018. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2017 were reviewed for delegated entities, third and fourth quarter for MHN and fourth quarter for Health Net. 2. County specific Credentialing Sub-Committee reports were reviewed for the fourth quarters of 2017. No significant cases were identified on these reports. Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.	Motion: Approve - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Verma/Cardona) 4-0-0-3

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	<ol style="list-style-type: none"> The Peer Review sub-committee met on February 15th, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2016 were reviewed. There were no significant cases identified on the reports. The Quarter 4 Peer Count Report was presented at the meeting. For Q4, there were 7 cases closed and cleared to track and trend. Three were tabled pending further information. 	
#6 Compliance Update	<p>MB Corrado presented the Compliance report. There are 16 filings for DHCS and five for DMHC through February. Filing activity is expected to increase for 2018.</p> <p>Oversight audits currently in progress include Utilization Management, Claims, Provider Dispute Resolution process, and Member Service and Call Center. Q3 Provider Dispute audit just concluded and a corrective action plan (CAP) is required for non-compliance of turn-around time standards.</p> <p>Regulatory reviews and audits include:</p> <ul style="list-style-type: none"> Kaiser Undertakings: 180-day undertaking response was filed. The second filing due 3/20/18 is on track to be filed on time. DHCS 2017 Medical Audit: final results were received 2/28/18. CVH is currently working on CAP response. The three areas of findings were related to processing out of network emergency room claims with a potential CCS involved, specialty access in Kings County, and sensitive services. DHCS 2018 Medical Audit: DHCS will be onsite for audit April 16 - 27, 2018. No change in the 18-month DMHC follow-up. DHCS Encounter Data Corrective Action Plan (CAP): CAP was issued for lack of appropriate submissions of encounter data from 2015 and 2016 in Madera and Kings Counties. DHCS is also undertaking a new study on Encounter Data Validation where they will compare encounter data with medical records submitted to validate the accuracy of the encounter data. <p>The Public Policy Committee met on March 7, 2018. Items presented included annual reports, standard Appeals & Grievances report, Health Education updates, and Member Handbook & Provider Directory updates. The PPC committee had no recommendations for the Commission at this time. The next meeting is 6/13/18 in Kings County.</p>	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	
#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:07 pm.	

NEXT MEETING: May 17, 2018

Submitted this Day: May 17, 2018

Submitted by: Amy Schneider
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair