

**CalViva Health
QI/UM Committee
Meeting Minutes**

May 16th, 2019

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

Fresno-Kings-Madera
Regional Health Authority

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	✓	Mary Lourdes Leone, Director of Compliance
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Analyst
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
✓	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
	Guests/Speakers		

✓ = 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 10:37 am. A quorum was present. Dr. Marabella reminded members of the importance of consistent meeting attendance in order to establish and maintain quorum requirements. The committee discussed the meeting schedule dates and times. Committee members are encouraged to provide feedback on any ideas for improving the meeting schedule.	
#2 Approve Consent Agenda - Committee Minutes: March 21, 2019 - Appeals & Grievances Inter Rater Reliability Report (IRR) (Q1) - Appeals & Grievances	The March 2019 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full May Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/ Marabella) 4-0-0-3

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Classification Audit Report (Q1 2019)</p> <ul style="list-style-type: none"> - Quarterly A & G Member Letter Monitoring Report (Q1) - IHA Quarterly Audit Report (Q4 2018) - California Children's Service Report (CCS) (Q1) - Provider Office Wait Time (Q3 & Q4 2018) - Concurrent Review IRR Report (Q1) - Standing Referrals Report - Pharmacy Provider Update (Q1) - Pharmacy Formulary List Condensed March (Full May Formulary) (Attachments A-K) Action Patrick Marabella, M.D Chair 		
<p>#3 QI Business</p> <p>Appeals & Grievances:</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn 	<p>The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time.</p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard and the Executive Summary of A & G cases for Quarter 1 of 2019 compared to prior year (2018 Quarter 1). Committee members provided feedback on this</p>	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard &

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Around Time Report (March)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q1) - Appeals & Grievances Quarterly Member Report (Q1) - CCC DMHC Expedited Grievance Report (Attachment L-O) Action <p>Patrick Marabella, M.D., Chair</p>	<p>format, indicating this is a good way to present the data.</p> <p>The quarterly Appeals and Grievances Reports provide a comparative analysis of cases over time in order to assess for emerging patterns, compliance with turn-around times and to identify opportunities to improve policies or processes impacting our members. The Q1 2019 Quarterly Member Report compares key performance indicators to the previous quarter (Q4 2018). An increase in appeals and decrease in overall grievances is noted for this reporting period.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ In Q1, there were 300 total grievances resolved with 233 QOS and 67 QOC. These numbers are consistent with the prior quarter. ➤ A decrease in Exempt grievances is noted in 2019. This is primarily related to the completion of EHS transition last year which resulted in an increase in Exempt grievances which have since stabilized. ➤ The Transportation related grievances have continued to increase in volume as transportation utilization grows. Transportation grievances are being closely monitored and reporting processes continue to evolve as this is a fairly new benefit. Follow up actions are being initiated when trends are identified. One vendor was terminated in Quarter 4 due to persistent issues. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The total number of Appeals resolved in Quarter 1 2019 compared to Q4 2018 is noted to have increased. This increase is related to advanced imaging and pharmacy requests. <p><u>CCC DMHC Expedited Grievance Report</u></p> <p>The CCC DMHC Expedited Grievance Report provides a comparison of Quarter 1 2018 to Quarter 1 2019 in order to evaluate for patterns or trends, ensure compliance to turnaround time standards, and identify process/procedural changes to improve compliance. The Customer Contact Center (CCC) staff is required to read a script to notify members of their rights when filing any type of grievance, in particular to a member's ability to contact DMHC directly.</p> <ul style="list-style-type: none"> ➤ Improvement is noted since monitoring was initiated. ➤ Effective May 2019 a process change was implemented to further improve compliance. In the event that a provider calls on the member's behalf for a pre-service appeal, an outbound call will be placed by an Appeals and Grievance staff member to advise the member of his/her rights. 	<p>Turn Around Time Report (March)</p> <ul style="list-style-type: none"> - Appeals & Grievances Executive Summary (Q1) - Appeals & Grievances Quarterly Member Report (Q1) - CCC DMHC Expedited Grievance Report (Lee/Cardona) 4-0-0-3

QI/UM Committee Meeting Minutes

MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN
<p>#3 QI Business - Emergency Drugs Report (Q4 2018) (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ➤ Monitoring and reporting will continue to evaluate the effectiveness of this change. <p>The Emergency Drug report is prepared annually to provide evidence of compliance with state regulations when prescription medications are ordered at the time of discharge from the Emergency Room.</p> <ul style="list-style-type: none"> ➤ The sample includes three designated hospitals (one in each county) and cases are identified by ICD-10 codes to include ear Otitis Media (ear infections), extremity fractures, and Urinary Tract Infections (UTI). Only patients discharged from the ER are included. ➤ The goal of 90% compliance was met or exceeded for all counties in Quarter 4 2018. 	<p>Motion: Approve - Emergency Drugs Report (Q4 2018) (Cardona/Lee) 4-0-0-3</p>
<p>#3 QI Business - Emergency Drugs Report (Q4 2018) - PM-160 Report (Q4 2018) (Attachment P-Q) Action Patrick Marabella, M.D, Chair</p>	<p><u>PM-160 Report (Q4)</u> 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 assist CalViva Health to track preventative services for members under the age of 21.</p> <ul style="list-style-type: none"> ➤ The PM-160 form has been retired and this data is now captured via encounters and claims data. ➤ Anyone with a low compliance rate had information brought to them by our Provider Relations team to ensure appropriate coding moving forward. ➤ This is the final PM 160 Report. 	<p>Motion: Approve - PM-160 Report (Q4 2018) (Cardona/Lee) 4-0-0-3</p>
<p>#3 QI Business - Potential Quality Issues (PQI) Report (Q1) - PQI Corrective Action Plan (Attachment R-S) Action Patrick Marabella, M.D, Chair</p>	<p><u>Potential Quality Issues (PQI) Report</u> This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review activities. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated.</p> <p><u>PQI Corrective Action Plan</u> Clinical A & G staff is responsible for providing CVH with timely preparation of PQI, QOC and PPC case files to allow adequate time for CVH review, case completion, internal reporting, and when indicated, reporting to regulatory agencies.</p> <ul style="list-style-type: none"> ➤ Due to a failure of Clinical A & G staff to report upon and resolve some PQI's in a timely manner the need for corrective action was identified. ➤ A CAP has been developed to address the outstanding cases and prevent future failures. CAP monitoring 	<p>Motion: Approve - Potential Quality Issues (PQI) Report (Q1) - PQI Corrective Action Plan (Cardona/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - QI Summaries (Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations) (Attachment T) Action Patrick Marabella, M.D., Chair</p>	<p>will continue until monitoring results indicate all performance standards have been met. The initial PQI CAP was reviewed. Monitoring will continue.</p> <p>Four QI Summaries were reviewed with the committee including: Postpartum Care Disparity Performance (PPC), Comprehensive Diabetes Care (CDC), Breast Cancer Screening (BCS), and Childhood Immunizations Status Combo 3 (CIS-3). These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. All four projects were focused in Fresno County. Our process has been to work with a high volume, low compliance clinic to work with the Plan to initiate improvement interventions in an effort to improve clinic and county rates and share successful interventions with other clinics/providers in the service area. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for all measures.</p> <ul style="list-style-type: none"> ➤ Postpartum Care Disparity Performance Improvement Project (PPC) This PPC HEDIS® Performance Improvement Project (PIP) was initiated with a clinic in rural Fresno County and was focused on improving the rate of timely postpartum visits. Visit completion rates are currently above the 50th percentile. PIP closes 6/30/2019. ➤ Comprehensive Diabetes Care Improvement Project (CDC) This team implemented strategies to improve the percentage of members 18-75 years of age with diabetes who have completed screening tests that impact their disease: <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • Medical attention for nephropathy Compliance rates have improved at the targeted clinic. County level strategies need to be implemented. ➤ Breast Cancer Screening (BCS) The BCS HEDIS® measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. This project is focused on improving screening rates for the Hmong population at a targeted clinic. Hmong screening rates at the clinic were significantly lower than other groups. Team was successful in implementing Mobile Mammography at the targeted clinic with a 61.4% (81/132) completion rate during the first PDSA cycle and are at approximately 70% at this time. ➤ Childhood Immunizations Status Combo 3 (CIS-3) The CIS-3 HEDIS® PIP measure evaluates the percentage of children who complete their immunizations by the age of 2 years. This is a Performance Improvement Project (PIP) for CalViva. Completion rates improved, however due to a number of factors sustained improvement was not established at the targeted clinic. This PIP closes 6/30/2019. 	<p>Motion: Approve - QI Summaries (Postpartum Care, Diabetes Care, Breast Cancer Screening and Childhood Immunizations) (Lee/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Cultural & Linguistics/Health Education Business</p> <ul style="list-style-type: none"> - 2018 C&L Work Plan End of Year Evaluation & Executive Summary - 2019 Cultural & Linguistics Program Description with Change Summary - 2019 Cultural & Linguistics Work Plan - Cultural & Linguistics Language Assistance Program Report (Attachment U-X) <p>Action</p> <p>Patrick Marabella, M.D., Chair</p>	<p>Improvement opportunities for 2020 are under consideration at this time.</p> <p>Dr. Marabella presented the Cultural and Linguistic (C&L) 2018 Work Plan Annual Evaluation, the 2019 Program Description and the 2019 Work Plan.</p> <p>For 2018, 100% of the Work Plan activities were completed in all four areas.</p> <ul style="list-style-type: none"> ➢ Language Assistance Services: Non-Discrimination Notices and Taglines were updated and implemented on website; and four Language Assistance Program (LAP) and Health Literacy meetings took place. ➢ Compliance Monitoring: Investigated and completed follow up on thirty-two grievances in 2018; and assisted with coordinator of four Public Policy Committee meetings. ➢ Communication, Training and Education: Trained staff on new culture, language and perceived discrimination coding structure for Appeal & Grievance cases; and conducted seven LAP trainings for new Call Center staff. ➢ Health Literacy and Cultural Competency & Health Equity: Conducted training for clinic staff on cultural sensitivity and postpartum cultural practices and how to complete the cultural section of the revised OB form for our PPC HEDIS® PIP; and also partnered with the Health Education team to form the Mendota Community Advisory Group (CAG). <p>The 2019 C&L Program Description has been updated to include:</p> <ul style="list-style-type: none"> ➢ Communication for LAP: Added provider relations representative. ➢ C & L Consulting Services: modified gender preference to sexual orientation. ➢ Cultural Competency Education for Providers: modified gender preference to sexual orientation and added update that Cultural Competency training is documented in the provider directory. ➢ Health Equity Interventions: Included Medical Directors' support as part of the disparity reduction efforts. ➢ Appendix 1: Updated staff roles and responsibilities and updated Health Net name to Health Net LLC. <p>The 2019 C&L Work Plan activities will continue with an emphasis in the following areas:</p> <ul style="list-style-type: none"> ➢ Enhancing LAP reporting activities inclusive of GeoAccess mapping, timely access reporting for language services and bilingual staff certification oversight. ➢ Expand training and consulting services for contracted providers and staff inclusive of new disparity reduction efforts for postpartum care and breast cancer screening. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - 2018 C&L Work Plan End of Year Evaluation & Executive Summary - 2019 Cultural & Linguistics Program Description with Change Summary - 2019 Cultural & Linguistics Work Plan - Cultural & Linguistics Language Assistance Program Report (Cardona/Lee) 4-0-0-3

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Cultural & Linguistics/Health Education Business</p> <ul style="list-style-type: none"> - Health Education 2019 Executive Summary - 2018 Health Education Work Plan End of Year Evaluation - 2019 Health Education Program Description with Change Summary - 2019 Health Education Work Plan (Attachment Y-BB) Action <p>Patrick Marabella, M.D., Chair</p>	<p>Cultural & Linguistics Language Assistance Program Report was reviewed briefly. No issues identified. This report provides information on the language services utilization by CalViva Health members for 2018 as well as updates on Language Assistance Program (LAP) areas. This report also incorporates MHN Services' (MHN) Mental Health/Behavioral Health language utilization by CalViva Health members.</p> <p>Dr. Marabella presented the Health Education (HE) 2018 Work Plan Annual Evaluation, the 2019 Program Description, and the 2019 Work Plan.</p> <p>Overall, eleven of the fourteen Program Initiatives were met or exceeded the year-end goal. Three of the initiatives were partially met. Some sub-elements were not completed.</p> <p>The eleven initiatives that were fully met:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education 2. Community Partnerships 3. Digital Health Education Program 4. Health Equity Projects 5. HEDIS Incentive Program 6. Immunization Initiative 7. Member Engagement 8. Member Newsletter 9. Promotores Health Network 10. Compliance: Oversight and Reporting 11. Materials Update, Development & Inventory <p>The three initiatives that were partially met:</p> <ol style="list-style-type: none"> 1. Obesity Prevention: Members & Community: Planned closure of one program (FFFL Coaching) with as expected reduction in promotion and enrollment. The new Diabetes Prevention Program will address same population with roll-out in 2019. 2. Pregnancy Matters: DHCS stopped providing list of pregnant members with presumptive eligibility for program. Transition to new CVH Pregnancy Program with member incentive to inform of pregnancy and then enroll in program. 3. Smoking Cessation Program: Fewer provider referrals & less advertisement by California Smokers' 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Health Education 2019 Executive Summary - 2018 Health Education Work Plan End of Year Evaluation - 2019 Health Education Program Description with Change Summary - 2019 Health Education Work Plan (Cardona/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Helpline. Increase promotion to providers. Explore opportunities to reach smokeless tobacco users and explore opportunity to outreach to members. Follow up is planned for these areas in 2019.</p> <p>The 2019 HE Program Description has been updated to include:</p> <ul style="list-style-type: none"> ➤ Programs & Resources: Added diabetes prevention ➤ Programs & Services: Updated to reflect new weight management and pregnancy programs. Removed recorded/support services no longer available and added Health Ed Resource section. ➤ Group Needs Assessment: Added updated GNA findings are incorporated into annual work plan. ➤ Members: Removed Breastfeeding & Nutrition Support Line. ➤ Providers: Added Practice Transformation to Provider Relations Department & deleted Overweight Toolkits for providers. ➤ CVH & HN Staff: This section has been updated. ➤ Standards & Guidelines: updated terms used to “Counseling” & modified description. ➤ Leadership team/Incorporating Health Ed/Strategies: Updated titles and added Practice Transformation and PPGs. ➤ Program Evaluation: Updated process to include internal monitoring and evaluation and reference to APLs. Updated reference to GNA to indicate changes are monitored annually. <p>The 2019 HE Work Plan activities will continue from 2018 initiatives with the following enhancements:</p> <ul style="list-style-type: none"> ➤ Diabetes Prevention Program (New benefit) ➤ Asthma, behavioral health and GeoMapping capabilities were also added as new initiatives. 	
<p>#5 UM Business - Key Indicator Report & TAT Report (March) (Attachment CC) Action Patrick Marabella, M.D., Chair</p>	<p>The Key Indicator Report was presented with a comparison from Q1 2018 through Q1 2019.</p> <ul style="list-style-type: none"> ➤ An increase in utilization (Admits and Bed-days) is noted across all populations (SPD, TANF & Expansion) in Q1. There is also an increase in 30-Day Readmits noted for the TANF and SPD populations. Both of these increases represent a similar pattern to last year in the same time period. Upon further analysis last year, this increase was determined to be related to a particularly virulent flu strain resulting in an increase in ER visits and complications such as pneumonia and sepsis requiring hospitalization. Similar analysis for 2019 is pending. ➤ Medi-Cal Expansion rates were at or below threshold for 4 of 5 measures. These results are significantly 	<p>Motion: Approve - Key Indicator Report & TAT Report (March) (Lee/Cardona) 4-0-0-3</p>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business - Case Management, TCM, MemberConnections & Palliative Care Report (Q1) (Attachment DD) Action Patrick Marabella, M.D., Chair</p>	<p>better than the same period last year.</p> <ul style="list-style-type: none"> ➤ Perinatal Case Management outreach attempts and engagement rates have both improved. <p>This report provides a summary of Case Management, Transitional Care Management, MemberConnections and Palliative Care activities for Quarter 1 2019. A range of Case Management services are available to all CaViva members who may benefit. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics. Overall results have been positive in Q1 2019.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management (ICM) preliminary outcomes data demonstrates fewer readmissions and a reduction in ED visits for patients receiving ICM services compared to those who did not. ➤ Perinatal Case Management: The effectiveness of the program is evaluated based on the member's compliance with timely first prenatal visit and post-partum visit 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program. Both of these metrics showed improved compliance this quarter (5%-6%). ➤ Behavioral Health Case Management (BH CM): The volume of referrals increased from Q4 2018 to Q1 2019 and the quarterly average engagement rate also increased. The total number of cases managed January through March was 47; which exceeded the total managed in 2018 which was 42. ➤ Palliative Care: Referrals increased from Q4 2018 to Q1 2019. Fifty percent of these referrals came from the Concurrent Review (CCR) nurses in the hospital. 	<p>Motion: Approve - Case Management, TCM, MemberConnections & Palliative Care Report (Q1) (Cardona/Lee) 4-0-0-3</p>
<p>#5 UM Business - Inter-Rater Reliability Results for Physicians and Non-Physicians (Attachment EE) Action Patrick Marabella, M.D., Chair</p>	<p>The Inter-Rater Reliability Report for Physicians and Non-physicians is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.</p> <ul style="list-style-type: none"> ➤ The passing score is 90% for both physicians and non-physicians. ➤ Staff and Physicians who do not pass are required to retake the exam. ➤ Testing continues. A progress report will be provided to Medical Management in August. 	<p>Motion: Approve - Inter-Rater Reliability Results for Physicians and Non-Physicians (Cardona/Lee) 4-0-0-3</p>

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business - Utilization Management Concurrent Review Report (Q1) (Attachment FF) Action Patrick Marabella, M.D., Chair</p>	<p>The 2019 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2019. Focus is on improving member healthcare outcomes, minimizing readmission risk and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ There continues to be a significant increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and Emergency visits in Q1. ➤ There was an increase in 30 day re-admits for both the TANF and SPD populations This may represent a similar pattern to what was seen in 2018 related to an extremely virulent strain of flu resulting in increased ER visits and complications such as sepsis and pneumonia. ➤ A analysis, similar to last year, is pending. 	<p>Motion: Approve - Utilization Management Concurrent Review Report (Q1) (Lee/Cardona) 4-0-0-3</p>
<p>#6 Pharmacy Business - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics Report (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) (Attachments HH-II) Action Patrick Marabella, M.D., Chair</p>	<p>Pharmacy reports for quarter 1 2019 include an Executive Summary, Operation Metrics, Top Medication Prior Authorization Requests, 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.</p> <ul style="list-style-type: none"> ➤ Pharmacy prior authorization (PA) metrics were within 5% of standard for first quarter 2019. The overall PA turnaround time requirement was met. ➤ First quarter 2019 top medication PA requests remained the same. ➤ The Preferred Drug List was updated with changes considered to be “More Restrictive” than previously listed. 	<p>Motion: Approve - Pharmacy Executive Summary (Q1) - Pharmacy Operations Metrics Report (Q1) - Pharmacy Top 30 Prior Authorizations (Q1) (Cardona/Lee) 4-0-0-3</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment JJ)</p>	<p>Mary Beth Corrado presented the Compliance Regulatory Update. See report for full details.</p> <p>CalViva Health is required to investigate and submit potential fraud, waste and abuse cases to DHCS and other regulatory agencies as applicable. CalViva Health receives potential cases of suspected fraud from internal and external sources. Cases are opened based on tips, internal identification, or can be triggered by the use of automated and/or manual data mining activities. If the case rises to the level of suspected potential fraud, CalViva</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Health reports the case to DHCS via an MC 609 form within 10 working days from the date suspected potential fraud is substantiated.</p> <ul style="list-style-type: none"> ➤ In 2018, the Plan identified and submitted MC609s to DHCS for four cases which were determined to reflect suspected fraud and/or abuse activity. ➤ Thus far in 2019, the Plan identified and submitted MC609s to DHCS for four cases which were determined to reflect suspected fraud and/or abuse activity. <p><u>Department of Health Care Services (“DHCS”) 2018 Medical Audit</u> On March 27, 2019 the DHCS approved CalViva Health’s CAP and closed it out.</p> <p><u>Health Homes Program (HHP)</u> CVH has made the decision not to implement the HHP program. The state has been notified that the plan is withdrawing from participation in the program. There were concerns on the impact for the plan and provider groups regarding resources, time and efforts needed to implement the program.</p> <p>It was noted that the next Public Policy Committee will be held on June 12, 2019, 11:30 a.m. in Kings County.</p> <p><u>Oversight Audits of Health Net Community Solutions – 2018 Executive Summary</u> Mary Beth Corrado presented a summary of CVH’s oversight audit results which include:</p> <ul style="list-style-type: none"> ➤ Appeals and Grievances: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Call Center/Member Services: This audit was completed in two phases. Phase-I was a desk audit and no CAP was needed. Phase-II was conducted by listening to actual recorded calls. Findings required a CAP response. The CAP for phase-II was completed & accepted 12/27/18. ➤ Claims: Audit completed and a CAP was required. Files audited did not meet standard that at least 95% of cases were resolved within 30 calendar days. CAP completed & accepted 7/10/18. ➤ Credentialing: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Cultural and Linguistics: No CAP required. ➤ Emergency Services: No CAP required. ➤ Privacy and Security: No CAP required. ➤ Provider Disputes (Annual): For Q4 2017, did not meet standard of at least 95% of cases resolved within 	

QI/UM Committee Meeting Minutes

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>45 calendar days. CAP completed & accepted 7/15/18.</p> <p>For the four quarterly audits (Q4 2016, Q1 2017, Q2 2017 and Q3 2017) any findings were identified and CAPs were completed and accepted at the time that the respective quarterly audits were completed.</p> <ul style="list-style-type: none"> ➤ Provider Network: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. ➤ Utilization Management: No CAP was required, however opportunities for improvement were identified and discretionary recommendations made. 	
#9 Old Business	None.	
#10 Announcements	The next Quality Improvement Utilization Management meeting is scheduled for July 18, 2019.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D., Chair	Meeting was adjourned at 12:13 pm.	

NEXT MEETING: July 18, 2019

Submitted this Day: July 18th, 2019
 Submitted by: Amy Schneider
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella
 Patrick Marabella, MD Committee Chair