

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
October 15, 2015

CalViva Health
1315 Van Ness Avenue; Suite #103
Fresno, CA 93721
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)	
✓ Terry Hutchison, M.D., Central California Faculty Medical Group		✓ Amy Schneider, RN, Director of Medical Management Services	
✓ Brandon Foster, PhD. Family Health Care Network		✓ Ruby Mateos, Medical Management Specialist	
✓ David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers		✓ Brandi Ferris, Medical Administrative Coordinator	
Kenneth Bernstein, M.D., Camarena Health Center		✓ Mary Lourdes Leone, Compliance Project Manager	
✓ John Zweifler, MD., At-large Appointee, Kings County			
✓ Fenglaly Lee, M.D., Central California Faculty Medical Group			
David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)			
Guests/Speakers			
✓ Lali Witrigo, C&L Consultant			

✓ = 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 11:11 am.	
#2 Approve Consent Agenda - Committee Minutes 7/16/2015 - Medical Policies Qtr 2 - Public Programs Report - Cultural & Linguistics Language Assistance Program - Pharmacy Recommended Drug List Formulary (Attachments A-D) Action Patrick Marabella, M.D.,	The July minutes were reviewed and highlights from the consent agenda items were discussed. The Recommended Drug List was available for review at the meeting. The 2016 meeting schedule was discussed; in particular the meeting start time. We are frequently challenged to complete our agenda within the time limits currently set due to the volume of materials to be reviewed. After some discussion, Dr. Marabella proposed changing the start time of each QIUM Committee meeting from 11:00am to 10:30am to accommodate the majority of each member's schedule. Brandi Ferris to email this recommendation to committee members not in attendance and tally each member's vote. This will be discussed at the November QIUM Committee meeting for final decision.	Motion: Approve Consent Agenda (Cardona/Lee) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	<i>Dr. Hutchison arrived at 11:17am.</i>	
<p>#3 QI Business Appeals & Grievances Dashboard (Attachment E) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of August. The increase in volume of grievances remains consistent in 2015 data to date.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are broken down into two categories: Expedited and Standard. ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 82 grievances received and 53 grievances resolved in the month of August 2015. ➤ There was a decrease in grievances reported for July 2015 most likely due to the migration of systems within the HN data management system. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 21 appeals received in August 2015 and 18 appeals were resolved. ➤ It was noted that the most common type of appeal in August was Pre-Service Pharmacy with 13 cases. This is consistent with prior months. These cases primarily relate to Hepatitis C treatments. <p>Exempt grievances are resolved within 1 business day and do not require a written acknowledgement or resolution letter to the member. Exempt grievances were noted to have slightly increased in August 2015.</p>	
<p>#3 QI Business Provider Office Wait Time Qtr 3 (Attachment F) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of CalViva's ongoing monitoring of provider office wait times as required by DHCS. This audit relies on submission of wait times by provider offices. It was noted that submissions have been adequate for Fresno and Kings County, however, only one provider has been submitting data in Madera County.</p> <p><u>Follow up Activities:</u></p> <ul style="list-style-type: none"> ➤ Provider-specific outliers will be monitored for trends and follow up initiated when indicated. ➤ Results will be shared with clinics/providers via reports emailed to clinic/office managers. ➤ Provider Relations will assist with targeting clinics in Madera for data submission. 	
<p>#3 QI Business C&L Geo Access Report (Attachment G) Informational Patrick Marabella, M.D, Chair</p>	<p>The purpose of the 2015 C&L Geo Access Report is to examine the language, race, and ethnicity of CalViva Health members and contracted provider network for calendar year 2014.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ There is a need for Primary Care Provider (PCP) and Specialist sites that speak Arabic and Hmong in parts of Fresno. ➤ In areas of Kings County, Arabic and Cambodian are needed at both PCP and Specialist sites. 	

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	<ul style="list-style-type: none"> ➤ Hmong was identified as a need at some PCP sites. ➤ Language services are available telephonically at all sites 7 days per week in multiple languages at no charge to facilitate member communication. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ C&L will work with Provider Network Management to identify strategies that could address any language needs or gaps identified for primary care and specialists in Fresno, Kings, and Madera counties. ➤ The C&L 2015 Work Plan End of Year Evaluation Report will include an update on the Geo Access Assessment conducted and presented in 2013. ➤ This report is presented every other year. 	
<p>#4 2015 Quality Improvement/Utilization Management Mid-Year Work Plan Evaluations</p> <ul style="list-style-type: none"> - 2015 QI Mid-Year Work Plan Evaluation & Summary - 2015 UMCM Mid-Year Work Plan Evaluations & Summary (Attachment H, I) <p>Informational Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella presented the 2015 Quality Improvement/ Utilization Management Mid-Year Work Plan Evaluations. Copies of the presentation were made available to committee members and a summary of the information covered is included in the meeting packet.</i></p> <p>2015 Quality Improvement Mid-Year Work Plan Evaluation.</p> <p><u>Planned Activities and QI Focus for 2015:</u></p> <ol style="list-style-type: none"> 1. Access, Availability, & Service <ul style="list-style-type: none"> ➤ ICE Access Collaborative Workgroup <ul style="list-style-type: none"> ○ CVH participating in single vendor process for 2015 Provider Appointment Availability Survey ➤ Improve Compliance with After Hours Access <ul style="list-style-type: none"> ○ Met target for Emergency instructions ○ Corrective Action Plan for call-back within 30 minutes for urgent care in progress ➤ 2015 DMHC Timely Access Reporting (TAR) <ul style="list-style-type: none"> ○ Submitted March 31st, 2015 2. Quality & Safety of Care – Default measure compliance by county was reviewed. Measures that do not meet the Minimum Performance Level (MPL) require the initiation of an improvement plan. 3. Quality Improvement Projects <ul style="list-style-type: none"> ➤ Comprehensive Diabetes Care – Retinal Eye Exam <ul style="list-style-type: none"> ○ Project targets 5 clinics ○ Provider Profiles distributed ○ Focused quarterly audits continue ○ New member Incentive – Diabetic Log ○ PDSA Submissions to DHCS Quarterly <p>Improvement noted in 2015 HEDIS Eye Exam completion rates in all three counties. All counties are above the minimum performance level. DHCS discontinued annual QIP submission. Performance Improvement Project (PIP) selection due 9/30/15 for PIP #1.</p>	<p>Motion: Approve 2015 Quality Improvement Mid-Year Work Plan Evaluation (Hutchison/Cardona) 6-0-0-1</p>

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	<ul style="list-style-type: none"> ➤ All- Cause Readmission Collaborative <ul style="list-style-type: none"> ○ Implemented targeted interventions to reduce hospital readmissions in 2015. ○ Variable results noted. ○ Final PDSA submitted to DHCS 4/30/15. ○ Collaborative QIP discontinued ○ Second PIP selection due to DHCS by January 2016. <p>2015 Utilization Management Mid-Year Work Plan Evaluation.</p> <p><u>Planned Activities in 2015 Focus on:</u></p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring Utilization Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>All activities on target except three metrics which are “too soon to tell” for mid-year reporting</p> <p><u>Key Data Metrics:</u></p> <ul style="list-style-type: none"> ➤ Turn Around Time for Processing Authorizations: January – June: 98.4% ➤ Turnaround Time for Appeals: January – June 100% ➤ Inpatient Days/Thousand: Non-SPD & SPD – Reporting parameters are under revision to allow for analysis of the impact of the Medi-Cal Expansion (MCE) population. A new version of the Key Indicator Report currently in progress to reflect new parameters. <p><u>Key Findings:</u></p> <ol style="list-style-type: none"> 1. New federal and state regulations incorporated into policies and procedures 2. Acute Inpatient Performance report modifications to address MCE-New KIR 3. Over/Under Utilization report modification continues to address MCE population. New benchmarks in development 4. Provider (PPG) Report Cards will be available in September 5. Behavioral Health Performance-timeliness of first appointment for ASD (Autism) not meeting standards. Provider Relations contracting with additional providers. <p>Activities and initiatives will continue through December to meet 2015 year-end goals.</p>	<p>Motion: Approve 2015 Utilization Management Mid-Year Work Plan Evaluation (Hutchison/Lee) 6-0-0-1</p>
<p>#5 2015 Cultural & Linguistics/Health Education Mid-Year Work Plan Evaluations</p>	<p><i>Dr. Marabella presented the 2015 Cultural & Linguistics and Health Education Mid-Year Work Plan Evaluations. Copies of the presentation were made available to committee members and a summary of the information covered is included in the meeting packet.</i></p>	<p>Motion: Approve 2015 Cultural & Linguistics Mid-Year Work Plan Evaluation</p>

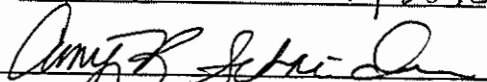
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> o Enrollment is less than 50% of year end goal. o California Smokers Helpline did not conduct mass promotion this year. <p>5. Member Health Education Classes</p> <ul style="list-style-type: none"> o Conducting classes in areas with high membership density o Significant improvement in member attendance. <p>Overall 13 of 15 initiatives met established targets by the mid-year. Work Plan adjustments have been made in order to meet all goals by end of calendar year 2015.</p>	
<p>#6 Performance Improvement & HEDIS® Update PDSA Submission Schedule (Attachment L) Informational Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented a list of HEDIS® measures by each county for 2013, 2014 and 2015 with minimum performance levels (MPLs). This chart shows improvement from 2014 to 2015 in some areas. Some metrics remain below the MPL.</p> <p>The five improvement projects for 2015 – 2016 for DHCS reporting are:</p> <ul style="list-style-type: none"> ➤ Postpartum Visits ➤ Kings County Bundle ➤ Monitoring of Persistent Medications ➤ Cervical Cancer Screening ➤ Medication Management for People with Asthma <p>Initial improvement plans will be submitted in September and October followed by quarterly updates.</p>	
<p>#7 UM Business Key Indicator Report (Attachment M) Informational Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report reflects data as of August 31, 2015. This report includes key metrics for tracking utilization and case management activities.</p> <p>A new Key Indicator Report was presented.</p> <ul style="list-style-type: none"> ➤ This report includes new categories to better identify sub-populations, additional drill down of the data, and graphic trending. ➤ It was revised to include the Medi-Cal Expansion (MCE), SPD, and TANF populations. ➤ A Utilization Management Report is in development that will provide analysis of the Key Indicator Report metrics and will be presented to the QIUM Committee. 	
	<p><i>Dr. Cardona left the room at 11:57am.</i></p>	
<p>#8 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment N, O) Action Patrick Marabella, M.D,</p>	<p>Credentialing Subcommittee Report. This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in May 2015. At the May 28th meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. The 2015 Credentialing Committee Charter was updated. Section V.A(4)b was revised to more accurately reflect committee composition, Section V.B (1) was simplified to state that appointments to the committee shall be for two years and the storage of committee member confidentiality statements was clarified in Section VI.D(2). The revised Charter was approved. 3. The Credentialing Committee did not meet in quarter 3 due to lack of quorum for the September 2015 	<p>Motion: Approve Credentialing Subcommittee Reports (Lee/Zweifler) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair	<p>meeting.</p> <p>4. The Credentialing Sub-committee will meet in October.</p> <p>Peer Review Subcommittee Report. This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> 1. The Peer Review sub-committee met on May 28th, 2015. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report. 2. The first quarter 2015 Peer Review Count report was reviewed and approved by the Peer Review Subcommittee. There was one case closed during this reporting period. There were no cases reported with CAP's outstanding. One case was tabled for further information. Ongoing monitoring and reporting will continue. 3. The 2015 Peer Review Committee Charter was presented. Section V.A(4)b was revised to more accurately reflect committee composition, Section V.B (1) was simplified to state that appointments to the committee shall be for two years and the storage of committee member confidentiality statements was clarified in Section VI.D (2). The revised Charter was approved. 4. The Peer Review Sub-committee did not meet in quarter 3 due to lack of quorum for the September meeting. 5. The Peer Review Sub-committee will meet in October. 	<p>Motion: Approve Peer Review Subcommittee Reports (Foster/Zweifler) 6-0-0-1</p>
#9 Compliance Update	<p><i>Dr. Cardona returned at 11:58am.</i></p> <p>M. Corrado presented the Compliance report. Highlights of this report included:</p> <ul style="list-style-type: none"> ➤ Potential Privacy and Security Breach Cases - CalViva Health is required to provide notification and respond to a potential breach of the security of protected health information upon discovery, but no later than 24 hours after discovery. No/Low risk - Official letter not required to be sent to affected individuals. High risk - Official notice required to be sent to affected individuals. ➤ Potential Fraud cases - CalViva Health is required to perform a preliminary investigation and report such cases to DHCS within 10 days. ➤ Health Net Oversight Audits: The oversight audit of the Appeal & Grievance functions has been completed. A corrective action plan (CAP) has been requested for two elements related to use of letter templates. ➤ Behavioral Health Treatment (BHT) Coverage for Children Diagnosed with Autism Spectrum Disorder (ASD): Approximately 300 CalViva Health members are receiving BHT services from the Central Valley Regional Center under Medi-Cal responsibility at the state level. BHT services for these members will transition to CalViva Health responsibility over a 6 month period starting February 1, 2016. CalViva Health is required to amend the Memorandum of Understanding (MOU) with the Central Valley Regional 	

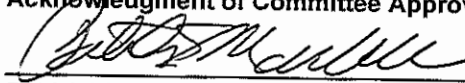
AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Center by December 31, 2015 using the DHCS MOU template issued October 2, 2015. > The next Public Policy Committee meeting is scheduled for December 2, 2015, 11:30 a.m. at 1315 Van Ness Ave, Suite 103, Fresno, CA 93721.	
#10 Old Business	None.	
#11 Announcements	None.	
#12 Public Comment	None.	
#13 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:05pm.	

NEXT MEETING: November 19th, 2015

Submitted this Day: November 19, 2015

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair