

Fresno-Kings-Madera
Regional Health Authority

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

October 20, 2016

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	✓	Brandi Ferris, 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
✓	Nicholas Nomicos, M.D., Camarena Health		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Lali Witrigo, Cultural & Linguistics Department		

✓ = 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 10:36am.	
#2 Approve Consent Agenda - Committee Minutes 8/11/16 & Committee Notes 9/15/16 - Medical Policies Qtr 2 & Pharmacy Provider Update Qtr 3 - Language Assistance Program - Public Programs Update - Provider Preventable Conditions Qtr 2 (Attachments A-E) Action Patrick Marabella, M.D,	The August minutes were reviewed and highlights from the consent agenda items were discussed.	Motion: Approve Consent Agenda (Cardona/Foster) 4-0-0-2

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Chair		
<p>#3 QI Business Appeals & Grievances Dashboard (Attachment F) 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 2016.</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 67 grievances received and 62 grievances resolved in August 2016. ➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. ➤ A downward trend was noted for both QOS and QOC cases. <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 25 appeals received in August 2016 and 23 appeals were resolved. ➤ It was noted that the most common type of appeal for August was Pre-Service Pharmacy. This is consistent with prior months as the management of Hepatitis C continues to evolve. 	
	<i>Dr. Lee arrived at 10:40am.</i>	
<p>#3 QI Business Provider Preventable Conditions Report Qtr 3 (Attachment G) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Provider Preventable Conditions (PPCs) identified during the reporting period. PPCs may be identified by providers/facilities, through claims data, encounter data or Potential Quality Issues (PQI) submissions. PPCs are associated with Hospital Acquired Conditions, Health Care Acquired Conditions and Other Provider Preventable Conditions as defined by state and federal regulations. When identified, DHCS requires health plans to report these cases via DHCS form 7107. There was one case identified and reported to DHCS during the reporting period.</p>	
<p>#3 QI Business Initial Health Assessment Audit Comprehensive Report (Attachment H) Informational Patrick Marabella, M.D, Chair</p>	<p>The Department of Health Care Services (DHCS) requires completion of the Initial Health Assessment (IHA) for new Medi-Cal members within 120 days of enrollment. In follow up to our 2016 DHCS Audit CalViva has initiated a more comprehensive and in-depth assessment of our IHA completion rates. This new multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>This new expanded report covers Quarter 2, 2016 for MRR with 60 records of new members audited. 97% of pediatric and 96% of adult records demonstrated compliance. Semi-annual results for Q1 and Q2 2016 Member Outreach were reviewed. The initial analysis of claims and encounters data for 2016 revealed a higher completion rate for adult members when compared to pediatric members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates.</p>	

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	Quarterly reporting will continue as we refine our new reporting processes.	
<p>#4 Quality Improvement Projects</p> <ul style="list-style-type: none"> - Monitoring Persistent Medications QI Summary - Medication Management for People with Asthma QI Summary (Attachment I-J) <p>Informational Patrick Marabella, M.D, Chair</p>	<p><i>P. Marabella, MD presented two HEDIS Project Updates.</i></p> <p>Dr. Marabella reviewed two QI Summaries for the committee covering Monitoring Persistent Medications and Medication Management for People with Asthma. Both projects were focused in Kings County and described improvement interventions, results, and recommendations. Positive results have been identified for both projects.</p>	
<p>#5 Quality Improvement/Utilization Management 2016 Mid-Year Evaluations</p> <ul style="list-style-type: none"> - 2016 QI MY Eval & Summary - 2016 UM MY Eval & Summary (Attachment K, L) <p>Action Patrick Marabella, M.D, Chair</p>	<p><i>Dr. Marabella presented the 2016 Cultural & Linguistics and Health Education Work Plan Mid-Year Evaluations and Executive Summaries.</i></p> <p><u>2016 Quality Improvement Mid-Year Evaluation:</u> The three categories covered consist of:</p> <ol style="list-style-type: none"> 1. Access, Availability, & Service 2. Quality & Safety of Care 3. Performance Improvement Projects <p>All initiatives are on track to be completed by year-end.</p> <p>Access, Availability & Service</p> <ul style="list-style-type: none"> ➤ Improve Access to Care - CVH participating in single vendor process for 2016 Provider Appointment Availability Survey. ➤ Improve Compliance with After Hours Access-Corrective Action Plans will be issued for Providers who do not meet standards. ➤ 2016 DMHC Timely Access Reporting (TAR) – Submitted March 31st. <p>Quality & Safety of Care</p> <ul style="list-style-type: none"> ➤ Well-Child Visits and Prenatal Care measures met the Minimum Performance Level (MPL) in all three counties. ➤ Childhood immunizations were not met in Kings County. ➤ HbA1c Testing was not met in Kings or Fresno. 	<p>Motion: Approve 2016 Quality Improvement Mid-Year Evaluation (Nomicos/Cardona) 4-0-0-2</p>

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	<ul style="list-style-type: none"> ➤ Controlling High Blood Pressure was not met in Fresno. ➤ Cervical Cancer Screening was not met in Madera County. <p>Performance Improvement Projects</p> <ul style="list-style-type: none"> ➤ Comprehensive Diabetic Care – Multidisciplinary team will initiate interventions over the next year to improve diabetes care in designated clinic with ultimate goal of spreading successful interventions to other clinics and counties. ➤ Postpartum Care - Preparing for initial intervention implementation with expanded data capture. First report available 8/31/16. <p><u>2016 Utilization Management/Case Management Mid-Year Evaluation:</u> Activities in 2016 Focus on:</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>Key Findings:</p> <ol style="list-style-type: none"> 1. New federal and state regulations incorporated into policies and procedures. 2. Continue initiative to identify high-risk members to enroll in the Transitional Care Management Program. Greater than 55% engagement rate. 3. PPG Profiles and Over/Under Utilization Metrics are produced quarterly and presented to CVH. 4. Behavioral Health Performance-timeliness of first appointment for ASD (Autism) members continues to be challenging. Low denominators impact rates. Provider Relations with ongoing efforts. <p>Activities and initiatives will continue through December to meet 2016 year-end goals.</p>	<p>Motion: Approve 2016 Utilization Management Mid-Year Evaluation (Nomicos/Lee) 4-0-0-2</p>
<p>#6 Cultural & Linguistics/Health Education 2016 Mid-Year Evaluations - 2016 C&L MY Work Plan Evaluation & Summary - 2016 Health Education MY Work Plan Evaluation & Summary</p>	<p><i>Dr. Marabella presented the 2016 Cultural & Linguistics and Health Education Work Plan Mid-Year Evaluations and Executive Summaries.</i></p> <p><u>2016 Cultural & Linguistics Mid-Year Evaluation:</u> The four categories covered consist of:</p> <ul style="list-style-type: none"> • Language Assistance Services • Compliance Monitoring • Communication, Training and Education • Health Literacy, Cultural Competency and Health Equity <p>All activities were completed by June 30, 2016, or are on target for year-end completion.</p>	<p>Motion: Approve 2016 C&L MY Work Plan Evaluation (Cardona/Lee) 4-0-0-2</p>

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<p>(Attachment M, N) Action Patrick Marabella, M.D, Chair</p>	<p>Activities completed consist of:</p> <ul style="list-style-type: none"> • 24 materials, including member newsletters reviewed for readability level, content and layout. • C & L related grievances reviewed and follow-up completed. • Conducted 4 Cultural Competency trainings for Call Center staff. • Co-lead the Industry Collaborative Effort (ICE) to update ICE Provider Toolkit. • Provided training on Western Medicine and Working with Interpreters for Transitional Case Management staff. • Computer based training for A & G staff <p>All work plan activities are on target for year-end and will continue to monitor and track services and activities.</p> <p><u>2016 Health Education Mid-Year Evaluation:</u> The six major areas of focus for 2016 are:</p> <ul style="list-style-type: none"> • Pregnancy • Weight Control • Member Engagement • Smoking Cessation • Preventive Health Care • Chronic Disease Education <p>Overall, 12 of 14 initiatives are on track to meet year-end goals. There were issues with getting promotional materials printed, approved, and out on time for two initiatives. Therefore, these initiatives have been moved to Q3. Barriers to full implementation of activities have been identified and are being addressed. Efforts to implement all initiatives will continue through the end of 2016.</p>	<p>Motion: Approve 2016 Health Education MY Work Plan Evaluation (Nomicos/Foster) 4-0-0-2</p>
<p>#7 UM Business Key Indicator Report & Turnaround Time Report (Attachment O) Informational Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of July 31, 2016. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ The Key Indicator Report is now a rolling 12 months. ➤ Membership continues to increase. ➤ ER visits have started to trend down. ➤ Bed days per thousand have decreased. ➤ Turn-around times are better than in previous months. ➤ Complex and Ambulatory Case Management have now been merged into one program as of September 2016 under Centene's Case Management program. There will be one integrated Case Management program moving forward. The program will now be all in-house, as opposed to vendors. Once a member has been assigned a Case Manager, that Case Manager will stay assigned to the 	

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	member regardless of acuity level. This supports continuity of care for members over time. ➤ Perinatal Case Management will transition to a new program after the first of the year.	
#7 UM Business Utilization Management Concurrent Review IRR Report (Attachment P) Informational Patrick Marabella, M.D, Chair	This report covers the 2016 activities of the CCR Audit Review process and results. The goal of the CCR audit is to ensure the CCR process supports consistent, credible and timely medical management decisions and records that will facilitate improved member outcomes, minimize post discharge gaps in care, and ensure reliable and regulatory compliant member and provider communications. ➤ The audit components include authorization processing, turnaround times, application of acute care criteria standards, and documentation of discharge collaboration. ➤ All elements met or exceeded the 90% goal.	
#8 Credentialing and Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment Q, R) 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. 1. The Credentialing Sub-committee will meet on October 20 th , 2016. At the October 2016 meeting routine credentialing and recredentialing reports will be reviewed for both delegated and non-delegated services. Reports covering the first quarter 2016 will be reviewed for delegated entities and second quarter for Health Net and MHN. 2. County specific Credentialing Sub-committee reports were reviewed for first quarter 2016. There were no cases identified with significant issues. 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. 1. The Peer Review sub-committee will meet on October 20 th , 2016. The county specific Peer Review Summary reports for Quarter 2 will be reviewed and approved. There are no significant cases to report. 2. The Quarter 1 Peer Count Report that was presented at the May 19th, 2016 meeting included a total of 6 cases with 4 cases closed and cleared, one case with an outstanding CAP, and one case that requires ongoing monitoring. 3. The Quarter 2 Peer Review Count report will be reviewed at the October 20th Peer Review Subcommittee meeting. Any significant issues that require reporting to the RHA Commission will be included in the 4th quarter report.	Motion: Approve the Credentialing Subcommittee Report (Nomicos/Lee) 4-0-0-2 Motion: Approve the Peer Review Subcommittee Report (Nomicos/Lee) 4-0-0-2
#9 Compliance Update	MB Corrado presented the Compliance report. ➤ A preliminary response from DHCS was received in September which identified three deficiencies; one which was related to claims in which CVH offered mitigating information and evidence showing disagreement in the extent of their findings. A response is currently pending. DMHC findings were	

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	<p>also received for the two audits conducted; one audit was conducted on the SPD population and the second covered total Medi-Cal business. The SPD audit contained one deficiency and the full Medical audit identified four deficiencies; one of which was the same identified in the SPD audit, three related to grievances, and one was in relation to an ID card issue. Overall, the joint audit went well, deficiencies were minimal and several have since been corrected. A corrective action plan is owed to both DMHC and DHCS after which final reports will be issued and become public.</p> <p>➤ The next Public Policy Committee meeting is scheduled for December 7, 2016 at CalViva Health. All Commissioners are invited to attend and observe.</p>	
#10 Old Business	None.	
#11 Announcements	None.	
#12 Public Comment	None.	
#13 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:56am.	

NEXT MEETING: November 17th, 2016

Submitted this Day: November 17, 2016

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair