

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 May 18, 2017

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		
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Lali Witago, Cultural & Linguistics	✓	Brianne Jackson, Health Education

✓ = 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 10:34 am.	
#2 Approve Consent Agenda - Committee Minutes: March 16, 2017 - Pharmacy Provider Update Q1 - Standing Referrals Report - CCS Report - Appeals and Grievances Audit Report - Concurrent Review IRR Report - Pharmacy Recommended Drug List (April) (Attachments A-G) Action	The March minutes were reviewed and highlights from the consent agenda items were discussed and approved. Dr. Verma was introduced and welcomed to the committee. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Nomicos/Zweifler) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair		
#3 QI Business Appeals & Grievances: - Dashboard - Executive Summary Q1 - Quarterly Member Report (Attachment H-J) Action Patrick Marabella, M.D, Chair	<i>Dr. Lee arrived at 10:41 am.</i> The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. In the first quarter report the following items were noted: Member Appeals and Grievances - > There were a total of 64 appeals. All cases were pre-service appeals. > There were 267 grievances. Access Grievances - > There were 17 Access to Care - Availability of Appointment with PCP. Exempt Grievances - the categories have been expanded for better trending of exempt grievances. Inter-rater Reliability - > This report evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for handling appeals and grievances. The first quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time.	Motion: Approve Appeals & Grievances Reports (Lee/Nomicos) 6-0-0-1
#3 QI Business PQI Report Q1 (Attachment K) Action Patrick Marabella, M.D, Chair	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.	Motion: Approve Potential Quality Issues Report (Nomicos/Zweifler) 6-0-0-1
#3 QI Business QI Summaries: - Cervical Cancer Screening - Childhood Immunizations - Postpartum PIP (Attachment L-N) Action Patrick Marabella, M.D, Chair	Dr. Marabella reviewed three QI Summaries with the committee covering Cervical Cancer Screening, Childhood Immunizations, and Postpartum Visits. These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. Two projects were focused in Kings County, and one project was focused in Madera County. Our process has been to work with a high volume, low compliance clinic with some established quality activities and the capability to work with the Plan to initiate improvement interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for each.	Motion: Approve QI Summaries (Foster/Nomicos) 6-0-0-1
#3 QI Business Quality Improvement Policy Grid (Attachment O) Action	The Quality Improvement policies were presented for annual review and approval. All policies were available for review at the meeting.	Motion: Approve Quality Improvement Policy Grid (Lee/Zweifler) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Patrick Marabella, M.D, Chair		
<p>#4 Cultural & Linguistics and Health Education Business</p> <ul style="list-style-type: none"> - 2016 CL Work Plan Evaluation and Summary - 2017 CL Program Description and Summary - 2017 CL Work Plan - Language Assistance Program Report - 2016 HE Work Plan Evaluation and Summary - 2017 HE Program Description - 2017 HE Work Plan (Attachment P-V) <p>Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2016 Cultural and Linguistics and Health Education Work Plan Annual Evaluations, and 2017 Program Descriptions and Work Plans.</p> <p>The Cultural and Linguistics 2016 Work Plan Evaluation highlights include:</p> <ul style="list-style-type: none"> ➤ 100% of activities completed in four areas: <ul style="list-style-type: none"> ○ Language Assistance Services - Updated CalViva Notice of Language Assistance (NOLA) ○ Compliance Monitoring - Developed a desktop procedure for grievance resolution, and collaborated with Health Education to complete the full scope Group Needs Assessment (GNA) ○ Communication, Training and Education - Developed computer-based training for A&G Coordinators, and conducted four Cultural Competency trainings for Call Center staff ○ Health Literacy and Cultural Competency - Co-facilitated the update to the ICE Care for Diverse Populations Provider Toolkit <p>The Cultural and Linguistics Program Description highlights of changes for 2017:</p> <ul style="list-style-type: none"> ➤ Enhanced C&L activities related to new federal nondiscrimination notices and taglines. ➤ Continue to expand training and consulting services for staff and contracted providers. <p>The Cultural and Linguistic Work Plan for 2017 focuses on:</p> <ul style="list-style-type: none"> ➤ Creating cultural awareness through education and consultation with an emphasis on non-discrimination ➤ Oversight and consultation for operational activities. ➤ Initiate recommendations identified through the GNA. ➤ Continue to enhance and expand on training for staff and contracted providers. <p>The Language Assistance Program highlights include:</p> <ul style="list-style-type: none"> ➤ A decline in all types of interpreter requests is noted for 2016 ➤ An internal and external barrier analysis is in process to discover root causes of this decline. ➤ Continue to track rates in 2017 and report results of analysis. <p>The 2016 Health Education Work Plan Evaluation highlights include:</p> <ul style="list-style-type: none"> ➤ Overall 9 of 14 program initiatives were completed. ➤ There were five initiatives that were partially met. The majority of challenges encountered were due to educational materials/resources or program delays. Follow up in 2017. ➤ Reprioritized efforts to support HEDIS initiatives in 2016. 	<p>Motion: Approve 2016 C&L Work Plan Evaluation and 2017 Cultural and Linguistics Reports (Nomicos/Zweiffler) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Health Education Program Description highlights of changes for 2017 include:</p> <ul style="list-style-type: none"> ➤ Minor updates to Educational Offerings ➤ Updated IHEBA/SHA descriptions ➤ Updated the Staff Resources and Accountability section <p>The Health Education 2017 Work Plan Next Steps include:</p> <ul style="list-style-type: none"> ➤ Obesity Prevention Fit Families for Life <ul style="list-style-type: none"> ○ Finalize and reprint materials ○ Resume promotional activities for high-risk members ○ Distribute Provider Update ➤ Smoking Cessation California Smokers' Helpline <ul style="list-style-type: none"> ○ Continue to promote the Helpline to identified smokers. ➤ Well Care & General Health Promotion <ul style="list-style-type: none"> ○ Partner with providers with a high volume of members to schedule reoccurring orientation and education at their sites. ○ Continue HEDIS improvement member incentives. ➤ Electronic Educational Program <ul style="list-style-type: none"> ○ Continue promotion of T2X campaign to increase participation ○ Launch Lifeline and Text Messaging Programs in 2017 ○ Promote MyStrength to case managers and members 	<p>Motion: Approve 2016 HE Work Plan Evaluation and 2017 Health Education Reports (Zweifler/Lee) 6-0-0-1</p>
<p>#5 UM Business Key Indicator Report (Attachment W) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of March 31st, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership for January has had a minimal decrease. ➤ Bed Days Acute - SPD's had a slight increase. ➤ ER visits PTMPY has decreased. 	<p>Motion: Approve Key Indicator Report (Nomicos/Foster) 6-0-0-1</p>
<p>#5 UM Business Utilization Management Concurrent Review Report Q1 (Attachment X) Action Patrick Marabella, M.D, Chair</p>	<p>The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q1 2017. 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"> ➤ The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days. ➤ The Transitional Care Management (TCM) program continues to demonstrate positive results focusing on members at high risk for readmission. TCM staff initiate proactive TCM referrals within 1 day of inpatient review to facilitate proactive and successful engagement at the time of acute hospitalization. 	<p>Motion: Approve UM Concurrent Review Report (Nomicos/Foster) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business Case Management & CCM Report (Attachment Y) Action Patrick Marabella, M.D, Chair</p>	<ul style="list-style-type: none"> ➤ The Case Management program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers two case management programs: Integrated (ICM) and Perinatal (PCM). Complex cases are included within the Integrated Case Management Program. The goal of these programs is to identify high risk members and engage them in the appropriate program. Case volumes are stabilizing. Team training aimed at improving member engagement rates completed. ➤ Skill building webinar for motivational interviewing attended by Care Management teams in March 2017. 	<p>Motion: Approve Case Management & CCM Report (Nomicos/Foster) 6-0-0-1</p>
<p>#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results (Attachment Z-BB) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics.</p> <p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All first quarter 2017 pharmacy prior authorization metrics were within 5% of standard. ➤ The August through December data is in process of being reconciled and will be presented once available. <p><u>Top 30 Prior Authorizations:</u> First quarter 2017 top medication prior authorization requests varied minimally from third quarter.</p>	<p>Motion: Approve Pharmacy Reports (Lee/Zweifler) 6-0-0-1</p>
<p>#7 Compliance Update: RHA QI/UM Committee Compliance - Regulatory Report (Attachment CC) Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> ➤ CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third-party liability information submissions, and specialty provider access. The encounter data and third-party liability CAPs were accepted and are now closed. The specialty provider access CAP is ongoing. ➤ CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data. ➤ Oversight audits in process consist of: Claims, Privacy and Security, Emergency Services, Cultural and Linguistics, and Utilization Management. A detailed summary of the 2016 audits was presented. ➤ The status of the Regulatory Reviews/Audits are as follows: <ul style="list-style-type: none"> ○ DHCS conducted an onsite audit April 17, 2017 - April 28, 2017. The Plan is currently awaiting the exit conference and the draft report from DHCS. ➤ In reference to new regulation implementation, CMS has issued a final rule on managed care in Medicaid. The Final Rule has a phased-in implementation process effective July 1, 2017 and impacts a number of documents including policies, the provider directory, Evidence of Coverage and others. The DHCS requested Plans to submit initial deliverables associated with the Final Rule Contract Amendment by May 12, 2017. ➤ The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring action by the QI/UM Committee or Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County. 	<p>Motion: Approve Compliance - Regulatory Report (Nomicos/Foster) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:07 pm.	

NEXT MEETING: July 20th, 2017

Submitted this Day: July 20, 2017

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair