

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
July 16, 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		
	Michael Mac Lean, M.D., 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			

✓ = in attendance

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order David Hodge, M.D, Chair	The meeting was called to order at 11:04 am.	
#2 Approve Consent Agenda - Committee Minutes 5/28/2015 - Pharmacy Provider Updates – Qtr 2 - Utilization Management Policy Grid (Attachments A-C) Action David Hodge, M.D, Chair	The May minutes were reviewed and highlights from the consent agenda items were discussed. The Recommended Drug List was available for review at the meeting. Policies presented for approval did not include significant changes.	Motion: Approve Consent Agenda (Cardona/Foster) 4-0-0-3
#3 QI Business Appeals & Grievances Dashboard (Attachment D) Informational David Hodge, M.D, Chair	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 May. The increase in volume of grievances remains consistent in 2015 data to date. <u>Grievances:</u> ➤ 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.	

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	<p>There were 107 grievances received and 128 grievances resolved in the month of May 2015.</p> <ul style="list-style-type: none"> ➤ Follow up will be initiated for any cases not meeting turnaround time standards. ➤ 36 of 51 Administrative Quality of Service Grievances were related to Kaiser PTE process. ➤ 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 19 appeals received in May 2015 and 15 appeals were resolved. ➤ It was noted that the most common type of appeal in May was Pre-Service Pharmacy with 11 cases. This is consistent with prior months. These cases primarily relate to Hepatitis C treatments.. ➤ Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified. ➤ Exempt grievance reporting in 2015 includes both SPD and non-SPD cases. This type of grievance is resolved within 1 business day and does not require a written acknowledgement or resolution letter to the member. Exempt grievances were noted to be down slightly in May compared to previous months; however the year-to-date average for 2015 is higher than the 2014 rate. 	
<p>#3 QI Business Emergency Drugs Report (Attachment E) Informational David Hodge, M.D, Chair</p>	<p>This report provides a summary of Quarter 2 2014 monitoring to determine whether access to needed medications after an Emergency Department(ED) visit is adequate for CalViva Health members. There were 40 cases audited. 37 cases met criteria in one of four ways:</p> <ol style="list-style-type: none"> 1. Pharmacy data confirmed that a prescription was filled in association with the ED visit. 2. Medical record review revealed that no medication prescription was indicated, i.e. viral syndrome. 3. Medication was dispensed directly from the ED 4. The patient already had appropriate medication from a recent PCP or ED visit. <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ The goal of 90% compliance was met overall for the tri-county area during the audit period. ➤ Oversampling will be utilized for the next reporting period to ensure adequate sample size for each facility audited. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> ➤ Since the overall compliance rate has been met for all quarters audited over the past year, it was proposed that the reporting frequency be decreased to twice per year rather than quarterly while continuing to refine case selection procedures. ➤ Committee members were in agreement with the recommended reporting frequency change however requested an increase in the sample size to ensure sufficient monitoring of our populations. 	
<p>#3 QI Business Provider Office Wait</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</p>	

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<p>Time (Attachment F) Informational David Hodge, M.D, Chair</p>	<p>have been adequate for Fresno and Kings County, however, only one provider has been submitting data in Madera County. In quarter 3 specific providers in Madera will be targeted to participate in submission of wait time data.</p> <p>Follow up Activities:</p> <ul style="list-style-type: none"> ➤ Provider-specific outliers will be reviewed further for trends and follow up initiated when indicated. ➤ Results will be shared with clinics/providers via report emailed to clinic/office managers. ➤ Provider Relations will assist with targeting clinics in Madera for data submission. 	
<p>#3 QI Business Public Programs Report (Attachment G) Informational David Hodge, M.D, Chair</p>	<p>The purpose of this report is to present Public Programs departmental activities and outcomes of formalized quarterly Memorandum of Understanding (MOU) meetings with County Department of Public Health, Behavioral Health and other service delivery agencies.</p> <p><u>Highlights of Activities:</u></p> <ul style="list-style-type: none"> ➤ Fresno County has started a new STD Gonorrhea initiative. ➤ Syphilis and Congenital syphilis is still increasing in Kings County. ➤ The Public Programs Coordination team mailed out 798 Coordination of Care letters to Inform Primary Care Providers of open CCS cases in order to facilitate care coordination among PCP's, specialists and the Public Programs Coordination Team. ➤ Follow up Activities include: CalViva Health will inquire about training partnership with Madera County regarding syphilis treatment guidelines for providers. ➤ Continue to meet on a quarterly basis with each of the organizations listed in the report to support and enhance service delivery. 	
<p>#3 QI Business MHN Performance Indicator Report (Attachment H) Action David Hodge, M.D, Chair</p>	<p>The Behavioral Health Performance Indicator Report provides a written record of an array of performance indicator metrics, surveying the topics of access by risk rating, authorization decision timeliness, potential quality issues, network availability and network adequacy for CVH members receiving mental health services.</p> <p><u>Overall Performance:</u></p> <ul style="list-style-type: none"> ➤ For quarter 1 2015, out of the 17 metrics with targets, all except 2 met or exceeded their targets. ➤ The Autism Appointment Timeliness did not meet target. There was a large increase in the total number of autism cases from quarter 4 2014 to quarter 1 2015. The ASG provider group is currently working to increase network capacity to meet current needs, and will educate providers regarding regulatory requirements to meet timely access standards. 	
<p>#4 Access & Availability Business - Appointment & After- Hours Survey Provider Update</p>	<p>The Provider Appointment & After-Hours Survey Provider Update was reviewed by the committee. This Update included results of both the Provider Appointment Availability (PAAS) and After-Hours Survey results. Results of the PAAS conducted in 2014 which focuses on appointment scheduling were positive. A second survey was conducted of participating providers to determine after-hours coverage for urgent and emergent member issues as required by the Department of Managed Health Care (DMHC) and the</p>	

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<p>- Open Practice Report (Attachment I, J) Informational David Hodge, M.D, Chair</p>	<p>Department of Health Care Services (DHCS) access requirements. <u>Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ Overall survey results for Fresno, Kings, Madera counties show 93% of those surveyed provided clear instructions for emergency situations. ➤ 58% of provider offices surveyed provided simple and comprehensive instructions on how to contact the on-call physician or qualified health care professional within the standard of 30 minutes for urgently needed services. <p>The committee discussed the results and potential strategies to address those results below the standard. Suggestions included:</p> <ol style="list-style-type: none"> 1. Determine how many providers use an answering service. 2. Identify the answering service used by most providers. 3. Identify the timeframe arrangement between providers and their answering service for each patient call and when the call will be answered i.e. within one hour or under thirty minutes; 4. Identify other physician coverage procedures including "on-call" providers. <p>Open Practice Report. This report evaluates the percentage of Primary Care Physicians (PCP) open to new patients and the percentage of specialists available for referrals. <u>Analysis:</u></p> <ul style="list-style-type: none"> ➤ 89% of the PCP's were accepting new patients. The increased rate compared to previous quarters can be attributed to PCP Fax Back activities in preparation for the provider directory. ➤ 100% of the specialist network practitioners were designated as available for referral. The 100% rate reflects the fact that all specialists are considered to be available for referrals <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Determine a process for obtaining more detailed information on specialist status and a process for communicating this to PCPs. 	
<p>#5 HEDIS 2015 Reporting Year - HEDIS 2015 Reporting Year Summary (Attachment K) Informational David Hodge, M.D, Chair</p>	<p><i>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>A summary of HEDIS® (Healthcare Effectiveness Data Information Set) performance measurements and the reporting process for the 2015 Reporting Year. HEDIS® performance standards are a set of nationally reported measures that are used to assess the quality of care provided to members. Managed Care Plans in California must report on 15 measures each year. There are five HEDIS® measures that impact default enrollment to managed care plans. The 2015 Default Enrollment Measures are:</p> <ul style="list-style-type: none"> ➤ Well-Child Visits (3 to 6 years) ➤ Childhood Immunizations by 2nd birthday 	

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	<ul style="list-style-type: none"> ➢ HbA1c Testing for diabetic members ➢ Cervical Cancer Screening ➢ Prenatal Care Visits <p>Managed Care Plans are required to meet Minimum Performance Levels (MPS – 25th percentile) on all measures. If performance levels are below the MPL an improvement plan must be developed and implemented by the Plan. Overall improvement was noted in meeting MPL standards. Additional information will be provided on specific improvement plans at upcoming meetings.</p>	
<p>#6 UM Business Key Indicator Report (Attachment L) Informational David Hodge, M.D, Chair</p>	<p>Key Indicator Report reflects data as of June 20, 2015. This report includes key metrics for tracking utilization and case management activities. A new Key Indicator Report is currently in development and is anticipated to be available for review at the next QI/UM Committee meeting. This report will include new categories to better identify sub-populations, additional drill down of the data, and graphic trending.</p>	
<p>#6 UM Business Case Management & CCM Reports (Attachment M) Informational David Hodge, M.D, Chair</p>	<p>The purpose of the Case Management program is to provide an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers three case management programs: Ambulatory (ACM), Complex (CCM), and Perinatal (PCM). <u>ACM Analysis/Findings/Outcomes:</u> <ul style="list-style-type: none"> ➢ The number of new cases opened has increased since last quarter. ➢ The team continues to refine case finding strategies to identify members for case management outreach. <u>CCM Analysis/Findings/Outcomes:</u> <ul style="list-style-type: none"> ➢ Focus for this quarter was to identify and engage the highest risk members for enrollment <u>PCM Analysis/Findings/Outcomes:</u> <ul style="list-style-type: none"> ➢ Currently collaborating with internal Perinatal Initiative Committee members to identify opportunities to increase referrals to the Perinatal Case Management program. ➢ Some challenges in contacting members continue. </p>	
<p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment N, O) Action David Hodge, M.D, Chair</p>	<p>Credentialing Subcommittee Report. This report provides the QI/UM Committee and RHA Commission with a summary of the first quarter 2015 CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in February 2015. At the February 19th meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Beginning in 2014, Mental Health Network (MHN) began reporting credentialing/recredentialing results to CVH in accordance with the mental health transition for Medi-Cal members. Credentialing activities for MHN include psychiatrists, psychologists and master-level providers. 2. There were 64 initial credentialing, 98 recredentialing, 0 suspensions, 6 terminations, and 0 resignations. 3. Count specific Credentialing Sub-committee reports were reviewed for the months of October through December 2014. There were no cases identified with significant issues. 	<p>Motion: Approve Credentialing and Peer Review Subcommittee Reports (Lee/Foster) 4-0-0-3</p>

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	<p>Peer Review Subcommittee Report. This report provides the QI/UM Committee and RHA Commission with a summary of the first quarter 2015 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 February 19th, 2015. The county specific Peer Review Summary reports for October through December 2014 were reviewed and approved. There were no significant cases to report. 2. The fourth quarter 2014 Peer Review Count report was reviewed and approved by the Peer Review Sub-committee. There were five cases closed during this reporting period. There were three cases reported with CAP's outstanding. One case was reported with ongoing quarterly monitoring of member grievances for 12 months. No significant quality of care issues were noted, however opportunities for improved interpersonal communication, administrative procedures and referral processes were identified. Recommendations for improvement and monitoring were communicated. Ongoing monitoring and reporting will continue. 	
#8 Compliance Update	<p>J Nkansah presented the Compliance report. Highlights of this report included:</p> <ul style="list-style-type: none"> ➤ Providing a correction to the total numbers of potential Fraud cases reported to DHCS year to date. The numbers were updated from 1 to 6 based on two (2) cases which were underreported to the Commission in January, two (2) in February, and one (1) in March. ➤ Advising that the 2013-2014 Credentialing and 2014 Privacy and Security Oversight audits are complete. There was not a corrective action plan required for Credentialing. A CAP is required for one deficient area in the Privacy and Security audit. ➤ Providing an update on the 2015 DHCS Full Service Medical Survey Audit. A CAP is required in the areas of Continuity of Care, Access and Availability and Member Rights. The Plan was found to be in complete compliance with the Utilization Management, Quality Management, Administrative and Organizational Capacity and State Supported Services. ➤ Providing an update on the Public Policy Committee meeting which was held on June 3, 2015 in Kings County. Committee members reviewed the Public Policy Committee Charter and recommended approval of the Charter by the Commission with no changes. The next Public Policy Committee meeting is scheduled for September 2, 2015 at 525 E Yosemite Ave, Madera, CA 93638. 	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn David Hodge, M.D, Chair	Meeting was adjourned at 12:14pm.	

NEXT MEETING: September 17th, 2015

Submitted this Day: October 15, 2015

Submitted by: Amy Schneider

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

David S. Hodge

David Hodge, MD Committee Chair