

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	✓	Melissa Holguin, 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)		

✓ = 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 11:05 am.	
#2 Approve Consent Agenda - Committee Minutes: May 18, 2017 - Medical Policies First Quarter - Provider Preventable Conditions First Quarter - Top 10 Diagnosis Report - Facility Site & Medical Record & PARS Review Report - Pharmacy Recommended Drug List (July) (Attachments A-F) Action Patrick Marabella, M.D Chair	The May minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting. Dr. Hodge was introduced and thanked for joining the committee on short notice.	Motion: Approve Consent Agenda (Hodge/Verma) 4-0-0-3

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<p>#3 QI Business Appeals & Grievances: - Dashboard (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p><i>Mary Beth Corrado (CCO) joined at 11:07</i></p> <p>The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. The Dashboard included data through the end of May 2017. In the second quarter report the following items were noted: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 89 grievances resolved. ➤ There was a total of 65 Quality of Service grievances. ➤ There were 24 Quality of Care grievances ➤ There was a total of 288 exempt grievances. Availability of Appointment with PCP. ID Card Issues, Behavior of Clinic and Staff, and PCP Assignment were higher trends. Member Services staff will assist members to schedule appointments, request ID cards and resolve other issues during the call or within 1 day. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ There were 11 Appeals for May, 3 expedited, and 1 non-compliant (Letter did not make turnaround time (TAT), Staff error and was addressed. ➤ Appeal metrics are reported by received date and resolved date. There were 49 appeals received in quarter 1 2017 and 45 appeals were resolved. 	<p>Motion: Approve Appeals & Grievances Reports (Verma/Cardona) 4-0-0-3</p>
<p>#3 QI Business Emergency Drug Report (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>The Emergency Drug Report was reviewed and presented.</p> <ul style="list-style-type: none"> ➤ This report provides a summary of monitoring activities associated with the provision of prescription medications to members post Emergency Room visit as required by state regulations. ➤ Minor correction noted, Page 2 (County specific Results header changed from Quarter 4 (2016) to Q1 (2017)) ➤ Good compliance noted in all three counties. Continue to monitor Provision of Emergency Medications and report results to QI/UM Committee. ➤ Total of 105 cases audited from all 3 counties. 	<p>Motion: Approve Emergency Drug Report (Hodge/Cardona) 4-0-0-3</p>
<p>#3 QI Business IHA Comprehensive Report (Attachment I) Action 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. CalViva has a comprehensive and in-depth assessment of our IHA completion rates. This 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 report covers Quarter 1, 2017 with 22 records of new members audited through MRR, 90% (20/22). The analysis of claims and encounters data for 2016 revealed a higher completion rate for pediatric members when compared to adult members. An improvement was noted in the percentage of IHA's completed when comparing Q1 2016 to Q2 2016 with 95% of IHA's within 120 days, related to software enhancements. PPG pilot program report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue. Rates reflect</p>	<p>Motion: Approve IHA Comprehensive Report (Verma/Hodge) 4-0-0-3</p>

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<p>#3 QI Business - PM 160 Report (Attachment J) Action Patrick Marabella, M.D, Chair</p>	<p>90% Member Outreach compliance for January through March 2017. Continue to monitor and refine reporting.</p> <p>PM 160 Report - This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventive services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <p>Challenges identified with matching members to assigned PCP and linking PM 160 directly to assigned PCP.</p> <p>Noted compliance (submission) rates for 0-2 yrs and 2-20 yrs have declined. May be related to provider confusion with state eliminating the Fee For Service requirement for PM 160 submissions.</p> <ul style="list-style-type: none"> ➤ 19% completion rate for members ages 0-2 ➤ 33% completion rate for members ages 2 -20 <p>Plan to focus on providers that are less than 40% compliant.</p>	<p>Motion: Approve PM 160 Report (Cardona/Hodge) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Q1 2017 was presented. Of the 17 metrics with targets, all but 3 met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Noted data query is overly strict causing some cases to be reported as outside of the TAT when they were not. This issue will be resolved and data updated by the next reporting cycle. 	<p>- Motion: Approve MHN Performance Indicator Report (Hodge/Verma) 4-0-0-3</p>
<p>#3 QI Business - Public Program First Quarter Report (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 1, 2017</p> <ul style="list-style-type: none"> ➤ This report has been revised and provides details and explanations for each County's activities and efforts. Future reports will be more summarized but will still provide adequate report of activities. ➤ Data contained in this report will be reconciled with those reported to the state. 	<p>Motion: Approve Public Programs Report Cardona/Verma 4-0-0-3</p>
<p>#4 QI Improvement/UM Business QI Summaries: - Monitoring Persistent Medications - Control Blood Pressure (Attachment M-N) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella reviewed the two QI Summaries with the committee covering Monitoring Persistent Medications and Controlling Blood Pressure. These reports summarize quality improvement activities associated with HEDIS® measures that have performed below the minimum performance level. One project was focused in Fresno 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.</p> <ul style="list-style-type: none"> ➤ Monitoring Persistent Medications (MPM) was conducted with a clinic in Hanford, the target was to complete test or schedule appointment for at least 10% of patients needing the lab test to monitor their medication by June 30,2017. That goal was met and exceeded, with approximately 60% of patients completing the test. 	<p>Motion: Approve QI Summaries (Hodge/Verma) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ➤ Controlling Blood Pressure (CBP) was conducted with a clinic in Fresno. The target was to schedule at least 30% of patients for a blood pressure assessment by March 15, 2017. That goal was met and exceeded, with approximately 80% of patients identified as having uncontrolled blood pressure scheduling an appointment. Both of these projects had very positive results. 	
<p>#5 UM Business - Key Indicator Report (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of May 31, 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-- has demonstrated little variation. ➤ ER visits PTMPY have leveled off. ➤ Perinatal- difficulty getting members engaged. ➤ Integrated Case Management- largest barrier was reaching patient by phone. ➤ . Case Management is initiating some new strategies to improve engagement rates including partnering with the Member Connections team to do home visits for difficult to reach members. 	<p>Motion: Approve Key Indicator Report (Hodge/Verma) 4-0-0-3</p>
<p>#5 UM Business - Turnaround Time Report (April) (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards. Findings from analysis of TATs for April cases:</p> <ul style="list-style-type: none"> ➤ One staff error, addressed ➤ One provider submitted 200 cases in one day. Provider subsequently withdrew the requests, however, some cases already missed standards and impacted rates. 	<p>Motion: Approve UM Turnaround Time Report (April) (Hodge/Verma) 4-0-0-3</p>
<p>#5 UM Business - Specialty Referrals Report Quarter 1- IMG, EHS, LaSalle, Adventist (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for IMG, EHS, LaSalle, and Adventist. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed. Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Report Quarter 1- IMG, EHS, LaSalle, Adventist (Hodge/Verma) 4-0-0-3</p>
<p>#6 Pharmacy Business - Executive Summary (Attachment R) 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. <u>Executive Summary:</u></p> <ul style="list-style-type: none"> ➤ Q3 & Q4 2016 reports presented. ➤ Due to technical difficulties associated with a software conversion reporting was delayed, however, orders were 	<p>Motion: Approve Executive Summary (Verma/Cardona) 4-0-0-3</p>

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Chair	monitored real-time through hourly emails to ensure timeliness. <ul style="list-style-type: none"> ○ All third quarter 2016 pharmacy Prior Authorization (PA) metrics were within 5% of standard. 	
#6 Pharmacy Business - Operations Metrics Report (Attachment S) Action Patrick Marabella, M.D, Chair	<u>Operations Metrics:</u> <ul style="list-style-type: none"> ➤ All third and fourth quarter 2017 pharmacy prior authorization metrics were within 5% of standard. ➤ No action required. Continue to monitor. 	- Motion: Approve Operations Metrics Report (Verma/Cardona) 4-0-0-3
#6 Pharmacy Business - Top 30 Prior Authorizations (Attachment T) Action Patrick Marabella, M.D, Chair	<u>Top 30 Prior Authorizations:</u> <ul style="list-style-type: none"> ➤ Fourth quarter 2016 top medication Prior Authorization requests varied minimally from third quarter. 	Motion: Approve Top 30 Prior Authorizations (Verma/Cardona) 4-0-0-3
#6 Pharmacy Business - Pharmacy Policy Grid (Attachment U) Action Patrick Marabella, M.D, Chair	<u>Pharmacy Policy Grid:</u> <ul style="list-style-type: none"> ➤ The Policy Grid listed all policies and summarized the changes made to the policies. All policies were available for review at the meeting. ➤ The new policy and other changes were discussed. Most edits related to department title changes and changes in terms, such as changing "Recommended Drug List (RDL)" to "Formulary". 	Motion: Approve Pharmacy Policy Grid (Verma/Cardona) 4-0-0-3
#7 Credentialing & Peer Review Subcommittee Business Credentialing Subcommittee Report (Attachment V) Action Patrick Marabella, M.D, Chair	<u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities. <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in May 2017. At the May 18th meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. The 2017 Credentialing Committee Charter was presented for annual review and accepted without changes. 3. The Credentialing policies were presented for routine review. Most policies included no changes or minor updates. One policy was added. All policies approved. 4. Standardized reporting forms include a section for credentialing entities to provide organizational updates and improvements when applicable. 5. The Quarter 1 2017 Credentialing report and other County-specific Credentialing Sub-committee reports were reviewed and approved. No significant cases were identified on these reports. 6. The Credentialing Oversight Audit of Health Net was completed in Quarter 2 and required a corrective action 	Motion: Approve Credentialing Subcommittee Report (Cardona/Verma) 4-0-0-3

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	plan to address two opportunities for improvement in the credentialing/recredentialing process.	
<p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachment W) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities. <u>Peer Review Subcommittee Report</u> 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 18th, 2017. The county specific Peer Review Summary reports were reviewed and approved. There were no significant cases to report 2. The 2017 Peer Review Committee Charter was presented for annual review and was approved without changes. 3. The Peer Review policies were reviewed and approved. Only minor changes were noted. 4. The Quarter 1 Peer Count Report was presented at the meeting with the following outcomes: <ul style="list-style-type: none"> o There were three cases closed and cleared. There were no cases with an outstanding corrective action plan. There were five cases pending for further information. 5. No significant quality of care issues noted. Follow up will be initiated to obtain additional information for tabled cases and ongoing monitoring and reporting will continue. 	<p>Motion: Approve Peer Review Subcommittee Report (Cardona/Verma) 4-0-0-3</p>
<p>#8 Compliance Update: RHA QI/UM Committee Compliance - Regulatory Report (Attachment X) Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> ➤ Health Net to provide corrective action plans (CAPs) on specialty provider access this remains under review by CalViva Health and CVH is receiving ongoing updated on improvement efforts. ➤ 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 progress are: Claims, Privacy and Security, , and Cultural and Linguistics. Utilization Management (UM) and Emergency Services (ES) audits are complete. CAP required for UM but not ES. A detailed summary of the 2017 audits was presented. ➤ The status of the Regulatory Reviews/Audits are as follows: <ul style="list-style-type: none"> o DHCS conducted an onsite audit April 17, 2017 - April 28, 2017. The Plan is currently awaiting the draft report from DHCS. ➤ The public Policy Committee met on June 7, 2017 and reviewed the Charter, Enrollment Dashboard, Appeals & Grievances Report, and a number of other reports- no recommendations or action items are requested of the QI/UM Committee or RHA Commission at this time. The next Public Policy Meeting is scheduled for September 6, 2017 at 11:30 AM, 344 E. Sixth Street, Madera, CA 93638. 	
<p>#9 Old Business</p>	None.	
<p>#10 Announcements</p>	None.	
<p>#11 Public Comment</p>	None.	
<p>#12 Adjourn</p>	Meeting was adjourned at 12:25 pm.	

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Patrick Marabella, M.D, Chair		

NEXT MEETING: September 21, 2017

Submitted this Day: September 21, 2017

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair