

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 21, 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	✓	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
✓	Kenneth Bernstein, 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 10:36 am. Dr. Bernstein was welcomed as a returning member of the QI/UM Committee.	
#2 Approve Consent Agenda - Committee Minutes: July 20, 2017 - Standing Referrals Report- HN - California Children's Service Report (CCS) - Appeals & Grievances Classification Audit Report Q2 - Appeals & Grievances Inter Rater Reliability Report Q2 - Health Education Incentive Program Report Semi Annual (Q1&Q2) - Public Health Policy Grid	The July 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.	Motion: Approve Consent Agenda (Bernstein/Zweifler) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Pharmacy Provider Updates - Pharmacy Formulary List Condensed Version (July) (Attachments A-I) Action Patrick Marabella, M.D Chair		
#3 QI Business Appeals & Grievances: - Dashboard (Attachment J, K & L) Action Patrick Marabella, M.D, Chair	<p><i>Fenglaly Lee joined at 10:38 AM; Mary Lourdes Leone joined at 10:50 AM</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 July 2017. Turn-around time standards not met for some ack/resolution letters in July. Corrective actions have been implemented and improvements noted. In the second quarter report the following items were noted:</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 238 grievances resolved. (64 SPD) ➤ There was a total of 168 Quality of Service grievances. ➤ There were 70 Quality of Care grievances ➤ There was a total of 709 exempt grievances in quarter 2.. Member Services staff 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 34 Appeals for quarter 2, all Pre-service.. ➤ <p>Access Grievances:</p> <ul style="list-style-type: none"> ➤ <u>Top access grievance classifications were reviewed. No new trends.</u> <p><u>Inter-rater Reliability:</u></p> <ul style="list-style-type: none"> ➤ 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 second quarter overall score averaged 99.03%. The audit score threshold is 95%. No action required at this time. 	Motion: Approve Appeals & Grievances Report - Dashboard (Bernstein/Zweifler) 6-0-0-1
#3 QI Business - Initial Health Assessment Quarterly Audit Report Q2 (Attachment M)	<p><i>Dr. Bernstein stepped out at 11:09 AM and stepped back in at 11:10AM.</i></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 developed a multi-pronged approach to evaluating completion rates to include the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters data 	Motion: Approve Initial Health Assessment Quarterly Audit Report Q2 (Lee/Cardona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<p>➤ Three-Step Member outreach Based on the MRR results, sites that were non-compliant will be sent a follow up educational letter advising of the DHCS requirements for timely completion of the IHA. For this reporting period, 5 sites were mailed letters during the week of 08/07/2017. Continue to monitor and refine reporting.</p> <p>The analysis of claims and encounters data for 2017 revealed a slightly higher completion rate for adult members when compared to pediatric members. An improvement was noted in the percentage of IHA's completed when comparing Q4 2016 to Q2 2017 with 91% of IHA's within 120 days. PPG pilot program report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue.</p> <p>Member Outreach compliance rates for January through June 2017 were 90%.</p>	
<p>#3 QI Business - Potential Quality Issues (Attachment N) Action Patrick Marabella, M.D, Chair</p>	<p>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. The volume of cases remained consistent for quarter 2 compared to previous quarters.</p>	<p>Motion: Approve Potential Quality Issues Report (Bernstein/Zweifler) 6-0-0-1</p>
<p>#3 QI Business - MHN Performance Indicator Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Q2 2017 was presented. Of the 17 metrics with targets, all but 2 met or exceeded their targets.</p> <p>➤ Noted data query is overly strict for Autism authorization timeliness 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. Monthly audits will be initiated.</p> <p>The BCBA (autism)provider ratio was slightly below standard although improved from quarter 1. Continued improvement anticipated for next quarter.</p>	<p>Motion: Approve MHN Performance Indicator Report (Bernstein/Cardona) 6-0-0-1</p>
<p>#3 QI Business Appeals and Grievances CalViva Health Daily Letter Review Logs & CAP Summary Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of daily A & G letter audits performed to ensure approved templates are used and other key requirements are correctly implemented. No errors identified in July. Any identified errors are corrected prior to mailing.</p>	<p>Motion: Approve Daily Letter Review Logs & CAP Summary Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - Public Program Report (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 2, 2017</p> <ul style="list-style-type: none"> ➤ This report has been revised and provides details and descriptions for each County's activities and efforts to include meetings, County Updates/Projects and education associated with Public Health and Public Programs. ➤ Data collection and reconciliation is in progress. ➤ Actions taken and next steps were reviewed. 	<p>Motion: Public Program Report (Bernstein/Lee) 6-0-0-1</p>
<p>#3 QI Business - Appeals & Grievance Policy Grid (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p><u>Appeals and Grievance Policy Grid:</u> The Policy Grid listed all policies and summarized the changes made to each. Due to a complete reorganization, numerous changes required to meet CMS Final Rule requirements, and the DHCS APL 17-006, all A & G policies were retired and replaced. All policies were available for review at the meeting.</p>	<p>Motion: Approve Appeals & Grievance Policies (Bernstein/Foster) 6-0-0-1</p>
<p>#3 QI Business - Cervical Cancer Screening QI Summary (Attachment S) Action Patrick Marabella, M.D, Chair</p>	<p>A QI Summary covering the Cervical Cancer Screening (CCS) Project implemented by the CVH Medical Management team this year in Madera County was reviewed for the committee. The Summary described improvement interventions, results, and recommendations. Positive results were obtained for this project. By June 30th, 2017 fifty-seven percent (57%) of women included in the study completed their cancer screening. Successful interventions and Lessons Learned will be shared with other providers in Fresno, Kings and Madera Counties to improve the health and wellness of our members.</p>	<p>Motion: Approve Cervical Cancer Screening QI Summary (Bernstein/Cardona) 6-0-0-1</p>
<p>#4 QI/UM Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment T) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2017 Mid-Year Quality Improvement Work Plan Evaluation. Initiatives on track at the mid-year point include:</p> <ul style="list-style-type: none"> ➤ Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access at the provider level through the annual Provider Appointment Availability Survey (PAAS). ○ PPG and provider corrective action plans (CAPs) will be required for results below established standards. ➤ Quality and Safety of Care: <ul style="list-style-type: none"> ○ All three counties exceed DHCS MPLs in the Default HEDIS® Measures Performance Improvement Projects: <ul style="list-style-type: none"> • Diabetes Care in Kings County and Fresno County. • Postpartum Care in Kings County. 	<p>Motion: Approve Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Bernstein/Cardona) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 QI/UM Business - Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment U) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2017 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2017.</p> <p>Activities focused on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements 2. Monitoring the UM Process 3. Monitoring the UM Metrics 4. Monitoring Coordination with Other Programs and Vendor Oversight 5. Monitoring Activities for Special Populations <p>Results of these activities:</p> <ul style="list-style-type: none"> • Turn-around Time for prior authorizations averaged at 97% • Turn-around Time for appeals was 97.6% • For SPDs and Non-SPDs the goal was met for Inpatient days/1000 <p>Additional key findings; all are on track and will continue through the end of the year:</p> <ul style="list-style-type: none"> • Incorporated new Federal and State regulations • Continuing Transition Case Management Program • PPG Profiles and Over/Under Utilization metrics • Behavioral Health Performance measures. 	<p>Motion: Approve Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Bernstein/Cardona) 6-0-0-1</p>
<p>#4 QI/UM Business - HEDIS RY2017 Update (Attachment V) Action Patrick Marabella, M.D, Chair</p>	<p>On an annual basis, DHCS selects an External Accountability Set (EAS) of performance measures to evaluate the quality of care provided to Medi-Cal members.</p> <p>There are 16 HEDIS® based metrics and the All-Cause Readmission measure which is a non-HEDIS measure, for a total of 17 performance measures.</p> <p>The Default Measures consist of:</p> <ol style="list-style-type: none"> 1. CIS-3: Childhood Immunizations - Combo 3 2. W34: Well Child Visits in 3-6th Years of Life 3. PPC-Pre: Prenatal Care 4. CDC-HT: HbA1c Testing 5. CBP: Controlling High Blood Pressure 6. CCS: Cervical Cancer Screening 	<p>Motion: Approve HEDIS RY2017 Update (Bernstein/Cardona) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CalViva Health met all six (6) categories in all three counties.</p> <p>The high-performance level (HPL) is the 90th percentile. If performance levels fall below the 25th percentile or minimum performance level (MPL), the Plan is required to submit an improvement plan (IP).</p> <p>For RY 2017 HEDIS®, Fresno and Madera Counties have results that are below DHCS MPL, however, Breast Cancer Screening (Fresno) is new this year and will not require submission of an improvement plan. Kings County met all MPLs for the RY2017 HEDIS®.</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 July 31, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Admit and Readmit numbers have remained consistent. ➤ ER visits PTMPY have remained the same. ➤ The population growth is stable. ➤ Utilization remains consistent ➤ ➤ 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 (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business Turn Around Time Report (July) (Attachment X) 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 July cases:</p> <ul style="list-style-type: none"> ➤ One staff error, addressed 	<p>Motion: Turn Around Time Report (July) (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business - Specialty Referrals Report (Q1 & Q2) First Choice Report (Attachment Y) 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 First Choice Q1 & Q2 2017. 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 (Q1 & Q2) First Choice Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM Business Utilization Management Concurrent Review Report (Attachment Z) Action Patrick Marabella, M.D, Chair</p>	<p>The 2017 Utilization Management/Medical Management Concurrent Review Report presents inpatient</p> <ul style="list-style-type: none"> ➤ utilization data and clinical concurrent review activities for Q2 2017. The purpose of concurrent review is to ensure members receive the right level and mix of services, at the right time, for the right reason, across the care continuum. Increases in membership due to the Medi-Cal expansion (MCE), under the ACA, impacts inpatient utilization. We continue to see increases in the MCE enrollment each quarter. The MCE population is new to managed care organizations. Access to primary healthcare services may have been limited for this population, prior to enrollment in managed care plans, thus contributing to high acute admission rates and bed days. ➤ Concurrent review (CCR) nurse activities include coordination of inpatient admissions for acute and continued stay medically necessary appropriateness review and discharge planning. <p>CCR nurses also provide CalViva representation with a direct point of contact on-site at high utilization hospitals including CRMC, St. Agnes, Madera, and Clovis Medical Center.</p>	<p>Motion: Approve Utilization Management Concurrent Review Report (Bernstein/Lee) 6-0-0-1</p>
<p>#5 UM Business Case Management Report/CCM Report (Attachment AA) Action Patrick Marabella, M.D, Chair</p>	<p>The Case Management(CM) program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report summarizes the case management and transitional care management activities for the second quarter. Our goal is to identify members who would benefit from case management and transitional care management and engage the members in the appropriate program. There are two case management programs included in this report:</p> <ul style="list-style-type: none"> ➤ Integrated Case Management(ICM)- this program provides an evidence-based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. ICM services are provided to members along the continuum of care including times of critical/complex acuity. ➤ Perinatal Case Management (PCM)- this program seeks to identify high risk mothers during the prenatal period in order to provide services and resources reduce risks and improve outcomes. <p>One other program included in this report is the Transitional Care Management (TCM) Program. The purpose of the TCM Program is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. The overriding goal of the TCM nurse is to improve care transitions by providing members with the tools and support that promote knowledge and self-management of their transition that will ultimately reduce avoidable re-admissions.</p> <p>Data from Quarter 2 were reviewed for each program including key indicators such as total volumes, cases opened/closed, engagement rates, etc. Next steps were discussed including modifications to some of the monitoring parameters, improving member outreach and member satisfaction.</p>	<p>Motion: Approve Case Management Report/CCM Report (Bernstein/Lee) 6-0-0-1</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Pharmacy Business Executive Summary (Q2) (Attachment BB) Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports reviewed included Operation Metrics, Top Medication Prior Authorization Requests, and the Inter-rater Reliability reports in order to assess for emerging patterns in authorization requests and compliance around prior authorization turnaround time metrics. The Executive Summary provides a summary of these reports including the following findings:</p> <ul style="list-style-type: none"> ➤ All second quarter 2017 pharmacy Prior Authorization (PA) metrics were within 5% of standard. Second quarter 2017 top medication Prior Authorization requests varied minimally from first quarter. ➤ The drug utilization review found no significant issues. 	<p>Motion: Approve Executive Summary (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Operations Metrics Report (Q2) (Attachment CC) Action Patrick Marabella, M.D, Chair</p>	<p><u>Operations Metrics:</u></p> <ul style="list-style-type: none"> ➤ All second quarter 2017 pharmacy prior authorization metrics were within 5% of standard. <p>No action required. Continue to monitor.</p>	<p>Motion: Approve Operations Metrics Report (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Top 30 Prior Authorizations (Q2) (Attachment DD) Action Patrick Marabella, M.D, Chair</p>	<p><u>Top 30 Prior Authorizations:</u></p> <ul style="list-style-type: none"> ➤ Second quarter 2017 top medication Prior Authorization requests varied minimally from first quarter. 	<p>Motion: Approve Top 30 Prior Authorizations (Q2) (Cardona/Lee) 6-0-0-1</p>
<p>#6 Pharmacy Business Inter-rater Reliability (IRR) Test Results (Q2) (Attachment EE) Action Patrick Marabella, M.D,</p>	<p>2016 Interrater Reliability (IRR) Test Results for Pharmacy:</p> <ul style="list-style-type: none"> ➤ The IRR results for 2016 show that the standard was met for all but one pharmacist. ➤ An action plan was created for the one pharmacist and a re-audit demonstrated 100% compliance. 	<p>Motion: Approve Top 30 Prior Authorizations (Q2) (Cardona/Lee) 6-0-0-1</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
<p>#7 Credentialing Review Sub-Committee Business (Attachment FF) Action Patrick Marabella, M.D, Chair</p>	<p><u>Credentialing Subcommittee Report</u> This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <ol style="list-style-type: none"> 1. The Credentialing Sub-committee met in July 2017. At the July 20, 2017 meeting routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. 2. The Credentialing Oversight Audit of Health Net was completed in Quarter 2 and required a corrective action plan to address two opportunities for improvement in the credentialing/recredentialing process. 3. The corrective actions were implemented and a re-audit of files revealed 100% compliance. 	<p>Motion: Approve Credentialing Review Sub-Committee Business (Bernstein/Foster) 6-0-0-1</p>
<p>#7 Peer Review Sub-Committee Business (Attachment GG) Action Patrick Marabella, M.D, Chair</p>	<p><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 July 20th, 2017. The county specific Peer Review Summary reports were reviewed and approved. One administrative termination was identified for Fresno County and one administrative termination was identified for Madera County. 2. The Q2 Peer Count Report was presented indicating that there were three cases closed and cleared. There were two cases closed and terminated. There were no cases with an outstanding corrective action plan. Seven cases were pended for further information. 3. 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>➤</p>	<p>Motion: Approve Peer Review Sub-Committee Business (Bernstein/Lee) 6-0-0-1</p>
<p>#8 Compliance Update</p>	<p>MB Corrado presented the Compliance report. Since July 2017, there have been four privacy incidents reported to the State, all of which were low risk. No new fraud cases identified.</p> <ul style="list-style-type: none"> ➤ The Kaiser transition of approximately 8,000 members completed on 9/1/17. There are approximately 1,000-1,200 members who will receive Continuity of Care for specific issues such as pregnancy, newborn, terminal illness, other acute issues, etc. Updates will be provided. ➤ Ongoing Oversight Audits of the activities delegated to Health Net (HN) continue. Currently in progress are Appeals & Grievances, and Provider Network audit. Recently completed audits are Claims, Cultural & Linguistics, and Privacy & Security. A corrective action plan (CAP) was requested from NH for the Cultural & Linguistics audit. Claims, and Privacy & Security passed with no CAP required. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>was also reported to the State.</p> <ul style="list-style-type: none"> ➤ CVH is awaiting the preliminary report from DHCS regarding the onsite audit that took place in April 2017. ➤ DHCS has released new Network Adequacy Standards to be effective July 1, 2018. This will result in some modifications in reporting and county assessments based upon size and population. More information is forthcoming. ➤ The Public Policy Committee (PPC) met on September 6, 2017 in Madera County. Standard reports were reviewed and there were no recommendations or requests of the QI/UM Committee or Commission at this time. The next PPC is scheduled for December 6, 2017 in Fresno County. All Commissioners and members of the public are welcome to attend the meeting. 	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:18 pm.	

NEXT MEETING: October 19, 2017

Submitted this Day: October 19, 2017

Submitted by: 
Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


Patrick Marabella, MD Committee Chair