

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
September 19th, 2019

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	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Manager
	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	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 Patrick Marabella, M.D, Chair	The meeting was called to order at 10:38 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: July 18, 2019 - 2020 QIUM Meeting Schedule - California Children's Service Report (CCS)(Q2) - Appeals & Grievances	The July 2019 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member.	Motion: Approve Consent Agenda (Cardona/ Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Classification Audit Report (Q2)</p> <ul style="list-style-type: none"> - Appeals & Grievances Inter Rater Reliability Report (Q2) - Quarterly Appeals & Grievances Member Letter Monitoring Report (Q2) - Customer Contact Center (CCC) DMHC Expedited Grievance Member Notification Report (Q2) - Health Education Incentive Programs – Semi-Annual Report (Q1 & Q2) <p>(Attachments A-H) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (July) - Appeals & Grievances Executive Summary (Q2) - Appeals & Grievances Quarterly Member Report (Q2) 	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of July 2019. Quarter 2 2019 trends were compared with 2018 year-end trends in a slide presentation with the following highlights.:</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The number of grievances received through Q2 2019 shows an increase as compared to total Grievances in 2018 .Total cases resolved shows a similar increase. ➤ Majority of increase in grievances were in the Quality of Service category with increases associated with Access, Administrative, and Transportation case types. ➤ Quality of Care Grievances remain consistent with the prior year with the exception of Specialist Care. This category has increased. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard & Turn Around Time Report (July) - Appeals & Grievances Executive Summary (Q2)

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(Attachment I-K) Action Patrick Marabella, M.D, Chair	<ul style="list-style-type: none"> ➤ Exempt grievances have improved for YTD 2019 compared to 2018. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The number of appeals received for YTD 2019 compared with 2018, has increased. The majority of this increase can be attributed to the areas of Advanced Imaging, Pharmacy, and Surgery. 	- Appeals & Grievances Quarterly Member Report (Q2) (Ramirez/Lee) 4-0-0-3
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Initial Health Assessment Quarterly Audit Report (Q2) (Attachment L) Action Patrick Marabella, M.D, Chair	<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. A multi-pronged approach to monitoring is performed and 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 following a three-step methodology <p><u>FSR/MRR Data:</u></p> <ul style="list-style-type: none"> ➤ Data from Quarter 2 2019 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ Non-compliant sites received a follow-up educational letter advising of the DHCS requirements for timely completion of the IHA. <p><u>Claims Data:</u></p> <ul style="list-style-type: none"> ➤ Claims and encounter data is captured from providers regularly and certain codes are identified as a proxy for IHA completion. Barriers due exist for this method because there is no single code identified for IHA. IT team is currently working on claims enhancements to improve data capture. <p><u>Outreach Attempts:</u></p> <ul style="list-style-type: none"> ➤ Three Step outreach includes: Welcome Packet, Welcome Call and Welcome Postcard. ➤ Outreach attempts for Quarter 2 remained consistently above 94%. 	Motion: Approve - Initial Health Assessment Quarterly Audit Report (Q2) (Lee/Cardona) 4-0-0-3
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Potential Quality Issues (Q2) (Attachment M) Action	<p><u>Potential Quality Issues (PQI) Report</u></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</p>	Motion: Approve - Potential Quality Issues (Q2) (Ramirez/Lee) 4-0-0-3

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Patrick Marabella, M.D, Chair	the follow up actions taken when indicated. <ul style="list-style-type: none"> ➤ Non-member initiated PQI category was noted to have decrease compared to Q1, however Q1 was artificially high due to some catch up case processing associated with a corrective action plan. ➤ Member generated PQI's remains consistent with previous quarters. ➤ An increase in the number of peer review cases processed was noted. The majority of these cases closed in the same quarter. 	
#3 QI Business - County Relations Quarterly Report (Q2) (Attachment N) Action Patrick Marabella, M.D, Chair	<u>County Relations Quarterly Report (Q2)</u> This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. Highlights for this quarter include: <ul style="list-style-type: none"> ➤ Fresno County Department of Behavioral Health continues to collect feedback from its behavioral health staff regarding the bidirectional referral process and continues to work with the Managed Care Plans to improve the overall process. ➤ Fresno County Public Health Department reported that they are providing forums for the Health Needs Assessment focusing on healthy equity and social determinants of health. ➤ Fresno County Public Health Department's California Children's Services (CCS) plan to have an official conference in 2019. ➤ Kings County Behavioral Health (KCBH) continues to participate in the Medication Assisted Treatment (MAT) Learning Collaborative. KCBH has been participating in the collaborative for a few quarters now and are moving forward with strong emphasis on providing more MAT services within their county. ➤ Kings County STD rate continues to rise and this is a recurring issue. Kings County Public Health Department continues to provide clinical updates to community providers regarding the STD rates and they are working on a STD response plan for the community. ➤ Madera County Behavioral Health had their Family Fun Day community event during Q2 2019, which is one of their MHSA funded events. ➤ Madera County Public Health Department (MCPH) is in the midst of transitioning to their new electronic health records system, Patagonia. <p>Quarter 2 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p>	Motion: Approve - County Relations Quarterly Report (Q2) (Cardona/Ramirez) 4-0-0-3

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<p>#4 Access Business - Provider Office Wait Time Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 2 2019 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics. Outliers are tracked and results of monitoring have been reported back to the participating providers. Monitoring and analysis will continue in 2019 to identify opportunities for improvement associated with specific providers.</p>	<p>Motion: Approve - Provider Office Wait Time Report (Q2) (Lee/Cardona) 4-0-0-3</p>
<p>#5 QI/UM Business - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2019 Quality Improvement Work Plan Mid-Year Evaluation.</p> <p>Initiatives on track to be completed by year end include:</p> <ul style="list-style-type: none"> ➤ Access, Availability, and Service: <ul style="list-style-type: none"> ○ CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS) and the Provider after Hours Access Survey (PAHAS). ○ PPG and provider corrective action plans (CAPs) have been issued, training session provided and onsite audits planned. ➤ Quality & Safety of Care <ul style="list-style-type: none"> ○ All three counties exceeded MPL in Childhood Immunizations, Well-Child Visits, Timeliness of Prenatal Care, and Cervical Cancer Screening. Fresno County fell slightly below the MPL in HbA1c testing. ➤ Quality and Safety of Care Improvement Projects RY19: <ul style="list-style-type: none"> ○ Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) met and exceeded the MPL for Madera County. ○ Fresno County did not meet MPL for HbA1c Testing and Breast Cancer Screening. Improvement plans will continue. ➤ Performance Improvement Projects (PIPs): <ul style="list-style-type: none"> ○ Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates. Visit rate sustained above 80% for 6 months. Project closed 6/30/19. 	<p>Motion: Approve - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Lee/Cardona) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ➤ Childhood Immunization Status: <ul style="list-style-type: none"> ○ Targeting two clinics in Fresno County. ○ Two interventions were initiated. ○ Immunization completion rate was above goal of 60% for 10 months. Project closed 6/30/19. <p>Two new PIPs are in development on Childhood Immunizations and Breast Cancer Screening.</p>	
<p>#5 QI/UM Business - Utilization Management & Case Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment Q) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2019 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2019.</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>Key findings:</p> <ul style="list-style-type: none"> ➤ CAP for Prior Authorization Turn-around time in development. ➤ Turn-around Time for appeals was 99.71%. ➤ TANF and MCE Bed days/1000 both improved since last year with MCE below threshold (lower is better) ➤ SPD Bed days/1000 exceeded the goal (lower is better) <p>Additional key findings include the following:</p> <ul style="list-style-type: none"> ➤ Compliance activities are on target for year-end completion. ➤ PPG specific dashboard reports are produced and reviewed quarterly. ➤ Integrated Case Management outcome measures are monitored on a quarterly basis and now include Behavioral Health. ➤ Perinatal Case Management has seen an increase in referrals in 2019 YTD compared to 2018 YTD. ➤ Disease Management was successfully transitioned to Envolve People Care. ➤ SPD member stratification continues monthly to identify members appropriate for Case Management. <p>Activities and initiatives will continue through December to meet 2019 year-end goals.</p>	<p>Motion: Approve - Utilization Management & Case Management Mid-Year WORK Plan Evaluation & Executive Summary (Ramirez/Lee) 4-0-0-3</p>

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<p>#5 QI/UM Business - HEDIS 2019 Update (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella reported on HEDIS® scores for reporting year (RY) 2019.</p> <p>The three areas that reported results below the MPL in Fresno County are:</p> <ul style="list-style-type: none"> ➤ Avoidance of ABX Tx in Adults with Bronchitis (Not on MCAS 2020) ➤ Breast Cancer Screening ➤ HbA1c Testing <p>Kings and Madera counties did not have any measures below the MPL for RY19. The HEDIS® project will no longer be referred to as HEDIS®; the new name is Managed Care Accountability Set (MCAS).</p> <p>The new Managed Care Accountability Set for 2020 includes the following:</p> <ul style="list-style-type: none"> ➤ 22 measures vs 18 measures ➤ Nine (9) new measures ➤ Most of the new measures are from Adult/Child CMS Core Set ➤ Thirteen (13) unchanged from External Accountability Set (EAS) ➤ MPL is 50th percentile vs 25th percentile <p>New to the existing list of EAS are:</p> <ul style="list-style-type: none"> ➤ Children’s Health: <ul style="list-style-type: none"> ○ WCC BMI – Weight assessment and counseling ○ CIS 10 – Childhood Immunization combo 10 ○ W15 – Well child visit first 15 months of life ○ IMA 2- Immunizations for Adolescents ○ AWC – Adolescent well care visit ➤ Women’s Health: <ul style="list-style-type: none"> ○ Chlamydia screening ➤ Behavioral Health: <ul style="list-style-type: none"> ○ Antidepressant medication management acute ○ Antidepressant medication management continuation ➤ Acute and Chronic Disease <ul style="list-style-type: none"> ○ Adult BMI 	<p>Motion: Approve - HEDIS 2019 Update (Ramirez/Lee) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ○ Comprehensive Diabetes A1C poor control >9 ○ PCR – Plan all-cause readmission <p>Efforts are underway to assess current compliance with new measures and old measures below the 50th percentile and initiate activities to improve rates where needed.</p>	
<p>#6 UM Business</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (July) - Utilization Management Concurrent Review Report (Q2) (Attachment S-T) <p>Action Patrick Marabella, M.D., Chair</p>	<p>Dr. Marabella presented the Key Indicator Report through July 31, 2019.</p> <ul style="list-style-type: none"> ➤ Acute Admits and bed days for TANF population exceeds goal for Q1 and Q2 2019 (lower is better). ➤ Readmission rates for SPD exceeds goal for Q1 and Q2 (lower is better). ➤ Expansion rate for readmissions has remained below goal for Q1 and Q2. ➤ Case Management Report demonstrates how members who participated in Case Management have a lower readmission rate when compared to those who did not. ➤ Perinatal Case Management referrals have significantly increased as a result of improved outreach and engagement with our new program. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Key Indicator Report & Turn Around Time Report (July) - Utilization Management Concurrent Review Report (Q2) <p>(Ramirez/Lee) 4-0-0-3</p>
<p>#6 UM Business</p> <ul style="list-style-type: none"> - Case Management Report/TCM Report/Palliative Care Report (Q2) (Attachment U) <p>Action Patrick Marabella, M.D., Chair</p>	<p>This comprehensive report provides a summary of Case Management (CM), Transitional Care Management, Perinatal CM, Behavioral Health CM, MemberConnections and Palliative Care activities for Quarter 2 2019. A range of Case Management services are available to all CalViva members who may benefit. Members are assessed and referred to the appropriate program depending upon their needs. The effectiveness of each program is assessed using a variety of outcome and member satisfaction metrics. Overall results have been positive in Q2 2019.</p> <ul style="list-style-type: none"> ➤ Integrated Case Management (ICM): The volume of referrals increased from 152 in Q1 2019 to 262 in Q2 2019 while the quarterly average engagement rate has declined somewhat due to the increased denominator (more referrals). ➤ One of the effectiveness measures utilized by Case Management is the readmission rate for members prior to CM enrollment and 90 days after enrollment. The rate decreased from 48.4% to 21.4% in the first 7 months of 2019. ➤ The Perinatal program is evaluated based on the member’s compliance with timely first prenatal visit and post-partum visit 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program. Both metrics improved for women in the program.. 	<p>Motion: Approve</p> <ul style="list-style-type: none"> - Case Management Report/TCM Report/Palliative Care Report (Q2) <p>(Cardona/Lee) 4-0-0-3</p>

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	<ul style="list-style-type: none"> ➤ Behavioral Health Case Management: The volume of referrals increased in Q2 compared to Q1 and the quarterly engagement rate increased slightly. The total number of cases managed January through June was 84; which is 100% increase from total managed in 2018. ➤ Palliative Care: Referrals more than doubled from 12 in Q1 to 27 in Q2. Over fifty percent of these referrals came from the Concurrent Review (CCR) nurses in the hospital and during the weekly Concurrent Review Rounds. 	
<p>#6 UM Business - Concurrent Review IRR Report (Q2) (Attachment V) Action Patrick Marabella, M.D., Chair</p>	<p>The Concurrent Review Q2 Inter Rater Reliability (IRR) Report provides a summary of internal audits performed to ensure consistent, credible, and timely medical management decisions which promote improved member outcomes.</p> <p>Monitoring of the concurrent review process includes regulatory compliant components such as:</p> <ul style="list-style-type: none"> ➤ Turn-around-times (TAT) of initial medical decisions within 24 hours of receipt ➤ Documentation of proactive discharge planning and collaboration ➤ Application of standardized criteria (i.e. McKesson InterQual®, and /or evidence-based medical policies and technical assessment tools) <p>All criteria met established standard of 90% or greater compliance. Continue to monitor and follow up as indicated.</p>	<p>Motion: Approve - Concurrent Review IRR Report (Q2) (Ramirez/Lee) 4-0-0-3</p>
<p>#7 Pharmacy Business - Executive Summary (Q2) - Operations Metrics Report (Q2) - Top 30 Prior Authorizations (Q2) (Attachment W-Y) Action Patrick Marabella, M.D., Chair</p>	<p>Pharmacy reports for Q2 were reviewed in order to assess for emerging patterns in authorization requests, compliance around prior authorizations, and to evaluate the consistency of decision making in order to formulate potential process improvement recommendations.</p> <ul style="list-style-type: none"> ➤ Pharmacy Prior Authorizations (PA) metrics were within 5% of standard for second quarter 2019. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits. ➤ Second quarter 2019 top medication PA requests varied minimally from first quarter 2019. 	<p>Motion: Approve - Executive Summary (Q2) - Operations Metrics Report (Q2) - Top 30 Prior Authorizations (Q2) (Lee/Ramirez) 4-0-0-3</p>
<p>#8 Credentialing & Peer Review Business - Credentialing</p>	<p>In Quarter 3 the Credentialing Sub-Committee met on July 18, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2019 were reviewed for delegated entities and Q2 2019 reports were reviewed for both Health Net and MHN. The Q2 2019</p>	<p>Motion: Approve - Credentialing Subcommittee</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Subcommittee Report (Q3) (Attachment Z) Action Patrick Marabella, M.D., Chair</p>	<p>Credentialing Report was reviewed with one case that has been previously reviewed that resulted in an appeal of a Fair Hearing. Outcome was to uphold denial of re-entry into the network. Required report filed with National Practitioners Databank. Case was tabled pending feedback from SIU. No other significant cases were identified on these reports.</p>	<p>Report (Q3) (Cardona/Ramirez) 4-0-0-3</p>
<p>#8 Credentialing & Peer Review Business - Peer Review Subcommittee Report (Q3) (Attachment AA) Action Patrick Marabella, M.D., Chair</p>	<p>The Peer Review Sub-Committee met on July 18, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2019 were reviewed for approval. There were no significant cases to report.</p> <p>The Q2 2019 Peer Count Report was presented with 22 cases reviewed. Thirteen cases were closed and cleared. Two cases pending closure for Corrective Action Plan compliance. Five cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled case and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve - Peer Review Subcommittee Report (Q3) (Ramirez/Cardona) 4-0-0-3</p>
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment BB) Action Patrick Marabella, M.D., Chair</p>	<p>Mary Beth Corrado presented the Compliance Report.</p> <p>Filing activity is consistent with previous months. There were two new potential fraud cases that were reported to the State.</p> <p>Regulatory audits and review results were listed in detail on the Compliance report. Most results show no findings, or minimal findings. The exit conference for the Department of Health Care Services (DHCS) Medical Audit conducted in February 2019 is scheduled for 9/27/19.</p> <p>New regulations regarding Medi-Cal eligibility for young adults ages 19-25 with unsatisfactory immigration status and the new Pharmacy Carve-out were reviewed. More information is forthcoming. The Public Policy Committee met in September in Madera County. No recommendations or proposals for the Commission were expressed. The next scheduled meeting is December 4, 2019 in Fresno County.</p>	
<p>#11 Public Comment</p>	<p>None.</p>	
<p>#12 Adjourn Patrick Marabella, M.D,</p>	<p>Meeting was adjourned at 11:53 am.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		

NEXT MEETING: October 17, 2019

Submitted this Day: October 17th 2019

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair