Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 20th, 2018

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
✓	Joel Ramirez, 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			

✓= 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 10:58 am.	
#2 **Approve Consent Agenda** - Committee Minutes: July 19, 2018 - California Children's Services Report (CCS) - Appeals & Grievances Classification Audit Report Quarter 2 - Appeals & Grievances Inter Rater Reliability	The July minutes were reviewed and highlights from the consent agenda were discussed and approved. The full Pharmacy Formulary was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Ramirez) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Report Quarter 2 - Appeals and Grievances Daily Letter Monitoring Report Quarter 2 - Medical Policies Updates Quarter 2 - PM 160 Compliance and Analysis Report - Pharmacy Provider Updates Quarter 3 - Pharmacy Formulary List (July) (Attachments A-I) Action Patrick Marabella, M.D Chair		

#3 **QI Business**
Appeals & Grievances:
- Dashboard (July)
- Appeals and Grievances Executive Summary Q2
- Appeals and Grievances Quarterly Member Report
(Attachments J-L)
 	
Action
Patrick Marabella, M.D,
Chair
	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 2018.
	The following items were noted for July:
	Grievances:
	  ➤ There was a total of 71 grievances resolved.
	  ➤ There was a total of 58 Quality of Service grievances.
	  ➤ There were 13 Quality of Care grievances
	  ➤ Number of Grievances received in July increased compared to recent months.
	  ➤ The number of Quality of Service Grievances and Quality of Care Grievances resolved in July remained stable.
	  ➤ An increase is noted in Exempt grievances received in July, which may be attributed in part to the tracking of transportation related grievances, new PPGs, and a change in relationships with current PPGs,
	Appeals:
	  ➤ Total number of Appeals Received/Resolved has remained consistent.
		Motion: Approve Appeals & Grievances Executive Summary Q2 (Cardona/Ramirez)
		4-0-0-3

	The Appeals & Grievances Executive Summary and Quarterly Member Report for Q2 were presented and reviewed.	

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	➤ There was a total of 174 appeals for Q2.
	    ○ 172 cases were pre-service and 2 post-service appeals
	➤ There was a total of 209 grievances for Q2
	    ○ 156 Quality of Service (QOS)
	    ○ 53 Clinical/Quality of Care (QOC)
	
	Effective January 1, 2018, transportation vendor to notify CalViva Health of any exempt grievances resolved monthly. Transportation vendor will continue to track all exempt grievances and forward any formal grievances to CalViva Health for processing. All transportation grievances and exempt grievances initiated by vendor or CalViva Health are tracked monthly.
	
	➤ The Inter-rater Reliability audit evaluates clinical and non-clinical A&G staff adherence to regulatory requirements and internal policies and procedures established for the handling of appeals and grievances.
	➤ For the audit period of April 1, 2018 through June 30, 2018, results for the appeals and grievances case reviews averaged an overall score of 99.78%. The audit score threshold is 95%.
	➤ Feedback is provided to A&G staff on all audit findings.	

#3 **QI Business** - Initial Health Assessment Q1 & Q2 (Attachment M) Action Patrick Marabella, M.D, Chair	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: ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach The current report covers Quarters 1 & 2 of 2018. Data tables were updated to include FSR/MRR IHA and IHEBA data to demonstrate a complete IHA occurrence. Combined IHA/IHEBA completion rates were noted to be higher for pediatric patients compared to adults. ➤ The 3-Step Member Outreach process averaged 95% for January to June 2018. ➤ Claims and encounters data for 2018 will be updated in the next report.	- Motion: Approve Initial Health Assessment Q1 & Q2 (Ramirez/Zweifler) 4-0-0-3
#3 **QI Business** - Potential Quality Issues Q2	Potential Quality Issues 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,	Motion: Approve Potential Quality Issues (Ramirez/Zweifler)

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(Attachment N) Action Patrick Marabella, M.D, Chair	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.	4-0-0-3
#3 **QI Business** Public Program Report (Q2) (Attachment O) Action Patrick Marabella, M.D, Chair	Public Programs Report Quarter 2, 2018 ➤ 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 full implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. ➤ Various preventive health screenings and services ➤ Treatment and prevention of sexually transmitted infections. Quarter 2 data for BH referrals and CCS enrollment were reviewed.	Motion: Approve Public Program Report Q2 (Cardona/Ramirez) 4-0-0-3
#3 **QI Business** Appointment, Availability, & After-Hours Survey Results (PAAS) Provider Update (Attachment P) Action Patrick Marabella, M.D, Chair	This Provider Update summarizing the results of the 2017 PAAS and After-Hours Surveys was reviewed. The results are mostly favorable with the majority of appointment access metrics meeting or exceeding performance goals. ➤ Overall, 82.9% of PCPs are able to offer urgent appointments that do not require authorization within 48 hours. ➤ 90.1% of PCPs are able to offer non-urgent appointments within 10 business days. The After-Hours standard for Emergency Care instructions was met in all three counties. The Physician Availability within 30 minutes for urgent issues did not meet the 90% threshold. Failure to meet timely appointment or after-hours access standards will result in a corrective action plan. Survey follow up is in progress.	Motion: Approve Appointment, Availability, & After-Hours Survey Results (PAAS) Provider Update (Ramirez/Cardona) 4-0-0-3

#4 **Quality Improvement/Utilization Management Business** - Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Attachment Q)	The 2018 Mid-Year Quality Improvement Work Plan Evaluation was presented.
	
	Initiatives on track at the mid-year point include:
	
	• Access, Availability, and Service:
	  o CVH continues to monitor appointment access and after-hours access at the provider level through the annual Provider Appointment Availability Survey (PAAS).
	  o PPG and provider corrective action plans (CAPs) will be required for results below established standards.
		Motion: Approve Quality Improvement Mid-Year Work Plan Evaluation & Executive Summary (Zweifler/Ramirez) 4-0-0-3

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Action
Patrick Marabella, M.D, Chair
	• Quality and Safety of Care RY18:
	  o Monitoring Patients on Persistent Medications (MPM) and Avoidance of Antibiotics in Adults with Bronchitis (AAB) did not meet the MPL for Madera County. Improvement plans will continue.
	  o Low Back Pain was above the MPL for Madera County and will no longer require an improvement plan.
	• Performance Improvement Projects (PIPs):
	  o Postpartum Care Disparity in Fresno County. Two interventions are being initiated to improve Postpartum Visit completion rates.
	  o Childhood Immunization Status – Combination 3 targeting two clinics in Fresno County. Two interventions are planned.	

#4 **Quality Improvement/Utilization Management Business** Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Attachment R) Action Patrick Marabella, M.D, Chair	The 2018 Mid-Year Utilization Management Case Management Work Plan Evaluation through June 30, 2018 was presented. Activities focused on: 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 Results of these activities: • Turn-around Time for prior authorizations averaged at 95.65% • Turn-around Time for appeals was 97.59% • Utilization goals have been restated for 2018 based upon 3-year trends and were approved by the QI/UM Committee. • Increase in ED Utilization noted in Q1 related to Flu. • TANF and MCE Bed days/1000 exceeded goal • SPD Bed days/1000 was under goal. Additional key findings include the following and will continue to meet 2018 year-end goals: • Compliance activities are on target for year-end completion • PPG specific dashboard reports were developed	Motion: Approve Utilization Management Mid-Year Work Plan Evaluation & Executive Summary (Ramirez/Cardona) 4-0-0-3

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	• Integrated Case Management outcome measures are monitored on a quarterly basis and now include Transitional Case Management and Palliative Care • Perinatal Case Management has seen an increase in referrals compared to 2017 • Disease Management plans to insource • Complex Case Management was initiated for Behavioral Health • An internal workgroup has been assigned to assess opportunities to improve internal processes for CCS members • SPD member stratification is being conducted monthly to identify members appropriate for Case Management	
#4 **Quality Improvement/ Utilization Management Business** - HEDIS ® Update RY 2018 (Attachment S) Action Patrick Marabella, M.D, Chair	A HEDIS® update was presented to the Committee. This included the scores for reporting year (RY) 2018, which reflects data for calendar year 2017. 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. 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. The Default Measures for RY 2018 consist of: 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 The Default Measures impact default enrollment or the percentage of new members that are assigned to CalViva Health or the other health plan in each county. CalViva Health met five (5) of the six (6) categories in all three counties. The exception being CDC-HT: HbA1c Testing for Fresno County. The minimum performance level (MPL) is the 25th percentile. If performance levels fall below the	Motion: Approve HEDIS ® Update RY 2018 (Zweifler/Ramirez) 4-0-0-3

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	minimum performance level (MPL), the Plan is required to submit an improvement plan (IP). CalViva has improvement projects for the following measures in 2018: • Monitoring Persistent Meds – Madera County • Avoidance of Antibiotics – Madera County • Breast Cancer Screening – Fresno County • Diabetes Care – HbA1c and Nephropathy Testing Fresno County	
#5 **Utilization Management Business** -Key Indicator Report (June) -Turn Around Time Report (June) (Attachments T & U) Action Patrick Marabella, MD, Chair	The Key Indicator Report reflects data as of June 30, 2018. This report includes key metrics for tracking utilization and case management activities. • Membership has remained consistent this year. • Admits, especially for the TANF population increased in Quarter 1 in association with the Flu season. • ER utilization has shown a slight decrease to date this year • CCS rates remain steady. • Perinatal Case Management outreach attempts and engagement rates have increased. • Integrated Case Management and Transitional Case Management categories have been separated out for reporting purposes. Outreach attempts in both categories remain steady. • Behavioral Health Case Management has been added and outreach attempts are increasing.	Motion: Approve Key Indicator Report (June) and Turn Around Time Report (June) (Ramirez/Cardona) 4-0-0-3
#5 **Utilization Management Business** Utilization Management Concurrent Review Report (Q2) (Attachment V)	The 2018 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q2 2018. 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. ➢ Goals for 2018 have been restated based on past three years' performance to establish a more meaningful measurement of utilization activities. The new goals were discussed and approved by the Committee. ➢ A significant increase in utilization across all populations (TANF, Expansion, and SPD) for admissions and emergency visits was noted. Most noticeable are admissions for the TANF population with a 24% increase in admission. An analysis of admission bed types and emergency visits attribute most of the increase to a particularly impactful influenza season. Influenza increased in occurrence advancing to the top eight diagnoses for ED visits where it had not been in	Motion: Approve Utilization Management Concurrent Review Report (Q2) (Cardona/Ramirez) 4-0-0-3

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	the top ten diagnosis in previous years. The leading diagnosis for admissions was again Upper Respiratory infections, Asthma, Influenza, Abdominal pain, and chest pain. Admissions and ER visits are returning to baseline in Q2. ➢ The Concurrent Review Team has expanded its involvement and collaboration with team members from both Integrated Case management and State Public Programs to broaden knowledge of the community resources available to our members. ➢ The Concurrent Review Department is working to further enhance their partnership with hospital care teams through regularly scheduled huddles and collaborations to improve the ability to effectively and safely discharge patients and provide the correct follow-up care.	
#5 Utilization Management Business -UM Concurrent Review IRR Report (Q2)	The Concurrent Review IRR Report provides a summary of routine audit activities performed to evaluate the consistency, accuracy, and timeliness of Medical Management decisions in order to promote improved member outcomes. Monitoring of the Concurrent Review process includes the following components: ➢ Turn Around Times (TAT) of medical decisions (within 24 hours of receipt of request) ➢ Documentation of proactive discharge planning and collaboration ➢ Application of standardized criteria ➢ All measures met or exceeded the 90% threshold for Q2.	Motion: Approve UM Concurrent Review IRR Report (Q2) (Ramirez/Cardona) 4-0-0-3
#5 Utilization Management Business -Case Management Report/TCM Report (Q2)	This report provides a summary of Case Management, Transitional Care Management, and Palliative Care activities for Q2 2018. During this time frame it was agreed to separate metrics for Integrated Case Management from Transitional Care Management therefore, separate sections are included in this report with the appropriate metrics. This report continues to evolve and expand further and will now include reporting on behavioral health case management as well. The goal of these programs is to identify members who would benefit from the services offered and to engage them in the appropriate program. The effectiveness of the case management program is based upon: • Readmission rates • ED utilization • Overall health care costs • Member Satisfaction Positive results are noted for these measures in Quarter 2. Effectiveness of the other program types are established and evaluated and included in the quarterly report.	Motion: Approve Case Management Report/TCM Report (Q2) (Zweifler/Ramirez) 4-0-0-3
#5 Utilization Management Business	Utilization Management Policy & Procedure Annual Review Grid was presented to the committee. The majority of policies required update without changes or minor edits. All policies were available for review	Motion: Approve Annual UM Policy

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- UM Policy Grid (Attachment Y) Action Patrick Marabella, M.D, Chair	by committee members and six policies that required more extensive revisions were included in the meeting packet: ➢ UM-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment ➢ UM-023 Mental Health Services ➢ UM-024 Behavioral Health Treatment Services-Autism Spectrum Disorder ➢ UM-103 Continuity of Care ➢ UM-107 Care Coordination/Case Management Services ➢ UM-111 Identification and Referral of CCS Members Policy edits were discussed and the Utilization Management policies were approved.	Review (Zweifler/Cardona) 4-0-0-3
#6 **Pharmacy Business** -Executive Summary (Q2) -Operations Metrics Report (Q2) Top 30 Prior Authorizations (Q2) (Attachments Z-BB) Action Patrick Marabella, MD, Chair	Pharmacy reports for quarter 2 2018 include Executive Summary, Operation Metrics, and Top Medication Prior Authorization Requests and quarterly formulary changes. These reports are provided 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. ➢ Pharmacy prior authorization (PA) metrics were within 5% of standard for second quarter 2018. Effective 7/1/2017, the PA turnaround time requirement changed to 24 hours from 24 hours or 1 business day. ➢ Second quarter 2018 top medication PA requests varied minimally from first quarter 2018. "	Motion: Approve Executive Summary (Q2) Operations Metrics (Q2) Top 30 Prior Authorizations (Q2) (Cardona/Ramirez) 4-0-0-3
#7 **Credentialing & Peer Review Subcommittee Business** Credentialing Subcommittee Report (Attachment CC) Action Patrick Marabella, M.D, Chair	This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities. **Credentialing Sub-Committee Quarterly Report** The Credentialing Sub-Committee met on July 19, 2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q1 2018 were reviewed for delegated entities, and the Q2 2018 report was reviewed for Health Net. The Q2 2018 Credentialing report was reviewed with one case of denied network re-entry. No significant cases were identified on these reports.	Motion: Approve Credentialing Subcommittee Report (Ramirez/Cardona) 4-0-0-3

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#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachment DD) Action Patrick Marabella, M.D, Chair	This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities. **Peer Review Sub-Committee Quarterly Report** The Peer Review Sub-Committee met on July 19, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q2 2018 were reviewed for approval. There were no significant cases to report. The Q2 2018 Peer Count Report was presented and there were four cases closed and cleared. There were no cases pending closure for Corrective Action Plan. There were four cases pended for further information. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.	Motion: Approve Peer Review Subcommittee Report (Ramirez/Cardona) 4-0-0-3
#8 Compliance Update: RHA QI/UM Committee Compliance – Regulatory Report (Attachment EE) Action Patrick Marabella, M.D, Chair	**Kaiser** All remaining CalViva Health members assigned as Kaiser Continuity of Care (COC) Capitation members were transitioned back to CalViva Health effective September 1, 2018. Any COC requests to continue care after/starting September 1, 2018 will be reviewed following the Plan's "regular" COC rules. If COC requests from former Kaiser assigned members are approved, the member will remain assigned to CVH and not be capitated to Kaiser. Approval will be for a specific condition/ service and payments to Kaiser would be made on a Fee-for-Service basis. There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020 **Oversight Audits** The following 2018 annual audits have completed: Utilization Management, Privacy & Security, and Cultural & Linguistics. None of these required CAPs. The following audits are in progress: Call Center, Credentialing, Provider Network, and Q2 2018 Provider Disputes. **BHT Transition** In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit	Motion: Approve Compliance Regulatory Report (Cardona/Ramirez) 4-0-0-3

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	when medically necessary. On August 7, 2018, CalViva Health received its latest DHCS file containing a list of 10 members to be transitioned to the Plan by 11/1/18. At this time, the Plan does not anticipate any additional members needing to be transitioned from the Central Valley Regional Center. **Public Policy Committee** The Public Policy Committee met on September 5, 2018. The Committee reviewed the Enrollment Dashboard, the Health Education Member Incentives Program, Appeals & Grievances Report, and the Post-Partum Care Disparity Project update. There were no recommendations or action items requiring the response of the QI/UM Committee. The next Public Policy Committee meeting is scheduled for December 5, 2018, 11:30 a.m. in Fresno County, at 7625 N. Palm Ave. Suite 109. Fresno, CA 93711.	
#9 **Old Business**	None.	
#10 **Announcements**	None.	
#11 **Public Comment**	None.	
#12 **Adjourn** Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:28 pm.	

NEXT MEETING: October 18, 2018

Submitted this Day: _October 18, 2018_

Submitted by: _Amy B Schneider_

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

Patrick Marabella, MD Committee Chair