

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
 QI/UM Committee
 Meeting Minutes
 October 17, 2013

CalViva Health
 1315 Van Ness Avenue, Building 103
 Fresno, CA 93721

Attachment B

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
	Henry Cisneros, DDS, Family Health Care Network	✓	Morgan Essenheimer, Compliance Analyst
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Brandi Leyva, Medical Administrative Coordinator
✓	Kenneth Bernstein, M.D., Camarena Health Center		
	Conrad Chao, M.D., At-large Appointee, Fresno County UCSF/CCMG		
	Michael MacLean, M.D., At-large Appointee, Kings County		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓	Maria Ortega, Quality Improvement Specialist, Health Net	✓	Arvin Fuentes, MD, Resident, Clinica Sierra Vista
✓	Heather West, Public Health, Health Net		

✓ = 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 11:09 am. Dr. Marabella introduced two new members to the Committee: Dr. Bernstein, a PCP from Darin Camarena Health Care and Dr. Hutchison, a Neurology specialist from Central California Faculty Medical Group. Additionally, Dr. Foster, a Mental Health specialist from Family Health Care Network is expected to replace Dr. Cisneros at future meetings.	
#2 Approve Consent Agenda Committee Minutes 9/19/13 Preventative Health Guidelines (Attachments A, B) Action Patrick Marabella, M.D., Chair	All items on the Consent Agenda were approved as submitted. The minutes and Medical Policies were reviewed briefly. There were no questions.	Motion: Approve Consent Agenda 4-0 (Cardona/Bernstein)
#3 QI Business Appeals and Grievances Dashboard (Attachments C) Informational Patrick Marabella, M.D.	This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. <u>Grievances:</u> <ul style="list-style-type: none"> ➤ 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. There were 44 grievances received and 26 grievances resolved in the month of August 2013.	CalViva Health staff will provide the "Definitions" tab to the three new members of the committee as a reference for

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	<p>➤ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. No actionable trends identified.</p> <p><u>Appeals:</u></p> <p>➤ The appeals are broken down into two categories: Expedited and Standard.</p> <p>➤ Appeal metrics are reported by received date and resolved date. There were 13 appeals received in the month of August 2013 and 16 appeals were resolved in this month.</p> <p>Resolved appeals are broken down into two categories: Pre-service and Post service. No actionable trends were identified.</p> <p>No trends identified for the population specific tabs included in the report.</p>	<p>understanding the terms included in the report.</p>
<p>#3 QI Business Public Health Update (Attachment D) Informational Patrick Marabella, M.D, Chair</p>	<p>The Public Health Update.</p> <p>This report provides an update on the status of the MOU's and summary of the activities, outcomes, and the next steps provided in Fresno, Kings, and Madera Counties from the Public Programs Department for quarter 2 2013. One of the areas included in this report are the rates of Tuberculosis for CalViva Health members assessed at the County Chest Clinics for TB screenings and Direct Observational Therapy (DOT) services in quarter 2 in Fresno, Kings, and Madera Counties. Each county received referrals to screen community members from a variety of provider's offices and the community. The counties do not regularly track where the referrals originate. Reporting is improving, but is still not available from Madera county. Heather West is working with county representatives to create a common reporting tool to simplify and improve reporting. Updates will be provided.</p> <p>Reporting was provided in the following areas for second quarter:</p> <p>Fresno County Programs:</p> <ol style="list-style-type: none"> 1. Public Health Nursing and Community Health (CH) 2. Child Health and Disability Prevention (CHDP) 3. California Children's Services Program (CCS) <p>Kings County Programs:</p> <ol style="list-style-type: none"> 1. CHDP 2. CCS 3. Women, Infant, and Children (WIC) <p>Madera County Programs:</p> <ol style="list-style-type: none"> 1. CHDP 2. CCS <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> - Continued discussions with the County Public Health Departments regarding methods of consistently tracking and recording TB referrals will be ongoing until resolution. - Heather West, Health Net Public Programs Administrator, informed the committee that work is underway 	

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<p>#3 QI Business - 2013 Cultural and Linguistics Mid-Year Evaluation Action - Language Assistance Program (Attachment E, F) Informational Patrick Marabella, M.D., Chair</p>	<p>regarding a new claims and encounter data reporting form to properly report data for programs provided per county.</p> <p>The 2013 Cultural and Linguistics Mid-Year Evaluation. <i>Dr. Marabella informed the committee that to facilitate discussion of the 2013 Cultural and Linguistics Mid-Year Evaluation, a Power Point presentation will be utilized. The Power Point presentation will be used only as a discussion tool and copies were made available to committee attendees. The full mid-year evaluation is included in the meeting packet.</i></p> <p>This report provides a summary report of the cultural and linguistic services Work Plan Mid-year Evaluation. CalViva Health has delegated language services to Health Net's C&L Services Department. The following are examples of the activities initiated or accomplished thus far this year:</p> <ol style="list-style-type: none"> 1. Sixty five materials, including member newsletters, were reviewed for cultural, linguistic and reading level appropriateness as well as content and layout. 2. A total of 39 associates were assessed for bilingual skills. 3. The Geo Access report was completed. 4. The winter 2013 member newsletter was completed and disseminated to members, including the promotion of participation in the Public Policy Committee. <p><u>Analysis/Findings/Outcomes:</u> All work plan activities are on target to be met by the end of the year. We will continue to implement, monitor and track C&L related services and activities.</p> <p><u>Next Steps:</u> Continue to implement the remaining six months of the C&L 2013 CalViva Health work plan and report to the QI/UM Committee.</p> <p>The Language Assistance Program. The purpose of this report is to provide an update on language assistance services provided to CalViva Health members during the first and second quarter of 2013. CalViva Health has delegated language services to Health Net's C&L Services Department.</p> <p><u>Data/Results:</u></p> <ul style="list-style-type: none"> - There were over 11,500 calls answered by bilingual representatives for the first and second quarter of 2013. - Interpreter services are made available for members and providers at all medical points of contact 24 hours a day, seven days a week. A total of 337 requests for interpreter services were made by CalViva Health members. - One language related exempt grievance was filed/received during this reporting period. <p><u>Next Steps:</u> Continue to track language services utilization and report to QI/UM Committee on a semi-annual basis.</p>	<p>Motion: Approve 2013 Cultural and Linguistics Mid-Year Evaluation 4-0 (Bernstein/Cardona)</p>

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<p>#3 QI Business - 2013 Health Education Work Plan Mid-Year Evaluation Action - Incentive Program (Attachment G, H) - QIP Update: All Cause Readmissions Informational Patrick Marabella, M.D., Chair</p>	<p>The 2013 Health Education Mid-Year Evaluation. <i>Dr. Marabella informed the committee that to facilitate discussion of the 2013 Health Education Mid-Year Evaluation, a Power Point presentation will be utilized. The Power Point presentation will be used only as a discussion tool and copies were made available to committee attendees. The full mid-year evaluation is included in the meeting packet.</i></p> <p>This report provides a review of the 2013 Health education Work Plan Mid-Year evaluation. Initiatives include:</p> <ol style="list-style-type: none"> 1. Fit Families For Life (FFFL) – Total enrollment accounts for a 90% increase compared to 2012 figures. 2. Quit For Life (QFL) – Completion rate increased by 7% compared to 2012 figures. 3. Kids and Teens Challenge (KTC) – There was a 27% decrease in program participation compared to 2012 figures. 4. Disease Management <i>Be In Charge!</i> (DM) – This program added a Complex Case Management component and expanded beyond asthma and diabetes to include coronary artery disease (CAD), heart failure and chronic obstructive pulmonary disease (COPD). A Provider Update was disseminated in quarter 2 to inform our providers of the name change and the addition of the three conditions. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> - Launch teen focused smoking cessation text messaging program, iQuit, on T2X. - Implement KTC wellness care visits poster project at provider offices. <p>The Incentive Program. The purpose of this activity is to report CalViva Health member participants and winners in the following health education incentive programs in quarter 2 2013.</p> <p><u>Analysis/Findings/Outcomes:</u> QFL –There was a 33% increase of participation compared to quarter 2 2012 figures. There was one raffle winner from Fresno County. KTC – There was a 14% decrease of participation compared to quarter 2 2012. This decrease is due to the delay of the production of the KTC raffle poster for provider offices. There were no raffle winners. FFFL – There was a notable increase in enrollees compared to quarter 1.</p> <p><u>Next Steps:</u> Implement a separate CalViva Health incentive program Quit For Life and FFFL – Home Edition starting in Q1, 2014.</p> <p><u>QIP Update: All Cause Readmissions:</u> All Cause Readmissions Status –</p>	<p>Motion: Approve 2013 Health Education Mid-Year Evaluation 4-0 (Bernstein/Cardona)</p>

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	<ul style="list-style-type: none"> ➢ This QIP definition includes any patient re-admitted to the hospital within 30 days for any reason. ➢ CVH's annual report for this QIP was submitted September 30, 2013. ➢ Tactics changed within report: <ol style="list-style-type: none"> 1. Transitional Care Model Implementation– techniques used to ensure coordination of care. 2. Onsite Case Management – techniques to ensure needed DME is made available and Home Health Care assessments are completed. 3. Ambulatory Case Management – techniques to ensure continuity of care for members 4. Disease Management – expanded to 5 diseases in order to better manage health care from a distance through member education. CalViva Health is awaiting approval from the DHCS on the QIP submission. Once received, an update will be given to the QIUM Committee. 	<p>QIPs: The fishbone diagrams and QIP interventions as previously shared with this committee will be forwarded to the new committee members.</p>
<p>#4 UM Business Key Indicator Report (Attachment I) Informational Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report reflects data as of September 20th, 2013. Highlights provided:</p> <ol style="list-style-type: none"> 1. Inpatient Utilization Metrics Non-SPD (TANF) and SPD – increase in readmissions, days/1000 and Length of Stay noted for CalViva Health overall. Complex and Ambulatory Case Management tactics are in progress including the re-initiation of concurrent rounds. Several tactics including a Transitional Care Model are being initiated to address the readmission rates. Similar trends noted for county specific rates. 2. ER Utilization – 90 day lag of data <p>Continue to monitor. No other trends identified.</p>	
<p>#4 UM Business CCS Report (Attachment J) Informational Patrick Marabella, M.D, Chair</p>	<p>CCS Report. The CCS report was reviewed. There are no significant issues to report.</p>	
<p>#4 UM Business Standing Referrals Report (Attachment K) Informational Patrick Marabella, M.D, Chair</p>	<p>The Standing Referrals Report. The Standing Referrals Report was presented to the QI/UM Committee. This report was created to verify member access to standing referrals for appropriate chronic conditions. The following chronic conditions are included in the reporting parameters:</p> <ol style="list-style-type: none"> 1. Congestive Heart Failure (CHF) 2. Asthma 3. Diabetes 4. Chronic Obstructive Pulmonary Disease (COPD) 5. End Stage Renal Disease (ESRD) 6. Coronary Artery Disease (CAD) 7. Human Immunodeficiency Virus (HIV) 8. Hypertension 	

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	<p>Standing Referral is defined for the report as 2 or more visits with a single provider where the primary diagnosis is one of the chronic conditions listed above and the referral was denied. In network, there was one denial for a Standing Specialty Referral in quarter 2 2013. It was found that the denial was for a service that was not a benefit of the plan. There were 3 Pre-Certification Out of Network Denials for Standing Specialty Referrals reported for quarter 2 2013. These were denied due to insufficient information provided to warrant a standing referral with a Non-Participating Provider.</p>	
<p>#5 Policies and Procedures Oversight of Delegated Exempt Grievances (AG-006) (Attachment L) Action Patrick Marabella, M.D, Chair</p>	<p>Oversight of Delegated Exempt Grievances Policy. The purpose of this new policy is to define CalViva Health's process for oversight and monitoring of the exempt grievance process when this function is handled by delegated entities.</p>	<p>Motion: Approve Oversight of Delegated Exempt Grievances Policy 4-0 (Bernstein/Cardona)</p>
<p>#7 Old Business - RDL Electronic Access - Transportation for Members in Need</p>	<p><u>RDL Electronic Access:</u></p> <p>Dr. Marabella reported that per Dr. Chao's previous suggestion, Nancy Nkansah, UCSF Clinical Pharmacy Director, explored the possibility of utilizing the hospital software system at Community Regional Medical Center to allow providers easy access to the CVH formulary. The investigation revealed that it is not possible at this time due to incompatibility among software systems.</p> <p><u>Member Transportation Opportunity:</u></p> <p>Distributing tokens to members requiring transportation services was previously discussed. Although there is a token distribution process in place, a tracking system has not been implemented to ensure the tokens are being utilized appropriately.</p>	
<p>#8 Announcements</p>	<p>None.</p>	
<p>#9 Public Comment</p>	<p>None.</p>	
<p>#10 Adjourn Patrick Marabella, M.D, Chair</p>	<p>Meeting was adjourned at 11:57am.</p>	

NEXT MEETING: November 21st, 2013

Submitted this Day: 11/21/13

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

Acknowledgment of Committee Approval:

Patrick C. Marabella
Patrick C. Marabella, MD Committee Chair