

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
August 7, 2014

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

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) |
| ✓ | Terry Hutchison, M.D., Central California Faculty Medical Group, | ✓ | Amy Schneider, RN, Director of Medical Management Services |
| ✓ | Brandon Foster, PhD. 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 | ✓ | David Marquardt, Quality Analyst |
| | 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 | | |

✓ = in attendance

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| #1 Call to Order Patrick Marabella, M.D, Chair | The meeting was called to order at 11:03 am. | |
| #2 Approve Consent Agenda - Committee Minutes 5/15/2014 - Medical Policies: 2 nd quarter 2014 - Public Programs Report (Attachments A-C) Action Patrick Marabella, M.D, Chair | The May minutes were reviewed. All items on the Consent Agenda were approved as submitted.. There were no questions. | Motion: Approve Consent Agenda (Foster/Cardona) 4-0-0-2 |
| #3 QI Business Appeals and Grievances - Dashboard - Executive Summary - Quarter 1 Member Report - Inter-rater Reliability Report (Attachment D-G) | <u>A & G Dashboard.</u> This report provides monthly data to facilitate monitoring for trends in the number and types of cases over time. <u>Grievances:</u> ➢ 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 59 grievances received and 48 grievances resolved in the month of May 2014. ➢ Grievances are further broken down into three categories: Quality of Service QOS (Administrative), | |

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| <p>Informational Patrick Marabella, M.D</p> | <p>Quality of Care QOC (Clinical), and Exempt Grievances. No actionable trends identified.</p> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are broken down into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 20 appeals received in May 2014 and 11 appeals were resolved. <p>Resolved appeals are broken down into two categories: Pre-service and Post-service. No actionable trends were identified.</p> <p><u>Appeals and Grievances Executive Summary and Quarterly Member Report.</u> This is a written record of 2014 first quarter appeals and grievances to assess for emerging patterns, compliance to turnaround time, and to formulate potential Plan policy/process changes and procedural improvements.</p> <p><u>Analysis/Findings/Outcomes:</u> Member Appeals and Grievances –</p> <ul style="list-style-type: none"> - There were a total of 43 appeals. Most of these were pre-service appeals. An increase in appeals associated with genetic testing (7) was noted in quarter one, however this trend has not continued in subsequent months to date. Appropriate criteria were used in considering these cases. - There were 117 grievances. - One acknowledgement letter was sent outside the 5 day time frame. <p><u>Access Grievances:</u></p> <ul style="list-style-type: none"> - The majority of Access to Care grievances were related to Pharmacy. No other trends identified. <p><u>Exempt Grievances:</u></p> <ul style="list-style-type: none"> - There were a total of 72 exempt grievances for quarter 1 2014. No trends identified. <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 first quarter overall score averaged 98%. The audit score threshold is 95%. No action required at this time. | |
| <p>#3 QI Business PM-160 Report (Attachment H) Informational Patrick Marabella, M.D, Chair</p> | <p>This report provides an update to the Committee regarding provider compliance with and in-services related to submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms for the period of January 2013 – December 2013. During this period, providers with opportunity for improvement were identified and outreach activities and PM-160 training were conducted for high volume, low compliance providers. Submission rates will continue to be analyzed and it is expected that data will continue to improve.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ 75% of the targeted providers previously showing less than 10% PM 160 submission rates have improved their rates as an outcome of outreach and education efforts. | |

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| | <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Continue to educate providers using PM 160 instructional information and other tools in development. ➤ Provide the QI/UM committee with updates on PM 160 submission progress on a quarterly basis or as requested | |
| <p>#3 QI Business Behavioral Health Report Quarter 1 (Attachments I) Informational Patrick Marabella, M.D, Chair</p> | <p>Behavioral Health Report. Based upon the regulatory changes that occurred in January of this year, Managed Care Plans now have increased responsibility associated with mental health services with coverage for mild to moderate illness. This is the first report for the QI/UM Committee regarding these new services and the report covers several key performance indicator metrics including surveying the topics of access by risk rating, authorization decision timeliness, potential quality issues, network availability, and network adequacy..</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ This quarter out of 19 metrics with targets, 16 met or exceeded their targets. ➤ 3 Network Adequacy metrics did not meet target this quarter. However the standards currently in use require re-evaluation and redefining since they are based upon Commercial adequacy standards (all levels of illness) which are significantly different from Medi-Cal which only covers mild to moderate symptoms. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Reevaluate and re-define more appropriate standards for the CalViva membership. | |
| <p>#3 QI Business Provisions of Emergency Drugs Report (Attachment J) Informational Patrick Marabella, M.D, Chair</p> | <p>Provision of Emergency Drugs Report. The purpose of this report is to provide a summary of monitoring activities associated with the provision of prescription medications to members post an Emergency Room visit as required by state of regulations.</p> <p><u>Analysis/Findings/Outcomes:</u></p> <ul style="list-style-type: none"> ➤ The results of the initial audit and follow up analysis provide evidence that the goal of 90% compliance was met in all three counties. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Continue to monitor Provision of Emergency Medication quarterly and report to the QI/UM Committee. | |
| <p>#3 QI Business Quality Improvement Projects & HEDIS Update (Attachment K) Informational Patrick Marabella, M.D, Chair</p> | <p><i>Copies of the presentation were made available to committee members and a summary of the information covered is included in the meeting packet.</i></p> <p>A summary of HEDIS® (Healthcare Effectiveness Data Information Set) performance measurements and the reporting process for the 2014 Reporting Year. HEDIS® performance standards are a set of nationally reported measures that are used to assess the quality of care provided to members. Managed Care Plans in California must report on 15 measures each year. There are five HEDIS® measures that impact default enrollment to managed care plans. The 2014 Default Enrollment Measures are:</p> <ul style="list-style-type: none"> ➤ Well-Child Visits (3 to 6 years) ➤ Childhood Immunizations by 2nd birthday ➤ HbA1c Testing for diabetic members | |

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| | <ul style="list-style-type: none"> ➤ LDL-C Control for diabetic members ➤ Cervical Cancer Screening ➤ Timely Prenatal Visits <p>Managed Care Plans are required to meet Minimum Performance Levels (MPS – 25th percentile) on all 15 measures. If performance levels are below the MPL an improvement plan must be developed and implemented by the Plan.</p> <p>Kings County has several areas that fell below the 25th percentile. This may have been related due to data acquisition Problems. Fresno and Madera also had a few areas that did not meet the MPL.</p> <p>Managed Care Plans are also required to participate in two Quality Improvement Projects (QIP) per year:</p> <ol style="list-style-type: none"> 1. Statewide Collaborative – All Cause Readmission (ACR) 2. Internal QIP – Diabetic Retinal Eye Exam <p>Update on ACR Statewide Collaborative:</p> <ul style="list-style-type: none"> ➤ Developed and implemented interventions to decrease hospital readmissions within 30 days ➤ Annual report is due to HSAG and DHCS by 9/30/2014. <p>Update on Internal QIP Diabetic Eye Exam:</p> <ul style="list-style-type: none"> ➤ CVH focusing on three high volume, low compliance clinics (one in each county) ➤ 1st Quarter Audits are complete with feedback provided to clinic leadership. 2nd Quarter Audits are scheduled for July 2014 ➤ Annual report is due to HSAG and DHCS 8/30/2014 | |
| <p>#3 QI Business CalViva Health RY 2014 CAHPS Survey Results (Attachment L) Informational Patrick Marabella, M.D, Chair</p> | <p><i>Copies of the presentation were made available to committee members and a summary of the information covered is included in the meeting packet.</i></p> <p>A summary of the 2014 RY Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results were presented to the committee members. The results of this survey will assist CVH in the identification of areas of opportunity for improvement with regard to member satisfaction.</p> <p>There were 3 areas identified for improvement :</p> <ol style="list-style-type: none"> 1. How well doctors communicate 2. Rating of all health care 3. Getting care quickly <p>Some actions already taken to address these areas include:</p> <ul style="list-style-type: none"> • Distribution of the "Improving the Patient Experience Toolkit" to providers • Availability of interpreter services to all members | |

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| | <ul style="list-style-type: none"> Nurse Advice Line is available 24-7 <p>Additional actions are underway to further improve in these areas.</p> | |
| <p>#4 UM Business Key Indicator Report (Attachment M) Informational Patrick Marabella, M.D, Chair</p> | <p>Key Indicator Report reflects data as of June 20, 2014. Highlights provided:</p> <ol style="list-style-type: none"> Inpatient utilization for non-SPD members is currently over the goal of 222 and the SPD members is currently over the goal of 1244.8. Medical Management is conducting further analysis on the increase of days/1000 including variations noted at the county level. Lower volumes in the smaller counties contribute to more significant variations in rates. CVH has incorporated the 2013 year end data column for the purposes of comparison to the prior year's results Complex Case Management (CCM) has no new CCM enrollment in May due to an adjustment in the program. | |
| <p>#4 UM Business Authorization Tracking Report Quarter 1 (Attachment N) Informational Patrick Marabella, M.D.</p> | <p>Authorization Tracking Report. This report provides a mechanism to track and monitor prior authorization requests submitted by directly contracted providers. The data analyzed includes authorized, denied, deferred or modified referrals, and the timeliness of those referrals. <u>Barrier Analysis:</u> Increasing workloads created by increasing membership have caused some metrics to be out of compliance for timeliness. Small denominators impact some rates significantly. <u>Interventions Taken:</u> <ul style="list-style-type: none"> Additional staff recruited for increased volume of requests. Deficiencies are trended for process improvement and re-training completed when indicated. </p> | |
| <p>#4 UM Business Case Management Report Quarter 1 (Attachment O) Informational Patrick Marabella, M.D, Chair</p> | <p>Case Management Report. The Case Management report covers Ambulatory, Complex, and Perinatal case management programs. <u>Ambulatory Case Management (ACM):</u> A summary of ACM outreach numbers, opened and closed cases for quarter 1 was reviewed. Reaching members continues to be a challenge and several strategies have been initiated to address this barrier. Development and implementation of a new case finding predictive modeling strategy is underway. <u>Complex Case Management (CCM):</u> A summary of CCM outreach numbers, opened and closed cases for quarter 1 was reviewed. An outcome analysis by case type was also provided. Member engagement is an ongoing barrier with the majority of cases closing due to member refusing CM, member inaction and unable to locate member. <u>Next Steps:</u> <ul style="list-style-type: none"> Continue to work with McKesson on strategies to improve member engagement and suggestions for </p> | |

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| | <p>additional analysis .</p> <ul style="list-style-type: none"> ➤ Establishment of twice weekly Data Workgroup to implement daily authorization file <p><u>Perinatal Case Management (PCM):</u> A summary of Perinatal outreach numbers, opened and closed cases for quarter 1 was reviewed. Overall program outcomes include assessing care to determine if the member is seeing appropriate specialists, keeping appointments, has plan to deliver at an appropriate level hospital, is in need of community referrals and the availability of transportation.</p> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> ➤ Continue program interventions by PCM. Continue to participate in the Perinatal Initiative Workgroup meetings. ➤ Attend community workshops to promote CalViva Health Perinatal Case Management Program, continue to build relationship with OB providers. | |
| #5 Compliance Update | <p>MB Corrado presented the Compliance report. Highlights of this report include:</p> <ul style="list-style-type: none"> • No new potential fraud cases were identified. • Potential Privacy Breaches - There have been 5 high risk cases and 30 no/low risk cases identified year to date. • Oversight Audits – Annual Oversight Audits of Health Net continue to be in progress. Several of the audits have been completed with only three areas requiring Corrective Action Plans (Claims, Marketing, and Cultural and Linguistics). Remaining departments will continue on schedule. • MB Corrado reviewed the findings the DHCS 2012-2013 Performance Evaluation Report. The final performance evaluation report was received on June 30, 2014. CalViva has submitted our response. All of the report findings have been previously addressed and closed or have actions underway. • CVH has executed an updated Business Associate Agreement (BAA) with Health Net to ensure compliance with HIPAA requirements. • CVH is currently finalizing a BAA with Kaiser. • New Regulation - Implementation of Mental Health benefit is operating smoothly. Amendments to the Memorandums of Understanding (MOU) with the Kings and Madera county mental health plans have been executed. The Fresno County MOU should be executed by the end of the month. • Public Policy Committee met on June 4, 2014 in Kings County. The Committee did not have any action recommendations for the Commission’s consideration. The next committee meeting will be held on September 3, 2014 in Madera County. | |
| #6 Old Business | None. | |
| #7 Announcements | None. | |
| #8 Public Comment | None. | |
| #9 Adjourn | Meeting was adjourned at 12:20 pm. | |

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| Patrick Marabella, M.D, Chair | | |

NEXT MEETING: September 18th, 2014

Submitted this Day: Sept 18th, 2014

Submitted by: Amy B. Schneider
Amy Schneider, RM, Director Medical Management

Acknowledgment of Committee Approval:

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