

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**

February 18, 2016

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)
✓	Terry Hutchison, M.D. , Central California Faculty Medical Group	✓	Amy Schneider, RN , Director of Medical Management Services
✓	Brandon Foster, PhD. Family Health Care Network	✓	Ruby Mateos , Medical Management Specialist
✓	David Cardona, M.D. , Fresno County At-large Appointee, Family Care Providers	✓	Brandi Ferris , Medical Management Administrative Coordinator
✓	Kenneth Bernstein, M.D. , Camarena Health Center	✓	Mary Lourdes Leone , Compliance Project Manager
	John Zweifler, MD. , At-large Appointee, Kings County		
✓	Fenglaly Lee, M.D. , Central California Faculty Medical Group		
	David Hodge, M.D. , Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
	Jeff Nkansah , Director of Compliance/Privacy		

✓ = 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 10:40 am.	
#2 Approve Consent Agenda - Committee Minutes 11/19/2015 - Medical Policies & Provider Update Q4 - Standing Referrals Report - Health Education Incentive Programs Report - Provider Preventable Conditions Report (Attachments A-E) Action Patrick Marabella, M.D,	The November minutes were reviewed and highlights from the consent agenda items were discussed.	Motion: Approve Consent Agenda (Bernstein/Foster) 4-0-0-3

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Chair		
<p>#3 QI Business Appeals & Grievances - Dashboard - Executive Summary - Quarterly Member Report Q4 - Classification Audit Report (Attachment F-I) Informational Patrick Marabella, M.D, Chair</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. An increase in grievances was noted for 2015 which may be due to increased membership in 2015 as well as changes in tracking methodology.</p> <ul style="list-style-type: none"> ➤ An increase in pharmacy appeals is noted and is primarily related to Hepatitis C drugs. The standards associated with these medications have changed resulting in an increase in overturns. <p>In the 4th quarter report the following items were noted:</p> <p>Member Appeals and Grievances –</p> <ul style="list-style-type: none"> ➤ There were a total of 39 appeals. 37 of these were pre-service appeals and 2 were post-service appeals. ➤ There were 286 grievances. <p>Access Grievances -</p> <ul style="list-style-type: none"> ➤ There were 13 Access to Care – Availability of Appointment with Specialist. Additional pain specialist providers have been added to the network to address this issue. No other trends identified. <p>Inter-rater Reliability -</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 third quarter overall score averaged 99%. The audit score threshold is 95%. No action required at this time. <ul style="list-style-type: none"> ○ A new report was created to monitor Provider Capacity and the number of grievances associated with high volume providers. CVH will monitor this report through the Access Workgroup. <p><u>Classification Audit Summary:</u> This audit process is part of a DHCS corrective action plan from a 2013 CalViva audit. Open cases from September 2015 to January 2016 were evaluated on a weekly basis for appropriate classification. A total of 76 cases were audited, and one of those cases was classified incorrectly or required follow up. Weekly concurrent audits will continue with follow up action when indicated.</p>	
	<i>Dr. Cardona and Dr. Hutchison arrived at 10:57 am.</i>	
<p>#3 QI Business Public Programs Report Qtr 4 (Attachment J) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Public Programs department activities and outcomes of formalized quarterly meetings with the county Department of Public Health.</p> <ul style="list-style-type: none"> ➤ The Chlamydia Clinical Quality Improvement Program and Fresno County Public Health Department are starting a new project regarding chlamydia screenings and provider visits. ➤ Fresno County Public Health Department is partnering with providers in Fresno County on a Bicillin project for treatment of syphilis. ➤ CalViva Health will continue to partner with County Public Health Departments and CDPH regarding STI projects and trainings. 	

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	Dr. Cardona inquired regarding process for treatment of patients with Bicillin to reduce cases of syphilis and congenital syphilis. CalViva Health staff will follow up with Public Programs to facilitate provider communication.	
<p>#3 QI Business Potential Quality Issues Report (Attachment K) Informational Patrick Marabella, M.D, Chair</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 for Q3 2015. PQI reviews may be initiated by a member, non-member or peer review activities. Data was reviewed including the follow up actions taken when indicated.	
<p>#3 QI Business Initial Health Assessment Audit CAP Report (Attachment L) Informational 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. CalViva Health collects the IHA completion data from medical record reviews completed each quarter during the FSR/MRR process to identify noncompliant sites for corrective action. Results were reviewed and the non-compliant providers were sent an educational letter defining the expectations of the IHA.	
<p>#4 Quality Improvement/Utilization Management 2015 Work Plan Evaluations, 2016 UM Work Plan & Program Description - 2015 QI Work Plan Evaluation & Executive Summary - 2015 UMCM Work Plan Evaluation & Executive Summary - 2016 UMCM Program Description - 2016 UMCM Work Plan (Attachment M-P) Informational Patrick Marabella, M.D,</p>	<p><i>Dr. Marabella presented the 2015 Quality Improvement/ Utilization Management Work Plan Evaluations, 2016 UM Program Description and Work Plan. 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>2015 Quality Improvement Work Plan Evaluation. Access to Care: > CalViva participated in the ICE Single Vendor Provider Appointment Availability Survey. 2015 results are pending. > Provider Office Wait Times: Goal for 30 minutes or less average wait time was met in all three counties in all locations monitored. > For RY 2015, the After Hours Access Standards were met for After Hours Emergency Instructions and not met for the Qualified Health Professional 30 minute Call Back (for urgent issues). o A Corrective Action Plan (CAP) was implemented to ensure providers comply with the standards. o Corrective action plans were submitted by approximately 63% of non-compliant Providers. > The After Hours survey for 2015 concluded 12/31/15. Results are pending and follow up will be based upon survey findings. A full member satisfaction (CAHPS) survey will be conducted in 2016 > Quality and Safety of Care: o HEDIS® Minimum Performance Level (MPL) Default Measures. CalViva met the minimum performance levels (MPLs) for all measures in all three counties except Kings County did not meet</p>	Motion: Approve 2015 Quality Improvement Work Plan Evaluation (Bernstein/Cardona) 6-0-0-1

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<p>Chair</p>	<p>the MPL for Childhood Immunizations, Well Child Visits, HbA1c testing and Cervical Cancer Screening.</p> <p>Quality Improvement Projects (QIPs): There were two QIPs in 2015: > All Cause Readmissions – The State closed this as a Quality Improvement Project. > CVH selected Diabetic Retinal Eye Exam as its Individual QIP. All three counties improved in 2014 and 2015 and are above the minimum performance level. This QIP is also closed. For 2016, the Quality Improvement Projects (QIPs) have been changed to Performance Improvement Projects (PIPs). CalViva has selected Postpartum Care and Comprehensive Diabetes Care for the required PIPs.</p> <p>CalViva had four additional Quality Improvement projects in 2015 and these will continue into 2016: > Cervical Cancer Screening > Kings Bundle (Immunizations & Well Child visits) > Medication Management for Asthma > Annual Monitoring of Patients on Persistent Medications</p> <p>2015 Utilization Management Work Plan Evaluation. The five categories for reporting are: > Compliance with Regulatory Requirements: o All requirements for licensing and credentialing have been maintained. > Monitoring the UM process: o The Turn-Around Time (TAT) for processing prior authorization requests has been in compliance to be timely with an overall score averaging 97.5% for 2015. > Monitoring UM Metrics: o All items in the Work Plan were met with the exception of 1) acute inpatient performance, and 2) over/under utilization. These will be addressed in 2016. > Coordination with other programs: o The Transition Care Management program demonstrated some success in preventing hospital readmissions. Onsite Nurses are available at hospitals in all three counties. > Monitoring activities of special populations include: o CCS o SPD tracking o CBAS o Mental Health tracking</p>	<p>Motion: Approve 2015 Utilization Management Work Plan Evaluation, 2016 UM Program Description and Work Plan (Bernstein/Hutchison) 6-0-0-1</p>

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	<p>Additionally, there will be changes to the following documents for 2016:</p> <ul style="list-style-type: none"> ➤ Program Description, which summarizes our policy, processes, and standards. This document is updated annually. The changes for the PD include: <ul style="list-style-type: none"> ○ Sections for behavioral healthcare services. ○ Changes in language for disease management. ➤ The Work Plan for Utilization Management is essentially the same with only minor changes. 	
<p>#5 UM Business Key Indicator Report (Attachment Q) Informational Patrick Marabella, M.D, Chair</p>	<p>Key Indicator Report reflects data as of December 31, 2015. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ An explanation of the numbers reported was provided with reference to the new report format. ➤ The Medi-Cal Expansion population is now identified as a separate category which better delineates the populations served by CalViva. ➤ The end of the year holidays impacted some case turnaround times, this will be monitored. ➤ The "Birth: OB % Days and OB % Admits" data will be available for a future report. ➤ The targets or benchmarks will be based upon historical data and will be made available by early 2016. 	
<p>#5 UM Business Specialty Referrals Report Qtr 2 & 3 EHS, La Salle, IMG & Qtr 2 First Choice (Attachment R) Informational Patrick Marabella, M.D, Chair</p>	<p>This report provides a summary of Specialty Referral services that require prior authorization in the tri-county area EHS, La Salle, IMG and First Choice. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care referrals for CalViva Health members. Results will be monitored over time.</p>	
<p>#5 UM Business CCS Report (Attachment S) Informational Patrick Marabella, M.D, Chair</p>	<p>The CCS report was reviewed. CCS statistics based on the Plan's public health reporting was corrected for CCS eligible membership. There are no other significant issues to report.</p>	
<p>#6 Compliance Update</p>	<p>MB Corrado reported the 2015 Annual Compliance Evaluation.</p> <ul style="list-style-type: none"> ➤ All employees passed the mandatory trainings for 2015. For Oversight Audits, several functions that are delegated to Health Net were audited in 2015 and all areas passed with favorable results, with minor corrective actions. A detailed summary will be provided in March. ➤ 74 Provider Dispute cases were audited over a three quarter period with three cases having a non-compliant element related to timeliness. ➤ The 2015/2016 member handbook was published in English, Spanish and Hmong. There were 55 	


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	<p>Provider Updates, 3 new Provider Toolkits were approved, and 2,003 provider visits and events occurred throughout Fresno, Kings and Madera Counties.</p> <ul style="list-style-type: none"> ➤ Last year there were 10 potential fraud and abuse cases reported to DHCS; 6 of which were potential provider billing practices, and 4 cases involved potential member incidents. ➤ J. Nkansah presented Privacy and Security. The Risk Management Team monitored the processes and practices. The team succeeded in conducting scans both internally and externally of systems and were successful in conducting scans related to technical controls at an IT level and evaluated it against industry standard HIPAA related controls. The team will continue to meet to review scans from 2015 and will be looking to enhance activities. ➤ In 2015 the team monitored privacy and security related incidents that occurred throughout the year, as a result there were 57 incidents reported to the DHCS and to Health and Human Services agencies. Of the 57, 54 were considered low/no risk and 3 were considered high risk of which members were contacted. ➤ MB Corrado reported there were a number of regulatory audits and performance evaluations conducted by DHCS and DMHC in 2015. Overall, the Plan performed well with minimal corrective actions. Where there were actions, the issues have been corrected. In a few cases, the corrective action is still ongoing. ➤ Highlights from a Compliance standpoint in reference to operational statistics that are monitored are: <ul style="list-style-type: none"> ○ Member Service Call Center: <ul style="list-style-type: none"> ▪ Overall performance standards were either met or exceeded. ▪ Call volumes increased approximately 21% over 2014. ○ Appeal and Grievance Resolution Activity: <ul style="list-style-type: none"> ▪ 2,550 appeals and grievances cases were received ▪ o Increase of 716 cases over the total 1,834 cases received in 2014 ○ Provider Disputes: <ul style="list-style-type: none"> ▪ 16,058 Provider Disputes were received. ▪ 98% of the cases met the resolution turnaround time ➤ Looking ahead in 2016 there will be more audits and performance monitoring from both Department of Health Care Services and the Department of Managed Health Care. ➤ Minor revisions have been made to the following Compliance Program Descriptions: <ul style="list-style-type: none"> ○ Compliance Plan ○ Code of Conduct ○ Anti-Fraud Plan ○ Privacy and Security 	
#7 Old Business	None.	
#8 Announcements	None.	
#9 Public Comment	None.	

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#10 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:07pm.	

NEXT MEETING: March 17th, 2016

Submitted this Day: March 17th, 2016

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

Acknowledgment of Committee Approval:

 Patrick Marabella, MD Committee Chair