

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
November 17, 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)
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Amy Schneider, RN, Director of Medical Management Services
	Brandon Foster, PhD. Family Health Care Network	✓	Brandi Ferris, 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
✓	Nicholas Nomicos, M.D., Camarena Health		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
	Lali Witrigo, Cultural & Linguistics Department		

✓ = 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 10:36am.	
#2 Approve Consent Agenda - Committee Minutes: October 20, 2016 - Preventative Screening Guidelines - CCS Report - Standing Referrals Report - Pharmacy Recommended Drug List (Attachments A-E) Action Patrick Marabella, M.D, Chair	The August minutes were reviewed and highlights from the consent agenda items were discussed.	Motion: Approve Consent Agenda (Nomicos/Cardona) 4-0-0-2
#3 QI Business Appeals & Grievances: - Dashboard	The A & G reports provide monthly and quarterly data to facilitate monitoring for trends in the number and types of cases over time. In the third quarter report the following items were noted:	

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<ul style="list-style-type: none"> - Executive Summary - Quarterly Member Report - Clinical Audit Summary (Attachment F-I) Informational Patrick Marabella, M.D, Chair	Member Appeals and Grievances - <ul style="list-style-type: none"> ➤ There were a total of 58 appeals. 54 cases were pre-service appeals, and 4 cases were post-service appeals. ➤ There were 181 grievances. ➤ New members are being educated about standards and expected timelines. Access Grievances - <ul style="list-style-type: none"> ➤ There were 8 Access to Care - Availability of Appointment with PCP. Exempt Grievances - the categories have been expanded for better trending of exempt grievances. Inter-rater Reliability - <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. 	
#3 QI Business Potential Quality Issues Report Q3 (Attachment J) Informational Patrick Marabella, M.D, Chair	<i>Dr. Lee arrived at 11:29am.</i> 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. Data was reviewed including the follow up actions taken when indicated.	
#3 QI Business MHN Performance Indicator Report (Attachment K) Informational Patrick Marabella, M.D, Chair	The MHN Performance Indicator Report was presented. For Q3 2016, out of the 17 metrics with targets, all met or exceeded their targets.	
#3 QI Business Facility Site Review Report Q1-Q2 (Attachment L) Informational Patrick Marabella, M.D, Chair	This report displays completed activity and results of the DHCS required Facility Site Review (FSR) and Medical Records Review (MRR) for the tri-county area. <ul style="list-style-type: none"> ➤ There were 27 FSR's completed in the first and second quarters 2016. ➤ There were 28 MRR's completed in the first and second quarters 2016. ➤ 10 FSR's and 3 MRR's required CAP's to verify correction during this time period. All CAPs completed timely. ➤ 33 Physical Accessibility Review Survey (PARS) have been completed since 2011, of which 37% have Basic Level access. 	
#3 QI Business Initial Health Assessment Audit Comprehensive	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. In follow up to our 2016 DHCS Audit CalViva has initiated a more comprehensive and in-depth assessment of our IHA completion rates. This new multi-pronged approach includes	

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Report (Attachment M) Informational Patrick Marabella, M.D, Chair	the following: <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach This new expanded report covers Quarter 3, 2016 for MRR with 25 records of new members audited. Semi-annual results for Q1 and Q2 2016 Member Outreach were reviewed. The initial analysis of claims and encounters data for 2016 revealed a higher completion rate for adult members when compared to pediatric members. An initial PPG report has been created to be used to provide feedback to providers on their completion rates. Quarterly reporting will continue as we refine our new reporting processes.	
#4 UM Business Key Indicator Report (Attachment N) Informational Patrick Marabella, M.D, Chair	The Key Indicator Report reflects data as of September 2016. This report includes key metrics for tracking utilization and case management activities. <ul style="list-style-type: none"> ➤ Membership continues to increase. ➤ ER visits have started to trend down. ➤ Bed days per thousand for SPD's have decreased. ➤ Turn-around times are acceptable. 	
#4 UM Business Turnaround Time Report (Attachment O) Informational Patrick Marabella, M.D, Chair	The UM Turn-around Time Report was reviewed which provides an analysis of and actions taken to address timeliness metrics that do not meet standards. This report provides ongoing analysis of monthly audit scores.	
#4 UM Business Utilization Management Concurrent Review Report (Attachment P) Informational Patrick Marabella, M.D, Chair	The 2016 Utilization Management/Medical Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q3 2016. Focus is on improving member health care 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. <ul style="list-style-type: none"> ➤ The increase in membership has impacted inpatient utilization. Increased enrollment of the MCE population which is new to managed care and may have had limited access to primary healthcare services previously, has contributed to higher acute admission rates and bed days. ➤ Medical Management system enhancements have been implemented to support identification of acute care discharge barriers. 	
#4 UM Business Case Management Report (Attachment Q) Informational Patrick Marabella, M.D, Chair	The Case Management program provides an evidence based process for the medical management of members, including assessment, care plans and evaluation of care effectiveness. This report covers three case management programs: Integrated (ICM), Complex (CCM), and Perinatal (PCM). Beginning September 1st, 2016, a new case management model was implemented for CalViva members and our team transitioned to a new case management documentation system. ICM is a Case Management Society of America (CMSA) endorsed, complexity based case management model addressing the member's biological, psychological, social and health system needs through a primary care manager who is responsible for coordinating all the aspects of member's care.	

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<p>#4 UM Business Specialty Referrals Report - HN Q3 (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 for HN. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. Results will continue to be monitored over time.</p>	
<p>#5 Pharmacy Business - Executive Summary - Operations Metrics Report - Top 30 Prior Authorizations (Attachment T-V) Informational Patrick Marabella, M.D, Chair</p>	<p>Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization Requests, and quarterly Recommended Drug List changes to assess for emerging patterns in authorization requests and compliance around prior authorization and Call Center metrics, and to formulate potential process improvements.</p> <p><u>Operations Metrics:</u> ➤ All third quarter 2016 pharmacy prior authorization metrics were within 5% of standard; reporting currently unavailable for August and September.</p> <p><u>Top 30 Prior Authorizations:</u> ➤ Third quarter 2016 top medication prior authorization requests varied minimally from last quarter.</p>	
<p>#6 Credentialing and Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment W, X) Action Patrick Marabella, M.D, Chair</p>	<p>Credentialing Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Credentialing Subcommittee activities.</p> <ol style="list-style-type: none"> The Credentialing Sub-committee met on October 20th, 2016. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first and second quarter for 2016 were reviewed for delegated entities, second quarter for MHN and second and third quarter for Health Net. County specific Credentialing Sub-Committee reports were reviewed for the second and third quarters of 2016. No significant cases were identified on these reports. <p>Peer Review Subcommittee Report. This report provides the QI/UM Committee with a summary of the CVH Peer Review Subcommittee activities. All Peer Review information is confidential and protected under law.</p> <ol style="list-style-type: none"> The Peer Review sub-committee met on October 20th, 2016. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 & 3 2016 were reviewed. There were no significant cases identified on the reports. The Quarter 2 & 3 Peer Count Reports were presented at the meeting. For Q2, there were 3 cases closed and cleared to track and trend. Four were tabled pending further information. For Q3, there were 4 cases closed and cleared to track and trend. Seven were tabled pending further information. 	<p>Motion: Approve the Credentialing Subcommittee Report (Nomicos/Lee) 5-0-0-1</p> <p>Motion: Approve the Peer Review Subcommittee Report (Nomicos/Lee) 5-0-0-1</p>
<p>#7 Compliance Update</p>	<p>Mary Beth Corrado presented the Compliance Update: ➤ Health Net Oversight Audits: The Credentialing, Continuity of Care, and Provider Network audits are currently in</p>	

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	<p>progress. The Access and Availability audit is complete and there was a CAP required. The Utilization Management audit has been completed, but an acceptable CAP is still in progress.</p> <ul style="list-style-type: none"> ➤ Provider Dispute Resolution (PDR) Case Audits: The Q4 2015 audit is currently in progress. ➤ The DMHC completed a routine examination of the Plan as required by Section 1382 (a) of the Knox-Keene Health Care Service Plan Act. The examination reviewed the Plan's fiscal and administrative affairs. ➤ The DMHC/DHCS conducted their annual audit of the health plan in April 2016. ➤ Behavioral Health Treatment (BHT) Coverage for Children Diagnosed with Autism Spectrum Disorder (ASD): The DHCS transitioned the responsibility for the provision of BHT services from Regional Centers to DHCS Medi-Cal managed care health plans. The transition has been completed. Based on the information provided by the DHCS, 376 CalViva Health members had their services transitioned to the Plan. ➤ The next Public Policy Committee meeting is scheduled for December 7, 2016. 	
#8 Old Business	None.	
#9 Announcements	None.	
#10 Public Comment	None.	
#11 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:29pm.	

NEXT MEETING: February 16th, 2017

Submitted this Day: February 16, 2017

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair