

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
March 16, 2017

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		
	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 10:36 am.	
#2 Approve Consent Agenda - Committee Minutes: February 16, 2017 - Medical Policies Q4 - QIUM Committee Charter - Health Education Incentive Program Report - Specialty Referrals Report - EHS, La Salle IMG, Adventist Q4 - InterQual Inter-rater Reliability Tool Testing Summary - Pharmacy Recommended	The February minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full Recommended Drug List was available for review at the meeting.	Motion: Approve Consent Agenda (Nomicos/Lee) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Drug List (January) (Attachments A-G) Action Patrick Marabella, M.D, Chair		
#3 QI Business Appeals & Grievances Dashboard (Attachment H) Action Patrick Marabella, M.D, Chair	<p><i>Dr. Zweifler arrived at 10:39am.</i></p> <p>Dr. Marabella presented the Appeals and Grievances Dashboard through January 31, 2017.</p> <p><u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ The grievances are classified into two categories: Expedited and Standard ➤ Grievance metrics are reported according to cases received and cases resolved within the time period. There were 94 grievances received and 77 grievances resolved in January 2017. ➤ Grievances are further classified into three categories: Quality of Service QOS (Administrative), Quality of Care QOC (Clinical), and Exempt Grievances. ➤ There were 2 grievance ack letters that were noncompliant due to a staff error. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> ➤ The appeals are classified into two categories: Expedited and Standard. ➤ Appeal metrics are reported by received date and resolved date. There were 28 appeals received in January 2017 and 17 appeals were resolved. 	Motion: Approve Appeals & Grievances Dashboard (Nomicos/Cardona) 5-0-0-2
#3 QI Business Initial Health Assessment Quarterly Audit Report Q4 2016 (Attachment I) Action 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 has a comprehensive and in-depth assessment of our IHA completion rates. This multi-pronged approach includes the following:</p> <ul style="list-style-type: none"> ➤ Medical Record Review (MRR) via onsite provider audits ➤ Monitoring of claims and encounters ➤ Member outreach <p>This report covers Quarter 4, 2016 with 27 records of new members audited through MRR. The 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. Rates reflect 91.32% Member Outreach compliance for January through December 2016.</p>	Motion: Approve IHA Quarterly Audit Report (Zweifler/Nomicos) 5-0-0-2
#3 QI Business MHN Performance Indicator Report (Attachment J) Action Patrick Marabella, M.D, Chair	<p>The MHN Performance Indicator Report was presented. For Q4 2016, out of the 17 metrics with targets, all met or exceeded their targets.</p>	Motion: Approve MHN Performance Indicator Report (Cardona/Nomicos) 5-0-0-2
	<p><i>Dr. Zweifler left at 11:09am.</i></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business PM-160 Report (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>This report provides an update on provider compliance with required submission of Child Health and Disability Prevention Program (CHDP) PM-160 INF forms. The data provided on the PM 160 forms allow CalViva Health to track preventative services for members under the age of 21 and complies with the Department of Health Care Services (DHCS) requirements.</p> <ul style="list-style-type: none"> ➤ Data is provided on reports submitted vs visits expected for children 0-2 years and 2-20 years. ➤ The next steps include to identify and analyze providers with low submission rates. 	<p>Motion: Approve PM-160 Report (Zweifler/Nomicos) 5-0-0-2</p>
<p><i>Dr. Zweifler returned at 11:14am.</i></p>		
<p>#4 Quality Improvement/Utilization Management Business - 2017 QI Work Plan - 2017 QI Program Description - 2017 UM Work Plan (Attachment L-N) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the 2017 Quality Improvement Work Plan and Program Description, and 2017 Utilization Management Case Management Work Plan.</p> <p>The Quality Improvement Program Description changes for 2017 include:</p> <ul style="list-style-type: none"> ➤ How Preventive Health Screening Guidelines are made available, and Health Promotion Programs updated list. ➤ Update to Disease Management which includes re-expansion to five chronic health conditions: Asthma, Diabetes, CAD, COPD and CHF. ➤ Integrated Case Management which replaced CCM. Provides goals for the program and includes how participants are identified and care is planned. ➤ A cultural competency training statement was added to Cultural & Linguistics per federal regulations. ➤ Additional minor updates/edits were made to the Program Description. <p>The Quality Improvement Workplan activities for 2017 focus on:</p> <ul style="list-style-type: none"> ➤ Access, Availability, & Service: <ul style="list-style-type: none"> ○ Continue to monitor Provider Appointment Access and After Hours Access. ○ A corrective action plan was implemented to improve compliance with After Hours Access metrics. ○ A full CAHPS Member Survey was completed in 2016. Analysis is in progress. ➤ Quality & Safety of Care: <ul style="list-style-type: none"> ○ Continue Cervical Cancer Screening project in Madera County. ○ Improve Immunization Rates in Kings County with a focus on improving rates for children turning 2 years of age. ○ Improve Laboratory Monitoring of Patients on Persistent Meds. Remind members and providers to complete annual testing for high risk medications. ○ Controlling High Blood Pressure. Continue collaborative efforts with provider in Fresno County. ○ Increase Appropriate Antibiotic Prescribing for Bronchitis by distributing educational toolkits to Providers and education to members to reduce overprescribing. ➤ Performance Improvement Projects: <ul style="list-style-type: none"> ○ Postpartum Visits: Continuing efforts in Kings County to facilitate completion of Postpartum visits. This project is scheduled for completion in June 2017. ○ Diabetes Care: Expanded this project to include both Fresno and Kings Counties with a focus on HbA1c 	<p>Motion: Approve 2017 Quality Improvement Work Plan and Program Description (Nomicos/Cardona) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>testing. Four modules have been completed, with project scheduled to complete in August 2017.</p> <ul style="list-style-type: none"> ➤ Crosswalk: <ul style="list-style-type: none"> ○ The Crosswalk is a tracking grid for ongoing Workplan activities. New this year is the Clinical Depression Follow Up HEDIS® measure. The intervention consists of development and distribution of provider education resources on screening for clinical depression and initiate follow up. <p>The Utilization Management Work Plan for 2017 focuses on:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory & Accreditation Requirements. 2. Monitoring the Utilization Management Process. 3. Monitoring Utilization Metrics. 4. Monitoring Coordination with Other Programs and Vendor Oversight. 5. Monitoring Activities for Special Populations. <ul style="list-style-type: none"> ➤ The 2017 UMCM Workplan maintains all monitoring parameters of the 2016 Workplan. ➤ Reporting parameters have been modified to allow for ongoing assessment of the impact of population changes including the Medi-Cal Expansion population and behavioral health. ➤ Monitoring of the success of interventions is essential to ensure goals are met. 	<p>Motion: Approve 2017 Utilization Management Case Management Work Plan (Nomicos/Lee) 5-0-0-2</p>
	<p><i>Dr. Lee left at 11:19am.</i></p>	
	<p><i>Dr. Lee returned at 11:21am.</i></p>	
<p>#5 UM Business Key Indicator Report (Attachment O) Action Patrick Marabella, M.D, Chair</p>	<p>The Key Indicator Report reflects data as of January 31st, 2017. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership for January has had a minimal increase. ➤ Bed Days Acute - SPD's continue to decrease. ➤ ER visits PTMPY has slightly decreased. 	<p>Motion: Approve Key Indicator Report (Nomicos/Zweifler) 5-0-0-2</p>
<p>#5 UM Business Turnaround Time Report (Attachment P) Action Patrick Marabella, M.D, Chair</p>	<p>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. Total scores were above 99%.</p>	<p>Motion: Approve Turnaround Time Report (Nomicos/Zweifler) 5-0-0-2</p>
<p>#5 UM Business Case Management & CCM Report (Attachment Q) Action Patrick Marabella, M.D,</p>	<p>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 the team transitioned to a new case management documentation system. The goal of these programs is to identify high risk members and engage them in the appropriate program. Case volumes will stabilize as transition is completed.</p>	<p>Motion: Approve Case Management & CCM Report (Zweifler/Nomicos) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chair		
	<i>Dr. Cardona left at 11:29am.</i>	
	<i>Dr. Cardona returned at 11:36am.</i>	
<p>#5 UM Business Utilization Management Policy Grid: - Experimental and Investigational Services - Comprehensive Case Management including Coordination of Care Services - Advance Directives - Transgender Services (Attachment R) Action Patrick Marabella, M.D, Chair</p>	<p>Dr. Marabella presented the Utilization Management policies for annual review. There were four new policies presented. The Utilization Management policies were available at the meeting for review.</p>	<p>Motion: Approve Utilization Management Policy Grid (Lee/Nomicos) 5-0-0-2</p>
<p>#6 Pharmacy Business - Executive Summary - Operations Metrics Report - Inter-rater Reliability Test Results (Attachment S-U) Action 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> <ul style="list-style-type: none"> ➤ The fourth quarter Operations metrics, and Top 30 prior authorization metrics are currently unavailable for October through December 2016. PA turnaround times continue to be monitored. ➤ The Inter-rater Reliability Test Results for Q4 2015 through Q2 2016 had a cumulative quarterly threshold of 99% and above. The Q3 2016 results are not yet available. 	<p>Motion: Approve Pharmacy Reports (Nomicos/Cardona) 5-0-0-2</p>
<p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report - Peer Review Subcommittee Report (Attachment V, W)</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"> 1. The Credentialing Sub-committee met on February 16th, 2017. At the February meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2016 were reviewed for delegated entities, third and fourth quarter for MHN and fourth quarter for Health Net. 2. County specific Credentialing Sub-Committee reports were reviewed for the fourth quarters of 2016. No significant cases were identified on these reports. 	<p>Motion: Approve Credentialing & Peer Review Reports (Nomicos/Lee) 5-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	<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"> 1. The Peer Review sub-committee met on February 16th, 2017. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2016 were reviewed. There were no significant cases identified on the reports. 2. The Quarter 4 Peer Count Report was presented at the meeting. For Q4, there were 2 cases closed and cleared to track and trend. Six were tabled pending further information. 	
#8 Compliance Update: RHA QI/UM Committee Compliance - Regulatory Report (Attachment X) Action Patrick Marabella, M.D, Chair	<p>Mary Beth Corrado presented the Compliance Update:</p> <ul style="list-style-type: none"> ➤ Beginning with this year, the number of potential Fraud, Waste, & Abuse cases received will be reported out by number of leads investigated, and number of MC 609 Submissions to DHCS. This is due in part to the HN/Centene merger where a more robust inquiry into these issues are taking place. ➤ CalViva Health's management team continues to conduct monthly oversight meetings with Health Net. The Plan recently requested Health Net to provide corrective action plans (CAPs) for encounter data submissions, third party liability information submissions, and specialty provider access. The encounter data and third party liability CAPs are close to closure. The specialty provider access CAP is ongoing. ➤ CalViva Health continues to meet with Kaiser on a quarterly basis. Kaiser currently has a CAP from DHCS and CVH in reference to encounter data. ➤ Oversight audits in process consist of: Claims, Health Education, and Utilization Management. A detailed summary of the 2016 audits will be presented at the May Commission meeting. ➤ The status of the Regulatory Reviews/Audits are as follows: <ul style="list-style-type: none"> ○ A status was given to DMHC for the Full Service Medical Audit Survey on the progress to date for the implementation of the online grievance submission process. In addition, CVH has also filed for approval of the Plan's proposal. ○ A CAP was submitted to DHCS, and approved, for the Medical Survey Audit Plan. ○ DHCS will be onsite at CVH from April 17, 2017 - April 28, 2017 for this year's audit. ○ In reference to the Timely Access Report for Measurement Year 2015, the Plan must provide a response to the DMHC addressing the MY 2015 findings by April 15, 2017. ➤ The first Public Policy Committee meeting for 2017 took place on March 1, 2017. There were no items requiring action by the QIUM Committee or Commission. The next Public Policy Committee meeting is scheduled for June 7, 2017 in Kings County. 	Motion: Approve Compliance - Regulatory Report (Nomicos/Lee) 5-0-0-2
	<i>Dr. Lee left at 11:58am.</i>	
	<i>Dr. Lee returned at 12:00pm.</i>	
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:12 pm.	

NEXT MEETING: May 18th, 2017

Submitted this Day: May 18th 2017

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

Acknowledgment of Committee Approval:
Patrick Marabella
Patrick Marabella, MD Committee Chair