

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
 July 19, 2018

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	✓	Melissa Holguin, 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
✓	Joel Ramirez, 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 10:53 am with one person short of quorum. Dr. Hodge arrived at 11:05 am prior to first motion.	
#2 Approve Consent Agenda - Committee Minutes: May 17, 2018 - Medical Policies First Quarter - Provider Preventable Conditions First Quarter - Standing Referrals Report First Quarter	The May 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. Dr. Hodge was introduced and thanked for joining the committee on short notice.	Motion: Approve Consent Agenda (Ramirez/Cardona) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- PM 160 Report - CCC DMHC Expedited Grievance Report - Pharmacy Recommended Drug List (July) (Attachments A-G) Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business Appeals & Grievances: - Dashboard (Attachment H) Action Patrick Marabella, M.D, Chair</p>	<p>The A & G Dashboard provides monthly data to facilitate monitoring for trends in the number and types of cases over time. This Dashboard included data through the end of May 2018. The following items were noted for May: <u>Grievances:</u></p> <ul style="list-style-type: none"> ➤ There was a total of 73 grievances resolved. ➤ There was a total of 55 Quality of Service grievances. ➤ There were 18 Quality of Care grievances <ul style="list-style-type: none"> • There was a total of 389 exempt grievances. Overall, variation is noted in the number of Grievances received/resolved by grievance type during the months of April and May 2018 compared to previous months. • Total number of Grievances Resolved increased in April and decreased in May. • The number of Quality of Service Grievances and Quality of Care Grievances has remained stable. • An increase is noted in Exempt grievances which is in part related to the EHS transition. The inclusion of Transportation related grievances this year has also contributed to the increase in the number of Exempt Grievances. • However, Year -to-date Grievance Rates are lower than last year’s average. <p><u>Appeals:</u></p> <ul style="list-style-type: none"> • Total number of Appeals Received/Resolved has demonstrated an increasing trend throughout the year so far. • The increase is noted primarily in the “Other” category related to advanced imaging and allergy treatment requests. It is anticipated that provider education will reduce these numbers over time. 	<p>Motion: Approve Appeals & Grievances Dashboard (Cardona/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business Facility Site & Medical Record Review & PARS Report (Quarters 3 & 4 2017) (Attachment I)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site & Medical Record Review & PARS Report was presented and reviewed.</p> <ul style="list-style-type: none"> ➤ There were 15 Facility Site Reviews (FSR) and 12 Medical Record Reviews (MRR) completed in the 3rd and 4th Quarters of 2017. ➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 98% for the 3rd and 4th Quarters of 2017. ➤ The Pediatric Preventive Care section mean score for the 3rd and 4th Quarters of 2017 was 95%. ➤ The Adult Preventive Care section mean score for the 3rd and 4th Quarters of 2017 was 85%. ➤ The CE CAP submission compliance rate within 10 business days was 100% in the 3rd and 4th Quarters of 2017. FSR and MRR CAPs were also closed at a 100% rate within 45 days of the audit (Table 4). ➤ 59 PARS were completed in the 3rd and 4th Quarters of 2017 of which 61% had Basic access. <p>Continue to monitor and report results.</p>	<p>Motion: Approve Facility Site & Medical Record Review & PARS Report (Cardona/Ramirez) 4-0-0-3</p>
<p>#3 QI Business - MHN Performance Indicator Report (Attachment J) Action Patrick Marabella, M.D, Chair</p>	<p>The MHN Performance Indicator Report for Q1 2018 was presented. All 18 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> ➤ Noted the next report will include a more accurate reflection of the number of CalViva members that receive Mild to Moderate Behavioral Health Services through MHN. 	<p>- Motion: Approve MHN Performance Indicator Report (Ramirez/Hodge) 4-0-0-3</p>
<p>#3 QI Business - Public Program First Quarter Report (Attachment K) Action Patrick Marabella, M.D, Chair</p>	<p>Public Programs Report Quarter 1, 2018</p> <ul style="list-style-type: none"> ➤ This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center Activities, initiatives and updates for Fresno, Kings and Madera Counties. ➤ Highlights for this quarter include implementation of the Drug Medical Organized Delivery System (ODS) Waiver Program for Behavioral Health. ➤ Various preventive health screenings and services ➤ Treatment and prevention of sexually transmitted infections. <p>Quarter 1 data for BH referrals, CCS enrollment and TB screenings and treatment were reviewed.</p>	<p>Motion: Approve Public Programs Report (Hodge/Ramirez) 4-0-0-3</p>
<p>#4 QI Improvement/Health</p>	<p>Dr. Marabella reviewed the two QI Summaries with the committee covering Low Back Pain and Antibiotic Avoidance for Adults with Bronchitis. These reports summarize quality improvement activities associated</p>	<p>Motion: Approve QI Summaries</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Education Business QI Summaries: - Low Back Pain - Antibiotics Avoidance (Attachment L-M)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>with HEDIS® measures that have performed below the minimum performance level. Both projects were focused in Madera County. Our process has been to work with a high volume, low compliance clinics with some established quality activities and the capability to work with the Plan to initiate improvement interventions. The QI Summaries describe improvement interventions, results, and recommendations for each project. Positive results were noted for each.</p> <ul style="list-style-type: none"> ➤ Low Back Pain (LBP) The LBP HEDIS® measure is defined as the percentage of members with a primary diagnosis of low back pain that did not have an imaging study (plain X-ray, MRI, or CT scan) performed within 28 days of the initial diagnosis (National Committee for Quality Assurance, 2018). ➤ Antibiotic Avoidance for Adults with Bronchitis (AAB) The AAB HEDIS® measure is defined as the percentage of adults (18-64 years of age) with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within three days of the diagnosis (National Committee for Quality Assurance, 2018). 	<p>(Ramirez/Hodge) 4-0-0-3</p>
<p>#4 QI Improvement/Health Education Business Health Education Incentive Programs Semi Annual Report (Attachment N)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>CalViva Health offers members an opportunity to earn incentives to increase participation in various programs associated with a healthy lifestyle and completion of routine preventive screenings.</p> <ul style="list-style-type: none"> ➤ A total of 1,169 CalViva Health members participated in 9 health education and quality improvement incentive programs during Q1 and Q2 in 2018, a 9% increase compared to Q3 and Q4 in 2017. ➤ The three most active incentive programs were Postpartum Visits, Monitoring for Patients on Persistent Medications and Baby showers. <p>Health Education staff will continue to collaborate with strategic provider partners and health plan staff to further develop and implement the incentive program in the coming year.</p>	<p>Motion: Approve Health Education Incentive Program Report (Cardona/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Key Indicator Report - Turn-around Time Report (Attachment O & P)</p>	<p>The Key Indicator Report reflects data as of April 30th, 2018. This report includes key metrics for tracking utilization and case management activities.</p> <ul style="list-style-type: none"> ➤ Membership has remained consistent. ➤ Admits remain comparable to previous months. ➤ ER utilization has also remained steady after increase in January. ➤ Bed Days PTMPY have increased slightly especially in the TANF category. This may be related to the EHS transition causing system disruptions. ➤ Turn-around Time (TAT) Compliance has several metrics below goal of 100%, but above 90%. 	<p>Motion: Approve Key Indicator Report (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D, Chair</p>	<p>EHS transition resulted in providers sending the wrong prior authorization form impacting case prioritization and ultimately turn-around compliance rates. This has been addressed.</p> <ul style="list-style-type: none"> ➤ CCS and OB rates remain consistent. ➤ Perinatal Case Management outreach attempts and engagement rates have increased. ➤ Integrated Case Management outreach attempts are lower due to a more targeted member identification process resulting in a higher engagement rate. 	
<p>#5 UM Business Specialty Referrals Reports Quarter 1 - Adventist - First Choice - IMG - LaSalle (Attachment Q)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>These reports provide a summary of Specialty Referral Services that require prior authorization in the tri-county area for Adventist, First Choice, IMG and La Salle. These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members. All reports reviewed. Results will continue to be monitored over time.</p>	<p>Motion: Approve Specialty Referrals Report Quarter 1- Adventist, First Choice, IMG & LaSalle (Hodge/Ramirez) 4-0-0-3</p>
<p>#5 UM Business - Top 10 Diagnosis Report (Attachment R)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>The annual Top 10 Diagnosis Report provides the opportunity to track and monitor the volume of admissions per 1000 (AD/K), bed days per thousand (BD/K) and average length of stay (ALOS) of the top 10 diagnoses for acute hospital stays among the TANF, SPD and MCE populations. The report uses the principal diagnoses recorded at discharge. This report presents utilization managements trends for CY 2017 based on paid claims for the CalViva Medi-Cal Membership through February 2018. Top 10 diagnoses comparison data for CY 2017 to CY 2016 are also presented. The majority of the top ten diagnoses identified in the 2018 report are consistent with stratification triggers used by our integrated care teams consisting of Concurrent Review, Public Programs and Integrated Case Management to identify and target high risk members. These teams work together to create a safety net of services and cultivate alliances with community resources such as recuperative care, Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services with hands-on interventions through the member connections team to impact health care outcomes in this complex environment.</p>	<p>Motion: Approve Top 10 Diagnosis Report (Ramirez/Hodge) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#6 Pharmacy Business - Pharmacy Policy Grid (Attachment S)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Pharmacy Policy & Procedure Annual Review Grid was presented to the committee. The majority of policies required update without changes or minor edits. All policies were available for review by committee members and two policies that required more extensive revisions were included in the meeting packet:</p> <ul style="list-style-type: none"> ➤ RX-101 Formulary Development, Updates, and Posting ➤ RX-124 UM of Pharmaceutical Services. <p>Policy edits were discussed and the Pharmacy policies were approved.</p>	<p>Motion: Approve Annual Pharmacy Policy Review (Cardona/Ramirez) 4-0-0-3</p>
<p>#7 Credentialing & Peer Review Subcommittee Business Credentialing Subcommittee Report (Attachment T)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Credentialing activities.</p> <p><u>Credentialing Subcommittee Report</u></p> <p>The Credentialing Sub-Committee met on May 17,2018. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q4 2017 were reviewed for delegated entities, Q1 2018 reports were reviewed for MHN and Health Net. The Credentialing Sub-Committee 2018 Charter was reviewed and approved without changes. The Q1 2018 Credentialing report was reviewed with one case of denied network admittance. No significant cases were identified on these reports.</p>	<p>Motion: Approve Credentialing Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>
<p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report (Attachment U)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>This report provides the QI/UM Committee and RHA Commission with a summary of the CVH Peer Review activities.</p> <p><u>Peer Review Subcommittee Report</u></p> <p>The Peer Review Sub-Committee met on May 17, 2018. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2018 were reviewed for approval. There were no significant cases to report. The 2018 Peer Review Sub-Committee Charter was reviewed and approved without changes. The Q1 2018 Peer Count Report was presented and there was one case closed and cleared. There was one case pending closure for Corrective Action Plan compliance. There were two cases pended for further information. No significant Quality of Care issues were noted. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	<p>Motion: Approve Peer Review Subcommittee Report (Ramirez/Cardona) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#8 Compliance Update: RHA QI/UM Committee Compliance – Regulatory Report (Attachment V)</p> <p>Action Patrick Marabella, M.D, Chair</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <p>Oversight Meetings:</p> <ul style="list-style-type: none"> ○ (Health Net) CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health continues to review ongoing updates on Health Net’s efforts to improve specialty provider access for CalViva Health members ○ (Kaiser) CalViva Health is currently finalizing activities related to transitioning the remaining members receiving Kaiser continuity of care services to CalViva Health on September 1, 2018. There are some activities, such as required regulatory reports, encounter data submissions, HEDIS data and other financial reporting related to Kaiser that will continue into 2019 and possibly 2020. <p>Oversight Audits: <u>Health Net Oversight Audits:</u> The following 2018 annual audits are in progress: Credentialing, Cultural & Linguistics, Privacy & Security, and Utilization Management. The annual Claims and Provider Dispute audits were completed and CAPs were required. The CAPs have been completed and accepted by the Plan.</p> <p>DHCS 2018 Medical Audit: DHCS completed its on-site audit of Plan activities on 4/19/18 and completed onsite provider visits the week of 4/23/2018. We are awaiting the DHCS’ formal Preliminary Report findings.</p> <p>2018 DHCS Annual Network certification Effective July 1, 2018, DHCS began certifying Medi-Cal managed care health plans’ (MCPs’) provider network on an annual basis. DHCS notified CalViva Health on July 5, 2018 they found no deficiencies and was therefore deemed compliant with DHCS All Plan Letter (APL) 18-005 network adequacy standards.</p> <p>BHT Transition In accordance with DHCS APL 18-006, effective July 1, 2018, MCPs became responsible for BHT treatment coverage for members under the age of 21 regardless of diagnosis under the EPSDT benefit when medically necessary. On July 1, 2018, CalViva Health transitioned 57 members receiving BHT services from the Central Valley Regional Center.</p> <p>Public Policy Committee The Public Policy Committee met on June 13, 2018. The next Public Policy Committee meeting is scheduled for September 5, 2018, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera, CA 93638</p>	<p>Motion: Approve Compliance Regulatory Report (Hodege/Ramirez) 4-0-0-3</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#9 Old Business	None.	
#10 Announcements	None.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 12:12 pm.	

NEXT MEETING: September 20, 2018

Submitted this Day: September 20, 2018

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

Acknowledgment of Committee Approval:

Patrick Marabella
Patrick Marabella, MD Committee Chair