

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
QI/UM Committee  
Meeting Minutes**  
July 18<sup>th</sup>, 2019

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	✓	Mary Lourdes Leone, Director of Compliance
✓	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Melissa Mello, MHA, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County	✓	Ashelee Alvarado, Medical Management Administrative Coordinator
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Lori Norman, Compliance Analyst
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
<b>Guests/Speakers</b>			

✓ = 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 10:35 am. A quorum was present.	
#2 Approve Consent Agenda - Committee Minutes: May 16, 2019 - IHA Quarterly Audit Report (Q1) - Standing Referrals Report (Q1) - Medical Policies (Q1)	The May 2019 QI/UM minutes were reviewed and highlights from the consent agenda items were discussed and approved. The full June Formulary (RDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/ Marabella) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Provider Office Wait Time report (Q1) (Attachments A-E) Action Patrick Marabella, M.D Chair</p>		
<p><b>#3 QI Business</b> - Appeals &amp; Grievances Dashboard &amp; Turn Around Time Report (May) (Attachment F) Action Patrick Marabella, M.D, Chair</p>	<p>The A &amp; 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 2019. The following items were noted for May: <u>Grievances:</u></p> <ul style="list-style-type: none"> <li>➤ The number of grievances received through May 31, 2019 shows an increase as compared to end of 2018. Total cases resolved shows similar increase.</li> <li>➤ Majority of increase in grievances were Quality of Service with noted changes in Access, Administrative and Transportation.</li> <li>➤ Quality of Care Grievances although similar to end of 2018 show slight increase in the areas of PCP Care and Specialist Care for 2019 YTD.</li> <li>➤ Exempt grievances for YTD 2019 have decreased from YTD 2018 but there are still some issues with PCP assignment and transportation.</li> </ul> <p><u>Appeals:</u></p> <ul style="list-style-type: none"> <li>➤ The number of appeals received for YTD 2019 compared with YTD 2018; has increased slightly. The majority of increase was in the areas of Advanced Imaging and Pharmacy.</li> </ul>	<p>Motion: Approve - Appeals &amp; Grievances Dashboard &amp; Turn Around Time Report (May) (Cardona/Ramirez) 4-0-0-3</p>
<p><b>#3 QI Business</b> - Facility Site &amp; Medical Record and PARS Reviews Report (Q3 &amp; Q4 2018) (Attachment G) Action Patrick Marabella, M.D, Chair</p>	<p>The Facility Site &amp; Medical Record Review &amp; PARS Report was presented and reviewed.</p> <ul style="list-style-type: none"> <li>➤ There were 24 Facility Site Reviews (FSR) and 26 Medical Record Reviews (MRR) completed in the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018.</li> <li>➤ The overall mean FSR score for Fresno, Kings and Madera Counties was 96% for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018.</li> <li>➤ The overall mean MRR score for Fresno, Kings and Madera Counties was 93% for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018.</li> <li>➤ The Pediatric Preventive Care section mean score for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018 was 94%. The mean score for the 1<sup>st</sup> and 2<sup>nd</sup> Quarters of 2018 was 96%.</li> </ul>	<p>Motion: Approve - Facility Site &amp; Medical Record and PARS Reviews Report (Q3 &amp; Q4 2018) (Verma/Ramirez) 4-0-0-3</p>

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	<ul style="list-style-type: none"> <li>➤ The Adult Preventive Care section mean score for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018 was 85%. The mean score for the 1<sup>st</sup> and 2<sup>nd</sup> Quarters of 2018 was 84%.</li> <li>➤ Pediatric Initial Health Assessment (IHA) compliance scores for the 3 counties averaged 98% for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018. Adult IHA scores averaged 94% for the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018. In the 1<sup>st</sup> and 2<sup>nd</sup> Quarters of 2018, Pediatric IHAs averaged 97% and Adult IHA scores averaged 91%.</li> <li>➤ Pediatric SHA compliance was 69% in the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018. Adult SHA compliance was 63% in the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018. Pediatric SHA compliance was 75% and Adult SHA compliance was 58% in the 1<sup>st</sup> and 2<sup>nd</sup> Quarters of 2018.</li> <li>➤ The CE CAP submission compliance rate within 10 business days was 100% in the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of 2018. FSR and MRR CAPs were also closed at a 100% rate within 45 days of the audit.</li> <li>➤ 10 FSRs and 4 MRRs required CAPs to verify corrections during this time period in 2018.</li> </ul> <p>Continue to monitor and report results.</p> <p style="text-align: center;"><b>Dr. Cardona stepped out at 10:57 am; returned at 10:58 am</b></p>	
<p><b>3 QI Business</b>                      - MHN Performance Indicator Report for Behavioral Health Services (Q1)                      (Attachment H)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>The MHN Performance Indicator Report for Behavioral Health Services (Q1 2019) was presented. 18 out of the 20 metrics met or exceeded their targets.</p> <ul style="list-style-type: none"> <li>➤ Performance was below target for Authorization Decision Timeliness. There were 355 ABA reviews in Q1 2019 and 333 of them were compliant with timeliness standards. Performance was below target by 1%. Challenges are being address.</li> <li>➤ Quarter 1 2019 resolution timeliness was below target for Provider Disputes.                             <ul style="list-style-type: none"> <li>- There were 331 Provider Disputes in Q1 2019.</li> <li>- 238 (72%) of these were submitted by autism providers and were disputes for underpayment of claims, of which the vast majority are the same modifier issue described above.</li> <li>- 44 of them (13%) were related to timely filing.</li> <li>- The remaining 49 (15%) were spread across multiple provider types and providers and were related to a variety of other issues.</li> </ul> </li> <li>➤ Provider dispute resolution timeliness was below target by 10%. MHN will provide additional information to CalViva regarding the claims-modifier issue.</li> </ul>	
<p><b>3 QI Business</b>                      - County Relations</p>	<p>County Relations Quarterly Report (Q1) (Previously titled Public Programs Report)                      This report provides a summary of the relevant Public Health, Behavioral Health (BH) and Regional Center</p>	<p>Motion: Approve                      - County Relations</p>

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<p>Quarterly Report (Q1) (Attachment I) Action Patrick Marabella, M.D, Chair</p>	<p>Activities, initiatives and updates for Fresno, Kings and Madera Counties. Highlights for this quarter include:</p> <ul style="list-style-type: none"> <li>➤ Fresno County Suicide Prevention Collaborative is creating a needs assessment for healthcare providers to identify gaps in the system.</li> <li>➤ Fresno County Public Health building reopened on 3/23/19 after flooding incident.</li> <li>➤ Kings County Behavioral Health was recently awarded a grant for a Medication Assisted Treatment (MAT) Learning Collaborative for Criminal Justice and Drug Court System.</li> <li>➤ Kings County STI rate continues to rise – Top 5 in the state. Public Health is working on a response plan.</li> <li>➤ Madera County’s new bi-directional referral form for behavioral and physical health has seen highest number of referrals to date during this reporting period.</li> <li>➤ Madera’s Maternal Child and Adolescent Health (MCAH) received a grant for a home visit program for new mothers (19-25 yrs).</li> </ul> <p>Quarter 1 data for BH referrals, TB screening and CCS enrollment in Fresno, Kings and Madera counties were also reviewed.</p> <ul style="list-style-type: none"> <li>➤</li> </ul>	<p>Quarterly Report (Q1) (Ramirez/Cardona) 4-0-0-3</p>
<p>3 QI Business - Provider Preventable Conditions (PPC) (Q1) (Attachment J) Action Patrick Marabella, M.D, Chair</p>	<p>Provider Preventable Conditions (PPC) (Q1) This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> <li>1. Provider / Facility confidential submission of DHCS Form 7107</li> <li>2. Monthly Claims Data review</li> <li>3. Monthly Encounter Data review (POA/ Indicator Report)</li> <li>4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases <ul style="list-style-type: none"> <li>➤ There were five reported CalViva PPCs during the first quarter 2019. All cases have been closed. We continue to monitor and report.</li> </ul> </li> </ol>	<p>Motion: Approve - Provider Preventable Conditions (PPC) (Q1) (Ramirez/Cardona) 4-0-0-3</p>
<p>3 QI Business - SPD HRA Outreach (Q1) (Attachment K) Action Patrick Marabella, M.D,</p>	<p>Health Net is delegated to perform SPD Health Risk Assessment (HRA) outreach for CalViva. Health Net has a new vendor that completes HRA outreach, Envolve People Care (EPC). The CalViva Health SPD HRA Assessment Outreach Report monitors compliance of member outreach performance standards.</p> <p>This report provides outreach results for the first quarter of 2019, showing CalViva’s SPD HRA findings.</p> <ul style="list-style-type: none"> <li>➤ Timely outreach of 100% after exclusion of incomplete data was achieved. Further analysis of the data</li> </ul>	<p>Motion: Approve - SPD HRA Outreach (Q1) (Ramirez/Cardona) 4-0-0-3</p>

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<p>Chair</p>	<p>revealed that 25.66% of records had incomplete data.</p> <ul style="list-style-type: none"> <li>➤ In next reporting period the vendor will provide and update to QI data.</li> <li>➤ Audits of vendor outreach records will continue to identify any disparities.</li> <li>➤ Meetings with vendor will continue on a regular basis to ensure service levels are met in a timely manner.</li> </ul>	
<p><b>#4 UM Business</b>                      - Key Indicator &amp; TAT Report (May)                      (Attachment L)                      Action                      Patrick Marabella, M.D,                      Chair</p>	<p>The Key Indicator Report was presented with a comparison from Q2 2018 through Q2 2019.</p> <ul style="list-style-type: none"> <li>➤ Acute Admits and Bed Days for Expansion population have increased; however, TANF rates have remained comparable to recent months.</li> <li>➤ Readmission rates for SPD have significantly increased compared with previous months.</li> <li>➤ Prior Authorization TAT data show a decline in compliance. Further investigation into the root cause of a significant increase in submissions impacting compliance. Update will be provided.</li> <li>➤ Perinatal Case Management outreach and engagement has improved compared to recent months.</li> <li>➤ Overall, all Case Management programs have shown improvement in outreach and engagement.</li> </ul>	<p>Motion: Approve                      - Key Indicator &amp; TAT Report (May)                      (Verma/Ramirez)                      4-0-0-3</p>
<p><b>#4 UM Business</b>                      - Specialty Referrals Report-HN (Q1)                      - Specialty Referrals Report- La Salle, First Choice, IMG, Adventist, Santé, Central Valley Medical Physicians (Q1)                      (Attachment M-N)                      Action                      Patrick Marabella, M.D., Chair</p>	<p>The Health Net Specialty Referrals Report provides a summary of Specialty Referral Services that required prior authorization in the tri-county area in the first quarter of 2019. This report provides evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>The following reports provide a summary of Specialty Referral Services by delegated entities in Quarter 1 that require prior authorization in the tri-county area for La Salle, First Choice, IMG, Adventist, Sante and Central Valley Medical Providers. Parameters for these reports have recently been clarified with Delegation Oversight staff.</p> <p>These reports provide evidence of the tracking process in place to ensure appropriate access to specialty care for CalViva Health members.</p> <p>Referral and denial rates are monitored on a quarterly basis and compared over time. Top priority medical specialties are tracked along with turn-around times. Trends will continue to be monitored and follow up initiated when indicated.</p>	<p>Motion: Approve                      - Specialty Referrals Report-HN (Q1)                      - Specialty Referrals Report-La Salle, First Choice, IMG, Adventist, Santé, Central Valley Medical Physicians (Q1)                      (Cardona/Ramirez)                      4-0-0-3</p>

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<p><b>#4 UM Business</b>                      - CalViva Top 10 Diagnosis Report (Attachment O)                      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 thousand, 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.</p> <p>This report presents utilization managements trends for CY 2018 based on paid claims for the CalViva Medi-Cal Membership through February 2019. Top 10 diagnoses comparison data for CY 2018 to CY 2017 are also presented.</p> <p>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.</p> <p>No modifications to high-risk member identification triggers were discovered through the data analysis. The established care teams will continue to work together to create a safety net of services and alliances with community resources such as recuperative care, Disease Management, Community Based Adult Service (CBAS) facilities and behavioral health care services and with hands-on interventions through the MemberConnections team to impact health care outcomes in this complex environment.</p>	<p>Motion: Approve                      - CalViva Top 10 Diagnosis Report (Ramirez/Cardona)                      4-0-0-3</p>
<p><b>#5 Credentialing &amp; Peer Review Business</b>                      - Credentialing Subcommittee Report (Q2)                      - Peer Review Subcommittee Report (Q2)                      (Attachments P-Q)                      Action                      Patrick Marabella, M.D., Chair</p>	<p><b>Credentialing Sub-Committee Quarterly Report</b>                      In Quarter 2 the Credentialing Sub-Committee met on May 16, 2019. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2018 were reviewed for delegated entities and Q1 2019 report was reviewed for Health Net. Both the Q4 2018 and the Q1 2019 reports were reviewed for MHN. The Credentialing Sub-Committee reviewed and approved the 2019 Charter without changes. The Q1 2019 Credentialing report was reviewed with one case that resulted in the completion of a Fair Hearing. Other County-specific Credentialing Sub-Committee reports were reviewed and approved. No other significant cases were identified on these reports.</p> <p><b>Peer Review Sub-Committee Quarterly Report</b>                      The Peer Review Sub-Committee met on May 16, 2019. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2019 were reviewed for approval. There were no significant cases to report. The 2019 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p>	<p>Motion: Approve                      - Credentialing Subcommittee Report (Q2)                      - Peer Review Subcommittee Report (Q2)                      (Cardona/Ramirez)                      4-0-0-3</p>

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	<p>The Q1 2019 Peer Count Report was presented with twelve (12) cases reviewed. Two cases were closed and cleared. One case was pending closure for Corrective Action Plan compliance. Seven cases pended for further information and two cases with outstanding CAPs. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue.</p>	
<p><b>#6 Compliance Update</b> - Compliance Regulatory Report (Attachment R)</p>	<p>Mary Beth Corrado presented the Compliance Update:</p> <p><b>Oversight Meetings:</b> (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</p> <p><b>Oversight Audits:</b> The following audits are in-progress: Annual Claims &amp; PDRs, Continuity of Care, Cultural &amp; Linguistics, Q4 2018 Provider Disputes. The following audits have been completed: Pharmacy (CAP), Quality Management (no CAP), Privacy &amp; Security (No CAP).</p> <p><b>Fraud, Waste &amp; Abuse Activity:</b> To date in 2019, CalViva Health has reported six (6) potential fraud/abuse cases to DHCS. Since the 5/16/19 Report, two new potential FWA case MC609 were submitted: One case submitted in May involved a provider potentially upcoding E&amp;M service codes for new and established patients (DHCS closed this case on 6/25/19 with no further action); the second case submitted in June involved a provider billing the highest level E&amp;M service codes for new and established patients more frequently than would be expected.</p> <p><b>Department of Health Care Services ("DHCS") Quality Corrective Action Plan</b> The Plan met with DHCS on May 13, 2019 to review the CAP progress. The Plan met all MPLs requirements and expectations for the CAP. After DHCS' publication of the CAP results in July, the Plan should be released from the CAP. Awaiting DHCS Final approval.</p> <p><b>DHCS 2019 Medical Audit and DMHC 2019 Medical Survey</b> DHCS and DMHC conducted their respective audits during the week of February 25, 2019, and the Plan is awaiting each Department's findings.</p> <p><b>Health Homes Program (HHP)</b> After assessing the financial feasibility of implementing the HHP program, and the lack of community-based entity interest/capacity to fully administer the program, the Plan decided to withdraw its participation. The Plan</p>	

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	provided a written notice of its decision to DHCS on May 13, 2019. <b>Public Policy Committee</b> The Public Policy Committee met on June 12, 2019. The next Public Policy Committee meeting is scheduled for September 4, 2019, 11:30 a.m. in Madera County, at Camarena Health, 344 E. Sixth Street, Madera, CA 93638.	
#9 Old Business	None.	
#10 Announcements	The next Quality Improvement Utilization Management meeting is scheduled for September 19, 2019.	
#11 Public Comment	None.	
#12 Adjourn Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:53 am.	

**NEXT MEETING: September 19, 2019**

Submitted this Day: September 19<sup>th</sup>, 2019

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

**Acknowledgment of Committee Approval:**

Patrick Marabella  
 Patrick Marabella, MD Committee Chair